Assessment of Orphan and Vulnerable Children Education Support at Abebech Gobena Children Care and Development Organization.

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Assessment of Orphan and Vulnerable Children Education Support at Abebech Gobena Children Care and Development Organization in Arada Sub City of Addis Ababa, Ethiopia

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DECLARATION

I hereby declare that the dissertation entitled: **Assessment of Orphan and Vulnerable Children Education Support at Abebech Gobena Children Care and Development Organization in Arada Sub City of Addis Ababa, Ethiopia** Submitted by me for the partial fulfilment of the MSW to Indira Gandhi National Open University, (IGNOU), New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfilment of the requirement for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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CERTIFICATE

This is to certify that **Mr. Tewhasom Gebrehiwot** who is a student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his project work for the course **MSWP-001.**

His project work entitled, **Assessment of Orphan and Vulnerable Children Education Support at Abebech Gobena Children Care and Development Organization in Arada Sub City of Addis Ababa, Ethiopia.**

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ABBREVIATIONS AND ACRONYMS

AGOHELMA... Abebech Gobena Yehetsanat Kebekabena Limat Mahiber

AGO..Abebech Gobena Organization

AIDS...Acquired Immunodeficiency Syndrome

CBOS..Community-Based Organizations

FBOS... Faith-Based Organisations

GOs...Governmental Organisations

HIV... Human Immuno-Deficiency Virus

HTPS ....Harmful traditional practices

OVC..Orphan and Vulnerable Children

NGO.. Non-governmental Organizations

UNICEF..United Nations Children Fund

USAID..**...................** United States Agency for International Development

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ABSTRACT

This study was conducted in Woreda 6 Abakoran Sefer in which Abebech Gobena Children Care and Development Association is located in Arada Sub City of Addis Ababa City Administration, Ethiopia. The purpose of the study was to assess educational services provided by the Association to orphans and vulnerable children. The study also attempted to show the resources available for OVCs in the Association. The objective of the study was to assess the situation of OVCs and the services provided by the Association. The study utilized both quantitative and qualitative research methods and/or techniques to gather important information. Different categories of respondents from which information were collected who participated in the study. The total individuals of the study involved in data collection were 62. Data was collected using a structured, semi structured and unstructured interview schedule for different categories of respondents. From a total of 50 OVC respondents who participated in the study, it was found that the majority (70.0%) of OVCs were females; while the remaining (30.0%) were males. The study also showed that the Association provided at least 3 meals per day for OVCs. Most of the key respondents agreed that the magnitude of OVCs in the Sub City and requested to join the Organization increased though it was difficult to mention the exact number. The Association worked by identifying the main gaps of OVC Programmes. Based on the findings of the study obtained, the local NGOs and other community-based projects can bring solutions in minimizing the number of Orphans and vulnerable children in the country, if they get involved in supporting families in the country.

CHAPTER ONE

INTRODUCTION

Ethiopia has been severely challenged and characterised by decades of conflicts, food insecurity, widespread and horrible poverty, and rapid population growth. Children and women in particular have been profoundly affected by such adverse circumstances and are the most vulnerable segments of the Ethiopian society. Large numbers of children in Ethiopia suffer from the ills of poverty and illiteracy. They are also victims of several traditional practices such as early marriage, female genital cutting, physical punishment, labour exploitation, conflict, family separation and the children are exposed to various physical abuses. The number of children who is orphaned by AIDS related adult mortality, famine orphans, war orphans, malaria orphans and social orphans or children who have been abandoned mainly due to poverty in Ethiopia has been an increase since 1984.

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 are cared by nuclear and extended family members. Local communities, churches, and mosques have existed for centuries. Based on cultural and religious beliefs, provision of care to orphaned, abandoned, and vulnerable children has been seen as the duty of the extended family system among most of the ethnic groups in the country. Thus, child welfare services in Ethiopia emerged as a result of traditional practices among the various ethnic groups.

However, the advent of urbanization, repeated drought, famine, and HIV/AIDS has claimed a heavy toll on human life in Ethiopia during the past three decades. Consequently, thousands of children have been left unaccompanied and in need of care. Child care institution is an

establishment founded by a governmental, nongovernmental, or faith based organization to give care to unaccompanied children. A child care institution may also be referred to as an orphanage, children's home or children's village. Orphans are children below 18years who have lost a mother, a father or both parents to any cause of death. Vulnerability is a state of reduced capacity to withstand social, economic, cultural, environmental and political threats both acute and chronic problems. Therefore, a vulnerable child is any child, who is currently experiencing or likely to experience lack of adequate care and protection for healthy living and functioning. Therefore it is important to conduct an assessment study for orphan and vulnerable children's care and support services provided at Abebech Gobena children care and Development Orphanage in Arada Sub city of Addis Ababa in Ethiopia. The severe drought of 1984 was recognized as the catalyst for the proliferation of institutional care in Ethiopia.

Many child care institutions, including Abebech Gobena's Children Care and Development Organizations were established in response to the drought in the country. AGOHELMA has been providing institutional child care for orphans and for almost three decades and realized well the benefits of such types of care. In fact the appropriate and right place for the upbringing of the children is the family. In the absence of extended families, community placement and foster parent care are better options. AGOHELMA considers institutional care as the last resort when other options are not possible. Some of the basic programs included in the AGOHELMA are reunification, adoption, OVC support and integration. Services provided to OVC in the AGOHELMA are: shelter, clothes and beddings, food, educational support, psychological support and health care services.

1.1 Statement of the Problem

Children who have become orphans and vulnerable ones due to HIV/AIDS, famine, drought and other multi-dimensional problems need comprehensive care and support services at different levels in their respective locality. These services include; education, health and nutrition, psychological, life skills, legal protection, and house hold economic strengthening.

However, the orphan and vulnerable children's access to education is affected by a wide range of factors. Thus, as they are being orphaned and /or made vulnerable have great impact up on their access to education. Enrolment, active attendance and participation and effective performance of the child in classroom, in the campus and at school can be affected by many different factors. Poverty, illness or death in the house hold may lead to a reduction in resources allocated for the child's schooling. Resources may be lacking for children to continue in school or with formal training. Traditional skills may not be passed on. The following reasons are considered as factors contributing to poor school attendance, low performance of orphans and dropping out from school. Staying home to care for sick parent, Caring for younger children, Own emotional distress, up on entering interring with school, less money for school expenses, Increased household activities and absence from school.Therefore, the outcome is either a delay in enrolment (in most cases) or no enrolment at all, decline in school attendance especially if the orphan and / or vulnerable child has to work or care for others, and failure his/ her performance in different lessons.

School performance suffers as a result of absenteeism and a lack of potential care and support services. In order to reduce and address different aspects of their access to education, it is worth

assessing comprehensive education supports which have been provided by the organization for the last five years in the city.

Regarding the rationale for conducting the study, Abebech Gobena Yehetsanat Kebekabena Limat Mahiber (AGOHELMA) is an indigenous non-governmental, non-political and a not for profit charity association founded in 1980 at the time of severe drought that occurred in the northern part of the country.

It was purposely selected as the intended study site, because it has performed commendable jobs in the area of orphans and vulnerable children, OVC, for the last three decades.

With the relentless effort of the founder and genuine support of humanitarian organizations and individuals, AGOHELMA has made tremendous progress in improving the life of OVCs in the country. It can be a model for other organizations that need to perform similar tasks in the life of the destitute children. It is a good place to get valuable information documented properly and to share experiences because it has built the capacity to provide full boarding services such as accommodation, food, clothes, education, health, recreation and other basic necessities to OVC students. The study's importance includes:

The study may provide information for different social groups and NGO'S in order to have better understanding of the objective of the organization to get financial, material and other training supports. Thus, it is hoped, to develop practical and effective intervention mechanisms that can be targeted towards orphan children. Furthermore, the result of the study can serve as a resource for further study in the area.

1.2 Objectives of the Study

1.2.1 General objective

This study intends to asses comprehensive education services which have been provided to the OVC at Abebech Gbena's Child Care and Development Organization in Addis Ababa since 1984.

1.2.2 Specific objectives

The study will specifically focus on the following

- To assess types of comprehensive educational supports which have been provided for OVC at the organization since 1984;

- To examine to what extent the education services provided to the OVC contribute to their educational enrolment, attendance and performance in their lessons; and

- To identify the strengths and constraints of the organization.

1.3 Operation Definition of Key Terms

- Orphan – is a child under 18 years of age that has lost both parents. Reference is also made to paternal orphans (having lost the father) and maternal orphans (having lost the mother).

- Vulnerable children – is a child who has been orphaned by AIDS and/or affected by the HIV and AIDS pandemic including children living with sick parents, children living in highly affected communities and children living without adult care.

- Educational support – provision of material and non-material services to students.

- Woreda/District – is the fourth political administration unit in Ethiopia.

- Kebele – is the smallest (fifth) political administration unit in Ethiopia.

1.4 Limitations of the Study

This research was limited to the assessment of educational services provided by Abebech Gobena Orphanage to orphans and vulnerable children in its organization. Some of the beneficiaries to be studied are below age five; therefore, it was difficult to include them as a source of data collection. The study employed more of qualitative methods that some of the advanced quantitative analysis was not undertaken. The study was confined to a single organization intervention, which cannot generalize the larger population. The research was limited to a single intervention area of AGOHELMA, kebele 6 which is one part of the many intervention areas in Addis Ababa and other regions of the country, and the outcome of the research cannot be represent entire OVC situations in Addis Ababa. Time and logistics factors have also their impact in limiting the research to this specific programme of the Organization.

1.5 Chapterization

This MSW thesis consists of five chapters. Chapter one presents and describes basic concepts, rationales for conducting the study, gaps in the previous studies, statement of the problem, objectives of the study, operational definition of key concepts, limitations of the study and Chapterization. The second chapter deals with review of related literature. It then discusses situations of orphans and vulnerable children in Ethiopia, history of residential care for children in Ethiopia, care and support for OVC in HIV Programme, key concerns for OVC, the processes of admission of children into the Organization, barriers of OVC to have access to education, contribution of educational supports in the life of OVC, Abebech Gobena's Orphanage and School, assessment of educational services provided to the OVC, principles of the Organization on child and process of children termination from the Organization.

Chapter three is on research design and methodology. I also states and describes the study area, research design and methods, universe of the study, sampling methods, tools and procedures of data collection, and data proce3ssing and analysis. The fourth chapter presents research findings and discussions. Finally, it draws conclusions and forwards recommendations to different stakeholders.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Because the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) predominantly attacks people of childbearing age, its impact on children, extended families, and communities is devastating. When a parent dies of AIDS, his or her child is three times more likely to die – even when that child is HIV negative. Besides facing an increased risk of death, children whose parents have died due to HIV/AIDS also confront stigmatization, rejection and a lack of love and care. They often suffer from emotional distress, malnutrition, a lack of health care, and poor or no access to education. AIDS orphans are also at high risk for labour exploitation, sex trafficking, homelessness, and exposure to HIV. Increasingly, extended families and communities in highly affected areas find that their resources are inadequate to provide the basics for all needy children.

In communities hard hit by the double hammer of HIV/AIDS and poverty, there are millions of children who may not be orphans, but who have been made more vulnerable by HIV/AIDS. For example, children whose parents are ill with HIV/AIDS might not receive the care and support they require. In extreme cases, roles in the household may be reversed and the children may become their parents' caregivers, often dropping out of school and becoming the breadwinner. Research indicates that these children, caring for sick and dying parents, are the most vulnerable of all.

Defining orphan and vulnerable children (OVC) have been a complicated process, not only in Ethiopia but across the continent. During this study there were vast differences in how certain groups or institutions defined OVC as well as differences depending on the region of the country. The different stakeholders involved in this study each had varying definitions, making it difficult to exactly determine the number of OVC Given this dilemma and the fact that a narrow definition of OVC might severely limit the protection provided to vulnerable children in need of support, this document defines OVC in broad terms, including both single and double orphans.

The definitions of orphan and vulnerable children as defined by Save the Children, UK, are as follows:

Orphan is a child under 18 years of age that has lost both parents. Reference is also made to paternal orphans (having lost the father) and maternal orphans (having lost the mother). Vulnerable child is a child who has been orphaned by AIDS and/or affected by the HIV and AIDS pandemic including children living with sick parents, children living in highly affected communities and children living without adult care.

The World Bank defines Vulnerable Children more broadly, as those whose safety, well-being and development are, for various reasons, threatened. The loss of a parent through death or desertion is a very important aspect of vulnerability and this is a classic understanding. However, vulnerability might be caused by other additional factors, including: severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to social services, inadequate clothing or

shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, physical or sexual violence, or severe chronic illness.

Orphan typically refers to a child under the age of 18 years (or 15 years) whose mother (maternal orphans) or father (paternal orphan) or both (double orphan) have died (World Bank, Save the Children and UK). Although HIV and AIDS is one of the major causes of death among adults in much of Sub-Saharan Africa, it is totally inappropriate to distinguish orphans by the cause of their parents' death, using such terms as "AIDS orphan." Informants for this report have shown consensus in defining children who have lost his/her parents due to HIV and AIDS as an orphan. Even children who have lost one parent to HIV and AIDS are considered especially vulnerable because it is assumed the remaining parent is also infected with the virus. In Ethiopia, like most African societies, the father is still considered the main earner in the family and the mother is seen as the caregiver. Therefore, the death of either one of the parents would deprive the child of the necessary love and guidance or the financial means to continue his or her growth and development. Therefore a broader definition of orphan must be accepted and include both single and double orphan. The onset of the HIV and AIDS epidemic has completely changed the way people define, view and understand the term orphan and vulnerable children.

Ethiopia ratified the UN Convention on the Rights of the Child (CRC) in May 1991. Additionally, they ratified the African Charter on Rights and Welfare of the African Child in 2002. It is important to note that both of these international conventions provide clear frameworks related to child rights and child welfare. For the purpose of this study, both

documents were used as a framework when determining which areas related to child protection and well-being, for OVC in particular, needed to be strengthened.

Ethiopia is home to one of the largest populations of OVC in the world. HIV and AIDS has been one of the major factors leading to this growing number of orphans and vulnerable children. Children are orphaned and vulnerable due to HIV and AIDS, but a large number of Ethiopian children are also infected with HIV and AIDS. A total number of 855,720 children are maternal, paternal or dual orphans due to loss of one or both parents to HIV and AIDS. Given the increased vulnerability of OVC, many of these children are at greater risk of school drop-out, economic and sexual exploitation, stigmatization, discrimination and psychosocial trauma related to parental loss. Extreme poverty is prevalent in Ethiopia and is especially observed in children below age15; Ethiopia is home to one of the highest number of children under five years old suffering from chronic malnutrition. Ethiopian society has traditionally accorded children a diminished place in society. There is a common belief that children should be "seen and not heard."

2.2 Situation of Orphans and Vulnerable Children in Ethiopia

Although remarkable progresses in recent years, Ethiopia is still one of the poorest and is home to one of the largest populations of OVC in the world. It has been severely challenged and characterised by decades of conflict, HIV/AIDS, food insecurity, disastrous droughts, flood, human and animal disease epidemics. To this list the effects of road accidents can be added as a major hazard today, poverty, family disintegration, neglect and violence at home, lack of

educational opportunity, the death of parents and sexual abuse were among the factors that pushed children on to the street and become vulnerable. There is a severe lack of social service and social protection services, frequent drought has led to malnutrition and internal migration and many children have been forced, for one reason or another, to live on the streets. Additionally, girls are especially vulnerable due to harmful traditional practices (HTP) such as female genital cutting, early marriage and abduction. Despite what might seem like overwhelming obstacles, there have been improvements made, especially in the area of education.

The impact of parental death on children is complex and affects the child's mental health and social development. OVCs might have stunted development in terms of their emotional intelligence and life skills. They also often show a lack of hope for the future and low self-esteem. The large numbers of OVCs living in Ethiopia due to the loss of their parents to HIV/AIDS face many challenges in their everyday lives. In Ethiopia where HIV/AIDS and poverty often occur together, there are millions of children who are not orphans, but who have been made more vulnerable by HIV/AIDS. For example, children whose parents or care-givers are infected with HIV might not receive the care and support they require, and may instead become their parents' care-givers, often dropping out of school and becoming the main source of income in the household. The loss of parents has extensive and lasting consequences, because orphans are more likely to suffer from; malnutrition, poor physical health, poor mental health, educational disadvantages, exploitation for child labour, stigma and social exclusion. Research indicates that these children, caring for sick and dying parents, are the most vulnerable of all.

2.3 History of Residential Care for Children in Ethiopia

Institutionalization refers to an establishment founded by a governmental, nongovernmental, or faith-based organization to give care for unaccompanied children. A child care institution may also be referred to as an orphanage, children's home, or residential care. 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. Based on cultural and religious beliefs, provision of care to orphaned, abandoned, and vulnerable children has been seen as the duty of the extended family system among most of the societies in the country. Thus, child welfare services in Ethiopia emerged as a result of traditional practices among the various ethnic groups.

However, it was only in 1960 that the Ethiopian Government officially recognized adoption through Proclamation Number 165. The Amharic word for adoption is *madego*, it is also called *gudiffecha*, derived from the Oromo word *gudissa* (upbringing). In addition to *madego*, the Amhara have two types of arrangements that provide orphans and neglected children with minimum protection. These are *yetut lij* ("breast child") and *yemar lij* ("honey child"). In this case, the adopted child, usually an orphan or the child of parents who are not able to care for him/her.

The advent of urbanization, continuing drought, famine, and HIV/AIDS has claimed a heavy toll on human life in Ethiopia during the past three decades as a consequence, thousands of children have been left alone and in need of care. The severe drought of 1984-85 is recognized as the catalyst for the creation of institutional care in Ethiopia. Many child care institutions were

established by both governmental and nongovernmental organizations in response to the drought. Prior to this period, very few institutions were initiated and these were mostly faith-based, supported by local elite philanthropists. Immediately after the 1984 famine, approximately 21,000 children in 106 institutions were cared for in institutional settings.

Abebech Gobena Yehetsanat Kebekabena Limat Mahiber (AGOHELMA) is one of the child care institutions founded in 1980 at the time of severe drought that occurred in the northern part of the country. Since then it has performed admirable jobs in the area of orphans and vulnerable children, OVC, for the last three decades.

2.4 Care and Support for OVC in HIV Programme

According to the 2010 Annual Performance Report of HIV AIDS prevention and control office (HAPCO), there are about 5.4 million OVC, of which 855,720 are AIDS orphans. 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. HAPCO allocated up to 20% of its total budget to the support and care of OVC.

HAPCO established a unit within its structure to focus exclusively on providing care and support to OVC. All government institutions have mainstreamed HIV/AIDS in their activities. At the Woreda and Kebele levels, care and support of OVC are specifically assigned to the staff.

The major strategy for care and support of OVC is through families, within existing orphanages, NGOs, CBOs, organized OVCs and organizing IGAs for those who have reached 18 years of age. 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. Individuals and institutions organized in "Ethiopians for Ethiopians" approach based on adoption like strategies are being promoted in all regions. A taskforce was established under the chairmanship of MOWCYA to improve the coverage and quality of support.

In 2007/08, support and care was provided to 91% (194,299) of the annual planned target of 214,100 children. Although this seems a good achievement, the number is only 10% of the total OVC (1,875,445) who are identified as requiring care and support, or less than 4 % of the national estimated total OVC population which is 5 million. Thus a huge amount of work is left to be done to provide adequate support and care to OVCs which includes mass mobilization and preparation of various schemes for support and care.

2.5 Key Concerns for Orphans and Vulnerable Children

2.5.1 Birth Registration

 The 1960 Civil Code of Ethiopia and the 2000 Revised Family Code of Ethiopia both have articulated the need to establish a national Birth Registration System, although to date, this has not been completed. The lack of a formal system to register vital statistics and conduct birth registration is a serious limitation. This limitation severely restricts the ability of the government to ensure that a child's right to name and nationality is fulfilled. Additionally, when a child does not have a birth registration, there is a negative domino affect that severely limits a child's right to protection from abuse and exploitation, access to important social services including health and education, and exacerbates their vulnerability especially related to exploitation, involvement in armed services and protection under the justice system.

Birth registration is the cornerstone necessary to ensure that children's basic needs and rights are protected and fulfilled. Birth registration guarantees that the child is given a name and that it is legally recognized. It is also serves as a basic source of information to establish the nationality of the child, which may be based on the place of birth or the nationality of the parents both of which are included in the act of registering the birth of the child. The right to know parents and receive parental care is one of the basic rights of children. Birth registration includes information about the parents of the child. This facilitates the realization of the right to know one's parents.

2.5.2 Inheritance

Ethiopia has a well established inheritance law, although application of the law, especially in the case of OVC, is limited. Depriving OVC of their property rights is a common challenge faced by many children. There are serious challenges related to its application including delayed or obstructed justice due to lack of documentation, limited community awareness regarding the law, and traditional customs which inhibits OVC from realizing all of their rights as it relates to inheritance. There are also gaps between the kebele administration and law enforcement personnel. Succession planning is acknowledged as an important part of the support that can be given to PLWHAs and this has been a focus of some projects in the country.

2.5.3 Social Protection

This core area refers to all efforts to protect children from neglect, abuse, exploitation and trafficking as well as protection of their legal rights such as civil registration, guardianship and inheritance. Ensuring children access to basic legal rights, such as birth certificates and inheritance rights, enables them to access other essential services and opportunities, including health, education, legal services, and legal employment when they grow older. Evidence suggests

that birth registration is critical to ensuring that children can access these essential services and opportunities. This area also includes activities to prevent and confront stigma and discrimination faced by children. The existing legal framework related to social protection is broad and contains all the necessary elements required to protect and support children but as with the aforementioned issue of inheritance, the application of the laws and policies require strengthening. There are also challenges related to coordination between the involved Government institutions as well as budgetary constraints which hinder the ability to execute the laws and policies to the full extent required to ensure support and protection.

2.6 The Process of Admission of Children into the Organization

Appropriate and efficient database system has been used by the child care organization, such as name; date of birth; how, where, and why the child entered the protection system; family history; specific reasons for entry into institutional care and case plan. Upon a child's admission to an institution, the care facility has the obligation to provide health care, nutritional, and/or psychological rehabilitative services, according to the child's need. The organization have laid down procedures for admission of children, each stage of the process is documented in a form that is kept in the child's personal file. The organization has a file on each child; files include essential documents such as birth certificates, records of family contacts and detailed reports of a child's psychosocial development. Children are referred to the organization in different ways such as, children can referred by kebele and Woreda/district administrators with the cooperation of women and children affairs when natural and manmade disasters occurred in their locality, such as flood happened in Dire Dawa, and children can also be identified and admitted by community members, relatives and Child Protection Organizations.

The referring of a child to the organization is determined by the general manager after discussion has made with the commute that assures the presence of space and capacity of the organization to receive the child. The procedures of the organization to accept a child are; a child who have lost his parents and no assets left to inherit, and a child who have lost his parents and no relatives are there willing to care the child are some of the measures used to admit a child to the organization.

2.6.1 Admission form for children in Abebech Gobena Organization

In the Organization, each child's vital statistics are being taken and recorded in a record. Two of the essential data to be recorded in the record are background information on the child and its family background.

2.7 Barriers of Orphans and Vulnerable Children to access Education

According to a rapid assessment that was jointly undertaken by the FDRE, USAID, WFP, UNAIDS and UNICEF, there were about 3.8 million estimated orphans in 2001 in Ethiopia, which accounted for about 13% of the population. This figure is estimated to be closer to five million in time (2009). Some studies have indicated that over 18% of the primary school students are orphans. Many orphans are particularly vulnerable to stigma and discrimination due to HIV and AIDS as well as factors related to extreme poverty, making school attendance even more difficult than for other children.

Although NGOs and faith-based organisations (FBOs) are significantly involved in providing different types of support to OVCs and advocating for their rights, but their role is constrained by their partial reach, low capacity in terms of funds and human resources, lack of guidelines on the support of OVCs, lack of forums and networks among them. Limited community awareness and

institutional capacity with respect to OVC-related issues are also important obstacles to current and future interventions in this area.

In the world today, children and societies orphans and vulnerable children in particular, who lack access to quality education are disadvantaged in terms of income, health and opportunity. OVCs are assumed to be stigmatised and discriminated against because of their, and/or their parents' HIV statuses. OVCs are less likely to enrol in school and are more likely to drop out than non-orphans of the same age. Many orphans are particularly vulnerable to stigma and discrimination due to HIV and AIDS as well as factors related to extreme poverty, making school attendance even more difficult than for other children. School attendance rate for orphans is significantly lower than their peers. The situation is worse for girls who are taken out of school to look after household responsibilities.

The orphans do not go to school are more vulnerable to abuse, neglect and exploitation than other children. The social and economic situation such as educational attainment, food intake and psycho-social wellbeing of OVCs are assumed to be poor. Being orphaned or made vulnerable is another factor that may affect children's access to education. Orphans and vulnerable children stand an increased chance of being malnourished and receiving inadequate health care – factors that can adversely affect enrolment, attendance and performance. Orphans and vulnerable children are often among those who are either unable to access formal education in the first place or who rapidly drop out after one or two years.

Major reasons for orphans' continuing lack of access to schooling are: (1) Additional costs of education – even when school fees are abolished, money must still be found to pay for uniforms, books, etc.; (2) Inability to go to school full-time – orphans and vulnerable children may be

unable to attend school full-time due to the need to earn a living, or care for siblings or sick parents; and (3) Lack of educational capacity – where there is academic competition in school, orphans and vulnerable children are likely to be at the end of the queue.

We need to know more about the difficulties faced by OVCs and their corresponding spectrum of educational needs. Educators have been grappling for decades with how to include marginalized children in to mainstream schooling. We should therefore be able to respond knowledgeably to the orphan crisis with appropriate tools developed by tackling similar issues.

2.8 Contribution of Educational Support in the Life of OVC

There is a proverb in Ethiopia which says, "*yetemare ygdelegn*" meaning it is better to be killed by the educated, which emphasises the importance of education in the development of human mind to analyse the bad and good in deciding. The issue of education has been in the forefront of and attracted international attention in recent years.

Evidence shows that the role of formal education against HIV is growing. One of the strongest pieces of evidence comes from Zimbabwe, where 15-18 years old girls who were still enrolled in school showed HIV prevalence rates of 1.3%. Prevalence among girls of a similar age who had dropped out school rose at 7.2 % (Boler & Peter, 2003). The preferred interpretation is that, participation in the formal education system reduces susceptibility to HIV infection. Participation in schooling leads to later sexual practices and lower numbers of casual sexual partners. It also change sexual behaviour lies in increasing access to information

A well treated and educated child population is a necessary foundation for modern, productive and knowledge – based economy that can effectively participate in the today's globalized world. The way we raise and care for our children at home and specially at school plays a vital role in this case.

Education is a crucial means for the social, moral and skill development of a child. It develops the child's competency to function effectively and efficiently in such fast changing and globalized society. Schools can provide children with opportunities for emotional support, interaction with other children and the development of social networks. Educating orphan children is an important component in the social well-being of these children and in reducing poverty. Education can also reduce vulnerability to poverty and HIV through increasing knowledge, awareness, skills and opportunities. Education is of vital importance to helping reduce numbers of orphans and vulnerable children in the future. Education breaks generational cycles of poverty by enabling children to gain skills and knowledge for better jobs. Education is strongly linked to concrete improvements in health and nutrition, improving children's very chances for survival. Education is an important right of children especially as it relates to OVC.

According to UNICEF, "A quality basic education will better equip girls and boys with knowledge and skills needed to adopt healthy lifestyles, to protect themselves from HIV and AIDS and other sexually transmitted diseases, and to take active role in social, economic, and political decision making as they transition to adolescence and adulthood." Education is critical to the future of all children, but especially to those who are orphaned or vulnerable. Education

gives children hope for life and work, and is a strong protector against HIV to which these children may be particularly susceptible.

Children need various types of support ranging from those things necessary for survival, such as food and health care, to those interventions that will provide a better quality of life in the future such as education, psychosocial support and economic self-sufficiency. Some argue that a comprehensive programme to support children should include all essential elements including food, health care, education, clothes, shoes, bedding, psycho-social support and reintegrating.

2.9 Abebech Gobena Orphanage and School

Abebech Gobena Orphanage and School is a non-governmental social development organisation that provides services in the areas of care, education and health for children who have already lost or who are at risk of losing parental care. The Organisation was founded by the compatriot mother Mrs. Abebech Gobena who brought two children from Wollo Region during the drought that caused famine in 1980. Originally, she started fostering children who lost their parents due to various reasons. The courageous and self sacrificing venture initiated by Mrs. Abebech Gobena currently draws the attention and support of philanthropists and several humanitarian organizations which finally transferred the scheme to a big institution that can provide improved and better services to orphans and needy children as well. Abebech Gobena mainly works with children; it supports many poor children who lost their parents due to HIV/AIDS and other disasters. The association gives help and support to orphans and vulnerable children (OVC) and provides basic needs, health care and education

Figure 2.1 Abebech Gobena in the early Years of Establishment of her Organization

2.10 Assessments of Educational Services provided at Abebech Gobena's Organization

Realizing the magnitude of OVC problems in the country, AGOHELMA started its part by providing food and nutrition, education, psychosocial support, health care, shelter and economic strengthening services to OVCs in its intervention area. It has been providing such support to more than 12,000 OVC annually.

Children need various types of support ranging from those things necessary for survival, such as food and health care, to those interventions that will provide a better quality of life in the future such as education, psychosocial support and economic self-sufficiency. Some argue that a comprehensive programme to support children should include all essential elements including food, health care, education, clothes, shoes, bedding, psychosocial support, economic self-sufficiency, etc.

2.10.1 Food and Nutritional Support

Food and clean water are the most basic needs for all children. There is a variation in the food provided, with children representatives involved in determining the menu for the day. The number of meals provided to children for a day depends on the age level of the children. Children aged from birth to 4 years get balanced diet with no time limit; children aged from 4 - 6 years provided food 5 times a day (breakfast, dinner, lunch and meals before dinner and lunch). Children aged from 6 years and above are provided 4 times a day. In the holidays, special foods and alcohol free drinks are prepared for children and for those who have health defects. Food menus are prepared periodically by the help of health specialists and made it to be visible for the children fixed somewhere on the wall. The quality of food provided in the organization is relatively high and children who participated in focus group discussions claimed to enjoy the food that is provided for them.

Figure 2.2 Mums feeding Children at Abebech Gobena's Organization

2.10.2 Education

Education is strong point which highly prioritized in the organization; Children of the School going age are enrolled in primary schools and in the kindergarten. They are provided with learning materials and have opportunities for extra lessons and study in the organization. It provides school materials, uniforms and school fee to 2500 students at an average annually. It fulfils the educational needs of the children such as, textbooks, exercise books, school bags, and school supplies such as pens, pencils, rubbers, and mathematical sets, calculators, writing pads, alphabets, globes and etc. The organization provides standard education by recruiting professional teachers to equip all the children with self independence skills which enable them to live independently as full members of the society when they leave the organization. The education program of AGOHELMA aims to contribute for the attainment of basic education and technical skill by children, youth and adults in the intervention areas and actively participate in matters concerning their lives.

To this end, it is working:

1. On formal education focusing on pre and primary schools level. In this program AGOHELMA is trying to contribute in increasing enrolment rate, increase access, improve quality of education and attain equity. It has established its own primary school, called Abebech Gobena Primary school (1-8) in Addis that provides free education to own and the surrounding children of destitute families.

Figure 2.3 OVC Students at Abebech Gobena's School

2. On Non-formal education focusing on additional education by recruiting tutors in the weekends to increase the children's educational capacity.

3. Skill training focusing on life skill and marketable skill for life earning. A considerable number of women and youth from rural areas migrated to Addis Ababa in search of better economic opportunities. Most of these have little or no educational background and look life earning skills as a result most of them ended in the streets and exposed to different social threat. This again make worse the unemployment and under employment situation.

When children complete 8th grade, they made to join to the government schools with the help of children affaires. children who join higher education with good results even aged above 18 encouraged and rewarded by the organization and even, children who do not have good results to join higher education are supposed to get free vocational training and other scholarships, beside to formal education, informal education such as, language, art, sport and tutorial class are provided to support their formal education in their free times. Children's affaires made follow up children's educational conditions at any time as a family. Library service with adequate educational resources for youth is arranged in the organization, by arranging educational visits,

such as watching theatre, children's forum and sport computations the organization plays an important role to make children active in their educations. Counsellors provide for youths awareness about gender and sex, and harmful traditional practices. Educational data of the child is hold as original and copy and the original is given when the child leaves the organization and the copy remains in the children's file in the organization as a future data.

Children have opportunities for play either within the organization or in the community; the organization arranges joint play activities and sports that bring children together from different sites of the organization. Children value these joint activities highly as it gives them an opportunity to display their talents and socialize with the wider community.

2.10.3 Shelter and Care

Shelter and Care refers to activities that support children to live in a safe physical environment, it include basic material support for physical needs such as bedding and clothing. There are separate bed rooms for boys and girls. There is a personal and a safe sleeping space which allow privacy for older children. Toilet and bath rooms are used commonly with their peers, the following shelter services are provided by the organization. A child lives in a room with his age groups and similar sex, a single bed with full bed clothes is provided for a child and it is not permitted to share a bed among children, a child provided its food utensils and used a common dining room, toilet and reading rooms are used in common with his age groups, shower and hand washes are also shared among same sex and same age groups.

2.10.4 Hygiene and Sanitation

Overall, the standard of hygiene, water and sanitation of the organization is good. The compound is generally clean and well kept, with waste properly disposed of and gardened compound. Toilets and bathrooms are clean and well kept with water available for use at every time. Two pieces of body soaps are provided for a child monthly, one bottle body lotion to child a month, soft (napkins) are distributed twice a month for a child, close soaps are given twice a month, menstruation protection pad is given one packet a month for a girl, dipper for children is given as required, Vaseline lotion is shared among age groups, insect killer chemicals are also shared among them. Generally Physical environment of the organization is quite good for living of the children.

2.10.5 Health Care

Without appropriate treatment, over 50 percent of children born HIV-positive die within the first two years. Health care refers to efforts to ensure children have access to age-appropriate preventive and curative health care offered through its hospital built within the compound. It Enable access to preventive and curative health care such as immunization, nutrition, access to clean and save water, sanitation and hygiene, insecticide-treated nets. General medical check including HIV/AIDS testing is provided for children when they come to the organization. Children are given medical treatment in the organization's hospital when they are ill and care givers are provided motherly care. Children's environmental condition, hygiene, feeding condition, food preparation and the dining rooms are visited by the organizations health professionals and they report the feed back to the children affair office for follow up. They are protected from traditional ways of treatments such as; clitoris cutting. The organization has child

and mother's hospital with trained medical staff in its compound and health conditions of the children are recorded regularly in their file.

Figure 2.4 Abebech Gobena Mother and Child Hospital (MCH)

2.10.6 Clothes

Children are provided daily wear clothes, Leather shoes twice a year; school uniform, sport wear and sport shoes once a year; pyjamas(night clothes) and bed sheets are provided twice a year, bed closes as required, under closes are provided 4 times a year.

2.10.7 Psychosocial Support

Children need love, emotional support, and social interaction; to form and build healthy long term relationships with peers, and the opportunity to express their feelings without fear of stigma and discrimination. It helps children to cope with the emotional and social impacts of HIV/AIDS and related stressors. Children who participate in psycho-social support services are helped to identify and build on their strengths, to develop skills to manage change, to access appropriate community support and resources, and to improve functioning in their daily activities. Support and guidance are needed for children who are experiencing social and emotional difficulties. Communicate openly with children about death, of a parent, family member, friend or their own death and provide emotional and spiritual support.

The Organization provided psychosocial support services to the children by recruiting professional counsellors to develop children's psychology: Build self esteem; Process and manage stressful situations such as grief, abuse, and HIV disclosure; Make healthy life choices; Build friendships with peers; Behave socially acceptable toward others; Be socially involved with peers in their community and become happy; and content and cooperative.

2.10.8 Protection and Legal Support

This core area refers to all efforts to protect children from neglect, abuse, exploitation and trafficking as well as protection of their legal rights such as civil registration, guardianship and inheritance. Ensuring children access to basic legal rights, such as birth certificates and inheritance rights, enables them to access other essential services and opportunities, including health, education, legal services, and legal employment when they grow older. Evidence suggests

that birth registration is critical to ensuring that children can access these essential services and opportunities. This area also includes activities to prevent and confront stigma and discrimination faced by children, therefore Abebech Gobena's orphanage works to fulfil these rights of the children.

2.11 Principles of the Organization on Children

The principles of the Organization on children include: child centeredness; child participation; impartiality; non-stigma and discrimination; non-religious and non racial; gender equity; transparency; humanitarian; legality; confidentiality; sustainability; and child protection.

2.12 Process of Children Termination from the Organization

There are ways services for children in the institution may terminate. Some of the ways that the services provided for children can terminate are the following:

2.12.1 Family Children Reunification

Child family reunification is a rehabilitative intervention designed to facilitate the reunion of an orphan in an alternative care with his /her extended family or relatives in a family environment as a means of permanent placement.

2.12.2 Reintegration

It has a program in its policy on how long children can be cared for in the institution. The organization has exit strategy for those who are above the age of 18. This program is undertaken

to facilitate conditions for the smooth adjustment of the grown up children in to the society by providing skill training opportunities with collaboration to the government's technical and vocational training and start up money to make them self supportive, then they terminate from getting organizational services regularly.

2.12.3 Foster Care

Informal fostering within the extended family is usually the best intervention, provided that the care given is of an acceptable level. Placing children with kin promotes their integration into mainstream society, reduces their risk of being marginalized, and promotes their psychological and intellectual development. Another advantage of placement with family members is that family members are most likely to act in the best interest of the orphans.

AGOHELMA has learned that it is best to build on traditional structures by keeping siblings together under adult care; avoiding stigma by targeting AIDS orphans; providing foster families with access to health and HIV/AIDS education; providing psychosocial counselling; ensuring the livelihood of foster families and orphans through education, vocational training, and micro enterprise development. Therefore, the child may not get services from the organization as before.

2.12.4 Adoption

AGOHELMA considers adoption as one, but last means of solving problems of orphaned children. It gives children under its care to adopters in accordance with the adoption provisions stated under the family code of the FDRE proclamation 2000.

Once the child is adopted the adoptive parents provide reports on the physical, Social, emotional and educational progress of the child to the concerned government organizations. At this time the may not gain services from the organization.

2.12.5 Institutional Punishment

When children living in the institution violate the rule and regulation of the institution and are considered as a big fault that determines the child to terminate, the organization may decide to terminate the service provision to the child. It is performed in the general assembly led by the general manager.

CHAPTER THREE

RESEARCH DESIGNA AND METHODOLOGY

3.1 Study Area

The study was conducted through a field work in the place where AGOHELMA started its humanitarian work in Addis Ababa at a place called "Abakoran Sefer'' in Kebele 6 which is an area of high congestion and urban slum in Arada Sub City of Addis Ababa. The selection of the study site was made based on the convenience and cost effective ground.

3.2 Study Design and Methods

In this study, a non-experimental research design, particularly survey design was employed. More specifically, both quantitative and qualitative research approaches were also used. Quantitatively, the researcher employed descriptive sample survey. In addition, the researcher qualitative research methods, such as semi-structured interviews, focus group discussions, documentary analyses and observations of the Organization's setting conducted.

3.3 Universe of the Study

The study is expected to focus on orphans and vulnerable children's access to education supported and cared by Abebech Gobena's children protection and development organization in Arada sub city Addis Ababa. Although there are many projects to implement by the organization the study is delimited to the projects focused on educational access to OVCs because of logistics and time constraints.

The main targets of the study are orphans and vulnerable children of different cases who get support from care and support of ABEBECH GOBENA organizations. In the Organization, there

are 428 students, of this 184 male and 244 female. 50 students are living in the institution getting all children's needs; those students are the targeted population in the study.

3.4 Sampling Methods

AGOHELMA started its humanitarian work in Addis Ababa at a place called "Abakoran Sefer" and gradually expanded and now under taking different development activities in 3 sub cities of Addis Ababa and other rural areas. The research area was purposively selected to be Addis Ababa particularly Arada sub city in the ABEBECH GOBENA orphanage and school, because its offering of educational support to orphans and vulnerable children, and the number of beneficiaries concentrated are found in a good number, and with the belief that they have a long track record of serving orphans and played a leading role as compared to other organisations.

The sample size proposed for the study was totally 62 out of this 50 OVC residing in the organization and 7 key informants and 5care givers working in the organization.

Sampling and collection of primary data was carried out based on the availability of resources, time, and the individuals involved in the study.

Purposive sampling was used to select the respondents for all interviews and focus group discussions because; it was difficult to involve children under the age five as a source of data collection.

Table 3.1 Methods of the Study

No	Respondent	Sample size	Sample method	Data collection
1	OVC	50	Purposive sampling	-FGD, structured interview
2	Care giver	5	Purposive sapling	Questioner, struc-interview, FGD
3	Key informants	7	Purposive sampling	Semi-structured interview

3.5 Data Collection: Tools and Procedures

In this specific research, both the primary and secondary sources of data were employed. In order to get objective and reliable information, data was collected from various sources, and efforts has made to cross check the reliability of the data and to establish its validity. Accordingly, questionnaire, interview, focus group discussion, observation and literature reviews were used to get reliable information from different groups in this study.

3.5.1 Interview Schedule

Questionnaires were administered to the targeted groups i.e. OVCs aged 9 to 17 years, care givers and key informants. Careful attention was taken to evenly administer the questionnaire to respondents. Questionnaire is used to obtain information about certain conditions and practices and to investigate opinions and attitudes of individuals or groups. Both close-ended and open-ended questionnaires were employed for the OVC and other concerned individuals. To make the questionnaire more communicative and gather more evidence as much as possible, the questionnaire was translated in to respondent's language, i.e., Amharic.

3.5.2 Interview Guide

A total of 50 orphans were interviewed stratified by sex. Among the 50 children interviewed 70 per cent are female and the rest 30 per cent are male. All of the children participants in the interview were attained elementary school build in the organization. A total of 35 orphan children (70 per cent) have got information on HIV/AIDS. The major source of their information is teachers and friends. Over 75 per cent of the orphan children know the modes of transmission of HIV/AIDS.

Eighty-five percent of the orphans receive tutorial assistance by the organization and most of the students testify that this has improved their school performance. Some students told me that they do not have interest to get tutorial assistance, because of bad relationship with their teachers, but the majority of the interviewed orphans 45 (90 per cent) stated that their relationship with their care givers and teachers is good. They reported that they get the necessary care and support from their care givers. Purposive selection of care givers and department representatives of the organization was performed to get primary data. I have developed the questionnaire based on my specific objectives and was conducted in the language of the interviewee.

3.5.3 Documentary Analysis Template

Quarter reports and annual project reports of AGOHELMA are main sources of secondary data of this research. It was reviewed from academic articles, professional reports and other forms of literature which have been written for similar purposes.

3.5.4 Focus Group Discussion (FGD) Schedule

A total of 4 FGDs were held and conducted separately for Boys, Girls and Mixed (boys and girls) and other children concerned representatives. Each FGD have 7 to 10 participants. The age group 7 to 17 of OVCs was considered to participate in the FGDs. Participants of the FGDs was selected purposively by the researcher and human resource department of the organization.

The focus group discussion is intended to conduct among children students, care givers, teachers and representatives from the OVC Departments. A group which comprises OVCs, unit leaders, care givers and Home Room Teachers as much as possible was used for this purpose. The focus group discussions were mainly around children's perception of the quality of care provided in the organization. It was used to collect information from the OVCs and staff members who are believed to have information on the situation of orphans and vulnerable children in the organization. The purpose was again to validate data collected from other sources.

3.5.5 Observation Schedule

It is a mechanism in which the researcher observes what is happening in and outside the real research site situation. A physical observation was conducted in the organization such as the dormitories, beds, water and sanitation facilities, food, personal effects (clothing, books and photographs), kitchen, play area and equipment, libraries, schools and offices were examined.

The main advantage of this method is to reduce biases of reported responses and to identify practices that could not be responded through questionnaire. It is easily observable that the area where AGOHELMA located is a green jewel of flowers and children laughing when released from school, an orphanage with beds, tiny dining chairs and tables and bigger ones for

teenagers, relatively safe environment, Standardized chalk board, variety of teaching aids, Library with different reference materials.

3.6 Data Processing and Analysis

The data collected from mentioned sources were accordingly sorted out and computed in line with the objective of the research. The information gathered from different sources is presented indifferent forms, such as tables and figures. Different methods and procedures were applied to answer the basic questions set at the beginning of the study. The qualitative analysis was applied to describe the finding in the form of text with some form of self explanatory tables. In order to process and analyse the quantitative and qualitative data, excel and different types of simple statistical analysis including percentage was employed. By so doing, the study will address both general and specific objectives.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Findings

Today, millions of vulnerable children around the world are growing up in orphanages, without the love and care of a family. According to UNICEF, as many as eight million are spending their precious and irreplaceable childhood in institutions.

Even though, AGOHELMA plays an important role in an intervention program through education to support OVCs, such as provision of educational materials like pen, pencil, exercise book, uniform, tutorial classes and psychosocial support, food, shelter, clothe, health provision and the like they never get the love, support and sense of identity that only a loving family can give. Almost all OVC participants of the FGD expressed that their first need is to get "parental love and to be able to express their needs" even though Children in the Organization have access to: health care; quality education and have opportunities to play and interact with peers within the organization and generally live in hygienic environments but, love and affection from their family and the community cannot be replaced.

Concerning the delivery of basic educational materials, most of the OVC respondents believe that it is sufficient and they receive it according to their need, Informants during their interview suggested that, the capacity of the organization to improve and increase provision of its school supplies is limited by the decreasing of funds which were obtained from different sources, due to the global economic crisis

Table 4.1 Major School Provisions

Major school service provided	Highly satisfactory	satisfactory	unsatisfactory	Highly poor
Educational material support	4	40	6	-
Psych-social support	-	10	32	8
Food, cloth and health care	7	35	8	-
Tutorial support	15	30	5	-

Regarding the educational material provision as indicated on the above table, the majority of the respondents (40) gave their agreement on the sufficiency of the support they obtained in relation to the total educational support. On the other hand for the issue that pertain psychosocial support provision, the majority that means (32) said that they were not satisfied, which indicates that the psycho-social support is not satisfactory for them.

Concerning tutorial support, most of the respondents said that, they receive tutorial support which helps to increase their academic performance, but some grade eight respondents claim that, they do not go to tutorial classes because they have bad relationship with their teachers and they are uninterested to participate in the tutorial classes. As they strictly suggested, the organization must take care in recruiting professional and ethical teachers.

The community in the organization, particularly children are tired of assessments and request for interviews and questions. They say people have been asking questions about food security shelter and other matters since long times before, but what children claimed in their group discussion

and interviews is that they need to be freed from the organization and to live outside with their relatives and the community.

Table 4.2 The Interest of OVC Respondents to live in the Organizations

Do you like to live in the Organization	Yes	No	Total
No of respondents	37	13	50
Percentage (%)	74.0	26.0	100.0

To identify the priority of challenges respondents were asked to tell the first ranking challenge. As indicated in the study love of family is the major problem of orphans. 74% of respondents choose to leave and live with their relatives outside the organization; the rest 26% replied that their reason to stay in the organization was, they do not know where to go outside the organization.

Children feel that they have no right to do as a child. One girl said in the group discussion that "I can't play loudly with my age groups in the compound and the behaviour of our mums is conservative, they do not allow us to be free."

In both (male and female) focus group discussions with children in the organization, participants said that the emotional relationship between some teachers and the children students in the school leads children to learn their education with less interest. Children claimed that Physical punishment by teachers when children misbehave is not good thing. Children claim that teachers punish by kneeling them down for long times to kill their lesson times and make them to work hard, rather than advising and counselling to change their bad behaviours. They suggest that

some teachers lack work ethics, which in the long run creates frustration and failure on the students.

The organization has limitations on finance to receive more orphaned and vulnerable children. The organization provides institutional child care services based on the national guidelines and regulations.

Documentation on the children is very strong, there are care plans, plans for tracing family or extended family, plans for establishing contact between children and parents who do not visit, care reviews and exit strategies for children especially those above the age of eighteen.

The findings show, the efforts made by the project in using the government system for care and support activities which could be mentioned as typical model for other organizations.

4.1.1 Profile of Orphan Respondents

The following profile of orphans was obtained from a sample of 50 orphans out of a total of 428 children provided services from the organization. Gender distribution of the orphan respondents in the study is, male=15 and female=35.

The age distribution obtained for the orphan respondents is as follows:

Table 4.3 Age Category of OVC Respondents

Age category	5-8	9-13	14-17	Total
No of respondents	10	29	11	**50**
Percentage (%)	20.0	58.0	22.0	**100.0**

The age distribution of the OVC respondents shows that all of the respondents are children. They are within age range of 5-17years. The majority of the children (58%) are within the age range of 9-13 years. Another 22% and 20% of the orphan children are within the age range 14-17 and 5-8 respectively. This statistical data does not include children below 5 years who did not participated in the interview, but they get institutional services.

Table 4.4 Types of Orphan

Type of orphan	Double orphan	maternal	paternal	Total
No of respondents	34	11	5	**50**
Percent (%)	68	22	10	**100.0**

A large proportion of children in the organization have no mother or father. Some of the respondents have living parent, but the parent has significant difficulty providing care or is unwilling or unable to do so, poverty and HIV were cited as the driving reason for placement of the children.

Some double orphan children do not have father name during registration in the organization. Therefore, 'GOBENA' was assigned as a father in the place of father name of the children.

Considering what children need at different stages of development and taking into account the strengths and limitations of different types of care in the study leads to the conclusion that family-based care within a community is fundamentally better for children than institutional care.

Table 4.5 Sex of OVC Respondents

Sex	Respondents	Percentage (%)
Male	15	30.0
Female	35	70.0
Total	**50**	**100.0**

From the total of the children respondents 35 of them were females and the rest of them only15 were males. This implies that the majority of the respondents that were selected in the study were females, it was because of the number of orphan children in the organization were female children.

Table 4.6 Educational Level of OVC Respondents

Educational level	frequency	Percentage (%)
1-5	34	68.0
6-8	16	32.0
Total	**50**	**100.0**

Table 4.7 Access of Normal Clothes/Year of OVC Respondents

Access of OVC respondents to wear normal clothes/year	once	twice	three	As required	**Total**
NO of respondents	0	41	9	0	**50.0**
Percent (%)	0.0	82.0	18.0	0.0	**100.0**

A question also raised to understand the change in food type or food menu for the OVC children provided in the organization. About 84% of the respondents replied yes; while 16% said not good. Generally, majority of the orphaned children agreed on the sufficient of the food types provided.

Table 4.8 Change of Food Type by Children Respondents

Change of food type	Good	Not good	Total
No of respondents	42	8	**50**
Percentage (%)	84	16	**100.0**

Orphan students may not feel any problem on the case of clothes, if the organization buys school uniforms for the students. Most of the respondents have positive answers on the case of clothes. One student replied that, since the organization distributed us the donated clothes equally and most of the time we are living in the compound, there is no problem on clothes and we mostly wear uniforms in school times.

4.1.2 Access to Health Services

All of the respondents use Abebech Gobena's mother and children hospital which is found in the organization. Almost all of the respondents answered that they were satisfied with the services provided to them in the hospital. If the case is serious the doctors referred to other government hospitals with the expense of the organization.

Table 4.9 OVC Respondents to Health Provision

Service provided in the hospital	Very Good	Good	Not Good	Total
No of respondents	43	7	0	**50**
Percentage (%)	86.0	14.0	0.0	**100.0**

4.1.3 Psychosocial Support

One of the issues explored during the study was the psychosocial support provision for orphans in the organization. Respondents replied that the organization has one counsellor in its school, but practically he does not psychosocial support as required, rather he performs other tasks in the school. However, one person from the key respondents replied that, "In addition to one professional counsellor, the organization provides psychosocial trainings to the care givers to help the children to have a good day to day relationship with their care givers."

4.1.4 Status of Caregivers

A total of 5 care givers were also interviewed to get their opinion on the provision of educational services to orphans and vulnerable children by the organization and their relationship with the orphans. One hundred percent of the care givers interviewed were female. By age all were above 30 years. By marital status 1 is single, 3 currently married and 1 is not currently in union who are divorced or widowed.

4.2 Discussion

Evidence shows us that children who grow up in institutional care are more likely to suffer from poor health, physical underdevelopment, deterioration in brain growth, and to experience developmental delays and emotional attachment disorders. Consequently, they have lower intellectual, social and behavioral abilities than children growing up in a family environment. They also suffer the social consequences of having no family support structure and being branded as social outcasts, which often lasts a lifetime. There are over 14 million children living as orphans due to poverty, war, HIV/AIDS and other causes, and as many as 100 million more who are living homeless on the streets. There are currently 14 million orphans living in the world today, more than 130 million children have lost one of their parents. As many as 100 million more children are living on the streets. Every year, 1.2 million children are victims of human trafficking. 5.7 million Children are currently working in child labor (both paid and unpaid). 2 million children worldwide are currently working in the commercial sex industry. There are currently 2.3 million children under the age of 15 living with HIV AIDS. Over the past 10 years, more that 1 million children have been separated from their families as a result of armed conflict. In 2006 it was estimated that 93 million children of primary school age were not attending school.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The project has been working using the existing system of the government, which facilitated and created a sense of ownership by different parties involved in the project. The main factors influencing the number of orphaned and/or unaccompanied children in Ethiopia are HIV and AIDS and related illnesses, and severe poverty. Children who have left institutional care frequently feel they do not have the necessary skills to cope with life outside of the institution.

Providing a comprehensive package of education support to orphans and vulnerable children is crucial. AGOHELMA has a number of examples of good practice within their own organization that they can explore and build upon to strengthen existing and new orphans and vulnerable children projects. Evidence has shown that where policies exist that provide for free uniforms for children who are orphaned or vulnerable, free textbooks, and elimination of school fees, education access and quality is improved.

OVC's rights to access education in Africa is a controversial issue. But, in the present time, it has become a social, economical, and political issue all over the world. It is attracting the attention of international organizations and government. This may be because; children are the future asset of any society around the world. In addition, unlike their peers, OVCs are incapable of defending their rights and interests to access education. Therefore, care and follow up has to be given for them by any concerned body (state parties, NGOs, parents, teachers, etc). Apart from transmitting

knowledge and skills, schools should also play important role in allowing fee free enrolment opportunities and fulfilling other school materials to OVCs.

5.2 Recommendation

Based on the major findings of the study and then conclusions drawn from them, the researcher suggests the following for practice or action:

- Orphans are assisted with educational materials, uniform, tutorial facilities by the organization but not family love. A girl living in the organization said, 'we are most importantly missing family love'.Therefore, the author of the study recommends that the organization should turn its intervention to the family based program for the protection of orphan and vulnerability.

- Residential care facilities require staffing and upkeep: salaries must be paid, buildings maintained, food prepared and services provided, this needs big financial gain, therefore, it is important to strengthen the coping capacity of families and communities to protect children from being orphan.

- As the key informant respondents replay, the organization to improve and increase provision of its services is limited by the decreasing of funds which were obtained from different sources, due to the global economic crisis. Therefore, it is important to develop self income generating activities to continue the projects and has to work hand in hand with other local donors, project beneficiaries and the community at large.

- Awareness-raising campaign in the community to increase knowledge on how to protect HIV/AIDS that kills mother and father of children who became orphans are an important issue before children become orphans.

- It is important to develop school feeding programs based on a situation of low enrolment in high food insecure areas to stabilize/reduce student dropouts and increase grade performance and enabling students to continue their education to higher levels and play a great role in increasing student enrolment and improving student performance.

- School fees present perhaps the biggest obstacle to the education of orphans and vulnerable children. Its abolition has done much to improve the chances of such children attending school.

- Parallel to general education, diversified technical and vocational training should be provided for those who leave school and drop out. The psychosocial and emotional needs of orphans and vulnerable children should be addressed in addition to the material assistance as most of these children are experiencing loss and grief.

Finally, philanthropists, donors, and the public should learn to appreciate the role of local NGOs like Abebech Gobena Organization in responding to the needs of OVC and should work cooperatively. Organizations and societies (Ethiopian or foreign) who have made their purposes on promotion of access of education to OVC have to go down to the country sides and different parts of the country, particularly work closely with schools on promoting this issue.

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Appendices

Appendix1. Interview Schedule for OVC Beneficiaries

School of Graduate Studies, St. Mary's University College in partnership with School of Social Work, Indira Gandhi National Open University (IGNOU)

Introduction

The main purpose of this questionnaire is to gather data that helps identify and assess types of services provided by the organization, problems and challenges faced by the Organization during the implementation process in alleviating access of OVCs to education, and to provide data about the efforts made to solve the problems by the organization to share its experiences to other child care institutions.

The data gathered will be used only for the research objectives. Hence, you are kindly requested to provide the necessary data, which are very helpful for improving the quality of the research.

I.   Background Data

1. Would you tell me in which year were you born? _____ (year)

2. How old were you at your last birthday? _____

3. Have you attended school?

   1. Yes   2. No

      3.1 If your answer for Q No 3 is 'yes' which grade you are? _____

4. Where did you live before you came to Abebech Gobena children village_____?

5. How many years you have been here? _____ (years)

6. Who referred you to join the organization? _____

7. Did you attend school before you come to the organization?

    1. Yes   2. No

8. Did you have a good relationship with your teachers?

    1. Yes   2. No

9. Did your teachers punish you when you made faults?

    1. Yes   2. No

10. Do you have recreation programs on (TV show, sport, visit etc.) in the Organization?

    1. Yes   2. No

11. In what types of activities in the organization's program do you participate regularly?

    _____

12. Do you participate in other activities of the organization?

    1. Yes   2. No

    12.1 If question number 12 is 'yes', in what activities do you participate?

    _____

13. Do you have program to visit relatives regularly?

    1. Yes   2. No

14. Your sex/ gender

    1. Male   2. Female

15. Your age_____ (years)

16. Your education status_____

17. What is your religion?

    1. Orthodox Christian
    2. Muslim
    3. Protestant
    4. Catholic
    5. Others (please specify)_____

18. With whom do you live? _____

19. What types of problems have you been facing? _____

20. Which has forced you to join the Organization in order to access to services? _____

II. Pre-Admission and Admission

21. Who refer you to the association?

    1. Kebele administration

    2. Hospital

    3. Other pleases (specify) _____

22. Does the organization have eligibility criteria for accepting children who come to the Association?

    1. Yes   2. No

    22.1 If the answer for number 2 is "yes", what are the eligibility criteria for admission?

        1. Double orphan

        2. Single orphan

        3. Abandoned

        4. Parents terminally ill

        5. Others (please specify) _____

23. Does the organization undertake a pre-admission screening for children?

       1. Yes   2. No

24. What types of screening does the organization undertake on the children during a pre-admission assessment?

       1. Health status

       2. Physical disability

       3. History of abuse

       4. Others (please specify) _____

25. Who makes the final decision on admission of children?

       1. Committee

       2. Head of the Association

       3. Other (please specify) _____

26. Did children's profile get record baseline information on admission in the Organization?

       1. Yes   2. No

27. In your opinion, does the organization have a relationship with government body?

       1. Yes   2. No

28. To which government body/bodies is/are your organization accountable?

       1. kebele NGOs Desk

       2. Bureau of Justice

       3. Other (please specify) _____

29. Does the Organization have written objectives?

      1. Yes   2. No

30. Are the objectives of the organization communicated to the beneficiary children?

      1. Yes   2. No

31. Does the Organization have a child protection policy?

      1. Yes   2. No

32. Do you think that caregivers receive orientation about children's rights?

      1. Yes   2. No

33. Do you receive orientation about your rights?

      1. Yes   2. No

    33.1 If Q No 33 is "yes" what types of services do you receive from the organization?

III. Types of Services

34. Is there a written care plan for each child in the Organization?

      1. Yes   2. No

35. Do children in the Organization have a personal profile?

      1. Yes   2. No

36. Is there a regular follow-up of children (Physical and mental) development status?

      1. Yes   2. No

37. Who is doing the follow-up?

       1. Health work(s)

       2. Counsellor(s)

       3. Caregiver(s)

       4. Social worker(s)

       5. Others (please specify)_____

38. Which service/s is/ are you provide to children who are living in the Organization? (Circle all that apply)

       1. Lodging

       2. Food

       3. Clothing

       4. Health care

       5. Sanitation (personal and environmental)

       6. Academic education

       7. Vocational training

       8. Play and recreation service

       9. Guidance and counselling

       10. Reunification

       11. Reintegration

       12. Special care for children with disabilities

       13. Play therapy

       14. Art therapy

       15. Others (please specify)_____

39. Do you receive a rehabilitation service on admission in the Organization?

    1. Yes   2. No   3. No need

39.1 If Q 39 is "yes" what kind of rehabilitative service do you receive upon admission?

    1. Nutrition

    2. Health

    3. Psychological

    4. Other (please specify) _____

40. Is there a food program/ schedule for the children?

    1. Yes   2. No

40.1 How frequently do you provide milk for children<4months?

    1. Every _____ (minutes/hours)

    2. Not provided

    3. I cannot decided

40.2 If Q No 40 is "yes" how frequently do you provide milk and supplementary food

    for children between 4-12 months?

    1. Every _____(minutes/hours)

    2. Not provided

41. How many meals do children get if their age ranges from 1 to 7 years per day?

    1. _____ meal / day

    2. No different schedule (as requested)

42. How many meals do children get if their age is 7 years?

    1. _____ meal/day

    2. No different schedule

43. In the Organization who supervises the food service? (Circle all that apply)

  1. Health worker

  2. Nutritionist

  3. Counsellor

  4. Management of the institution

  5. Committee

  6. Others (please specify) _____

44. Do children have a regular medical check-up?

    1. Yes   2. No

   44.1 If Q No 44 is "yes" how often do children receive a medical check-up?

    1. Every _____

    2. Other (specify) _____

45. Do children get immunization if their age is 5 years?

    1. Yes   2. No

46. Does the Organization have a clinic in the site?

    1. Yes   2. No

47. Does the Organization have a referral system for medical/health care services?

    1. Yes   2. No

48. To which type of health facility do you get referred for medical problems?

   1. Hospital

   2. Health centre

   3. Clinic

   4. Others (please specify others) _____

49. Do you receive regular education on the prevention of HIV?

   1. Yes   2. No

50. Do you receive clothing?

   1. Yes   2. No

   50.1 If Q No 50 is "yes" how frequently do you receive clothing?

   1. Annually

   2. Biannually

   3. as found necessary

   4. Others (please specify)_____

51. Do you receive personal sanitary materials (e.g., tooth brush, towel, and sanitary pads)?

   1. Yes, regularly every _____

   2. Yes, as found available

   3. As requested

   4. Not provided

   5. Others (please specify)_____

52. Are you educated about personal hygiene?

      1. Yes, regularly every _____

      2. Yes, but not regularly

      3. No education

53. Is there a check-up on your personal hygiene?

      1. Yes, regularly every _____

      2. Yes, not regularly

      3. No check-up

54. Are play and recreation facilities available on the compound in the Organization?

      1. Yes   2. No

55. Where do you attend your schooling?_____

56. Do you think the organization support children who seek to pursue higher education?

      1. Yes   2. No

57. Does the institution support children who seek higher education?

      1. Yes   2. No

58. Is there a formal education facility (school) in the compound of the organization?

      1. Yes   2. No

59. Do other children (i.e., children living out of the institution) attend school in the compound?

      1. Yes   2. No

60. Who do you think provide school materials to children living in the organization?

      1. The institution

      2. Government

      3. Donors

      4. The community

      5. Other (specify) _____

61. Do you provide supportive educational service (e.g. tutorial and additional class) to children who are in need of the support?

      1. Yes   2. No

62. In your opinion does the Organization's concerned office follow children's educational development?

      1. Yes   2. No

63. Is there a reading room in the organization?

      1. Yes   2. No

64. Are there relevant books for the children in the reading room (i.e., educational books for the level of the school)?

      1. Yes   2. No

65. Have you attended a vocational training school?

      1. Yes   2. No

65.1. If Q No 65 is "yes" who is providing teaching materials for you when you were attending the vocational training?

       1. The organization

       2. Government

       3. Donors

       4. The school

       5. Others (please specify) _____

66. What is/are the type/s of lodging the organization uses?

       1. Self contained home

       2. Dormitory

       3. Others (please specify)_____

67. Are there educational guidance and counselling services for the children?

       1. Yes   2. No

68. Which types of guidance and counselling do you offer to the children? (More than one answer is possible)

       1. Behavioural

       2. Health

       3. Educational

       4. Other (specify) ------------

69. in the organization who provides the counselling service?

    1. Counsellor

    2. Teachers

    3. Other (specify) ------------------------

70. Are there separate bed rooms for boys and girls in the organization?

    1. Yes   2. No

71. Do beneficiary children share beds (including children of same sex)?

    1. Yes   2. No

72. Are there separate toilet rooms for boys and girls in the organization?

    1. Yes   2. No

74. What types of mechanisms do you use?

    1. To reduce pupils dropout? _____

    2. To increase pupils enrolment? _____

    3. To reduce repetition? _____

    4. To reduce pupils absence? _____

75. Do you get involved in making decisions on matters (e.g. exit, placement and foster care) that concerns your life?

    1. Yes   2. No

76. Is there a written exit procedure for children?

    1. Yes   2. No

77. Do you think that the organization reviews its exit procedure with the children?

1. Yes   2. No

78. Do you think that the organization facilitates a smooth transition of children from the

Organization to the community?

1. Yes   2. No

79. Do you have a follow-up mechanism for children after they had exited?

1. Yes   2. No

79.1 If the answer for Q No 79 is "yes" what are the mechanisms you are using?

_____

_____

80. In the Organization, what types of educational support you receive?

1. School uniform

2. School uniform and bag

3. School uniforms, bag, exercise books, pens, pencils, shoes etc.

4. Others (please specify)_____

81. What is the ratio of care givers to children in the organization? _____

Appendix2. Interview Guide for key Informants

1. Who referred children to join the organization?
2. Which has forced you to join the Organization in order to access to services?
3. Does the Organization have written objectives?
4. In the organization what types of educational support you receive?
5. Has your organization developed a life-skills based education strategy for school children?
6. Where do you spend most of your time?

Appendix3. Focus Group Discussion Schedule

1. What are the activities the organization has that you can work in group?
2. What do you see as the main challenges to receiving educational services?
3. How do you enjoy the weekend?
4. How do you feel being in school?
5. Have you ever directly participated in any HIV and AIDS activity?
6. Are there any other comments you would like to provide?

Appendix4. Observation Schedule

1. What games and sports do you take part in most of the time?
2. What club/group in your area do you belong?
3. Is the area comfortable for living?
4. Do you visit other governmental schools to share experiences?
5. Do you have a mini-media in your school compound?
6. Are there academic computation programs between the classes in your school?
7. Is play area with equipments available in the compound?

Appendix5. Document Analysis Template

1. Does the organization have relationship with other NGOs to get support?
2. Are there educational guidance and counseling services for the children?
3. What types of mechanisms do you use to reduce students drop out?
4. What did you feel when you come to the organization first?

PROFORMA FOR SUBMISSION OF MSW PROJECT PROPOSAL FOR APPROVAL FROM ACADEMIC COUNSELLOR AT STUDY CENTRE

Enrolment No: ....

Date of Submission: ....

Name of the Study Centre: ....

Name of the Guide: ....

Title of the Project: **Assessment of Orphan and Vulnerable Children Educational Support at Abebech Gobena Children Care and Development Organization in Arada Sub City of Addis Ababa, Ethiopia.**

Signature of the Student: ....

Date: ………………

Enrolment No: ....

Name: ....

Address: Addis Ababa, Ethiopia

Date: ………………....................

 Name: Sebsib Belay (Mr)

School of Graduate Studies

St. Mary's University College

Address of the Supervisor: Addis Ababa, Ethiopia

Signature: ………………............................

ASSESSMENT OF ORPHAN AND VULNERABLE CHILDREN EDUCATION SUPPORT AT ABEBECH GOBENA CHILDREN CARE AND DEVELOPMENT ORGANIZATION IN ARADA SUB CITY OF ADDIS ABABA, ETHIOPIA

MSW DISSERTATION RESEARCH PROJECT PROPOSAL

(MSWP-001)

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SCHOOL OF SOCIAL WORK

FEBRUARY 2013

ADDIS ABABA, ETHIOPIA

1. INTRODUCTION

Ethiopia has been severely challenged and characterised by decades of conflicts, food insecurity, widespread and horrible poverty, and rapid population growth. Children and women in particular have been profoundly affected by such adverse circumstances and are the most vulnerable segments of the Ethiopian society. Large numbers of children in Ethiopia suffer from the ills of poverty and illiteracy. They are also victims of several traditional practices such as early marriage, female genital cutting, physical punishment, labour exploitation, conflict, family separation and the children are exposed to various physical abuses. The number of children who is orphaned by AIDS related adult mortality, famine orphans, war orphans, malaria orphans and social orphans or children who have been abandoned mainly due to poverty in Ethiopia has been an increase since 1984.

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 are cared by nuclear and extended family members. Local communities, churches, and mosques have existed for centuries. Based on cultural and religious beliefs, provision of care to orphaned, abandoned, and vulnerable children has been seen as the duty of the extended family system among most of the ethnic groups in the country. Thus, child welfare services in Ethiopia emerged as a result of traditional practices among the various ethnic groups.

However, the advent of urbanization, repeated drought, famine, and HIV/AIDS has claimed a heavy toll on human life in Ethiopia during the past three decades. Consequently, thousands of children have been left unaccompanied and in need of care. Child care institution is an establishment founded by a governmental, nongovernmental,

or faith based organization to give care to unaccompanied children. A child care institution may also be referred to as an orphanage, children's home or children's village. Orphans are children below 18 years who have lost a mother, a father or both parents to any cause of death. Vulnerability is a state of reduced capacity to withstand social, economic, cultural, environmental and political threats both acute and chronic problems.

Therefore, a vulnerable child is any child, who is currently experiencing or likely to experience lack of adequate care and protection for healthy living and functioning. Therefore it is important to conduct an assessment study for orphan and vulnerable children's care and support services provided at Abebech Gobena children care and Development Orphanage in Arada Sub city of Addis Ababa in Ethiopia. The severe drought of 1984 was recognized as the catalyst for the proliferation of institutional care in Ethiopia.

Many child care institutions, including Abebech Gobena's children care and development Organizations were established in response to the drought in the country. AGOHELMA has been providing institutional child care for orphans and for almost three decades and realized well the benefits of such types of care. In fact the appropriate and right place for the upbringing of the children is the family. In the absence of extended families, community placement and foster parent care are better options. AGOHELMA considers institutional care as the last resort when other options are not possible. Some of the basic programs included in the AGOHELMA are reunification, adoption, OVC support and integration. Services provided to OVC in the AGOHELMA are: shelter, clothes and beddings, food, educational support, psychological support and health care services.

2. STATEMENT OF THE PROBLEM

Children who have become orphans and vulnerable ones due to HIV/AIDS, famine, drought and other multi-dimensional problems need comprehensive care and support services at different levels in their respective locality. These services include; education, health and nutrition, psychological, life skills, legal protection, and house hold economic strengthening.

However, the orphan and vulnerable children's access to education is affected by a wide range of factors. Thus, as they are being orphaned and /or made vulnerable have great impact up on their access to education. Enrolment, active attendance and participation and effective performance of the child in classroom, in the campus and at school can be affected by many different factors. Poverty, illness or death in the house hold may lead to a reduction in resources allocated for the child's schooling. Resources may be lacking for children to continue in school or with formal training. Traditional skills may not be passed on. The following reasons are considered as factors contributing to poor school attendance, low performance of orphans and dropping out from school. Staying home to care for sick parent, Caring for younger children, Own emotional distress, up on entering interring with school, less money for school expenses, Increased household activities and absence from school.Therefore, the outcome is either a delay in enrolment (in most cases) or no enrolment at all, decline in school attendance especially if the orphan and / or vulnerable child has to work or care for others, and failure his/ her performance in different lessons.

School performance suffers as a result of absenteeism and a lack of potential care and support services. In order to reduce and address different aspects of their access to education, it is worth assessing comprehensive education supports which have been provided by the organization for the last five years in the city.

3. OBJECTIVES OF THE STUDY

3.1   General Objective

This study intends to asses comprehensive education services which have been provided to the OVC at Abebech Gbena's Child care and development organization in Addis Ababa since 1984.

3.2 Specific Objectives

The study will specifically aim at the following:

- To assess types of comprehensive educational supports which have been provided for OVC at the Organization since 1984;

- To examine to what extent the education services provided to the OVC contribute to their educational enrolment, attendance and performance in their lessons; and

- To identify the strengths and constraints of the Organization.

4. STUDY DESIGN AND METHODOLOGY

In this study, a non-experimental research design, particularly survey design will be employed. More specifically, both quantitative and qualitative research approaches will be used. Quantitatively, the researcher will employ descriptive sample survey. In addition,

qualitative research methods, such as semi-structured interviews, focus group discussions, documentary analyses and observations of the Organization's setting will be conducted.

5. UNIVERSE OF THE STUDY

The study is expected to focus on orphans and vulnerable children supported and cared by Abebech Gobena's Children Protection and Development Organization in Arada sub city. The emphasis was to get information about the services provided by the organization which is important as a document to other organizations that are engaged in the same work in improving the life of orphans and vulnerable children.

6. SAMPLING METHODS

As this dissertation research project is written in the framework of social work, the discipline is inductive by its logical approach. Thus, the study will depend on purposive sampling of non-probability sampling method to identify, select and to draw a total of 50 orphan and vulnerable children at the organization located in Arada Sub city of Addis Ababa city.

7. DATA COLLECTION: TOOLS AND PROCEDURES

The researcher will employ structured interview schedule in the quantitative aspect of the study to generate primary data from the sampled OVC respondents. Qualitatively, in the study interview guide, FGD guide, observation schedule and documentary analysis template will be used.

8. DATA PROCESSING AND ANALYSIS

In order to process and analyse the quantitative data SPSS version 17 for Windows will be employed. The qualitative data will be thoroughly read to identify and label relevant categories of issues and then themes which will be used while writing up the MSW thesis. By so doing, the study will address both general and specific objectives.

9. CHAPTERIZATION

This MSW dissertation research report will consist of five chapters. Chapter one introduces the description of basic topics, rationale for choosing the topic and the gaps identified in the issues under investigation. The second chapter dwells on review of relevant literature. It also focuses on both conceptual/ theoretical and empirical literature which are available elsewhere in the world. Chapter three describes the study area, study design and methods, universe of the study, sampling methods, tools and procedures in data collection and data processing and analysis. The fourth chapter presents both quantitative and qualitative data analysis and findings according to the specific objectives of the study. Finally chapter five conclusions and their interpretations and discussions in the light of the previous relevant studies stated in second chapter and then forward plausible suggestions for action and further study.

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