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Assessment of Psychosocial Services Rendered by NGO's to Orphan and Vulnerable Children in Bishoftu Town

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ASSESSMENT OF PSYCHOSOCIAL SERVICES RENDERED BY NGO'S TO ORPHAN AND VULNERABLE CHILDREN IN BISHOFTU TOWN

A THESIS SUBMITTED TO THE COLLEGE OF GRADUATE STUDIES OF ADAMA SCIENCE AND TECHNOLOGY UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF ARTS IN THE SOCIAL PSYCHOLOGY

BY ESRAEL GESESE

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APPROVED BY EXAMINATION BOARD:

As a member of the board of examiners of the final MA open Defense Examination, we certify that we have read and evaluated the thesis prepared by **Esrael Gesese** and examined by the candidate. We recommend that the thesis be accepted fulfilling the thesis requirement for the Degree of Masters of arts in **social psychology**

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Declarations

I **Esrael Gesese Zeleke**, Registration Number **GSR/5916/06,** do hereby declare that this thesis is my original work and that it has not been submitted partially or in full by any other person for an award of a degree in any other university/institution.

Name of Participant **Esrael Gesese Zeleke** Signature……Date……

This Thesis has been submitted for examination with my approval as a university supervisor.

Name of Adviser: **Dr. Kumsa Donis**

Signature……Date……

Abstract

In Bishoftu town administration even though complete assessment is not made for the identification of OVCSs in the jurisdiction, there are about 5256 males, 5588 females and a total of 10844 registered Orphan and Vulnerable Children's (OVCs). OVC situation in the city is linked to poverty, illness, conflict, abuse, HIV/AIDS, death of parents and lack of support and guidance. Bishoftu being the bases of military institutions for the long period of time has worsened the situation. The objectives of this study are examining the components of psychosocial supports provided, assessing contribution of NGOS support, the gaps and challenges encountered, the lessons learned and identify best practices that can be drawn for scale up and analyzed concerned bodies and community's legal response to meet the needs of OVC support. The study used evaluative research design to investigate the research problem. In conducting the study the required data were collected through questionnaires, interviews, focus group discussion and field observations. The population of the study was 10844 OVCs and the sample size was 173. Both primary and secondary data were collected from nine kebeles of Bishoftu town. The findings of the study confirmed that all of the respondents were aware of the types of supports rendered, revealed how some NGOs assess emotional and social needs before providing psychosocial services. Concerning better parenting the respondents said NGOs visited their home and provided guidance for a better parenting to their families. The respondents believed the benefit of psychosocial support is average. The study revealed that there are challenges that the respondents encountered in getting the support. Even though, the legal and policy framework created by the government enhanced the involvement of the government institutions and different community structures in the provision of care and support services respondents do not know how to get legal protection services. Thus, the study recommends enhancing linkage between NGOs for increasing implementation capacity among each other, NGOs engagement in economic strengthening of care givers through income generating activities, Community committees should be vigilant to safe guard the benefits of OVCs. It is essential for public institutions of Bishoftu town to improve the capacity of implementers on understanding of psychosocial support monitoring and evaluation so that the support program could be efficient and effective.

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List of acronyms and abbreviations

ABS: Access to Basic Services
ACRWC: African Charter on Rights and Welfare of children
AIDS : Acquired Immuno Deficiency syndrome
CBOs: Community Based Organizations
CCADRRL: Climate Change Adoption Disaster Risk Redaction
CCs: Community Committees
CD: Capacity Development
CDPOs: Community Development Program Officers
CRC: Child Right Convention
CSI: Child Support Index
CSSG: Community Saving Self Help Group
DSD : Department of Social Development
FBO Face Based organizations
HIV : Human Immuno Deficiency Virus
HTC : Harmful Traditional Practices
HVC: Highly Vulnerable Children
IJSA: International Journal of Sociology and Anthropology
INGO: International Non-Government Organizations
JeCCDO: Jerusalem Children and Community Development Organization
MOWA: Ministry Of Women Affairs
NGO: Non-Government Organization
OfEDO: Office of Finance and Economic Development Office
OLSA: Office of Labor and Social Affairs
OVC: Orphans and Vulnerable Children
PEPFAR: The United States President's Emergency Plan for Aids Relief
PLWAs: Peoples Living With Aids
PMTCT: Prevention of Mother to Child Transmit ion
UN; united Nation
UNAIDS: The Joint United Nations Program on HIV/AIDS
USAID: United States Agency for International Development

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CHAPTER ONE

INTRODUCTION

1.1. Background of the study

This chapter introduces conceptual setting, statement of the problem, objectives of the study, the research questions, and the significance of the study, scope of the study and definition of key operational terms.

The main purpose of this study was to assess psychosocial services Rendered by NGO's to Orphan and Vulnerable Children in Bishoftu town and to make recommendations on how these services could be improved.

This study is both qualitative and quantitative in nature. A descriptive survey design with a questionnaires, interviews, focus group discussion and personal observation was used to collect data from the respondents. A non-probability sampling was used to select the participants. This study was conducted during the month of November 2015in Bishoftu town taking a sample from nine Kebele of the town in proportion to the number of OVCs registered in the area. Data were primarily obtained from OVCs under NGOs support, caregivers NGOS and government institutions who were coordinating care and support of OVC in the town.

According to observations made from different readings natural disasters, war, famine, economic crises, family illness and AIDS epidemic in sub Saharan Africa has resulted in millions of children who have been orphaned or left vulnerable(Roby, 2008), (Childinfo.org, 2010; Save the children 2012) and Combined 4th and 5th Periodic Reports of the Federal Democratic Republic of Ethiopia to the United Nations Committee on the Rights of the Child (2012).

UNICEF (2009) disclosed that by a little more than one-tenth of the world's population live in sub Saharan Africa which is home to almost 64% of all people (24.5 million) living with HIV. Two million of them are children younger than 15 years of age. Indeed, almost nine in ten children (younger than 15 years) living with HIV are found in sub-Saharan Africa.

Within Ethiopia 5.5 million children, around 6% of the total population, are categorized as orphans or vulnerable children (OVC). OVC comprise almost 12% of Ethiopia's total child population (Save the children, 2012).

According to the report on poverty and children, published by UNICEF in 2009, in Sub-Saharan Africa, extended families have assumed responsibility of taking care of orphaned and vulnerable children. These children are mostly cared for by their grandmothers who are also struggling with poverty. A dramatic increase in the number of orphans and vulnerable children has put pressure on this traditional support system threatening to break this major function of supporting the children households with orphans are more likely to become poorer because the low income earned by the few adults who are employed is now sustaining more dependents (UNICEF, 2009).

The international community has responded to this challenge by putting in place various alternative care interventions in support of the affected children and households taking care of them. International development partners and national government ministries responsible for the welfare of orphans and other vulnerable children (OVC) require comprehensive and accurate data on numbers of OVC receiving care under various arrangements to plan for and monitor the response at national level. Clear definitions of the various care arrangements and interventions are important for general program design, implementation and monitoring, but more importantly for measuring effectiveness and impact of the OVC programs. Of equal importance is the need to measure the short and long-term positive, negative, and unintended effects of interventions. In order to do this, clear outcomes need to be defined at both child and household levels. OVC program staff and key funding and government stakeholders need to know the extent to which their efforts are working, make necessary adjustments to improve benefits, and mitigate unintended negative consequences for children, care providers, and communities (CFG , 2010).

Ethiopia with a total population of 96,633,458 (www.indexmundi.com/**ethiopia**/) is made up of 9 states, is the second most populous country in Africa, and the eleventh in the world. Ethiopia faces a growing challenge of caring for orphans and vulnerable children (OVC). The HIV epidemic has caused a vast increase in the number of OVC and has overstretched the community and family support networks they depend on for support (IJSA, 2014).

In response to the abovementioned situation, the government of Ethiopia has taken various measures to positively address the complex issues. The Federal Constitution has clearly articulated the rights of children in Article 36. Ethiopia has ratified both the UN Child Rights Convention (CRC) and the African Charter on Rights and Welfare of Child (ACRWC). The country has harmonized domestic laws and policies with the provisions of both conventions and which creates an enabling environment for improving the wellbeing of OVC. MOWA is the government ministry mandated to coordinate the issue of children including OVC. FHAPCO is charged with leading and coordinating the overall multi-sectorial response to HIV and AIDS, including the issue of care and support for OVC. The legal and policy framework created by the government has enhanced the involvement of NGOs, UN agencies, INGOs, FBOs and CBOs in the provision of various care and support services to OVC.

In spite of the tremendous contributing efforts of these care services, the extent of the effectiveness and efficiencies of interventions in changing the life of orphan and vulnerable children needs closer analysis in light of the magnitude of the problem and limitation of resources. Therefore, this study is intended to assess psychosocial services rendered by NGO's to orphan and vulnerable children in bishoftu town.

1.2 Statement of the Problem

Ethiopia counts one of the largest populations of orphan and vulnerable children in the world (Zewdineh, 2008). IJSA (2014) stated that orphans and vulnerable children are exposed to various social, psychological, economic and health problems. The largest groups in need of support in Ethiopia were orphans and vulnerable children directly affected by HIV/ AIDS, extreme poverty, continuous risk of famine, and internal and external migration.

There is no nationwide and comprehensive study conducted in Ethiopia recently regarding the situation of orphans and vulnerable children which responses to the needs of the children except baseline surveys by different non-government organizations in different parts of the country (IJSA, 2014). According to the information from these baseline surveys, orphans and vulnerable children are in difficult circumstances that call for the attention of all concerned bodies. The situational analysis of orphans and vulnerable children indicated that OVCs lack basic necessities, educational fees and school materials support, parental supervision, emotional care and supports as consequences of which they have become exposed to various types of abuses and

exploitations. Similarly, by discussion made with concerned offices of Bishoftu city a little is known about the situation of OVCs and the impact of interventions made to combat the problem.

In Bishoftu city administration there are about 5256 males 5588 females and total of 10844 registered OVCs (OoFED, 2015). OVC situation in the city is linked to poverty, illness, conflict, abuse, HIV/AIDS, death of parents and lack of support and guidance. Bishoftu being the bases of military institutions for the long period of time has worsened the situation. The children are much more likely to be living with a relative (grandparent or other relatives). Due to multiple problems the children are facing great distress, trauma and depression which have caused shock that produced long-lasting, harmful effects on them. Moreover, parental illness and death have caused emotional trauma on the OVCs. To cope with unsettling, frustrating or harmful situations they felt emotional condition and stress. Their psychosocial problem is a disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self-doubt.

In order to address the problems psychosocial support seems as important as material support to OVC development and their ability to live well balanced lives in the future. Psychosocial support will enable OVC to strengthen their confidence in order to cope with and overcome many challenges they face.

To address the aforementioned problems many NGOs in Bishoftu city are engaged in the provision of various care and support services to OVC in holistic and integrated manner. The care and support services provided by NGOs include psychosocial support, Shelter and Care, economic strengthening, legal protection, health care, education, food and nutrition supports. Based on to the Ethiopian OVC Standard Service Delivery Guidelines document (2010) psychosocial support aims to provide OVC with the human relationships necessary for normal development. It also seeks to promote and support the achievement of life skills that allow adolescents in particular to participate in activities such as school, recreation and work and eventually live independently. However less is known about the supports provided by NGOs to mitigate the problem of OVCs. Therefore, this study tries to make an assessment mainly on the psychosocial support services rendered to OVC's by NGO's in Bishoftu City. Accordingly, this study addresses the following pertinent research questions:

- What are the major supports provided by NGOs to improve psychosocial wellbeing of OVCs in Bishoftu town?

- What are the benefits of NGO support in improving the psychosocial wellbeing of OVCs in Bishoftu town?
- What are the gaps and challenges encountered in rendering the psychosocial support to OVCs in Bishoftu town?
- What are the lessons to be learned and what best practices can be drawn to scale up?
- To what extent do concerned bodies and communities legal response meet the needs of OVC?

1.3 Objective of the study

1.3.1. Main Objectives

The main objective of the study is to assess the psychosocial services rendered by NGOs to orphan and vulnerable children in Bishoftu town.

1.3.2. Specific Objectives

1. To examine the major psychosocial support provided to OVCs in Bishoftu town.
2. To assess the contribution of NGOs support in improving the psychosocial wellbeing of OVCs in Bishoftu town.
3. To examine the gaps and challenges encountered in implementing the psychosocial support to OVCs in Bishoftu town.
4. To identify the lessons to be learned and identify best practices that can be drawn for scale up in Bishoftu town.
5. To analyze concerned bodies and communities legal response to meet the needs of OVC.

1.4 Significance of the Study

The study would be helpful to Bishoftu City administration, stakeholders and NGOs engaged on OVC support to sensitize on designing the intervention programs to address gaps and ensure improvements in the support. In addition, the finding adds a relevant Ethiopian experience to psychosocial support and practical information to psychosocial support offered in the country. The study promotes the integration and mainstreaming of psychosocial support in supports rendered to OVCs. It also addresses the research gaps in addressing the psychosocial support. The study could also contribute some insights for other researchers interested in undertaking research projects on psychosocial support.

1.5 Delimitation of the Study

Geographically, this study would be delimited to the city of Bishoftu. Bishoftu is chosen for the study because the city is preferable due to the financial and time limits. Therefore, the study and its conclusions will be confined to psychosocial support provided by NGOs in Bishoftu city.

1.6. Limitation of the study

In addition to physical limits such as time and financial constraints, absence of reliable and adequate and availability of timely organized and systematically assembled pieces of information was the main problem that this study faced. On the other hand, confounding variables that directly or indirectly influenced the OVC support trends, but which are believed to be out of the scope of the study have their own respective impact on the results of the study. To overcome these problems as much as possible considerations was rendered for critical variables and exhaustive triangulation was done by the researcher.

1.7. Operational Definition

The following are the operational definition of the terms/concepts used in this study.

A child: is every human being below the age of 18 years.

Orphan: The Alternative Childcare Guidelines on Community based Childcare, Reunification and Reintegration developed by Ethiopian Ministry of Women's Affairs in 2009 defines an orphan as a child who is less than the age of 18 and who has lost one or both parents, regardless of the cause of the loss.

Vulnerability: is a state of reduced capacity to withstand social, economic, cultural, environmental and political threats both acute and chronic; the susceptibility of individuals, households, and communities to becoming poorer and poorer as a result of events or processes that occur around them. A vulnerable child is a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights. Vulnerable children include children whose rights to care and protection are being violated or who are at risk of those rights being violated. Children who have been orphaned by AIDS and/ or affected by the HIV and AIDS pandemic, children living with sick parents, children living in

highly affected communities and children living without adult care are also categorized under vulnerable children(Radeny and Bunkers, 2009).

Psychosocial support: This is an ongoing process of meeting physical, emotional, social, mental and spiritual needs of a child all of which are essential elements for meaningful and positive human development (Gilbrnet.el., 2006)

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

In this chapter, basic concepts, theories and best practices and background information on psychosocial support, have been reviewed. The topics selected include key issues that supported the researcher to indicate the state of knowledge on a topic that helped in addressing the objectives of the study.

2.2. Theoretical Literature

2.2.1. Concept of psychosocial support

The word “psychosocial” is a combination of the words “psychological” and “social”, which emphasizes the close relationship between the psychological aspects of an individual's life and social experiences as well as the environment they live in (DSD, 2010). This approach also takes into consideration the spiritual aspect of an individual (Nugent &Masuku, 2007).

According to Berg (2006), psychosocial support is an ongoing process of meeting the physical, emotional, social, mental and spiritual needs of children, all of which are essential elements for meaningful and positive human development. Nugent and Masuku (2007) define psychosocial support as the effort to meet the ongoing emotional, social and spiritual needs of OVC. Psychosocial services then describe a continuum of care and support which is aimed at ensuring the social, emotional and psychological wellbeing of individuals, their families and the community (DSD, 2010). It is about encouraging better connections or relationships between people and building a sense of self-worth and community. It is also about promoting everyday consistent care and support in the family and the community (STOP AIDS NOW, 2011). This also leads to psychosocial wellbeing, which is the positive age-and stage-appropriate outcome of children’s physical, social and psychological development. This includes the child's ability to successfully accomplish expected tasks at a particular stage or age of development and the child's capacity to deal with social and emotional challenges.

The primary aim of all psychosocial support programs should be placing and maintaining children in stable and supportive family environments. Psychosocial care and support activities for vulnerable children should follow the principles of child and lifespan development.

Rather than being a stand-alone activity, psychosocial support programs should be integrated into wider systems, wherever possible, such as existing community support mechanisms, formal and non-formal school systems, social services and health services. Integrated services tend to reach more people and are typically less stigmatizing. (WHO, 2007)

2.2.2. The importance of psychosocial support

All children need psychosocial support for their psychological and emotional wellbeing, as well as their physical and mental development. Some children need additional, specific psychosocial support if they have experienced extreme trauma or adversity or are not receiving necessary caregiver support. Poverty, illness, conflict, neglect and abuse can all affect a child's psychosocial wellbeing. As a result of HIV and AIDS, children may experience multiple traumas such as the illness and death of parents, violence and exploitation, stigma and discrimination, isolation and loneliness, and lack of adult support and guidance (Zewudineh, 2008).

Families and communities are best placed to provide psychosocial support to children. Interventions should work through families to keep children in supportive and caring environments and to strengthen families' abilities to meet a range of children's needs. Psychosocial support should not be a stand-alone activity but part of comprehensive, integrated programming(IJSA, 2014)

Effective psychosocial support builds on community resources and links families with existing systems of community support such as early childhood development programs, school programs, kids clubs, and safe spaces for girls, peer support groups and health services. Psychosocial support can also be integrated into existing programs for nutrition, HIV prevention, PMTCT, and care and treatment. Participation in parent education groups, community caregiver and family support groups, peer and social support activities and mentorship programs can help children, youth and families to strengthen coping mechanisms and build resilience.

While most children are fairly resilient, when faced with extreme adversity and trauma, they and their families need extra support. Extreme, prolonged 'toxic stress' may lead to anxiety or depression and can have long-term, harmful effects on a child's health and development. In cases of extreme stress or adversity, children and families may benefit from family outreach programs such as home visits that provide counseling services(Neswiswa, 2013).

2.2.3 Definition of OVC and Vulnerable Children

2.2.3.1 Orphan child

The term “orphan” is derived from Greek and Latin meaning, “a child bereaved by the death of one or both parents”(Shelly& Powell 2003). “Orphan” is a socially constructed concept that varies among cultures and countries. Community definitions of the orphan child differ from the definitions used by the government and external agencies (Skinner, et al., 2006). Some refer orphans to children who have lost one parent and others reserve the definition to those who have lost both. In Ethiopia, it is commonly understood and legally defined that an orphan is defined as a child who is less than 18 years old and who has lost one or both parents, regardless of the cause of the loss (SG,2010). The main variables are age of the orphan and parental loss. Some define children up to 15 or up to 18 years. In the case of parental loss, some does not consider the loss of one parent; they only consider the loss of both parents (Smart, 2003). All definitions have in common the passing away of one or both parents while the notion of what constitutes the child as an ‘orphan’ varies widely in its local application (Giese et al. in Meintjes et al., 2003). Parentless children are a particular vulnerable population (Foster et al., 1997, UNICEF, 1999). Defining double orphan is complicated by the fact that some children have parents whose where-about status is unknown, or one parent is deceased and the other parent’s vital status is unknown to the family, which is taking care of the child (Guarcello et al., 2004). The question of vital status of the parents can cause also a child to be most vulnerable than the child who lost both parents, because parents with unknown vital status, even if they are alive, do not take part in the care, support and protection of their children. Here lies the dilemma of who is an orphan and who is not.

2.2.3.2 Vulnerable Child

Vulnerability definition differs from country to county or from one framework to another. According to UNAIDS (2004) definition, a vulnerable child is a child who is under the age of 18 and has lost one or both parents or, has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or lives in a household where the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died, or iv) lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months, lives outside of the family care, lives in an institution or on the street (UNICEF & UNAIDS,

2004) In Ethiopia, for instance, according to the country's National guideline definition, vulnerable children are a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights. In South Africa, according to the working definition for Rapid Appraisal, a vulnerable child is a child orphaned, abandoned, or displaced; a child under the age of 15 who has lost his/her mother (or primary caregiver) or who will lose his/her mother within a relatively short period (Smart, 2003). In Namibia, a vulnerable child is a child under 18 years old who needs care and protection (National policy on Orphans and Vulnerable Children, 2004). This definition of vulnerability could describe all children in Namibia since all children need care and protection but every program or project is targeting its intervention at a unique set of children. For instance for the purpose of monitoring and evaluation, the definition was developed based on the circumstances that are not expected to change over time in most cases and described as follow(Neswiswa, 2013). A child living with a chronically caregiver ill caregiver, defined who is too ill to carry out daily chores during 3 of the last 12 months, a child living with a caregiver with a disability who is not able to complete household chores, a child of school- going age who is unable to attend a regular school due to disability, a child living in the household headed by an elderly caregiver (60 years or older, with no adult caregiver in the household between 18 and 59 years of age) a child living in a poor household, defined as a house that spend over 60% of total household income on food, a child living in a child –headed household (meaning a household headed by a child under the age of 18, a child who has experienced a death of an adult caregiver (18-59 years) in the household during the last 12 months;

The concept of vulnerability is not only restricted to individuals, such as children, but is often used to refer to households as well (Smart, 2003). Therefore there is no universal definition on vulnerability;

2.2.4. Major psychological problems and manifestations of orphan

Most of the psychological impacts are often not visible, they take different forms, and they may not arise until months after the traumatic event. The death of a parent leaves children in a state of trauma. Orphans may become withdrawn and passive or develop sadness, anger, fear, and antisocial behavior's and become violent or depressed (World Bank, 2004).

According to Furman, “no other event is comparable in psychological significance because the death of a parent deprives children of so much opportunity to love and be loved and confronts Orphans may experience additional trauma from lack of nurturance, guidance, and a sense of attachment, which may impede their socialization process (through damaged self-confidence, social competencies, motivation, and so forth). Children often find it difficult to express their fear, grievance, and anger effectively. In addition, when willing to express their feelings, they may find it difficult to find a sensitive time (UNAIDS, 2001).

Many orphaned children continue to experience emotional problems and little is being done in this area of emotional support. There are several reasons. First, there is a lack of adequate information on the nature and magnitude of the problem; secondly, there is a cultural belief that children do not have emotional problems and therefore there is a lack of attention from adults. Thirdly, since psychological problems are not always obvious, many adults in charge of orphans are not able to identify them. However, even where the problem may have been identified, there is a lack of knowledge of how to handle it appropriately. In many cases children are punished for showing their negative emotions, thereby adding to their pain. In schools, there is an obvious lack of appropriate training of teachers in identifying psychological and social problems and therefore offering individual or group attention (Sengendo and Nambi, 1997).

Like adults, children are grieved by the loss of their parents. However, unlike adults children often do not feel the full impact of the loss simply because they may not immediately understand the finality of death. This prevents them from going through the grieving process which is necessary to recover from the loss (Brodzinsky, Gormly and Ambron, 1986). Children therefore are at risk of growing up with unresolved negative emotions which are often expressed with anger and depression. Adults may also experience negative emotions in times of bereavement, but, unlike children, adults have the intellectual ability, life experience and emotional support that enable them to control their anger and depression (Sengendo and Nambi, 1997).

Death of parents introduces a major change in the life of a vulnerable child. This change may involve moving from a middle or upper-class, urban and rural home. It may involve separation from siblings, which is often done arbitrarily when orphaned children are divided among relatives without due considerations of their needs. It may mean the end of a child’s opportunity for education because of lack of school fees. Those children who choose not to move or who

may not have any other relative to go to may be forced to live on their own, constituting child-headed families. All these changes can easily affect not only the physical, but also the psychological well-being of orphan's child(Neswiswa, 2013).

2.2.5. How should psychosocial support be delivered?

Families and communities are best placed to provide psychosocial support to children. Interventions should work through families to keep children in supportive and caring environments and to strengthen family's abilities to meet a range of children's needs. Psychosocial support should not be a stand-alone activity but part of comprehensive, integrated programming.

Effective psychosocial support builds on community resources and links families with existing systems of community support such as early childhood development programs, school programs, kids clubs, safe spaces for girls, peer support groups and health services. Psychosocial support can also be integrated into existing programs for nutrition, HIV prevention, PMTCT, and care and treatment. Participation in parent education groups, community caregiver and family support groups, peer and social support activities and mentorship programs can help children, youth and families to strengthen coping mechanisms and build resilience(Neswiswa, 2013).

While most children are fairly resilient, when faced with extreme adversity and trauma, they and their families need extra support. Extreme, prolonged 'toxic stress' may lead to anxiety or depression and can have long-term, harmful effects on a child's health and development. In cases of extreme stress or adversity, children and families may benefit from family outreach programs such as home visits that provide counseling services such as communications, decision making, negotiation skills etc. Moreover, they often show lack of hope for futures and have low self-esteem (Kedija, 2006)

Majority of orphans are living with surviving parents or extended family, many of them are being cared for by a remaining parent who is sick or dying, elderly grandparents who themselves are often in need of care and support, or impoverished relatives struggling to meet the needs of their own children. Increasing numbers of children are living in child-headed households, with minimal or no adult supervision or support (Smart, 2003).

Orphans are at increased risk of losing opportunities for school, healthcare, growth, development, nutrition, and shelter. Moreover, with the death of a parent, children experience profound loss, grief, anxiety, fear, and hopelessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem, learning disabilities, and disturbed social behavior. This is frequently compounded by "self-stigma" children blaming themselves for their parents' illness and death and for the family's misfortune (Smart, 2003).

2.2.6. Psychosocial support strategies

In order to improve the well-being of vulnerable children, different psychosocial support techniques and approaches are available (STOP AIDS NOW, 2011). Such strategies are as follows:

2.2.6.1. Strategy 1: Community mobilization

This is about promoting community ownership and full involvement in the child care support program cycle. Activities include social mobilization meetings with community leaders and parents to sensitize them about child care and to get their support.

2.2.6.2. Strategy 2: Capacity building

Capacity building of families and communities is important, since they are the primary caregivers and they can be regarded as the first line of response to the needs of children.

2.2.6.3. Strategy 3: Life skills educational programs

This is a strategy to provide children with necessary skills for peer support and for seeking support from caregivers and other adults. The activities that one can use to engage children and help develop life skills include the use of the house metaphor, role-playing and brainstorming.

2.2.6.4. Strategy 4: Information, education and communication

Materials, including posters and flyers, can be used to promote the psychosocial wellbeing of vulnerable children. Other programs include video shows, television and radio programs and peer education sessions.

2.2.6.5. Strategy 5: Creating safe spaces

Safe places are areas where children can share experiences, feelings and thoughts about the challenges of life and how to address them. Safe spaces are important as it build children's capacities and promote positive living and behavior change.

2.2.6.6. Strategy 6: Counseling

Counseling facilitates behavior change and improves the child's self-image and self-esteem. Where necessary individual counseling and ground therapy is provided to parents or guardians of the children concerned.

2.2.6.7. Strategy 7: Memory approaches

Memory work includes tools which enables service providers to assist families and children to talk about present difficulties, cope with illness, death grief and plan for the future. The emphasis of memory box is to help children to share and make sense of their sad stories of the past, to draw strength from these experiences and develop coping mechanisms.

2.2.6.8. Strategy 8: Resilience building

Resilience is the ability to successfully cope with change or misfortune. Resilient children are able to regain their balance and keep going even in challenging circumstances. Resilient children show characteristics such as social competency, confidence, the ability to adapt to change and they have realistic goals and expectations about the future.

2.2.6.9. Strategy 9: Coordination of psychosocial support services

Coordination of psychosocial support services for vulnerable children is important as it promotes the harmonization of services and efforts, linkages and referrals, and information-sharing. This is important for all stakeholders who are rendering psychosocial support to OVC.

2.2.6.10. Strategy 10: Mainstreaming psychosocial care and support through child participation

All psychosocial support providers should ensure that services, programs and policies designed for vulnerable children and communities respond holistically to the needs and rights of children

and communities. The focus should be on making sure that children and communities remain at the forefront in terms of participation, especially regarding issues relevant to their lives.

2.2.7. Types of services rendered to OVC

According to (PEPFAR 2006:7-9) a multi-sectorial approach is needed to address the needs of OVC and core interventions (services) should focus on the following areas:

2.2.7.1. Food and nutritional support

All people need to consume adequate quantities of food of sufficient quality for their health and wellbeing (Gosling & Edwards 2006). OVC are often challenged with regard to food security, due to the loss of their parents and sometimes lack of support from the families. Services that are rendered to OVC should ensure that individuals and households are able to get sufficient and appropriate food to meet their short- and long-term nutritional needs (Sabates-Wheeler & Pelham 2006). Food and nutrition are important components of OVC support and more sustainable solutions to deal with food insecurity should be identified (PEPFAR 2006). Provision of food and nutritional support helps OVC and their households to maintain their health and wellbeing.

2.2.7.2. Shelter and care

The international federation reference center for psychosocial support (2009) states that having no place to live and relocating to another temporary place often results in a complete breakdown of one's social network. Most children are left destitute as a result of losing their parents, which leaves them vulnerable to abuse and could lead to stunted development (PEPFAR 2006). Services to support OVC should therefore ensure that they have proper shelter and that they are protected from harm physically or otherwise. Regarding shelter and care, (Dawes, Van der Merwe and Brandt 2004) advocate that efforts should be made to ensure that children remain within their communities of origin rather than being placed in institutional care, which has detrimental effects on the development of OVC.

2.2.7.3. Protection

Child protection is very important in all communities. Children who are made vulnerable due to the impact of HIV/AIDS are often exposed to abuse; exploitation and violence and they, therefore, need to be protected from such (PEPFAR 2012). The DSD (2010) notes that the protection of children from all forms of violence and abuse by their families and communities

would be crucial. OVC services should empower OVC, their careers and community members so that they are able to respond immediately to circumstances and conditions that result in the violation of the rights of children (Sabates-Wheeler & Pelham 2006). The provision of legal assistance and shelter is also included in protection services.

Gosling and Edwards (2006) say that the situation with regard to child protection can be examined by looking at children's access to basic entitlements, which leads to the prevention of the risks to child development, sexual exploitation, malnutrition, recruitment into armed forces, risks of abduction or trafficking

2.2.7.4. Education

All children have the right to education. Schools serve as important resource centers to meet the broader needs of OVC and communities (PEPFAR 2006). In addition to this, PEPFAR says that schools also provide children with a safe, structured environment, emotional support, supervision by adults and an opportunity to learn and develop social networks. In other words, children who remain in schools are less vulnerable to social issues than those who do not. Sabates-Wheeler and Pelham (2006) state that one of the challenges in terms of education is the issue of retaining OVC, particularly girl children, in schools due to the many challenges they face.

2.2.7.5. Economic strengthening

OVC are frequently faced with issues that require financial provision. Linking OVC and their families with programs that provide economic opportunities or income generating projects is important because it helps them to provide for themselves and allows them to be financially independent. Support services include helping vulnerable children and their households to generate enough income or resources to meet their basic needs. Such needs include, among others, shelter, health, nutrition and schooling costs. They should be empowered to continue to provide for themselves in the future as well (PEPFAR 2006).

2.2.7.6. Health care

According to Ladas (2014) health behaviors are highly complex and embedded in larger psychosocial, environmental and economic context. OVC therefore fail to reach health services, because they cannot afford the fees or often have to travel long distances to access health

facilities (Sabates-Wheeler & Pelham 2006). PEPFAR (2006) advocates that OVC programs must take active measures to fulfill the health needs of children at every age level. PEPFAR (2012) indicates that support should, therefore, aim to improve children's and families' access to health and nutritional services, which can be done through the following: a child-focused family-centered approach to health and nutrition through early childhood development centers and school-based programs, effective integration with existing planned child-focused community and home-based activities; and reducing access barriers to health services through social protection schemes.

2.2.7.7. Psychosocial support

Psychosocial support is understood as the ability for OVC and their careers to provide positive and meaningful psychological and social support to their families and the society in which they live (Sabates-Wheeler & Pelham 2006). Psychosocial support services are as important as physical health, particularly for children, since they are in the process of development (Gosling & Edwards 2006). PEPFAR (2012) intends for their interventions to priorities psychosocial interventions that build on existing resources and maintain children in stable and affectionate environments through the following initiatives: parents and family support programs, peer and social group interventions, mentorship programs and community caregiver support

According to Gumede (2009), citing Gilborn et al (2006), psychosocial support services can be rendered in two categories, namely: directly and specifically (for example, through interpersonal moral support, counseling, spiritual support or the creation of, for instance, memory books) or Indirectly (for example, through school and nutritional support).

2.2.8. OVC Service Effectiveness

The word "effective" means "producing a desired or intended result" (Oxford English Dictionary, 2006). Effectiveness, therefore, is the extent to which desired or intended results are produced or achieved. Service evaluation falls within the context of implementation evaluation. Qvretveit (2005) defines implementation evaluation as an evaluation which evaluates how well or the extent to which a treatment, service or policy was implemented. According to USAID (2010), it is important to assess the extent to which the needs of children are being met through services rendered. PEPFAR (2006) notes that effective services must result in a reduction in

vulnerability and an improvement in the wellbeing of OVC, regardless of the level or type of intervention. In order to evaluate improved well-being and to ensure effective, quality OVC programs, there is also a need to conduct monitoring and evaluation.

Martin, Mathambo and Richter (2011) state that although measuring the extent to which OVC support result has been realized is crucial, there are also challenges because measuring effectiveness is difficult due to the following factors like less awareness of rules and regulations lack of human power, weak institutional capacity, lack of a baseline data in relation to OVC, lack of clarity about who qualifies as an OVC and lack of information about how many OVC are receiving care and support and where they were located.

According to Martin, Mathambo and Richter (2011), training provided on succession planning and psychosocial support has ensured effective widespread dissemination of knowledge and information about the essential matters regarding the material and emotional wellbeing of OVC. The development of training modules and guidelines for future use in the design and implementation of projects has also proven more effective in improving the coverage of home- and community-based care.

2.2.9. Guiding principles for the implementation of OVC services

According to PEPFAR (2006) OVC programs should ensure that the services they render meet the following principles:

2.2.9.1. Focus on the best interests of the child and his or her family

Care must be taken to ensure that services to and materials provided for OVC do not generate conflict in their social groups and families, but bring unity and reduce social marginalization and stigmatization. Decisions that need to be taken about the life of a child should therefore focus on the best interest of the child and the family as well as their rights (DSD 2010). Each child's views reflect their reality and this must be weighed against the best interest of the child when any decisions are taken (*ARC*, 2009). The best interest of the child, therefore, becomes fundamental.

2.2.9.2. Priorities family or household care

Families are the first line of support and defense for children. They carry critical strength, even in the most resource-deprived settings. Support services should enable vulnerable children to remain in a loving family situation where they can maintain stability, care, predictability and protection rather than being placed in institutional care. “Previous studies have demonstrated that parental loss and orphanage placement can be stressful and can negatively affect the psychological well-being of children” (Yendork&Somhlaba, 2014). DSD (2010) agrees that the best form of care for children is with their families and communities; hence children should remain with their families and within known cultural context. Programs should also take into consideration the needs of other children or siblings in the household and not only single out a specific child. The focus should, therefore, be on empowering families to care for their children rather than other people caring for them.

2.2.9.3. Bolster families and communities

Families have important roles to play in raising children. Support services should seek to strengthen the capacities of families and communities to make informed decisions regarding who needs what care and how best to provide this care. According to Woodman, Gilbert, Glaser, Allister& Brandon (2014) Service providers should use their contact with families to respond to vulnerable and maltreated children. Community ownership is central in ensuring that members of the community participate in programs that concern children within their communities (PEPFAR 2012).

2.2.9.4. Nurture meaningful participation of children

The more people actively participate in decisions and activities that are important to them, the more likely it is that they will develop greater self-confidence and self-esteem (REPSSI, 2009). Often children are never consulted when decisions are made by families about them and their future. This leaves them feeling isolated. Children, however, have the right to participate in issues concerning their lives. Therefore, support services and intervention should encourage the participation of children and their families. Such participation should be encouraged in a way that is appropriate to the age of a child (DSD, 2010). Children should be encouraged to have an active role in the design and implementation of programs (*ARC,* 2009).

2.2.9.5. Promote action on gender disparities

Promoting action on gender disparities takes into account the situation, dynamics and needs of each member of the community – women, men, girls and boys – in order to better achieve the program objectives (*ARC,* 2009). Careful attention should be given to ensure that the different needs of boys and girls are identified and addressed appropriately, according to their developmental stage. Children should accept themselves for who they are and respect each other's differences.

2.2.9.6. Respond to country context

Activities rendered should be contextually relevant and responsive to the issues affecting the country or area where the OVC reside. OVC interventions should thus be linked with other relevant services that jointly aim to develop the communities and the country as a whole.

2.2.9.7. strengthen networks and systems

Services should strengthen social networks and system creating a good environment for proper referrals and multidisciplinary coordination. Interventions should focus on creating integrated programming for psychosocial support mainstreamed into all services and levels of a child's life (DSD, 2010).

2.2.9.8. Link HIV/AIDS prevention, treatment and care programs

Services rendered to OVC should not be isolated from HIV/AIDS comprehensive care and support. OVC who are living with HIV/AIDS should easily access comprehensive care and support services regarding HIV/AIDS. This helps to better manage their challenges.

2.2.9.9. Support capacity of host-country structures

Intervention services rendered should be done within the context of supporting and strengthening existing structures such as non-governmental organizations (NGOs) and faith-based organizations (FBOs) within the country and create coordination of services.

2.2.9. 10. Strengthen networks and systems.

Networks and systems such as education and health within communities offer opportunities for referral mechanism and case management therefore needs to be strengthened in order to deliver comprehensive support to children.

2.2.10. NGOs as change agents

NGOs play very crucial role in social development of OVC as they act as change agents. Rogers (2003: 32) defines a change agent, as "an individual or group who influences clients' innovations in a direction deemed desirable by a change agency". He presents two major problems that change agents' face which are their social marginality, due to their position midway between a change agency and their client system. Secondly, information overload, which is the state of an individual or a system in which excessive communication inputs cannot be processed and used, leading to breakdown. He therefore presents seven roles of the change agent which are, first, to develop a need for change on the part of clients, second, to establish an information-exchange relationship, third, to diagnose problems, fourth, to create an intent to change in the client, fifth, to translate intentions into action, sixth to stabilize adoption and prevent discontinuance, and seventh to achieve a terminal relationship with clients. Findings of Hashim (2008) revealed that the activities of NGOs worldwide have been contributing immensely in enhancing betterment of socio-economic conditions of communities as a response to the conditions of orphans and vulnerable children.

2.2.11. Challenges around rendering services to OVC

OVC experience many challenges due to their vulnerability to social issues. This has an impact on the way services to OVC are rendered. Sabates-Wheeler and Pelham (2006) note some challenges that can affect OVC such as fragmented households, increased number of girls involved in commercial sex, increased number of child-headed families and early pregnancies. Chernet (2001) discusses the general challenges that are associated with OVC support. Such challenges include inadequate support programs designed for the children, shortage of trained personnel and inadequate skills training lack of long-term strategic planning, insufficient funds allocated to OVC programs and poor structural arrangement, evaluations, monitoring and data tracking systems.

These challenges further lead to OVC in developing a sense of loneliness, hopelessness, dependency on adults for all their needs, low self-esteem, and lack of participation in issues affecting their lives. Other challenges includes lack of adequate documentation, false information provided, staff members advising children to claim to be orphans and children with physical and mental problems unable to give proper information (Chernet 2001).

2.2.12. What can be done to improve service delivery to OVC?

According to DSD (2010: 30) much of psychosocial work is difficult to measure, hence there is a need for such services to be creatively conceptualized so that they can be easily measured. More information is needed on intended program outcomes in order to track down the progress. There is also a need to continue to develop the evidence base for OVC program implementation and to conduct program monitoring to determine how well a service is carried out (Larson 2010).

Programs should provide children with support that is appropriate for their age and situation(Neswiswa, 2013). Such programs should also offer emotional and psychosocial support for staff who is working with OVC to prevent burnout. Van Dyk (2008:420) also agrees that occupational burnout and its consequences, such as lack of capacity to give compassionate care, must be prevented at all costs. This helps to ensure there is smooth rendering of services to OVC by staff members or caregivers.

There is also a need to improve the quality of OVC monitoring and evaluation systems. Strong monitoring and evaluation systems are important foundations to improve the effectiveness of OVC programs. Well-designed program evaluations are necessary to confirm whether OVC programs are achieving the desired results and that those results can be linked with the interventions or services rendered to OVC (PEPFAR 2012). More systematic monitoring systems should be set to ensure that OVC's needs are indeed being met (DSD 2010). This will also assist program managers to identify areas where they need to concentrate their efforts to ensure that OVC's psychosocial needs are met. Without systematic monitoring systems, it would be difficult therefore to ensure effectiveness of the services rendered.

OVC partners should also strengthen information management and accountability mechanisms. Improving data collection systems, analysis and dissemination will contribute to improvements in other key areas such as in government, civil society organizations and within the community.

According to Van Dyk (2008) psychosocial support should preferably be provided by the child's own community. This helps to improve services rendered to OVC. This is because children are able to identify with the cultural systems and values of the community within which they were born and raised. Communities, together with government, could also establish resources in the community where children can access and receive support. Such resources include: community based caregivers, the development of life skills programs and extracurricular activities in schools, youth camps where the child's development is aided through experiential learning programs, youth clubs offering day programs and out of school activities, church youth groups that nurture spiritual growth, vocational training projects to equip children with vocational skills, self-help projects designed to provide income generating opportunities for young people

2.3 Empirical literature

2.3.1. Overview of care for OVC in Ethiopia

In Ethiopia, as in most traditional societies, there was a strong culture of caring for orphans, the elderly, the sick, and disabled and other needy members of the society in the past. Most of these care and protections were being carried out by the nuclear and extended family members, communities and religious organizations (Tsegaye, 2001; Radeny& Bunkers, 2009). Ethiopian government has formulated polices and guidelines that specify the standards of the services provided to OVC, the roles and responsibilities of stakeholders participate in giving services and supports for these children. The main policies, plan of actions and guidelines available in Ethiopia regarding OVC are: Child right Convention adopted by Ethiopian government, Developmental Social Welfare Policy, National Plan of Action for Children, National OVC Plan of Action and Guideline on Alternative Child Care program. These policies, plan of actions and guidelines are meant to create conducive and supportive environment for proper growth and development of the OVC. To this end, the policies, the strategies and the guidelines have paid attention to the need for psychosocial support, education and vocational training, health support, shelter, economic strengthening, social protection of the children (Save the Children UK, 2009).

There is no national wide comprehensive study conducted in Ethiopia recently regarding the situation of orphans and vulnerable children as well as community responses to the needs of the children. According to the information from baseline surveys, orphans and vulnerable children are in difficult circumstances that call for the attention of all concerned bodies. For instance, the

situational analysis of orphans and vulnerable children report in Tigray Region by Star Foundation (2011) indicated that OVCs lack basic necessities, educational fees and school materials support, parental supervision, emotional care and supports as consequences of which they have become exposed to various types of abuses and exploitations.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This study was mainly concerned with assessing the impact of NGOs support to orphans and vulnerable children (OVC) in terms of psychosocial wellbeing in Bishoftu town.The main

purpose of this chapter is to give a detailed description and explanation of the research design and method, target population, research instrument and data collection procedures. The research design type employed was descriptive research type. It attempted to describe and assess NGOs support to orphans and vulnerable children (OVC) in terms of psychosocial wellbeing in Bishoftu town.

3.2. Description of the Study Area

The study will be conducted in Bishoftu town. Bishoftu is located 47 km to the south of Addis Ababa. It is approximately located between 7012′ to 9014′ North latitude and 38032′to 39032′East longitudes. According to Bishoftu city office of Finance and Economic Development 2015 population progression based on CSA (2007) population report, the city covers the population of 181413 (85265 male and 96148 female) with an area of 15273 hectares. The city has different land uses with recreational, manufacturing and urban agriculture being thedominant ones. It also has an attractive residential area.As bases of military center for three regimes the numbers of children under 18 years of age who have lost one or both parents due to different reasons including HIV/AIDS and epidemic is fund to be high. During this study there were more than 10,000 (ten thousand) registered OVCs in the town.

3.3. Research Approach

The research approach adopted was mixed method approach which is qualitative and quantitative method. The quantitative method helped to articulate data collected from the field, numerical representation and manipulation of observations helped for the purpose of describing and explaining the phenomena that study observations reflect and provided insight into the impact of services provided by NGOs. The qualitative method helped to understand a phenomenon from

the perspective of the research participant and understands the meanings people give to their experience. It permitted the researcher to get information for a better understanding of the issues.

3.4 Research Method

To assess the impact of NGOs support to orphans and vulnerable children (OVC) in terms of psychosocial wellbeing the study used evaluative research design to provide useful feedback to a variety of audiences including sponsors, donors, client-groups, administrators, staff, and other relevant constituencies of the support. On the bases of the stated objectives helps to examine the delivery of psychosocial support, the quality of its implementation, and the assessment of the organizational context, personnel, procedures, inputs, and so on. It helps to examine the effects or outcomes of the psychosocial support. It helps to summarize describing what happens in the delivery of the services.

3.5 Sample Design

This section described the research techniques, sample design, population of interest, the sampling frame, methods used for selecting the sample and the sample size.

A. Population

The total population of the study area includes sixteen NGOs, five GOV institutions coordinating NGO and OVC care and support services and 10797 registered OVCs in Bishoftu city.

B. Sampling Unit and Sampling Techniques

The sampling units of the study were purposely selected NGOs engaged in psychosocial support of OVCs, institutions involved in coordinating OVC support and OVCs supported by NGOs in Bishoftu city.

In the study non-probability sampling techniques was used, the research mainly used purposive and snowballing sampling techniques.Purposive sampling was used in this research for targeting the NGOs engaged in psychosocial support of OVCs for a long period of time. Because the technique helps to ensure that key NGOs that are relevant to the subject matter are covered and, to ensure that, some diversity is included so that the impact of the characteristic concerned can

be explored. It is also found to be cheap in relation to the financial constraint of the research, the method does not need a lot of time in selecting respondents and data collection is done at the convenience of the researcher. Snowball sampling was used in this research because the researcher cannot get organized information on the address of OVCs from the NGOs or public institutions. Using snowball sampling was found to be a solution to locate OVCs found in a distance places from each other and to reach some OVCs affectedby psychosocial problems.Therefore to create a snowball sample, the researcher identified nine volunteers from the nine Keble's of the town; each volunteer brought nine units using these units found further units and so on until the desired sample size was met.

C. Sample Size

To find the sample size from the total population of the representative OVCs, which was 10797, the formula which was based on precession rate and confidence level was applied.

To determine sample size if population size is greater than 10,000 (i.e. N>10,000

$n=z^2pq/d^2$

where as, N=population

n=desired sample size

z=standard normal deviation at the required confidence of level

p=estimate characteristics of target population

q= 1-p

d= level of statistical significance set

Assume that 93 percent confidence level and 7 percent marginal error

z= 1.81 from table of confidence level

p=0.5

q=1-p

d=0.07

$= (1.81)^2(0.5)\ (0.5)/\ (0.07)^2 = 167$

Concerning the number of NGOs to be assessed the researcher used the rule of thumb of not less than 10% with the justification support from Van Dalen (1979)'s assertion that, in descriptive research, anything from 10% to 20% of the population in question is representative enough to warrant generalization of results. Therefore out of 16 NGOs in Bishoftu city who are engaged in psychosocial support of OVCs the researcher included 20% of the sample which is about 3

NGOs. With similar procedure 3 government institutions working with NGO and OVC were included in the research.

Table 3.1 below shows the sample size as drawn from each population category.

Population	Sample frame	Purposive selected	snowball sampling	Total Sample size
NGOs	3	3		3
OVCs	167		167	167
GOV institutions involved on OVC services	3	3		3
Total	173	6	167	173

3.6 Data Gathering Instruments

To carry out this study, the researcher employed survey techniques, a survey is a technique where questions are measures of variables and all respondents answer the same questions (Neuman 2012). The survey technique employed was questionnaires, interviews, focus group discussions and personal observation.

Semi structured questionnaires were administered in which respondents were only requested to give their general opinions and views about the subject matter. For the field work, highly experienced data collectors were recruited from nine kebeles of Bishoftu town, and received a half day training session on the use of the instruments to ensure quality of data collection. Each data collector was assigned a Volunteer from each kebele to facilitate the snowballing of OVCs. Field work lasted for 3 days from the 12th of November until the 14th of November 2015.

Focus group discussion was used to discuss with volunteers, caregivers of OVC and CCs on the quality of services received, care challenges, coping strategies, and recommendations for improved services.

The key informant interview guide was administered to NGOs officers and government institution officers to understand concepts, knowledge, attitudes and practices regarding orphans and vulnerable children.

To validate the findings of the study the researcher provided deviant cases back to participants, through focus groups and interviews and assessed from their perspective.

3.7. Pilot study

The researcher piloted the questionnaire on five OVCs from the same population, but excluded them from the sample of the actual study. The participants were chosen by volunteers used in the main study. The participants were requested to answer the questions and later they were asked to give feedback on their experiences of answering the questionnaire. Their inputs were used to make the necessary adjustments to the instrument used for the actual study.

3.8. Sources of Data

To help the assessment of NGOs support to orphans and vulnerable children (OVC) in terms of psychosocial wellbeing in Bishoftu town the types of data used were quantitative data like percentage and ratios and more of qualitative data from both primary and secondary sources.

3.8.1 Primary Data Sources

The primary sources of data were obtained from the determined 167 OVCs, 3 government institutions and 3 NGOs by interviewing, focus group discussion and questionnaires. Primary data concerning the improvements of the living standards of OVCs was collected using field observations.

3.8.2 Secondary Data Sources

These are sources that have already been collected for other purposes but relevant input to the research (Saunders 2007:199). It includes materials, Reports on OVCs recruitment, support given to OVCs, skills given to OVCs and strategies in place for integration of these OVCs into mainstream society. The advantages of using secondary data include the fact that the researcher may have fewer resource requirements in this particular research and is assured of enormous savings in terms of time and money

3.9 Data Analysis and Interpretation

Descriptive statistical method of data analysis was used to analyze the information gathered both from primarly and secondary sources. The quantitative data weresummarized using statistical tools like ratio and percentage. The data analysis was processed using excel. Deductive analysis was also used by the researcher in making qualitative analysis where figures were not relevant to use since the research also contain qualitative information. The technique allowed the researcher to think analytically basing on the qualitative responses given by respondents. The collected data were analyzed according to the study objectives.

The qualitative data were presented using narrative descriptions while the quantitative data were presented using tables and figures.

3. 10. Ethical Considerations

Participation of respondents was strictly on voluntary basis. Participants were fully informed as to the purpose of the study and consented verbally. Measures were taken to ensure the respect, dignity and freedom of each individual participating and to assure confidentiality in the study. Participants were informed that the information they provide would be kept confidential and would not be disclosed to anyone.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 INTRODUCTION

As is mentioned in the preceding chapters the study was concerned specifically on assessment of psychosocial supports rendered by NGO's to Orphan and Vulnerable Children in Bishoftu Town. In this chapter an effort is made to present and analyze primary and secondary data collected from the field. Data presentation and analysis was carried out by using different tools like tables, graphs and narratives. The chapter has the response rate of respondents, demographic data, findings in which the major outputs of the field work the view of the respondents only is presented. Discussion and interpretation of the study is made in this chapterin which major study result on assessment of psychosocial services rendered by NGO's to orphan and vulnerable Children in Bishoftu town is presented.

4.2 Response Rate

Table 4-1: Sample and Response rates of surveyed respondents

Description	Plan	Accomplished (No)	Rate of return (%)
OVCs supported by NGOs	167	167	100
NGOs working on ps.	3	3	100
GOV institutions coordinating NGO services	3	3	100
Total	**173**	**173**	**100**

The researcher distributed 167 questionnaires to OVCs supported by NGOs through enumerators, three NGOs working on psychosocial support of OVCs and three GOV institutions working on coordinating OVC supports. The sample size of OVCs among the three NGOs were computed based on the amount they support. Therefore 100 samples were taken from Ratson women youth and children development program, 37 from Jerusalem Children and Community Development Organization (JeCCDO) and 30 from El-derash children, Family and community development organization (ECFCDO). The enumerators were trained on how to conduct questionnaires and how to follow the research techniques. A total of 173 questionnaires, focus

group discussion and interviews were put into action by the study. Moreover, the researcher collected the necessary data through the researcher's personal observations.As could be seen on table 4.1 above all distributed questionnaires were returned for analysis.

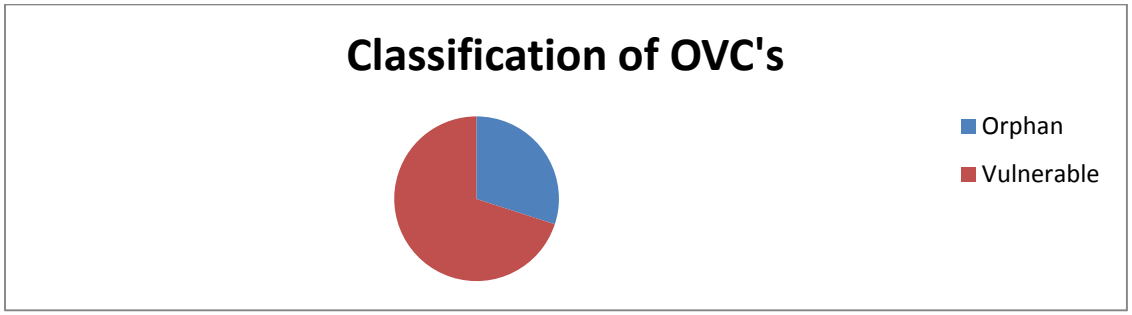
4:3 Demographic Data

Table 4.2 Demographic and psychosocial characteristics of sample Respondents.

Description	No. of Respondents	%
Age		
7-10	50	30
10-15	100	60
>15	17	10
Sex		
Male	67	40
Female	100	60
Level of Education		
1-4	50	30
5-8	83	50
>9	34	20
Missed Parents (50)		
Father	25	50
Mother	10	20
Both	15	30
Parents situation		
Alive	117	70
Not Alive	50	30
With whom do youlive		
Father	33	20
Mother	50	30
Relatives	34	20
Non relatives	50	30
Get counseling and guidance		
Yes	150	90
No	17	10
Someone to depend on		
Yes	150	90
No	17	10
Comfort from someone to Depend on		
Not at all	50	30
Sometimes	17	10
Often	100	60
Very often	0	
Communication Level		
Sometimes	17	10
Often	34	20
Very often	116	70

As depicted on the table 4.2 above 60% of the respondents were female, 40% were male. Age of the respondents indicated that 30% are from 7 to10 years 60% 10 to15 years and 10% are greater than15 years. The educational level of the respondents indicated 30 %s of them were 1 to 4 grade, 50% of the respondents were 5 to 8th grade, 20% of the respondents were greater or equal to 9th grade.

Figure 4.1: Classification of OVC's



The family situation of the respondents indicated 70% of the respondent's family were alive while 30% of the families were not aliveout of those who have lost their parents 50% have lost their fathers 20% have lost their mother and 30% have lost both of their parents. As could be observed from the above data 70% of the respondents were vulnerable children while 30% were orphans.

At the moment 20% of the respondents were living with their father, 30% with their mother, 20% with their relatives and 20% with non-relatives. In the study 90% of the respondents showed that they received guidance and counseling services. The study showed 90% of them have someone to depend on and 60% of them often get comfort from someone they depend. The communication level of 70% the respondents to the one they depend on was found to be very often.This shows law interaction between caregivers and the children.

4.4. Findings

This part of the study shows the major outputs of the field work,the view of the respondents only. Discussion and interpretation of the study is made on the section 4.5of this chapter.

4.4.1. Components of psychosocial support provided

The respondents were asked to mention the NGOs who are rendering psychosocial supports to them. This question was important to trace which specific NGO considered under study is supporting them.Accordingly three NGOs were mentioned:

1. Ratson Women Youth and Children Development program

Ratson Women, Youth, and Children Development Program is implementing YekokebBerhan/Pact project for highly Vulnerable Children (HVC) in two towns that areDukem, and Bishoftu.This organization is addressing the need of 11,397 HVC through YekokebBerhan project.

The Main objective of the project is to contribute for the minimization of the social and economic impact of HIV/AIDS on highly vulnerable children (HVC). Through addressing HVC and their guardians needs in the eight core service areas as per the government standard basic coordination

guideline namely, food and nutrition, shelter and care, health care, education, psychosocial support, legal protection, economic strengthening support, and Coordination of care.

2. Jerusalem Children and Community Development Organization (JeCCDO)

At present, JeCCDO implements integrated community based childcare and community development programs through its community development program offices (CDPOs). On top of program implementation, the organization provides sub- grants to community based organization (CBOs) operating in different parts of the country .These CBOs share the mission of JeCCDO and contribute towards addressing the needs and problems of children .JECCDO focuses on the following sets of programmatic engagement; (i) Access to basic services (ABS); (ii) capacity development (CD); (iii) climate change Adaption, Disaster risk reduction and livelihood promotion (CCADRRI); and (iv) partnership and grants management for CBOs. The programs are reinforcing each other and aligned to the mission and goals of the organization.

3. El-derash children ,Family and community development organization (ECFCDO)

It is a local NGO engaged in home based care, nutrition and medical and livelihood supports which So far supported 390 PLWHAs and 650 OVCs in nutrition, home based care, medicalsupport and psychosocial supports.

Table 4.3 Components of Psychosocial supports

Description	No of Respondents	% Percentage
Year of Inclusion in the program		
1-4 years	33	20
Greater than 5 years	134	80
Selection approach		
By criteria	150	90
By application	17	10
Accessibility of Services		
Very accessible	18	20
Partially Accessible	1	10
Not Accessible	70	70
Provision of services in a safe environment		
Yes	167	100
No	0	
Assessment of emotional and social needs		
Poor	50	30
Average	17	10
Good	100	60
Excellent		
Home visit		
Not at all	0	
Rarely	10	6
Sometimes	17	10
Often	40	24
Always	100	60
Guidance for better parenting to the family		
Yes	100	100
No	64	67
Organizing Play Activities		
Yes	117	70
No	50	30

In a follow up question the respondents were asked for how many years they have been included in the support program and 20% responded that they were in the program for about 1 to 4 years and 80% were included in the program for more than five years. The respondents were asked on how they were selected in the program to have insight on the targeting strategy of the NGOs. 90% of the respondents were selected based on the selection criteria and 20% based on application of the respondents.

The respondents were also asked to list types of supports rendered to them. This was important for this study to identify the type of supports NGOs are providing and it was intended to understand the awareness of the respondents on the supports especially on the type of psychosocial supports provided.

The respondents mentioned handout supports like exercise books, uniforms, pens, pencils, blankets, soap, nutritional support, capacity building like trainings, orientations, awareness rising sessions through weekly meetings, life skill trainings, medical support, house to house visits, counseling, establishment and training of CSSGs and dispersal of matching fund, house renovations, clothing and feeding costs. In addition to this, to enhance the work and motivate volunteers and community committees (CCs), T-shirts and kits/umbrella and document holding bags have been given and volunteers' day was celebrated. The findings above clearly show that all of the respondents were aware of the types of supports rendered.

The respondents were also required to choose, from the types of supports they had listed, those that they considered to be psychosocial support. It was important to determine if the respondents are able to distinguish between psychosocial support services and other types of services. This was also meant to ultimately find out from the respondents if they fully understood the concept of psychosocial support. In this regard 90% of the respondents considered all supports mentioned above as psychosocial support and 10% of the respondents mentioned home to home visit, experience sharing with peers and social skill training and counseling as the only supports to be considered under psychosocial support.

According to the government of Ethiopia's Standard Service Delivery Guidelines (2010), psychosocial support aims to provide OVC with the human relationships necessary for normal development. It also seeks to promote and support the acquirement of life skills that allow adolescents in particular to participate in activities such as school, recreation and work and eventually live independently. In addition, sees psycho-social support as critical for building coping skills and emotional resilience that is the ability to overcome or bounce back from loss and other hardships. A psychosocial support describes a continuum of care and support and is aimed at ensuring the social, emotional and psychological wellbeing of individuals, their families and communities.

Therefore the researcher's opinion in this regard is that all the services that the respondents mentioned fall in the category of psychosocial support.

The respondents were also asked to mention how accessible are the supports and 60% of the respondents revealed that the service provided was accessible, all respondents agreed in a provision of services in a physically safe environment, 60% of the respondents revealed NGOs assess emotional and social needs before providing psychosocial services. Concerning better parenting 60% of the respondents said NGOs visited their home and provided guidance for a better parenting to their families. In addition 70% of the respondents described that there is play opportunity arranged by the NGO. These responses were important for the study to establish the importance of psychosocial support rendered by NGOs.

4.4.1.1 Components of psychosocial support provided by NGOs

The secondary data of the study showed components of psychosocial supports provided by NGOs in the past five years from 2011 up to 2015 as stipulated on the following table 4:4

Table 4.4 psychosocial support provided by NGOs in Bishoftu town 2011-2015

Type of Psychosocial support Provided	Male	Female	Total
Counseling	6672	7112	13784
Life skill training	1857	2103	3964
Participated in Group play/recreation events like soccer drama	540	541	1081
Membership in peer group for life skill training	524	527	1051
Participation in memory book or tree of life exercise	292	324	616
Experience sharing	632	668	1300
Guidance	7903	8691	16594
Participated on recreational tours	254	237	492
Referral for psychosocial services (PSS)	268	225	493
PSS therapy	69	89	158

Source: Ratson women youth and children Development Program November 2015

4.4.2. The benefits of psychosocial supports rendered by the NGOs

According to the observation made and interview made with the respondents it is revealed that the benefits of psychosocial support provided by NGOs includes children's feel loved, motivated and building positive self-esteem. While expressing their view as illustrated on table 4.5 below 30% of the respondents believed the benefits of psychosocial support is excellent, 10% good 50% average and 10% responded poor. 100% of the respondents acknowledge the appropriateness of support to their age. Concerning cultural appropriateness of the support 60% respondents expressed the support provided as appropriate to their culture and.

Table 4.5 the benefits of psychosocial supports rendered by NGOs

Description	No. of Respondents	% percentage
Appropriateness to age		
Yes	167	100
No	0	0
Appropriateness to culture		
Yes	100	60
No	67	40
Challenges Encountered		
yes	86	51
No	81	49

4.4.3. Gaps and Challenges of supports Delivery

The study revealed that there are challenges that the respondents encountered51 % of the respondent's encountered challenges in getting the support. The list of the challenges mentioned by the respondents includes less home to home services, weak life skill training provision methodologies, absence of relevant services, absence of alternative services like occupational therapy and referral systems, lack of fund to provide quality psychosocial services and lack of trained man power in coordinating services less awareness of care givers and the community towards the service which could affect the smooth rendering of services and not considering psychosocial support as services. The study further indicated challenges like insufficient funding, lack of commitment from local policy implementers and absence of reliable data from concerned

government offices. While expressing how they deal with the challenges the respondents expressed to enhance community participation, strengthening NGO coordination, attending or not missing psychosocial service schedules by the supporter NGOs.

4.4.4. Lessons Learned in support delivery

The study revealed that 50% of the respondents were satisfied with the support provided while 50% have hesitation on their satisfaction and they believed that more should be done to improve the services

In a preceding question which asks to suggest what should be done to enhance or improve the psychosocial support it is revealed that there is need to increase door to door visit to identify the level of the problem which would help to improve the support delivery. The study moreover reveals that working with community structure and volunteers can help to use available community resources and Community Systems of relationship in improving OVC psychosocial problems.

The focus group discussion of the study revealed that lessons like, community response to OVC have increased through continues community commits (CC). CC's organized from Kebele level women and children affairs, members of religious organizations, Kebele administration members, concerned government representatives example police, OLSA, HAPCO, a child beneficiary, health extension workers, local CBOs, volunteers, woreda communication office private sector and representative of key constituencies e.g. from a network of PLWHA.

These CCs helped OVC service in resource mobilization, monitoring the support and implement supportive supervision, facilitated how to strengthen emotional or spiritual well-being of OVCs and promoted good interpersonal communication and family functioning.

Life skill training, peer to peer experience sharing and counseling supports were also considered as lessons through which children have developed emotional strength to overcome psychosocial challenges. Using Local structures like idir also helped to coordinate care and support services provided and identifying the beneficiaries. Compiled OVC data profiles by some NGO's, assessment of needs of OVC in regular basis updated volunteers profile was considered as lesson to be strengthened.

4.4.5. Government institutions and communities Legal response to meet the needs of OVC

In terms of knowing who coordinates monitoring and control of support to OVC 60% of the respondents do not knows which government institution coordinates the supports. The study revealed that the participation of CBO's and FBO's in coordinating care and support to OVC is high in which 60% of the respondents said CBO's and FBO's are participating in planning and implementing care services.

In assessing the equal provision of support 60 % of respondent assured how there is equity in the provision of services but 50% of the respondents revealed that there is an overlap of beneficiaries by different NGO's, this created a duplication of effort in addressing the big demand of OVC support. The duplication of efforts revealed in the study shows less participation of CC and concerned government institutions in targeting the beneficiaries.

The government offices mandated to coordinate care and support services includes Office of Finance and Economic Development (OFED), Office of Social Affairs, and Office of Women and Children Affairs. They are responsible to lead NGO services and issues of care and support to children to OVC and other children.

The study revealed from questions and secondary data's that some government offices and NGO's do not have nationally, internationally ratified law and policy frame workers like National plan of action on OVC children, UN child right convention (CRC) African charter on rights and welfare of child (ACRWC), Ethiopian Standard service delivery Guidelines.The only document available in the offices was Ethiopian constitution. Experts assigned on coordination of care services are not capacitated towards knowing these laws and policies.

A few has the above mentioned documents and their own chilled safeguarding polices. The presence of these laws helped themto positively address care and support issues of OVC. It also helped them to ensure the inclusion of children in the economic opportunities, respect children's right, promote right of children to participate and protect children from harmful traditional practices (HTC).

Even though, the legal and policy framework created by the government enhanced the involvement of the government institutions and different community structures in the provision of care and support services 70% of OVC's respondents do not know how to get legal protection

services. Some offices like Office of Women and Children Affairs and women's association at Kebele level are disputing on their representation on CCs. The office do not want to consider the women's association as its structure to be represented at Kebele level. This has created an opening in coordinating the support program.

Most of the NGO's during the study expressed their compliant on Ethiopia's law governing the registration and regulation of non-government organizations. Concerning the legislation 67% of the respondents said restrictions related to domestic funding on the legislation reserves them from mobilizing resources to address a huge demand of OVC's. They are not encouraged to engage on legal response to promote right of the children due to fear of it might contradict with the proclamation and cost them cancelation of the registration.

4.5 Interpretation and discussions

The contribution of NGO's in Bishoftu town towards OVC support is immense .They are operating in fields such as health, Education, Social welfare ,economic development ,skill training capacity building and other forms of support. One of the enormous child support and care projects NGO's are engaged in includes psychosocial support. The following section presents discussion and interpretation of the major study result on assessment of psychosocial services rendered by NGO's to orphan and vulnerable Children in Bishoftu town.

4.5.1 Component of Psychosocial support provided by NGOs

The study revealed that there are different component of services rendered to OVC's by NGO's. Most of the respondents were aware of the services they get. If they are aware of different services it means that they could claim the relevant services appropriate for their problems. It also indicates how NGO's were communicating the beneficiaries on the type of services they provided.

NGO's and beneficiaries try to consider few services as a psychosocial services and other as non-psychosocial. But the reality is Psychosocial well-being is an integral part of comprehensive service delivery for children. According to Gumede (2009), citing Gilborn et al (2006), psychosocial support services can be rendered in two categories, namely: directly and specifically (for example, through interpersonal moral support, counseling, spiritual support or the creation of, for instance, memory books) or Indirectly (for example, through school and

nutritional support).It is influenced by all the factors that affect human and social development which are the material, cognitive, emotional, cultural and spiritual aspects of an individual, and the socio-cultural, economic and political environment in which people live. Based on these concepts, all the supports provided fall with in psychosocial support components.

Concerning the components of services provided the NGOS under study have different levels. In this regard the researcher opinion to all NGO's working on psychosocial services is to scale upthe psychosocial guideline Ratson Pact/Yekokebbrehan project provided to all its staff and volunteer's engaged on the field (Yekokeb Berhan,2015). The guideline clearly stipulates what the workers, volunteers and community members should stress on in implementing PSS components.

Pact/Yekokebbrehan project assess the emotional and social needs and coping capacity of children and their caregivers in a family; then develop a plan to address their needs by giving them appropriate support. Assess the knowledge and skills gap of staff and volunteers on what is psycho-social support and give them the training and mentoring so that they can demonstrate it in their interaction with children. The training/ mentoring and supportive supervision by staff include basic counseling skills, better parenting skills, activities such as the tree of life workshop for children, life-skills for adolescents and how to run a support group. When these activities are properly shared with children and their caregivers, it is presumed that Psycho-social support is being provided at the household level.

They conduct regular home visits generally on a weekly basis, where the volunteer spends time with each family member – listening and responding to their concerns, giving them ideas and support on how to overcome the challenges they face, and making them feel better at the end of the visit. Communication between volunteers and caregivers and in some cases with the children was not limited to home visits. Family members are also reminded that they can contact the volunteer at their home or by phone etc., for example if there is an emergency. This also provides a sense of security and comfort to the family.

They Provide guidance and re-enforcement on Better Parenting, using the material provided by YekokebBerhan on a one-to-one basis or in a group setting (e.g. a coffee ceremony). Follow-up is undertaken to determine what changes occurred as a result of this guidance.

They Map the location and availability of specialty psycho-social support services in the community, e.g. at hospitals, other NGOs, schools, etc. When needed, facilitate referrals for additional psychosocial support, for example for life-skills, to a trained psychologist or counselor or to an activity or support group that is specifically designed to build resilience and strengthen coping skills. The map should be available at the local office of YekokebBerhan andthe local Community Committee.

Teach caregivers about early childhood development (ECD), about what they can do to give their newborn or very young child the best chance for his or her future. When they observe that the caregiver is implementing some of what they have taught, then they can record that psychosocial support as has been provided to both the caregiver and the child. Yekokeb Berhan staff and volunteers are encouraged to make use of the ECD materials and guidance that have been produced. Help children get appropriate time to play with their peers in a safe place. Volunteers and staff organize play activities (games and sports that include everyone, etc.). This is because play is an important part of a child's development. In many instances, it has been observed that volunteers insist that children should always study, help their caregivers rather than go out and have fun. In fact, all three activities are important. If child is being bullied or stigmatized by her/his peers for any reason, this may require the volunteer to intervene to help understand what the concerns are and make sure that the child has a positive play-experience, feels included, etc. Encourage caregivers to enhance their children's spiritual development by attending religious school (church, masjid, Bible School, Quraan School, etc.) and by participating in religious ceremonies and practices, whatever religious affiliation they follow. If a child's participation increases as a result of the volunteer's encouragement, then there has been a positive change of behavior and it can be said that psychosocial support has been facilitated.

While Ratson has such organized procedures and understandings, the researcher is able to identify a huge gap of understanding in other NGOs and government offices coordinating OVC support on the concept and components of psychosocial services provided to the beneficiaries. This has got a gap of uniform implementation and efficiencyon the implementation of the services.

4.5.2. The benefits of psychosocial supports

Psychosocial support is understood as the ability for OVC and their careers to provide positive and meaningful psychological and social support to their families and the society in which they live (Sabates-Wheeler & Pelham 2006). The study showed howthere were different benefits of NGO's services in addressing OVC's emotional social mental and spiritual needswith its limitations discussed on the section below. The servicesbuild internal and external resources for children and their families to cope with adversity. It helped families and care givers in providing physical, economic, educational, health and social needs.

The study revealed that direct support to family or caregiver and children through home visit, one to one or in group services helped in depth assessment of emotional well-being, better parenting and child care, copying with grief and loss, overcome feeling of sadness, distress and other negative feelings and improve their ability of solving problems, Trainings provided to children and caregivers help them to acquire life skill improvement to overcome emotional and social problems.

4.5.3. Gaps and Challenges on support Delivery

Chernet (2001) discusses the general challenges that are associated with OVC support. Such challenges include inadequate support programs designed for the children, shortage of trained personnel and inadequate skills training lack of long-term strategic planning, insufficient funds allocated to OVC programs andpoor structural arrangement, evaluations, monitoring and data tracking systems.

The study showed that supports offered were insufficient, erratic, duplicated and limited. Consequently, a number of OVC are still in a difficult situation and seek immediate attention.
As is revealed by the study there were inadequacy of the supports providedsome NGOs mainly focused on provision of educational materials, uniforms and soaps. However, the OVC not only need educational materials and uniforms but also integrated supports addressing the emotional and material needs of the children.

The study revealed that the frequency of home visit among different supporting NGOs under study is not on equal range .Some NGO's have strong structural arrangement up to the grass root with enough man power and volunteers to undertake home to home visit but some of them do not

frequently assess home to home.This had affected the identification of beneficiaries concern and real time intervention to challenges they faced.

Concerning the life skill training procedures it was strictly following interactive methodologies and training skill concepts. But it would have been more important if it had used skill development by promoting skill concept followed by skill acquisitions and performance.

Relevant service like referral for additional psychosocial support is found to be very low .They would have got strong attachment with PSS services in the community and government structures to solve the problem of referral and additional supports.

It was revealed by the researcher that reliable data's were not available at NGO level and governments institutions. Some of the NGO's are not register the supports provided and trace history of the beneficiary in a sustainable way. Government institutions coordinating OVC supports have in consistence data on the number of NGOs working in the town and number of OVCs in the town. This show how there is a gap of coordination among the institutions and monitoring and evaluation of services by concerned government offices.

4.5.4. Lessons Learned on support delivery

Families have important roles to play in raising children. Support services should seek to strengthen the capacities of families and communities to make informed decisions regarding who needs what care and how best to provide this care. According to Woodman, Gilbert, Glaser, Allister& Brandon (2014) Service providers should use their contact with families to respond to vulnerable and maltreated children. Community ownership is central in ensuring that members of the community participate in programs that concern children within their communities (PEPFAR 2012). Ratson yokokbbrehan project was successful in coordinating communities and CBO's in service delivery. The involvement of communities in service delivery created to full engagement in determining the importance of service to the beneficiaries which helped them recognize changes in the life of OVC's. But, some NGOs were implementing the services without coordinating well-structured and representative CCs. Therefor best experiences of yekokebbrhanproject should be learned to enhance support provided through this natural system of care. This will have a huge importance in sustainability of the support.Because psychosocial support can holistically came from integrated work starting from home up to the community.

YekokebBerehan project is using improved data management system and employees national OVC supervision system in which they update and document OVC profile, Volunteers profiles CC documents of service delivery, encode service delivery in to the data base on timely basis organized all the necessary documents at all levels including at CC level, therefore, other NGO's and governments institutions should learn from this practice to collectively provide, manage and monitor comprehensive care to OVC's.

4.5.5. Government institutions and communities Legal response to meet the needs of OVC

Community's Legal response to meet the needs of OVC was not uniform. Meaningful participation of all stockholders including CBOs and CC to achieve sustainability and ownership is a crucial issue of OVC support and care. Even though some efforts are there, it is not uniform across all NGOs. In some NGOs there was less participation of CBOs and the coordination of CCs is even nonexistent. This has made the support program inefficient in some places.

The overlap of services by NGOs created duplication of effortand this showed how there was less supervision and less community based monitoring and documentation of the program. This has got its effect on efficient utilization of scare resources and hampered the effort of addressing the demand of large population of OVCs.

Martin, Mathambo and Richter (2011) state that although measuring the extent to which OVC support result has been realized is crucial, there are also challenges because measuring effectiveness is difficult due to the following factors like less awareness of rules and regulations, lack of human power, weak institutional capacity, lack of a baseline data in relation to OVC, lack of clarity about who qualifies as an OVC and lack of information about how many OVC are receiving care and support and where they were located.

In this regard,concerned government institutions of Bishoftu town coordinating OVC services were not found to be on equal position in knowing rules and policies of the country concerning OVC care and support. The institutional capacity and human capacity in coordinating the service was found to be law. The researcher hade frequently visitedthe offices of these institutions to get appropriate information by the tools of questioner and personal observation but they were not organized for timely information. There were no sufficient and skilled human resources to coordinate the services. The capacity of concerned offices needs to be strengthened in the

designing, implementing, monitoring interventions and ensuring basic principles of care and support for OVCs.

Awareness creation on rights of children, their vulnerability to various problems was very minimal by government institutions. OVCs had lack of clarity on where to go and how to use supports of government institutions in the efficiency of support or any legal support related to them

According to PEPFAR (2006) NGOs performance should be contextually relevant and responsive to the issues affecting the country or area where the OVC reside. OVC interventions should thus be linked with other relevant services that jointly aim to develop the communities and the country as a whole.The Ethiopian governments had endorsed law to support and enable the role of Charities and Societies in the overall development of Ethiopian peoples but there were complaints from the study area NGOs side on the issues of income generation and working on the rights of the children therefore the research has showed how it needs further consultation and discussion for the benefit of OVCs.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter focuses on conclusions and recommendations, based on the interpretation of the results of the study.The conclusion part broadly encompasses the finding and some generalizations.For improving the current psychosocial support the study has made certain recommendations broadly segregated into recommendations for practice which includesareas of increasing implementation capacity among NGOs, strengthening community participation and publicinstitutions.A recommendation for further study containing suggestions regarding follow up studies is included.

5.2 Conclusions

As was evident in the study most of the respondents were included in the support program for more than five years.

There are different components of services providedto OVCs by NGOs.Most of the respondents are aware of the services provided by supports. Some NGO's consider a few components only as a psychosocial support. However, psychosocial support is one of the seven critical services difficult to consider independently. It includes support that improves a person emotional, social mental and spiritual wellbeing. It is a continuum of support that help a person feel better and emotionally strong. Therefore the study revealed that all component of service provided by NGO's is considered as psychosocial support. Among the NGO's considered in the study Ratson YekokebBrehans clear understanding to address psychosocial problems is considered as a best experience. They have a clear guideline and understanding at all level to integrate all services in order to solve the psychosocial problems of OVC's. They count the positive outcome of all components of supports provided as psychosocial support.

The supports provided by NGO's have benefited OVC's and their families to cope with adversity. It helped them in providing economic, educational, health and social needs.

Direct supports to OVC's and their caregivers through assessment helped them to identify their emotional problems plan local psychosocial services.Teaching or re-enforcing skill on better parenting and child care, coping with grief and loss, resolving conflict among care givers and children has benefited to improve PSS problems of OVC. Guidance supports to caregivers and children helped them to improve their ability to solve problems, overcome feelings of sadness distress and other negative feelings. Different trainings provided by NGOs helped OVC's and their caregiversto acquire improvements to overcome emotional and social problems.

The respondents showed the existence of gaps and challenges in support provision. The performance of NGO's under study is not in proportion to each other in the provision of services required by OVCs. The awareness and understanding of NGOs on service provision is found to be on different level. Some of them have strong structural arrangement up to the grassroots level some do not have such arrangement. Supports provided are found to be not enough for the beneficiary. The life skill training provided is not followed up to skill acquisition to solve psychosocial problems. The guidance and supportive counseling are not linked to the nearby government and community institution to improve the ability of OVC's PSS problems. Concerned government institution and NGO's have a shortage of necessary data on which to base coordinating and provision of service. The study appreciated Ratson Yekokebberehans successful coordination of community committees and data management.

Government institution and communities legal response to OVC services has got weak organization capacity for NGO coordination including documentation and project managements. They are weak in taking initiatives in coordinating OVC services.

5.3 Recommendations

To improve psychosocial services of OVCs in Bishoftu town due consideration should be given to the following points:

5.3.1 Recommendations for practice

5.3.1.1 Recommendations for NGOs

Enhancing linkage between NGOs for increasing implementation capacity among each other is required. NGOs found in Bishoftu town need to connect their goals and objectives through networking and alliance.

- The study indicated the inclusion of OVCs in the support program for more than five years. This indicates how the care givers economy is not improving for so long. Therefore the study recommends NGOs engagement in economic strengthening of care givers through income generating activities.
- Volunteers' role in coordinating psychosocial support is found to be immense in the study. They are always in front line of the service. Therefore comprehensive training and support which could help them to facilitate effective psychosocial support is required.
- NGOs need to assess the skill gap of their staff and give them training so that they can demonstrate in their interaction with children.
- As is discussed in the study there is lack of uniformity in implementation of components of services provided by NGOs. Therefore NGOs need to stick to the national standard guideline to uniformly implement psychosocial support.
- For the sustainability of the support program, OVCs career development to create self-esteem and self-confidence is required. Therefore NGOs need to design extra supports like consultation for vocational choices, life skill training designed to provoke natural capacity of the children to guide their future career. Extracurricular activities like library service, strong clubs and media is also required in collaboration with schools based on the interest and talents of children.

5.3.1.2. Recommendation for community participation

- Community committee's participation in OVC support program is found to be not on a regular basis. Some members of the committee do not properly team to their delegation. Therefore CC should be strangely engaged on their representationto be vigilant to safe guard the benefits of OVCs.
- Community committees at the grassroots level should strengthen their technical capacity by fulfilling the representation of all mandated bodies so that they could coordinate the support program effectively.
- To ensure the sustainability of psychosocial services in the area Communities need to strengthen social capital like generosity, trust, forgiveness, truth, and creditability and soon.

5.3.1.3. Recommendation for public institutions

- In order to coordinate the support program and enforce quality standard concerned public institution needs to have knowledge of nationally, international agreed OVC documents and they need to have the documents in place.
- The study have shown less engagement of public institutions in monitoring of support programs therefore they need to undertake regular supportive supervision and monitoring to improve quality and coordination of OVC supports
- It is essential for public institutions of Bishoftu town to improve the capacity of implementers on understanding of psychosocial support monitoring and evaluation so that the support program could be efficient and effective
- There is a dispute between the town women office and women association at Kebele level on a representation on CC. Therefore, Public institutions need to decentralize their mandate through delegation to Kebele level community structures to fully engage on OVC support decision making.
- The study showed varying data concerning the situation and lists of OVCs in different public offices. Therefore concerned public offices of the town need to improve the system of registering and tracking numbers and situation of OVCs.

5.3.2. Recommendations for further study

The study mainly focused on assessment of the psychosocial services rendered by NGOs to orphan and vulnerable children in Bishoftu town. It mainly emphasizes on the qualitative approach in limited places of the study area. Therefore need to design and conduct studies that ask different questions, measure various OVC care variables over time, and provide a continuous set of reliable evidence for improving the scale and effectiveness of OVC interventions. To know if OVC interventions are making a real difference in the lives of the children, we must measure not just the short-term effects of our efforts but the long-term impact of programs on the children's social and economic development. Consequently further study should be conducted to solve the problems of OVC support using different techniques.

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Annex I

Adama science and Technology University

Department of Psychology

Quaternaries for OVCs supported by NGOs

Tittle: - Assessment of Psychosocial services rendered by NGO'S to orphan and vulnerable children

This questionnaire is designed to gather information on assessment of psychosocial service rendered by NGO's to orphan and vulnerable children in Bishoftu town. Therefore the information you provide will determine the quality and reliability of the analysis and result of the study .Your response will be treated confidentially since the objective of the study is for academic purpose in the fulfillment of the master's degree course requirements in social psychology at Adama science and Technology University.

Thank you in advance!

Section one: Background Information

Direction: please indicate your answer by making (X) in the box that corresponds to your answer or to write the correct answer on blank space

1. Age _____

2. Sex A . Male B. Female

3.Grade level _____

4.Do your parent alive?

Yes☐ No ☐

5. If your answer for question 4 is No which parent is missed

Father ☐ Mather ☐ Both ☐

6.Current living

With father ☐ with mother ☐

With relatives ☐ with non-relatives ☐

Institution ☐. With both parents☐

Other _____

7.Do you have someone in your life you can depend on?

a) For advice and guidance?

YES ☐ NO ☐

b) To go with you to the clinic, schools or social service agency if you needed help?

YES ☐ or NO ☐

c) To comfort you when you feel sad or sick?

YES ☐ NO ☐

8. Think of someone in your life that you depend on. How often does that person…

a) Comfort you? ever ☐ Not at all ☐ Sometimes ☐ Often ☐ Very often ☐

b) Have open communication with you? Ever ☐ No at all ☐ Sometimes ☐ Often ☐ Very often ☐

c) Trust you? ever ☐ Not at all ☐ Sometimes ☐ Often ☐ Very often ☐

d) Provide for your necessities? Hardly ever ☐ Not at all ☐ Sometimes ☐ Often ☐ Very often ☐

e) Give you money? Hardly ever ☐ Not at all ☐ Sometimes ☐ Often ☐ ry often ☐

f) Buy you things? Hardly ev ☐ Not at all ☐ Sometimes ☐ Often ☐ Very often ☐

Section 2: Components of Psychosocial services rendered by NGOs

2.1. Which NGO is rendering psychosocial services to you? Kindly list them please

_____

_____

_____

_____

2.2. For how many times have you been included in the support program?

A, one year ☐ B, 5 years ☐ C, More than 5 years D, Mention if any ----------

---

2.3. How were you selected for the program?

Through selection criteria ☐

Through application ☐

Specify if other

_____-

2.4. What types of services are rendered to OVC by the NGOs? Kindly list them.

_____

_____

_____

_____

2.5. From the types of services you have listed above, which ones do you consider as psychosocial support?

_____

_____

_____

_____

2.6. How accessible are the psychosocial services?

Very accessible ☐ partially accessible ☐ Not accessible ☐

2.7. Is the support provided in a physically safe environment?

Yes ☐ No ☐

2.8 If your answer to the above question 2.7 is No what characteristics are not filed?

_____

_____

_____

_____

2.9. How often the supporting NGOs assess your emotional and social needs?

A,Not at all ☐ B, Barely ☐ C, Sometimes ☐ D, Often ☐ E. Always ☐

2.10. How often the supporting NGO visit your home?

A, Poor ☐ B, Average ☐ C, Good ☐ D, Excellent ☐

2.11. Does the NGO provide guidance for a better parenting to your families?

A, Yes ☐ B, No ☐

2.12. Does the supporting NGO organize play activities for you?

A, Yes ☐ B, No ☐

2.13. Are you going to religious schools (church, masjid, Bible school, Quean school etc.)?

A, Yes ☐ B, No ☐

2.14 How do you measure the efficiency of services provided to you?

A, Poor ☐ B, Average ☐ C, Good ☐ D, Excellent ☐

2.15 Is the service provided continuous?

A, Yes ☐ B, No ☐

2.16. Is the service provided in a chilled friendly manner?

A, Yes ☐ B, No ☐

2.17. Are you, your caregivers and CBOs actively involved in planning and implementing the support?

A, Yes ☐ B, No ☐

Section 3: The benefits of the psychosocial services rendered by the NGOs

3.1. In your view, what would you say are the benefits of the psychosocial services rendered by NGOs to OVC?

A, Poor ☐ B, Average ☐ C, Good ☐ D, Excellent ☐

3.2. Is the support provided appropriate to your age?

A, Yes ☐ B, No ☐

3.3, If the support provider appropriate to your culture?

A, Yes ☐ B, No ☐

Section four: Gaps and challenges

4.1. Have you encountered any challenges in receiving psychosocial services?

A, Yes ☐ B, No ☐

4.2. List up to five key challenges you encountered in receiving psychosocial services?

_____

_____

_____

_____

4.3. How do you deal with the challenges?

_____

_____

_____

_____

Section five: Lessons learned

5.1. Are you satisfied with your level of psychosocial services delivered to you?

A, Yes ☐ B, No ☐

5.2. What do you suggest should be done to enhance or improve the psychosocial supports?

_____

_____

_____

_____

Section six: Legal frameworks

6.1. Do you know any public institution following support given to you?

Yes ☐ No ☐

6.2. Who is coordinating the support program?

_____

_____

_____

6.3.Does CBOs and FBOs participate in monitoring the support program?

Yes ☐ No ☐

6.4. does the support provided on equal bases to all OVCs?

Yes ☐ No ☐

6.5. Are there organizations providing similar support to you?

Yes ☐ No ☐

6.6. Is there anyone who provide legal monitoring and evaluation of the support program?

Yes ☐ No ☐

Annex I (Translation)

አዳማ ሳይንስና ተክኖሎጂ ዩኒቨርስቲ

የስነአእምሮ ትምህርት ክፍል

መንግስታዊ ባልሆኑ ድርጅቶች በሚደገፉ ወላጅ አልባ እና ስችግር የተጋለጡ ህፃናት የሚሞላ መጠይቅ

ርዕስ፡- በቢሾፍቱ ከተማ ውስጥ የሚገኙ መንግስታዊ ያልሆኑ ድርጅቶች ለወላጅ አልባ እና ስችግር ስተጋለጡ ህፃናት የሚያደርጉትን የሳይኮሶሻል (ማህበራዊ ሰነአምሮአዊ) ድጋፎች መገምገም

ይህ መጠይቅ በአዳማ ሳይንስ እና ተክኖሎጂ ዩነቨርስቲ የስነአእምሮ ትምህርት ክፍል ስሚሰጠው የሁስተኛ ዲግሪ ትምህርት ማሟያ የሚውል ጥናታዊ ፅሁፍ መጠይቅ ነዉ፡፡ ከእርሶ የሚገኝዉ መረጃ ጥናታዊ ጽሁፉ ጥራትና ውጠታማነት እንዲኖረው ከፍተኛ ጠቀመታ ይኖረዋል የሚሰጡት መረጃ ትምህርታዊ ጥናቱን ለማሟላት በስስፈ በሚስጥር የተጠበቀ ይሆናል፡፡ ክታች በቀረበዉ መጠይቅ ዉስጥ በወንድ ጾታ የተገለጹት ጥያቀዎች ለሴት ፃታዎች እንድሆኑ በትህትና እጠይቃለሁ፡፡ በመጠይቁ ዉስጥ ሳይኮሶሻል የሚለዉ ቃል ማህበራዊ ሰነአምሮአዊ የሚል አቻ ትርጉም እንድኖርዉ በትህትና እጠይቃለሁ፡፡

በቅድሚያ አመሰግናለው፡፡

ክፍል አንድ፡- መነሻ መረጃዎች

መመሪያ፡- በጥያቀዎቹ አቅጣጫ በተመለከተ ባዶ ሳጥን ላይ (X) ምልክት ያድርጉ ወይም በባዶ ስፍራዎች ላይ ተገቢ ምላሽ ይፃፉ ::

1.1 ዕድሜ ----------

1.2 ፃታ ወንድ ☐ ሴት ☐

1.3 የተምህርት ደረጃ ----------

1.4 ወላጅህ በህይወትአሉ?

አዎ ☐ የለም ☐

1.5. በተራቁጥር 4 የሰጡትመለስ 'አዎ' ከሆነ የትናው ወላጅ የለም?

አባት ☐ እናት ☐ ሁስቱም ☐

1.6. በአሁኑ ጊዜ የምትኖረው/ሪው?

ከአባትገር ☐ ከእናትገር ☐ዘምድገር ☐መድካልሆነ ሰውገር ☐

በተቋም ውስጥ ☐ ከሁስቱም ወላጆችገር ☐

1.7. በህይወት ውስጥ የሚደግፍህ አለ?

ሀ. የሚመክርህ እና መንገድ የሚያሳይህ?

አዎ ☐ አይደለም ☐

ለ. ስትበሳጭ ወይም ስትታመም ድጋፍ የሚያደርግ?

አዎ ☐ አይደለም ☐

18. በህይወት ህየሚደግፍህን አካል አስብና

ሀ. ያ አካል ምን ያህል ይመችሀል ያፅናናሃል?

አነስተኛ ☐ ጥሩ ☐ ጠጣም ጥሩ ☐ አይመችኝም ☐

ለ. ምን ያህል ግልፅ ንግግር ታደርጋላችሁ?

አነስተኛ ☐ ጥሩ ☐ በጣምጥሩ ☐

ሐ. ምን ያህል ሃላፊነትይሰማዋል?

አነስተኛ ☐ ጥሩ ☐ በጣምጥሩ ☐

መ. ምን ያህል የሚያስፈልግህን ያቀርባል?

አነስተኛ ☐ ጥሩ ☐ በጣምጥሩ ☐

ሠ. ገንዘብ ይሰጥሃል?

ሰጥቶኝ አያውቅም ☐ አልፎአልፎ ☐ ዙሪዙ ☐

ረ. የሚያስፈልግህን ያሟላልሃል?

አዎ ☐ አይደለም ☐

ክፍልሁለት፡- መንግስታዊ ባልሆኑ ድርጅቶች ስለሚቀርቡ የሳይኮሶሻል ድጋፎች

2.1 የሳይኮሶሻል ድጋፍ የሚሰጡህን መንግስታዊ ያልሆኑ ድርጅቶችግለጽ?

_____

_____

_____

_____

2.2 በምን ያህል ጊዜ ድጋፍን አግኝተሃል ?

1-4 አመት ☐ 5 አመት ☐ ከአምስትአመትበላይ ☐

2.3. ስድጋፍ እንደት ተመረጥክ ?

በምርጫ መስፈርት ☐ በማመልከት ☐ ሌላካለግለጽ ----------

2.4. መንግስታዊ ባልሆኑ ድርጅት ምን አይነት ድጋፎች ያደርጋሉ ?

_____

_____

_____

2.5. ከላይ ከተገለፁት ውስጥ የሳይኮሶሻል ድጋፍ የሆኑት የትኞቹ ናቸዉ ?

_____

_____

_____

_____

2.6. የሚሰጥህ ድጋፍ ምን ያህል በአቅራቢያህ በቀላሉ ተደራሽ ነው?

ተደራሽ አይደለም ☐ ከከፍልጥሩ ነው ☐ ተደራሽ ነው ☐

2.7. የሚደረግልህ ድጋፍ በተመቻች አካባቢ ነው የሚሰጥህ?

አዎ ☐ አይደለም ☐

2.8. በተራቁጥር 2.6 ላይ የሰጠኸው መልስ አይደለም ከሆነ ምን ያልተማላ ነገር አለ?

_____

_____

_____

_____

2.9 ድጋፍ ሰጭው ድርጅት በምን ያህል ጊዜ ስማህበራዊ ፍላጎቶ እና ስሚቶን ስመጠበቅ ጥናት ያደርጋል?

አያደርግም ☐ አልፎ አለፎ ☐ በተከታታይ ሁል ግዜ ☐ ሌላ ሃሳብ ከአለ----------

2.10 ድጋፍ ሰጭው ድርጅት ምን ያህል ቤትህን ይገበኛል?

ዝቀተኛ ☐ በቂ ☐ ጅግ በጣምጥሩ ☐

2.11 መንግስታዊ ያልሆኑ ድርጅቶች ለአሳዳጊዎች የመልካም በተሰብ ስልጠና ይሰጣል?

አዎ ☐ አይደለም ☐

2.12 መንግሰታዊ ያልሆነው ድርጅት መጫወቻ ይመቻቻል?

አዎ ☐ አይደለም ☐

2.13 ወደ ሀይማኖታዊ ቦታዎች (ቤተክርስቲያን፣ መሰጂድ፣የመፅሀፍ ቅዱስ ት/ቤት፣የቁርዘን ት/ቤት ወዘተ ትሄዳለህ?

አዎ ☐ አይደለም ☐

2.14 የሚቀርቡልህን(ሽ) ን ድጋፍ ጥራት እንዴት ትገመግመዋለህ?

ዝቀተኛ ☐ በቂ ☐ ጥሩ ☐ ግበጣምጥሩ ☐

2.15 የሚቀርበው ድጋፍ ተከታታይነት ያለው ነው?

አዎ ☐ አይደለም ☐

2.16 የሚቀርበው ድጋፍ ለህፃናት አመቺ በሆነ ሁኔታ ነው?

አዎ ☐ አይደለም ☐

2.17 አሳዳጊዎች ፣ የማህበረሰብ ተቀማት በሚደረገው ድጋፍ አቅድ እና አፈጻፀም ላይ ይሳተፋል?

አዎ ☐ አይደለም ☐

ክፍል3 በመንግስታዊ ያልሆነ ድርጅት የሚሰጠው ድጋፍ ጠቀሜታ ላይ የቀረበ መጠይቅ

3.1 በአንተ አመለካከት በመንግስታዊ ያልሆነ ድርጅት ለወላጅ አልባ የሚደረገው የሳይኮሶሻል ድጋፍ እንደት ይገመገማል?

ዝቀተኛ ☐ በቂ ☐ ጥሩ ☐ እጅግበጣምጥሩ ☐

3.2 የሚቀርበው ድጋፍ ከፅድሜ ጋር ይጣጣማል?

አዎ ☐ አይደለም ☐

3.3. የሚቀርበው ድጋፍ ከባህል ጋርይጣጣማል?

አዎ ☐ አይደለም ☐

ክፍል አራት ፡- ከፍተቶችና ተግዳሮቶች

4.1. የሳይኮሶሻል ድጋፍ በማግኘት ውስጥ ያጋጠመህ ችግር ነበር?

አዎ ☐ አይደለም ☐

4.2. ያጋጠሙ 5 ዋና ዋና ክፍተቶችና ተግዳሮቶችን ይዘርዝሩ

_____

_____

_____

4.3. ያጋጠሙ ችግሮችን እንዴት ተወጣሃቸው(ሽዉ)?

_____

_____

_____

ክፍል አምስት፡- የተገኘ ተሞክሮ (ልምድ)

5.1. በሚቀርበዉ ማህበራዊ ስነልቦናዊ (ሳይኮሶሻል) ድጋፍ ደስተኛ ነህ?

አዎ ☐ አይደለም ☐

5.2. የሚደረገውን ድጋፍ ለማሻሻል ምን መደረግ አለበት ትላለህ?

_____

5.3 ከምደረገዉ ድጋፍ ምን ምን ተሞክሮዎች ተገኝተዋል?

_____

_____

ክፍል ስድስት፡- ህጋዊ ማዕቀፍ

6.1. የሚደረግልህን ድጋፍ የሚከታተለው የመንግስት ተቋም ማን እንደሆ ነታውቃለክ?

አዎ ☐ አይደለም ☐

6.2. የሚቀርበውን ድጋፍ የሚያስተባብረው ማን ነው?

_____

_____

_____

6.3. በሚቀርበው ድጋፍና ክትትል ውስጥ የማህበረሰብ ተቋማትና የሃይማኖት ድርጅቶች ይሳተፋሉ?

አዎ ☐ አይደለም ☐

6.4. የሚቀርበው የሳይኮሶሻል ድጋፍ ለሁሉም ወላጅ አልባ ህፃናት በእኩል ይቀርባል?

አዎ ☐ አይደለም ☐

6.5. ተመሳሳይ እና አንድ አይነት ድጋፍ የሚያቀርብልህ ድርጅቶች አሉ?

አዎ ☐ አይደለም ☐

6.6. የሚሰጥህ ድጋፍ ላይ ህጋዊ ክትትልና ግምገማ የሚያደርግ ተቋም አለ?

አዎ ☐ አይደለም ☐

Annex II

Adama science and Technology University

Department of Psychology

Questionaries' for NGO's working on psychosocial support of OVC's

Tittle: - Assessment of Psychosocial services rendered by NGO'S to orphan and vulnerable children

This questionnaire is designed to gather information on assessment of psychosocial service rendered by NGO's to orphan and vulnerable children in Bishoftu town. Therefor the information you provide will determine the quality and reliability of the analysis and result of the study .Your response will be treated confidentially since the objective of he study is for academic purpose in the fulfilment of the master's degree course requirements in social psychology at Adama science and Technology University.

Thank you in advance!

Section one; - Background information

1. What is your position in the organization

_____

_____

_____

_____

2. What is the role of your organization in relation to OVC services?

_____

_____

_____

3. For how many OVC's do you provide psychosocial service in Bishoftu town?

_____

_____

_____

4. What approach are you using in providing psychosocial services?

1. Family based ☐ 2. Kinship ☐ 3.Foster ☐ 4.Adoptio ☐ 5. If other mention

5. What do you think is the size of OVC problem and what impact it is having on the community?

_____

_____

6. What tools are you using in providing psychosocial service?

_____

_____

_____

7. Are your workers trained in providing psychosocial service?

Yes ☐

No ☐

8. If your answer to the above question is 'yes' mention the type of trainings

_____

_____

_____

_____

Section Two: components of psychosocial services

9. What specific service your organizations provide?

_____

_____

_____

_____

10. What are the psychosocial services you render to OVC 'S?

A, Counseling ☐ B, Spiritual assistance ☐ C, Life skill training ☐ D. Human relationships ☐ E, Other mention _____

11. How accessible are the psychosocial services you render to the OVC

Very accessible ☐

Partially accessible ☐

Not accessible ☐

Section three; – Contribution of NGO'S support

12. In your view what would you say are the benefits of the psychosocial services rendered by your Organization?

A.Poor ☐ B. Avera☐ C. Very ☐d I☐ent

13. How do you measure the impacts of psychosocial service you are rendering?

_____-

_____

_____

14. How do you measure the quality of your service?

A.Poor ☐ B. Average☐ C. Very go☐ D. Exce☐

14.1. From OVC's safety dimension

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent ☐

14.2, from access dimension

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent ☐

14.3, Effectiveness of your services

A.Poor ☐ B Average ☐ C. Very good ☐ D. Excellent ☐

14.4, Technical performance of your services

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent ☐

14.5, Efficiency of the service

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent ☐

14.6, Continuity of the service

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent ☐

14.7, Compassionate relation with OVC's

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent ☐

14.8, Appropriateness of services

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent

14.9, participation of OVC's

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent ☐

14.10, sustainability

A.Poor ☐ B. Average ☐ C. Very good ☐ D. Excellent ☐

14.11, what are the strategies you are you sing for sustainability?

_____

_____

14.12, If there is any reservation on the quality of service please mention

_____

_____

Section four; - Challenges around rendering services

15, what are current statuses of the program?

_____

_____

16, Do you ever experience challenges rendering psychosocial services to OVC?

Yes ☐

No ☐

17, If your answer to the question number 16 is yes, please indicate the challenges that you often encounter around rendering the services to OVC

_____

_____

_____

18, Out of the above challenges prioritize up to five (5) key challenges by your organization in rendering psychosocial services

_____

_____

19, How do you deal with the challenges?

_____

_____

_____

_____

20,What setbacks do you observe for the sustainability of the program?

_____

_____

Section five; - Lessons to be learned and identify best practices

21, Are you satisfied with your levels of psychosocial services delivery to OVC

A, Yes ☐ B, No ☐

22, List up to five (5) lessons learnt by your organization in working on psychosocial services

23, How do you rate your level of psychosocial services to OVC?

Poor ☐
Average ☐
Good ☐
Excellent ☐

24, What do you suggest should be done to enhance or improve the psychosocial service to OVC?

25, what are the best experiences identified?

26, what are lesson learned during the implementation?

27, How does your organization monitor/ evaluate its activities

28, what outcome indicators do you use to monitor your OVC program?

Section Six: Legal and policy framework

29. Does the organization provide physical protection/Legal aid services to the children?

A, Yes ☐ B, No ☐

30. Does the organization have nationally, international ratified laws and policy frameworks in place?

A, Yes☐ B, No☐

31. If your answer to question No 29 is yes would you please list them?

_____

_____

_____

32. Are protection activities guided by policy framework?

A, Yes☐ B, No☐

33. Is there an employ that coordinates legal issue of the OVC?

A, Yes☐ B, No☐

34. Does the organization have child safeguarding polices in place?

A, Yes☐ B, No☐

35. Does the psychosocial services provided by NGOS align with the legal and policy frameworks?

A, Yes☐ B, No☐

36. What improvements do you think is needed on the legal and policy frameworks mentioned above?

_____

_____

_____-

Please thank you so much for your cooperation and your valuable time.

Annex III

Adama science and Technology University

Department of Psychology

Questionaries' for **Government offices working on issues related to OVC services**

Tittle: - Assessment of Psychosocial services rendered by NGO'S to orphan and vulnerable children

This questioner is designed to gather information on assessment of psychosocial service rendered by NGO's to orphan and vulnerable children in Bishoftu town. Therefor the information you provide will determine the quality and reliability of the analysis and result of the study .Your response will be treated confidentially since the objective of the study is for academic purpose in the fulfillment of the master's degree course requirements in social psychology at Adama science and Technology University.

Than you in advance!

1. Name of institution represented: _____
2. Date _____

3. Position of respondent in the institution: _____

4. As an institution what would you want to see NGOs do in enhancing psychosocial wellbeing among OVCs in Bishoftu town?
   _____
   _____
   _____
   _____
   _____

5. Do you think NGO's interventions have been effective in addressing OVC challenges?

   Yes☐ No☐ Not sure ☐

6. What strategies do you use to ensure NGOs enhance psychosocial-wellbeing of OVCs in Bishoftu town?

_____
_____
_____

7. How many NGOs are working on psychosocial-wellbeing of OVCs in Bishoftu?

   ---

8. Do you think there are some NGOs which operate without fully registering?

Yes ☐ No ☐

9. What role does this office play in coordinating with NGO activities

_____
_____
_____
_____

10. What achievements have you registered in enhancing OVC activities among NGOs working on psychosocial support?

_____
_____
_____
_____
_____

11. What are some of the limitations/constraints you have faced in ensuring the above? ----------
---

---

12. In your own opinion what are some of the factors hindering NGOs in enhancing psychosocial support

_____
_____
_____
_____
_____

13. What are your recommendations to NGOs to enhance psychosocial-wellbeing of among OVCs in Bishoftu?

_____
_____
_____
_____
_____

14. Does your organization provide physical protection/Legal aid services to the children?

A, Yes☐ B, No☐

15. Does your organization have nationally, international ratified laws and policy frameworks in place?

A, Yes☐ B, No☐

16. If your answer to question No 29 is yes would you please list them?

_____
_____
_____

17. Are protection activities guided by policy framework?

A, Yes☐ B, No☐

18. Is there an employ that coordinates legal issue of the OVC?

A, Yes☐ B, No☐

19. Does the organization have child safeguarding polices in place?

A, Yes☐ B, No☐

20. Does the psychosocial services provided by NGOS align with the legal and policy frameworks?

A, Yes☐ B, No☐

21. What improvements do you think is needed on the legal and policy frameworks mentioned above?

_____
_____
_____

22. Is there anything else you want to mention on psychosocial services rendered by NGO'S to orphan and vulnerable children?

_____
_____
_____
_____
_____

Please thank you so much for your cooperation and your valuable time.

Annex IV

Interview Guide with key informant NGOs officers and government institution officers

1. Introduction

Present myself, the study and its purpose, approximate length of interview. Tell participants about anonymity, confidentiality, voluntary participation.

2. Is there anything you'd like to ask me before we begin?

3. Background of the respondent.

*Experiance – in what area and how long?

*Work – how long have you held this job position? Training for the job? Earlier experience.

4. Topics and Questions:

Topic 1: Current OVC status in the town

- In your view, what are the children's primary psychocociall needs? Is there any room for psychological needs?

- Can you tell me about the common psychosocial problems that the children suffer from? How are you able to observe these problems?

Topic 2: NGOs Support

- What do you think is the contribution of NGOs in addressing psychosocial problems of OVC.

- What are limitations in NGOs support?

Topic 3: The community participation and the future

- How do you coordinate community involvement in the support program?

- What could be done? What would you like to see done? Why does it not happen?

Thank you for your time and for taking part in the study.

Annex V
FGD Guide Checklist

Adama science and Technology University
Department of Psychology

First of all I welcome you all. My name is EsraelGesese.The goal of this focus group discussion is to collect data from volunteers,caregivers of OVC and CCs.The data will serve only for this study and it will not be transferred for other body to use it as a base line data. Your response will be kept confidentially. So I will request your willingness to make record the issues raised during our discussion.

Thank you for your cooperation

1. What is your contribution in coordinating psychosocial support of OVCs?

2. What have you learned or achieved from your participation in the OVC support programs?

3. To what extent is the NGOs intervention relevant to addressing the needs Of OVCs?

4. How do you evaluate the support program in achieving the program objectives?

5. What problems and challenges you encounter as coordinators of the support program?

6. What are lessons you have learned in coordinating of the psychosocial support?

7. What are the major results of the psychosocial program?

9. What areas need improvement? Any additional information/ general comment