

**Jimma University**

**Collage of Social Science and Humanities**

**School of Social Work**

**Re-Integration Challenges and Coping Strategies of Former  
Institutionalized Children the Case of SOS Children's Village**

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## Declaration

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

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Confirmation and Approval

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

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### **Abstract**

The purpose of this study was to describe the challenges that former institutionalized children faced during re-integration and the coping strategies they used to cope with the challenge. To obtain the necessary information qualitative research design was employed. Accordingly, 9 former institutionalized children in SOS children's village and currently living in Jimma town and 7 staff of Jimma SOS working with children were recruited using snowball technique and included in the study. Key informant interview, individual in-depth interview and focus group discussion were tools utilized to collect the data. Thematic analysis was employed to analyze the qualitative data which was obtained through in-depth interview, key informant interview and group discussion. The results of the study showed that most of the former SOS Children's Village did not face much challenges due to good trainings provided by the organization before they discharged from the village. On the other hand, some of the re-integrated children stated that their functioning in the community was not effective because of economic and psychological challenges. Some children were also not assertive, self-sufficient and optimist. Regarding programs, the concerned people were also not evaluating the reintegration programs regularly and make the necessary modifications. Inadequate hands on trainings, imposing of social stigma and role confusion, and lack of psycho-social support are among the mentioned challenges of some children

Therefore, the following suggestions were forwarded to alleviate the challenges faced during the reintegration with the community. First, self-confident, self-assertiveness and self-esteem of the children should be boosted so that they would be able to exploit existing opportunities to be self-reliant economically.

**Key words:** *Re-Integration, Coping Strategies, Institutionalized Children, SOS Children Village*

## **List of Acronyms and Abbreviations**

AIDS -Acquired Immune Deficiency Syndrome

ART- Anti Retroviral Therapy

ACC-Alternative Child Care

CBO -Community based organization

CCB- Community Capacity Building

CCI -Childcare Institution

CRC -Convention on the Rights of the Child Orphan

CSM-Child Safeguarding Manager

DSWO-District Social Welfare Officer

FBOs- Faith Based Organizations

FDRE-Federal Democratic Republic of Ethiopia

FGDs - Focus Group Discussions

HIV- Human Immune Virus

KIIs - Key Informant Interviews

NGOs - Non-Governmental Organizations

NCCS- National Council for Children Services

OVC- Orphaned and Vulnerable Children

SoS- Soul of Society

UN - United Nations

UNCRC - United Nations Convention on the Rights of the Child

UNICEF - United Nations International Children's Emergency Fund

UNRISD- United Nations Research Institute for Social Development



## Chapter One: Introduction

### 1.1. Background

Orphans are defined in three mutually exclusive categories: maternal orphans (mother deceased or vital status unknown), paternal orphans (father deceased or vital status unknown) and double orphans (both parents deceased or vital status unknown) according to (Meintjies, Hall, Marera and Doule 2010:40-49).

Children are the future of the world and need to be provided with fair chances (UNICEF 2016:1). It is estimated that there are at least 2.2 million children living in orphanages in the world, where most of these children are in developing countries Faith to Action Initiative (2014) and Kauffman & Bunkers (2012).

“With the second largest population in Africa, Ethiopia has the distinction of having the second highest population of orphans” (UNICEF, 2013). This might indicate that the pushing and pulling factor for institutionalizing and the already reintegration of institutionalized children.

Care of orphans and vulnerable children comes from nuclear families surviving with community assistance, extended families able to cater for increased numbers with community assistance, and, in extreme cases, children in child headed households or with no family involvement (UNICEF and UNAIDS 2004:11). Though, getting alternative care is necessary for their survival, being growing-up without care of biological parent or in institution leads to experience of multiple psychological problems like stress, anxiety, depression, lack of parental love, lack of self-confidence, poor communication, feeling of loneliness, helplessness as well as sleeping disturbance Tadesse et al, (2014). On the other, these children might not stay in the institution for the entire of their life and forced to be re-integrated to the larger community because of different reasons. However, this study focused

on the challenges following reintegration or deinstitutionalization of children after care.

Reintegration is defined as:

*“The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.”* the UN Convention of the Rights of the Child, preamble (UN 2013)

In addition, ”Reintegration is a term commonly used to describe a major transformation in childcare that allowed the movement of institutionalized persons from living in institutional care to living in the community” (Lamb, 2001, p.3).

However, such institution may not hold children for life, and at certain time they are supposed to be discharged and re-integrated to the society. Very recently, deinstitutionalization of children into the community is considered one of the main goals of welfare institutions. Though processes of deinstitutionalization began almost 60 years ago and identified worldwide, (Falkhour and Priebe, 2007), many studies have noted that it is far from being achieved. These studies reveal high levels of differentiation among different countries, but do not shed light on the reasons for these variations (Shorter, 2007).

Facilitating social reintegration is a complex task, and the impact of specific interventions is often difficult to measure Griffiths, Dandur and Murdoch (2007). The above quotation is the controversy that triggers this study as it focuses on a complexity of social reintegration task.

On top of this, Pharaoh (2004:94) asserts that the loss of parents may also contribute to major impairments to their cognitive and social behaviour and moral functioning. Under normal circumstances, the loss of any beloved one in any given situation brings negative emotional implications. The above cited views of Pharaoh (2004) could have been based on the family systems theory (FST). Smolina (2007:52-53) also states that the essence of the

family system theory holds that a family is one dynamic emotional unit. One system of individuals who are all interrelated where any changes in the life of one will have an effect on behaviour, thoughts and feelings of everyone else. The theory argues that family members are interdependent on one another, meaning to say children and parents are interdependent. One of the four basic assumptions of the theory is that members react differently to the major life events that the family members face. Any disturbance may be extremely stressful because it is unexpected and has the potential to alter the family's structure and identity to such an extent that the family just does not know how to deal with it.

Therefore, this study aims at finding out how institutional care affects of children's adjustment in terms of social relationships, emotional skills, and economic wellbeing within the receiving communities after discharge, and their ability to cope with life challenges after reintegration.

## **1.2. Problem Statement**

Every child is born with the same absolute right to a healthy start in life, education and safe, secure childhood and all the basic opportunities that translate into a productive and prosperous adulthood. But around the world, millions of children are denied their rights and deprived of everything they need to grow up healthy and strong because of loss of their parent due to different reasons and other correlated factors (UNICEF, 2016) ), which is against one the right of the child. Younger children might not notice the problem because of their limited cognitive abilities due to age, or they find it safest to enter a fantasy world. but not continue like that and at certain point the problem prevail in different ways with different manifestations like withdraw from the people or circumstances that cause the discomfort. With this regard individuals who re-integrated to the society might experience similar

problem like getting isolated from the community where they get re-integrated or experience violence, depressed and withdraw from any engagement. (Kenneth Ginsburg and Martha Jablow, 2006, pp.159).

It is important to remember that children who have been removed from a source home have experienced significant trauma. They have been removed from a familiar environment and caretakers they may have loved, shifted through a series of bewildering and perhaps frightening environments, and placed in the hands of strangers. If the placement goes well and children become comfortable in a foster home, the trauma may be to some degree recreated when they return to their source homes. If the source home is not ready for the child's return and maltreatment recurs, the original trauma may be repeated. For children who already suffer from separation anxiety, attachment disorder, and related problems, the result can be devastating. (Rodney Ellis, Catherine Dulmus and John Wodarski , 2003, pp. 145).

*Facilitating social reintegration is a complex task, whereby the individual have been under life adversity as a loss of parent (Pharaoh 2004:94) and being growing up separated from the community in an institution (Dandur and Murdoch ,2007. However, the challenges of re-integration of institutionalized children and their coping strategies were remains unexplored within different context and in areas like Jimma town. Therefore, looking at the challenges of reintegration and their assumed coping strategies of institutionalized children would be a timely act. Accordingly, this study investigated challenges and coping strategies of re-integrated individuals living in Jimma town.*

Studies also affirmed that reduced institutional support remains the ultimate problem for successful social reintegration programme Griffiths, Dandur and Murdoch (2007).

Children withdrawn from institution face challenges. How matter they are competent, confident, secure connected or how generously they contribute to the world, resilience requires a wide repertoire of skills to cope with stress and challenge. They need to become competent at coping if they are to be resilient. Kenneth Ginsburg and Martha Jablow (2006: 155). This showed that children need support to deal with stress and strains of life along developmental stages.

The subject of challenges and coping strategies of reintegrated children have not been extensively researched. Nevertheless, limited studies have been done regarding reintegration of vulnerable children in Ethiopia such that Ayalew Ejigu (2020), Genet Degefa (2014) and Getenet Tadesse (2019). However, they are limited in terms of time, area and types of the issue they looked at. Hence challenges of re-integration and their coping mechanism remains known little while they are very important part of the individual. Therefore, this study was investigated the challenge and coping strategies of re-integrated children of SOS village.

### **1.3. Research Questions**

In an attempt to understand the possible challenges that institutionalized children face post discharge and the strategies they use to manage this condition, three research questions were addressed. These questions include:

1. What were the perceived social problems that institutionalized children face during post-discharge from SOS children's village?
2. What were the psychological problems that institutionalized children experience after leaving SOS children's village?
3. What type of coping strategies was used by institutionalized children during reintegration after discharged from SOS children's village?

## **1.4. Objective of the Study**

### **1.4.1. General Objectives**

The overall objective of the study was to find out perceived challenges and coping strategies of re-integration of institutionalized children after discharged from SOS Children's Village.

### **1.4.2 Specific Objectives**

Specific objectives of the study were to:

1. Find out the perceived social problems of re-integration on institutionalized children after post-discharge.
2. To identify the psychological problems that institutionalized children experience after leaving SOS children's village.
3. To determine the coping strategies of institutionalized children used to solve challenges they faced post discharge.

## **1.5. Significance of the Study**

The significances of the study emanated from filling an identified gap of research in the area concerning the challenges discharged children face in the community life during reintegration and their coping strategies. Since there are limited literatures on the raised issue, this study provides a hint on the existing social work problems and the coping strategies of children who were welfare institution. This in turn may help the responsible bodies to work on tackling social work problems regarding childcare.

In addition, this study has the importance of contributing to the body of knowledge regarding the perceived challenges that are encountered in social work practices outside childcare and their coping strategies to tackle the possible challenges. Most importantly, the child welfare institutions or villages and social work units can use this study as a document an opportunity to improve the services they provide to their children. Moreover, this study is

assumed to serve as a motivation for future studies that are going to be conducted on this specific area of study. Finally, this study can be awakening to high level responsible bodies to consider the challenges in the provision of child care services and used as input planning of children support.

### **1.6. Scope of the Study**

This study was limited to one childcare institution named SOS children's village. The study is restricted to the post residential care challenges that children face and their coping withholding the general practice of residential care. It is aimed at focusing on orphan's challenges and coping mechanisms enabled the researcher to work with a specific category of respondents. Comparing approaches to childcare, the study is limited to qualitative descriptions. The study is limited to theories that describe the causal-effects and problem-solutions of institutional care of orphaned children who have previously been institutionalized and thereafter reintegrated into community. These theories describe relationships between institutionalized children and their future ability to deal with the wider community life situations.

### **1.7. Limitations of the Study**

As other studies, this study is not free from limitations. Mainly, due to the nature of problem, the study participants were small, it is difficult to generalize findings to the whole population even though the mere objective of this study was not to draw a conclusion rather to explore the existing problem. Second, it would have been better if another institution was also included in the study. Third, had staff who known these children from the very beginning were included in the study, they would have given complete picture about background information. Lastly the study also was limited in terms of time.

## 1.8. Operational Definitions

The following concepts are relevant to the study and therefore need clarification:

**Children Institution:** A home or institution which has been established by a person, corporate or unincorporated body or a religious organization and has been granted approval by the National Council for Children Services (NCCS) to manage a program for the care, protection, rehabilitation or control of children, (Children Act 2001)

**Orphan Children:** children who have lost one or both of their biological parents regardless of the cause of death.

**Social reintegration:** Under this study, it means the process of removing children from the institutions back into the community. It involves issues of acceptance such as the child accepting the community as a place where they belong, acceptance of the child by the community, ability of the child to cope with challenges posed by the reentry, ability of the child to establish and maintain social relationships

**Coping** -A process by which a person deals with stress, solves problems, and make decisions. The process has two main components, cognitive and non-cognitive. The cognitive component includes the thought and learning necessary to identify the source of the stress. The non-cognitive components are automatic and focus on relieving the discomfort (Skinner and Zimmer-Gembeck, 2007).



## **Chapter Two: Review of Literature**

This chapter covers the conceptual and empirical literatures on challenges and coping strategies of re-integrated institutionalized children. This section reviews child convention, journal articles, reports, books and other relevant materials to the topic under investigation.

### **2. Child**

Child as defined in the convention on the rights of the child and ratified by the Ethiopian government in 1991, a child is any human being below the ages of 18 years. All children need close relationship with their parents and are sensitive to love. From the very first day of life an infant can give and receive affection and build relationship. This relationship and the feeling of being loved and wanted is a vital to their inner development. It is the basis for the development of child's sense of security, confidence and the ability to cope well with the other people and the world at large. From the consistent words and action of parents, a child gains a feeling of security, learns what is expected in relationship and develops a clear sense of what is right and wrong (Peter, 1999:30). However, in poor families where the children suffer from malnutrition, food insecurity, inadequate maternal and child care, unhealthy environment and infection of disease there exist, a poor relationship among the members. Unfortunately, parents are so wrapped up in their own trouble that they don't give their children either the emotional or support on the attention they need (Belsky, 1984:81).

#### **2.1. Orphan and Vulnerable Children (OVC)**

It is essential to have a clear and working definition of orphan and vulnerable children. An orphan includes, all children under the age of eighteen who are maternal, paternal or double orphans. Notably, UNICEF provides that the vast majority of children are single orphans, maternal or paternal (2008). Defining an orphan as a child under the age of fifteen

who is a maternal, paternal or double orphan confers with the once mainstream definition of orphan used within the international community. However, it failed to account for the children who are orphaned and just as vulnerable between fifteen to eighteen years of age.

In accordance with the Convention on the Rights of the Child (CRC) “a child means every human being below the age of eighteen years.” This recognizes that OVC should include children beyond the age of fifteen. *The Children on the Brink 2004: A Joint Report of the New Orphan Estimate and a Framework for Action* (UNAIDS, UNICEF and USAIDS), updates the international community’s definition of OVC as all children under the age of eighteen.

Defining vulnerability on the other hand, does not include such concrete indicators as age and parental lost. Instead, “vulnerable children are those who belong to high-risk groups who lack access to basic social amenities or facilities. The main sources of vulnerability include HIV/AIDS, poverty and conflict,” according to the World Bank and UNICEF (2002, p.17). According to the International Federation of the Red Cross and Red Crescent Societies, children are also defined as vulnerable if they have had such specific experiences: withdrawal from school, discrimination and stigma, emotional need and grief over illness or death of parent(s), increase of poverty, loss of property and inheritance right, loss of shelter, inadequate health care, vulnerability to physical and sexual abuse or engagement in child labor (2002).

The other precarious living situations are further described as including children living with old and ill caregivers, within households that absorb orphans and with parents dying of AIDS, all of which increase a child’s vulnerability. Quite obviously, vulnerability is not limited to orphans and often supersedes the numbers of absolute orphans. Furthermore, due to a lack of overall child participation, children remain inherently vulnerable because

their voices continue to be unheard, unconsidered and undervalued in many national and international forums.

The World Declaration on the Survival, Protection and Development of Children in 1990 stated it best: The children of the world are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be one of joy and peace, of playing, learning and growing. Their future should be shaped in harmony and cooperation. Their life should mature, as they broaden their perspectives and gain new experience. (Smart 2003 p.7) Recognizing children for possessing these innate qualities - innocence, vulnerability and dependency - sets up the standard to protect develop and care for all children.

Adverse effects of institutional care living is not new information; it has been recognized as a problem for many years. The healthiest living condition for a child is obviously with a family who will love and nurture as well as providing food, shelter and clothing that will ensure this child's survival. Unfortunately, this is not reality for many of the world's children. By definition, the word orphan means a child that has been left without parents to care for him because they are deceased. Today's international orphans usually have parents but they have abandoned them or their parental rights have been terminated. There are numerous reasons why people abandon their children; reasons seem to be similar worldwide. Below is a list of the most common reasons why children are placed under institutional care. 1) Poor economic situation, poverty 2) Parental illness, mental and or physical 3) Drug or alcohol abuse by the parents 4) Mental retardation 5) Incarceration 6) Termination of parental rights because of neglect or abuse 7) Political and economic policies of different countries (one child policy). 8) Complicated medical conditions that the family cannot care for orphanages are part of every societal culture.

How good or how bad an orphanage is depends on the particular country outlook on abandoned children and obviously the financial situation of these countries. Nevertheless, in some countries there has been a strong reaction to the negative features of institutionalization, which shaped the pattern of child residential care use in many countries. There are both historical and current examples of the misuse of day care and residential care of children where parents voluntarily or involuntarily keep their children for long hours. In this case, children are likely to suffer the same harm as those who have been institutionalized in long-term residential care, since they lack consistent one-on-one care and attachment. Delays in developmental health are common in many of the post-institutionalized children, the degree and severity of problems is directly proportional to the length of time of institutional care living. ([www.adoptiondoctors.com](http://www.adoptiondoctors.com)).

Many of these children suffer from physical neglect, poor hygiene and a lack of a nurturing environment. Cognitive development in young children is critically dependent on their experiences during early infancy and childhood. The more hostile the environment, the more detrimental are the developmental delays. Even in today's more modern orphanages that are cleaner and full of toys and other stimulating activities, there is still no substitute for a mother-child relationship. It is extremely difficult to care for many children in a group setting no matter the country you are in. Many children that live in orphanages suffer from lack of experiences with the outside world. Many of these children have not left the orphanage grounds; they lack the experience in going to the park, stores or even some other children's home for a play date. These are simple daily experiences that we all take for granted as part of growing up. Worldwide, poverty remains as the most common reason for abandonment of children. In some countries with extreme poverty, sometimes an institution is the only viable alternative for this child's survival. At least in an orphanage the child will

receive the minimal daily life requirements such as food, shelter and clothing. While medical care is somewhat limited in some institutions. In an orphanage the child should be protected from abuse and neglect and may even be offered formal education.

### **2.1.1. Residential Care**

It constitutes care without a parent or guardian for longer than three months for large numbers of children (25 or more) or small numbers of children (between 11 and 24) in a building often referred to as a “children’s home” which provide high quality, non-institutional residential care in a community. It has therefore been suggested that when a child lives in an institution for longer than 3 months without the exclusive care of parents or guardians constitutes “long-term residential care” of the child and this is potentially harmful to the child’s development. (Browne et al., 2004, 2005)

Recent definitions of what constitutes a small or large institution for the residential care of children has been proposed (Browne et al., 2004, 2005a). Accordingly, a large institution is characterized by having 25 or more children living together in one building. A small institution or children’s home refers to a building housing 11 to 24 children. Alternatively ‘family-like’ homes accommodate 10 children or less, usually separated with 2 to 3 in each bedroom.

### **2.1.2. Institutional Care**

Institutions or residential care homes for children are sometimes incorrectly referred to as ‘infant homes’ or ‘orphanages’. The so-called ‘infant homes’ often provide a non-stimulating, clinical environment for toddlers and young children up to four years of age, and the vast majority (94 to 98%) of children in ‘orphanages’ have at least one living parent, often known to the authorities (Browne et al., 2005, 2006; Carter, 2005; Tobis, 2000). It is

acknowledged that these figures do not refer to children in conflict or disaster zones, but even in these areas only minorities of children in institutions are orphans, with many of them being displaced and separated from a living parent or relative whose whereabouts may be unknown.

The reason behind institutional care consists of children who due to emergency cannot be placed in their homes and are therefore placed in an institution for a short period of time. It is important that when a child is placed under emergency foster family care, all possible effort be made to ensure that the case qualifies as an emergency. Another alternative is small family care with highly experienced staff specialized in providing services for children. It is also necessary that care is provided with the support of a parent or guardian and that it is not more than 3 months before the child is moved to a permanent placement in a family-based care. Residential care is basically for children in need of care for a short term. Residential care should as much as possible be similar to that of the home environment and be located in a local community. Children with special needs need to be taken to specialized residential homes for special care and the right period of time. It is also important that family members or friends are involved in the child's care plan.

### **2.1.3. Foster Care Placement**

A foster parent is a person who is not the parent of a child but is willing to undertake the care and maintenance of the child. (Children's Act, 1998, Act 560) . Children are placed under foster care when there are emergency situations or family crises. This should be done immediately after the assessment of the child's situation. This can be part of the child care plan. It is necessary that parents of the child participate in the process. Placing a child under foster care is much cheaper as compared to institutional care. Foster parents can also act as role models to birth parents and also provide positive parental care to the birth parents leading to the

rehabilitation of the family. Trained or skilled foster parents can support parents in difficulty so that the child can return to his/her family home when parenting becomes a positive experience.

#### **2.1.4..Reunification of Children with Parents**

Children are sometimes separated from their birth parents or extended families and placed in institutions due to poverty which according to child rights activists is not acceptable. It is therefore necessary to provide support for families to enable them to reunite with their children. In cases where children cannot re-unite with their birth or extended families, provisions should be made to reunite children with their siblings. In cases where siblings are outside the child's resident place, efforts should be made to find the sibling and reunite them.

#### **2.2. Approaches of Orphan Care and Support**

Current approaches to dealing with orphan and vulnerable children emphasize the role of families, communities, institutions and foster homes. Hunter and Williamson (2000) outline different strategies to assist orphans and vulnerable children in the context of poverty. These are: a) to strengthen and support the capacity of families to protect and care for their children; b) to mobilize and strengthen community-based responses; c) to strengthen the capacity of children and young people to meet their own needs; d) to ensure that governments protect the most vulnerable children and provide essential services; and e) to create an enabling environment for poor children and families. Although these strategies are not neatly separate from one another, their implementation in diverse social, economic, cultural and ideological systems reflect the powerful nature of donor-driven development supported by

the international aid community. Generally, the three different approaches of orphan care and support are familial, community based and institutional care and support.

### **2.2.1 Familial Care and Support**

Families are the best place for children's rights and well-being to be secured. The duty of a state is to support families in doing this by providing accessible social services and social protection as well as ensuring the integrity of the family. The role of social networks of families in looking after parentless children is immense. In sub-Saharan Africa, the extended family system has for generations met most of the basic needs of children and provided a protective social environment in which they could grow and develop (Verhoef 2005). Children are purposefully sent to live with relatives in normal times for reasons that are different from resolving the problems of orphan hood and child destitution (Kayongo, 1984). In periods of crisis, kinship systems have dictated various social, economic and religious obligations towards the family lineage, as well as the social and material rights of the parentless children within the lineage.

Consequently, on the death of the biological parents, the continued care of a child within the extended family has been guaranteed (McKerrow and Verbeek 1995). However, the number of orphans in many African countries is increasing rapidly, placing a heavy strain on traditional child care within families and kinship systems. The traditional family structure is seen as being either overstretched or as having collapsed so that it is no longer considered capable of coping with the burden of caring for orphans (Kalebba 2004).

Orphans are well looked after by extended families and communities, and that even in the context of poverty the existence of support networks has an enormous impact on an



orphan's well-being (Evans 2005; Foster and Germann 2004). This rather optimistic approach provides insights into the complex ways in which families pull resources together and continue to ensure the safety and social security of orphans, as well as providing care for those affected by the disease indirectly (Bray 2006). However, implementing external programs without examining the capacities and potentials of extended families can waste crucial resources while simultaneously supplanting existing structures of care, at the risk of making them socially unsustainable (Abebe and Aase 2007). Likewise, romanticizing the extended family system without a critical assessment of its constraints may result in the placement of orphans in unprepared families, to the detriment of the children's physical and social well-being.

### **2.2.2 Community-Based Care and Support**

Community-based care refers to local, community-driven care arrangements carried out with different levels or degrees of community ownership and participation (Ansell and Young 2004; Sanou et al. 2009). Like care by or within extended families, it draws on the resources and strengths of communities in mobilizing resources and takes on the responsibility of administering them (Kalanidhi 2004; White 2002). Ansell and Young (2004) identify three variants of community-based care for orphans and vulnerable children: care within the community (i.e. not in institutions); care organized at the community level, where service provision (e.g. food, education, health care) is coordinated through the use of already existing traditional community institutions, and religious-based and village-based committees; and care by the community, where resources (time, labour, money) are mobilized from community members in order to support orphans (Sanou et al. 2009).

Although numerous studies confirm the success of community-based care (Skovdal et al. 2009), they do not tend to benefit many orphans, who must be highly mobile in order to join extended family households which themselves are spatially dispersed. Many orphans also experience multiple migration in response to maltreatment in their host families or to seek better opportunities elsewhere (Ansell and Young 2004; Ansell and van Blerk 2004). By treating communities as stable and homogeneous, community-based care fails to reflect the fact that many orphans are newcomers in the places in which they reside (Ansell and Young 2004). In addition, since they lack funds, community-based care tends to be donor-driven, seldom taking into account the perspectives of beneficiary children and families (Bourdillion 2004), who from programming points of view, may have quite different expectations on the ground. More crucially, community-based care functions with the premise that the extended family structure has already collapsed, although the available evidence shows the contrary (Abebe and Aase 2007).

In Ethiopia, the second most populous nation in sub-Saharan Africa, nearly 95% of its 5 million orphans defined as children below 18 years of age who have lost one or both parents live in extended family households (MOLSA 2003). Despite this, most policies and programs for orphans in Ethiopia (and throughout the non-western world) emphasize the role of communities and resource-intensive external approaches (institutions, orphanages and foster homes) to the neglect of the fact that the responsibility for and care of orphans in particular, as well as of those who are indirectly affected by the devastation caused by the epidemic in general, ultimately falls on extended families. This reality is too often ignored, which is disturbing on many accounts. As (Ennew 2005:143) suggests, the shift towards the development of responsible citizenship and good governance at the local level is forcing

vulnerable communities to assume greater responsibilities than they have the will or capacity to fulfill.

### **2.2.3 Institutional Care and Support**

The traditional welfare provision for orphans outside families and the kinship system has been containment in institutions, largely financed through charitable donations (Ennew 2005). The level and quality of care provided in institutions differs from one institution to another, depending on the type of internal organization (family-based or conventional dormitories), the size of the family or other internal unit, internal equipment, the number of qualified staff, the working hours of care-givers and the type of relationship they have with the children, management style, the overall atmosphere within the institution and financial resources (Cahajic et al. 2003). Although institutions are considered to be the last resort for the care of parentless children, they have a role to play in short-term, emergency placements for sibling groups (Sanou et al. 2009) and for children who may be too traumatized to be able to fit easily into a substitute family (Cahajic et al. 2003). In addition, although professionals argue that children would rather live in families and home-like environments, the adoption of older children may be difficult, which limits the alternatives available for providing more children with family care.

### **2.3. Nature of Care and Support Offered to Orphans**

According to standard service delivery guidelines for orphan and vulnerable children care and support program of Ethiopia, there are seven core service components including shelter and care, economic strengthening, legal protection, health care and psychosocial support, education and food and nutrition (Federal HIV/AIDS prevention and control office FHAPCO, 2010). Childcare is considered to be effective if it enables children to develop their holistic development. The legal and policy frameworks protecting the rights of vulnerable

children in Ethiopia (FDRE) also indicated that children are able to access the key basic needs namely, adequate food and nutrition, education, healthcare, shelter and protection, as well as psychosocial support and love. These five provisions are part of the seven core interventions in support of orphans as stipulated in the FDRE constitution. A wise investment in children's health, nutrition and education will create conducive environment for future growth and development (UNICEF, 1991:24). The child shall enjoy the benefit of social security. He shall be entitled to grow and develop in health, to this and special care and protection shall be provided. The child shall have the right to adequate nutrition; housing, recreation and medical services (ILO, 1979:41). Children of developing nations are confronted with innumerable problems. But most of the problems are mainly related with question of health, education and nutrition (UNICEF, 1998:15). Literature on nature of care and support provided to orphans is accordingly reviewed along these five elements.

### **2.3.1 Food and Nutrition**

Nutritionally, care encompasses all measures and behaviors that translate available food and health resource into good child growth and development. Hence, to grow strong healthy bodies children need nutritious food. Yet, in underdeveloped countries many children are hungry, eat foods that little protein or faulty food consumption related with ignorance (UNICEF, 1998:15). Nutritional status is an indicator of wellbeing and malnutrition is the result of a complex process with in which several variables coexists. Malnutrition is an outcome of various factors resulting from unfavorable socio-economic circumstances such as difficulties in obtaining food, unemployment which determines an irregular income for the family's bread winner limited access to education and health services are worsened by unequal access to and distribution of resources among members of the family (Peter, 1999:39).

Three clusters of underlying cause lead to malnutrition in adequate access to food in household; insufficient health services and unhealthy investment; and inadequate care for children. Inadequate care for children is not merely due to the poverty of household. But it is also possible that the economic and social burden on poor families with several children led the mother to give less attention to her younger children whose nutritional status suffer in consequence (UNICEF1991:23). Inadequate access to food in household is the key underlying cause of malnutrition as determined by the income of households. As family income increases it is more likely that total expenditure of food rises. Many studies conformed that the positive relationship between income and improvement in nutritional status of the household (UNICEF, 1991:23). Malnutrition varies from country to country depending on economic, ecological, social and other factors. In Ethiopia at present the most serious nutritional problems are mainly due to low intake of food as determined by incomes that influence the nutritional status at the household and individual level. The most important forms of malnutrition in Ethiopia are protein energy malnutrition, vitamin A deficiency, and iodine deficiency disorder and iodine deficiency anemia. Absolute poverty, poor health and sanitary conditions, limited knowledge of nutritional matters among certain households, and fluctuation in income are some of the principal reasons for the high prevalence of malnutrition (Bereket and Mekonnen, 1996:47).

### **2.3.2 Education**

Education is naturally accepted as a fundamental element in the preparation of children for the demand of adulthood and for a productive contribution to society. Besides its intrinsic value for human development and improving the quality of life, education determines the income and social status of a person in the modern world; meanwhile, most

children in developing nations have no access to education (Peter, 1999:19). This child is entitled to receive education which will promote his/her general culture and enable him/her to develop abilities, individual judgments, sense of moral and social responsibility to become a useful member of society (ILO, 1979:46). However, children in developing nations don't have enough access to educational facilities. A large proportion of school age children may continue to be out of educational system. The reasons of exclusion of large number of school age children from educational institution include parental choice, by their own violation or for inadequacy of resources (peter, 1999:23).

The educational system of developing countries is inequitable in that poor students have less chance of completing any given education cycle than more affluent there are two fundamental reasons accounting for the inequitable nature of educational system. First, the private costs of kindergarten and primary education are higher for poor students than for more affluent students. Second, the expected benefits of primary education are lower for poor students. Together, the higher costs and lower expected benefits of education mean that a poor family's rate of return from investment in a child's education is lower than it is for other families (Todaro, 2003:388). School attendance and school performance tends to be much lower for children of poor families than for those from higher income backgrounds.

Thus, despite the existence of free and universal primary education, children of the poor are seldom able to proceed beyond the first few years of schooling. Their relatively poor school performance may have nothing to do with lack of cognitive abilities, it may merely reflect their disadvantaged economic circumstances (Todaro, 2003:389).

### **2.3.3 Health Care**

As essential element of good health is access to curative and preventive health services that are affordable and of good quality. However, it is undeniable fact that there is

scarcity of health centers in developing countries. Even if there is health centre, there will be lack of staff members and facilities and also if there are health centers and staff members with facilities, definitely there exists lack of access (UNICEF, 1998:103). This lack of access to health services has a contribution for the increment of child mortality rate. However, the most of the causes of death are preventable child hood diseases such as tetanus, tuberculosis, whooping cough and diphtheria. Nevertheless, the fact remains that children of poor households do not have access to health care and may be further deterred from seeking timely and appropriate care (Ibid:103).

A major factor affecting the health of children is the availability of clean water and safe sanitation. Progress in child health is unlikely to be sustained if the developing nation's children remain without access to clean drinking water and adequate sanitary services (UNICEF 1991:63). Per capita income and health services coverage are much lower in poor families. In poor families, women and children are susceptible to health problems and various kinds of diseases. Malnutrition and infection often coexist in the same child and life expectancy may be quite high for better off family but far lower for the poor. (Todaro, 2003:361).Health status, once attained, also affects school performance better health and nutrition leads to earlier and longer school enrolment, better school attendance and more affective learning (Todaro, 2003:368).

#### **2.3.4 Shelter and Protection**

Shelter and protection are the major components of basic service that the orphan and vulnerable children is supported. The core values of care and support guideline of orphan and vulnerable children are rooted in the principles of child protection, which place the best interests of the child. Child protection is the other major issues of the development and

children should be protected and cared either in their biological parent and their caregiver. More specifically, Children without parental care are made vulnerable to the extent they do not have a caring adult to protect them from dangerous situations or from others who would exploit them.

### **2.3.5 Psychosocial Support**

Psychosocial care and support for orphan and vulnerable children is important for their developmental aspects. Children's psychosocial wellbeing affects every aspect of their lives from their ability to learn, to be healthy, to play, to be productive and to relate well to other people as they grow (Culver et.,al 2008). Healthy child development hinges greatly upon the continuity of social relationships and the development of sense of competence.

Competency development programmes are specialized programmes designed to help reintegrated children to address the underlying problems in their cognitive development that may have contributed to the institutionalization behaviour. Topics commonly covered include responsible decision-making, communication skills, problem-solving, conflict resolution, self-esteem or anger management. Most competency development programmes are "experiential" or active learning programmes. Studies have repeatedly shown that active learning programmes that provide children with an opportunity to practice or model positive behaviours are preferable. For some children, such interventions following release are also necessary to help them consolidate the progress they achieved through participation in institutional programmes.



## **2.4. Theories on Child Reintegration**

This study was based on the theoretical assumption of psychosocial development theory. Psychosocial development theory is primarily derived from the conceptual work of Erik Erikson (1902- 1994). It is a stage theory which covers the entire life span, unlike Freud's stage theory, which focused on infancy, childhood, and adolescence (Greene, as cited in Dulmus & Sowers, 2008). According to (Thyer et al., 2012) psychosocial development theory bases a number of factors, including one's genetic endowment, physiology, psychology, family, home, and community contexts, one's cultural upbringing, religion, ethnicity and race, sexual orientation, and economic status. It is very much a person-in-environment perspective, not solely an approach based on individual psychology (Thyer et al., 2012). This theoretical analysis has a notion that own children and adoptees can be viewed as (imperfect) substitutes whose demands are endogenous and jointly determined. The model analyzes preferences and constraints with adoption under several notions like Infertility, High (opportunity) costs of own child birth, orphans we care about and monetary benefits from adoption (Bethmann, D. & Kvasnicka, M., 2012). According to the theory complete infertility therefore provides a strong motive for adoption, even when adoption is very costly or adoptees are valued much less than own children. If the householder is partially infertile, it will adopt children only if the demand for children cannot be satisfied by own children. The model further states that for the householder to have a positive demand for adopted children, adoptees need to become more attractive, or they must come at a cost advantage. It is straight forward to show that the demand for adopted and own children in this case depends on how the householder's relative valuation of the two types of children compares to the relative costs she faces in obtaining them (Bethmann, D. & Kvasnicka, M., 2012). On the other hand a householder will adopt an orphan that it is emotionally attached to only if the costs of not adopting it outweigh the costs of adopting the child. A householder is

more likely to adopt such an orphan, the more it values adopted relative to own children, the lower are the marginal costs of children, and the higher is any disutility occurs from not adopting the child. Shocks like death of a family member and natural disasters lead householders to be emotionally attached with an orphan. This model also covers the monetary benefits from adoption in which historically prime motive for adoption, as well as related demands for unfree (slave) labor are discussed. It further states, for a celebrity, the adoption of a child generates headlines and adds to popularity, which benefits the career and ultimately income (Bethmann, D. & Kvasnicka, M., 2012).

## **2.5. Coping Strategies**

The conceptualization of coping describes a convergence between person environment transactions occurring when the individual appraises a situation as being stressful. Lazarus and Folkman (1984) gave the most well-known and widely accepted definition of coping as a set of purposeful and volitional efforts that regulate personal and environmental aspects while dealing with stress. Furthermore, they labeled stressful situations as a perception of harm, threat, or challenge. Dewe (1987) divides coping into active and passive attempts responding to a threat situation and aiming to remove the threat or reduce the discomfort. Folkman, Lazarus, Dunkel-Schetter, DeLongis and Gruen (1986) define coping as a constantly changing cognitive and behavioral effort to manage the internal and external demands of transactions exceeding personal resources. This broad definition allows for various specific coping targets that are internal (e.g. emotional reactions) or external (e.g. the situation).

Furthermore, the definition can subsume more specific dimensions of what individuals find “taxing” (e.g. uncertainty, important consequences). The focus is on coping behaviors or processes rather than a stable coping ‘style’ or personality trait (Burke & Weir,

1980; Folkman, 1982; Goldstein, 1973). This focus is important for ultimate supplication of research findings to managerial interventions and training. If coping is conceptualized as a personality trait which is relatively stable across situations, coping research would have little practical value for managers except perhaps, in selection of placement decisions. If, on the other hand coping is amenable to behavioral or structural intervention and training, new tools for stress management can be identified. This definition also distinguishes coping from coping effectiveness. That is, it defines coping in terms of what people do specifically without reference to whether or not it works.

Definitions that cast coping in terms of its effects such as ‘preventing, avoiding, or controlling emotional distress’ (Pearlin and Schooler, 1978) contain implicit effectiveness criteria. That is, coping is ‘effective’ if it prevents, avoids or controls individual distress. Although avoidance or control of individual distress is one aspect of effectiveness measure, admitting a critical one, organizations are interested in other effectiveness measures as well, such as performance or intention to quit. The wording of the conceptual definition of coping should not be confounded with effectiveness criteria. The integrative definition offered (Folkman et.al., 1986) does not allude to any specific criteria for coping ‘effectiveness’. Coping, not coping ‘effectiveness’, is therefore appropriate to our interest in organizational stress because this focus does not construe bias for researchers regarding what constitutes effective coping. Finally, this conceptual definition applies to stress that takes the form of challenge as well as harm or threat.

Table 1. Coping categories from Eskiner, Edge, Altman, &amp; Sherwood (2003).

| Distinction  | Definition   |
|--|--|
| Emotion-focused coping vs. problem-focused coping  | “Coping that is aimed at managing or altering the problem causing the distress” vs. “coping that is directed at regulating responses to the problem” (Lazarus & Folkman, 1984, p.150).   |
| Problem-focused coping vs. emotion-focused coping vs. appraisal-focused coping   | “Coping that is aimed at managing or altering the problem causing the distress” vs. “coping that is directed at regulating responses to the problem” (Lazarus & Folkman, 1984, p.150) Problem-focused coping vs. emotion-focused coping vs. appraisal-focused coping “Dealing with the reality of the situation.... Seeks to modify or eliminate the source of the stress” vs. “handling emotions aroused by a situation... responses whose primary function is to manage the emotions aroused by stressors and thereby maintain affective equilibrium” vs. “primary focus on appraising and reappraising a situation...involves attempts to define the meaning if a situation” (Moos & Billings, 1982, p.218) |
| Responses that modify the situation vs. responses that function to control the meaning of the problem vs. responses that function for the management of stress | “Responses that change the situation of which the stressful experience arises” vs. “responses that control the meaning of the stressful experience after it occurs but before the emergence of stress” vs. “responses that function more for the control of the stress itself after it has emerged” (Pearlin & Schooler, 1978, p. 6)   |
| Approach vs. Avoidance   | “Cognitive and emotional activity that is oriented either towards or away from the threat (Roth & Cohen, 1986, p. 813)”  |
| Engagement vs. disengagement   | “Responses that are oriented toward either the source of stress, or toward one’s emotions and thoughts” vs. “responses that are oriented away from the stressor or one’s emotions and thoughts” (Compas et.al., 2001, p.92)  |
| Control vs. escape   | “Proactive take-charge approach” vs. “staying clear of the person or situation or trying not to get concerned about it” (Latack & Havlovic, 1992, p.493)   |
| Primary vs. secondary vs. relinquishment of control coping   | Efforts to influence objective events or conditions vs. efforts to maximize one’s fit with the current situation vs. relinquishment of control (Rudolph et.al., 1995)  |
| Volitional effortful, controlled vs. involuntary, automatic coping   | Response to stress that involve volition and conscious effort by the individual vs. responses that are automatized and not under conscious control (Compass et. al., 1997)   |
| Direct vs. indirect coping   | Coping in which an individual emits an overt motors behaviors to deal with stressful events vs.  |

|  |  |
|--|--|
|  | coping in which “the organism responds to the stressful events.” (Barret& Campos, 1991, p. 33) |
|--|--|

### 2.5.1 Coping Styles

A word about denial and withdrawal—it would be a mistake to believe that we should rise to every challenge and face the problem head-on. Certainly, long-term avoidance of a situation will never overcome the obstacle. But sometimes a problem is so overwhelming or frightening. Everyone has an individual style in response to challenge. A great deal of research has looked at how different people cope and what styles help them cope most effectively. Experts have identified key differences in coping styles. Some people cope by tackling a problem head-on and trying to fix it as best they can. Other people focus more on the emotions that those problems create; they tend to do what makes them feel better to decrease their discomfort. Both styles, problem-focused and emotion-focused, are active styles that attempt to engage the problem. Other people choose to avoid the problem; they use full-blown denial or its close cousin, withdrawal. People who choose to engage a problem actively tend to choose 1 of 2 approaches—either they try to change the stressor itself to make themselves feel more comfortable, or they change themselves just enough to adapt to the stressor Kenneth (2006:157). This quote implies different people have different styles in response to challenge they face in their life circumstances.

I urge parents to raise children who can deal with emotions and confront problems, but I caution against pushing children to show they care just because we know they ought to care. Give them time and space and allow for the skills to be developed that will enable them to react appropriately. Although it’s a mistake to state with certainty how any single person should cope, it is generally agreed that people who engage a problem do better than those who deny or withdraw from it. This doesn’t mean we should force all children to face it every

time they're up against a struggle or dilemma. Children and adolescents who use problem-focused coping strategies to address the stressor, rather than the uncomfortable feelings it produces, are usually better adjusted. Positively oriented emotion-focused strategies are also useful, though. Resilient children are able to address problems competently and manage the physical and emotional discomfort that stress creates. Based on above information confronting problems is better than withdrawal to manage the challenges competently. (Kenneth, 2006, pp. 159)

According the views of this author, empowering children with problem-focused coping strategies enables them to address their problems.

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## **Chapter Three: Research Methodology**

### **3.1. Research Design**

Qualitative case study design was employed in this study. It is also the best approach to sue o test a theory or explanation. On the other hand, if a concept or phenomenon needs to be understood because little research has been done on it, then it merits a qualitative approach. Qualitative research is exploratory and is useful when the researcher does not know the important variable to examine. This type of approach may be needed because the topic is new, the topic has never been addressed with a certain sample or group of people, or existing theories do not apply with the particular sample or group under study (Morse, 1991). Qualitative study allows to investigate and make meaning of the individual or group perceptions in a deeper understanding and flexible way (Creswell: 2014, pp.32). Among the many types of qualitative research designs, the researcher has decided to focus on the case study methods that are most commonly used and utilized.

Case study research is a form of qualitative research that endeavors to discover meaning, to investigate processes, and to gain insight into in-depth understanding of an individual, group, or situation (Merriam 1998). Case studies can be differentiated from other forms of qualitative research by the fact that these studies focus on a “single unit” or a bounded system. According to Merriam, boundedness can be determined by asking “whether there is a limit to the number of people involved who could be interviewed or a finite amount of time for observation. If there is no end (actually or theoretically) to the number of people who could be interviewed or to observations that could be conducted, then the phenomenon is not bounded enough to be a case” (pp. 27–28). With this regard, in this particular study, the case study was designed to collect specific challenges and coping strategies of reintegration

activities, and to provide in-depth perspectives from the stakeholders involved in reintegration works and the re-integrated individuals.

The case study was very important in dealing with different events that the respondent experienced in their life and the case under the study was vital to investigate what events or experience that the care giver knows before and after start of support of institutionalized children. In addition, the case study is very important in dealing with events of institutionalized children before and after admission to the institution. The case study selection process is never intended to ensure a scientifically representative sample but was based on a framework to ensure that a reasonable distribution of group of study subjects were recruited and included in the study.

### **3.2. Study Paradigm**

A paradigm or worldview is “a basic set of beliefs that guide action”. This paradigm acknowledges that human beings have different understanding of reality and subjective expression of the situation they are living in and it gives much emphasis for this individual explanation of the issues. Thus, the researcher’s title is qualitative in nature and constructivist paradigm underpins this research study. Qualitative research begins with assumptions, a worldview, and the possible use of theoretical lens (Creswell, 2007). Among the existing four paradigms (post-positivism, constructivism, participatory and pragmatism), the researcher selected constructivism as best explaining the stance of doing this research. One of the critical decisions that the researcher needs to make in designing my study is the paradigm (or paradigms) within which the researcher situate my work.

So, based on these philosophical concepts the researcher used constructive paradigms that suits to this kind of study because of the researcher take into account the participants



meanings and subjective interpretation of children's challenges of reintegration and their perceived coping strategies.

### **3.3. Study Area**

The research was conducted in Jimma town on individuals who have grown up in SOS Children's village of any branch and currently reintegrated and living in Jimma town. Jimma is the largest town in the south-western part of the Oromia region. It is found about 335 km away from Addis Ababa and about 35 million people live in the Jimma zone according to Ethiopian Statistical Agency (2007). The majority of the population lives in rural areas, where the poverty rates are improving but not as fast as in urban areas. According to data from staff of the SOS Jimma district, the institute has started working since 1974 in Ethiopia. Therefore, the rationale behind selecting this location is mainly proximity of the province to the researcher, familiarity with the children and budget constraints.

### **3.4. Study Area and Population**

The study population comprises all former institutionalized children in a different batches of SOS Children's Village and currently discharged and re-integrated to the community and living in Jimma zone. As well all staff of Jimma SOS Children' Village.

### **3.5. Sampling Procedures**

In this particular study, purposive sampling was used to select study area because the researcher finds it convenient and has knowledge of the population.

Since the former SOS institutionalized and re-integrated children were rare to be found in one place and the researcher reached them through snowball sampling technique. Though the SOS children couldn't found in one place, the research approached former

institutionalized person now living in Jimma through one another then contacted through snowballing technique. .

Snowball sampling is the process of selecting a sample using networks. First individual was approached and then asked to identify other people in the group or organization, and the people selected by them become a part of the sample. Information is collected from them, and then these people are asked to identify other members of the group and, in turn, those identified become the basis of further data collection. This process is continued until the required number or a saturation point has been reached, in terms of the information being sought. This sampling technique is useful if you know little about the group or organization you wish to study, as you need only to make contact with a few individuals, who can then direct you to the other members of the group. This method of selecting a sample is useful for studying communication patterns, decision making or diffusion of knowledge within a group. (Ranjit Kumar, 2011: 188) Accordingly 9 former institutionalized children and 7 staff directly working with children were recruited and included in the study.

### **3.6. Sources of Data**

Primary sources of data were used in this study and primary data collection was done by using focus group discussions, key informant interview and in-depth interview.

### **3.7. Instruments of Data Collection**

To overcome weakness of one instrument, the use of multiple instruments is worthwhile. To this end, the researcher employed in-depth interview, key informant interview and focus group discussion to collect data for this study.

### **3.7.1 In-depth Interview**

The researcher conducted in-depth, face-to-face, semi-structured interviews, which provided me, the interviewer, and my research participants, the interviewees, with an opportunity to clarify questions and answers in order to ensure accurate responses and therefore to give a true reflection of the respondents' opinions. When using this method of collecting data the interviewer can probe the interviewee for clarity or for more detailed information when needed. The researcher was non-judgmental towards the responses provided by the participants, in order to help minimize biases. Interviews were also tape-recorded, with full permission and consent from the participants, to ensure that important information was not omitted. Because the researcher wanted to collect data in the form of stories, that is, in the form of first-hand accounts with a beginning, middle and an end (Riesman, 1993:3; Cortazzi, 1993:86), and because interviews allow respondents and the researcher to move back and forth in time, to reconstruct what happened in the past and to predict the future, the use of open-ended interviews (Kvale, 1996:5; MacMillan and Schumacher, 2001:443) matched my research purpose.

The researcher prepared open-ended questions for all participants so they could best voice their experiences freely. These questions allowed the participants to create their own options for responding. The researcher regarded the face-to-face interview as important because it provided me with useful information and also permitted respondents to describe detailed personal information. By using the interviews the researcher had better control over the types of information received since the researcher the researcher asked specific questions to elicit rich and thick data. Semi-structured interviews involved direct interaction between the researcher and the participants and allowed me to move the conversations to cover any aspect of interest that arose. The researcher also asked supplementary questions in order to explore general views or opinions in more detail. The researcher opted to use semi-structured

interviews because they are built up of open-ended questions that allow participants to respond in their own ways.

This makes them useful for investigating sensitive topics, as Creswell (2003:44) posits: “although interviewers have little control over semi-structured interviews, they remain a means to obtain directives as to what interviewers know and have little knowledge about”. Cohen, Manion and Morrison (2000:47) argue that in-depth interviewing is a data collection technique relied on extensively by qualitative researchers because it enables the researcher to obtain a large amount of data quickly and it allows immediate follow-up questions that are necessary for clarification. In addition, interviews allow the researcher to check description with facts and therefore ensure more insight into the problem under investigation. I used an interview guide consisting of questions to be asked during the interview and guidelines on what to say at the beginning and close of the interview. The interviews were accurately transcribed, coded and interpreted in accordance with the suggestions provided by (Henning, Van Rensburg and Smit, 2004:74-79). The interviews were aimed at identifying the different challenges children face with regard to reintegration, and how they respond to challenges.

### **3.7.2 Focus Groups Discussion**

Focus Group Discussion (FGD) was held with the former reintegrated child. FGD is a process in which certain number of individuals invited to together in order to discuss on certain issues concerning the research topic.

Focus groups can be described as a research approach whereby a group of individuals are selected to discuss together, in a focused and moderated manner, the topic under research. Focus groups can be used both as a self-contained method and a technique which may be used in conjunction with others. Flexibility therefore is one of the greatest benefits of this approach. Focus groups rely on the interaction within the focus group itself. Advantageously

a real benefit of this interaction is the sharing of views, experiences and stories between participants, and the insightful and rich data which is often produced. Consequently this can often be more intense and valuable than if all the participants were interviewed separately Robert Miller and John Brewer (2003:120-123). Hence, the researcher conducted focus group discussion as the number of the participants is small to be manageable for the discussion.

According to (Morgan, 1997), the three most common means of coding focus group data are to note each mention of a given issue, each participant's mention of the issue, and each focus group's discussion of the particular issue. Likewise when interpreting the data it is valuable to note how many groups mentioned the topic. It is worthwhile when planning and undertaking the focus group that the researcher reflects upon their own involvement within the research process, especially so in the writing up of the data. The discussion was led by a moderator or facilitator who introduces the topic, asks specific questions, controls digressions and stops break-away conversations. The researcher makes sure that no one person dominates the discussion whilst trying to ensure that each of the participants makes a contribution. Focus groups were tape-recorded.

Furthermore, (Denscombe, 2010:177) claimed that focus groups make particular use of group dynamics and have three distinctive features: there is a focus to the session, with the group discussion being based on an item or experience about which all participants have similar knowledge; particular emphasis is placed on the interaction within the group as a means of eliciting information; and the moderator's role is to facilitate the group interaction rather than lead the discussion.

### **3.7.3 Key Informant Interview (KIIs)**

A key informant interview (KIIs) was undertaken with staffs of the village. It is very flexible and can be used to collect large amounts of information. The researcher interviewed each participants in their offices based on schedule date and time and clarify questions. The interview schedule helps the researcher to think clearly about what he hopes the interview might cover. In key informants' interview session, all the key informants were interviewed.

Qualitative one-to-one interview was also used in this study. Qualitative interviews are more flexible and open-ended. They are often used to develop ideas and research hypotheses rather than to gather facts and statistics. In this sense, qualitative interviews are concerned with micro-analysis. Interviews can thus lead to the development of new ideas and hypotheses and throw up new dimensions to be studied. In this way, interviews may complement other data (Robert Miller and John Brewer, 2003:167-69).

According to (Burns,1997), an interview is a verbal interchange, often face to face, though the telephone may be used, in which an interviewer tries to elicit information, beliefs or opinions from another person. The interview will be one-to-one interview because it offers the researcher the flexibility to ask follow-up questions which encourage respondent to clarify points he or she has made. The most common form of interview is the one-to-one variety which involves a meeting between one researcher and one informant. One reason for its popularity is that it is relatively easy to arrange. Another advantage is that the opinions and views expressed throughout the interview stem from one source: the interviewee. This makes it fairly straightforward for the researcher to locate specific ideas with specific people. A third advantage is that the one-to-one interview is relatively easy to control. The researcher only has one person's ideas to grasp and interrogate, and one person to guide through the interview agenda. And a fourth advantage of conducting one-to-one interviews becomes

evident when the researcher embarks on transcribing the interview tape: it is far easier to transcribe a recorded interview when the talk involves just one interviewee. There is only one voice to recognize and only one person talking at a time (Martyn Denscombe, 2010:176).

### **3.8. Quality Assurance**

The validity of an instrument is the extent to which that instrument measures what it is designed to measure (Hitch, et. al., 1995). Establishing the validity of assessment tests is an important part of the research process. To this end, the content of the validity of the interviews was established by experienced instructors in the school of social work whose expert opinion and scrutiny was sought to establish whether the various items collectively cover the topic that the instruments are supposed to cover with respect to the set objectives. Several measures were taken to ensure that participants were trustworthy and truthful in order to achieve credibility of research findings. These included purposive sampling of the study sites and participants, application of appropriate data-gathering strategies and research instruments, and upholding the required ethical standards for carrying out research with human beings. In line with Seale's (2004) approaches to enhancing qualitative research, the researcher focused on the credibility, transferability, confirmability and dependability of the study.

Any ambiguous or unclear items on any of the instruments were corrected and redundant part was removed altogether. Focus was specifically on clarity of questions and/or statements, the ability of the instruments to answer the set objectives and acceptability of the items in terms of order given.

### **3.9. Procedures of Data Collection**

Interviews were deliberately set up and follow certain rules and procedures. The interviewer establishes the right to ask questions and the interviewee agrees to answer these questions. The interviewee also should be aware that the conversation will be recorded in some way and is therefore 'on record'. Establishing trust and familiarity, demonstrating genuine interest in what the respondent says and appearing non-judgmental are all necessary skills for conducting effective interviews. The interviewer has to develop an effective balance between talking and listening. This involves remembering what the respondent has said and knowing when and when not to interrupt. The interviewer also has to decide whether to use a tape-recorder to record the data and/or to take notes. Robert Miller and John Brewer (2003:166).

Based on above guidelines, the researcher followed different steps to collect the data. First of all, the tools (FGD and informant interview) guides were developed and designed based on the objective(s) of the study, the research questions and also based on the review of related literature. Next to this, the researcher gave the tools to advisor and experienced lecturers in the school of social work for checking the tools' feasibility. Immediately, after the incorporation of the comments, the tools were revised and corrected duplicated and made ready for execution. Then the researcher gave approval letter obtained from Jimma University to the SOS Children's Village Charity Affairs Head. Before the participants respond to the actual items, they was informed of the purposes of the study and requested of their permission for participation.

Next, finally, the participants' interview was designed and conducted in their spare time in the village compound. After the completion of FGD, The interviewees were interviewed twice. Each individual interview lasted for about 15 minutes. FGD data was tape



recorded and lasted for about 40 minutes. While the interviewees were giving their responses to the questions posed, the researcher audio-taped the interviews and took notes.

### **3.10. Methods of Data Analysis**

After the collection of data, the researcher adopted qualitative data analysis techniques. The data were processed and analyzed according to the purpose of the research and research tools. The data to be gathered through interview and FGD were analyzed qualitatively and interpreted thematically. The data from key informant interviews, FGDs and in-depth interviews are triangulated as a way of strengthen confidence in their validity. The researcher also comparatively analyzed the key informant interviews, in-depth interviews and FGDs results.

### **3.11. Ethical Issues**

Regardless of the type of study you choose to conduct, research ethics is an important consideration. The traditional and often dominant issues that emerge when considering research ethics involve obtaining informed consent from participants, protecting them from harm, and ensuring confidentiality. Informed consent means that participants have been given information about procedures and risks involved in the study and have been informed that their participation is voluntary and they have the right to withdraw from the study without repercussions Marguerite Lodico, Dean Spaulding and Katherine Voegtle (2006: 147).

Research that directly involves human participants has methodological and ethical implications (Mahon et al., 1996; Durrheim and Wassenaar, 2002). Accordingly, researcher tried to disclose all the intended procedure and objective of the study and obtained a written consent from each participant for a participation and audio record of the interview. All the

recorder audio was deleted after completion of the analysis and confidentiality, anonymity and sincerity in dealing with the participants throughout the study was maintained.

## **Chapter Four: Data Presentation and Finding**

### **4.1. Introduction**

This chapter dealt with presentation, analysis and interpretation of the data collected from participants. The purpose of this study was to explore what challenges children experience after reintegration and how they responded to the situations. The challenges and coping mechanism they used throughout the process, data were analyzed further to identify the experiences of the children and how they cope up with challenges. The data presented in this chapter were collected through in-depth semi-structured interviews, key informant interview and focus group discussion. All interviews were fully transcribed and participants' own words were quoted and translated and linked to the themes that were identified by the researcher in order to respond to sub-research questions. The interviews centered on two broad areas of inquiry with several questions in each area;

(1) What are the challenges faced by the former reintegrated SOS children?

(2) What are the coping strategies they used to overcome the challenges of the former reintegrated SOS children?

First, the profiles of the former reintegrated children were outlined before presenting the results of the interviews on the challenges and mitigation mechanisms of the children. Secondly, the analysis of participants' responses to the challenges followed. Then analysis of the data obtained from the coping strategies takes place. For this study, a total of 9 former reintegrated children in Jimma town and 7 child care related workers in SOS Children's Village were interviewed.

#### **4.1.1 Profiles of the Participants**

The majority of the children participants 7 out of the nine were female, and their ages ranged from 27 to 46 years. Most of the participants work in school as kindergarten teachers

and one as a janitor. Two of them work in hospital. One is a nurse who was trained in SOS village nursing school. The other is a doctor, who is the only doctor in the 70<sup>th</sup> years history of SOS Children's Village in Ethiopia. Regarding marital status, two are bachelors, one widowed, one/the other divorced and the rest are married. In terms of sex, both the bachelors are males and the remaining are females. This finding indicates that the majority of the children don't have better paying jobs.

With regard to staff workers, their age ranges from 24-40 years and their sex composition two were females while four were males. Out of six SOS village personnel participants, four of them are MA holders. And they are working on child project at position of youth officer, ACC and SC manager, health officer, social worker, education officer, sponsorship officer and program director. Their experience ranges from 3 years to 20 years of services. Thus, the staff can render the expected services to the children.

## **4.2. Challenges of Reintegration**

Most of the children during interviews indicated that their lives after they discharged from the institution did not face serious problems. However; there are some challenges such as economic, social and psychological challenges faced by some of the re-integrated participants.

### **4.2.1 Economic Challenge**

Due to increasing cost of living and the low income they get /of, the participants have mentioned the economic burden after discharge from the de-institutionalization.

In contrast, most of the reintegrated participants had mentioned on the FGD that they do have favorable attitude towards life/enjoy life as much as they can after reintegration and

this is also supported by key informant groups. They said that the institution covers half of the cost for education but they are supposed to cover the other living costs.

On the question of the difference between living conditions after they discharged from the institution and while they were in the institution, one individual on IDI replied:

*I am married, I have diploma in teaching and now I am a teacher. We got services more than children of affluent family did not access to. The social life is so challenging and it depends upon individual. For me the life was a bit difficult during reintegration. The institution trained us how to manage money by providing pocket money. However, community is very different. In the past, we just enjoyed better living conditions, we did not face any challenges but now we encounter economic challenges because my earning is low and is not fully enough for covering expenses. And so this thing should not be overlooked. Again ... it is better if we get support in the form of credits till we fully serve ourselves. Of course, when you get access to such thing, it means that you cope up well.*

As one of the participants posits their life styles were very different from those used to assess her at home and during her village training about managing money.

*When we were in the village, we got clothes, shelter, medication and nutrition free of any charges. Nevertheless, in the present, we depend on the income we get for housing, medication and other domestic expenses.*

Besides, one in-depth interview participant shares experiences and memories of economic problems. *Here is it; I've heard one of my former friends saying he had life orientation problems. So as long as a child is oriented with living with limited income, the child has got an idea of life in the outside a world, even when they have faced challenges, he or she make it right based on experience. Leading luxurious life in the village has negative consequences on later because it is difficult to break habit formed long (feeding style, wearing style, etc.).*

In similar manner, as it is indicated in the in-depth interview with Kindergarten teacher, she was struggling to cope up with life, irrespective of her trainings. Her previous experiences seemed to influence her present practices in the community as she struggles to meet her families' basic necessities.

In addition, regarding life style, one FGD participant shares the following opinion. *They put us on the right path for development, supported us on all levels, and planted in us the ability to move forward. Now, it is our turn to improve our life and take all the opportunities available to improve. Reintegration is effective to enjoy life independently after you finish your studies. Without reintegration, it would be difficult to sense *the* meaning of life because waiting for someone's help always is bad.*

#### **4.2.2 Social Challenges**

With regard to relationship of orphaned and vulnerable children with community, six of the nine children said that in terms of general interaction patterns with the outside community, they did not face exceptional challenges like social ostracism or isolation being orphaned children. The FGD findings demonstrated that they are socially strong and can relate well with their neighbors. This was confirmed by results from key informant interview as in the following.

However, findings from individual interviews contrast the above findings. In accordance with this, most of the in-depth interviewees indicated that there was poor community awareness of children and consider orphan children as offenders or wrong doers. So, to escape societal burden (stigma or isolation), most of the interviewees said that they don't disclose their personal or family information to outside world as they were in the village based on information gained from their senior reintegrated friends. In line with this,

UNICEF(2008) under Programme for Return and Reintegration evaluation report states that the training and experience gained by the social workers, teachers and community members has started to create a cohort of personnel within the community who are able and willing to address the psycho-social needs affected children. In a context where, as stated above, there is little culture of child protection, this is to be valued. Children need continued support and mentoring to ensure that it is sustainable. The main challenge here is to maintain the momentum of this positive work, while ensuring that the social workers cannot reach out to the community to support any child well.

Regarding this, national children's policy stipulated that families and communities have an irreplaceable role in children's overall development. However, the variation in family and community awareness, understanding and knowledge regarding child rights and protection have made their engagement in ensuring children's rights and welfare less effective.(2017:10).

Therefore, if the social workers are not involved in the community to support the children, children perhaps suffer from the possible psychosocial challenges. Regarding community networks, the key informant interview result illustrated that SOS children's village staff works with government offices and become advocate for defenseless and NGOs to support vulnerable children according to information from key informant interviews. Nevertheless, the actions and resources of community-based organizations (CBOs), local authorities and other relevant partners are negligent based on focus group discussant's information. This reflects lack of investment in support systems.

As the data obtained from the interview and group discussion indicate, **almost** former SOS children are doing well socially like any community members. Therefore, based on the responses, it is possible to conclude that they did not face serious social challenge. Regarding

this, national children's policy stipulated that families and communities have an irreplaceable role in children's overall development. However, the variation in family and community awareness, understanding and knowledge regarding child rights and protection have made their engagement in ensuring children's rights and welfare less effective.(2017:10).

Therefore to ensure the effectiveness of the efforts to promote and protect children's rights, it is important to increase families' and communities' awareness to play a pivotal role in children's rights and their overall development.

### **4.2.3 Psychological Challenges**

Another element identified by the study finding is that most orphaned children indicated they did not face significant psychological challenges of reintegration. For instance, one of the individual interview participants said: *Living away from your family members does not affect me psychologically. Reintegration is transition done with preparation. I did not face emotional problems as I first faced when I joined the institution. I enjoy life within the community and I participate in social affairs be it in times of sorrow and joy.*

Similarly, FGD discussants appeared confident, had a positive outlook, and, at times, seemed indifferent to their reintegration practices. They said that they were contented with their lives and amenable to adapt to the community lifestyle after reintegration.

On the contrary, some of the children in the study seem to be emotionally affected by psychological challenges after reintegration. There are a number of possibilities which could trigger emotions of these children. The following were identified when the researcher probed to find out answers on this aspect. According to individual interview result of most participants, lack of self-confidence, lack of self-assertiveness, self-blame, feelings of



helplessness and hopelessness happen to some of them. For instance, participant from in-depth interview asserted that:

*I lost my parents and owing to this, I experience feeling of grief and depression, insecure future, poor sense of self-worth and I sometimes grieve and mourn recalling past events. However, I don't tell to my friends or neighbors whether I lost my parents for fear of their possible reaction because some may not accept me.*

The researcher posits that these experiences of children might have been emerged from emotional developmental imbalances which might affect their social behaviors too. Concerning this point, the researcher is of the opinion that the emotional imbalances being experienced by children may be a result of loss of parents. According to children's scholars or pediatricians, children's village must works to fulfill emotional needs of their children as substitute of a family so that the children can grow to become emotionally secure and stable. Therefore, there is need to address the emotional needs of these children for fostering positive mindset.

### **4.3. Coping Strategies Used by Children in the Community**

#### **4.3.1 Social Strategies**

Majority of the former institutionalized children maintain family cohesion to overcome social related challenges. Regarding social strategies, the program director said, *"SOS children's villages support vulnerable children by linking children to their families of origin both before and after discharge."*

In the same manner, research reveals that support groups and counseling give people a sense of belonging when they think they are alone with this condition (Hunt & McHale, 2005b).

During individual interview, one of the participant replied:

*My parents were separated when I was a child. My mother was married to another man and my relatives took me to SOS Children's Village. After I left SOS children's village through integration, I tried to search for and found my relatives in Hawassa and I saw pictures of my parents too even if I did not contact them physically. I usually call to my uncle and he does too.*

*The large number of FGD discussants suggested that they make friends and mix with the members of the community to create sense of belongingness. In line with this, John Quiroga Jonathon Rollason Alex Hughes (2005:1) claimed that connectedness has been identified as an important protective factor. It refers to feelings of belonging, be this to family, school, or the broader community.*

Allen (2007:131) believes families can easily manage their problems if they are assisted to identify and utilize strengths that already exist within themselves and among their circles of support. From the eco-system perspective, a person's environment can build or destroy that a particular person. Solutions to problems are found within the same environment that subjected a family to the challenges; the role of the family is to discover their strengths and sizes their opportunities that the environments bring their way.

Furthermore, to respond to the question of challenges of reintegration, many participants mentioned that they did not face as such unique challenges and they highlighted the importance of previous life skill trainings as it can be understood from the replies of child experts and the former reintegrated children themselves. Their basic procedure was to fulfill all what is expected, and assess as they went along to see how well the children manage life in the community.

One of the key informant commented, *“After we conduct impact assessment, and ensure that the children had had enough exposure and experience to live independently, we reunify with the community.”*

In contrast, on the issue of household chores, one in-depth interview participant said that she did not get good experience of household chores. Citing an example of baking injera, she said that she let others do first then imitate others, not to be rebuked or face negative reaction from others. This implies that she might have less exposure to adequate domestic role practices.

### **4.3.2 Economic Strategies**

As information gained from key informant interview elucidates, the primary plan of the SOS Children’s Village is to link the child with potential donor or sponsor who fulfills the basic needs of children like the parents and responsible to control every activities concern the beneficiaries’ at SOS children’s village. A doctor during in-depth interview shared the information below about his saving habits. *As you know we earn better relatively and have duty payment I survive on the salary by dividing my salary into three: 60% for basic needs, 10% for recreation and 30% for emergency.* In line with the needs of human beings, Abraham Maslow claimed that all human beings have a basic survival needs that is the needs of food, warmth, and shelter. Once these needs are satisfied, we will be motivated by the needs for safety and strive for an environment in which we feel physically and emotionally safe and secure. At the next we seek experiences that feel loved, cared for and accepted by others. Beyond this we seek to feel over self-esteemed and reach at higher order needs, self-actualization. No two children are alike. Some children have impairment and others may not have. However, all children regardless of individual differences have needs (UNESCO, 2016). Thus, the needs of children can categorized as economic, emotional, spiritual and

social. However, needs of many orphan children have not been met and that could be presenting huge challenges for them. Another in-depth interview participant stated, *“I earn low salary and my uncle sometimes sends me money. With such means I confront life and lead my level best life. ”*

Likewise, individuals who attend support groups gain a greater ability to cope than those who do not attend (Pennington, 1993). The results reflect individuals experiencing situations that are unfamiliar or troublesome.

When asked about the sustainability of support, the associate alternative child care argued that:

*First of all, our organization is committed to the cause and materializes its goals. For instance, to minimize multi-educational disadvantages, the institution provides vocational trainings for students who couldn't join the university like KG and nursing trainings. There are informal equb and idir associations for the reintegrated children which help the members in times of difficulties. If family can't afford medical fees, the organization intervenes in such incident too. We provide financial assistance for the care of chronically /acute ill or dependent person. We assist the patient till referral service and help him in obtaining food and medical expenses elucidated in our programs.*

Concerning this, Jenkins (1974) suggested, foster care must be understood in part as a class system that attempts to compensate for deficiencies in the social structure. Since there is little evidence that placement of children in foster care contributes to upward mobility for children or their biological parents, foster care may actually contribute to maintaining the status quo. The very availability of substitute care resources deflects attention from the structural problems such as poverty, unemployment, and homelessness that undermine parental capacity to provide adequate care. At the same time, history suggests that society

will always need some type of substitute care provision for children who cannot remain with their own parents. Although increased efforts to reduce socioeconomic deficits would undoubtedly decrease the number of children requiring foster care, structural changes alone cannot ensure equitable distribution of the emotional, cognitive, and physical resources also required for adequate parenting.

### **4.3.3 Psychological Strategies**

Based on FGD and in-depth interviews majority of the participants shared that though they underwent psychosocial development strategies while they were in the village, they are not free to share their historical incident with large community well and they are suspicious of the community members as they label as wrongdoers as. According, because community members may not have good attitude towards orphan and vulnerable children, children are probably not assertive. This implies that they choose avoidance technique over acceptance.

The process is grounded in the risk and resilience framework, articulated by Catalano and Hawkins (1996), which provides an understanding of why some young people seem to be more vulnerable when they encounter difficulties, while others are able to adapt, rise above their difficulties and flourish. Risk factors increase the likelihood that a young person will develop problems and work against successful development. Protective factors give people resilience, helping them to cope well with life's challenges in ways that are positive and constructive.

Most of the children during the FGD indicated that they accept their past conditions (orphanhood) positively and don't feel grieved or regret to their past situations. The opinions of the participant during in-depth individual interview reflect the same thing as well, as follows:

*I enjoy my life being positive thinker since being orphan is nothing because it is not curse or sinful and it happens to everybody. Just God gives life and takes it. So you can't blame Him rather than saying thank you for all what He did.*

Thus accepting one's condition rather than avoidance is better for coping challenges of social functioning and change low self-esteem.

Holahan and Moss (2007:985) appraise hope as an important element of adaptation for the many people are going through difficulties in life. Hope and faith usually complement one another as seen in the interview response. Programs should be developed for various groups of individuals whose socialization is completed and reunited with the community tend to face some particular social challenges, or a psychological problem. Some of these groups may indeed be facing situations of outright social exclusion and may need assistance in dealing with nearly insurmountable social integration obstacles. In this regard, reintegration programs should be used to refer specifically to interventions designed to help such individuals who have been placed in community and suffer economic challenges and psycho-social challenges.

On top of this, regarding emotional development of the child The ACC and CS manager added saying that:

*Reintegration can take place when children complete their studies and find job. A child who grew up in the village leads his life without salient challenges because of village's dedicated value to its children. Our children are empowered to use their trainings to perform their roles and lead joyful life. Therefore they can't likely encounter challenges after leaving the village. But the mistreated child by care giver during young age may have may undergo some challenges because all caregivers are not equally competent mother or aunts though they meet the criteria during recruitment.*

According to the above information, children may not face challenges after leaving the village because of probably previous familial nurturing be it biological or social. In line with this, Rumsey and Harcourt (2004) suggest that support of family and friends can improve self-esteem and promote positive social interactions.

## **CHAPTER FIVE: DISCUSSION**

### **5.1. Discussion of Key Findings**

Result of this study indicated that individuals discharged from SOS children's Village and re-integrated to the community and currently living in Jimma did not encounter significant challenges in contrast to other community members. Some of the main factors that protected them from facing challenges were various services and supports that had been provided by SOS Children's Village and prepared them beforehand. With regard to the social component, most of the children have contacts and good relationships with their relatives and community members. The institution links the children with their kinship groups and helps those needy people when they cannot pay medical expense by facilitating access to medical care. The finding of the study further shows that a majority of former institutionalized children in SOS Children's Village lead life like any community member does.

Nevertheless, some of them complained of poor livelihood conditions due to low income even if they gained training about handling pocket money from the institution. Nevertheless, some participants mentioned that they face economic problems which is in parallel with the finding by (E.Muguwe, F.C. et al. 2011). On the other, the current economic problem is not unique to these groups alone, it is a nationwide and might not be attributed to the re-integration process.

To mitigate economic problems, they form *equb* and *idir* (informal saving institutions) meant to help each other) and had a regular contribution and develop saving habits through budgeting. This finding corroborates that of Daniel Bubamo (2020). His study showed that to overcome shortage of money that occurred due to the donors turnover Sebeta Children Care Center has providing various types of services for targeted beneficiaries such as: educational services, meeting together during events and psychosocial support are major services.



Moreover, the finding of this study indicated that the interventions in community awareness creation about orphan and vulnerable children are not yet well developed. Furthermore, the study has indicated that the challenges of the children like lack of confidence, the confusion of roles, self-assertiveness and hopelessness in the community were mentioned in the study. Besides, it has been found that children suffer from lack of money or economic means to support oneself and negative attitude of some community members.

This finding contradicts the findings of Firafis Dereje (2015). According to his finding, the CBOs representatives pointed out that there is strong link exists between SOS CBOs (community based organization) members and the larger communities. This makes that CBO's role is more related to care and support of the orphan and vulnerable children and children at risk. In this case, it seems that SOS Children's Village did not establish strong link with the larger communities so as to make the external community members to have good regard for the re-integrated children.

The result of the finding implied that re-integrated children utilize saving and getting support from relatives positive thinking, self-closure, withstanding past events and visiting relatives as a coping strategies to get well-adjusted with life out of the village. Though some of the strategies like self-closure have a negative effect on their life, it helped them to re-integrate with the community without any problem. The other coping strategy mentioned by the participants was upgrading their qualifications with the half support of the institution to earn better salary and withstand the economic burden.

A result of this study implies that the SOS Children's village playing a great role in

addressing one of the major problems of OVCs, with aforementioned services provisions above. The participants confirmed some of the SOS Children's village services are the most effective services it has been rendering for beneficiaries at SOS Children's village. Even if these services are effective they had their own limitations. The majority of the beneficiaries reported that they have got adequate care and provision of basic need of orphan children This can be confirmed through this study as one of the achievements of the SOS Children's village. Most of the participants forwarded the good practice of follow up system that they have with the SOS Children's after reintegration. During in depth interviews most of the interviewees reported that the organization is not adequately delivering psychosocial supports due to lack of professional counselors and inadequacy of diversified skilled social workers, especially regarding to develop talent of beneficiaries before they leave from the project

## **Chapter Six: Conclusion, Implications and Recommendations**

### **6.1. Conclusion**

This study has made an attempt to investigate the challenges that former SOS children face in and the coping strategies used by them to respond to the challenges. Based on the findings of the study the following conclusion was drawn. According to the data obtained from the interview, FGD and KII, it is possible to conclude that most of former reintegrated children did not face significant challenges different from community members.

However, the findings showed that the major challenges that were barriers to the reintegrated children in adapting to the community life were shortage of finance, role confusion, psychological problems (grief, lack of self-confidence, and lack of self-assertiveness and feeling of not to be accepted by community). In addition, there are minimal economic and psychosocial support in responding to children's needs, in collaborating with the community members and women's and children's affairs to enable children to adapt to the external environment effectively. One of the crucial findings of the study indicates that majority of the participants (the former reintegrated children), and staff members confirmed that the children seem to succeed in the reintegration program without experiencing noticeable challenges. In responding to the challenges some children used strategies such as visiting family members, saving money, self-closure, upgrading one's own qualifications, keeping personal information confidentially and living with positive mindset.

### **6.2 Implication to social work practice**

The Finding of the study has shown that SOS children are facing various problems on the reintegration challenge and coping strategy. Thus, it is mandatory to address those problems through professionally guided intervention mechanisms. With this regard social work profession have the leading role to provide various services through different

approaches. Working with the orphan children like SOS Children village, is a concern of social work profession. It is found out that SOS Children village are facing many challenges which need skilled professional interventions. Well trained center-based caregivers, skilled social workers and professional counselors are compulsory in order to assist the orphan and vulnerable children. This research finding also explores that there is a lack of awareness in community, particularly Among orphan children. the social affairs office has supporting orphan children reintegration by develop different awareness creation sessions on the issue of orphan children reintegration to overcome this problem, community should provide awareness creation about the severity and real consequences of orphan children reintegration by whatever means of media available in community

### **6.2.1. Strength based approach to practice**

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

### **6.2.2. The use of holistic approach**

Research data presented by the participants of this study indicated that the beneficiaries at SOS children`s village suffer with various problems after that were barriers to

the institutionalized children in adapting to the community life were shortage of finance, lack of social support, shortage of money, psychological problems by some children (desperation, remorse) lack of acceptance by community and others. Thus, holistic approach is a social work method of assessment and intervention that does not view the problem of the beneficiaries from single dimension but look beyond it by incorporating systems that have a direct influence in that situation. Therefore, when social workers step in to address the problem of children, they should make sure that the approach they use is holistic enough to address all kinds of problems rather than exerting much effort to solve a single problem which can't be solved without integrating various interventions.

### **6.3. Implication of the Study**

The finding of this study could have a profound implication for social work professional, teachers and students because **it pinpointed** that provision of earlier training while they were in the village and the preparation obtained from the hosting organization would helped them from experiencing major challenges during the integration. This implies that, if foster care center work aggressively on preparing for re-integration of institutionalized children, they can adapt to the life out of the organization and get re-integrated with the community without any major social, psychological and economic challenges. So, result of this study underlines the importance preparation work before discharging and re-integrating institutionalized children.

### **6.4. Recommendations**

As stated so far in this study, most of former reintegrated children did not face serious challenges after reunification with the mainstream community though a number of problems hinder and delay the successful practices of some of children's reintegration. To this end, the following suggestions were made:

1. It is better if the children can regularly gain economic, social and counseling services based on impact assessment through collaboration with the donors to acquire more confidence and income.
2. Efforts should be made by women and youth officers, the community leaders and elders to raise awareness of the community about institutionalized children to create best environment for children and in order to change the assumed negative attitude held towards OVC.
3. This study found that staff devote most of their time to administrative tasks in the compound though the importance of a role in creating strong linkages with the community is important. Therefore, it is better if the social workers of SOS Children's Village could create good relationship with the community in order to get adequate support and cooperation so as to see achieved the goal of reintegration.
4. The program director and ACC and CS managers should modify reintegration programs after conducting needs assessments regularly to gain appropriate support from government agencies and NGO. Further work should be done on the self-assertiveness and confidence of the institutionalized children before releasing them from the institution.
5. Moreover, social workers and child officers should get additional training in the areas of children's emotional and economic needs and case management. The care giver should also train children with social masculine and feminine roles based on ages to overcome the possible occurrence of confusion of roles.

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## Appendix One

### Profiles of the Participants

Table 0.1: Background of the Key Informant study participant

| Code Name Given | Position         | Gender | Age | Educational Qualification | Experience |
|-----------------|------------------|--------|-----|---------------------------|------------|
| KII 1           | program director | M      | 46  | MA                        | 20Y        |

Table 0.2: Backgrounds of the Focus Group study participants

| Code Name Given | Position            | Gender | Age | Educational Qualification | Experience |
|-----------------|---------------------|--------|-----|---------------------------|------------|
| FG1.1           | ACC and SC Manager  | M      | 32  | MA                        | 7Y         |
| FG1.2           | Health officer      | F      | 28  | BSC                       | 5Y         |
| FG1.3           | Youth officer       | F      | 24  | BA                        | 3Y         |
| FG1.4           | Social worker       | M      | 34  | BA                        | 9Y         |
| FG1.5           | Education officer   | M      | 38  | MA                        | 12Y        |
| FG1.6           | Sponsorship officer | M      | 36  | MA                        | 10Y        |

Table 0.3: Backgrounds of in-depth interview study participants

| Code<br>Name Given | Occupation              | Gender | Age | Educational<br>Qualification | Experience |
|--------------------|-------------------------|--------|-----|------------------------------|------------|
| IDI 1              | Medical<br>Doctor       | M      | 27  | Degree                       | 1 Y        |
| IDI 2              | Nurse                   | M      | 28  | Diploma                      | 5 Y        |
| IDI 3              | Kindergarten<br>Teacher | F      | 42  | Degree                       | 12 Y       |
| IDI 4              | Kindergarten<br>Teacher | F      | 38  | Diploma                      | 10 Y       |
| IDI 5              | Kindergarten<br>Teacher | F      | 34  | Diploma                      | 8 Y        |
| IDI 6              | Janitor                 | F      | 30  | 8 G                          | 5 Y        |
| IDI 7              | Teacher                 | F      | 35  | Degree                       | 7 Y        |
| IDI 8              | Teacher                 | F      | 37  | Degree                       | 9 Y        |
| IDI 9              | Teacher                 | F      | 33  | Degree                       | 7 Y        |

### Appendix Two

#### መረጃ በመስጠት ለሚተባበሩ ሰዎች የስምምነት ቅፅ

ስሜ ፍርድስ አባላት ይባላል በጂማ ዩኒቨርሲቲ የሶሻል ወርክ የድህረ ምረቃ ተማሪስሆን (ጅማኤስ/አ/ኤስ፣ ሕፃናት-ማሳደጊያው-ስፕላይን-ወደማሕበረሰብ-የተቀላቀሉትን-ማሕበራዊች-ግርዳና-የመቋቋም-ስልቶቻቸውን-እያጠናሁ-እንኛለሁ። ስለዚህ እርስዎ በጥናቱ ላይ ለምጣይ ቅድሚያ ጥያቄ መልስ በመስጠት ይተባበሩኝ ዘንድ ፍቃድ ገንብቶ ስለሚጠይቅለሁ።

:በመጠይቁ ወቅት ፍቃድ ከሆኑ የድምፅ መቅጃ የምጠቀም መሆኑን ለገልጽልዎ እወዳለሁ። የሚሰጡኝን መረጃ በሚስጥራዊ በታየሚቀመጥ ስምምነት ጥናቱ ላይ የሚይዘው ጠቀስ መሆኑን ለረጋግጥልዎ እወዳለሁ። የተቀረጸው ምዕብ ጥናቱ መጨረሻ ላይ ከድምፅ መቅጃው ላይ የሚደመሰስ መሆኑን ለረጋግጥልዎ ታለሁ።

በማንኛውም ሰዓት በጥናቱ ወቅት ጥያቄ ካልዎት መጠየቅ ይችላሉ። እንዲሁም በጥናቱ ላይ መሳተፍ ምሆን በመሀል ለማቋረጥ ከፈለጉ መብት ዎቹ ተጠበቀው።

ስለጊዜዎት እና ስለትብብርት በድጋሚ አመሰግናለሁ።

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## **Appendix Three**

### In-depth Interview with orphan Children guide I

Good morning/good afternoon. My name is Ferdos Abamecha and I am graduate student at Jimma university graduate school of social work. Currently I am conducting thesis study titled “The Re-Integration Challenges and Coping Strategies of Institutionalized Children, at SOS Orphan children for the partial fulfillment of master of social work (MSW). The following Questions are designed in order to conduct in-depth interview for SOS Orphan children for this thesis study. The interview will be vital input for this study. Accordingly, I asked you to actively participate in this interview kindly. Moreover, your response is very much crucial for this study, I will appreciate very much your genuine answer for each question. If you have any question or comment you are free to share with the interviewer.

#### 1. Background

- Age
- Sex
- Marital Status
- Educational level
- Occupation
- Experience

2. Where do you live? With whom do you live (with parents, relative, other) after discharge?

3. How long did you stay in the institution?

4. What are you doing for a living and how did you get involved in it?

5. Have you been able to make friends after discharge?

6. Do you think institutional life experience affects your current life condition? If yes, how did your institution life experience prevent you in accomplishing that goal?

7. How do deal with the challenges affecting your life condition after leaving the institution?

9. Does your institution help you to cope with post discharge challenges? If so, in what way?



## **Appendix Four**

Focus group discussion with SOS Staff guide II

Good morning/good afternoon. My name is Ferdos Abamecha and I am graduate student at Jimma university graduate school of social work. Currently I am conducting thesis study titled “The Re-Integration Challenges and Coping Strategies of Institutionalized Children, at SOS Orphan children for the partial fulfillment of master of social work (MSW). The following Questions are designed in order to conduct in-depth interview for SOS Orphan children for this thesis study. The interview will be vital input for this study. Accordingly, I asked you to actively participate in this interview kindly. Moreover, your response is very much crucial for this study, I will appreciate very much your genuine answer for each question. If you have any question or comment you are free to share with the interviewer.

### 1. Background

- Age
- Sex
- Marital Status
- Educational level

2. What is your position in SoS Children’s village?

3. How long have you worked for SoS Children’s village?

4. How do you think the institutional life affects the character and experiences of individual children once they re-enter the society?

5. How does SoS Children’s village work to develop capacity building of institutionalized children to deal with post discharge challenges?

6. Does your institution play any roles in addressing post discharge problems?

7. Does your institution have orientation or arrangements for exit children? If so, what arrangements does your institution have for releasing children back into the society?

8. How does your institution monitor the children who have been reintegrated into the society?

9. Are there any reports the cases of success / the cases of failure that you receive on the well-being of the children who passed through your institution and are now back into the society?

If yes, what challenges to their wellbeing if any do you get reports on?

10. What kinds of socio-economic activities are reintegrated individuals from your institution mainly engaged in?

## Appendix Five

### Key Informant Interview with Director Guide III

Good morning/good afternoon. My name is FerdosAbamecha and I am graduate student at Jimma university graduate school of social work. Currently I am conducting thesis study titled “The Re-Integration Challenges and Coping Strategies of Institutionalized Children, at SOS Orphan children for the partial fulfillment of master of social work (MSW). The following Questions are designed in order to conduct in-depth interview for SOS Orphan children for this thesis study. The interview will be vital input for this study. Accordingly, I asked you to actively participate in this interview kindly. Moreover, your response is very much crucial for this study, I will appreciate very much your genuine answer for each question. If you have any question or comment you are free to share with the interviewer.

#### 1. Background

- Age
- Sex
- Marital Status
- Educational level

2. How long have you worked for SoS Children’s village?

3. How do you describe the relationship of institutionalized children with each other and with care givers?

4. Is there any challenge that you think orphan children face in SoS village?

5. If so, what are the challenges of children’s brought up in SoS village? Can you explain them briefly, please?

6. Therefore, what do you do to address their problems?

7. How do you think the institutional life affects the character and experiences of individual children when they re-enter the society?

8. How does SoS Children's village work to develop capacity building of institutionalized children to deal with post discharge challenges?
9. What kind of experience do you have regarding reintegrating orphan children?
10. Is there reintegration program plane in your institution? If so, what they?

## **Appendix six**

### **Observation Checklist**

1. Upon the consent of the participants, the researcher will observe their physical conditions.
2. The researcher will observe participants' body language while they are responding to the open ended questions, and performing FGD.