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**Services for highly vulnerable Children in Faith Based organizations: the
Case Study of Sebeta Children Care Center**

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Certification

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This is to certify that the thesis presented by Daniel Bubamo, entitled: Services for highly vulnerable Children in faith based organizations; the case study at Sebeta Children Care Center and submitted in partial fulfillment of the requirements for the degree of Masters of Social Work compiles with the regulation of the University and meets the accepted standards with respects to originality and quality.

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Acronyms

ADA-----Aid and Development Associations

ADC-----Aid and Development Commission

EKHC-----Ethiopian Kale Hewot Church

EKHCDC-----Ethiopian Kale Hewot Church Development Commission

FBOs-----Faith Based Organizations

FHAPCO-----Federal HIV/AIDS Prevention and Control Office

FGD-----Focus Group Discussion

HVC----- Highly Vulnerable Children

ICA-----International Crisis Aid

IDIP----- In Depth Interview Participants

KII-----Key Informant Interview

LMIC----- Low-and Middle-income Countries

MOLSA----- Ministry of Labor and Social Affairs

MoWA -----Ministry of Women and Children

OHVC-----Orphan and Highly Vulnerable Children

OSC-----Orphaned Separated Child

OVC----- Orphan and Vulnerable Children

Abstract

This study was conducted to identify the types and capacity building of services provided in faith based organizations for orphan and vulnerable children specifically at Sebeta Children Care Center. One of the concerns in the study was the positive impacts of the services in faith based organizations for the bright future of targeted beneficiaries in enabling to be self-reliant before they graduate from the center. The researcher used qualitative study methods in order to get better understanding and new insight of the study matters. The Key informant interview, in-depth interview and focus group discussant guides were the main instruments the researcher used to data collection. The finding of the study indicated that, the existed interventions in care and support vulnerable Children are not yet well developed at Sebeta Children Care Center. The participants of the study included beneficiaries relatives, key staffs of the Sebeta Children Care Center, Sebeta Town women and Children Affairs and beneficiaries them self. The study attempted to reveal the effectiveness of the services in order to think critically and develops self-managing skill before they graduate from the center. Researcher forwarded some recommendations and implications concern effectiveness at Sebeta Children Care Center in order to improve the services as well as the center should create strong relation with other faith based organizations which share similar vision.

KEYWORDS: *Vulnerable children, Service, Effectiveness and Faith based organizations.*

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

The faith based organizations in the global context support people in need in order to improve an access to services provided by different religious based institutions. The effectiveness program needs to meet highly victims and vulnerable children's basic needs, while also fostering long term growth and attitudinal changes of the beneficiaries. In addition to these there are different types of Programs and practices those help to begin with needs assessments, be subject to examine and refinement, and have processes and the positive impacts of the services (Yemisirach Million, 2015,).Ethiopia is one of the developing African countries with a large number of people in need, who are economically dependents. As of 2009, Ethiopia is estimated to have 5,459,139 orphans of whom 855,720 are orphans and highly victim Children due to HIV and AIDS (Single Point HIV Prevalence Estimate, MOH 2007), one of the largest populations of HVCs/OVCs, in Africa,(ethio-quality standard 2010,p1).

There are many factors that contributed for people to become needy and dependent one to another in our country. Some of the factors those contributing people become dependent and in need are high mortality among young adults from conditions such as HIV/AIDS, pregnancy, complications, accidents and natural disasters are responsible for the increasing number of orphans. The vulnerability of child might be caused by different other factors that include: sever chronic illness of parent or care giver and factors specific to the child including

disability, direct experience of physical or sexual violence or severe chronic illness (Skinner, 2006). There are different faith based organizations purposefully invested budget in millions per a year in order to help people in need particularly those orphan and vulnerable children in providing essential support. However, an invested budget in million and all the efforts that, faith based organizations provided yet not effective and there is no expected changes seeing in the life of beneficiaries because of inappropriate measurements (GudinaAbashul, 2014). The increasing number of orphaned children in the community and FBOs, involvement in care and support service should improve the programs to reach as many vulnerable children as much as possible in their future life. Accordingly to reduce the magnitude of the problem especially that of vulnerable and highly victim children, the different faith based organizations are providing various supports focused at the community level (AlemeBekele, 2014).

There are many beneficiaries those are supported with different faith based organizations, but still they are dependents upon their caretakers ,or relatives this is why ,because of they didn't develop their full capacity before they leave the center, such a beneficiaries are not able to pass different challenges and have being affected emotionally, involving to separation from other and this make them behavioral disorders also they may become fearful, depression, confusion and loss of confidence, finally they become again dependents of others(AshenafiTesfaye,2017). In response to all the problems of highly victim and vulnerable children, it is necessary in an investment in health, education, and prevention of children exploitation, abuse and neglect, provision of legal protection to vulnerable children (Hailu, 2015). This study provides new insight to Sebeta Children Care Center, how they should be focused on capacity building of beneficiaries before they leave from the center.

1.2. Statement of the Problem

A number of studies were conducted about OVCs and vulnerable children: Primarily the study conducted by (Yeshewahareg Feyisa, 2015) that, explored the importance of community participation on services provision for protection of orphan, highly victim and vulnerable children in Addis Ababa. An assessment measured the effectiveness of the community services and found that the supports given and the well-being status of OVCs and the wellbeing of OVCs, and vulnerable children and their caretakers at kolfe Keraniyo area.

Similarly, (Gudina Abashuletal, 2014), a study conducted the situation of orphans and vulnerable children. The finding of the study also revealed that non-governmental organizations operating in the areas have been supporting very few children with educational materials, health care cost and food. The supports being offered by the non-governmental organizations were insufficient, intermittent, duplicated and limited to few children in terms of their coverage. Consequently, a number of OVC are still in a difficult situation and seek immediate attention. More similarly (Fissiha Moges, 2019) conducted an assessment on contribution and challenges of services provision to OVCs. The findings of the study pointed out that FBOs, has some contribution in addressing the basic needs/problems of OVCs. Moreover, the study has revealed the existing challenges of the organization in providing the services such as psychosocial related challenges; attitude of clients towards NGOs; weak coordination among NGOs reside in the same catchment area.

The most similarly (Ashenafi Tesfaye, 2017) conducted, services for vulnerable children as a means of child protection. The result of the study also revealed that education and health services were the most frequently cited component of assistance provided to children. The overall assessment indicates that the children did not get adequate service.

Those organizations that provided the services should focus on capacitating the children and their families instead of temporary provision. Also the study conducted by (Hermela Temesgen, 2018), the positive impacts and outcomes of the community care coalitions on highly victim and vulnerable children protection. The study identified that services delivered for the beneficiaries have brought positive impact on the lives of beneficiary OVCs at different levels.

The study conducted by (Zewude Bekele, 2013) exploring community based care and support efforts in promoting the well being of AIDS orphan. This study has explored how CBOs, established in the study area carry out care and support services to HIV/AIDS orphans and dealt with the challenges they encountered. The findings of the study revealed that, communities can get involved in responding to HIV/AIDS orphans and development issues to sustain the care and support activities. However, the study showed that the program could not fulfill the needs of all categories of HIV/AIDS orphans due to limited resources of the community. The major conclusion of the study is that CBOs have an important role to play in the response to HIV/AIDS orphans if capacitated, and supported with sufficient resources.

Most of the aforementioned studies finding revealed the types, cause, consequences of child vulnerability and preventive and protective programs in addressing child vulnerability well-being of OVC. Despite all these, effectiveness of services to develop capacity of targeted beneficiaries before they leave from the center did not adequately researched so far in faith based organizations. Therefore this study would explore the types of services at Sebeta Children Care Center which is designed to beneficiaries before they graduate from the center in order to reduce the number of dependant beneficiaries' after they graduated from the Center.

1.3. Objectives of the study

1.3.1. General objective

The general objective of the study is to identify services types and effectiveness of the services particularly those designed and prepare the children to full capacity of beneficiaries before they leave the center.

1.3.2 Specific Objectives

- To identify the types of services provided to HVCs at Sebeta Children Care Center
- To explore the effectiveness of the services evaluated at the center
- To evaluate the changes as a result of support beneficiaries which have seen in the last five years
- To identify the positive impacts of the services in the future life of the beneficiaries
- To identify challenges in delivering the services to target beneficiaries in the center
- To explore how the center responded the challenges

1.4. Research questions

This study addresses the following research questions

1. What are the types of the services provided at Sebeta Children Care Center?
2. How was the effectiveness of the services being evaluated in the center?
3. What are the changes seen in the last five years in relation to the services the center provided to HVCs?
4. What are the challenges on services provision to HVCs, in the center?

5. How has the center responded to the challenge?

1.5. Significance of the study

The implications at the end of this study used to motivated researchers to further investigate the problems of orphan and, highly victim vulnerable children. It also helps to provided relevant information for practitioners how to reduce the number of dependent beneficiaries by improving services concern to develop beneficiaries' full capacity before they leave from the center. The study contributed to the knowledge base of existing literatures in the area. An assessment more contributed as the knowledge base of existing literatures to different faith based organizations (FBOs), setting those engaged to share similar vision.

1.6. Scope of the Study

The scope of the study was limited in Oromiya region at Sebeta Town; more specifically focused at Sebeta Children Care Center under Ethiopian Kale Hewot Church Development Commission that actively and widely engaged on humanitarian response. The delimitation was made because of researcher could not be manageable all FBOs. Due to time and financial resource limitations, the study focused on identify services types and effectiveness of the services at Sebeta Children Care Center in addressing the needs of the beneficiaries and challenges it faced in providing the intended services. This assessment should not include all faith based organizations "except" the Sebeta Children Care Center.

1.7. Organization of the Study

The study contains six chapters. Under the first chapter introduction, background, statement of the problem, objectives, research questions, significance of the study are presented.

The second chapter reviewed related literatures about effectiveness, contribution and roles of faith based organizations in helping people in need particularly the issues of highly vulnerable children (HVCs,). This chapter discussed theories related with those subjects. The third chapter deals with methods of data collection and methods of sampling. The scope of the study presented under this chapter. It also discussed data analysis techniques used and ethical issues. The data collection through those methods that explained in the third chapter would present in Chapter four. The fifth chapter discussed those presented data through the data analysis method outlined in chapter three. It compared and contrasted the data with the theories in chapter two. Chapters six forwarded some conclusion remarks for the overall study. It consisted of some recommendations in order to strengthen the center become effective and efficient as well.

1.8. Operational Definitions

Faith -based organizations-are organizations whose values are based on faith, or beliefs but they also play crucial contribution regarding to support highly vulnerable Children.

Services- fulfill basic necessary needs of highly vulnerable Children those help beneficiaries to exist their life

Effectiveness- how much the services prepare the beneficiaries after graduation

Vulnerable Children -Those Children who are living with difficult circumstances, poverty, discrimination or exclusion.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

The reviewed theoretical and conceptual frameworks would be used to understand major concepts used in the study. The review of related literature on this study would start with defining and explaining what does faith based organizations mean? It then gives short and clear insight about the mission, of faith based organizations. Also defines Child vulnerability means included the issue of highly victim and vulnerable children. Then different articles, books, and organizational reports that are written on the areas have been consulted and summarized.

2.1. DEFINITIONS OF FAITH BASED ORGANIZATIONS

The faith based organizations are different religious institutions and their primary mission is preaching and teaching about spiritual life to their Church members: a local grouping of believers such as a church, mosque, temple or synagogue that meet on a regular (usually weekly) basis. Faith-based are NGOs that employ staff receive external donor support and are answerable to a broader group than a congregation.

2.2. How Do We Define Highly Vulnerable Children/OVC?

As different studies indicated in Ethiopia, it is commonly in Ethiopian it is commonly understood and legally defined that the term orphan is defined as a Child whose age is below 18 years old and who has lost both his father and mother, regardless of the cause of the loss, (AlemBekele, 2014).

Actually the term orphan or OVC currently changed in to highly victim children (HVCs), the term OVC now a days it is not accepted and appropriate term, because there is no a child without parents, but unfortunately he/she may lost one/both parents in death, currently more acceptable term is highly victim children (HVCs), which is defining in a different ways that researcher use the recent term in this study.

According (Henry and Robert, 2017) defined an orphan as someone whose parents have died, are unknown, or have permanently abandoned them. However, the United Nations Children's Fund (UNICEF), Joint United Nations Program on HIV and AIDS (UNAIDS), and other groups label any Child who has lost one parent as an orphan. In this approach, a maternal orphan is a child whose mother has died, a paternal orphan is a child whose father has died, and a double orphan is a Child who has lost both parents. This contrasts with the older use of half-orphan to describe Children who had lost only one parent (USAID/UNICEF/UNAIDS, 2014).

2.3. Historical Background of Child Care in Ethiopia

The care and support vulnerable and highly victim children from any difficulty should be responsibility of all the society. But most of the time the burden of care and support orphans, falls on extended families who themselves seek care and support, for themselves too as well as relatives also, struggling to meet their own children's needs. This shows inadequacy of the support to orphan and highly victim children that comes from the extended families(Aramide Kazeem, 2017).As HIV/AIDS Prevention Control Office (HAPCO) reported on the strategic framework document indicates the magnitude of the problem at large, the general level of poverty and the growing demand for care and support of OVC in Ethiopia have weakened social cohesion and traditional care and support mechanisms

through extended families, which causes leaving many OVC without fulfilling their basic needs (HAPCO,

2004). Traditionally, in sub-Saharan African societies, cultural norms stipulate that the care of orphans is the responsibility of extended family members, with little or no involvement of the state (Eke 2004; Abebe and Aase 2007). Similarly in Ethiopia, as in most traditional societies, a strong culture of caring for orphans, the sick, the disabled, and other needy members of the community by nuclear and extended family members, communities, churches, and mosques has existed for centuries. A child care institution may also be referred to as an orphanage, children's home, or residential care.

According to Ethiopian cultural and religious beliefs, the services provision of care to orphaned, highly victim, abandoned and vulnerable children has been seen as the only duty of the extended family system among most of the societies in our country. The services provision to welfare of orphan and highly victim in Ethiopia emerged as a result of traditional practices among the different ethnic groups (Tewhasom Gebrehiwot, 2013). The first orphanage center named "Orphanotrophia" was established in the 1st century with aim of providing an alternative support, to vulnerable, highly victim and orphan children. According to reduce the problem of OVCs currently there are many orphanage center in Ethiopian either private or public are founded, and the majority is run by faith based organization, non-governmental Organizations and community based organization and very few run by governments (Gwalema et al, 2009). The people in need who unable to provide for the

physical, medical, and educational needs of the OVC, and often rely on the child to supplement the household income, (Alem Bekele, 2014).

2.4. The Core Services to orphan children

The services guideline document contains seven core services areas which are considered critical components of services for vulnerable children. The known policies, plan of actions and guidelines available in regarding vulnerable children are: child right conventions adopted by the country, National social protection policy, National plan of action for children and National OVC plan of action, (EQSSD, February, 2010). With the main purpose of providing a standardized service for vulnerable children the Ministry of Women's affairs (MOWA) and the Federal HIV/AIDS Prevention and Control office, (FHAPCO) have developed the standard service delivery guideline for orphan and vulnerable children (HVC). The major services like: food/nutrition, shelter and care, protection, health care, economic strengthening, psychosocial support and education. An effective and genuine OVC interventions and programs are also important to meet the needs of OVC. The interventions in healthcare, psychosocial support, economic strengthening, educational, shelter, food security, nutrition and child protection (Senefeld and Perrin, 2014).

2.4.1. Shelter and Care Services

The services types those strive to prevent targeted beneficiaries without shelter and work to ensure enough clothing and an access to have clean and safe water. The Shelter and Care Safety both ensure that shelter is safe i.e., has walls, a roof, widows, latrine and close to water source and is clean. The shelter is environmentally safe and dry ventilation, with materials such as clothing...etc as described under the shelter critical minimum standards. To ensure that children have appropriate adult supervision. To ensure that shelter is free from risk of any abuse and violation of child's rights (FHAPCO, 2010).

The delivery guidelines document (MWCYA, 2010) shows that both shelter and care services strive to prevent children from going without shelter and work to ensure access to sufficient cloth and an access to clean safe water and basic personal hygiene. Additional focus is ensuring that vulnerable children have at least one adult who provides them with love and support (MOWA and FHAPCO, 2010:9). An opportunity the children would be able to stay in a safe shelter within their communities. Ensure shelter provides basic service facilities (i.e. toilet, water, etc.). The Shelter provisions by linking the children with Kebele and sponsors/fosters caretakers. Link the children to community support services (counseling, day care) (Ashenafi Tesfay, 2017).

All the children have access to shelter including temporary shelter in case of high vulnerability (i.e. children on the street, children abused).Shelters are safe, warm and dry with access to water and sanitation i.e. latrines. Children cared for by an adult who understands their shelter needs and has strong parenting skills. Local community response for OVC needs (shelter) is enhanced by proper use of time and resources. To ensure optimization of resources does not lead to overcrowding. In order ensure that services provided are of minimum cost. The children are cared for by an adult with parenting skills. There are linkages those are made with other community-based shelter services (MoWA, 2010).

2.4.2. Healthcare Services

These services include provision of primary care, immunization, treatment for ill children, ongoing treatment for HIV positive children and HIV prevention. An Orphan and vulnerable programs must take active measures to meet the general health need of children at every age level. Programs must disaggregate health requirements and interventions by the age groupings (infant, toddler, child and adolescent), as the health needs and recommended

interventions differ significantly among these groups, and programs should facilitate access to primary health care for OVCs (PEPFAR, 2006:8). The healthcare Safety Services are provided in a confidential manner (in accordance with the do no harm principle) by skilled professionals. Referrals are made to skilled professionals and on the basis of need. Health services are provided safely (according to recognized standards) and in appropriate settings with appropriate equipment and supplies. An access/reach existence of a referral network of barriers to health care services are assessed and addressed (i.e. transportation, fee waivers) On-going access to treatment (including ART) is ensured. The prevention measures and preventive healthcare is promoted. The preventative health-seeking behaviors increased. The Child receives appropriate care for the identified needs activities to promote health seeking (well being) behaviors are implemented (FHAPCO, 2010).

2.4.3. Psychosocial support services

These services aim to provide OVCs/HVCs with the human relationships necessary for normal development. It also seeks to promote and support the acquirement of life skills that allow adolescents in particular to participate in activities such as school, recreation and work and eventually live independently. OVC are protected from harsh punishments, stigma and labeling. OVC are protected from all types of abuses (child labor exploitation, emotional abuse such as insulting, warning, belittling, bullying, teasing etc.), especially when they report cases of abuse. OVC have the ability (knowledge, skill, emotional strength) to say no to dangerous situations.

Individually every child has an access to counseling – with Para-professional or laypersons, and with professionals if needed or requested. The families have full responsibility regarding to provide the basic values, beliefs and customs which shape a child

and which carry them into their first experiences in the wider community the families are the central which children grow and develop personal characteristics' (Kostelnik et al, 2012). The care and support program to OVC are also given to non-AIDS orphans, children with poor parents, street children and child headed households given priority to AIDS orphans. As (Tewhasom Gebrehiwot, 2013) cited, HAPCO planed up to 20% of its total budget to the support and care of OVC and highly victim children. The first priority is to support OVCs to be able to continue their education, and to provide them with food, clothing, shelter and teaching materials, training in IGA and seed money to avoid their exposure to different problems (Williamson, Cox and Johnston, 2012).

2.4.4. Educational and Vocational Training Services

These services seek to ensure that orphans and vulnerable children receive educational, vocational and occupational opportunities needed for them to be productive adults. Education Services Safety Children are secure from abduction, rape and harassment when they walk to or from school. The services provided to OVC are the same or similar to those provided to other students (i.e. no special uniforms for OVC or made from more expensive or different materials) so reducing the possibility of stigma and discrimination. An education is very crucial and the most significant that help to employability and also foster a children's competence (Tewhasom Gebrehiwot, 2013). Promote more effective school supervision through increased parental involvement in school affairs and more intense supervision by Woreda educational officials play crucial role regarding services effectiveness. The technical performance increase capacity building for PTA and teachers through better planning, provision of tutorials and other methods to support OVC in school. Improve enrollment rates, class promotion rates, and retention, and reduce drop-outs, (FHAPCO, 2010).

Encourage the government and community to build additional schools as distance and lack of security may keep OVC out of school. Support the government and community to increase the availability of early childhood education (i.e. pre-schools) especially in rural areas. In addition, education is an important area for leveraging additional resources at both national and local levels (Hana T. 2014). Promote gender equity by encouraging parents to send their daughters to school rather than having girls remain home to perform household chores or perform other work. Provide sufficient school materials, supplies and uniforms to encourage OVC school retention. There are different Partnerships with education programs those supported by external donors and governments often provide resources that can help to ensure that children affected by HIV/AIDS and other problems have access to education (Dagne, 2017).

Address the children labor exploitation issues so that OVC are not denied educational opportunities because of the need to sustain them. Increase promotion rates among OVC through tutorial classes, summer programs and other supplementary educational support. Enhance OVC performance at school through improvements in the quality of learning through facilitating tutorial services, improving class attendance, student/book ratio...etc.(FHAPCO 2010).The educational services seek to ensure that orphans and vulnerable children receive educational, vocational and occupational opportunities needed for them to be productive adults (UNICEF, 2009, p32). The Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks. Research on children demonstrates that education can leverage significant improvements in the lives of orphans and vulnerable children. The communities must identify the barriers to education (e.g., requiring a father to register a child, mandatory payments for uniforms, book

or tuition fees) and define locally-appropriate strategies for attracting and keeping children, especially girls, in school (Hermela Temsgen, 2018). Programs must give special attention to the vulnerability of girls, by addressing the disproportionate levels of risk they face when leaving school at an early age. Schools must also be made safe for children, especially girls. Vocational training is an important component of life preparation (UNICEF, 2009). Education is an important area for leveraging additional resources at both national and local levels. The different Partnerships and stakeholders with education programs supported by external donors and governments often provide resources because to ensure that children affected by HIV/AIDS have access to education. When compare the percentage of female students continue to attend school less frequently than boys even though school attendance is known to be a powerful HIV prevention intervention (Hargreaves & Boler, 2006). These services seek to ensure that orphans and vulnerable children receive educational, vocational and occupational opportunities needed for them to be productive adults. An education is the core that help employability and also foster a children's competence (Tewhasom Gebrehiwot, 2013).

2.4.5. Food and Nutritional Services

These services aim to ensure that vulnerable children have an access to similar nutritional resources as other children in their own communities. Regarding ensure child has food on a regular and consistent basis. In order to a child has fresh and nutritious food to meet the requirements for his/her healthy development. Potable water is free from chemicals (no pesticides used). Avoid child labor exploitation during food collection (e.g. expecting children to travel long distance to get food aid and carry the food to home). Help a child to promote better food handling practices such as using good sanitation (e.g. hand wash exercise before and after meal) and safe food preparation and handling by OVC and caretakers.

Therapeutic feeding for malnourished children is available and accessible (e.g. community-based initiatives). Access/reach local availability of food for OVC is ensured throughout the year. Encourage caretakers to practice good food sharing practices. Increase awareness and practice of a balanced and nutritious diet for OVC and caregivers promotes awareness of community members regarding supplementary feeding programs and identification of cases for referral to feeding programs. Build capacity of service providers related to nutrition provision. Distribution of food is based on the actual need of OVC in the home. As the standard service delivery guideline developed by MoWA and FHAPCO food and nutrition services aim to ensure that vulnerable children have access to similar nutritional resources as other children in their communities and international partners have strong comparative advantages in providing food assistance. There is Standard Service Delivery Guidelines which concerned orphan and highly victim vulnerable children that, developed by Ministry of Women and Children Affairs and Federal HIV/AIDS prevention and control office in the year 2010.

2.5. Basic Needs of Orphan Children

There are many psychologists those developed a theory about hierarchy of human needs; among famous psychologists Abraham Maslow is one and who developed a theory called hierarchy of needs. The hierarchy extends from the basic needs for survival through the search for self-actualization. Therefore all human beings have a basic necessity those are: food, cloth and shelter. If these needs are fulfilled human being be motivated by the needs for safety and strive for an environment in which we feel physically and emotionally safe and secure. At the next stage we seek experiences that feel loved, cared for and accepted by others.

Furthermore, at final stage we seek to feel over self-esteemed and reach at higher order needs, which is self-actualization stage. The theory is applicable at all ages from early childhood to children who achieve goals and fulfill these potential as adults (Thomas, 2005). Some children have impairment and others may not the needs of children are categorized as physical, emotional, spiritual, mental and social. Many children in Ethiopia do not have their needs met, partly because people are not aware enough about the issues that could be presenting huge challenges for orphan children. The needs of orphan, highly victim and vulnerable children are grouped as psychological, emotional, spiritual, mental and social. As the report indicated (UNESCO, 2016) many children in Ethiopia do not have their needs met, partly because the people have no enough awareness about the challenges of orphan and highly victim children.

2.5.1. Psychological Need of OVCs

In a study using standardized psychological measurement, 73.3% of orphaned children fulfilled the criteria for suffering from post-traumatic stress disorder. Children need special help in dealing with the loss of a parent. The psychosocial support help a child enables to work through these fears so that the child can continue to have meaningful and close relations with adults and peers (Cluver& Gardner, 2016).The idea of psychology is that people structure and interacts with the world differently on the basis of the meaning they assign to events. While acting alone or in groups children interact. These three aspects of development that make up the whole development are physical development, intellectual and psychosocial development cited by (FissihaMoges, 2019).According Cobb (2015) stated, orphan children may face many hardships during childhood including a decline in health, nutrition, and psychological well-being. The impacts of parental death on children are complex and affect the child's psychological and social development.

Orphans and other vulnerable children require psychosocial support because of the trauma and stress they have experienced in their lives because of parental illness and death, poverty and violence. In the studies conducted by the (MOLSA, 2006), it was indicated that the psycho-social situations of OVCs are more likely to be multifaceted and worse in Ethiopia. The children develop need to love and be loved and a sense of belonging in the community. The children are also viewed as needing a voice to be heard and to feel that they are significant and valued in their societies. The basic sense of being a worthy individual who is important to those are love you, is an essential part of being a human being (Killian, 2013). It goes beyond meeting children's physical needs (Killian, 2013; It places great emphasis on children's psychosocial and emotional needs, and their need for social interaction.

Learning to interact with others is an important part of a child's development. One's ability to get along with others is a strong predictor of future achievement both in and out of school. The Children in the same communities experienced equally high levels of peer problems, emotional problems and overall distress (Cluver& Gardner, 2016).Access to psycho social support for OVC includes having play materials and environment; training and other service areas are convenient; materials and services are in accordance with beneficiaries 'cultural and linguistic settings; every child has access to counseling with Para-professional or laypersons, and with professionals if needed or requested; all services in community are accessible regardless of gender, disability etc.; every child/caregiver has information about where and how to access resources/services; environment and participation are free from stigma and discrimination; all community services are child- friendly; HIV-related counseling, testing, and treatment is confidential and of high quality; children have access to guidance and therapy as needed ,Psychosocial support has been defined as an ongoing process of meeting emotional, social, and mental and spiritual needs of vulnerable children,

all of which are considered essential elements of a meaningful and positive human development (Ashenafe Tesfaye,2017). The OVC are require more emotional support from the adults caring for them, yet these adults overwhelmed themselves by multiple losses and increased demands on their households (Freeman &Nkomo, 2007).

2.5.2. Social Need of Orphan Children

The social needs are more concerned with the transformation of society in its totality, making human the focus of the development effort and seeking to develop its potentialities in a total sense. More specifically, it aims ultimately at the maximum improvement of the material, cultural, social and political aspects. Early interactions and experiences are important to the development of social competence. Play holds an important role in this socialization process (Madorin, 2014).Social development embraces programs and activities, which enhance the capacities of members of society to fulfill existing and changing social roles expectations and accomplish their various personal goals. It entails the democratization of the development process and the orientation of development effort to the needs and interest of the masses.

A children's social competence is reflected in his or her ability to relate and communicate with peers as well as adults. It ensures equitable sharing in the benefits and burdens of development, the recovery of self-confidence and delineation .More concretely, social needs involves comprehensive human resources needs; raising living standards and quality of life, improving health and human welfare, ensuring social justice and equality, and providing adequate social security for all segments of the population. Social needs include- reduction or elimination of poverty, equitable distribution of income and wealth, employment creation, health and nutrition, education and training, housing and ancillary services, social security and welfare cited (Fissaaha Moges,2018).

2.5.3. Spiritual Need of Orphan Children

The spiritual need is also very important and it is through our belief that we develop a sense of hope in the future. Being able to pray in times of hardship enables us to cope and deal better with different life's challenges. It gives us a sense of purpose and also enables us to think beyond the hardships of the present life circumstances to a life hereafter. Without spiritual support most of the children would have ended up not being able to cope with challenging circumstances, poverty and violence (Killian, 2013).

2.6. Challenges in Care and Support Orphan Children

There are several challenges in care and support orphan and vulnerable children in different faith based organizations, government and non-governmental organization including charities organizations. Among the challenges food and nutritional related challenges, shelter related challenges, educational related challenges, and healthcare related challenges, and psychosocial related challenges.

2.6.1. Food and Nutritional Related Challenges

The loss of parents has far-reaching and lasting consequences, because orphans are more likely to suffer from malnutrition. Orphans and vulnerable children stand an increased chance of being malnourished and receiving inadequate nutrition. Orphan children face many hardships (Senefeld and Perrin, 2014). (Mums, 2011), indicates that the challenges and needs faced by orphans and other highly victim children made vulnerable by HIV/AIDS are diverse.

2. 6.2.Shelter Related Challenges

The capacity of households to provide for children depends on their ability to maintain or earn income and to stabilize livelihoods which has a lot of implications on the household capacity to provide the needed shelter and the basic necessities such as clothing, bedding and

sanitation (Hana Tarrekegn, 2014). International HIV/AIDS (Alliance, 2003) further asserts that when parents do not make a will, children can lose their inheritance (money, land, property and livestock), especially when they do not have any legal rights, title deeds or access to legal support. Within some caretaker homes, orphans have to endure different and often difficult situations. Studies have documented situations where orphans are treated harshly; they are sexually abused often by the caretakers themselves, face overt and covert discrimination and are given roles that do not match their age and cognitive capacity (Abebe and Asase, 2007).

2.6.3. Educational Related Challenges

Maternal orphans may have difficulty accessing education or completing school because their fathers neglect to pay their school fees and/or their stepmothers (if present) favor their own biological children (if any) Paternal orphans may experience deterioration in schooling because in many sub-Saharan African countries the father is responsible for paying school fees. Maternal, paternal, and double orphan hood has different consequences for educational outcomes (Guo et al. 2012; Kidman et al. 2012). Grandmothers, aunts, and sisters often provide the necessary means to meet the educational needs of double orphans(Aramide Kazeem, 2017).Orphans do not go to school are more vulnerable to abuse, neglect and exploitation than others(Gardachewu, 2013).

The social and economic situations like: educational attainment, food intake and psychosocial wellbeing of OVCs are assumed to be poor. Being orphaned or made vulnerable is another factor that may affect children's access to education. Life skill training and recreational services are areas that should not be ignored in searching for alternative intervention for orphan children (WHO, 2017). There are disadvantage children economically and socially such as from low income families, single parents working children; orphan as

well as female students are at risk of failure in general educational setting for various reasons (Tirussew, 2008). It is argued that the barriers of uniforms other educational supporting materials as well as indirect costs in accessing education makes households opportunity not to send their children to school, and stated that orphans are the most unlikely to be schooled. Besides cost limitations, in families which are struggling to meet basic needs, education may be perceived to be secondary to food, shelter, clothing and medical care (Ashenafe Tesfaye, 2017).

2.6.4. Healthcare Related Problems

An access to have good health care and support remains a challenge due to lack of money to pay medication costs and the needed services at the health units substantially increase the opportunity cost of seeking health care. Furthermore, orphans' needs are often unmet as a result of a lack of available care-givers in many communities and many orphans live on their own, or are cared for in child-headed households or by grandparents, who, because of their own health problems, are unable to provide adequate care and support, (UNICEF, 2012). Orphan children face many hardships during childhood including a decline in health, nutrition, and psychological well-being (Afewerk Tsegaye, 2013).

An International HIV/AIDS Alliance (2009) noted that sometimes, because of lack of money, guardians and families delaying in taking a child for health care services until the child gets ill seriously are key challenges for health care. The challenges with health care are compounded by the apparent limitations within the public health facilities primarily due to the poor who cannot access private services, with no resources available, and with no guaranteed access to government health services, healthcare for orphans' remains in jeopardy and will continue to be a daunting challenge to caretakers.

2.6.5. Psychological Related Challenges

An orphan child with HIV who are aware of their status have unique psychological and emotional needs, and require special and targeted help to come to terms with HIV and live positively, manage illness, deal with stigma and discrimination and prepare for the future (International HIV/AIDS Alliance,2013). They need plenty of opportunity to express their feelings without fear of stigma, discrimination and exclusion. Furthermore, provision of psychosocial support is a key challenge to caretakers and it fraught with complex issues. First, unlike physical needs such as food, clothing or medical care, it is difficult to diagnose its symptoms easily.

Therefore, as noted by the international HIV/AIDS Alliance (2009), poor access to psychosocial support similarly affects caretakers. The conditions of children orphan by HIV/AIDS are worse since they are more likely to experience various psycho-social problems and are less likely to be adopted by other members of the community (UNICEF, 2008.In the studies conducted by the (MOLSA, 2014), it was indicated that the psycho-social and socio-economic situations of OVCs are more likely to be multifaceted and worse in Ethiopia as compared to other countries. The next chapter described methodology part of the study

CHAPTER THREE

RESEARCH METHODS

3.1. RESEARCH DESIGN

This chapter described the methodology about how the researcher conducted the research. The chapter discussed the philosophical underpinning, description of study setting, sample size, and the data collection instruments, the procedures of data collection, and the methods of data analysis, techniques of assuring trustworthiness of data and the ethical consideration while conducting the research. The assessment had used a qualitative methodology to gather relevant data and information from the target beneficiaries and Key staff members. The reason why researcher used qualitative method in this study is due to the fact that data related to identify the services types and effectiveness in services delivery at Sebeta Children Care Center to beneficiaries can be collected by taking into account the views and opinions of staffs of the Sebeta Children Care Center and service users including relatives/caretakers and beneficiaries themselves. The case study method also, the most appropriate method the researcher used because it was capable to handling qualitative data. Appropriate data collection tools such as, key informant interview, in-depth interview, focus group discussion and observation, were used for this study to increase the reliability and validity of the data and its results.

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

The study has been taken the Sebeta Children Care Center under Ethiopian Kale Hewot Development Commission as case study. The researcher used case study method that, allows the researcher to investigate the current status of the Sebeta Children Care Center. In this study, researcher employed a qualitative research method which is more process oriented and seeks the meaning. The qualitative method helps to collect detail information and to understand the research objective comprehensively. The purpose of the given study is to explore the phenomenon from the perspectives of research participants; qualitative method allows the researchers to capture in-depth information relevant to the study.

According to Creswell (2007), narrative research, phenomenology, grounded theory, ethnography and case study are the five approaches that are the most repeatedly used in qualitative inquiry. Among these qualitative approaches the researcher employed a case study qualitative approach. A case is an instance of particular situation, or example of something occurring. Types of case studies are distinguished by the size of the bounded case and the intent of the case analysis. These include: (1) the intrinsic case study, (2) a single instrumental case study, and (3) a collective/multiple case study. Among the aforementioned types of case studies, the researcher used intrinsic case study. When intrinsic case used, to have better understanding typical format is to provide detailed description of the case and then present the case (within case analysis) followed by thematic analysis across the case analysis.

The researcher used group data analysis unit because an assessment concern all faith based organizations by standing the case of Sebeta Children Care Center. An assessment titled faith based organizations such as: Catholics, Protestants, Muslims, Adventists/seven day followers and only Jesus/Hawariyat.

All the above faith based organizations provided various services to highly victim and vulnerable children with a very similar provision approaches. But the researcher focused on protestant Churches under Ethiopian Kale Hewot Development commission the case study of Sebeta Children Care Center. That made the study a case study. The major concern of the study was not services availability in each church, but the effectiveness of the services to develop talent of beneficiaries that, neglected in mentioned FBOs setting is the subject matter.

3.2. Study setting

The study took place at Sebeta Children Care Center operating under Ethiopian Kale Hewot Church Aid and Development Commission which actively and widely is engaged in humanitarian responses. The Sebeta Children Care Center is a faith based non-profit resident center. The center was established in 2001 E.C, (2009)in order to supports orphan, homeless and needy Children through the provision of basic life needs like food, shelter, clothing, and education and healthcare services to orphan and highly victim children. The center has been engaged in several humanitarian activities and has mainly been rendering its holistic development activities for highly victim and vulnerable children.

The reason why researcher specify the Sebeta Children Care Center because, most of the faith based organizations provided different services to orphan and highly victim children in the community level, but, Sebeta Children Care Center uniquely have orphan center and they also reach in experiences to provided full services provision to orphan and highly victim children in faith based organizations; that was the only reason why the center selected. The case study focused on positive impacts of the services to enabling self-reliant beneficiaries before they leave from the center.

3.4. Participants of the Study and Inclusion Criteria

The participants of this research were: A) Beneficiaries at Sebeta Children Care Center, B) the Key staffs working at Sebeta Children Care Center; C) Relatives of the beneficiaries. In order to select the participants of the study, researcher used purposive sampling. Because purposive sampling is a strategic sampling aims to establishing good correspondence between the research questions and sampling (Bryman, 2012). This assessment employed purposive sampling in order to get relevant information from purposively selected participants. Based on this researcher contacted with active participants of beneficiaries and beneficiaries' relatives informed by the key staffs of the Sebeta Children Care Center to invite them participate in the study.

The key informants' inclusive criteria in the study were position of the staffs working with highly victim and vulnerable children at Sebeta Children Care Center. In-depth interview participants' purposive sampling was also applied with selection criteria to select participants who are excellent in school performance and active in communication. Similar criteria, for both beneficiaries 'caretakers and beneficiaries themselves were included in FGD-1, and FGD-2 respectively active in communication and participation. These two focus groups are supposed to have different information and better understand about services types and effectiveness of the given services at Sebeta Children Care Center. The researcher also used additional tool in order to practices service delivery, through observation.

3.5. Sampling Technique

The researcher selected participants from the targeted beneficiaries and key staff members based on the issues discussed in the study; an assessment used participatory research approach.

In other words, the study considers the relevance of the participants based on pre-specified criteria because the participants of this study could easily be accessed by non-probability sampling rather than probability sampling. More importantly, key informants, who have knowledge about services provision to highly victim children at Sebeta Child Care Center, could only be reached through this technique.

3.6. Sample Size

According Creswell (2014), stated by sample size of qualitative research method would be influenced by idea of saturation. Saturation implies stopping data collection because the categories (or themes) are saturated; it is when gathering data no longer sparks new insights or reveals new properties. Correspondingly, Fusch and Ness (2015) stated that data saturation is achieved neither because of large sample size nor small sample size instead richness and thickness of data get paramount consideration in data saturation. The researcher planned thirty, (30) participants in the study. Among those thirty participants: six key informants, ten in-depth interviews, and with sixFGD-1, from beneficiaries' relative, with eightFGD-2 from beneficiaries. The researcher collected all the necessary data based on research questions up to data saturation point.

3.7. Methods of Data collection

The researcher used both primary and secondary data sources. Primary data would collect from services users at Sebeta Children Care Center. The data sources used the researcher to collect adequate information. The data collection tools included in-depth interview, focus group discussion, Key informants interview and observation.

The data for this research had been collected through key informant interview by taking into account the views and opinions of staff members of the center. And in addition, focus group discussions and observation also applied for this research through researcher direct observations at the Sebeta Children Care Center services delivery that was being conducted through field visits at beneficiaries' dormitory, tutorial classes and every activity in the center.

3.8. Interview procedures

First the researcher prepared interview guidelines for each tool in order to gather relevant information based on research questions. The researcher identified in-depth interviewees and key informants consequently, all the in-depth interviews and key informants interviewees have been contacted one by one. In each of those times the purpose of the research was explained to all participants in order to have smooth relationship. Then, participant's willingness to take a part in interview has been checked. Finally, after ensuring their willingness to participate, the researcher conducted the data collection process in-depth interviews which took one hour to one and half hours.

Similar actions to the rest tools since it helps to fully concentrate on what has been said by the interviewees, researcher used audio recorder while conducting the interview based on participant's willingness. Researcher recorded voice to avoid or at least minimize the problem of repetition during data gathering process. Besides, tape recorder helps to capture useful quotations. It made the processes of transcribing and analyzing what the participants said easy as it contained the whole conversation between the interviewer and interviewee (Dawson, 2002).

3.8.1. In-depth Interview with participants of beneficiaries and key staffs of the center

An in-depth interview is important in qualitative research method in which the researcher collects data face to face from participants the significant unfolding opinions, experiences, values and various other aspects of the under study (Parveen& Showkat,2017). In-depth interview session researcher used to gather data from beneficiaries who have been rendering the services at Sebeta Child Care Center. It also allowed the researcher to explain or clarify questions and to be flexible in administering interview to the respondents (Creswell, 2007).Researcher prepared open ended interview guiding questions. In line with the research questions, researchers used it as one of the data collection tools .The researcher strongly believes that an in-depth interview helped the research process in providing detail information from beneficiaries. For the purpose of this study, open ended interview guiding questions was prepared.

An interview guideline in depth-interviewers alone prepared, (attached in the annexes part of this research). The questions that addressed by this method of data collection were: What are the types of services provided to you; Which service type helps you to develop your talents for further; Which services you think need to be improved? Explain? ; How do you see the impacts of the services regarding to development of your talents? Which services types provided are more effective for you? Describe your response; which services provided to you are in need of improvement? Explain; what kinds of problems have you observed in providing services to you; how do you explain the contribution of the organization in addressing yours and your Friends' problem?

3.8.2. Key Informant Interviews (KIIs) with participants staffs from the center

The key informant interviewers are who have firsthand knowledge about the Sebeta children Care Center. It is very flexible and can be used to collect large amounts of information.

The researcher was the interviewer who have been hold the informant's attention and available on clarifying questions. The key informants whom the researchers invited to this interview are: six individual who are staffs of the center in different position those knowledgeable about the services types, and effectiveness of the services at Sebeta children Care Center. The researcher interviewed each participants in their offices based on schedule date and time. Its main purpose is to provide pre-determined questions that might be used as an appropriate instrument to engage participants. The interview schedule helped the researcher to think clearly about what he hopes the interview might cover. In key informants' interview session, all the six key informants were interviewed. An interview guideline for key informants alone prepared, (attached in the annexes part of this research).

The questions that addressed by this method of data collection were: What are the types of services the center provided to beneficiaries? Included criteria to select an orphan to be in the service; what values and principles are used in the provision of the services given to HVCs? (Probe: Organizational values, principles to be followed, values and principles that make your organization unique from others); what techniques or mechanisms are in place; how do you see the role of the Sebeta Children Care Center in addressing the problems of OVCs? (Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?); how much you work on awareness creation to your focused community regarding HVCs? Please discuss; what are the major challenges in providing services to highly vulnerable Children; what are the policies related challenges faced by the services at Sebeta Children Care Center? (Probe: government encouragement, follow up, positive, or negative feedback on services provision); Do you have legal constraints to provide these services? Please explain; do you have financial constraints to provide these services? Please explain; tell me about the use of social work profession in the

organization; do you have shortage of skilled human resource; describe the situation, please; what do you suggest in eradicating the challenges on the way of solving the Problems; What are your recommendations for better improvements of the services towards HVCs; how do you explain the Successes or achievements of the services towards HVCs; what plan do you have for the future for expanding the services towards HVCs? ; Explain how the service provisions in the center will help the HVCs to enable themselves in the future; what is the relationship between, the Child and the center after the child graduate from the center; do you believe that, providing services in the center prepare HVCs, to enable them self-reliant in the future? Please, explain your response; what are the changes seen in the last five years in relation to the services the organization has provided; what are the challenges during beneficiaries recruit; what kind of support does your office provide to the effectiveness of the center; how do you explain the relationship between the center and beneficiaries; Can we say the center is effective? If so what are the indications?

3.8.3. Focus Group Discussion (FGD) with beneficiaries and their caretakers

FGD is a process in which certain number of individuals invited to got together in order to discuss on certain issues concerning the research topic. They were six in number two of them were from graduated family and four of them were from beneficiaries those currently available at the Sebeta Children Care Center. In this study the researcher prepared two focus groups. The first focus group discussants are six caretaker/ relatives from beneficiaries' families. The second focus group discussants eight beneficiaries' at Sebeta Children Care Center. These two focus groups were supposed to have more information about the overall activities regarding the services provided to them by the Sebeta Children Care Center. The first group would be two beneficiaries' relatives those graduated from the center and another four beneficiaries; family from the center those available in the center total

six (6) FGD participants discussed. The second focus group discussants were eight beneficiaries in FGD and ten IDIP participated in the study. These two focus groups discussants and IDIPs including KII participants were the primary data sources about services providing and effectiveness of the services provision to them by the organization.

The researcher clarified the objectives of the research and purpose the research briefly and forwarded thankful messages to the participants for their active participation, and giving their time and their cooperation. The questions that were addressed by focus group discussion method of data collection were: what services are provided to your child/you; which services types are effective for your child/you; which services provided to your child/you needed further improvement; what kinds of problems have you observed in providing services to your child/you; how do you see the contribution of the Sebeta Children Care Center in addressing your child's/your problems and other related questions by taking into consideration their understanding level and educational status. The researcher recruits them because they were active participants regarding to give feedback to the Sebeta Children Care Center service provision and familiar with the center activities. The researcher supposed to facilitate the discussion sessions and play the moderator's role which involve asking questions, probes for more detail, ensure that the discussion is on topic and ensure that everyone actively participating in the discussions with no domination of certain participants (Dawson, 2007). Before start the session researcher would explain the purpose of the FGD and clarify what is expected of them as a focus group discussant and the expected outcomes from the FGD.

3.8.4. Observation

Observation is a complex research method because it often requires the researcher to play a number of roles and to use a number of techniques; including her/his five senses, to collect data (Beker, 2006). Accordingly, field observation would be conducted through the field observation checklist for each aspect of the observation. Any researcher can conduct an observation in two ways: direct observation and participant observation (Dawson, 2007). The researcher used direct observation. Observers are supposed to take a detailed field note of their field observation and write down their interpretation and reflections of the unfolding processes (Emerson, Fretz& Shaw, 2011).

The researcher would start his field observation from the first day visit the services. Visiting services delivered and delivery at Sebeta Children Care Center is the way to observe and collect valuable data through observation method. This can be achieved by simply been there at Sebeta Children Care Center services delivery and visited beneficiaries feeding room, schools classes, recreational areas, dormitory, tutorial classes and recreation sport fields and overall activities of the Sebeta Children Care Center.

3.9. Document Review

The researcher had reviewed organization documents such as reports; beneficiaries' intake, intervention and evaluation forms; assessment forms; and memorandums documents that the center had held with Woreda and other documents which were important to this research.

3.10. Techniques of Data Analysis

The researcher would study types of cases properly and followed the correct thematic data analysis steps due to reduce the problem of dissimilarities in conceiving reality and

knowledge. As (Yazan, 2015) confirmed that different methodologists are making divergent suggestions regarding the analysis of case study data due to their dissimilarities in conceiving reality and knowledge. The familiarizing himself with collected data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. Congruently (Braun and Clark, 2006) have specified that thematic analysis is widely used in qualitative data analysis. Furthermore, they also indicate that thematic analysis is qualitative descriptive approach which is mainly denoted as a method for identifying, analyzing and reporting patterns (themes) within data. The researcher followed certain thematically data analysis steps as follows:

- The data obtained from key informant interviews, FGDs discussants, in- depth interviews participants including personal observation were collected in Amharic language by using hand written notes and voice records.
- The recorded voices and obtained data translated in to English version
- Next step were organized collected and observed data
- Then cross-checks gathered data through all techniques again and again in order to avoid data biased
- Coded participant's response to separate gathered data who said what?
- Related themes with research questions and analyzed.
- The result had discussed through data triangulation from in-depth interviews, FGDs discussants, key informants interview and personal observation.

3.11. Trustworthiness and validity of the study

The researchers would employ both primary and secondary data sources that, gathered from beneficiaries, key informants, beneficiaries caregivers, observation and document review about services types and effectiveness of the services to develop talent of beneficiaries at Sebeta Children Care Center and cross checking of the data from those different data sources as a means of validation as well as not to make a false conclusion. In this regard researcher used his own technical mechanism to improve the reality of collected data. Because in qualitative research, researcher used data triangulation that involves gathering data from different data sources as a method to check and to validate their studies (Ndanu& Syombua, 2015).

The data from key informant interviews, FGDs and observation are triangulated as a way of strengthen confidence in their validity. The researcher also comparatively analyzed the key informant interviews, in-depth interviews and FGDs results, including data from field observation in order to come across the conclusion. So as to assure trustworthiness of the study the researcher employed various techniques of assuring the credibility of the data. To do so, key-informant interviews and FGDs were first been transcribed and checked with one of the participants in order to check its trustworthiness.

3.12. Ethical Considerations

Primarily the researcher requests permission letter from the School of Social Work, Addis Ababa University to data collection process. Then researcher had gotten the permission; he presented the supporting letter to Manager at Sebeta Children Care Center and the consent letters to the participants in order to get willingness.

The researcher explained about the purpose of the study in order to have smooth relationship with participants of the study and answers any questions participants may have in regards. The researcher considers the confidentiality of all respondents' responses. As respondents explained that their participation in the assessment would make them happy because of the purpose of the study. The researchers would treat participants equally and in a fair manner without any discrimination. Respondents were advised that their participation in the research were voluntary and assured of complete anonymity. Furthermore, the participants were advised that they do not have to answer any question they feel uncomfortable about the study.

CHAPTER FOUR

Findings

This chapter presents the major findings are presented here thematically with information provided by the participants ordered logically in-line with interview questions and the theme it tries to cover. The first section presents the profile of respondents and organization of the Sebeta Children Care Center and its summarized documentation systems, and recruitment criteria of beneficiaries and profile of the participants. The second section describes major services provided to the beneficiary at Sebeta Children Care Center. The third section describes how the center measures effective services in the center and some of the services' positive changes in the life of beneficiaries for the last five years. The final section under this chapter deals with the identified challenges that the center is encountering and identifies the mechanisms to handle challenges at Sebeta Children Care Center.

4.1. Profiles of Research Participants

The study has employed different data collection tools, such as: in-depth interview with beneficiaries of the center, key informant interview with staff members and the Sebeta Town Women and Children Affairs Office, FGD with beneficiaries' relatives and beneficiaries' themselves, field observation and photograph. Among research participants ten of them are Children of the center and directly participated in key informant interview age's group, (12-16 years of age) and six of them are key staffs of the center among KII two of the participants are from Sebeta Town Women and Children Affairs participated in KII. This section provides a brief introduction of the research participants in a form of table as below:

Table1. Profile of key informant interview participants’

Coding	Age	Qualification	Place of living
KII-1	40	B.Sc	Addis Abeba
KII-2	29	B.A	Sebeta Hawassa
KII-3	26	Diploma	Sebeta Town
KII-4	38	10 Grade	Addis Abeba
KII-5	32	Certificate	Addis Ababa
KII-6	36	Degree	Sebeta Hawas
Total 6, key informants			

Source: Assessment by the researcher (March, 17/2020)

Table 2 Profile of -in depth interview participants with beneficiaries

Coding	Sex	Age	Birth place	Educational level	Comments on the service provision
IDIP-1	F	18	Tulu Bollo	10 th Grade	It is good
IDIP-2	F	18	Woliso	9 th grade	It is very good
IDIP-3	F	16	Filasu	7 th grade	I did not think so

IDIP-4	F	13	Tulu Bollo	8 th grade	Good
IDIP-5	F	19	Sebeta	5 th grade	It is not remarkable
IDIP-6	F	18	Tulu Bollo	6 th grade	Very good
IDIP-7	F		Sebeta	6 th grade	Personally ,I am happy in service
IDIP-8	F	16	Woliso	8 th grade	It is excellent, services provided
IDIP-9	F	17	Awashi	5 th grade	I am happy in services provision
IDIP-10	F	18	Woliso	12 th grade	It is very good

(Source: the in depth-interview participants March, 18/2020)

As the data indicated above table2 the researcher interviewed each of the beneficiaries detail about services types and their effectiveness provided at Sebeta Children Care Center. But the beneficiaries reflected different responses about the provide services in the center.

Most of the beneficiaries participated in-depth interviewed explained:

The types of services in our center categorized into three: some services are satisfactory and effective, some others are less effective and yet not started services. The IDIP-3 explained, “Overall activities and services types provided at Sebeta Children Care Center are very good and satisfactory for us.” Among the participated beneficiaries some of them reported as the following: The Sebeta Children Care Center provided different types of services adequately but the effectiveness of the services is not satisfactory, because the shortage of professional staffs is one of the reason; few of them said, “the center provided different services but expected change yet not seen because of us not only weakness of the center; the Sebeta Children Care Center provided every

necessary provision instead of our family but some beneficiaries among us they are not understand the effort of the center and never give attention for their education properly.

Table 3 Background Characteristics of Focus Group1 Members/ relatives /care takers

Coding	Sex	Age	Educational background	Comments on the service provision
FGD-1	M	36	No educating	It is good
FGD-2	F	56	No education	It is very good
FGD-3	F	42	Grad 6	It is very good
FGD-4	M	39	Grade 8	Good
FGD-5	M	54	No education	It is very good
FGD-6	F	41	Grade 8	Very good

(Source: Focus group discussants 1, March, 21/ 2020)

According table3 the group-1 discussant voiced:

There are different types of services provided at Sebeta Children Care Center per a year. Our children adequately got every necessary basic need from the Center. The center evaluates the services impacts with the school performance and terminal evaluation including our feedback information.

There are many changes our children show in their physical mental and social life from year to year. When we saw them the center provides different life skill training per a year. Most of the discussants explained that, “the Sebeta Children Care Center play crucial role in our children future life.” Some of the discussant said, “The Sebeta Children Care Center has an assignment regarding to identify and develop talent of our children before they leave the center.”The challenges that the center facing are: shortage of finance, shortage of staff and donors turnover. But the challenges handled through discussion without any conflict.

Table 4 Background Characteristics of Focus Group 2 Members/ beneficiaries/.

Coding	Position	Sex	Birth place	Age	Educational background	Comments on the service provision
FGD-1	Beneficiary	F	Tulu Bollo	17	10 th Grade	It is good
FGD-2	Beneficiary	F	Woliso	18	10 th Grade	It is very good
FGD-3	Beneficiary	F	Awash	18	9 th Grade	I did not think so
FGD-4	Beneficiary	F	Filasu	16	7 th Grade	Good
FGD-5	Beneficiary	F	Sebeta	13	8 th Grade	It is not remarkable
FGD-6	Beneficiary	F	Tulu Bollo	14	5 th grade	It is good

FGD-7	Beneficiary	F	Sebeta	19	6 th Grade	Personally ,I am happy in service
FGD-8	Beneficiary	F	Woliso	16	6 th Grade	It is excellent, services provided

Source: focus group discussants 2, (2020)

As the table 4 data indicated the group discussed, the services provision for us are very good. Similarly group discussants' explained:

The services provided by the center is excellent and we are satisfied, but we asked them to improve some services like develop our talent before we leave the center but we can't because of professional staff shortage at the center gradually we believe that will provided in the near future. The center provided every necessary service fully, but we have weakness from our side. The Center counseling us to learn effectively but some among us have weakness in their education.

The services effectiveness measured by school performance of the beneficiaries, feedback in services provision, and terminal evaluation. There are many changes in the last five at Sebeta Children Care Center, for example, our physical growth, we started to think critically, the surrounding community got an access to used electric city, pure water, and one up to grade four education with Affan Oromo language...etc are the major changes.

We have different interest we need to develop ourselves because unless we updated ourselves before we graduate from the center we can't manage our future. Our center yet not started providing talent identify and develop services officially but, we have different life skill

trainings per a year. As the project coordinator informed us the center has financial challenges because of donors' turnover. But the center handling the challenges by using other accounts and solves the problem by use administrative technical skill.

4.2. Organizational Profile

The Ethiopian Kale Hewot Church Aid and Development Association is a faith based non-profit resident organization. The organization has been engaged in several humanitarian activities and has mainly been rendering its holistic development activities for highly victim and vulnerable children. As a faith-based, organization Ethiopian Kale Hiwot Church has helped people throughout the world by sharing food, water, emergency supplies, and opportunities that empower people to live independent lives, free from poverty, disease and hunger. The Sebeta Children Care Center is one of the centers among under the Ethiopian Kale Hewot Church Development Commission.

The center was established in 2001 E.C, (2009) in order to support orphan, homeless and needy Children through the provision of basic life needs like food, shelter, clothing, and education and health care services to orphan and highly victim children. The center started with female beneficiaries' alone at the beginning because during that, time, "there was one block alone it was risky and impossible to receive opposite sex without having different blocks, but government commented them to mix male beneficiaries; based on the recommended idea they are on the process to add male orphan in the center." The beneficiaries at Sebeta Children Care Center came from different areas; from Tullu Bollo area ten,(10) beneficiaries, from Awash area eight(8) beneficiaries, from Woliso area Seven (7) beneficiaries, and from Sebeta Town (6) beneficiaries, the sum total of the beneficiaries in

the center are thirty one (31). They have full services from the center up to the age of 18, or probably it would extend if, the beneficiaries on the education either college or University up to graduate because that is one of the effort of the center to achieve it. The beneficiaries have summer break to go to their nearest family every summer for two months per a year and the center provided summer budget that received by their nearest family member up to they come back to the center the family take full responsibility regarding to take care behave of the center.

The summer program that the center facilitate per a year has purposefully designed in order to the children adapt social interaction in the society. The Sebeta Children Care Center currently has been serving thirty one female beneficiaries those have got full services from the center and they also, supports other 140 highly victim children those only have education access from the center. The structure of the staff divided in to two, supportive staffs and main staffs. The total numbers of the staffs are 19 at the center. The donors of Sebeta Children Care Center are International Crisis Aid, Crisis Relief International and World Servant International Fund. The Sebeta Town Women and Children Affairs Bureau did help with all the necessary support and, has close relationship with the center. (Sources: key informant interview and document review March 9/2020).

4.3. Major services of the center

As the finding of the study indicated there are three various types of services provided to beneficiaries at Sebeta Children Care Center as a means of fulfilled the basic needs of beneficiaries. Regarding to this the key informants voiced:

Our project providing three major types of services primarily to orphans beneficiaries those have full services, second we provided educational service

to highly victim's children in the surrounding community. Third temporary service provision to those raped girls at Sebeta and surround areas. Our Primary services focused to target orphans those lost one or both parents and joined our center. They have full services from the center in order to fulfill their basic needs like food and nutrition, dormitory services, educational and health care services, psychological and clothes...etc are stand by services for those thirty one targeted beneficiaries. The second type of service is the only educational access to those highly victim children in the surrounding community with Affan Oromo one up to grade four. Our center targets schools owned and run by government, where the families of the beneficiaries are poorest of the poor people and poor economical background with no regular income and employment. Most of the relatives survive with less than one dollar per day income which is not sufficient enough to cover one basic meal per day. Most of the beneficiaries come to our center due to extreme poverty. The Sebeta Children Care Center provided primary educational opportunity to the surrounding community with two major reasons: primarily facilitate educational access for those unable to learn education in the surrounding community, second the parents of the students in order to develop sense of community ownership of the project and assure the participation of the community and ownership of the community. The school currently holds one hundred forty, (140) students got an access to learn. The third type of service to those raped girls the center provided psychosocial and other supports until their case got resolved. The services those provided by our center are effective in order to prepared the beneficiaries self reliant in the future because there are

no one ideal after graduate from our center, they are workers in different organization with position even, in head office level; some others married foreigners and became successful in their life after they graduation. Furthermore, the key informant-1 explained:

The beneficiaries' have been given nutritious foods in adequate quantities to maintain their good health. Our food provision is well guided by weekly menu which contains the nutritional need for energy and micronutrient body requirements of the school students. Proper storage of food and updating of store inventory are done on a daily basis. The center has facilitated to beneficiaries practiced cooking different types of food with those hired cooks in order to develop their meal preparation skill at the future. There are four experienced head cooks who monitor and supervise the cooks, kitchen and store. They are responsible for managing the overall feeding centers activity along with the project staffs at head office. Practical food preparation, kitchen hygiene maintenance and management training was provided at the head office food preparation center for 5 days for all cooks per a year. Ensuring quantitatively and qualitatively adequate meal each day was one of the project major achievements during the year. The Sebeta Children Care Center has greatly contributed to the education and well-being of targeted beneficiaries (Source: KII participants March 17/2020).

As the FGD-1 participants explained, “The Sebeta Children Care Center providing different types of services particularly for those orphans in the center provided many services such as; food and nutrition provision, cloth, shoe and underwear provision, provision of health care service, counseling, psychosocial and, educational supports are available in the center.”The Sebeta Children Care Center provides different types of services to highly victim and orphan children. In addition to that, the IDIP voiced:

We have provided varies type of services such as: food and nitration, cloth, shoe and under wear provision, dormitory, healthcare, education, sanitary pad distribution ,tutorial study are the major services the center provided for us. The center evaluates effectiveness of the services with our school performance and different feedbacks from us and other family and government terminal evolutions. The center provides different life skill training, but there is no actual talent identifies and developing program in the center.(Source: IDIP March 19/2020).

As the finding of researcher informed that there are challenges at Sebeta Children Care Center. FGD-2 discussants explained, “The center facing different challenges such as: shortage of money, shortage of staffs’ members, lack of networking; but the challenges respond through discussion, and counseling us peacefully to protect us from mistakes.”In addition to these the result of an assessment also, shows that, services types can be categorized in to three: effective, less effective and yet not started services. The KII participants confirmed:

Regarding to effectiveness and efficiency the services classified into three major sections which are: effective less effective and yet not started for example both education and health care services are more effective at the center when compared with other services. All the services are available but education, healthcare, tutorial and sanitary pad services are more effective than others. Also there are many changes have seen in our beneficiaries life in the last five years such as: physical change, mental development, rational thinking, ability to communicate with others, wearing style, develop confidences, they have educational opportunities after they joined our center they are indifferent grade level and some of them expected to score the highest result in this year entrance exam...etc are some of the changes among many.

4.3.1. Food and Nutrition provision

The finding on access to food and nutrition indicates that, the Sebeta Children Care Center highly involved in food and nutrition provision in order to decrease food and malnutrition problems of orphan and HVCs. The IDIP confirmed as following:

The provision of food and nutrition has great impacts in our life. The center employed three mothers those prepared food and nutrition for us we have menu of feeding for each day. Based on their schedule the cooker, prepare balanced diet for us. We have a committee that, responsible to check up any issue concerning food qualities and taste. We assigned one individual per day to help mothers by facilitate kitchen environment. The assigned individual practices how to prepare food, and develop their skills because after graduation they were expected to lead their own family, (Source: IDIP with beneficiaries March19/2020).

The Sebeta children Care Center was run primarily by the country director and program director. The project coordinator was fully responsible for the daily activity implementation. A nutritionist and medical nurse was fully responsible for the detail feeding center activity implementation. And additional cooks who are mothers explain:

Weekly feeding center activity monitoring was carried out by Sebeta Children Care Center staffs. The quality, quantity and hygiene will be monitored by organization nutritionist and nurse. Feedback form was prepared and filled out by beneficiaries and discussion was conducted with the center management committee and Women and children office staff conduct continuous monitoring visit in all the feeding centers. They control the quality and quantity of the food provided to the children. They also control the kitchen hygiene and cleanness of the volunteer cooks.

4.3.2. Cloth, Shoe and Underwear Provisions

The study result indicated that, the Sebeta Children Care Center provided different services to those highly victim and orphan children such as: cloth, shoe and underwear provisions are mentioned. The IDI participants voiced:

We have provided clothes, shoes and underwear provision including night clothes such as blanket and sheet. The center respect our interest to buy whatever we need but the amount of the budget limited us because the center have fixed budget per a year for cloth, shoes and under wear provisions. In general “We have got adequate clothing provision per a year.”

Table 5 distributions of cloth and shoes

Item	Frequency of services delivery	Program
Cloth	Twice/ depend on their budget	Per a year
Shoes	Once/ based on their interest	Per a year
T-shirt	Twice	Per a year
Socks	As its necessity	Per a year
Underwear	Based as their request	Per a year

Source: project manager, March, 9/2020

4.3.3. Dormitory service

As the finding of the study shows, the Sebeta Children Care Center provided dormitory service for beneficiaries with other necessary materials in the room like bed, pillow, sheet blanket table and cleaning materials per a week. The key informants stated, “The beneficiaries of the Sebeta Children Care Center have neat and clear dormitory including sanitary pad and soap distribution per every month.”(Observation, March17/2020).

4.3.4. Sanitary pad services

The result of an assessment also, shows that, sanitary pad provision is another type of service at Sebeta Children Care Center. The beneficiaries were asked if they have access to sanitary material support and the frequency of sanitary materials provision.

According to FGD 1 participants 4 stated, “Beneficiaries have their own budget especially to sanitary pad in order to address their hygiene problem and dormitory service provided”. As the researcher observation shows that, the quality standard of the dormitory and sanitary pad service provision, The IDIP participants explained:

We have got sanitary pad services adequately per a month. The center distribute sanitary pad adequately because all we are female and keeping our personal hygiene is our responsibility. In addition reduce class absenteeism among girls the center has started distributing one pack of sanitary pad for each girl because one of the causes of class absentees among adolescent girls is that the inability to keep them hygienic during their menstruation cycle. We are also responsible to clean our dormitory, and wash our cloth. We have the budget to sanitary pad and soup services separately every month. We have neat and clear dormitory one room for two persons. (Source: March17/2020).

Table 6 Dormitory facilities and Distribution of necessity for beneficiaries

Item	Unit	Per year
Dormitory	1 to 2	Once
Sanitary pad	Packages	Per month
Bed	1 to 1	Once
Sheet	2 to 1	Twice
Blanket	1 to 1	Once

Pillow	1 to 1	Once
Table	1 to 1	Once

Source: field observation in March, 17/2020

4.3.4. Healthcare Service

The finding of the study indicates that four beneficiaries live with HIV/AIDS and two of them also suffer with diabetics' disease. The beneficiaries of the Sebeta Children Care Center were asked about their health condition, they said, "we got treatment during we face illness, and every payment covered by the center." In addition to this KII-2, voiced:

The health care service is another types of service that the center provided to those have full services from the center in order to protect beneficiaries from disease. The health care service, provided by the center also have annual health screen. Regarding provision of health service to orphan children have benefited to be healthy. The issue of orphans who are living with HIV/AIDS and Diabetics disease, the center provides especial health treatment whenever they are in need of it. The beneficiaries who participated in IDI explained, "We have health care service that, somehow effective." Further the beneficiaries' relatives those participated in the FGD1 confirmed:

The healthcare services being provided to beneficiaries such as children who live with HIV/AIDS and other disease. Whenever our children encounter in health problems they have health care service which is covered by the center. They are provided health services whenever they are sick; the services also included supplying of medication for beneficiaries who are living with HIV/AIDS. Participant 2 who live with HIV said "I benefited a lot from the special health treatment I got from the health station, which includes access to

the necessary special medication. We were satisfied with health service provided to our children. The center covers full medication expenses of our children's. The Center has not done a lot through linking us with higher hospitals so that we couldn't get higher medical care for free (FGD-2).As FGD-2 who is beneficiaries in the center stated that as follows: Moreover, even if the center has written a letter of cooperation for higher hospitals, they said they could not find enough health care support.

4.3.5. Referral Service

The researcher interviewed about referral cases when the beneficiaries may face sickness. Regarding to this the KII-3 reported as follows:

The center links its beneficiaries with different higher health institutions through its health service. When referring cases to higher institutions is needed, the center directly writes a letter for the organization from which the support is needed. But if some cases that need the engagement of higher institutions appear, it writes letters for concerning bodies so that the problem would be solved.

4.3.6. Educational Supports

The finding of the study shows, educational support is among the major services that, the center provides to beneficiaries at the Sebeta Children Care Center. The participants KII explained:

The Sebeta Children Care Center provides HVCs with sufficient school materials. The center believes that, education is the backbone of national development and it is widely accepted as an instrument of social change.

Educational supports to beneficiaries include all necessary materials (book, exercise book, stationeries) and school uniforms, and school bags are major provisions. Education has positive impacts in order to change attitude of beneficiaries. The center also provides school bus for transportation services for those who are learning at Sebeta Town Secondary and high school because the school at the center is elementary from grade one up to grade four but all full services users are above grade five. They have been learning at Sebeta Town Primary and Secondary school; the school far 16K.M from the center the center provides transportation service to beneficiaries to school every morning Monday-Friday and come back the center afternoon from the school.

The KII-4 stated, “Our beneficiaries behaviors is very difficult for example, they didn’t interest inter into the School compound with the school bus because, they do not want other students call them ‘orphan of the center’s have come’ as the result they usually ask me to park out of the school compound and they inter into school compound with their own feet.”

As the finding of field observation indicated that, the center has elementary school from grade one up to grade four with Affan Oromo. In this regards, the School Director directly voiced as follows:

Sebeta Children Care Center has primary school grade one up to grade four in the compound. Currently the school contains 140 students who are highly victims and have no an access to learn education, they were recruited by Sebeta Town Women and Children Affair from the community to join the center. The school purposefully sponsored by World Servant International Sponsors in order to support highly victim Children in the community.

The center provides full materials that are important for the beneficiaries to study properly such as: school uniform, exercise books, pen, pencil, rubber and related equipment at the beginning of every new academic year. The school can take some responsibilities to assist highly victim and orphan children. Currently faith based organizations have an opportunity to access orphans at school and help them in collaboration with school Communities. This school has its own five staff members but it is administrating under the Sebeta Children Care Center.

4.3.7. Tutorial study class to beneficiaries

The result of an assessment also, shows that the Sebeta Children Care Center provided tutorial service in order to increase beneficiaries' school performance. As the KII-4 stated, «the center invest a lot of money per a year purposefully for tutorial study». In addition to this KII-1, directly voiced:

This program has significantly supported the formal educational of the children and their futurity as well. Due to the support of this tutorial class system they performed better result in their education. The beneficiaries who haven't got a chance to join to universities have an opportunity to get vocational and technical trainings from the organization's training program. The center has made good follow up and monitoring systems for beneficiaries' and their families particularly at summer two months, schools administrations and with the community as well as on OVCs' school attendance, tutorial study class and other educational services. (Source: KII with manger March 17/2020).

Table7 Educational Support Materials

Item	Frequency of service delivery	Program
School uniform	Once	Per a year
School bag	Once	Per a year
Stationeries materials	Once	Per a year
Text books/guide books	Depend on grade level of beneficiaries	Per a year

4.3.8. Counseling and psychosocial services

The finding of the study indicated the Sebeta Children Care Center providing psychosocial support and consulting, services to all beneficiaries at the center. But the KII-2 explained, «counseling and psychosocial services are not adequate and less effective in our center because, of different reason.” In addition to thisKII-5, voiced:

Counseling is one of another service that the center providing but yet not started effectively in the Center. The counseling service yet not effective in our center because of inadequate skilled professional. In addition to that the center provided counseling service as much as possible which is very important in dealing with problems those vulnerable children and caregivers may face; for example the beneficiaries being carless to clean their dormitory and not used

their time properly including ethical and behavioral wrong acts become decrease through counseling which directly exert a negative impact on the lives of HVCs, actually the Sebeta Children Care Center has not yet strengthened this service.

The finding of the study also, informed Sebeta Children Care Center along with some organizations prepares trainings on different issues; they deliver such services along with different events such as Women's Day and Child Rights Day. The FGD-2 discussed as follows:

The Sebeta Children Care Center prepares various trainings on different issues; they deliver such services along with different events such as Women's Day and Child Rights Day. Counseling service is given for us by staff members. The center has no usual counseling program for us individually or, in group, means the counseling take place when we made mistakes. The center also encourages members and communities to make voluntary counseling and caring and taking this effort as one of the strategies to become more effective.

4.3.9. Recreational Services

An assessment result shows the Sebeta Children Care Center provided recreational service once per a year for enjoyment or pleasure of beneficiaries at the end of school year. Regarding to this IDIP explained:

The center has arranged vacation programs once a year for us. In this vacation program we visit different historical areas. The retreat program per a year is very interesting for us that we enjoyed and refresh.

The visiting area assigned by our project coordinator. The significance of the vacation program increases our relationship. We also have arranged time to enjoy with different TV, channels. Our coordinator recommended us to connected spiritual channels in order to mature our spiritual life. In the compound there is sport field that we play football and volley ball to refresh after school. The center encourages us to exercise different sports and provides different necessary recreational facilities.

4.3.10. The care and support service

The finding of the researcher also, shows four HIV/AIDS positive and two diabetic patients found at the Sebeta Children Care Center. KII-2, explained, «The center given special attention to those four HIV/AIDS positive and diabetic patients with feeding and nutritional uniquely in order to resist the power of disease.» The Key informants, reported:

The Sebeta Town Women and Children Affairs sent raped girls to Sebeta Children Care Center. The center is responsible to provide temporary services for those raped girls until their case got resolved or settled for one month, or for unlimited period of time. The center has no extra budget to those, raped girls, but the center share the budget of full services beneficiaries to them until their case got resolved.

Table8 Summary of the services provided at Sebeta Children Care Center

s/n	Major services
1	Provision of basic necessity; food, cloths , dormitory and the like
2	Provision of educational materials support (exercise book, school uniform, etc)
3	Provision of educational services (tutorial)
4	Provision of counseling and spiritual support

5	Provision of material support (clothes, blanket, and night clothes)
6	Provision of sanitary pad materials
7	Provision of skill and vocational training
8	Referral services (for other services)

Source: key informants interview, March, 19/2020

4.4. Measurements of Services effectiveness in the center

The Sebeta Children Care Center measured the effectiveness of the services with the following three ways such as: school performance, feedback from beneficiaries themselves, and their relatives, feedback from donors, and annual terminal evaluation of the project.

4.4.1. Beneficiaries' school performance

As the finding indicated all the key informants discussed the effectiveness' of the provided services evaluated with school performance of the beneficiaries primarily. The KII-1 participant explained, "The Sebeta Children Care Center evaluated the effectiveness of services primarily with school performance of targeted beneficiaries."

4.4.2. Feedback from service users and...

The result of the study shows that one of the measurements of the services rendered in the center should evaluate with feedback of service users primarily and other stakeholders of the center. Regarding to this the KII-1 explained:

Different feedbacks are major mechanism that help us to evaluate our effectiveness in providing services to highly victim children is different feedbacks from our beneficiaries, donors, stakeholders and their relatives, we have feedback either positive ,or negatively that help us as input to improve our activities how much we are achieve our goal.

4.4.3. Terminal Evaluation

Terminal evaluation is also another mechanism that the Sebeta Children Care Center used to measure the effectiveness of the service per a year. Here the center evaluated each and every activity in the center with based on Finance Bureau evaluation format and other particulars such as audit report. Most of the participants in KII, explained, “Those beneficiaries whom the project provided the services would be more effective if, we were work in the community; but the center is not effective like the invested budget and like the effort of the center.”

Table 9 level of services effectiveness

No	Types of services	Per day	Per a week	Per a month	Per a year	Effectiveness of the services
1	Care and support					More or less good
2	Educational service		-	-		Effective
3	Health services	-	-	-	-	Somehow effective
4	Counseling and training	-	1	4	12	Less effective

5	Tutor class	-	3	12	144	Less effective
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Source: focus group discussants, March 19/2020

4. 5. The Changes seen in the last five year at the Center

The finding of an assessment indicated the services at Sebeta Children Care Center divided in to three categories: some of the services are effective such as, education service; healthcare service, tutorial study and sanitary pad service are more effective when compared with other services and some others are less effective like, psychosocial service, counseling services and training service the rest services yet not started like identify and develop talent of beneficiaries before they leave from the center. The finding of an assessment shows there are many changes and significant impacts seen on the life of targeted highly victim and vulnerable children at Sebeta Children Care Center that have identified related to food and nutrition, educational and healthcare, dormitory and sanitary pad including psychosocial services provision. As FGD-1 stated “There are a lot of changes in the center in the last five years; some of the beneficiaries are with a good motive for their future life and most of them mentally developed.”The major changes seen in the last five years reported by KII-2 as follows:

- ❖ The change of physical and mental well-being, interaction of each other, some become interested in educational activities, progress and achievements, and any special educational needs, adaptation to change, response to stress and degree of appropriate self-control are the changes.
- ❖ Additionally beneficiaries educational support outcome score the most indicators showed good result; that shows the educational support has impacted Children education positively.

- ❖ The healthcare support also have brought better health situation for both the Children and the care givers as well as dormitory and care support given to the beneficiaries also brought better health condition to the beneficiaries.
- ❖ They also, Prepare for the future tasks of adulthood that include developing self-awareness and self-acceptance, becoming a productive and contributing member of society, and discovering that life has meaning and value and competence and, a sense of belonging positive self-esteem and mature relationships.
- ❖ They become stable and have relationship with each other as well as with their caregivers increasing importance of age-appropriate friendships with peers and other significant persons and developed skills of dressing and developing confidence including skills to undertake activities, and thinking independent live attitude are major changes in the beneficiaries' life in the last five years.

4.6. Challenges related with Services Provision

The finding of this study indicated major challenges those center encountering on service provisions are: psychosocial related challenges, beneficiaries recruit related challenges, financial challenges, educational related challenges, health care service related challenges, and inadequate staffs' related challenges.

Major Challenges:

- Primarily financial challenge, because with the increasing cost of living, high inflation rate, high food and fuel cost in the past year in the country has negatively affected the budget allocation.
- Continuous high price rise of food items in the market was one of the center biggest challenged faced.

- Beneficiaries behavioral changes because of their hormone
- Lack of profession staff

4.6.1. Educational related challenges

The center believes that, education is the backbone of national development and it is widely accepted as an instrument of social change. Among major services the center more invested the budget on the educational support, but unfortunately some of the beneficiaries' interests to study their lesson become less. As the key informants informed, "When we visit them most of the time they were sleep in their dormitory rather than study their lesson that discourage us to do more."

4.6.2. Health Care Service related challenges

Among the thirty one beneficiaries at Sebeta Children Care Center four of them are HIV/AIDS positive and two of them are patients of diabetics; those seek especial treatment of the center. The healthcare service is being provided to beneficiaries such as children who live with HIV/AIDS and other disease. Regarding the issue of orphans who are living with HIV/AIDS and Diabetics disease the center provides especial health treatment whenever they are in need of it. In depth interview participant 3, voiced:

The Center has not done a lot through linking us with higher hospitals so that we couldn't get higher medical care for free. The center has written a letter of cooperation for higher hospitals, but we could not find enough health care support.

4.6.3. Psychosocial Related Challenges

There are different psychosocial problems facing the center such as stress, depression, discriminations and neglect. This gap is strengthened orphan children come to the organization after their morals are demolished and with grief which makes hard for the

organization to fix their problems without well skilled professionals. In this regard the KII 2, voiced:

The current psychosocial service that Sebeta Children Care Center provides is not adequate as compared to sever psychosocial Problems of HVCs. The psychological needs of children and their care givers continue to be one of the most neglected areas of support. They experience social isolation and discrimination as people suspect, through association, that they are also HIV positive. According to the standard service guideline indicated psychosocial Support services aim to provide highly victim children with the human relationships necessary for normal development. It also seeks to promote and support the acquirement of life skills that allow adolescents in particular to participate in activities such as school, recreation and work and eventually live independently.

Access to psycho social support for HVCs includes having enough play instruments and suitable environment; training different skills and other service areas are materials and services availabilities are necessary to beneficiaries. Therefore start provides adequate counseling services at Sebeta Children Care Center essential. The beneficiaries' behavioral changes, which come follow their physical development is another challenge of the center. Developing unacceptable character of beneficiaries are challenges of the center encountering. Inadequate professional staffs, cheating in recruit beneficiaries and unexpected behavioral changes in the life of beneficiaries are major challenges in the center.

4.6.4. Financial related Challenges

The Sebeta Children Care Center has different strategic action plans those the center going to accomplished in the near future but shortage of money limited and discourage them to do that. Regarding to this key informant participants discussed:

The Sebeta Children Care Center planned to starts agriculture in the compound because the center has a very wide compound to do more to support the surrounding community with different agricultural products. In addition to this they also, planned upgrade the elementary school to high school and preparatory level. We also, planned increase the number of beneficiaries from surrounding community but we can't because of finance. Another plan of the Sebeta Children Care Center is employee residential father in the compound and professional staffs in order to become more productive and effective. All the above mentioned activities affected mainly insufficiency of the money. The major reason to shortage of finance at Sebeta Children Care Center was donors' turnover and less attention of other stakeholders.

4.6.5. Beneficiaries recruit related Challenges

The Sebeta Town Women and Children Affairs office are making the proper follow ups and providing supports for the Sebeta Children Care center. But there are problems, particularly in beneficiary selection process the center facing several challenges. Director of Women and Children Affairs voiced:

We involved in recruit process before the beneficiaries join the center, but there is cheating in the beneficiaries' selection process. The center accept only orphan and highly victim children, but sometimes children those have both

parents getting an opportunity to join the center, this is one of the challenge at recruit session. But for future “we planned to reduce the problem of cheating, our office take series recruit action in order to identify worth beneficiaries.”

4.6. 6.How to the center respond the challenges

The finding of the study revealed the Sebeta Children Care Center facing different challenges such as implementation related challenges, financial relate challenges, behavioral and physical changes of beneficiaries’ related challenges. These challenges rose in unexpected time; however the challenges emerge from different direction the center responds the challenges through different ways.

4.6.7. Implementation related challenges

The finding of the study shows there are different implementation related challenges faces at Sebeta children Care Center. The KII -3 stated “the Sebeta Children Care Center has chain with hierarchy in head office level, as a result any some complicated problems have got resolved through discussion. Regarding to this participant of KII voiced:

We are facing different challenges in the center as any organizations facing, but we handled our challenges through discussion with a peaceful and in a systematical ways. Our center has long year’s experiences to responds all the challenges through discussion. The center also has management committee those are responsible to handle different cases in the center. They committee members have meeting once in a month, in case they may have meeting to solve urgent issues concern the activities in the center. In this discussion usually we have held different agendas that evaluate the progresses of the center and to forward additional feedbacks to improve the existed services provision in the center.

The KII-3 explained, «The Sebeta children Care center is responsible to head office; the overall activities of the center controlled at head office level; as a result when different problems emerge at the center the head office is responsible to solve the cases.»

4.6.8. Shortage of staffs related challenge

The finding shows, the Sebeta Children Care Center has shortage of professional staffs that was one the major reason the effectiveness of the center services less and hindering the desired impacts. Regarding to this KII-4 voiced:

Shortage of staffs' problem handling by doing multi tasks system. For example, Coordinator of the project do the work of social workers, finance head cover the work of store keeper in such a way the shortage of staffs would solve.

4.6.9. Financial related challenge

The result of an assessment shows that shortage of money is one of the obstacles of the Sebeta Children Care Center that related with donors turnover. In this regard the KII-1 stated, “the center sometimes has insufficiency of the money because of the donors' turnover that was one of the challenges in our center but such a financial challenges have been resolved from contingency or, other account we were handle the problem.”

4.6.10. Behavioral change of beneficiaries' related challenge

The finding of an assessment also indicated beneficiaries' behavioral changes, is one of among challenges that hinder the effectiveness of at Sebeta Children Care Center. The participants of key informants explained:

The physical growth brought hormone changes that also exposed them to unnecessary pregnancy in such a case we depart some beneficiaries from the project list”but before

we react such a decision we were counseling them how they should control themselves because most of them are above fifteen this indicated they are in fire age level. All the challenges facing at Sebeta Children Care Center handling through discussion and counseling the targeted beneficiaries based on word of God.

4.7. Strategies of the center

The finding of researcher also, informed the center has three main strategies to do at the future: regarding to this the key informants voiced:

The primary plan of the center will employ residential father in the compound who acts like the father and responsible to control every activities concern the beneficiaries' at Sebeta Children Care Center in order to beneficiaries practice family interaction because when they graduate from the center they can communicate easily with a community. The second strategy plan of the Sebeta Children Care Center is upgrading the school from elementary to high school and preparatory level. The third strategy plan of the Sebeta Children Care Center is to start farming activities.

CHAPTER FIVE

DISCUSSION OF KEY FINDINGS

The major services assessed during data collection used as the framework for discusses the findings. The study primarily assessed the types of services and their effectiveness in the future life of beneficiaries after they graduate from the Sebeta Children Care Center. The data obtained from in-depth interview, key informant interview and FGD, included personal observation revealed the types of the services and the services effectiveness in the future life of targeted beneficiaries including overall services provision at Sebeta Children Care Center. The finding of the study further shows that, not only orphan and vulnerable children in FBOs ,even if in the family level, investing budget properly upon child capacity building, reduce extravagancy of parents and increase effectiveness of the family or the organizations.

The result of an assessment shows that, the center providing various types of services for targeted beneficiaries such as: educational services, tutorial study service, dormitory and sanitary pad services, food and nutrition service, health care service, care and support service, counseling service and psychosocial support are major services at Sebeta Children Care Center. The finding is similar with the research finding by (Ashenafi Tesfaye, 2017) and (Senefeld Perrin, 2014:131). The researchers identified and described services provided for vulnerable children in addressing child protection using the key services for orphan and vulnerable children. These core services are: education, shelter, economic strengthening, food and nutrition, health, protection, and psychosocial support. An effective and genuine OVC interventions and programs are also important to meet the needs of OVC.

The finding of the study also, indicated that, the existed interventions in care and support to highly victim and vulnerable children are not yet well developed at Sebeta Children Care Center. In addition to this counseling and psychosocial support service also, labeled under less effective services. Here this finding is the same with the research finding by (Gardachew Trunehe ,2006).The researcher found that, comprehensive care and support intervention like health services/medical care, educational assistance, shelter, legal and psychosocial support for these OVC and their families, should be scaled-up in a sustainable way to address the problems they face.

The result of the study also indicated that, educational service is the primary services that the center evaluates their effectiveness based on beneficiaries' school performance at Sebeta Children Care Center. The major changes observed due to the support were improvement in their educational performance. An assessment also revealed that education and healthcare services were the most effective services that, all participants of the study mentioned frequently. This finding is also the same with the research finding made by (Eshetu Gurmu, 2012). The study found out that the center effectiveness is heavily depends on its success of using the existing strong and long grounds. The researchers found that getting an education is an important prerequisite for vulnerable children to leverage improvement in their life. An assessment result indicates that both education and health care services were the most frequently mentioned services provided to beneficiaries even though the services have their own limitations. Academic learning non only increases job opportunity and earning potential but also reduce children's risk of engaging in risky or exploitative work. For girls, it lessens the chances of premature marriage or pregnancy. Schools can also provide a supportive environment for vulnerable children by helping them to learn social skills, provide peer and psychosocial support.

The finding is similar with study conducted by (Gudina Abashul et al; 2014), a study conducted the situation of orphans and vulnerable children. The finding of the study also revealed that non-governmental organizations operating in the areas have been supporting very few children with educational materials, health care cost and food. The finding on the service provided to the vulnerable children is also in line with the desired outcome for educational services mentioned by the standard service delivery guideline for vulnerable children as the service provision ensured the children to enroll attend school and completes a minimum of TVET and preparatory education.

The finding of the study also, shows the services at the Sebeta Children Care Center categories in to three such as: effective services, such as: educational service, healthcare service, tutorial service, and sanitary pad service, less effective services are: psychosocial service, counseling service, reunification and reintegration, training services and yet not started service is identify and develop talent of beneficiaries before they leave the center. The finding is similar with conducted by (Hermela Temesgen, 2018).

The study also, identified that services delivered for the beneficiaries have brought positive impact on the lives of beneficiary OVCs at different levels. Here finding also, indicated that, healthcare service is the second effective services next to educational service. In addition to this the study conducted by (Zewude Bekele, 2013) Exploring Community Based Care and Support efforts in Promoting the Well Being of AIDS Orphan. Additionally researcher found the mechanism to identify and develop talents of beneficiaries at Sebeta Children Care center program yet not started because of inadequate professionals in the center. The study primarily assessed the existed types of services and impact of the services in the future life of the beneficiaries before they leave from the center and personal observation to reveal the overall activities of Sebeta Children Care Center of the

beneficiaries. And then the different services provided to highly victim and vulnerable children as a means of fulfilled basic needs of beneficiaries assessed. The finding is in line with the research made by (AfeworkTsegaye,2013).The finding showed that, orphan children might have stunted development of emotional intelligence, and life skills such as communications, decision making, negotiation skills etc. The finding of the study indicated various types of challenges at the Sebeta Children Care Center such as: shortage of professionals, behavioral changes of the beneficiaries, and shortage of money are the major challenges that the center faced under the study which hinders from reaching its maximum efficiency. The result of an assessment also, shows shortage of staffs, lack of professional counselor and inadequate skilled human power, lack of well trained caregivers who are well equipped with diversified skills, beneficiaries behavioral changes, especially when they become grew up their beauty by itself exposed them to unnecessary pregnancy; some of beneficiaries departed from the center with such a case that is one of another challenges and donors' turnover and decline beneficiaries interest to follow up their education are the challenges.

During the key informant interviews most of the interviewees reported that the organization is not adequately delivering psychosocial supports due to lack of professional counselors and inadequacy of diversified skilled social workers and well-trained caregivers. The finding is the same with research conducted by (Fissiha Moges, 2019).The findings of the study pointed out that FBOs, has some contribution in addressing the basic needs/problems of OVCs. Moreover, the study has revealed the existing challenges of the organization in providing the services such as psychosocial related challenges; attitude of clients towards NGOs; weak coordination among NGOs reside in the same catchment area.

Finally the finding of an assessment informed that the center has three major strategies: the primary plan of the center focused employee residential father who acts like the father in the compound in order to beneficiaries adapt family interaction and who is responsible to control every activities concern the beneficiaries' instead of the family. The second strategy of the center is upgrading the elementary school in the compound to high school and preparatory level. The third strategy of the center is to start agricultural activities in order to support the community members with different economical supports.

Researcher would like to conclude the discussion part as follows: As the result of data implies that the Sebeta Children Care Center playing a great role in addressing one of the major problems of OVCs, with aforementioned services provisions above. The participants IDI and FGD confirmed some of the services at Sebeta Children Care Center like: educational, healthcare, tutorial and sanitary pad services are the most effective services it has been rendering for beneficiaries at Sebeta Children Care Center. However, these services are effective they had their own limitations. The majority of the beneficiaries in FGD2 reported that they have got adequate clothing provision per year. This can be confirmed through this study as one of the achievements of the Sebeta Children Care Center. Most of the relatives in FGD-1 forwarded the good practice of follow up system that they have with the Sebeta Children Care Center in monitoring children school attending. The study revealed that faith based organizations are playing crucial contribution regarding providing basic need of orphan and highly victim children, but due to lack of skilled professional they are not effective, especially regarding to develop talent of beneficiaries before they leave from the project.

CHAPTER SIX

CONCLUSION, IMPLICATIONS AND RECOMENDATIONS

This chapter brings the study to its conclusion. It established its conclusions based on the research questions listed in the first chapter. The implications show that what can be done in the future to help all interested social workers, researchers, policy makers, and students.

6.1. Conclusion

The findings of this study can serve as the basis for further research in several directions. And it gives better understanding on the types of services provision and effectiveness towards beneficiaries of the center and challenges that faced in providing the intended services. The Sebeta Children Care Center under EKHC is in the bottom of the response effort to address the problems of orphan and vulnerable children in the community. As the result of an assessment indicated some beneficiaries are interested in receiving immediate supports instead of enhance and self-sufficient help in the future. The proposed solution to such a problem is to work more on attitude change of beneficiaries on understand the long run advantage before they leave from the center , which need professional staffs and social workers.

6.2. Implication to policy, social work practice, education and research

6.2.1. Implication to policy

The services should designed in a way that beneficiaries focused, and it could be maintained at the community level, in terms of direction and management as well as procuring resources, in the foreseeable bright future.

Designed programs should be developed with skilled professional. The beneficiaries should develop their full capacity before they leave the center, as a result all the services in FBOs, should focus on identify and develop beneficiaries talents in order to have self-confident and productive generation. Community based children care programs that provide food, access to health care, and a safe place to learn and play are critical to the effectiveness of development of vulnerable children. Such programs should also include play, art, music, cultural and sports activities that allow vulnerable children to integrate socially and to experience healthy childhood, as resources permit. These programs are best run by trained and consistent caregivers who children can come to know and trust. All of the programs reviewed here showed a deep appreciation for individual children and the need to look at a child holistically and not simply as a beneficiary of specific inputs. All people interviewed were passionate about orphan and highly victim children.

6.2.2. Implication to social work practice

The Finding of the study has shown that participants are facing various problems on the Sebeta Children Care Center. Thus, it is mandatory to address those problems through professionally guided intervention mechanisms. With this regard social work profession have the leading role to provide various services through different approaches. Working with the most, disadvantaged and vulnerable groups like my case at Sebeta Children Care Center HVCs, is a concern of social work profession. It is found out that HVCs in Sebeta Children Care Center are facing many challenges which need skilled professional interventions. Well trained center-based caregivers, skilled social workers and professional counselors are compulsory in order to assist the orphan and vulnerable children.

Strength based approach to practice

This approach assumes that people have expertise of their own life and situations. The social workers has expertise from training, professional and life experiences that contribute to outcomes, but the contribution of service recipients and their wider community`s own knowledge, wisdom, insight, experience and life experiences should not be undermined. In this regard, Social work practitioners should make use of strength approach to solve the problem of highly victim children`s in the Sebeta Child Care Center. Therefore, the intervention should give much emphasis to the strength of children that is their coping strategy they use to deal with problems by capitalizing on it to bring about positive change on their life.

The use of holistic approach

Research data presented by the participants of this study indicated that the beneficiaries at FBOs setting suffer with various problems after graduate from the center, and beneficiaries` behavioral changes including different social and health problems. Thus, holistic approach is a social work method of assessment and intervention that does not view the problem of the beneficiaries from single dimension but look beyond it by incorporating systems that have a direct influence in that situation. Therefore, when social workers step in to address the problem of highly victim children, they should make sure that the approach they use is holistic enough to address all kinds of problems rather than exerting much effort to solve a single problem which can`t be solved without integrating various interventions.

Advocacy

One of the major intervention areas where social workers could best help the highly victim children`s at Sebeta Children Care Center is through advocacy. Social work can be viewed as an advocate on behalf of orphan and highly victim.

This could be done by creating awareness among the community about the delicate nature of children and the hard ship and consequence of highly victim children and its impact on the community and the country in general. Social workers should also advocate on the magnitude and severity of the problem highly victim children's are facing by conducting advanced researches to further discover other dimensions of highly victim children which are not addressed by this study in order to give the real picture of highly victim children at Sebeta Child Care Center. Social workers should also advocate for effective and efficient implementation of government policies and programs developed to ensure the right of highly victim children across the country.

Effective training for working with orphan and HVC

Basic education and training on these should be a standard part of any HVC program. Teachers, parents and volunteers can be trained to recognize and respond supportively when children show warning signs, such as becoming withdrawn, disruptive, or when academic performance declines. Basic training can help to increase the chance that children who are compromised do not go unnoticed and receive the care and attention they need.

Encourage routine, and Child friendly monitoring

Programs should be routinely monitored and periodically evaluated. Using standardized measurements improves the comparability of results. The center use excellent monitoring tool which allows projects to identify unmet needs, monitor for higher level indicators, including outcomes and possibly impacts.

6.2.3 Implication for social work education

Social work as a profession that works for the betterment of all members of the society strive to pursue the use of scientifically based fact in practice.

The professional social workers are required to constantly update themselves with knowledge and skill base which are generated through scientifically administered researches. Research is part of social work education, but social workers also conduct researches for various reasons. This include their desire to understand social phenomenon from participants' view point and subjective understand.

The finding of this study can have a profound implication for social work professional teachers and students because it pinpoints from local context apart from nationwide context in which the phenomena of highly victim children's are always studied and used as reference point. The study finding can provide knowledge that can help social workers to understand local problems of highly victim children's social, economic and health problems that children are facing at Sebeta Child Care Center.

6.2.4. Implication to Research

The problems that orphan and highly victim children in FBOs setting are given less attention by stakeholders, NGOs, governmental and working in area of HVCs, welfare. Researchers also will be interested in conducting study on the problem of highly victim children at Sebeta Children Care Center should also incorporate governmental institutions who are stakeholder in identifying problems facing highly victim children's and solution necessary to address them. Further the studies have to be conducted which should be given a better emphasis particularly on services impacts more psychosocial services, social and legal protections, emotional and social needs and other related services and propose some practical solutions to improve the services should focus in which the organization has not achieved yet.

6.3. RECOMENDATION

1. Community ownership--A community based model responds to the needs of vulnerable children, encourages community ownership and enhances sustainability.
2. Intervention programs should also give attention to the social and emotional needs of orphan and vulnerable children.
3. It is important to create strong collaboration among the government and non-government organization in order to make effectiveness of the services of faith based organizations to see bright foreseeable future of graduate beneficiaries' orphan vulnerable children.
4. Beneficiary's participation should be another focus area, which needs enough attention. This includes children and caregivers' participation. Children should be the major actors in the Sebeta Children Care Center activities. They should get the chance to show the strengths and gaps of the service provider, the Sebeta Children Care Center.
5. Beneficiaries' participation is also important to diversify and strengthen services effectiveness. The study argued that diversification of services would bring positive changes on the lives of orphan and vulnerable Children and various problems that are affecting the lives of the children should get solution. The Sebeta Children Care Center should also focus on strengthening the existing services.
6. The Sebeta Children Care Center needs a strong follow up and support networks from higher concerned governmental institutions such as:- the sub city and the city's women and children affairs offices. Beside, government should give due focus in strengthening this organization.

7. The study provides new insight to Sebeta Children Care Center, how they should be focused on capacity building of beneficiaries before they leave from the center and imply the gaps that hinder the effectiveness of the center.

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Annexes

Interview guideline to key informants

Section one: Information of the Person

- 1) Age: _____
- 2) Sex: _____
- 3) Educational level _____
- 4) Your position _____
- 5) Experience _____

Section two: Major Questions

1. What are the types of services the center provided? Included criteria to select an orphan to be in the service?
2. What values and principles are used in the provision of the services given to HVCs? (Probe: Organizational values, principles to be followed, values and principles that make your organization unique from others).
3. How is the center working to develop capacity building of HVCs? At which age level? What techniques or mechanisms are in place?
4. How do you see the role of Sebeta Children Care Center in addressing the problems of OVCs? (Probe: in what way it is contributing; what are the manifestations of its contribution; any measurement for its contribution?)

5. Do you create any awareness to your focused community regarding the case of vulnerability and HVCs? Please discuss?
6. What are the major problems faced by the service provider, in serving the HVCs? What are the factors that affect the Service?
7. What are the major challenges related with policies that, faced by the service provider EKHC-ADE in serving the HVC? (Probe: government encouragement, follow up, positive, or negative feedback on services provision).
8. Do you have financial constraints to provide these services? Please explain?
9. Tell me about the significance of social work profession in the organization? Do you have shortage of professional staffs? Especially social workers why?
10. What should be your advice regarding to eradicating the challenges on the way of solving the problems?
11. What are your implications for better improvements of the services towards HVCs?
12. How do you describe the achievements of the services towards highly victim and vulnerable children?
13. Do you have a plan for the future regarding to expanding the types of services towards HVCs?
14. Explain how the service provisions in the center will help the HVCs to enable themselves in the future?

15. What is the relationship between, the Child and the center after the child graduate from the center?

16. Do you believe that, providing services in the center prepare HVCs, to enable them self-reliant in the future? Please, explain your response?

17. What are the changes seen in the last five years in relation to the services the organization has provided?

Focused Group Discussion Questions with relatives of beneficiaries

1. Focus Group 1 members- Mother/Father/other relatives of the beneficiary who take responsibility as caretaker (8 group members)

2. Focus Group 2- HVCs above 12-15 years (10 group members)

1. Main Points of Discussions for Focus Group 1- Mother/Father/Other relatives of the Orphans who take responsibility as caretaker (8 group members)

1) What types of the services are provided to your children? Please explain one by one?

2) Which of the services provided is satisfactory for your children? Explain?

3) Which services type provided to your children needed further improvement? Explain?

4) What kinds of limitations have you observed in providing services to your children?

5) How do you describe the positive impacts of the organization particularly in addressing your children's challenges? Please mention some of them?

7) Do you want to add any other point you want to add?

2. Main Points of Discussions for Focus Group 2- with beneficiaries (HVCs,) above 12 years

(8group members)

- 1) What are the types of services provided to you?
- 2) Which service type helps you to building your capacity for future?
- 3) Which services types are you need to be improved? Explain?
- 4) How do you see the impacts of the services regarding to development of your talents?
- 5) Which services types provided are satisfactory for you? Describe your response
- 6) Which services provided to you are in need of improvement? Explain
- 7) What kinds of problems have you observed in providing services to you?
- 8) How do you explain the contribution of the organization in addressing yours and your Friends' problem?

Thank you very much!

Key informant interview guide for Sebeta Town Women and Children Affairs Office

1. How do you explain the criteria of the beneficiaries to the center?
2. What are the challenges during beneficiaries recruit?
3. What kind of support does your office provide to the effectiveness of the center?
4. What are the services provided by Sebeta Children Care Center?
5. How do you explain the relationship between the center and beneficiaries?
10. Can we say the center is effective? If so what are the indications?

Thank you very much!

Observational checklist

Table 0.1: Food and Nutrition Provision

Date of observation-----DD/MM/YY

No	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Others
1	Food and Nutrition Provision to beneficiaries	✓						
2	Milk Provision			✓				
3	Vegetables and fruits Provision		✓					
4	Training, coaching and monitoring by center-based care givers					✓		

Table 0.2 Clothing, shoes and underwear provision

Date of observation-----DD/MM/YY

No	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Others
1	Program of distributions						✓	
2	Clothing, shoes and under-wear provision		✓					

Table 0.3, Dormitory facilities

Date of observation-----DD/MM/YY

No	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Others
1	A, separate bed		✓					
2	Kitchen Materials							
3	Bedroom Materials		✓					
4	House furniture		✓					
5	First Aid and awareness raising training			✓				

Table 0.4, Care and support facilities

Date of observation-----DD/MM/YY

No	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Others
1	Clinical service/ Medical treatment	✓						
2	Medication provision/ pharmacy	✓						
3	Referral System			✓				
4	Psychosocial Services- Counseling			✓				

Table 0.5, EDUCATIONAL (Formal and Non-Formal) Supports, trainings, tutorials and educational support materials, resources provision, Life skill training

Date of observation-----DD/MM/YY

No	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Others
1	Formal Education	✓						
2	Early Childhood development		✓					
3	Technical and Vocational Skills Trainings			✓				
4	Tutorials and Homework/Assignment Monitoring /Follow-up system		✓					
5	Provision of Uniform, Bag, text books and stationary materials	✓						
6	Library and Resource Center						✓	
7	IT Laboratory and internet access						✓	

Table 0.6, Recreational and Sport Services

Date of observation-----DD/MM/YY

No	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Others
1	Sport fields			✓				
2	TV and radio		✓					
3	Playground and games					✓		
4	Vacation		✓					

Table 0.7, Emotional and Social Needs Services

Date of observation-----DD/MM/YY

No	Availability of	Excellent	Very good	Good	Medium	Low	Not available	Others
1	Love each other		✓					
2	Social interaction					✓		
3	HVCs relations with caregivers and Staffs		✓					

