

LOYOLA UNIVERSITY CHICAGO

ORGANIZATIONAL CONSTRAINTS AND SUPPORTS FOR
PSYCHOSOCIAL CARE OF ETHIOPIAN CHILDREN AT RISK:
THE CASE OF SERVICES IN ADDIS ABABA

A DISSERTATION SUBMITTED TO
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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iii
LIST OF TABLES	ix
LIST OF FIGURES	x
ABSTRACT	xi
CHAPTER ONE: Introduction	1
CHAPTER TWO: Child Risks and Vulnerabilities	31
CHAPTER THREE: The Organizational Field and Its Structuration	55
CHAPTER FOUR: Awareness Raising in Community Settings	85
CHAPTER FIVE: Psychosocial Support through Family Outreach	112
CHAPTER SIX: Psychosocial Support in School Settings	130
CHAPTER SEVEN: Psychosocial Support to Marginalized Children	148
CHAPTER EIGHT: Psychosocial Support to Abused Children in Clinical Settings.....	174
CHAPTER NINE: Psychosocial Rehabilitation of Children in Contact with the Law ..	200
CHAPTER TEN: Implications for Social Work.....	222
CHAPTER ELEVEN: Summary and Conclusion	245
REFERENCE LIST	247
VITA	253

LIST OF TABLES

Table 1. Summary of data collection methods.....	27
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LIST OF FIGURES

Figure 1. Layers of risks and vulnerabilities of children in Addis Ababa	32
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ABSTRACT

The dissertation describes from an institutional perspective psychosocial support services being provided to orphans and vulnerable children (OVC) in Ethiopia's capital Addis Ababa. Despite the presence of sufficient but fragmented legal, policy and strategic frameworks, Ethiopia's social protection landscape has suffered from a historic dearth of interventions that address psychosocial risks and vulnerabilities. Over the past decade and half, however, psychosocial support services to OVC have been slowly diffused into the Ethiopian society as elements of programming for care and support to the population. Consequently, there currently exists diversity in the types of psychosocial risks and vulnerabilities that interventions prioritize and the approaches they employ to address them. This dissertation describes some of the most institutionalized organizational forms adopted by child focused organizations and interventions in Ethiopia to address prioritized psychosocial risks and vulnerabilities. The dissertation particularly focuses on psychosocial support interventions in community setting, family and school settings as well as psychosocial supports to marginalized children, abused children and to children in contact with the law. Several implications of the description to social work policy and direct practice are finally discussed.

CHAPTER ONE

INTRODUCTION

This dissertation describes from an institutional perspective psychosocial support services being provided to orphans and vulnerable children (OVC) in Ethiopia's capital Addis Ababa. The Ministry of Women Affairs (2009) defines psychosocial services as “the types of support that go beyond caring for the physical and material needs of the child” and “emphasizes one’s emotional and spiritual wellbeing and has a bearing on one’s psychological health.” Despite the presence of sufficient but fragmented legal, policy and strategic frameworks, Ethiopia’s social protection landscape has suffered from a historic dearth of interventions that address psychosocial risks and vulnerabilities (Hailu, 2010; Hailu & Northcut, forthcoming). Over the past decade and half, however, psychosocial support services to OVC have been slowly diffused into the Ethiopian society as elements of programming for care and support to the population. Instrumental for this diffusion have been key international actors with differing priorities in and approaches to psychosocial support programming in Ethiopia. Consequently, there currently exists diversity in the types of psychosocial risks and vulnerabilities that interventions prioritize and the approaches they employ to address them. This dissertation aims to map the organizational forms that are being diffused and institutionalized in Ethiopia by examining psychosocial support services being given to OVC.

Problem Statement

There has been a slowly growing body of empirical studies on risks and vulnerabilities to which a significant percentage of Ethiopian children are exposed. A similar slow increase has been witnessed in control trials of drugs and other interventions to address various health related child vulnerabilities. On the other hand, systematic research that assesses the institutional arrangements that address these risks and vulnerabilities is lagging. The nature and pattern of interactions, linkages, collaborations and networking among organizations and institutions that have a stake in these interventions and the consequent institutional arrangement have obtained no academic attention. This study calls attention to this line of inquiry by attempting to document the structures and processes that institutional actors have put in place to address identified psychosocial risks and vulnerabilities of OVC.

The study seeks to address a practical and an epistemological gap: practically, the study rests on preliminary fieldwork conducted in the summer of 2008 which made observation of two specific gaps upon which the present study is based. First, despite initiation and dramatic growth in the number and diversity of interventions for provision of psychosocial and other supports in Addis Ababa over the decade and a half, significant limitations were also observed in the aggregate efforts of various stakeholders. Much was not known about what is happening at the grassroots: the extent of integration of relevant national policies and their status of implementation had not been systematically evaluated; and there was no system to estimate the magnitude of the problem nor to monitor and evaluate the quality, quantity and integration of available interventions. The situation appeared to be even worse when it came to what was known about psychosocial

support interventions. Ultimately, the consequential institutional set up appeared to fall short of serving ‘the best interest of the child’ as called for by the United National Convention on the Rights of the Child (UNCRC).

Appreciating the rather alien nature of psychosocial support interventions in Ethiopia, efforts in institutionalizing the vital category of service in the Ethiopian society would best be based on mapping of the diversity of interventions and institutional arrangements that have emerged in the domain of service. However, to date no such attempt has been made that would provide a base for actors to consciously and systematically direct the process of institutionalization of the service in the best interest of the child. Thus, this descriptive study begins to call attention to this important gap.

Epistemologically, the study is a reaction to gaps observed in the empirical literature on service provision in social work. Much social work research has focused on the rational dimensions of organizations, i.e. on their effectiveness, at the expense of their symbolic and cultural character i.e. their institutional dimensions. As a result, it seems to me that social work research on organizations, with the expectation of a few attempts such as Abram & Lindhorst (2008) and Dagenais et al (2009), tends to be simplistic, mainly limited to the evaluation of programs, program characteristics and outcomes. I found this to be surprising, in light of the profession’s emphasis on the need to understand the multiple aspects of individual and social reality. If the ‘bio-psycho-social and spiritual’ principles of social work were to be translated to the study of organizations, their institutional aspect would obtain equal attention along with their structural, human resource and political aspects (Bolman & Deal, 2008). Similarly, if the ‘person-in-environment’ principle of social work is to be applied, the study of organizations would

look at the environment of organizations not only as a storehouse of critical inputs (be it material or/and political) and a target of outputs (i.e. services), but also as a space where organizations unwittingly but routinely participate in the production, reproduction and change of institutional norms, symbols and culture (Silverman, 1971) irrespective of their efficacy and efficiency. Accordingly, this dissertation attempts to understand that aspect of organizations that social work research has tended to ignore by taking psychosocial support service to children in Ethiopia as a case study.

Significance of the Study

Evidence generated from studies such as this can have at least three major practical implications for social work policy practice in Ethiopia: First, much of the empirical study on the interaction of organizations with their institutional environment in the global north has demonstrated the validity of DiMaggio and Powell's (1983) proposition that organizations that are engaged in similar types of services tend to be similar in their structures, processes or/and output due to coercive, normative and/or mimicry pressures that they are exposed to in the institutional environment in which they are embedded. If this is true for Ethiopia, then this research will have a beneficial effect on less innovative organizations, for isomorphic institutional pressures will induce them to adopt best practices generated by those that are innovative. For example, if such organizational learning processes as sustained consultation, action and reflection on action are institutionalized in the organizational environment, they will lead to the proliferation of organizations that systematically learn how to best administer to the needs of the population they serve. Nevertheless, on the flip side, institutional constraint can also discourage innovation and change by learning organizations. A study of the

existence, nature and implications of organizational isomorphism due to institutional pressures provides evidence for policy decisions in favor of optimal learning and diffusion of innovation.

Secondly, in addition to promoting innovation, such a study can also inform policy in favor of ensuring diversity, which may be compromised by pressures of isomorphism that may be operating in an organizational environment. Organizations derive their strength, rationale and legitimacy from the fact that they are better positioned to serve a particular often minority population or address a specific need. This population and/or problem specificity calls for diversity of structures, processes and outputs which can be undermined when relentless forces of isomorphism are in operation. The need for legitimacy which motivates organizations to be isomorphic with their organizational environment then compromises their legitimacy before the population they serve (Leiter, 2005).

Finally, a study of the institutional forces operating in an organizational environment provides input for decisions on an optimal orchestration of engagement among various often competing actors in the environment. Social services in aggregate are products of engagement among diverse actors. A policy informed by evidence about the forces operating in an organizational environment can provide for effective and just coordination and compromise of interests, contributions and perspectives of various actors.

The Formative Theory

The study employed institutional theory in the sociology of organizations as a formative theory. A formative theory in ethnographic study is “nothing more than the

explanatory framework that guides one in the initial approach to a new setting” (Angrosino, 2005, p. 34). The formative theory itself may be confirmed, elaborated, qualified or falsified based on field data in the course of the fieldwork, but it serves to sort out and select from the bulk of observed details (Angrosino, 2005; Schensul, Schensul, & LeCompte, 1999). In spite of the claim of proponents such as of grounded theory, a researcher is not able to empty himself/herself of or put aside theories into which he/she is socialized and go to the field tabula rasa in a manner that all years of academic socialization would not interfere with his/her field observation and interpretation. Even in grounded theory, the researcher needs to determine a priori, however broadly, the research questions and methods of inquiry, which are arguably influenced by his/her theoretical and methodological training. These, in turn, influence his/her observation and interpretation of reality on the ground. On the other hand, although hard-line positivists would have us convinced otherwise, testing the explanatory power of theories can occur in diverse ways, such as with this case study. Experimental design and quantified forms of measurement are not privileged tests of theories (Heineman, 1981; Danziger, 1985; Tyson, 1992; Witkin & Saleebey, 2007)

The choice of Institutional theory to serve as the formative theory for the present study rested on the fact that it had, over the past three decades, developed numerous conceptual tools that had accounted for institutional behavior in the global north which can be cautiously applied to understanding the same phenomena but in the global south. Simply put, its mainstream version states that as the number of organizations engaged in similar domain of activity increases and their interaction intensifies they become homogeneous in their structures, processes and output due to ‘coercive’, ‘mimic’ and

‘normative’ mechanisms¹. The remainder of this chapter describes a few concepts the domain of applicability of mainstream institutional theory that this study applied organizational behavior in provision of psychosocial support in Ethiopia.

Institutional theory may be summarized by the following two broad propositions:

- Social life among organizations attains structuration as institutions are established in an organizational field through regulative, normative and culture cognitive processes.
- Depending on various conditions these institutions in turn constrain or empower organizations in the field resulting in either homogenization or diversification in the field.

Relevant in these propositions to the present study are the concepts of ‘institutions’, ‘organizational field’, ‘structuration’ of organizational field, institutionalization of organizational field and influences of institutionalization.

Organizational Field

Mainstream institutional theory recognizes the ‘organizational field’ to be the social contexts (organizational environment) in which institutions are born, change and die (Marquis & Battilana, 2007). An organizational field is “those organizations that, in the aggregate, constitute a recognized area of institutional life: key suppliers, resource and product consumers, regulatory agencies, and other organizations that produce similar

¹ However, comparison of field data with the formative theory made in the course of fieldwork revealed limited homogeneity in behavior among organizations engaged in provision of psychosocial support to vulnerable children in Ethiopia due mainly to the influence of local social, economic, political and economic forces. The local context appeared to resist homogeneity in mainly three ways: First, by resisting the conditions for organizational homogeneity proposed by the theory, i.e. the local context provided little ground for the multiplication of organizations engaged in the various psychosocial support services; Second, by allowing little interaction among the few existing organizations; and thirdly, by dictating behaviors that are contrary to the rationalist worldview and values from which the stated structures, processes and output of the organizations originate (as explained in Chapter 3).

services or products” (DiMaggio and Powell, 1983). Here, functional similarity or sameness of business identified from empirical investigation is the criterion for defining boundary of the field. Following this definition, the present study had initially identified psychosocial support to vulnerable children as a domain of services around which such a field may be bounded (subject to modification shortly). Identification of this domain of service was based on preliminary document review and fieldwork, which suggested the presence of organizations engaged in the provision of a variety of psychosocial services to vulnerable children in Ethiopia. Moreover, following the categorization proposed by Scott and Meyer (1991) and DiMaggio (1991), the totality of relevant actors, i.e. organizational units, in the organizational field thus defined were further divided into two categories: one consisting of all organizations that manage and implement psychosocial support service projects. These are referred to as ‘focal organizations’ (Scott and Meyer, 1991) or ‘industry per se’ (DiMaggio, 1991). The other category consists of all other organizations that influence the performance of the focal organizations in a critical way. These are a variety of what are hereafter referred to as influencing organizations, key among which are donor organizations, government institutions that are mandated to regulate both donor and implementing organizations, institutions that produce relevant human resources, relevant professional associations, relevant civic and community based organizations.

Furthermore, the definition of organizational field encompasses ‘connectedness’ and ‘structural equivalence’ (Ibid). The former refers to direct linkages among organizational units in the field through which flow financial, human and material resources as well as information. The latter refers to similarity of positions among these

units even when no direct linkage may exist. In other words, although direct linkages among the majority of focal organizations implementing psychosocial service projects is weak to nonexistent, they are connected indirectly through the similar position they occupy in their relations with their influencing partners (mainly donors and regulators) with which they have relatively strong linkages. It is to be stressed again that this field of direct and indirect interaction is not limited to local level. Rather, actors in the field may also interact at national and international levels. The presence of such a field in which organizations occupy various roles and status having direct and indirect relationship (as described in Chapter Four) is thus conceived to define an institutional environment in which organizational culture emerges to shape behavior organizational units in provision of psychosocial support to vulnerable children.

However, DiMaagio (1991) argues that drawing the boundaries of an organizational field should not be based on the analytical convenience of the researcher but rather on meaningful perception actors hold of each other because this has implications on “how organizations select models for emulation, where they focus information-gathering energy, which organizations they compare themselves with, and where they recruit personnel from” etc. This, DiMaagio argues, helps emphasize not only taken-for-granted processes but also on contested processes that define fields. Accordingly, when the perception of actors is considered in the course of the main fieldwork, psychosocial support to children was found to be too narrow a domain of service to bind an organizational field. In other words, it was observed that actors have not generally perceived themselves as psychosocial service providers. Rather they

recognize psychosocial support to be only one in the package of specific services² they provide to orphans and vulnerable children (OVC). This has subsequently required making provision of services to OVC the criterion for delimiting the broader organizational field for the present study. Among many evidences for the presence of shared perception among organizations engaged in services to OVC are the existence of policies, national action plans and guidelines (to be enumerated in Chapter Three) whose objective it is to regulate and coordinate services to orphans and vulnerable to children by focal organizations. Moreover, a relatively large number of focal organizations manage projects with stated objectives of providing services to OVC. Informants estimate that 70 percent of nongovernmental organizations implement at least one such project. This suggests to presence of a reasonable degree of collective organizational identity around provision of care and support to OVC in Ethiopia. Collective definition of such an identity has happened over time. As detailed in Chapter Three, the beginning of evolution of this shared identity may be traced back to the imperial period when many orphanages were established for provision of care to orphans. The droughts of 1974 and 1985 had required a significant increase in the number of orphanages, giving further imputes to the evolution in the identity construction. However, it is during the era of HIV/AIDs over the past two decades that care and support to OVC has become to define the identity of many organizations. Given the donor dependence of almost all organizations providing alternative care services to OVC, one can safely say that the overwhelming percentage of

² For example, the Standard Service Delivery Guidelines for Orphans and Vulnerable Children Care and Support program (2010) of the Ethiopian government identifies seven core service areas described in the previous chapter.

international aid channeled particularly through nongovernmental organizations is for the stated purpose of services to OVC.

Organizational Sub-fields

In the course of fieldwork actors within the broader organizational field were identified to congregate around seven more specific thematic areas of service. The six thematic areas are social work in schools, social assistance, sustainable livelihood, institutional care, adoption and child protection. Social assistance refers to in-kind and cash transfer to OVC often through their guardians mainly to smooth consumption and subsidize household's investment on mainly children's education and health. Urban livelihood aims to ensure sustainable livelihood of households with OVC. Institutional care refers to "a group living arrangement with paid caregivers" (FHI, 2010). Adoption refers to provision of 'a substitute and permanent family care' (The Alternative Childcare Guidelines of Ethiopia 2009) either locally or internationally. Finally, child protection is provision of legal support and protection to victims of abuse, maltreatment, neglect and denial. A constellation of actors congregating around each of these thematic services was later conceived to constitute an organizational subfield. Each of these subfields can be distinguished from the rest in two respects: the specific category of child vulnerability they seek to address and the combination of services they select from the package of services to OVC established by ACGE being institutionalized in the broader organizational field.

Each of these subfields is occupied by a recognized set of organizational actors – there is a relatively closer interaction among these actors than there is between them and other actors in the broader organizational field. An organizational actor may have an

active or peripheral role in one or more subfields. The activeness of an organizational actor is qualitatively evaluated by the extent to which the objectives, strategies or/and activities of the actor is perceived to be central to that of the subfield. Each actor has specific role(s) and expectation(s) that reproduce a set of organizational structures, processes and outputs peculiar to the subfield. The aggregate organizational structures, processes and outputs that have thus been institutionalized out of a more focused interaction among respective actors in each subfield have apparently contributed to the historical formation of the broader organizational field.

Due to time and resources constraints, it was logistically impossible to map all service outputs, structures and processes being institutionalized in all organizational subfields. Hence, a decision has been made to focus those structures and process that have immediate relevance to psychosocial support services.

Structuration of Organizational Field

By structuration of organizational field they mean “a collective definition of a set of organizations as an “industry” of formal and informal networks linking such organizations, and of organizations committed to supporting, policing, or setting policy toward the “industry”” (DiMaggio, 1991). The concept of ‘structuration’ was first coined by Anthony Giddens (1979) to resolve the dilemma in social theory regarding the enduring and changing nature of institutions, which he referred to as ‘the duality of social structures’. Giddens argued that social structures are both mediums through which processes of organizing and patterning of social activities and relations take place and also the outcomes of these processes. In other words, social structures constrain actors to follow instituted rules in some cases while empowering them for innovation in others.

Giddens argued that this duality, on the one hand, contributes to the endurance of institutions in space and time while, on the other, rendering them susceptible to change. In their response to Weber's attribution of the Market as the principal source of bureaucratization, DiMaggio and Powell (1983) were the first to apply Giddens's concept of structuration to institutional theory of organizational behavior as applied in this study.

Because such a definition of organizations as an industry is achieved over a period of time, structuration has, in the context of institutional theory, been regarded as a two-directional process: Top-down processes that may consist of constitutive activities, diffusion, translation, socialization, imposition, authorization, inducement, and imprinting (Scott 1987); and bottom-up processes that may consist of selective attention, interpretation and sense-making, identity construction, error, invention, conformity and reproduction of patterns, compromise, avoidance, defiance, and manipulation (Oliver 1991).

Initially, DiMaggio and Powell (1983) provide four indicators that may be applied to assess the degree of structuration of a field; namely (1) an "increase in the extent of interaction among organizations in the field", (2) the "emergence of sharply defined interorganizational structures of domination and patterns of coalition", (3) an "increase in the information load with which organizations in a field must contend", and (4) the development of a mutual awareness among participants in a set of organizations that they are involved in a common enterprise (DiMaggio and Powell, 1983). Due to limitation of space, Chapter Four will be content in applying these criteria in portraying the organizational field. Otherwise, Scott (2008) argues that these indicators focus only on the degree of interaction among actors and the nature of interorganizational structure and,

hence, are narrow applications of the concept of structuration as coined originally by Giddens (Scott 2008). He suggests inclusion of additional indicators to include other attributes of organizational field described earlier. Among these are (5) “the extent of agreement on the institutional logic guiding activities within the field,” (6) “increased isomorphism of structural forms within the organizational population in the field, (i.e., organizations embracing a limited repertoire of archetypes and employing a limited range of collective activities),” (7) “increased structural equivalence of organizational sets within the field,” and (8) “increased clarity of field boundaries”.

Institutions in Organizational Field

Ultimately, the objective of institutional analysis is to understand the nature, causes and consequences of institutions that emerge and die in context of structuration of organizational fields. Hence, the concept of institution is core to institutional analysis of organizational behavior. There is an overwhelmingly diversity of perspectives on the concept of institution, however, a summary of which is beyond the scope of this section. This study utilizes that which is proposed by Jepperson (1991). Accordingly, institutions are “those social patterns that, when chronically reproduced, owe their survival to relatively self-activating social processes”. Jepperson distinguishes between institutions and social action. Whereas social action requires recurrent collective mobilization in order to secure the reproduction of a pattern, institutions are supported and sustained by routines, taken for granted procedures and socially constructed controls – that is, by some set of rewards and sanctions, normative or legal.

Institutional theorists apply the concept of institution to organizational analysis.

In the context of the present study, institutions may be defined as chronically repeated

behavioral patterns of organizations engaged in provision of psychosocial support to OVC in Ethiopia whose approximate reproduction derives from the need for legitimacy that can be satisfied by exhibiting appropriate behavior in the organizational environment (to be described shortly). Note that the phrase ‘self-activating processes of social control’ in our general definition of institution above is replaced by ‘the need for legitimacy that can be satisfied by exhibiting appropriate behavior in the organizational environment’ in this more specific application to organizational analysis. However, the two phrases essentially refer to the same thing: legitimacy as a reward is a tacitly agreed means of social control that induces organizations engaged in provision of psychosocial support to OVC behave in ways that are considered appropriate in their organizational environment. In other words, institutions are abstract (cognitive) template (script) of organizational structures, rules, norms, procedures, processes and outputs that organizations engaged in psychosocial support services incorporate as appropriate or legitimate attributes of an ideal organization in that domain irrespective of their efficiency value. Conversely, once organizational structures, processes and outputs for provision of psychosocial to OVC are institutionalized as appropriate, not incorporating them undermines the legitimacy of an organization committed to providing those services, which, in turn, results in diminishment of its access to valued economic and political resources available in the environment and ultimately threatens its very survival.

Research Questions

Following the theoretical literature just overviewed, the present ethnographic study, therefore, aims to describe the web of institutional stakeholders in non-profit services to vulnerable children in Addis Ababa in Ethiopia during 2009-2010. The

following are the specific questions generated from the formative theory being employed although, as is customary with ethnographic research, these questions may lose their significance or prove inappropriate and new questions may arise in the course of the field work:

1. What psychosocial risks and vulnerabilities of children do relevant interventions aim to address?
2. What conceptual frameworks have served as the cognitive underpinning of these interventions?
3. What organizational forms i.e. structures, processes and outputs, are being institutionalized in the domain of service?
4. What strengths and gaps can be identified in the organizational forms?
5. What may be done to direct this process of institutionalization in “the best interest of the child”?

Research Design and Data Collection Methods

I have selected Addis Ababa as the site for the ethnographic fieldwork because with an estimated 300 child-serving organizations in it, it houses the largest number of organizations providing a variety of social protection services to OVC in the country. The fieldwork lasted for nearly two and half years from September 2009 to February 2012.

Research Design

I have employed ethnographic research design for at least four major reasons: First, it is conducive to an intensive empirical investigation that can respond to an essential challenge in research on development organizations in Africa, which is to penetrate the normative discourse and myths surrounding development organizations

while at the same time documenting how these discourses and myths shape local realities (Igoe & Kelsall 2005). This is in consonance with contemporary ethnography which, unlike traditional ethnographic research that sought to describe discrete culture, attempts to capture the impact of globalization on the lives of people in specific localities (Ibid). Secondly, ethnographic design provides latitude of flexibility to adjust specific research questions and methods of data collection in response to concrete realities in the field. This is particularly crucial for investigation of less studied social and cultural realities in context hitherto untouched by academic research such as the research subject at hand. Researchers facing the challenges such situations pose have at times been able to contribute new research questions concerning social reality or/and new methods of understanding it. Third, social work's particular interest in the person-in-environment makes naturalistic research designs such as ethnography, congenial to social work research. In this connection, it is important to note that ethnography is not a sole property of anthropology anymore. Social psychologists, sociologists, political scientists and geographers among others have adopted it for some time now.

Fourth, the design has allowed me to take better advantage of my position as a cultural insider: I am native to the city selected as ethnographic site and, hence, speak the local language and am familiar with the social and cultural context. Moreover, I have a decade of active participation in various capacities in the NGO sector in Ethiopia, which is a major player in the provision of social protection in the country. This position as cultural and professional insider afforded me several advantages identified by Meezan & Martin (2003) during the fieldwork: It enabled me to identify a research topic that has important implications for social work practice, gain entry into the research setting,

establish rapport with the participants relatively easily, easily identify and locate agencies relevant to the study. On the other hand, I, as a trained anthropologist, have been wary of the fact that my identification with the society and culture as a native could bring its own biases (also identified by the above authors) to the research process. Hence, I have been attempting to closely scrutinize social and cultural practices and processes, employing interpretative and analytical procedures without taking anything for granted.

Moreover, despite my insider's position, I cannot pretend to know the core workings of the institutions/organizations under investigation. Hence, my position as cultural insider on the one hand and as insider-turned outsider on the other hand has produced a dual perspective in my presentation of the ethnographic data: When it is important to emphasize the insiders' perspectives, I present the data as reported by various categories of informants. When deciphering issue underlying taken-for-granted accounts of informants requires social and cultural detachment, I engage in interpretive procedures in which I may concur with, question or present accounts alternative to the accounts of informants.

Units of Analysis

As noted in the previous section, an organizational subfield and subfields consist of 'focal organizations' (Scott and Meyer, 1991) or 'industry per se' (DiMaggio, 1991) and influencing organizations. Although organizations in the former category are disproportionately represented as units of analysis of the present study, both categories of organizations were included in this study. The former category included organizations that directly provided a variety of psychosocial support services to OVC. Key actors in

the former category are local NGOs, *iddir*³ and religious institutions. Actors included in the latter category are donors and international NGOs as financers, government offices as regulators and supervisors. In the organizational subfields of child protection, the Women and Child Affairs Bureau assumes the dual role of regulator and supervisor as well as the direct provider of psychosocial services. In this case, the bureau had been included as both focal and influencing organization. On the other hand, although few international organizations are engaged in direct delivery of social protection services in some of the fields, these direct engagements did not include provision of psychosocial support. Hence, international organizations generally play the single role of financer of psychosocial support services.

As customary with ethnographic fieldwork, inclusion of focal and influencing organizations as units of analysis was undertaken concurrently with data collection and data analysis. The following procedure was followed in including focal and influencing organizations as subjects of the present study: the sheer size of Addis Ababa and the large number of focal organizations it houses required first zooming in on one of the city's ten sub-cities (identified henceforth by the pseudo name Dusk) for an in-depth ethnography of focal organizations. All 38 organizations recognized by the Women and Children Affairs Office of Dusk as providing various social protection services to OVC were included as the core pool of focal organizations for the present study. As will be detailed

³ *Iddirs* are traditional membership based mutual support association having traditional objective of facilitating burials. In recent years many *iddirs* individually or through Iddir Unions they form have been expanding their traditional role to also engage in development and provision of social services (Suter et al, 2012).

shortly semi structured questionnaire was administered to these organizations and the result was quantified for descriptive statistical analysis in this study.

However, document review and exploratory interviews with key informants revealed the presence of other focal organizations in other sub-cities that had been providing other types of psychosocial support services that were not provided by the focal organizations in Dusk or were provided with much limited level of complexity and quantity. To correct for such potential omissions, a snowball sampling was used to identify as many focal organizations as available in Addis Ababa that provided rare and elaborate psychosocial support services. This snowball sampling identified 10 such organizations in other sub-cities which were then included as additional units of analysis for the present study. Moreover, 10 schools, at least one from each of Addis Ababa's sub cities were selected and included in the study. As will be noted shortly, these 20 focal organizations were subjects of in-depth interviews and were not included in descriptive statistical analysis.

Methods of Data Collection

The fieldwork made use of conventional methods in ethnographic fieldwork for data collection; namely, document review, participant observation, exploratory interviews, semi structured interviews and in-depth interviews (Schensul, Schensul, & LeCompte, 1999). In hindsight, the fieldwork may broadly be divided into three phases. The first may be regarded as exploratory phase consisting mainly of two data collection methods - document review and exploratory interviews with key informants. Document review focused on those published and unpublished materials in school or public libraries or in the archives of organizations that are available for interested readers. This was to

complement the initial review of literature undertaken during the design of the research. Key categories of documents reviewed included relevant policies, legislations, guidelines, strategies, institutional arrangements and national action plans as well as proposals and evaluations of key projects. Also reviewed were documents that provide insight into the variety of risk, vulnerabilities and deprivations to which Ethiopian children are exposed, the magnitude of the challenges and the variety and scale of interventions that seek to address these challenges. In the course of document review have there also been key institutional actors and key informants identified with whom exploratory interviews were subsequently undertaken. In addition to document reviews, my previous knowledge of active organizations and individuals in provision of various types of services to OVC has also helped furnish a list of individuals that had been approached for exploratory interviews.

Exploratory interviews with 25 key informants aimed to verify, elaborate on or supplement information obtained from review of documents and literature. Key topics covered in exploratory interviews consists of the history of services to vulnerable children, the policy, legislative, strategic and institutional contexts, the structures, processes and outputs put in place by various categories of actors aimed at provision of services to OVC, the perceived challenges and best practices of various categories of services, the list and extent of involvement of the various organizations in government, civil society and international actors directly or indirectly involved in provision of services to OVC and the nature of their relationships.

The commencement of organizational level data collection may be said to have marked the second phase of the fieldwork. First, a semi-structured interview tool was

developed based on findings of document review and exploratory interviews. In relation to psychosocial support, the tool was intended to identify the extent to which focal organizations were engaged in psychosocial support services and the nature and variety of their psychosocial activities including organizational structure and size, linkages, strategies and activities and outcomes. As noted in the previous section, logistical requirements for such an organizational level study required further zooming in on Dusk, one of Addis Ababa's ten sub-cities. As will be explained shortly, selection of Dusk out of the ten sub-cities was coincidental although Dusk was generally recognized as one of the poorest sub-cities in Addis Ababa home to a relatively large number of OVCs and child-serving organizations. Secondly, the tool was applied in a semi structured interview held with an officer in each of the 38 focal organizations known (to the Dusk's Women and Children Affairs Office) to be operational in Dusk. These semi structured interviews and the actual interviews had reciprocal use: The tool helped structure and guide actual interviews. On the other hand, actual interviews provided further feedback for the evolution of the tool into a survey questionnaire that can be used in future representative studies on psychosocial support to OVC in other parts of Ethiopia and beyond.

Nevertheless, comparison of document review and exploratory interviews with findings of semi structured interviews made it evident that those focal organizations in Dusk did not implement all kinds of psychosocial support activities. Hence, as noted in the previous section, the snowball sampling was used to select 10 additional focal organizations in other sub-cities that implemented psychosocial support activities that focal organizations in Dusk did not implement or implemented with limited complexity

and quantity. An additional 10 schools purposefully selected from locations that represent different socio cultural context in all the ten sub cities of Addis Ababa. Officers in each of the additional focal organizations and the schools were administered in-depth interviews by myself that lasted for an average of two hours. Notes were take of the interviews.

The third phase of fieldwork aims to identify institutional pressures from influencing organizations that had been shaping structures, processes and outputs around the direct provision of psychosocial support by focal organizations. As noted earlier, 40 officials in *Woreda*, a sub-city, city and federal level institutions in government mandated for various types of psychosocial support services to OVC and 18 international donors that financed psychosocial support activities were interviewed. The latter includes those of Women and Children Affairs, justice and the police. Not all offices at sub-city and *woreda*⁴ levels have been represented in the dataset. Rather as the data obtained for same government institution at the same level saturates, there was not need to interview additional institutions at that level. For example, information had saturated by the time representative of Women and Children Affairs Offices of six sub cities and it was considered of little consequence to further interview that of the remaining four offices. In any case, in-depth interviews were conducted with formal or/and informal representatives of these organizations.

Key informant interviews and observations and ‘participant observation’ have been part of all phases of the fieldwork. Beyond the initial exploratory interviews,

⁴ Ethiopia follows a federal system of government with 9 regional governments and two city administrations. *Woreda* refers to the lowest in the hierarchy of government administrative units.

additional insights on issues that arose in the course of the fieldwork had been sought from an additional 30 key informants that had specialized knowledge on those specific issues. For example, key informants that had worked closely with the only remand home in Addis Ababa or Ethiopia have been interviewed on various aspect of psychosocial support provision in remand home. Moreover, observations had been made of organizational routines in the course of visits to various organizations for interviews. Copious notes had been taken of these observations. Participant observation took three forms: One is the natural conversations I had had with numerous individuals on issues that had direct and indirect relevance to one or another of the current study. This is typical of ethnographic research design where the boundary between normal day-to-day communication as a member of a society and data collection as an ethnographer in that society are blurred. I had often met many individuals I worked with in my previous capacity as an official in nonprofit organizations that were involved in provision of care and support to OVC.

The second form participant observation took is participation in seven organizational gathering - conferences, workshops and meetings. Officials in organizations to whom I had had introduced myself and the objectives of my research had been inviting me to those gatherings which they rightly considered were relevant to the study. Depending on the nature of a gathering, I merely observed or actively shared my views as a citizen.

The third form of participant observation took was when I was commissioned to undertake in February of 2010 a national situation analysis on the public provision of social protection for boys and girls in Ethiopia. That contract made relevant contributions

for this study: First, it exposed me to what I and a colleague (Hailu and Northcut, 2011) called surface and underlying structures of Ethiopia's social protection landscape, which significantly lacks in psychosocial support services. Secondly, the contract provided the opportunity to establish quick connections and rapports with key organizational officials which was highly instrumental for subsequent gathering of authentic data and information.

The fourth and more direct form participant observation took was the role I had chanced to assume as a volunteer consultant to Dusk's Women and Child Affairs Office. When I approached the office in October 2010 seeking information about its services to OVC as part of my fieldwork, it was already organizing a consultative meeting with its stakeholders on coordination of the currently fragmented services being provided to vulnerable children in the sub-city. Upon being introduced to the research topic, its officials invited me to attend the meeting where they believed I would learn more about what was going on regarding services to OVC in the sub city, which I gladly accepted. A consensus reached in that meeting held December 7, 2010 was to undertake a situational analysis of childcare services in the sub-city to inform the plan integration of services. Subsequently, the same officials requested I undertake the suggested situational analysis such that the study could inform the work of the office as well as generate a broad based data for my doctoral dissertation – a request I gladly accepted. To this end, I was expected to hold semi-structured interviews with each focal organization in the sub city's eleven lesser inclusive administrative units called woreda and present my findings in a workshop in which all stakeholders were expected to participate. The office committed to assign an officer from each of its woreda offices to identify the focal organizations and

provide me with all needed logistic support when I visited each identified organization. They also organized a workshop when I was ready to present my findings to the stakeholders.

All went accordingly. I clarified, before each interview, my role as a researcher and volunteer consultant and obtained informed consent of each official that was interviewed on behalf of his/ her organization, as required by the ethical commitment I had made with both the Institutional Review Board of Loyola University of Chicago and the Ethical Review Committee of the Ethiopian ministry of Science and Technology. Finally, I voluntarily conducted the interviews with official(s) of each focal organization using the semi structured interview tool I had by then already prepared. The semi-structured interviews were conducted between March to June 2012. Subsequently, I presented my findings in two workshops organized for the purpose of the office, each on October 13 or November 11, 2011. The former was organized for validation within our office in which about 30 officers from our sub-city and district offices took part. To the latter were invited all stakeholders in the sub-city including the participating nonprofit organizations as well as representatives of sector offices in the sub-city government that held stake in our work. My PowerPoint presentation in both workshops was entitled “Care and support to Orphans and Vulnerable Children (OVC) by Charities and Societies in DUSK – A Situational Analysis”. The table on the next page summarizes the above discussion on methods.

Table 1. Summary of data collection methods

Phase	Methods	Objectives	Sources of Data
Exploratory	Document review, exploratory interview, observation, and participant observation	<ul style="list-style-type: none"> To gain initial understanding of the history, context and issues. 	Documents and 25 Key informants with diverse backgrounds
Organizational ethnography I	Semi – structured interviews, observation and participant observation	<ul style="list-style-type: none"> To understand risks and vulnerabilities of children To understand service outputs, structures and process in focal organizations 	38 organizations in DUSK
	In-depth interview , observation and participant observation		(10 NGOs outside DUSK and 10 school in all sub cities of Addis Ababa)
Organizational ethnography II	In depth interview, observation and participant observation	<ul style="list-style-type: none"> To understand risks and vulnerabilities of children To understanding the role of influencing Organizations 	58 Key informants (40 in government and 18 in financing organizations)

Data Analysis and Presentation

Data obtained through semi-structured interviews with the 38 focal organizations in DUSK was quantified and analyzed using SPSS. Therefore, descriptive statistical reports that are integrated in the presentation regarding the workforce in interventions and other matters pertain only to the 38 focal organizations in DUSK. The software Hyperreserach was used to analyze qualitative data obtained from exploratory interviews, key informant interviews and the copious notes that had been taken of document reviews and observations made during visits to the schools. Chapter Two to Chapter Nine presents analysis and interpretation of the ethnographic data. Chapter Two and Three are intended to provide a context for subsequent descriptions of organizational forms (to be defined shortly) that are slowly but surely crystallizing in the organizational field. The

former describes the diversity of risks and vulnerabilities of children as the apparent cause for the formation of the organizational field while the latter is a description of the historical evolution of this organizational field.

Chapter Four to Chapter Nine that follows may be regarded as the core of the dissertation. Each provides a more detailed description of organizational forms of an organizational subfield that is focused on a specific child risk or vulnerability. Sequencing of these six chapters is influenced partly by a continuum of preventive, protective and rehabilitative interventions that officers in the more 'integrated OVC programs' have identified although analytical convenience is also taken into account. These officers defined as preventive those interventions that sought to do away with social and cultural beliefs, values and practices that risk the psychosocial wellbeing and development of children. Chapter Four and Chapter Five describe such interventions. The former focuses on awareness rising and capacity building of community based organizations as having preventive objectives. The later focuses on interventions that aim at building the resilience of children themselves although the more protective interventions of home based counseling is included in this section due to analytical convenience. Chapter Six and Chapter Seven describes interventions that were perceived as protective. The former focuses on those interventions that focus on protective services provided at school setting while the later discusses interventions provided to abandoned and marginalized children. Interventions with rehabilitative objectives that target abused children and children in contact with the law are subjects of Chapters Eight and Chapter Nine respectively.

Moreover, each of the six core chapters contains five basic sections. The Chapter begins with a description of the cognitive model that is being utilized and is implicit in interventions in the organizational subfield. The target and client population it purports to serve is then described. The remaining three sections describe the organizational forms that are being institutionalized in the subfield. By organizational forms, what is meant are the various characteristics of an organization composed of services outputs, structures and processes, each of which is a subject of a section in each of the six chapters. Service outputs designate the variety of services and activities with specific psychosocial objectives. In the context of the present discussion, service outputs refer to the variety of services and activities with specific psychosocial objectives.

Structure refers to resources available to a project and the manner in which the resources are organized and coordinated to achieve psychosocial service outputs. The six chapters identify four elements of community level structures that are being institutionalized for the provision of psychosocial support. These are the physical settings in which the service outputs are produced, the workforce that produces the service outputs, the in-service training and supervision projects provide to the workforce as well as the way projects manage information and data.

Processes refer to the day-to-day activities that projects and their workforce undertake or actions they take as they go about producing their service outputs. This means that each service output identified in the provision of psychosocial support at the local level has its own process that merits detailed description. It is to be noted that only common features of processes are abstracted for description and specific focal organizations may not neatly fit in any of the descriptions.

Chapter Ten is concerned with the implications for social work of all the description. It first identifies institutional gaps identified in the description of the organizational field in general and then proposes recommendations for action.

CHAPTER TWO

CHILD RISKS AND VULNERABILITIES

This chapter describes the diversity of risks and vulnerabilities of children in Addis Ababa. Rather than pretending to exhaust the depth and breadth of child risks and vulnerabilities in the city, the chapter aims to describe the problems succinctly around which the organizational field under consideration has historically evolved. In doing so, it provides a background for the subsequent chapter, which aims to provide an historical account of the evolution of the organizational field. A key informant observed the allegedly oppressive worldview and values of Ethiopian cultures to be at the core of child risks and vulnerabilities. Layered over culture, according to him, were poverty, HIV/AIDS and globalization. Although not all informants shared this layered characterization, all perceived one or a composite of the four to be at the root of psychosocial risks and vulnerabilities of Ethiopian children. When this shared perception is interpreted through the lens of Korten (1972) characterization of the dominant Ethiopian culture¹ as composed of integrative and disintegrative forces, complex interaction among culture, globalization, poverty, and HIV/AIDS emerges that may be at the root of the diverse immediate child risks and vulnerabilities, at least in Addis Ababa.

¹ The notion of ‘the dominant Ethiopian culture’ utilized in this description may appear to homogenize cultural diversity in Ethiopia. In support of this notion, Korten (1972) (as well as others e.g. Levine, 1966) have strongly argued that “the Amhara and the Tigre peoples (who share a basically common cultural heritage) dominate Ethiopian politics and organizations, and it is their cultural heritage within which all participants in the modernizing sectors of the society must function”. Interviews conducted for the current study have provided evidence to confirm the observation Korten had made close to four decades ago. Hence, this paper recognizes the existence of such a culture as shaping the perception, relationship with and treatment of children by adults

Each of the four subsections below briefly describes one of these four causes of child risks and vulnerabilities. Each of the subsequent sub-sections further elaborates on an immediate risk and vulnerability that one or a composite of the four root causes can engender. The figure below is provided as a heuristic device to make sense of the subsequent description. Rather than establishing cause and effect relationships between any of the subsequently described variables, this study seeks to portray the layers of risks and vulnerabilities as suggested by the above mentioned key informant and their potential psychosocial problems that emerges from each and a composite of them, which future research needs to establish.

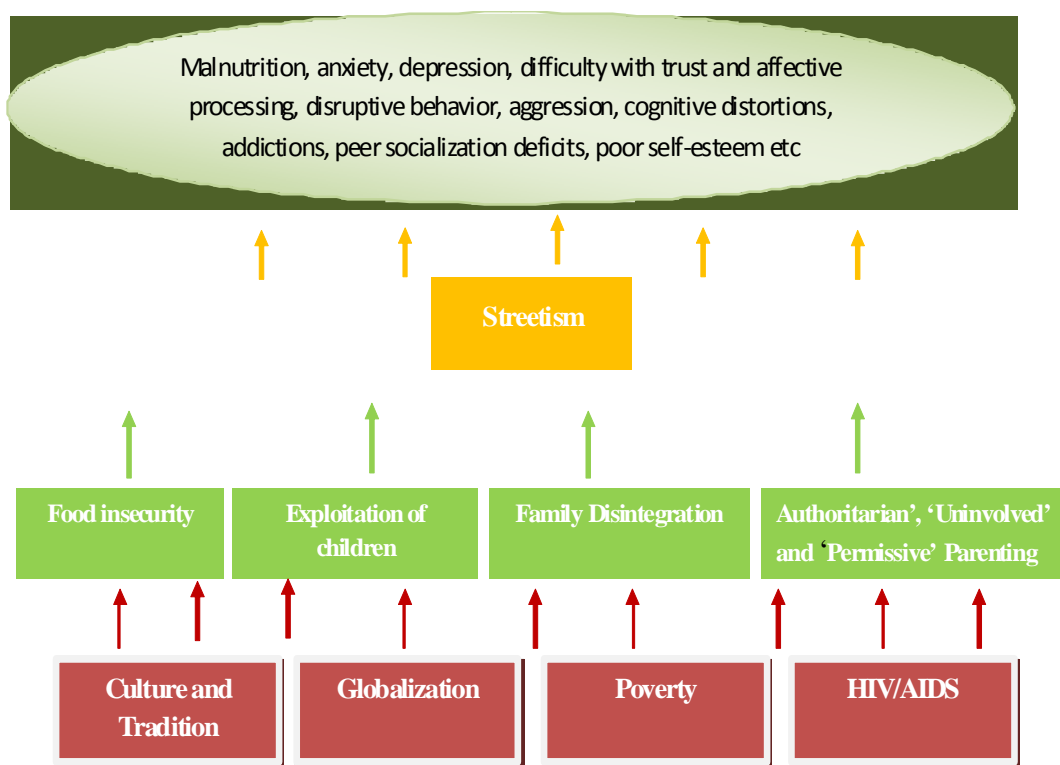


Figure 1: Layers of risks and vulnerabilities of children in Addis Ababa

Culture and Tradition

Hierarchy, patriarchy and reciprocity are perhaps three central principles that structure social relations in the dominant Ethiopian culture. The principle of hierarchy and patriarchy require juniors, children and women (and the girl child) to demonstrate respect for, obedience, social deference, loyalty and diligence in the service of the patriarch, parents and seniors. In addition, hierarchy and patriarchy require maintenance of social distance between seniors and juniors and male and female persons respectively. On the other hand, the principle of reciprocity requires the patriarch to provide all the material and social security and protection to his wife and children, who are his subordinates in return for the respect and obedience he enjoys. Similarly, seniors both in a household and community are looked up to by juniors for such protection when needed. According to Korten (1972) this exchange of security and protection for respect, obedience and deference is a key element of the social psychology that binds the social order. From these central principles are generated a number of values, norms and practices that structure relations between male and female adults and children in the dominant culture.

Accordingly, in the dominant culture, children do not occupy the same space with adults, especially when adults are engaged in conversation, serious or otherwise. Nor do they spend leisure time together or eat from the same table with adults. For instance, special meals or drinks may be prepared for the adults, from which children may not share. When economic limitations do not allow a household to make such food discrimination, children eat the adults' leftovers. They are expected to only listen to adults and implement the latter's instruction without challenge. They are not to express

their views, feelings and frustrations to adults. In any case, their feelings and views have little weight in the eyes of seniors. Adults' communication with children often amount to giving instructions and guidance where children are expected to listen and implement. Challenging the views, instructions and opinions of adults is culturally deprecated and could result in serious punishment. In any case, their feelings and views have little weight in the eyes of seniors. Consonant with valuation of verbal aggression in the dominant culture (Korten, 1972), children are routinely disgraced, insulted, humiliated and beaten when they are perceived not to confirm to adult expectations. Depending on a senior's evaluation of the degree of children's deviation from cultural expectations, adults are justified in administering corporal punishment of various degrees including pinching, slashing or beating, often times using any material such as sticks or leather cords that the adult or punisher may choose or be able to lay hands on at the time. It is not unusual for corporal punishments to be so severe as to cause serious physical damage to children rendering some permanently disabled. In fact, severity of a beating culturally bespeaks of the degree of misbehavior of a child rather than cruelty of the adults. Adult may also be harsher to step-children, adopted and foster children and children employed as domestic workers.

Ethiopian cultures are replete with rites and practices of passage that disrespect the dignity particularly of the female child. These practices include but are not limited to early marriage, female genital mutilation, abduction and widow inheritance. Moreover, teenage pregnancy and birth out of wedlock imply rebelliousness of the girl child which may significantly erode the instrumental value of the girl child (e.g. the potential to forge respectable familial linkages as well as generating high bride wealth) and entails disgrace

to parents, siblings and relatives. Similarly, many cultures regard a child born out of wedlock as illegitimate and is not given full recognition as a member of the household, risking stigma and further denial and discrimination. Depending on the degree of indignation of decisive members of the family, the child may not even be recognized and or allowed to live with the family. In such cases, the pregnant child may be hidden from view from the public and other members of the family. The new born may be abandoned or given away for adoption.

Moreover, Ethiopian cultures value children as means for forging familial linkages, provide for labor requirements of the household, serve as old age social insurance, security in times of conflicts, and as a source of prestige when children conform to the cultural expectations of obedience, respect, diligence and deference to seniors. The additional instrumental values emanating from the patriarchal worldview are the use of the girl child as sources of bride wealth and exploitation and abuse of her reproductive capacity for bearing the maximum number of children.

There are social practices harmful to the psychosocial development and wellbeing of children that, if made public, could engender the psychological cost of shame (embodied in the Amharic words of *hafret*) and also the social consequence of disgrace and loss of social standing signified perhaps best by the Amharic words of *k'illet* and *wirdet* respectively. In Addis Ababa, rape (committed or attempted) is the most common practices that falls under this category. In a number of reported cases when the perpetrator is the victim's own father or close relative, the social and psychological cost that results from public recognition become particularly heightened. This confirms Korten's (1972) findings that in the dominant culture, shame of public recognition of the

action rather than guilt of committing the action itself is the greater inhibitor of these actions. It is to be noted, however, that bearers of shame and disgrace due to rape are both the perpetrator and the victim as well as their respective families.

Although, culture does not approve of rape, there are mechanisms by which an act of rape can be guarded from leaking into the public arena so that the social and psychological consequences can be prevented or minimized. *gemena* is a concept in the dominant culture that refers to that secret(s) of an individual or a group which, if made public, could result in psychological, social and economic damages to the individual and his/ her relatives. When a child is raped by his/ her parents or close relative, *gemena* is relatively better guarded. When rape is committed against a child in another household, the action is recognized more as a direct offense against *kibir* (literally means honor) of the family of the victim than violation of the legal right of the victimized child. Hence, justice in the traditional justice system, to which common citizens resort, aims at restoring *kibir*. Restoration of *kibir* through reconciliation is sought through the traditional institution for conflict resolution called *shemagle* (literary means mediator) rather than through the formal justice system, which ultimately settles the dispute through payment of compensation by the perpetrator to the victim's family. Compensation which is rationalized in terms of covering the cost for restoring the health or damage of the victimized child even when little or nothing may trickle down to restore the physical damage let alone the social and psychological deficit that the abuse may have caused the child.

Important caveats to the forgoing description are in order: First, the description portrays culturally structured patterns of relationship between adults and children in

Ethiopia. Otherwise, the specific adult/ child relationship are moderated or tempered by other factors such as the attachment history, level of education, economic status, international exposure of parents and the extent of law enforcement in the specific area. In other words, the more educated, internationally exposed, economically strong parents are the less harsh they become by the standards of the law. However, because these moderating factors are relatively absent among the majority of parents, the forces of culture and tradition in structuring the relationship between parent/ adult and children is still strong. Secondly, the forging description should not imply complete absence of emotional attachment between parents and children. Positive emotional bond often exists between a child and the patriarch. Overt verbalization of feelings of love and affection by the household head is, however, believed to result in leniency of household members in respecting and obeying the patriarch, which can endanger his authority. Instead, the patriarch may appreciate and praise his children and wife in their absence, to relatives and friends. In contrast, mothers tend to express their affection directly to their children in words as well as gestures. However, it is culturally inappropriate for wives to express their affections to their husbands especially in the presence of others.

Globalization

Various scholars have defined the term globalization differently depending on their academic background and ideological or theoretical perspective. Of these, Ahmed's (2003) conception of globalization appears to be relevant to the present discussion. Accordingly, globalization is the increasing harmonization of consciousness and life ideals among peoples of the world and consequently their striving towards similar goals and their exposure to similar problems. Underlying key informant's perception of

globalization are the worldview of individual liberty, its accompanying values of equity and equality as well as the numerous various elements of western culture pertaining to entertainment and leisure propagated by the mass media. Accordingly, globalization has systematically been replacing the principles of hierarchy and patriarchy that have heretofore bound the social fabric with the ideals of democracy, freedom and justice. Hidden under these ideals, individualism has crept into the Ethiopian society. Individualism's emphasis on the autonomy of the individual is contrary to indigenous ideology of reciprocity that has emphasized connectedness with members of a kin group. With individualism has also crept rationalism that gives primacy to the satisfaction of the individual's self-interest without impingement, infringement and restrictions by patriarchs, the superiors in age or social status and authorities. This has eroded commitment to and self-sacrifices for the wellbeing of members of a kin group idealized by the traditional value systems. Inherent in rationalism has also been the culture of consumerism – the quest for happiness through the acquisition and consumption of more and more goods and services – which had run counter to contentedness and aloofness as marks of noble stature in the traditional value system.

Adolescents and youth have provided a ready audience to this alien worldview and value system perhaps because it conforms with their need for autonomy or because of their flexibility to integrate new ways of thinking and behaving and, perhaps more importantly, because of the systematic strategies in which the new ideology has been propagated particularly in the urban centers because of easier access to instruments such as radio, TV, movies, magazines that are used for its propagation.

This systematic propagation has precipitated an emerging gap in perception and values held by parents and children which, according to informants, has increasingly made households sites of conflicts and hostile for the psychosocial development and wellbeing of children. For example, in some of stories told by informants children questioned and resisted parental prescriptions of behavior which parents have interpreted as disobedience. In other stories, children did not bore with silence and submissiveness punishments or threats by their parents, which parents have regarded as unruliness and wildness. Yet in others, children questioned the attitudes and behaviors of parents which parents considered as disrespect, insolence and rudeness. Moreover, because of awareness of their legal rights of access to basic needs, entertainment and leisure and/or the influence of the culture of consumerism and competitiveness to which they have re-socialized, the needs and wants of children have multiplied, making them increasingly demanding of their parents often irrespective of parental economic capacity or priorities. Informants observed that these recurrent conflicts have been causing distress to parents, compromising their responsiveness to their children, and reinforcing a sense of alienation between them.

Poverty

Ethiopia is one of the fastest growing economies in the world with a registered average of seven per cent growth in GDP over the past decade. Nevertheless, several indicators of wellbeing demonstrate that despite rapid economic growth and consequent improvement in livelihood, Ethiopia has a long way to go to alleviating the rampant chronic poverty. For example, according to the United Nations Human Development Index, about 90 percent of the population lives under multiple deprivations, including

inadequate health care, insufficient access to education and poor living standards while an additional 15 per cent is at risk of such deprivation (Ali, 2011). Pervasive poverty is further exacerbated by a rising inflation and inequality particularly in urban areas.

Ethiopia has observed a steep rise in the annual inflation rate particularly over the past five years. The annual average inflation rate between 2007 and 2009 has been 26 percent, only to become 40 per cent in the last three years due partly to rising global inflation. Parallel with the rapid rise in inflation has been the increase in inequality between urban and rural areas as well as within the urban population. Between 2000 and 2005, the Gini coefficient, which measures income distribution, increased to 0.47 in urban areas compared to 0.27 in rural areas.

The rising global food price, inflation and increasing income disparity has meant chronic food insecurity and insufficiency for a vast number of children living in resource poor households. All informants have unanimously reported the presence of chronic food insecurity and insufficiency among a significant percentage of children in all public schools of Addis Ababa. Such children are reported to either come from chronically food insecure households or live on the street. Hence, they may come to school without eating anything or may eat far less than what can provide them with the minimum required daily nutritional intake. Moreover, most do not carry any food when they come to school where they are required to stay until 9 pm. Food insecurity and insufficiency are reported to be even worst among children living with HIV/AIDS. Such children need to take antiretroviral medicine, which demands far more nutritional intake than they can afford.

Informants also reported various mechanisms which children employ to cope with their hunger. The luckier ones may have some cents at their disposal which they invest on

some biscuits. The majority that use this strategy, however, could have just enough cents to buy a unit of popsicles or a small piece sugar cane to eat as their lunch. Generally, younger children tended to rely on the gifts from their guardians while older children in the second cycle primary schools have generated it themselves through street peddling, baby sitting, shoe shining, lottery vending, begging and even stealing.

HIV/ AIDS

The literature identifies, and informants corroborate the diverse ways in which HIV/ AIDS affects the psychosocial wellbeing of children particularly in poor households. To begin with, many children are subjected to a significant level of stress due to the burden of caring for parents, and the depression and anxiety that occurs as a result of watching the gradual worsening of parental condition. Parental death has compromised parental attachment and parental responsiveness essential to the psychosocial development of orphans, estimated in Ethiopia to be five million (i.e. 13% of the Ethiopian child population are HIV-AIDS orphans). Moreover, relatives and neighbors may not provide the love and emotional support necessary for children to express their grief and trauma over parental death due to the fear of stigma associated with HIV/ AIDS related cultural taboos. The children themselves are made to live with the social stigma of 'AIDS orphans' which entails rejection by peers, as well as adults with whom they share various social spaces like foster homes/ institutions, schools and places of workshop.

Informants also identified separation of siblings after the death of their parents, which may be required by available foster care or adoption arrangements as another source of their trauma. Otherwise, older siblings would have to bear the additional stress

of a sudden responsibility they need to assume for the care and sustenance of their junior siblings. Consequently, children may respond to these multiple traumas, losses, stigmas and stresses in diverse and many times adverse ways. According to key informants, children's adverse coping mechanisms include indulgence in drugs, alcohol and streetism (to be explained shortly). Among the many adverse psychosocial sequels that resulted from engagement of the child in all of these activities are low self esteem; alienation due to stigma, addiction, and losing any opportunity for leisure, positive socializing and rest.

Exploitation and Abuse of Child Labor

Historically, when the patriarch could provide for the material requirements of the households as the case used to be for majority of households in former decades, households used to deploy children in mainly domestic activities i.e. "those activities that meet the day-to-day maintenance of the household and ensure its physical survival and emotional wellbeing"; such as cooking for domestic consumption, child care and cleaning;. Reported reproductive activities are universal among children across various parts of the city and serve both economic and social functions: they provide for the reproductive requirements of the household while socializing its children into the roles assigned for children by the hierarchical and patriarchal worldview that structures social relations.

However, poverty, the instrumental value culture places on children, and globalization, have in recent decades collaborated to increasingly engage children in productive activities, i.e. those activities that generate income for themselves, their household or one or more of its members. As parents, particularly the patriarch, become unable to provide for all needs of household members due to the rising cost of living,

they have required their children to engage in some activity that brings in complementary household income. Many parents and caregivers have reportedly engaged their children in productive activities even when they can make ends meet without engaging their children. Otherwise, household poverty may drive children to take the initiative to assume full or partial responsibility for their and their family's needs.

On the other hand, children themselves engage in these activities for reasons other than contributing or subsidizing the income of their households. This occurs particularly when there is not a secure attachment of children to the parents or family, and when parental oversight and follow up is lacking. Children are vulnerable to fall under the pervasive negative influence of their peers. In such cases, they develop certain habits and life styles influenced by globalization such as smoking cigarette, going to cinema which requires an investment of time and money. Given the poverty of their family, the children cannot ask parents nor would parents be willing to provide for these habits. Consequently, these children turn to learn how to generate money that they can invest in supporting their habits and interests.

In any case, the type and burden of work in which children are engaged varies by age, sex and the nature of the relationship children have with their guardians. Children younger than 10 or 12 are generally engaged in activities that are by local standards less demanding of labor. These include street peddling of such items as napkins, chewing gum and plastic bags, and local bread, baby sitting, shoe shining, lottery vending, begging and stealing. Children of 12 years and older may also engage in carrying goods, domestic work, commercial sex work, weaving clothes, car washing and taxi assistants known as **woyala**. This caricature of division of child labor based on age describes a

very general pattern. Informants have reported several cases in which younger children have been engaged in activities that would generally be for older children.

Similarly, following the traditionally gendered division of labor, males and females tend to be engaged in productive and reproductive activities respectively. However, with rising inflation and the cost of living, however, female children have been increasingly participating in productive activities. Putting aside the productive reproductive distinction, however, there are activities which are typically dominated by either female or male children. Typically, female children are reported to have been engaged in, domestic work, commercial sex and street peddling of cooked food items such as *kolo*², bread and tea while such activities as taxi assistant, shoe shining, carrying goods are dominated by male children. However, female children are reported to have increasingly engaged in such traditionally male activities as serving as taxi assistants and shoe shining. Moreover, children of both sexes have been equally engaged in, street vending of a number of items such as napkins, chewing gums, plastic bags and lottery and begging. Finally, informants agree that female children assume a disproportionate share of child labor requirement of households.

In addition to age and sex, the nature of a student's relations with his/ her guardian has been identified as a significant predictor of the burden of work to which a child may be subjected. Accordingly, the burden of work on children tends to increase when there is distance in familial relationship with their guardians. This means that children who live with their own parents are subjected to less of a work burden. In fact informants have reported that some extremely impoverished parents have not only laid minimum work

² Toasted cereal used as snacks.

responsibilities on their own children but have also paid extreme sacrifices to provide for the material requirements of their children.

However, given the instrumental value that all Ethiopian cultures place on children, parents that pay sacrifices to absolve their children from all kind of work are extremely rare among particularly poor and vulnerable Ethiopian households. When poverty did not place much toll on the household economy, as the case has generally been in earlier decades, children were still been engaged in reproductive activities. Informants have stressed that the economic stress parents have sustained due to the rising cost of living in recent decades and years has, furthermore, pressed parents to encourage and, in many cases, require their children to engage in some productive activities that can complement household income. Children have been required to cover their educational expenses, buy their own clothing or/and subsidize the income of their parents. Children also assume full responsibility for themselves and their younger siblings upon the death of a parent or when a relative is not available or willing to assume such a responsibility. Worse, many children are fully responsible for subsistence of not only their younger siblings but also their parents or grandparents.

The work burden of children becomes greater among those that live with their relatives. Parental loss, poverty, anticipation of a better life and the instrumental value culture places on children are the four main reasons identified by informants that cause separation of children from their parents to join households of their relatives or other guardians. When parents, especially the mother dies, close relatives particularly grandparents, aunts and uncles are culturally obliged to take responsibility for the bereaved children. Otherwise, living parents who are extremely burdened with poverty

may give away one or more of their children to relatives temporarily or permanently to lessen the number of mouths they must feed. Rural parents with no apparent economic stress may still give away their children to their relatives in urban areas when they are enticed by the offer of better living condition and access to quality education that the later may promise their children. Rural parents may even take the initiative to approach their relatives about taking a child or children in hopes of relief or a better opportunity for the child.

The heaviest work burden is sustained by children who live with or work for strangers. From various stories told by informants, at least two pathways can be identified in which such children leave their family of origin and join a household of strangers: First, children may take the initiative to run away from their family of origin in the rural areas to attempt to be employed by strangers in Addis. Such children have reportedly taken the initiative to escape the authoritarian and abusive treatment of their own, step or foster parent(s) as detailed in section F below. Others have reportedly been fed up with the perceived miseries, monotony and uncertainties of rural life and been enticed by the anticipated “better life” that urban centers are perceived to provide.

Secondly, parents/ guardians themselves subject their children to paid work for strangers. From interviews with informants, household income poverty, the instrumental cultural value, and the impression of better standard of living in towns that increasing globalization has created, combine to prompt parents to subject their children to paid work. In such cases, parents may identify a potential employer through their social networks and directly negotiate with the employer regarding the monthly salary due for the child’s labor. When parents in rural areas adopt this strategy, they transport their

children from the regions to hand deliver them to the employer in Addis. Alternatively, parents use relatives or brokers as middlemen in the negotiation and transaction in which the middlemen may obtain a commission from employers and also may strategize to squeeze a portion of the child's monthly income. In both cases, parents arrange ways by which the employer, the middlemen, or the employed child may remit part or all of the monthly salary to them.

Family Disintegration

As discussed earlier, poverty and globalization are causing disintegration of the family environment so essential for the psychosocial development and wellness of children. Accordingly, in recent decades, the patriarch's ability to fulfill his traditional contract of ensuring the economic security of his subordinates has been compromised. Consequently, the associated respect, obedience and deference he has historically been afforded has been eroded. At the same time, poverty has also required women and children to engage in off-household activities to generate income. As noted earlier, children may be the primary or only bread winners of many households with parents. This has gradually loosened children's and women's historical dependency on parents and the patriarch respectively, and has in some instances given them leverage to challenge traditionally established power dynamics in the household. In order to affirm or restore his contested authority, the patriarch may often resort to wife and child beating which may no longer be born with acquiescence. Instead, women may dissolve their dysfunctional marriage, which may also cause children significant psychosocial distress such as trauma, anxiety and depression.

Authoritarian, Uninvolved and Permissive Parenting

Key informants identified a combination of authoritarian, uninvolved and permissive parenting that households employ which are proving detrimental to the psychosocial development of children. The hierarchal and patriarchal worldview, which requires children to observe unquestioned obedience and subservience to the whims of the patriarch and seniors, is highly authoritarian. On the other hand, as noted earlier, the same worldview requires social distance between adults and children as well as male and female persons, discouraging attachment and intimacy necessary for normal psychosocial development.

Deepening poverty and the rise in cost of living have reportedly compromised “good enough parenting” in at least two ways: To begin with, it results in parental, particularly maternal, stress which is apparently causing parents to exhibit harsher parenting behaviors. Secondly, preoccupied with subsistence matters, resource poor parents/ caregivers may become completely disengaged and uninvolved in the lives of their children both socially and emotionally, further exacerbating the social distance culture imposes between parents and their children. The material distress and harsh parental behaviors may further be intensified in parents who indulge in alcohol and drugs as a way of coping with economic stresses.

On the other hand, many informants have noted that children of a slowly growing minority of economically well off and/ or relatively educated parents are also subject to psychosocial vulnerabilities that may be attributed to globalization. These have fallen under the influence of liberal values and, rejecting of the authoritarian parenting style that

had most probably brought them up, have become much less disciplinary and demanding of their children. Accordingly, they have exercised minimal control over their children.

Food Insecurity

Key informants have reported that the effects of poverty have led to children being too weak to concentrate on curricular activities, falling asleep during classes and fainting in school compounds for lack of energy. Suffering from hunger, food insecurity and food insufficiency are reported to have had adverse psychosocial impacts on children. Teachers have reported that some children undergoing food insecurity and insufficiency struggled to hide their hunger in order to avoid the stigma associated with being too poor to find food to eat.

Even the few privileged children who come with a lunch box do not always get to eat part or all of the lunch they bring. Theft of lunch boxes often by those who could not or do not bring lunch is one reason. Another reason is forced capture of lunch box by more violent and aggressive children. The theft and forced capture of lunch boxes has reportedly caused litigation and strained relationships among students.

Food insecurity is also reported to have exposed children to maltreatment and abuse by some of their teachers, apparently because the effects of hunger results in behavior problems. Guidance and counseling officers and other teacher who apparently empathize with these children expressed deep regret over the shaming, blaming and punishing inflicted by teachers reacting to the perceived misbehaviors of hungry children.

Addiction

When the home environment does not provide secure attachment for children, suffers from dysfunctional parental relationship and chronic food insecurity, children are led to connect with similarly troubled, empathic but delinquent peers. These children experiment with alcohol, cigarettes, **chat**, **shihsa**, drugs and sex in a relatively early age. They seek to emulate and stay current with the styles, mannerisms and habits they regularly observe in the global entertainment products. Most children have been allowed access to these global influences at home, in the neighborhood and at school. As noted earlier, children from resource poor households are socialized by their peers on how to generate income that they can invest on appeasing their eventual addictions and regularly imitating entertainment celebrities. Children from the more permissive and economically sound parents have been provided with enough money by their parents. Currently, many small and large clubs, chat' house, kiosks and taverns and bars have been established in close proximity to many junior secondary and high schools in Addis Ababa to exploit emerging demand by students. These have not only served the demands of already socialized and addicted children, but have also facilitated the recruitment and socialization of new of children that have not hitherto been part of this expanding peer culture. In any case, as the demands of such children grow, there comes a time when parents begin to resist or refuse to continue to financially support their habits. Consequently, an apparently peaceful relationship that hitherto existed between children and parents becomes strained. Moreover, because children cannot easily quit their deep rooted addictions, they have often resorted to theft of family belongings. On the other hand, parents begin to observe weak school performance, evidences of the child's

delinquent practices of smoking, consumption of alcohol, drug abuse, chat or and shish or/and suspect acts theft. Not knowing how to positively respond to these observations or/and impelled by rushes of anger, parents have reacted with a series of verbal and physical violence. Many street children have reportedly fled their home as a result, whether coming from poor or affluent homes.

Informants reported that children subjected to authoritarian, uninvolved, or permissive parenting, risk such behavioral problems as aggression, difficulty getting along with peers, impulsiveness, and attention deficit disorders as well as such emotional problems as anxiety, depression, and low self-esteem.

Streetism

Finally, interviews with key informants with long years of experience in working with migrant or trafficked children have suggested that tradition, poverty and globalization have collaborated to facilitate migration and trafficking in children from rural areas to urban areas, to Addis Ababa in particular. As stated above, many children have reportedly run away from their rural home in order to escape the abusive treatment of their own, step or foster parent(s), poverty or the fantasy of a better standard of life in urban areas. Others have reportedly been fed up with perceived miseries, monotony and uncertainties of rural life and have taken the initiative to secretly leave their home in search of a better life. Yet other children are encouraged or forced by their own, foster or step parent(s) to migrate and engage in income generating activities so that they could remit part or all of their income.

Migrant children often find reality defying their worst expectations. Those who migrate without arranging a peer or senior (who has often migrated and settled before

them) to wait for them in Addis Ababa have undergone significant stress, anxiety, disillusionment and/or frustration out of not knowing where to do or what to do once they make it to a city so wide and complex and inhospitable often beyond their wildest expectations. The majority of these migrant children have joined the rank of fellow street dwellers. During their initial period of extreme loneliness and isolation and in the course of their socialization into and integration with the street population, they endure a variety of physical and sexual violence, exploitation and abuse. However, as invariably occurs with trauma, the traumatized children grow desensitized to the physical and psychological pains that street life routinely inflicts on them. At this stage, many change their name and make up a new life story to signal a complete break from their past and previous identity. Each child eventually is conferred a new role and status by the new social system they have adopted. Many female children sooner or later are recruited into survival sex either on the streets or as dependents of commercial sex work entrepreneurs.

Trafficking in children is committed by both relatives and agents. Adults visit rural areas and inflate the anticipations of parents and guardians to deceive them into giving away their children. Promises such as of employment or quality education have been the most recurrent pretexts that relatives and agents give to deceive parents and children to release their children. At times, the negotiation to give away the child to a relative or an agent may even be initiated by the parents/ guardians themselves. In any case, trafficked children are placed in or occupy a variety of social spaces that are toxic to their psychosocial wellbeing. Relatives often burden the children they bring from rural areas with childcare and other domestic responsibilities that may not fit with their capabilities. Alternatively, both relatives and agents may find employers for the children

for which a relative and/ or the agent may be paid a commission. Male children are made to work in small workshops such as of weaving or tannery for a small monthly payment and a once a day meal. To buffer themselves for public preview and scrutiny, employers generally put the children behind closed doors. Female children are often employed in a variety of contexts. Often they are employed as domestic workers in poorer households that cannot afford the more expensive adult labor.

Both male and female children often experience multiple abuses of maltreatment, physical and sexual violence in the household they serve. Female children have also been socialized into and exploited as commercial sex work. Initially upon their arrival to town, they may be as waitresses in local taverns. Soon after, they may be encouraged and wheedled with incentives to practice paid sex. As a female child becomes fully socialized, employers have, in some places, allocated an extremely shabby room for the exorbitant monthly rent of over birr 600 where the child is encouraged to provide sexual services to customers. Other children are trafficked into orphanages where they are provided with lamentable care and may then be trafficked in international adoption.

The forgoing description provides a general context of the variety of psychosocial risks and vulnerabilities that a diversity of recently emerging interventions attempt to address in Ethiopia. Before we move to a discussion of these interventions, it is important to explicate the implicit theoretical models that implicit in the design of these interventions.

CHAPTER THREE

THE ORGANIZATIONAL FIELD AND ITS STRUCTURATION

This chapter provides a background of the emergence and structuration of the organizational field under study in order to situate it in the proper historical context. Subsequent discussions on the relationship among organizational actors and the service outputs, structures and processes institutionalized in the field will have this historical context as a background. Historical institutionalism theorists have identified ‘heritage factors’ (Rose, 1991; Collier, 1993), which in the present discussion mean historical circumstances that have come to define actors, their roles and relationship and the emerging priorities of service outputs, structures and processes for the provision of care and support to vulnerable children. Accordingly, the chapter identifies recurrent drought, war, and HIV/AIDS as factors that defined what the theorists would call ‘critical junctures’ in the emergence and evolution of the field. It will describe how these factors have prioritized emergency relief, institutional care and social transfers as key service outputs around which the organizational field has been structured. Later chapters will provide ethnographic evidence as to how the path dependence of these established priorities has constrained institutionalization of service outputs, structures and processes related to children’s rights in general, and psychosocial support in particular.

This path dependence and its historically established priorities has been reinforced by what Pierson (2004) calls ‘positive feedback’ by the dominant culture which, as noted in the previous chapter, is oblivious and threatening of the human rights and psychosocial

needs of children. Another negative influence has been an ideology of development that reduces the source of all child vulnerabilities ultimately to income poverty.

This chapter, moreover, provides an account of how government, international nongovernmental organizations (INGOs) and national nongovernment organizations (NNGOs) have emerged as the key actors in the field. It provides an account of how the above-mentioned critical junctures provided contexts for the emergence and evolution of these actors and their interactions. It also attempts to trace the history of the established path of polarized relations between government and NGO relations in this country leading to the passage of the Proclamation to Provide for Registration and Regulation of Charities and Societies (PCS), which is the legal instrument that currently regulates the behavior of actors in the field.

Historical narratives obtained from key informant interviews and document reviews have been presented in the subsequent three sections, each an attempt to portray the organizational field in each of the three ideological distinct regimes under which the field has evolved. These successive three regimes are the imperial rule of Hailesilase, the socialist government of the Derge and the rule of EPDRF self identified as “developmental state”. Response to the recurrent drought; management of orphanages; the drive towards community-based provision of alternative care service provision; response to the challenges of HIV/AIDS; and the promotion of child rights are identified as key interventions in the overall narrative that has emerged. The last section of this chapter provides a historical background and summarizes the controversies surrounding the legislation for charities and Societies.

The Imperial Period

The beginning of the formal provision of alternative care service to children in Ethiopia can be traced back to early interventions by Christian Missionaries, the imperial government, and its royal members and some international nongovernment organizations (INGOs) that started operation before the onset of the infamous 1974s Sahilian famine. During the mid 20th century, Christian missionaries had started orphanages as part of what they called ‘social ministry’ to provide shelter and care for unaccompanied or abandoned children, or child victims of recurrent droughts prior to 1974. The missionaries also opened schools and provided handouts such as clothes, food items, and school materials to these children and their families. Subsequently, the royal family of the Emperor reportedly started establishing orphanages in their name. These orphanages were individual initiatives paid for by founding members of the royal family and were not part of any government program and budget. Furthermore, key informants of the present study also identified an orphanage in Addis Ababa as the first ever public intervention to shelter orphans. The same government followed this with the establishment of three additional orphanages – two in Wollo and one in Addis Ababa – which accommodated child victims of drought in 1971. This is part of a largely unsuccessful government emergency response to drought due to failure of the *meher* rains of 1971. The drought of the early 1970s also caused the introduction of the first contingent of INGOs in the country.

Despite limited interventions and as yet very loose inter-organizational interactions among the few organizational actors that emerged in the field, this early period set basic patterns for the unfolding of the organizational field under study in the

subsequent four decades. First, the period defined institutional care and social assistance as key interventions which only grew in scale in subsequent decades. The idea and practice of providing care to unaccompanied or poor children in an institution outside of a family setting, i.e. orphanages, was, in particular, first diffused into the Ethiopian society during this period¹. Secondly, it was during this period that bureaucratic organizations became involved in the provision of emergency care and welfare to children and other vulnerable populations. Prior to this period, traditional social organizations had been the only forms of organization available for the protection of unaccompanied and poor children². This is not to discount the few and sporadic occasions when the imperial government of Ethiopia dispensed humanitarian assistance and protection (Lautze et al, 2009). It is rather to stress that until that period neither the state nor the civil society had instituted bureaucratic structures whose primary function was the provision of emergency relief, protection or welfare to children and other vulnerable populations. Thirdly, the seed for the long standing interaction and tension between government and nongovernment organizations was sown during this period when the two emerged as key players in the newly formed organizational field. Although the 1960 Civil Code and the 1966 Association Registration Regulation provided for the registration and operation of

¹Organized (bureaucratic) provision of institutional care and social assistance as forms of charity had proliferated in subsequent decades apparently because they conform to and are reinforced by the positive feedback of what anthropologist refer to as ‘reciprocity’ that structured social relationship in the dominant Ethiopian culture. Accordingly, charity in the dominant culture is dispensed in anticipation of direct or indirect return (in the form of gaining God’s favor or winning social prestige) although the individual may at times dispense charity as a spontaneous expression of compassion.

² As described in Chapter Two, Ethiopian cultures expect children to live with culturally rationalized or tabooed risks and vulnerabilities but they also have mechanisms to protect orphaned and unaccompanied children and children from destitute families. Accordingly, in many cultural groups, close relatives particularly aunts and uncles have the moral and social obligation to raise their orphaned nieces and nephews. Community members outside the network of relatives may also assume responsibility for an unaccompanied child or a child from a destitute family.

civil society organizations, key informants did not recall traditional social organizations such as *iddirs*, and the newly emerging civil society organizations such as students associations and labor unions as having formally registered with the objective of providing welfare services to vulnerable populations. It appeared that traditional social organizations were not ready to expand their mandates which functioned within the confines of kinship or settlement of groups. Although bureaucratic civil society organizations emerged during this period, they were not active participants in the provision of welfare to vulnerable populations.

The Derge

The second phase in the evolution of the organizational field under study spans the institutionally dynamic and eventful seventeen years of the Derge's reign. Key events that provided a critical backdrop for the development of the field were the 1972-74, and 1985-86 droughts, civil war in the northern and western part of the country, and the Ethio-Somali war in the east. The 1972/74 drought was a turning point in Ethiopia's social and political history. It caused the overthrow of the imperial regime and the assumption of power by the socialist Derge. Immediately after the overthrow, missionaries and their properties were confiscated because they were perceived to be agents of imperialism and neocolonialism. Consequently, the Derge took upon itself the responsibility of managing the orphanages confiscated from the missionaries resulting in the unintended consequence of government's involvement in social welfare to children. To this end, the Derge established the Rehabilitation Agency³, one of the three

³ Initially, the name was Agency for assistance to the Disable, (yedikuman merja dirigit) and Assistance to the Disabled Rehabilitation Agency (yedikuman makwakwamiya dirigit)

objectives⁴ of which, was to provide care and support to Orphans and unaccompanied/ abandoned children. As part of this objective, the agency was given the responsibility of managing 24 government owned institutions mostly in the central and eastern part of the county, the majority of which were orphanages. The bulk of the budget of the agency was pulled from international aid although government shared a minimal amount.

Secondly, emergency response called for by the 1972-74 and 1983/85 droughts, the extended internal civil conflicts, and the 1977 Ethiopia Somali war expedited growth in the number of bureaucratic actors in the organizational field under study. The Ethiopian state was for the first time, forced to be involved in the organized provision of emergency response to drought victims (Lautze et al, 2009; Tolossa, 2010). Accordingly, the Derge established the Relief and Rehabilitation Commission (RRC) in 1974 which became the first public bureaucracy for the coordination and control of emergency relief operations by governmental and nongovernmental organizations. The demands of the 1972/74 droughts further forced government to allow more international NGOs to operate in Ethiopia. Consequently, the stage was set for closer interaction between government and nongovernmental organizations. The dynamics of this interaction was further intensified in the context of a relief response to the emergency of drought and civil war of the 1980s, which left 18% of the entire population in need of emergency assistance (Lautze et al, 2009). A series of droughts since the early 1980s increased in severity every year to reach its climax in 1984/85. During the same period, fighting with rebels intensified in the north and by the mid 1980s many famine stricken areas fell into rebel

⁴ The other two are providing care and support to the elderly and providing care and support to people with disabilities.

hands. According to Lautze et al (2009)⁵, the dynamics of drought and famine put nongovernmental organizations in a dilemma as to how to operate in two territories held by conflicting parties. Those NGOs that opted for engaging with the rebels in the provision of emergency relief in rebel held territories were severely estranged from the Derge. The decision to work with the government did not immunize others against the Derge's suspicion of them as agents of Western imperialism, which then subjected them to the control and constraint by the government.

On the other hand, the technical aspect of emergency relief and alternative care to children, further intensified the path set in the previous phase. Accordingly, the period saw a significant increase in the number of temporary shelters and orphanages. Temporary shelters were built to shelter drought and war displaced people, the majority of which were children who were separated from their families during this mass exodus. A survey conducted in 18 temporary shelters soon after the emergency situation was over reported the presence of 26,000 children. It was during this period that the Derge established the National Children Commission⁶ (the NCC) with the mandate of protecting the human rights and promoting the wellbeing of children. The NCC collaborated with the RRC in encouraging and facilitating the establishment of shelters, foster homes and orphanages by national and international organizations for the care of child victims of

⁵ Lautze et al, 2009 provide a fuller account of the economic, political and ideological roots of the dynamics of the love and hate relationship between International NGOs and government that characterized this period and beyond.

⁶ Although the Rehabilitation Agency and the Children Commission overlapped in their broader mandate regarding children, key informants stressed two distinctions: First, the Agency was responsible to three categories of vulnerable groups; namely, children, the elderly and people with disabilities while the Commission was child focused institution. Secondly, the Agency is responsible for the management of institutions while the Commission is charged with the promotion of all rights of children.

drought and war. Once the emergency situation subsided, it also launched a campaign of reunifying children in shelters, foster homes and orphanages with their families, relatives and communities through family sponsorship programs. Key activities in the reunification process at this time included tracing parents and relatives of children, the provision of one-time or regular family support conditional on a commitment to providing necessary care to the child; and follow up on the situation of the child through visits by social workers. However, reunification efforts were reported to be fraught with problems stemming from logistical limitations such as a lack of transportation; medical equipment; lack of child and family records which made tracing relations extremely difficult; children's preferences to remain in the shelter where they perceived they received better care; and a limited follow up visits due to the limited availability and motivation of social workers.

In any case, a significant number of children whose parents or families could not be traced remained in shelters and their reunification was not possible. Institutional care was taken by government and nongovernmental organizations as a quick and available alternative particularly for this category of children. A survey conducted in 1988 reported the presence of 106 orphanages in Ethiopia providing care for 21,318 children. This excluded the reportedly 5000 children dwelling in the Children's Village⁷ - which informants reported to be the biggest orphanage in Africa at the time - which the Derge had established for orphans due to the Ethio-Somali war. The majority of these orphanages were operated by nongovernmental organizations although government also

⁷ The village was set up as semi autonomous agency under the Ministry of Labor and Social Affairs outside the jurisdiction of the both the Rehabilitation and the NCC.

managed a sizable number. This forced NCC to turn to the alternative of formalizing, facilitating and regulating international adoptions which had been carried out informally through private agents or agreement between natural and adopting parents without government involvement. Hence, by the end of 1980's, the provision of temporary shelter to unaccompanied children, foster and institutional care, reunification of children and families and international adoption emerged as major forms of social services managed by both the governmental and nongovernmental organizations.

This period also saw significant change in institutional arrangements in the public sector. The Derge established the Rehabilitation Agency, the NCC and the Children's Village as semi autonomous entities under the Ministry of Labor and Social Affairs (MoLSA).

Ethiopian People Democratic Revolutionary Front (EPDRF)

The organizational field experienced an accelerated growth in complexity after EPDRF came to power in 1991. This complexity may be observed in the intensification of the interactions among key actors as well as in the proliferation of interventions to transform the overwhelming social⁸ and economic problems inherited from the previous period. Government and nongovernmental organizations entered into what an informant labeled the "hay days" in government NGO relations. However, hidden conflicts of interests between them, often mixed with or disguised as differences in ideological and political orientations, surfaced over particularly those later generation interventions by NGOs with a stated aim of promoting human rights, democracy and good governance - a

⁸ For a list and commentary of social policies, see Hailu, 2010.

conflict that climaxed during the 2005 national election and eventuated in the passage of the Proclamation for Registration and Regulation of Charities and Societies in 2009⁹. In terms of interventions, EPDRF quickly unleashed an array of policy and strategic measures. While most of these measures had indirect implications for OVC, four areas directly affected them. Each of these measures related to the management of responses to disaster, management of public orphanages, responses to HIV/AIDS or the promotion of child rights. As will be detailed shortly, this rapid increase in interventions around these four areas apparently was precipitated by local and international pressures: Locally, both the government and donors were fatigued by food aid in response to drought and had demonstrated an increasing commitment to put in place a more permanent mechanism for the management of disaster. Also, the negative psychosocial impact of orphanages and its costliness was being felt. Moreover, the economic, physical, social, and psychological toll of the spread of HIV/AIDS was becoming increasingly alarming. Internationally, the human (child) rights movement was gaining momentum and increasingly putting pressure on the government, national NGOs, and even community based organizations.

Disaster Preparedness and Response

Development of the national capacity to prepare for and respond to disasters, particularly drought, has continued to be one of the major priorities of EPDRF. To this

⁹A background to and content of the proclamation will be provided at the end of this chapter but suffice it here to note that the perception EPDRF's senior officials have had of international NGOs, which has been critical factor in the government/ NGO relations, was rooted in the role the officials observed NGOs playing in provision of emergency relief in areas TPLF (the mother organization of EPDRF) controlled during their armed struggle with the Derge. Lautze et al (2009) had observed, "One wonders what conclusions these rebels drew about both the role of the state and of humanitarian actors. They had used international aid to sustain a base of popular support while fighting a bitter and protracted war to overthrow a strong government with significant military resources. While grateful to the humanitarian organizations, they were keen that history not repeat itself."

end, EPDRF issued and began implementing the National Policy on Disaster Prevention and Management (NPDPM) in 1993 with the twofold objectives of preventing loss of lives and assets in times of drought, while at the same time building resilience in vulnerable households against drought. By doing so, NPDPM aimed to link relief with development. The obvious significance of both aims for children in vulnerable households is that they would be provided with timely nutritional assistance in times of drought. Moreover, the assurance of timely emergency response or increased resilience against drought would reduce the caregiver's stress during disaster, which could compromise normal psychosocial development of children. Furthermore, the NPDPM recognized the multi-sectoral nature of disaster management and provided for the formation of a national committee for disaster management. The involvement of other ministries, such as the ministry of health, was critical for saving the lives of infants and young children that required special nutritional support in the events of drought.

For six years after the assumption of power by EPDRF, Ethiopia did not see a major drought and optimism rose that drought would never revisit Ethiopia again (Lautze et al, 2009). During this period government increasingly pushed INGOs to shift from relief to development, and to build the local capacity for direct service delivery (Keteke & Amare, 2006). This resulted in the proliferation of national NGOs engaged in the delivery of services but presumably weakened their capacity for emergency relief. Meanwhile, a series of droughts returned beginning in 1997 and reached their climax in 2003. This drought along with the effects of the Ethio-Eritrean war tested the capacity for disaster response which had been weakened due to the redirected focus on development (Lautze et al, 2009).

However, the droughts provided a context for the implementation of NPDPM and the birth of some of the largest disaster responses interventions in Africa. Foremost among these was the Productive Safety Net Program (PSNP) and the more child focused interventions of the Enhanced Outreach Strategy/Targeted Supplementary Feeding program (EOS/TSF) and Therapeutic Feeding Program (TSF). With an annual operating budget of nearly 500 million USD and 8.3 million beneficiaries, the PSNP is known to be the second largest social protection program in Africa (Hailu, 2010). It provides transfers to the food insecure to currently 8.3 million beneficiaries in households in chronically food insecure woredas during lean months to ensure consumption as well as prevent asset depletion. At the same time, it aims at the creation of community assets by requiring able recipients to work on public projects such as roads, environmental preservation and recovery, schools or clinics. Although PSNP targets households and does not disaggregate transfers to children, evaluations have reported an increased consumption of food as well as health and education services by children (Wiseman et al, 2009). The EOS/TSF on the other hand, is a child-focused program that distributes supplementary food twice in 3 month intervals to reduce morbidity and mortality among children and lactating mothers in targeted areas screened for acute malnutrition during 6-month intervals. The program has been implemented since 2004 and in 2008 alone it reached approximately 720,000 children 6-59 months of age and 420,000 pregnant or lactating women with the investment of over USD 42 million to making it one of the largest supplementary feeding programs in the world (Skau et al, 2009). The Therapeutic Feeding Program (TSF) integrated into the management of severe acute malnutrition into 165 hospitals and health centers where in and out-patient care was provided. In 2008, a

total of 27,739 children were reported to have been admitted in the 455 therapeutic feeding sites with overall positive performance indicators in 51 drought affected districts of Oromia and SNNP regions (Chamois, 2009).

Deinstitutionalization

The other measure EPDRF took after it toppled the Derg was the deinstitutionalization of public orphanages and promoting community-based care of OVC. This was necessitated by the economic burden that running such orphanages had on the government as well as a growing realization of the adverse impact on the psychosocial wellbeing of children in institutional care in Ethiopia. Consequently, a wave of deinstitutionalization swept public orphanages, particularly during the second half of the 1990s and resident children were reunified with identified parents, relatives and foster parents. This undertaking built on the experience of reunification interventions from a few years prior when children in temporary shelters of relief operations, were reunited with their families and relatives. However, younger children for whom no parent, relative or foster parent could be identified were transferred to private orphanages that survived the wave of deinstitutionalization. Older children who could not be reunified, either because they were orphans or their parents could not be identified, were, however, reintegrated with communities, an intervention that may distinguish this as the third stage of evolution of a formal provision of care and support to children in Ethiopia. Accordingly, in urban centers older children were put in group homes and provided regular allowances in order that could pay their rent, fend for their subsistence, and cover their school expenses. Some focal organizations in urban areas also enrolled such children in skill training that could eventually earn them employment

with various degrees of success. In some rural areas, children were first socialized into rural productive activities such as farming, weaving and other handcraft activities. Later, they were given grants and assets to establish their own homes and continue applying their skills in making their own living. Meanwhile, the efforts of reunification and integration of deinstitutionalized children were further legitimized by the government when it issued the Developmental Social Welfare Policy (DSWP) in 1996 which moved away from relief to rehabilitative, preventive and developmental objectives. Making community participation as its core strategy, the policy delegated child welfare services to primarily communities in which relevant organs of local government assumed a coordination role. Nevertheless, a large number of younger children remained who could not be provided for by available reunification and reintegration interventions. Moreover, many households that assumed responsibility for the reunified children and children reintegrated into the communities found it increasingly difficult to cope with the rising cost of living. This made it difficult to totally discount the more problematic interventions of institutional care and international adoption, although the problematic connection between them have to this day continued to be subjects of recurrent debate and contention among national and international actors.

Institutionally, subsequent to the assumption of power by EPDRF in 1991, MoLSA underwent structural revision in 1997 in which the Rehabilitation Agency and the Children Commission ceased to be semi autonomous agencies and each became a unit within MoLSA while the Children's Village was dissolved. The NCC and was renamed as Children, Youth and Family Organization while the Rehabilitation Agency became the Department for the Rehabilitation of the Disabled focusing only on the elderly and people

with disabilities. The Disaster Preparedness and Prevention Commission (DPPC) and Disaster Preparedness and Prevention Agency (DPPA) subsequently took the role of registering and regulating the operation of nongovernmental organizations until the mandate was transferred in 1997 to the Ministry of Justice (Ketete & Amare, 2006).

HIV/AIDS Interventions

Although the first case of HIV infection was reported in 1986, the virus was rapidly spreading. The number of people living with the virus reached 170000 by the beginning of the 21st century. The National HIV/AIDS Policy was issued in 1998, until it was revised in 2003. Three years later, the first national plan on HIV/ AIDS- the Strategic Framework for National Response to HIV/AIDS (2001-2005) was endorsed. These documents provided the framework for the expansion and scale of the multi-sectoral response. Early interventions by both government and nongovernmental organizations against the pandemic focused on prevention and control of further spread of the virus through awareness-raising. Consequently, demands for voluntary counseling and testing (VCT) and the utilization of condoms were increasing, which signaled a positive trend in awareness and a change in behavior. As the number of AIDS patients and the death toll due to AIDS dramatically increased, however, palliative care of AIDS patients, antiretroviral therapy (ART) and the prevention of mother to child transmission (PMTCT) and treatment of opportunistic infections also gained momentum. Although the national strategic plan made an insufficient provision for care and support of children orphaned and affected by AIDS, the services became elements mainly of focal organizations that aimed to integrate prevention and treatment with care and support of not only people living with HIV/AIDS but also those that were infected by it. Social

mobilization interventions were aimed at the reduction of stigma and discrimination, which was increasingly recognized as a critical hindrance to effectiveness of the fight against HIV/AIDS.

Given the scale of the problem, however, these interventions were far from effective in halting the spread of the pandemic and its multifaceted devastating impacts on the individual, household and social structure at all levels of society. Weak health and education sectors, low community ownership and capacity, inadequate leadership, coordination and integration of interventions, limited resources (despite increasing availability of international aid) and pervasive stigma and discrimination were some of the major overall weakness identified in the campaign. Consequently, the death toll and number of bedridden patients due to AIDS continued to increase. Parents died leaving their children to the care of grandparents, older siblings and relatives. The huge magnitude of the problem combined with an already pervasive poverty crushed traditional coping mechanisms of communities. In 2002, the government was forced to declare HIV/AIDS a national emergency. Two years later, the Ethiopian Strategic Plan for Intensifying Multi-sectoral HIV/AIDS response (2004 - 2008) was released, perhaps in response to the national and international alarm the pandemic caused. At the same time, a National Plan of Action for Orphans and Vulnerable Children for 2004-2006 was adopted by an ad hoc OVC taskforce consisting mainly of the key international and some national organizations supporting MoLSA and later MOWA to which the mandate to care for vulnerable children was later transferred.

Unlike the previous plan which gave far from adequate attention to OVC, this plan stipulated more objectives and strategies that specifically focused on the provision of

care and support to OVC. It particularly made counseling services, legal advice, and protection services to OVC, strategies to improve the quality of their life, signaling a break from targeting solely AIDS patients for these services. Subsequently, the Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support in Ethiopia – 2007 – 2010 had set numerical targets to reaching orphans and other vulnerable children with care and support services in which psychosocial support and legal support were apart. Bringing OVC to the center stage by these later generation plans appeared to have encouraged subsequent proliferation of and exclusive targeting of OVC by focal organizations. A key feature of these projects was their attempt at integration of some or all from the menu of OVC focused services that were increasingly becoming popular among financers and implementers of these services. The menu included shelter and care, food and nutrition, health services, educational support, legal protection and economic strengthening and local capacity building for OVC care and support. For example, the Ministry of Women Affairs (2010) identifies seven core service areas; namely, shelter and care, economic strengthening, legal protection, health care, education, psychosocial support, food and nutrition as critical components of a package of services for programming targeting vulnerable children. Accordingly, **Shelter and Care** services strive to prevent children from going without shelter and work to ensure sufficient clothing and access to clean safe water or basic personal hygiene. An additional focus is ensuring that vulnerable children have at least one adult who provides them with love and support'. **Economic Strengthening** services seek to enable families to meet their own needs from an economic perspective regardless of changes in the family situation.' **Legal Protection** services aim to reduce stigma, discrimination and

social neglect while ensuring access to basic rights and services protecting children from violence, abuse and exploitation.’ **‘Health care** services include provision of primary care, immunization, treatment for ill children, ongoing treatment for HIV positive children and HIV prevention.’ **‘Education** services seek to ensure that orphans and vulnerable children receive educational, vocational and occupational opportunities needed for them to be productive adults.’ **‘Psychosocial Support** services aim to provide OVC with the human relationships necessary for normal development. It also seeks to promote and support the acquirement of life skills that allow adolescents in particular to participate in activities such as school, recreation and work and eventually live independently. And **‘Food and Nutrition** services aim to ensure that vulnerable children have access to similar nutritional resources as other children in their communities.’

Although the multiplication of OVC focused projects was highly encouraging, it, nonetheless, raised concerns over quality and effectiveness of these interventions. At an interorganizational level, questions were related to the fragmentation of interventions and the divergence of approaches which could result in duplication of efforts and a waste of resources. This fragmentation and diversity of approaches “has made it difficult for programs to measure progress in achieving overall outcomes for children”, which justified the need for the development of the Standard Service Delivery Guidelines (SSDG) in 2010 to set “a framework within which stakeholders involved in the area of OVC can operate to ensure that the desired outcomes are achieved” (SSDG, 2010).

Promotion of Child Rights

Key international actors were busy investing on the diffusion into the Ethiopian society of a ‘right-based approach’ to design and implementation of social services. They

were also actively supporting government and, and to a larger extent, national NGOs in practice models and legal structures and processes they deemed fit for prevention, protection and redress of various types of abuses and violence of vulnerable groups particularly children and women.

Parallel with the expansion of services targeting OVC due to HIV/AIDS, both governmental and nongovernmental organizations have been investing in the domestication of international child rights instruments in general and the United Nations Convention on the Rights of the Child (CRC) (UN, 1989) in particular. To begin with, the Ethiopian Constitution which was formulated two years after the adoption of the CRC, makes in its Article 36 all international agreements ratified by Ethiopia¹⁰ “an integral part of the law of the land” (FDRE, 1991). The (CRC) provides perhaps the most pertinent and detailed provisions for the care and support to vulnerable children in general and psychosocial support in particular (see the legal framework section for a detailed discussion on these provisions). In addition, Article 9 of the Ethiopian Constitution provides specific provisions regarding specific rights of children. Furthermore, over the past decade, the federal government has undertaken significant legal reforms to align subsidiary laws of the country with the international laws it has ratified and provisions made in the Ethiopian Constitution. These legal reforms criminalize a number of culturally rationalized treatments of and practices against

¹⁰ These are the Universal Declaration of Human Rights (UDHR), International Convention on the Elimination of All Forms of Discrimination (ICERD), International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social and Cultural Rights (ICESCR), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention against Torture and Other Cruel, and Inhuman or Degrading Treatment or Punishment (CAT), Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and ILO Convention 182 on the Worst Forms of Child Labor.

children detrimental to their psychosocial wellbeing. Accordingly, the Revised Family Law (2005) addresses gaps and inconsistencies inherent in the 1960 Civil Code although not all regional governments have started implementing it. The Criminal Code was revised in 2000 to proscribe several harmful traditional practices inimical and prejudicial to the rights and welfare of children such as abduction, early marriage, child betrothal, abduction, child abuse and girl harassment. Passed in 2004, the Labor Proclamation (Proclamation 377/2003) prohibits employment of children between ages of 14 and 18 to engage in hazardous employment including night work, overtime work, and work on weekly rest days or public holidays among several others.

A number of policies and guidelines have aimed to respect, protect and promote the rights that these legal provisions bestow on children. Already noted is the Developmental Social Welfare Policy (1996) which commits to a number of measures to ensure economic, social and psychological wellbeing of vulnerable children. Among these are measures to eliminate traditional child-rearing practices that are not conducive to the child's normal development, address problems of children with mental and physical and impairments, and provide children with protection from abuse and neglect. The Culture Policy (1997) denounces 'backward traditions' as violating human rights and causing psychological and moral damage. It aims to identify and put in place strategies, including legislative measures, to do away with these traditions. The National Policy on HIV/ AIDS (1998) encourages familial and social networks to provide psychosocial support to people infected and affected by HIV/AIDS although it does not make specific mention of orphans and vulnerable children. Of all national policies, the National Policy Framework for Early Childhood Care and Education (ECCE) in Ethiopia (2010) provides

for perhaps the most systematic and comprehensive interventions at all levels of society. At a household level it aims to empower and support parents/ guardians to effectively shoulder their parenting roles. At a community level it integrates early developmental stimulation, parental education and demonstration components to the already existing Health Extension Program and designates Community Health Promoters (CHPs) for its implementation with the supervision of the already existing Health Extension Workers. It also provides for the establishment of community-based preschools, a key objective of which is development in children of key psychosocial competences such as self-regulation, intrinsic learning motivation and disposition to cooperation for normal psychosocial development of children although its targets are limited to those children below seven years of age. A draft of a National Child Policy has also progressed through several revisions by the end of the ethnographic present.

The recently issued Alternative Child Care Guidelines (2009) and the Standard Service Delivery Guidelines for Orphans and Vulnerable Children Care and Support program (2010) are aiming to mainstream and standardize care and support to OVC. Rooted in the provisions of the CRC, ACRWC and the Ethiopian Constitution, both sets of guidelines have been developed on the basis of experiences of the growing number of fragmented services that have been provided to various categories of vulnerable children in isolated projects. Regional states are expected to tailor these guidelines according to the social, economic, political and cultural realities of their respective regions and design an implementation framework. During the ethnographic present, the Ministry of Women Affairs was introducing the guidelines to various institutional stakeholders - in government, civil society and international partners - as well as the general public.

Historically, successive Poverty Reduction Strategic Papers (PRSPs) have recognized the need to provide social protection to vulnerable populations including OVC. The government in collaboration with its national and international partners has also issued five National Plans of Action (NPA) that provide for care, support and protection of various categories of vulnerable children. These are the National Program of Action for Children 1996-2000, which was prepared right after the Declaration on the Survival, Protection and Development of Children made by the World Summit held in 1990 after the adoption of the CRC; the National Plan of Action for children (2003-2010 and beyond) which was a response to the “the World Fit for Children” resolution of the Special Session of the 27th General Assembly of the UN held in 2002 (MoWA, 2007); the National Action Plan on Sexual Abuse and Exploitation of Children (2006-2010) which was an outcome of the Stockholm Agenda of Action first drawn by World Congress Against Sexual Exploitation of Children held in Stockholm in 1996 and reaffirmed in the second World Congress held in Yokohama, Japan in 2001 (MoLSA, 2005); the National Plan of Action for Orphans and Vulnerable Children in 2004-2006, which was an outcome of the ad hoc OVC taskforce consisting mainly of the key international organization working on children (MoLSA, undated); and the National action Plan on the Elimination of the Worst Forms of Child Labor in Ethiopia (2010 – 2014) was prepared subsequent to the ratification the ILO Minimum Age Convention 138 and 182 and within the framework of the Decent Work Country Program of ILO.

However, progress towards enforcement of both the Revised Criminal Code and the Labor Proclamation has been reported to be too slow. Similarly, the NPAs have remained largely on paper. Key informants attributed this lag to a lack of budgetary and

strategic priority given by the government to these goals due to cultural, economic and ideological reasons. Culturally, traditional values (detailed in a previous Chapter) which give little priority to the needs of children and undermines their psychosocial wellbeing translates into a limited budget by decision makers and continued public tolerance of children's abuse respectively.

Economically, the limited resources that government has at its disposal has meant that they give priority to addressing the most immediate and observable challenges the nation faces at various levels. The fact that the adverse impacts of psychosocial deficits are often not readily conspicuous, varies from individual to individual, and often results in delayed symptoms whose cause is difficult for lay persons to trace, appear to have moved such goals way down the extensive and expensive list of priorities faced by one of the poorest of poor nations of the world. The psychosocial challenges that vulnerable children face are even less recognized.

Ideologically, the development strategy adopted by the government appears to subscribe to the evolutionary or growth model that puts economic poverty as the root cause that undermines the wellbeing of vulnerable populations in developing countries. Consequently, because a modern, educated and healthy workforce is a necessary input of economic growth, the expanded provision of such basic services as education, health, water and sanitation have been widely promoted. Accordingly, while the government has invested significantly in these sectors and demonstrated results in double digit economic growth, mainly in the past eight years, it has relegated the task for caring for and protecting vulnerable populations to civil society making little budgetary allocations

to law enforcement institutions and implementation of NPAs. Consequently, there has been a significant increase in economic inequality and social vulnerability.

Evolution of the organizational field since EPDRF assumed power and also saw further reorganization of government Ministries which transferred the mandate of affairs of youth to a new Ministry of Culture, Youth and Sports, while that of children and families remained with MoLSA. Another reshuffle of ministerial mandates was undertaken five years later, the mandate of affairs of children was transferred to a department of another newly established Ministry of Women Affairs (MoWA). With this move, the mandate of international adoption was also transferred to MoWA. MoLSA still retained the mandate of alleviating social problems associated with all categories of populations including orphans and vulnerable children. This has made it very difficult to determine and agree on a clear boundary on the ministerial mandate between MoLSA and MoWA despite several studies and consultations among various government officials. Finally, agreement was reached for MoLSA to be responsible for orphans and vulnerable children, children with disabilities, unaccompanied children, children in the streets and child labor exploitation and abuse. On the other hand, MoWA was mandated with protecting the rights of children and implementation of the Child Rights Convention.

The Proclamation for the Registration and Regulation of Charities and Societies

The organizational field may be said to have entered its current stage of evolution with the passage of the Proclamation No. 621/2009 for the Registration and Regulation of Charities and Societies (PCSE) in 2009, which is now the overarching legal instrument that defines the nature, limits and prerogatives of what it called Charities and Societies – the main organizational units in the field that currently manage the bulk of social services

to vulnerable populations in general and OVC in particular in Ethiopia. The 1960 Civil Code and the 1966 Association Registration Regulation which hitherto governed registration and operation of nonprofit organizations were perceived to have failed to address the rapid increase in the number and diversity of national and international organizations engaged in emergency relief and the provision of social services. In addition, the vagueness, ambiguity and at times contradictions inherent in these legal provisions hindered their smooth implementation. Moreover, the plethora of government agencies that has been involved in the registration, regulation and monitoring of civil society organizations has also apparently hampered efficient cooperation between government and civil society. Consequently, a consensus has reportedly been emerging between government and civil society over the need for a civil society law that could address these historic gaps and improve policy and legislative environments for better and active involvement of civil society in the nation's social, political and economic development.

Informants recalled that actual efforts to bridge this historic legislative gap, started in 2000 when the government issued draft legislation for the governance of organizations of civil society. Successive drafts were revised by a joint working group composed of experts in the Ministry of Justice and representatives of the civil society. Although civil society had, at that time, reportedly expressed concern that successive drafts had not incorporated the changes that the joint working group had agreed upon, they had, on the other hand, expressed a level of satisfaction in the openness of the Ministry to involve civil society in the revision of the draft. However, following the circumstances of the 2006 election, the earlier draft as well as the government and civil

society dialogue on the subject were totally abandoned and the Proclamation for the Registration and Regulation of Charities and Societies of Ethiopia and subsequent guidelines for its implementation were instituted years later.

The PCSE and its successive drafts have been sources of heated and, at times, fierce dialogues and debates before and after its passage in February 2009. Several strong and controversial aspects can be distilled from interviews with key informants and document reviews. Key informants and commentators have identified at least five major strengths in the PCSE. First, it is recognized as the first such legal document in Ethiopia to provide for a comprehensive legal framework for the operation and regulation of CSOs. Second, it recognizes the diversity of the civil society sector, and provides different provisions that take into account the diversity in the nature and needs of the variety of civil society organizations. Third, it provides a legal ground for the establishment and governance of a consortium of civil society organizations despite apprehension over the limits that the subsequent guideline have put in the members of consortiums. Fourth, it provides for the establishment of an autonomous agency that is charged with the responsibility of governing the sector, a key role of which is ensuring transparency and accountability of the sector. Fifth, and of particular importance to the present assessment, it provides for Charities and Societies to engage in income generating enterprises and the mobilization of contributions from local sources, again, despite the perceived intrusiveness, multiplicity of restrictions in and over regulation of income generation activities of charities and societies.

One of the most controversial aspects of the legislation is its rationale for distinguishing between two broad types of CSOs i.e. Charities or Societies, and its

subsequent use of source of income for the categorization of Ethiopian or Ethiopian Resident Charities and Societies. The legislation first distinguishes between Charities and Societies based on whether a civil society is self or other-serving. Proponents justify the distinction on its apparent instrumentality for circumventing potential conflict of interest that could result if members of a CSO were both providers and recipients of benefits of the organizations. However, many have argued that the potential conflict of interest could have been addressed by putting in place relevant provisions in the memorandum of each CSO without the need for legislation to artificially impose this neat distinction, which compromises the freedom of CSOs.

More controversial, however, is the criteria the PCS uses to further categorize both charities and societies into Ethiopian or Ethiopian Residents. While the criteria of the citizenship of members and the country of registration are recognized as commonly used in formulations of CSO Laws in other countries, using source of income as a decisive criterion for categorization of CSOs has been the most controversial characteristic of the PCSE. The requirement of raising at least 90% of resources from domestic sources to qualify as an Ethiopian Charity or Societies has been the most controversial of any provision of the legislation. This is because subsequent provisions empower and constrain Ethiopian and Ethiopian resident CSOs respectively once they are classified as such on the basis of this criteria. Accordingly, Ethiopian residents are restricted from engaging in issues of governance, human rights and democracy. The government and its supporters assert that this measure closes doors for political interference of external forces in domestic political affairs which can endanger the country's constitutional order, a measure that is required as per Article 22(2) of the

International Convention Civil and Political Rights (ICCPR) and the United Nation Human Rights Committee¹¹.

Critics, on the other hand, consider this to be an arbitrary restriction that violates several human rights provisions enshrined in the Universal Declaration of Human Rights, the various international covenants and conventions and the Constitution of Ethiopia itself, and kills the slowly emerging participation of civil society in the political affairs of the nation. They also argue that the legislation contradicts several principles of the Paris Declaration for Aid Effectiveness, which gives key roles for CSOs in coordinating aid (Para 14) and also assigns the importance of the participation of advocacy CSOs in formulation and assessment of national development plans (Para 47).

Yet another controversy concerns the extent of power the legislation confers on the Agency for Charities and Societies (ACS) it established for managing implementation of its provisions. Critics have described the powers vested on the Agency as excessive, potentially infringing on the institutional autonomy of CSOs and too intrusive in CSOs' internal affairs and the restriction on judicial appeal against administrative decision against the provision of Article 26 of the ICCPR. In reaction, proponents argue that the relevant provisions ensure transparency and accountability of CSOs and prevent their economic and political abuse by organizational elites.

Controversies regarding the 30% limits that the legislation puts on 'administrative cost' rest more on pragmatic considerations than on principles. While there is general consensus on the limit, the application of this to advocacy and research organizations

¹¹ The General Comment No. 31 of the UN Human Rights Committee on the Nature of the General Legal Obligation Imposed on States Parties to the Covenant, 26 May 2004, CCPR/C/21/Rev.1/Add.1, para. 6.

whose overhead cost are potentially higher have been debated. Moreover, consensus is yet to build in the course of implementation regarding expenditure items that should and should not be included as 'administrative'.

CHAPTER FOUR

AWARENESS RAISING IN COMMUNITY SETTINGS

This chapter describes interventions aimed at transforming traditional worldviews, values, norms and practices perceived as inimical to normal psychosocial development and wellbeing of children. The underlying theory of change is that psychosocial risk and vulnerabilities of children are significantly reduced and normal psychosocial development of children is better facilitated if the cognitive and behavioral traditions that dwell in mental and behavioral structures of caregivers and other household and community members as well as in the social institutions that reinforce or tolerate these structures are replaced with more supportive ones. The theoretical literature generally identifies such interventions as primary prevention interventions because they aim at preventing psychosocial disabilities in children by mitigating or eliminating cognitive, behavioral and social structures of which the psychosocial disabilities may be a consequence.

Key informants in this project explained the target populations, purposes and strategies of this category of interventions appear to be shaped by the assumption of ecological theory. According to the theory, the child's normal psychosocial development is facilitated or retarded by environmental influences that arise from individuals, groups and social structures with which the child is in constant interaction. More specifically, ecological perspectives assert that each child develops a particular set of emotional and behavior traits in order to adapt to the physical and social environment in which the child

is nested. Hence, children may develop traits that may be adaptive in a currently toxic social environment which may turn out to be dysfunctional in the long term functioning as adults. This theory of social toxicity appears to be a critical extension of the ecological perspective and helps focus attention on the degree to which the child's physical and social environment is poisonous to the normal psychosocial development of the child. Hence, social policies and practices based on this assumption are directed towards changing negative environmental threats, which, in the context of interventions under consideration, are believed to be traditional beliefs, values, norms and practices and social structures that serve as their vehicle.

As will be detailed in subsequent sections, interventions implement various educational strategies at various levels to transform traditional mental and behavioral structures. Moreover, they adopt particular mediums to reach out to specific target populations. Interventions that target the masses tend to adopt TV or Radio ads. These interventions generally do not discriminate on the basis of age and social standing in the target group, but rather focus on language of population by the specific radio or TV channel. On the other hand, the print media such as newspaper, leaflets and posters target literate members of a linguistic group. Because, in Ethiopia, there is generally no local TV, Radio and newspapers, these interventions whose scope are macro i.e. national and regional and mezzo, i.e. city wide, employ Radio and TV as their mediums. Because this study is a community level study, interventions that are national and regional in the target area are outside its scope. Hence, the focus of this chapter will be on those community level interventions that often use existing or create new social media to reach out to and engage with individuals, groups and social structures. The outputs, structures

and processes of these community level interventions are subjects of discussion in this chapter.

Profile of Targets

Almost all community level interventions categorized in this chapter as having “awareness raising” and “capacity building” service outputs, target poor neighborhoods and communities. This is because the activities are often part of other services that target poor communities or are based on reports of crimes against children from these communities. Key informants argue that although all Ethiopian communities and social structures at all levels of society share the beliefs, values and norms that these category of interventions could potentially target, the ease of accessibility to the poorer communities have made these communities much easier subjects of community level interventions. Other informants argue that more affluent communities need not be and are not priority targets of such interventions because they respect the rights of their children better as evidenced in relatively low child abuse reports. Informants attribute this to a relatively better education and living standard of living in these neighborhoods. Opponents, however, argue against equating the level of respect of child rights with the frequency of reported crimes against children or level of education or economic standing. They suspect that much crime against children in relatively rich and educated households and neighborhoods may have remained hidden because abusers have the economic capacity and social network to shield them from the law, and consequently, are not regarded as criminal.

From interviews, observations and document reviews, interventions that seek to transform the child’s social environment have two broad categories of targets:

community members and community based organizations. As will be detailed in the next section, community members are subjects of ‘awareness raising interventions while community based organizations are subjects of ‘capacity building’ interventions. Theoretically, awareness raising interventions target all adult members of targeted communities irrespective of gender, social and economic standing. In practice, however, mothers in poor households are reportedly the most recurrent targets of the majority of projects. Residences in more affluent households are fenced and their adult members, including women, may be working during the day. This makes it difficult for project workforces to reach them.

Moreover, adult males in poor households are not available in the neighborhood during the day when project officers or facilitators run such activities, because they are at work or socializing elsewhere and return home late in the evening. Key informants have also noted that some medium of educational activities and their content, traditionally exclude adult males from the activities. Men tend to be disinterested in discussing children, their upbringing, and their needs, because these are traditionally the responsibilities associated with women’s roles. Similarly, women are the traditional participants of coffee ceremonies (to be described shortly) which have been widely adapted as a medium for educational activities at community levels. Hence, men may tend to feel awkward and fear ridicule for being regular participants in these ceremonies discussing “women’s issues”.

Consequently, mothers in poor households are the main targets of projects in these categories. Most such mothers spend their days attending to household chores and other income generating activities for the subsistence of their families. They are engaged

in petty trades or employed part time in more affluent households as domestic workers or even as laborers in construction projects. In many households, these income-generating activities by mothers and women in the household are the major or only sources of subsistence. These women may be single mothers or their husbands may not generate or contribute enough financially to supplement their income. Because such women are busy with these reproductive and productive activities, they have little time to care for their children. Even if they had the time, they are not educated enough about the emotional needs of their children and, hence, their behavior in their interaction with the culture is largely dictated by cultural norms.

Capacity building interventions target those governmental agencies and community based organizations that are perceived to play a critical role in transforming the child's social environment. The Women's and Children Affairs Bureau and the local government administration had been recurrent targets among governmental agencies. Before the PCS, the police, the public prosecutions, and the judiciary used to be key targets of such interventions run by a few nongovernmental organizations that sought to build the capacity of the justice system. The majority of these have interpreted the PCS to be preventive of what an informant sarcastically termed 'tampering with the justice system' and have abandoned their involvement. However, a few others have continued to work closely with it in what another informant perceived as 'collaborative, supportive and a non-confrontation spirit' which was reportedly welcomed by government. However, the majority of capacity building interventions target community or mass based organizations. The Iddirs (informal associations of people who share a common interest), parish churches and women's associations have been the main targets. Interventions

have often preferred targeting *iddir* Unions where they exist partly because the perceived resistance of iddir units regarding these issues and partly because of their enormous number which has been difficult to manage. According to informants, the Women's Association has been targeted the most of the three types of women's associations that exist at a local level.

Service Outputs

As noted earlier, transforming traditional worldviews, values, norms and practices as well as elements of social structures that are perceived as inimical to normal psychosocial development and wellbeing of children is the broad service outputs of such projects. Themes of these projects include information about developmental needs of children, alternative parenting practices, and harmful traditional practices. Ethiopian Charities and Societies or mass based organizations can legally frame the same objectives in terms of promoting the human rights of children since they have no restriction on the types of activities they can engage in. In fact, before passage of the PCS framing service outputs in human rights language by making references to national and international legal instruments and particularly to the CRC and the ACRWC, would make a focal organizational more eligible for financial assistance by donors. As noted earlier, with the passage of the proclamation, a few of the limited organizations that used to be engaged in the promotion of child rights, had to abandon such projects. The remaining few reframed their objectives in terms of 'child protection', which place the blame on what are called Harmful Traditional Practices (HTP) and direct attention to cultural change rather than holding the government accountable the protection and respect of child rights.

Interventions targeting community members have adopted what are called Information Education Communication (IEC) and Behavioral Change Communication (BCC) as complementary strategies to transform traditional cognitive and behavioral structures of community members. While IEC is content with the provision of information on the impact of traditional cognitive and behavior structures on psychosocial development of children, BCC recognizes the significance of providing a supportive environment in addition to the provision of information if authentic change is to occur in subjects. Hence, IEC/ BCC, as the strategy is often referred to, represents educational processes aimed at providing targeted populations with the necessary information in the context of a supportive environment to bring about positive change.

Interventions targeting governmental and community based organizations enumerated earlier had two intermediary objectives: transforming cognitive and behavioral structures of their leaders and bureaucratizing or, in their terms, professionalizing their operations. Interventions have adopted several strategies to achieve these ends. The first is organizing training for personnel of targeted organizations. Training as a medium for transforming cognitive and behavioral structures of leaders and workers in these organizations is similar in objective with other strategies for awareness activities for communities. Trainings in the context of organizational capacity building, however, are often outsourced to what are generally labeled as ‘consultants’, and may take more time than what awareness raising events may take. Training as a medium for the professionalization of targeted institutions involves content outside that which is intended for awareness raising objectives. Such content includes but is not limited to administration and management of personnel, finances and other

organizational resources, skills for the mobilization of resources, public relations, advocacy and skills for the use of office equipment such as computers. Leaders are also sent on what are called ‘experience exchange visits’ to other areas and regions and, in rare cases, countries outside the community where community based organizations are perceived to fare better in the path towards professionalization. Another strategy for professionalization of targeted organizations is the donation of equipment, furniture and finances. Such donations may be tied to specific projects which are generally known as “project support” or may be generalized to covering an organization’s cost for a period of time which informants in some targeted institutions referred to as “capacity building support”. This ethnographic description will focus on those capacity building objectives that are pursued through training rather than through the donations of goods.

Structures

Practice Settings

Homes, compounds, open spaces and halls are four settings where both IEC/BCC and capacity building activities are implemented at community levels. Homes are residences of targeted individuals and household members. Interventions that use homes as venues adopt ‘home visits’ as an IEC/ BCC medium to reach out to target populations. The term “home visit” refers to the strategies in which workers travel to a household to reach out to one or all of household members with a relevant message, provide some kind of service and/or case management. Home visits with awareness raising objectives are known in the United States as ‘family outreach’ (to be described in detail in the next chapter). However, in Addis Ababa, only a few interventions in this category have adopted home visits to deliver raise awareness on alternative parenting. While home

visits are the least used strategy among interventions in this category, they are likely used for case management, as will be described in the next chapter.

Compounds and open spaces are perhaps the most popular venues for such interventions. Compounds are open spaces within a fenced settlement that contains one or more mostly worn out mud houses. Households normally use the space for various purposes such as for pitching tents in the events of funerals. Public spaces are open spaces outside compounds that serve a variety of purposes similar to that of compounds. In addition, however, many public spaces have traditionally served partly or wholly as garbage disposal sites. Interventions that use compounds and open spaces as venues adopt mainly the 'coffee ceremony' as a medium to reach out to targeted populations.

Traditionally, the coffee ceremony is a ritual where a woman invites over her neighbors for coffee at least once a day. In each ceremony, three rounds of coffee are usually served accompanied by snacks in the course of which participants socialize, exchange information, and gossip. Most informants agree that using this ceremony as a medium for information dissemination was an innovation of interventions for prevention of HIV/AIDS and fighting the associated stigma. Subsequently, other interventions aimed at enhancing community awareness and bringing about attitudinal change on various issues, have started making use of this medium. The ceremony has targeted mainly women because they are its traditional participants. Compounds and open spaces have also been used as venues for what may be termed as social gatherings because these gatherings are often traditional institutions such as *iddir* meetings, church sermons and burial ceremonies that communities enact naturally. Interventions lobby community leaders to make use of these gatherings in order to deliver similar IEC/BCC messages.

Informants report that alternative methods of child discipline, information about what constitutes child abuse, tips on parenting and child development and/or communication (with children) are some of the most recurrent topics address in IEC/BCC events that use both coffee ceremony and social gatherings as media.

Community halls are low cost buildings owned by the kebele, NGOs or community and such as religious institutions, *iddirs* or *iddir* Unions. Not many halls may exist in local communities, however. For example, the only hall that a district government may own may be the only hall in an entire kebele. Halls that may be owned by *iddirs* or religious institutions may be smaller or are used less. In any case, interventions that use halls as venues employ what are variously called ‘workshops’ as IEC/BCC mediums to deliver what they term as ‘trainings’. As noted in the previous section, when such trainings target community members, training messages are similar to those that are subjects of home visits, coffee ceremonies and social gatherings. However, when training aims at professionalizing or bureaucratizing community based organizations, training messages include administration and management of personnel, finance and other organizational resources, skills for the mobilization of resources, public relations and advocacy.

In summary, although owners of community halls have, in recent years, required subscribers to pay fees, homes, compounds, open spaces and community halls are the least costly practice setting for interventions in these categories. Hence, before the passage of PCS, many focal organizations have engaged in awareness raising activities using these practice settings. On the flipside, projects have much less control over these activities because, as will be detailed in the next section, interventions in these practice

settings are embedded in the naturally occurring social activities. Consequently, activities may not be able to be implemented as per the project schedule; they may not be implemented as planned; expected participants may not attend the activities or may not be available for the length of time to complete the training required. Informants have observed that in an effort to short-circuit these perceived community challenges, some project organizers inadvertently had the impact of eroding local ownership and dependency. These community challenges are in addition to other major limitations such as the low number and quality of the workforce, the lack of supervision and information management system and evidence based practice (each briefly described below).

Workforce

Workforce in interventions in this category of interventions may be classified into three groups: fulltime workers, volunteers and consultants. In addition to performing project activities related to awareness rising and capacity building; these workforces are responsible for other activities related to building the resilience of and protecting children (subject of the next chapter). In other words this workforce is engaged in community-based interventions. As noted earlier, the bulk of interventions which involve the less costly medium of home visits, coffee ceremonies and social gatherings are performed by volunteers. The variety of consultants is mainly involved in the facilitation of trainings in halls. Fulltime workers supervise and support volunteers and organize training activities and recruit consultants. In many cases when projects do not have financial resource to engage consultants, fulltime volunteers also facilitate training!

Fulltime workers are personnel in service outlets including coordinators and frontline workers. A semi structured interview administered to all coordinators of

interventions in one of the sub cities in Addis Ababa, where informants believed one of the highest density of interventions exist, revealed significant diversity in the training background as well as the qualifications of fulltime workers. However, those interventions with at least one psychosocial service output have an average of 5 personnel. On the average, two of the personnel are diploma graduates in any field, one is a high school graduates or less, one is a certificate graduate and one is a bachelor degree holder Often personnel with a degree are project coordinators and engage with the community less intensely.

When professional training is operationalized as a diploma or above training in any discipline in social or behavior sciences, 37% of the workforce is professional. Of this percentage, those with training in nurse and various fields of education account for 20%. Professionals in the social science disciplines mainly of sociology, demography, social anthropology combine to account for 10% of the workforce. Psychologists, social workers and counselors, which can be considered the most reputable psychosocial services, account for only 7% of the professional workforce. Moreover, although there are positions labeled ‘social worker’ in the organizational structures of the reviewed interventions, most such positions have been filled by candidates of any education background, including those with training in such fields as Internet Technology (IT), accounting and economics rather than reserved for a candidate trained in the profession of social work. Informants attributed this to the dearth of relevant professionals, coordinators limited recognition of professionals appropriate to those positions due to limited standardization of workforce in the field of services.

Volunteers may be defined as members of targeted communities who assume some responsibility in interventions with or without associated incentive. Interventions variously labeled them as ‘peer educators’, ‘community facilitators’, ‘community volunteers’ or simply ‘volunteers’. Findings of the above-mentioned semi-structured interview indicate that almost all volunteers are women with no formal employment history, and the maximum educational attainment of high school, many with only a few or no years of formal schooling. Because volunteers are expected to serve their own community, they are usually selected from within the target area. Focal organizations usually prepare the selection criteria and have the Women’s and Children’s Affairs Office of the district and, less often, the *iddir* in the area undertakes the actual selection. Most volunteers are often members of the sub-districts Women’s Association in which they assume responsibilities as members and some as officers. Key informants perceived that these roles have provided them with the opportunity to build their own capacity and establish linkages with households and institutions of both local government and civil society, which has reportedly been used to facilitate their voluntary work in the projects. On the flipside, these multiple commitments as members and representatives of the women’s association have reportedly compromised their availability, effectiveness and efficiency in discharging assignments given to them by not only the projects but also various institutions.

Volunteers may be given an initial training before being deployed on their respective assignments. The structure of the training varies. To begin with, the length of the training varies considerably ranging from 2 days up to 15 days, or in some organizations even 21 days. Reported factors that determine the length of such trainings

are: the commitment of the project to the development of volunteers' capacity, the nature of specific service output volunteers are expected to serve, the budget that donors have allocated for such training and project officials' estimation or determinations of the length that the training requires. The estimation is in turn determined by observation of the practices of other organizations and previous experiences of officers in the current or previous organizations. In addition to variation in length, the content for volunteers serving similar outputs may vary in their structure: Some have developed training manuals on their own mostly using consultants, others have simply adopted training manuals developed by other organizations and yet others do not use any manuals at all. When no manuals are used, the consultant to whom the training is outsourced or the officer assigned to deliver the training simply use their notes and training aids such as power point, charts, etc. to deliver the training.

Although all projects do not pay remunerations, they differ in whether and how they cover expenses such as for transportation costs that volunteers incur as they go about performing volunteer tasks. Projects that cover such expenses do so in the form of reimbursement after completion of an assigned task, as it often is with peer educators. Nevertheless, volunteers in a few projects are reported to assume expenses that they may incur to shoulder their volunteer responsibilities. In projects that cover volunteer expenses, volunteers tend to be formally recruited, their service receive more structured orientation, and/or training is given before deployment and they usually are supervised as they perform their assigned tasks.

Consultants are contractors of services outsourced by projects. From key informants descriptions have been abstracted of the various categories of individuals

performing the role of ‘consultant’ in the category of interventions under consideration. A few were assigned by registered consulting firms. Respective owners were the only consultants of many such firms. Furthermore, these one-man firms were often generalists that claimed expertise in a variety of consulting areas. Consultants might also be freelancers, individuals with no affiliation with any consulting firm but who assume short term specific assignments in a project. They might have made freelance consulting their fulltime job or they might be fulltime workers in other organizations and might or might not take a leave of absence to perform these assignments by another organization. Consultants were often graduates with a BA and some with a MA degree in a diversity of educational backgrounds. Generally, these consultants had worked as fulltime workers in these subject areas for a number of years before they began to play the role of a part time or fulltime consultant. These fulltime position helped them develop the skills, social networks or/ and the entrepreneurship that prepared them to assume consulting roles.

Processes

This section describes the process in which the relevant workforce undertake a specific medium to achieve the anticipated “awareness raising” outcomes. Because of the constraints of space, the IEC/BCC mediums of home visits and coffee ceremony’ are selected for this description as they are the most viable processes. A brief description of the application of training as an IEC/ BCC medium is also included at the end.

Home Visit

As noted earlier, home visits for awareness raising objectives is used only for a few interventions. According to project officers, the service output rose as a response to two perceived shortcomings of the relatively more popular parenting skilling training in

halls: First, training in public settings have often been attended by only women. Secondly, despite some effort to illustrate concepts from actual and imaginary case examples, parenting trainings in halls have not been rooted in particular household relational dynamics and hence are perceived to end up imparting knowledge that does not relate to the practical challenges of parents/ guardians in specific households. Project officers reported that fulltime workers rather than volunteers, undertake home visits for parenting training because of its particular challenges for which available volunteers may not have the required competencies (i.e. more experience).

Fulltime workers in projects with this service output would generally go through at least three stages to engage household members in the training: In the first stage, the workers aim to identify and recruit participants. They attend various community gathering events to introduce themselves and engage attendants in a discussion on the relationship among parents and children to subsequently generate interest to participate in the training. Otherwise, previous satisfied participants would be encouraged to refer their acquaintances for enrollment and participation in the training. For example, a worker described her related experience:

Weekly meetings of self help groups which were established by the initiatives of my organization are the main social spaces I use to identify potential participants. I first introduce myself to the group members during the social part of the weekly meeting. In order to generate interest in the training, I would then pose questions to initiate a discussion on parenting: how they characterize good parenting, how they describe their parenting style, what good practices and challenges they have in parenting etc. In the course of the discussion, I share my reflections on the issues from a scientific perspective. Towards the end of the discussion session, I inform them about the training - its objectives and modes of delivery of the parenting training - and invite them to participate in it. Some would decline the invitation for various reasons. One such reason is fear that the *gemena* (literary means family secrets) of the household would be exposed if members of the household were to disclose their private relationship to the trainer who is an

outsider. Others potential participants would think they were doing well and were in no need of any training. Parents sometimes say their children would not be willing to participate in the training either as pretext for politely declining participation in the training or because they do not really know their children's interests due to poor communication and a lack intimacy that often exists between parents and children. In any case, I would try to clear any doubts that parents may harbor under various pretexts they give for not participating: convince them of the value of the training, build trust when confidentiality is an issue, and offer to convince the children if that was their problem. There are still many parents who may not be interested in the training despite my effort to persuade them to participate. I would consider my mission at the self help group meeting a success if I could get a few women interested. This is because some of the others could change their mind and approach me once they observe the positive impact of the training on those that were willing to participate. Moreover, the mothers that participated in the training would also publicize the benefits of the training to their friends and neighbors outside the self help group members which also stimulates interest.

The second stage is when the worker holds the first visit to the household of the mother who expressed interest in participating in the training. Although the initial interest was expressed by the mother, other household members such as the father, children and maids ideally would be included in the training. Therefore, this first home visit is intended for the worker to introduce herself/ himself to the other members of the household and also win their interest. Workers have consistently reported that with a few exceptions, fathers have not shown any interest in, nor have they availed themselves of any training sessions. Even wives do not make an effort to get their husbands interested. Rather they all gave excuses as to why their husbands could not attend the training. Therefore, the first introductory session and the subsequent training sessions are generally held with mothers and their children, who in any case, are in more frequent interaction in the household. The first home visit is arranged on a date appointed by the mother and has two purposes: First is to get introduced to members of the households and gain a sense of the household environment. Secondly, the worker aims to generate

the interest of other members of the household by explaining the value the training can add to their individual and family lives. Workers have reported that, contrary to parental expectations, children have expressed great interest in the activities. Finally, the worker makes an appointment with the household members on when to start the first session.

The third stage consists of a series of four home visits which the worker makes to the household on appointed days to facilitate the sessions to complete the training. Workers report that the first session is the most challenging to hold because of difficulty in obtaining maximum attendance due to one of several reasons. Targeted households are often very poor and need to work long hours a day to secure their daily bread. Whatever time they can squeeze out of their livelihood activities, they often need to invest on equally important social activities such as funerals, *mahiber*¹ etc. Another reason may be that the mother may be hosting an acquaintance in the presence of whom she may not want to discuss the *gemena* of her household. Moreover, participants may have internalized little of the discussion that the worker had with them during the first visit regarding the value of the training. A worker assigned in one such intervention expressed an ideal reaction to one such circumstance:

If I am lucky enough and members of the household are available, I immediately start the session. What I normally find on the day when the first session is scheduled to take place is that some or all of the household members who expressed interest would not be present or may be busy with other household chores. In all such cases, all I do is make another appointment and return again and again until the participants can make time to participate in the training. This means that I need to exercise a lot of patience with and empathy towards the participants, which has often contributed to building a level of rapport with them that is necessary to effectively run a series of four sessions.

¹ A festive gathering held to commemorate saints in the Ethiopia Orthodox Church tradition.

The training is structured into four sessions, each to be held on a different day and has its own objectives. The first session is entitled 'knowing oneself'. It is intended to help each member of the household articulate some aspects of himself/ herself so that other members have a better understanding of each family members as reported, as one worker reported:

This first day is generally devoted to orienting participants with some concepts and insights about the nature and psychosocial requirements of normal development. These concepts would be applied in subsequent sessions to assess the extent to which their family and neighborhood is fulfilling these requirements for each member of the family. In the first session, I need to ensure that the discussion remains at a conceptual level although participants particularly children may sometimes voice their complaints and questions related to their daily relationship with their parents.

The second session is devoted to examining the actual psychosocial environment of the participants based on the lessons of the first day. The worker helps participants explore the relationship they have with each other, with members of their community, members of their schools etc. This is significant because the culture does not provide such a space to both parents and children. In addition, the session helps participants identify potentially dysfunctional patterns of behavior and explore alternatives, all within the context of the more theoretical discussions they had in the previous session. A worker reported:

This session could be emotionally charged because it provides participants with an occasion to ventilate the grievances, grudges, complaints etc as well as express the more positive feelings of love, affection, and appreciation they may have against/ towards each other. It provides a safe environment for children to express their feelings and for parents to listen to the feelings and views of their children.

The third session is devoted to exploring the parenting style of the household.

The worker first describes the various parenting styles (authoritarian, democratic and

lassiefaire or permissive), the distinctive characteristics of their styles and the impacts of each style on their children. Then the worker invites participants to consider which parenting style is being exercised in the household. Based on her observation during her visits of interaction among household members, and the behavior of children in the presence of the parent(s), the worker would deduce the parenting style dominant in the household. A worker has said,

In the course of our exploring the parenting style prevailing in their households, it often becomes evident to the parents that they have been authoritarian towards their children. This insight has motivated many parents to change their traditionally held styles although others may, despite this knowledge, find it difficult to change the entrenched pattern of their relationship with their children.

The fourth session is on protecting children from sexual abuse. Sex and sexual violence are traditionally taboo subjects and they are rarely talked about. This is more so between parents and children. Hence, children never share any related experience they may have with their parents. As a result, parents are not often familiar with various situations and contexts in which their children could have been abused. Hence, in the session, the trainer describes the households, community and schools contexts in which sexual violence has been committed against children. A worker reported,

Parents could easily reject the truth of the types and context of sexual violence that have been committed to children in our society. For example, parents could deny recurrent cases in which male children are raped or a guest could rape a child in the household if found alone or at night after the rest of household members retire. In any case, the sessions have provided a safe environment for children to share their experience and observation about the problem with their parents. Although some parents could be in denial during the discussion, they later reported that they have become alert to the identified situations that could expose their children to such violence.

Coffee Ceremony

Organizing a 'coffee ceremony' by volunteers or frontline workers regularly over a project period is the most popular of community level mediums of awareness raising projects by focal organizations. Often known as 'peer educators' or 'community facilitators', volunteers in these interventions are expected to organize the ceremony after they have had facilitator's training for two to five days. Project officers reported that topics of such trainings include alternative methods of child discipline, parenting, child development or/and communication (with children) and facilitation of discussions. Once trained, volunteers are assigned to host a ceremony where they invite over their neighborhood and disseminate the information they have learned from the training. They hold the ceremony in public spaces or in a private compound that they can access for the purpose. Although in the traditional ceremony, which has a much smaller size of participants, the host provides the hospitality and the conversation happens without any need of a facilitator, some projects assign a pair of volunteers to host a ceremony. In such cases, one focuses on serving the participants while the other focus on facilitating the conversations. This division of labor is rationalized to make more effective use of the coffee ceremony time.

In projects where frontline workers host the ceremony, volunteers are appointed (often with the help of the women's associations) from within the target community to assist with the logistics of the ceremony. The project workers bring over all necessary materials such as coffee, sugar and snacks while the liaisons make and serve the coffee and the snacks to participating women they invite from within their respective

neighborhoods. This frees the workers to focus on imparting the information and facilitating discussion on its implications for the parenting practices of the participants.

Generally, projects reported that they aim to engage up to 25 participants in each ceremony, mirroring the ideal size of participants of many training sessions organized by nongovernmental organizations (NGOs). However, all project officers agreed on the difficulty of attracting that many participants in a single ceremony. Interviews with frontline workers of various projects identified a few factors that determine the size of attendance. For example, one such factor is the rapport and personal bond that a responsible worker has developed or impression he/she have created with potential participants. This is made possible by the personal qualities of the worker including his/her interpersonal skills and ability to empathize with the neighborhood women as well as the knowledge of the subject matter and the ability to convey it in ways that are attractive to them. Project officers have reported that ceremonies facilitated by such a worker have not only been well attended but have been highly participatory and interactive. Many a project official agrees that such experienced and capable workers are, however, few in number.

Yet another factor is the intensity of social activity in which a neighborhood is involved at a time when a coffee ceremony is scheduled. Many a potential participant gives social obligations such as attending funerals, weddings or religious holidays, feasts or ceremonies precedence even over his/ her subsistence activities. While rituals such as funerals are obviously unprecedented others like religious holidays may be overlooked when participants commit to the coffee ceremony. In both cases, almost no participant may appear if the project officers insist on holding the ceremony as per the initial

schedule. Hence, the need for project officers to identify and bring to the attention of potential participants recognized holidays and social occasions when planning the ceremony. The officer also must have the flexibility to postpone the ceremony when unanticipated social occasions occur that capture the attention of potential participants.

Frontline workers have also identified the established culture of providing financial incentives as influencing attendance. Historically, some HIV/AIDS projects reportedly offered per diem or transportation allowance as incentives for boosting attendance in coffee ceremonies or any other meeting that they may organize with the communities. Key informants observed that this resulted in a culture in NGO/community relations in which the latter considers meetings called by the former as one of the diverse subsistence strategies poor women are engaged in. Once this culture has been institutionalized, contemporary projects have found it difficult to attract community participation in gathering without providing such incentives. While some projects have stopped providing incentives, others acquiesce to it and have continued to do so. When organizations with these two differing practices have implemented their projects in the same or approximate localities, competition for attendance has resulted or reinforced the culture of anticipating financial return for attendance in NGO meeting as one worker among many others vehemently complained:

It seems to me that some projects either do not stop and think what they are doing or never care about the adverse impact of their action as long as they do an activity that they can report to their donors. Look, for example, what X is doing! It just started a project in our project area and started paying around 'transportation allowance' to participants of coffee ceremonies and other meetings it organizes. This when the meetings are held within the community and participants incur no transportation cost! We have been around for a while and paid no money except providing the traditional hospitality required of the

ceremony and they loved it. But now, people have started comparing us with X and started asking us to pay them for attending our ceremony.

Yet another factor determining attendance in coffee ceremonies identified by project officers is the social tie that the responsible volunteer or liaison has with potential participants. In such cases, the traditional attitudes of *'yilungta'* and *'wileta'* may cause potential participants to attend the ceremony. *'yilugnta'* (literary means 'what would they say of me') refers to 'the fear of open or implicit public criticism' (Korten, 1972) or such criticism directed by a significant other(s). In this context, fear of such criticism may result from being perceived as rejecting of the invitation by a volunteer, liaison or/and the frontline worker with whom the potential participant has developed a degree of social affinity. On the other hand, *'Wileta'* relates to the social expectation of reciprocity – doing a favor with either or both of two motives: in anticipation of another needed favor/ assistance that the recipient would potentially be called upon to do or provide at some future date or as a payback of such a favor/ assistance that the recipient had done in the past. In the context of attending coffee ceremonies, it becomes a sense of obligation towards or anticipation of reciprocal favor from a volunteer, liaison or/and worker with whom the potential participants have developed a personal bond or/and social affinity.

The following incident recounted by a frontline worker may illustrate the power of *'yilugnta'* and *'wileta'* in commanding participation:

I went to facilitate one of our coffee ceremonies in a neighborhood. Upon arrival, I was impressed with the fact that our liaison could already gather an impressive number of participants. Participants sitting next to each other were engaged in informal conversation while the coffee was being boiled and other elements of the ceremony were put in place in anticipation of the start of the discussion. I was sitting not far from where our liaison was boiling the coffee. One of the participants sitting next to her was chatting with her while our liaison was engaged in preparing for the hospitality traditionally required by the ceremony.

And then I overheard her saying, “I had a lot of work to do today and I had come for your sake in case you may be required to fill a certain number of attendance!” Once the discussion started, many were obviously wrapped up in their own thoughts. Others began rushing the discussions to conclusion so that they can go. Some openly said, “we are finished with everything, right! Hope we don’t have more!”

Training

Conducting formal training on parenting skills is one of the most widespread service outputs in the institutional environment. Projects schedule to conduct a specific number of trainings in the project’s period for which they allocate a budget. Each such training has limited space for participants - often not more than 25 parents/ guardians are selected and invited to attend each training. Customarily, projects solicit the help of community structures mainly *iddirs* and women’s associations or the women and children affairs office of the respective sub-district for selection of training participants. While some projects make being a parent or guardian a criterion for selection, others leave the criteria to the complete discretion of the institution whose support they solicit. In other cases, project officers themselves select from among parents or guardians of children they have already targeted.

Although theoretically trainings are open for parents/ guardians of both sexes, generally only mother or female guardians attend the trainings. Informants argued that this bias is primarily rooted in the cultural role assigned to women for upbringing child, which has influenced selection by community structures and endorsement by project officers. For example, when too often women’s associations are assigned the role of selecting participants, they consistently selected women who often are their own members. Donors of some projects noticed this gender bias and sought to increase the

capacity of their implementing partners to engage fathers and male guardians. However, officers in these projects lamented over the little progress despite efforts. In this connection, a project officer said,

Our donor organized a special training on male engagement after which we made extra effort to take men on board in this training with little success so far. For example, in a recent parenting training that we organized we had invited 15 men but only two men attended the first day session of whom only one returned for the second day session. This is because parenting children is the role of women and the men must have felt out of place among a gathering of women.

Projects offer the training in their own facility, public hall or in a private hall they rent for the purpose. Because of pressure by most potential participants to shorten the length of the trainings, such trainings usually lasted for one or two days or even half a day. Project officers have identified a number of reasons why potential participants preferred to shorten the training days. Potential participants are usually of low economic standing and they cannot afford to take more days off their subsistence activities to attend the training. Some of these participants such as those who have special or multiple responsibilities in the local administration of their women association are even more pressed for time. Others prefer not to be away from home because they fear for the safety of their younger kids (lest they are molested, sexually or otherwise, by neighbors) in their absence. In addition parents/ guardians may not appreciate the value of the training and feel it is just a waste of time. Hence, participants are reported to have often complained when the length of the training is two days and preferred it to be shortened to half a day. On the other hand, project officers have expressed their concern that half a day was too short if participants were to gain a reasonable amount of information out of the training. Hence, various projects use one or a combination of common strategies to hold the

participants for longer than half a day. The most common strategies are persuading participants of the benefit of attending the full training, providing them with financial incentives in the form of transportation allowance or per diem; providing them with meals and refreshments during the training days; providing daycare services to their children while the parents/ guardians attending the training, and putting pressure on them through the authorities of the Women Association that may have recruited them and to which they may have some commitment. Of these strategies, financial incentives have reportedly yielded the most results and, hence, are most institutionalized.

CHAPTER FIVE

PSYCHOSOCIAL SUPPORT THROUGH FAMILY OUTREACH

The previous chapter described those primary prevention interventions targeting adult community members of poor neighborhoods and communities whose thoughts, attitudes and behaviors are perceived to negatively impact on children's psychosocial wellbeing and development. This chapter describes interventions in the same poor neighborhoods and communities but target OVC themselves. Interventions directed at OVC as well as home visits for raising awareness of adults in households (described in the previous chapter) are elements of an approach to working with communities widely known in the United States as 'family outreach'. Family outreach interventions have the household as the target of interventions although some interventions appear to engage at the level of the neighborhoods. Their underlying assumption is that those households in which OVC dwell have cultural, social and economic deficits that not only compromise their capacity for meeting one or more of the multiple needs of their child(ren) but also make them toxic environments to the psychosocial wellbeing and development of their child(ren). Because of their attribution of the child's vulnerabilities to the household environment in which the child is embedded family outreach interventions seem to be influenced by ecological theory despite the fact that these interventions limit scope of the environment to that of the household.

The theory of change implicit in family outreach interventions has three underlying objectives: The first, as described in the previous chapter, is to modify the

cognitive and behavioral structures of household members that are perceived to be ‘toxic’ to the psychosocial wellbeing and development of the child. The second objective is to meet the psychosocial needs of the vulnerable child which his/ her household do not have the capacity to meet. As will be detailed later, the emphasis here is providing social transfers to meet resource gaps of household members, not to transform structural gaps that limit self sufficiency of those households. Most such projects have social transfers as their core elements, but the psychosocial services they reportedly provide are the subject of this chapter. The third objective in family outreach interventions is to enhance the resilience of children themselves against the toxic influence that arises out of the environment. This is rooted in the assumption that the psychological characteristics of the individual are an important mediating factor that shapes his or her psychosocial state. In other words, an individual with an enhanced resilience is likely to resist and cope with toxic influence of the environment which may even contribute to better psychosocial development.

Interventions with the first underlying objective (i.e. those that sought to transform cognitive and behavioral structures of household members through home visits) were described in the previous chapter. The rest of this chapter attempts to describe each of the later two categories of interventions that have. meeting the needs of OVC in households with deficits or enhancing OVC’s own resilience as their underlying objectives.

Structures

Supervision

Many of the projects reviewed especially those that deploy HBC providers and peer educators require staff members to supervise volunteers. In such cases, supervision takes the form of periodic often weekly or monthly meetings with all volunteers in the same sub-district (called *woreda*) and, in some cases, also includes accompaniment of the volunteers while they deliver the services. Staff members assigned to supervise the volunteers have reported that holding supervision meetings with individual volunteers is not part of the program design although they respond when oftentimes volunteers approach them for guidance on issues specific to children they follow up. In any case, given the large number of volunteers assigned for the supervision of each staff member, holding regular meetings of supervision with each volunteer is not possible. Ideally, these group supervision meetings are intended to review the experiences i.e. challenges and best practice of volunteers, provide feedback and gather reports of work activities. In practice, however, group meetings tend to have as strong disciplinary tone to ensure assignments are designed to adhere to the rules and instructions by project officials. These “corrective” meetings are designed to ensure the project gets the most out of volunteers who are stretched among many domestic and community responsibilities. Generally, supervision as a structure that provides practical and emotional support, facilitates reflection on a volunteer’s work, and ensures continuous professional development of staff members appears to be an unrecognized practice in the provision of psychosocial support in this ethnographic site.

In-Service Training

Projects differ in the extent to which they provide continuous in-service training to their fulltime workforce and volunteers. Key informants observed that fulltime workers receive no training relevant to the provision of psychosocial support in the entire period of their service in their respective projects. Other officers have reported to have been given only one training session at the beginning of their respective project. Most such trainings have been part of a Training of Trainer package in which often psychosocial support is only one of the main elements of the training. The length of such trainings varied between 2 to 21 days and trainers have often been fulltime workers in similar projects of other organizations who may not have basic qualifications and experience. Sometimes the trainees may be medical professionals such medical doctors and nurses. No formal assessment has documented the contextual relevance of these trainings but key informants reported that in many such cases, the training failed to take into account local social, economic and cultural contexts and had ended up being either too conceptual or irrelevant to the practicalities of the work. For example, an informant who participated in one such training complained the following about her US trained trainer:

Tell me, what is the problem if I hug and kiss a first grader and ask what her problem was? But, here the trainer told us not to hug. In our culture a teacher would hug and kiss like a mother would a child but here the trainer tell us that it is not proper for a person who is not a parent to do so. The thing is from my years of experience working in the kindergartens and now in this school in fact children would think we do not like them if we don't hug and kiss them. So, I really can't understand some of the things she wants us to do and not to do.

When in-service training is offered to volunteers in those few projects, it is usually offered annually. Others provide sporadic training when they perceive the need

or/and have the budget. Ideally, these refresher trainings revisit key issues contained in the initial training in light of the volunteer's experience in service provision. However, in practice, the extent to which these objectives are achieved depends on the competence of the consultant or officer who facilitates the refresher training. For the great majority, however, the initial training may be the only training provided for volunteers.

Projects tend to outsource such trainings to consultants who are usually allowed to define the content of training based on the terms of reference they may be given by the project. Nevertheless, in recent years donors have increasingly refused to allocate a budget for outsourcing trainings to consultants. Consequently, fulltime workers have had to facilitate training for volunteers. Key informants observed this to have resulted in fewer number of projects providing in-service to training to their volunteers because the as fulltime workers are busy with other project priorities without sufficient time to build the capacity of volunteers.

Information and Data Management

Family outreach projects, and indeed other categories of projects targeting children (to be described in Chapters 6-9) keep a record of personal information on each targeted child. Again there is a significant variation between projects regarding the details of information solicited about the background and current conditions of targeted children. Most used a form prepared specifically for this purpose although project formats vary in the details of information they solicit. Almost all projects keep a record of the child's full name, some kind of address, age, sex, date of birth, education status, and some information about the health status of children. Counseling interventions, which are much less in number, have, in addition, kept a record of information about the

vulnerability of the child including the nature of the child's relationship with his/ her caregiver, whether the child is a double or single orphan, abandoned, the household head, disability status. Other information kept by a few organizations includes hobbies, future plans and special talents and skills of the children.

Almost all projects in the ethnographic site keep data and information on their target communities and individuals, although usually only at one point in time at the beginning of the project or when a beneficiary child is enrolled in the project. None of the projects have reportedly collected and stored data and information at intervals over the course of the project period. In other words, projects have only undertaken data collection once, preventing any kind of process or product research on the project.

In any case, most organizations stored electronic copies of information gathered on both communities and on the individuals in project computers as Microsoft Word or/and Excel documents. Many have also kept printed copies in labeled folders. Because the majority of projects have not adopted or/and adhered to systematic filing procedures, projects officers have often found it very difficult to locate a document that contained information on specific issues when requested by the present researcher. However, a few projects have stored data in software specially designed for the purpose of storing, analyzing and reporting the project's information. Others have used specialized programs such as SPSS for similar purposes. In general, projects that have focused on violence against and the abuse of children (subjects of Chapter 6) have tended to use specially designed software or specialized programs than those that are focused on other sources of child risks and vulnerabilities.

Processes

Follow Up and Guidance

The first category of interventions identified as family outreach are labeled here as “follow up and guidance” because follow up of and provision of guidance to children what officers or volunteers are generally expected to do. The most frequent target population of such interventions listed in order of priority are children who live with HIV/AIDS; children with special needs, especially those with one or more disabilities; double orphans and abandoned children who live with relatives or guardians that are too poor to provide for the child; children living with poor parents or guardians who live with HIV/AIDS and children who live with one or both destitute parents. The bureau of Women’s and Children Affairs generally ensured that interventions follow this priority before it approves projects and signs operational agreements with them. Moreover, almost all projects have made the willingness of both school age children and their guardians to attend school a condition for entitlement to benefits provided by projects.

Catering for the diverse needs of this target population, which could not be met by the children’s caregivers, consists of the most widespread service output of interventions in this category. Such interventions aim to meet those needs of the child that it is capable of meeting, but refers needs others to other service providers. One such OVC program in Ethiopia referred to these interventions as ‘coordinated care’ because they require coordination among various service providers to cater to the child’s diverse needs. From a psychosocial perspective, these interventions may arguably be categorized as primary prevention interventions because they aim at preventing potential psychosocial disabilities that may result from the child’s unmet needs. Coaching and lay guidance of

the child, which are components of the overall services that such interventions provide, are the more immediate psychosocial service outputs.

Lay guidance and counseling use home visits as a strategy to reach out to targeted children. The general structure of home visits is the same whether the goal is for “awareness raising” (as described in the previous chapter) or lay guidance and counseling objectives. However, some structural differences between the two should be noted: First, volunteers in lay guidance are generally distinguished by the label Home Based Care (HBC) volunteers while those in awareness raising projects are, as noted in the previous chapter, variously known as ‘peer educator’ or ‘community facilitators’, ‘community volunteers’ or ‘volunteers’. Second, home visits for lay guidance are conducted over a much longer period, often lasting for the duration of a project’s life time. Third, volunteers in home visits for lay counseling are generally provided with a monthly allowance ranging between birr 80 to 120 (between approximately USD 4.50 to USD 8.50 in current exchange rate) while in awareness raising activities projects may cover expenses of events organized by the volunteers. Volunteers in lay guidance tend to be formally recruited, their service more structured, given orientation or training before deployment, and are supervised as they perform assigned tasks.

In home-based lay guidance of targeted children, a volunteer¹ is expected to regularly visit the home of and spend some time with each assigned child and, in some cases, his/ her parents/ guardians. To this end, projects require volunteers to introduce themselves to the child and his/ her caregivers during the first home visit. In reality, most

¹ In rare projects fulltime worker than volunteers undertake home visits for lay guidance. These are not included in this description for they are exceptions to the norm.

volunteers are already acquainted with the targeted child and his/ her caregivers. This may be because volunteers live in the neighborhood of the targeted child and already have some level of social interaction with them. Otherwise, as in many projects, volunteers are involved in the selection of targeted children during which some level of acquaintance had already developed. In any case, such an introduction by a volunteer involved disclosing her name, the affiliate focal organization and the purpose of her visits and engagements with them. Key informants observed that volunteers generally direct such an introduction to the child's caregivers rather than the targeted child himself or herself in order to receive consent.

Once a volunteer/ client relationship is established, a series of home visits ensue. At least seven general features of subsequent home visits can be identified. The first feature concerns the regularity and frequency of home visits. Home visits made by volunteers differ in their frequency and regularity. In more frequent home visits, volunteers travel to the child's home or meet with the child several times within a specific time period, such as monthly. In more regular home visits, volunteers conduct home visits predictably on a predetermined date and time. Despite specifications in project documents, frequency and regularity of actual visits by volunteers is observed to decrease when a volunteer assumes responsibility for a larger number of OVC (i.e. low volunteer to OVC ratio) or is not able or willing to allocate more hours per week for home visits. Key informants observed that in many projects a volunteer has assumed responsibility for between 30 and 60 child cases. This happens when many project are unable or unwilling to allocate monthly allowances to a larger number of volunteers because of budget limitations or/and other priorities. Otherwise, project officers

complained that individuals enter into multiple commitments as volunteers of various projects run by different organizations in order to collect allowances that each project provides so as to maximize the total monthly income they derive out of their volunteerism. A supervisor of volunteers in one of the reviewed projects had the following to say:

It is obvious for us supervisors of volunteers that poverty rather than altruism is the main driver of many an HBC volunteer in this country. Many of these unemployed and uneducated women make themselves available for the service in anticipation of the small allowance of the birr 100 - 120 the project provides. Although for the project the allowances are meant to cover their volunteer expenses, we and the volunteers know that the allowances are the primary, if not the only, incentives for many of the volunteers. The women who are more experienced in this line of business commit themselves to more projects to maximize the total amount of allowance they obtain per month. This has meant that the total number of children that are assigned to a volunteer by various projects increases making it humanly impossible for the volunteer to pay the expected attention to each child to the extent that many children have never obtained a single visit by the assigned volunteer after the first assignment.

This means that although volunteers to OVC ratio in a particular project may be sufficiently higher, the aggregate volunteer to OVC ratio in the organizational field could be significantly lower.

Another factor that contributes to the regularity and frequency of home visits by volunteers is the number of hours a volunteer can or is willing to allocate to home visits. It was noted in the previous chapter that, if not all, the overwhelming majority of volunteers are uneducated women with no formal employment who engage in diversified activities to generate part or all of their household subsistence. The same women also have social obligations that they cannot abandon. Key informants share the view of the supervisor quoted above that engagement in the apparent voluntary activity with projects is a survival strategy for most volunteers. This means that when volunteers are not

required to commit a predetermined number of hours for the project and are not held to account for it, they tend to save the time they would otherwise spend on home visits and invest it on pressing social and economic activities.

The second characteristic of home visits concerns the degree to which volunteers make adequate preparation before holding each home visit. For example, projects expect a volunteer to consult with his/ her supervisor on difficulties or issues she may have identified in a previous visit. The volunteer may also need to confirm the availability of the child for the upcoming visit or review cases identified in the previous visits that may require follow up. Key informants observed that, in practice, volunteers make little, if any, preparations on what they intend to do in advance of home visits.

Concomitant to the second, the third feature relates to the degree to which home visits serve the purpose of basic case management. A key informant observed that home visits resembled the traditional institution identified by the Amharic term '*t'etyeka*' which may be defined as causal, often an announced, friendly socialization visits acquaintances traditionally make to each other's homes. Accordingly, the home visitor may inquire about school attendance of the child and any concerns or special observations regarding the child that the parents/ guardians would like to bring to the attention of the visitor. Volunteers and supervisors have regretted they lacked the competence to professionally handle relational problems that parents and/or children bring to their attention and have often resorted to the familiar response traditionally available to them in such context. The following account by a volunteer illustrates a typical experience of interviewed volunteers and frontline workers and their traditional responses:

When I visit homes of my children [reference to children assigned to her by the project], I have often come across *chikichik* [literary means ‘argument’] between the children and their parents or their guardians. Often parents/ guardians complain about the child’s school absenteeism, stealing, disobedience and disrespect for and acting out against them. The children, on the other hand, may complain about parents beating them, not feeding them or meeting their other most basic needs, burdening them with work or/and not allowing them to play with their friends. All I can do in such situations is to play the role of a ‘*shimagile*’ [meaning ‘mediator’]. Accordingly, I would impart ‘*mikir*’ to the child, and, perhaps, offer suggestions that parents/ guardians may implement to address their respective child’s needs.

The traditional practice that is encapsulated in the Amharic word ‘*mikir*’ can be literally translated as ‘advice’, which is different from professional counseling where the visitor would ideally involve both the child and the parents in identifying underlying causes of the presenting problem and help them explore alternative behaviors or actions on both parts that could potentially resolve the identified problems.

Counseling

The second category of vulnerable children targeted by family outreach interventions are victims of violence and abuse that the police entrust back to the protection of their caregivers after their victimization is reported. A more detailed description of the various categories of abused children is provided in Chapter Seven. Here it is sufficient to mention that sexual abuse, physical violence and labor abuse are the three most frequent types of abuse sustained by children in this category. Generally, victims of such abuses and/or their caregivers risk retaliation by perpetrators if they or their caregivers report the abuse they sustain. Such risk becomes heightened especially when perpetrators are members of their households or are close relative on whom the victims depend for survival. In such cases, victims have been admitted to temporary shelters managed by some focal organizations. However, victims for whom such risk is

relatively lower such as those victimized by nonrelatives outside the households, they are sent back for the care and protection by their households. Some family outreach interventions provide psychosocial support to these children while they stay at home.

The second service output is the treatment of trauma in children who have sustained violence or abuse. Interventions in this category may be regarded as secondary prevention interventions because they aim at preventing permanent psychosocial disabilities that may eventuate from the traumatic experience of violence and/or abuse. Key informants reported counseling to be the generally accepted service interventions to treat such children. A variety of factors that will be described later in this chapter conspire to make home based counseling perhaps the rarest strategy for an already rare service output of treating mental difficulties in children.

Home-based professional counseling is provided for the emotional and psychological rehabilitation of victims of sexual abuse in particular. Difference also exist between home visits for counseling, on the one hand, and lay guidance or awareness raising objectives on the other hand. Unlike in other home visits that may be conducted by volunteers, home visits for counseling is ideally conducted by fulltime workers. Moreover, although home visits for both lay guidance and counseling are ideally regular, those for counseling may last only as long as the worker determines that the child has overcome the identified symptoms. However, because of their focus on the wellbeing of individual child, home visits for counseling and lay guidance are recognized in the public health literature as 'community case management'. However, lay counseling may be primary prevention interventions because it aims at preventing potential psychosocial disabilities that may result from the child's unmet needs, while counseling interventions

are secondary prevention interventions because they aim at preventing permanent psychosocial disabilities that may result from the traumatic experience of violence and/or abuse.

Very few projects target their home-based counseling services to those children who could not be placed in a foster institution and are made to return to their communities. Once the abuse is reported to the police – and allegedly only an insignificant percent of all abuses committed against children are reported to the police – the child is made to return home if the perpetrator is not a member of the household. In projects that provide home-based counseling, fulltime workers make home visits to hold counseling sessions with victimized children and their parents/ guardians. Ideally these visits are scheduled on the basis of the convenience the client child and his/ her parents and the sessions continue until the worker determines the child has returned to “normal” functioning. The degree of professionalism with which the sessions are conducted depends on the capability of the worker to address clinical problems – a capability which is generally agreed upon as significantly lacking in the entire organizational field. Moreover, scheduling visits may not be in the best convenience of the parents and children: the counseling visits may be undertaken during the worker’s office hours when parents may be busy and children may have gone to school or may be sent on other household errands. There are other household factors that challenge the effectiveness of these sessions. To begin with, because of the poor cultural recognition of the seriousness of the psychosocial impact of physical and sexual abuse, parents and guardians do not often avail themselves and their children of the help available with workers’ visits, even when the schedule are set for their convenience. They would rather not lose the income

and miss social commitments by waiting for and spending time with the worker.

Furthermore, home visit by NGO workers has been historically associated with palliative care of AIDS patients and, hence, there is consequential stigma. Workers report that parents' fear the community will misattribute the purpose of the worker's regular visits as being due to AID/HIV in the household. A lack of minimum privacy required for an effective counseling is yet another challenge: dwellings in the targeted neighborhood are extremely congested. They share thin walls, often made of plastic, and neighbors can easily overhear conversations in the dwellings.

Life Skill Training

The third service output is building what are called life skills in OVC. Allen and colleagues, have defined life skills as "a repertoire of problem solving behaviors to meet the challenges of everyday life" (Allen et al, 1995). Similarly, the World Health Organization (WHO, 1996) defines them as "the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life". Both definitions are broad to encompass the social, economic and cultural skills that can enable a child to live a decent life. From a psychosocial perspective, life skill trainings may be defined as targeting those skills that promote normal psychosocial development and build resilience against actual and potential adverse psychosocial impacts that often arise from the environment. Hence, psychosocial skills training can more comfortably be categorized as primary prevention interventions. UNICEF identified ten specific skills that relate to the psychosocial and interpersonal skills dimensions of an individual's life. These are interpersonal communication skills, negotiation/refusal skills, empathy, cooperation and teamwork, advocacy skills, decision

making / problem solving skills, critical thinking skills, skills for increasing the internal locus of control, skills for managing feelings, and skills for managing stress.

Interventions with religious ideology have sought to tap into their respective religious traditions to derive spiritual resources from their life skill training. Key informants serving in these interventions have framed their attempts in two terms. Some rationalized it in terms of shouldering their religious institution's obligation to deliver the life giving message of Christ. Others, on the other hand, have reportedly used their tradition as a context for imparting moral teachings that are shared by all other religions. There is a rich debate in the literature as to whether interventions such as these are strategies primarily for proselytizing to their participants or expressions of the organization's religious identity.

In any case, development of life skills is globally sought by engaging targeted children in what are called 'life skill training' also less popularly known as 'life skill coaching'. Life skill training may focus on a specific domain of life skills such as those given by UNICEF related to the psychosocial and interpersonal relationship of children. Alternatively, and as the case generally is among reviewed interventions, life skill training may be implicitly based on the more general definition of life skills such as those advanced by Allen and colleagues (1995) and WHO (1996) above. In such cases, the training may consist of a wide range of themes. From key informants' interviews and researcher's review of the interventions, it was found that the majority of life skill trainings in Ethiopia are based on the broader definition of life skills (such as one by Allen et al, 1995; WHO, 1996) and aim to incorporate a wide range of themes selected as essential by the designers of the interventions.

Life skill trainings have diverse formats and structures that parallel the settings in which they are conducted. The first and perhaps the most widespread format is one that uses halls as practice settings. In this format, participants are recruited and invited to attend training events that projects organize annually, biannually and, in rare cases, quarterly. Generally, each training lasts for a maximum of two days although informants have reported many a training session lasting only for half a day. If the project has an assigned budget for the training, it may contract with a consultant to deliver the training. Otherwise, fulltime workers conduct the training themselves. At the end of a training session, participants are assumed to have acquired the intended skills and are graduated. Hence, a new set of children are recruited for the subsequent training event.

The second most widespread life skill training format is one that uses compounds of local Protestant Churches as practice settings. Most of these programs are part of a national child sponsorship program that an international Christian NGO promotes in collaboration with its affiliate local Churches, which has over the years been taken as a model by other Protestant churches outside the international NGO's network. Slight variations have been observed in some features of the interventions managed by various local Churches. Generally speaking however, targeted children in all interventions are required to attend weekly activities that the project organizes for them. The weekly activities may include play, academic tutorials as well as a session on life skill training themes. Generally, in the weekly life skills session, project personnel facilitate a section from a four-module material prepared by the above mentioned international NGOs. These facilitators have reported to have been given a facilitator's training at the beginning or at some point in their fulltime involvement with the project. Some projects

have in addition reportedly contracted consultants to provide training on specific themes in the same module that often lasted for a day. Outside, this modular training, these projects also conducted weekly moral education classes targeting the same children. Moral education classes are facilitated by volunteers from membership in the local religious community as part of the services to their religious institution.

The third popular settings for life skill training are open spaces and compounds. Projects resort to open spaces and compounds when they do not have the budget to rent halls, or when there is an absence of halls in the community that projects can make use of for free. Otherwise, with or without access to halls, some projects may justify continuing life skill training in open spaces and compounds in terms of sustainability and promoting community rooted activities for vulnerable children. In practice, however, life skill training in such community settings are least popular because attendance of children is highly unpredictable and the attention of participants in a session is often distracted by naturally occurring community activities in the midst of which the trainings are conducted. In such trainings, a volunteer or a frontline worker meets with participating children in a series of sessions. The venues, data and time for the sessions are generally decided on the first session jointly by the participants and trainer (also referred to by some projects as ‘facilitator’, ‘animator’).

CHAPTER SIX

PSYCHOSOCIAL SUPPORT IN SCHOOL SETTINGS

This chapter describes psychosocial support services being provided to students in primary school settings. Despite pervasive lack of and variation in the degree of structure and professionalization (to be detailed shortly), all reviewed schools provide some kind of psychosocial support to their students. Key informants observed that early trends in the provision of systematic psychosocial support interventions have enhanced the school environment which, the literature indicates, is a critical factor that influences student's role performance (SRP). The school environment includes school structures, school composition, and the quality of relations among members of the school community and between the school community and other stakeholders, particularly parents and the community in which the school is embedded.

SRP, on the other hand, is a set of behavioral attributes and personal characteristics that affect how well students perform in school. Examples of SRP are sex, socioeconomic standing, disability, psychological, emotional, behavioral status, health, and the school efforts. The school environment influences SRP directly by improving inputs for curricular activities of students. It can also exercise influence by correcting for adverse influence or building on positive influences of other factors that affect SRP such as the family, neighborhood, and peers. The underlying proposition is that psychosocial support services contribute to a better school environment which increases SRP to eventually result in higher academic outcome for students.

Maximization of students' potential to benefit fully from their education is the broader service output of school-based psychosocial services. Their more specific service outputs may be preventing, reducing and reversing students' psychosocial distress, school dropout, tardiness, and enhance school attendance and performance. To this end, such interventions engage in various strategies geared towards transforming students' social, behavioral and emotional risks and vulnerabilities summarized in the previous section (elaborated in Chapter Two). Two of the strategies – counseling (therapy) and life skill training (Coaching) - are directed at the students themselves. While counseling aims at reducing or remedying behavioral and emotional problems of students, life skill training aims to build resilience in the students that may buffer them from the psychosocial impacts of risks and vulnerabilities which they may be constantly exposed to. Interventions may also target the school environment and students' families since these exert the most influence on students' behavior and school performance. Key strategies to enhancing the school environments consist of building the capacity of school personnel so they can identify and respond to behavioral and emotional problems, and building a referral system within the school that can assess and treat the more serious of these problems to the addition of more personnel with specialized training in mental health. Similarly, building the parenting capacity in caregivers and working with them in ameliorating or remedying behavioral and emotional problems are key strategies that may be adopted by school based psychosocial interventions. Making maximum use of community resources for treatment and prevention of psychosocial challenges in students is yet another key strategy that school based interventions may also use. To this end, schools aim to establish linkages with agencies that provide a variety of services that may

not be provided within the school. For example, schools may link with community mental health clinics that allow them to refer more serious mental problems that may be identified in their students. They may also invite specialists to provide training for personnel for enhanced provision of psychosocial support of students.

Professional practices in school-based psychosocial support generally have units whose overall duty is to lessen the educational, social and psychological problems faced by the school community. These units are often staffed with professional school social workers, and less often, school psychologists and school counselors. Broadly, their services include identify and intervene to avoid, reduce or eliminate stress in students, teachers and other members of the school community; provide problem-solving services to students, parents, school personnel, or community agencies; and identify and working with various groups in school to develop coping, social, and decision-making skills.

Students' Psychosocial Vulnerabilities

From interviews with various school personnel involved in psychosocial support to students, five broad categories of psychosocial vulnerabilities of students have been identified by teachers. These vulnerabilities warrant particular attention by schools because they have directly interfered in the education process and students' academic performance. The first includes a range of perceived behavioral problems including disrespect of teachers, disruption of classes or/ and violation of tacit or written school norms and regulations. Chatting, throwing papers at each other, laughing and moving around while classes are in progress are some of the most common examples of students' behaviors that some teachers have reported as disruptive. Others have included

absenteeism, tardiness and not doing homework, as behavioral problems although these may not be disruptive behaviors in classes.

The second category of psychosocial vulnerabilities of students consists of those behavior in their students considered unusual for those students such as quietness, apparent depression, unresponsiveness and melancholy. These students may no longer be diligent in performing their homework or may perform unusually low on class tests. Teachers sympathetic to these students may approach them to inquire about the causes for their apparent psychological disturbance and unusual low academic performance. When such a student trusts an inquisitive teacher, he/ she often tells stories that are indicative of sources of their psychosocial distresses. Informants have reported that the stressors have been traced to maltreatment, neglect or abuse of the student by member(s) of the household in which he/ she resides.

The third category of psychosocial vulnerabilities of students in particularly the second cycle elementary schools is addiction. The main objects of addiction observed by teachers are alcohol, cigarettes, *chat* and *shisha*. Such students reportedly seek to emulate and stay current with styles, mannerisms and habits they regularly watch of the global entertainment industry. Most have been allowed access to these resources at home, in the neighborhood and at school. As noted earlier, children from resource poor households are socialized by their peers as to how to generate income that they can invest on appeasing their eventual addictions and regularly imitating entertainment celebrities. Children from the more permissive and economically affluent parents have been provided with money by their parents. Currently, many small and large clubs, chat' house, kiosks and taverns and bars have been established in close proximity to many junior secondary

and high schools in Addis Ababa to exploit this emerging demand by students. These have not only served the demands of already socialized and addicted children but have also facilitated the recruitment and socialization of new children that have not been part of this expanding peer culture before.

The fourth category of students' psychosocial vulnerabilities stems from the natural attraction that arises in adolescent students towards those of the opposite sex and the strong peer pressure to date. Students who have not been taught how to manage these natural and social pressures have been involved in frequent dating which reportedly exposed them to a number of risks including limiting their educational goals and motivation, reduced school performance, increased school failure, increased potential for teen pregnancy due to high frequency of unprotected sexual activity, delinquency, addiction to cigarette and **chat**, among others.

Last but not least of the psychosocial needs schools are being forced to respond to are of students with physical disabilities. Key informants observed various levels of severity and types of physical impairment afflicting students. In some cases, NGOs provide educational, medical and other supports.

Current Practices in Elementary Schools

A variety of arrangements exist in public elementary schools that aim to address the psychosocial needs of vulnerable students. These arrangements are not generally dictated by formal standards of the educational system. Key informants observed a serious lag in the implementation of the special needs education strategy launched by the Ministry of Education in 2006. This strategy could have structured and mainstreamed professional response by schools to the psychosocial needs of primary school students.

Consequently, current arrangements to attend to the psychosocial and other non-curricular needs of students are influenced by two characteristics: The first set of approaches rely on traditional practices influenced by the hierarchal and patriarchal worldviews in which primary schools are embedded, as detailed in Chapter Two. A second influence consists of relatively new and professional practices informed by liberal influences of particularly child focused nongovernmental organizations (NGOs).

Traditional Practices

The most common practice which consists of the overwhelming majority of psychosocial support services in elementary schools, is the aggregate response by individual teachers to behavioral and emotional challenges they perceive in their students. Key informants in each reviewed school recognized one or more teachers to be especially devoted to the provision of care and support to students, more so than the majority of teachers. In some schools, these teachers have either volunteered membership or are assigned into a committee that is charged with the coordination of care and support to vulnerable children. Staff members with minimum relevant professional training do not exist in these schools.

Structured along cultural values and norms, narratives of nonprofessional personnel highly involved in psychosocial support services distinguished two categories of such children: those who are perceived as having economic, social and psychological difficulties and those with perceived behavioral problems. Behavioral problems include classroom misconduct generally labeled as *rebash* (literary unruly or disruptive), problems of addictions, and unseemly relationship and interactions with peers of the opposite sex, both labeled as *balege* or/and *duriye*. Such categorical perception of

vulnerable children has led to a corresponding set of responses by the majority of personnel as described below.

Students with behavioral problems. Historically, teachers have administered *mikir*, which is a verbal reprimand and/ or corporal punishment for disciplining children perceived as misbehaving. *Mikir* may often be administered the first time it is observed yet is not serious enough to provoke a teacher's vehemence. Misbehaviors of a more serious nature may provoke teachers to reportedly administer verbal reprimands for offenses which may sometimes be coupled with minor beatings. Perceived offenses of yet higher seriousness may provoke a teacher's anger and consequent result in harsher verbal aggression and physical punishment. Among the most common physical punishments teachers administer are pinching ears, having the student to kneel down for several minutes, beating the students with rulers, belts or sticks, putting pen or pencil in between students' fingers and holding the fingers very tightly to inflict pain on the student, requiring student to bow and stretch each hand behind the leg to reach out, and holding each ear for several minutes.

However, informants have observed that, over the past years, the incidence of verbal aggression and, particularly, corporal punishment by teachers has gradually reduced mainly due to the criminalization of these action in the revised Civil Code and widespread awareness raising campaigns on Child Right Convention (CRC) by the schools' mini media and by government and NGOs. Informants also noted that as their awareness of their various legal rights increased, students themselves have increasingly resisted against any form of aggression which may be directed at them by their teachers. Teachers, on the other hand, complained that legal measures to maintain the respect of

children's rights have not been paralleled with enforcing their obligations. In other words, a generation has been produced with a heightened awareness of its rights and yet little appreciation for their obligations. Consequently, teachers and administrators have gradually been content with the suspension of students perceived as unruly until they can bring their parent with them before they can rejoin classes. The parent is then informed of his/ her child's perceived misbehavior and requested to correct his/ her behavior. If, after a few or several attempts of *mikir*, reprimands and rounds of consultation with a parent, the student does not seem to change the behavior, he/ she may be dismissed from school altogether. Informants reported that the number of students who drop out of school due to emotional and behavioral problems is not insignificant.

Students with emotional and psychological difficulties. Apparently three strategies are available to teachers determined to alleviate causes of their student's psychosocial distress. The first strategy is to establish a warm and supportive relationship with such a student. This strategy is often applied when a committed teacher already has a prior positive reaction to a student usually due to good school performance. Some teachers have rationalized their exceptional intimacy with such students, as compensating for the minimal care, love and attention they obtain from their parents and caregivers. The reported measures by teachers to compensate for this deficit in parental care and attention involve casual and informal interactions outside of class with such a student. This includes giving hugs and warm greetings upon crossing paths, taking some minutes to chat with them, and lovingly admonishing them for not washing and combing their hair. Students that have received special attention from teachers have reportedly sought out this teacher even to simply greet him/ her. Teachers report that students can

become so attached to these teachers that they may improve their performance in the subject taught by that teacher.

The second strategy applied by those teachers that are determined to alleviate students' psychosocial distress is to summon the parent or guardian of the student for consultation. When more experienced teachers manage such consultations, they first describe the student's observed problems that stand in the way of his/ her academic performance and invite the parent/ guardian to explore what possible causes of the problems might be and measures the teacher and parents should take to address these issues. However, many teachers are reported to be more directive than participatory in their approach with parents/ guardians. They take the student's account of the sources of his/ her distress for granted and tend to administer *mikir* about what the parents/ caregivers should do to stop the student's distress. Parents/ guardians reportedly differ in their reaction to such an approach: Only a few parents/ guardians are reported to have acknowledged their role in the student's distress and implement the teacher's advice. Others quietly listened to the teacher but beat the child for blaming them and threaten them if they report anything to the teacher again. The majority of parents and caregivers have defended their actions and put the blame squarely on the child. Some of these may even attempt to beat the child in front of the teacher out of anger. At times, when older students cannot bear the verbal and physical aggression directed at them by their parent/ guardians, they may respond with similar aggression in the presence of the teacher. In any case, such scenes may be created when a teacher conducts the consultation in the presence of the student without careful consideration of the relative merit or harm that the presence of the student may potentially engender. When teachers observed that their

attempts had further complicated the student/ guardian relationship rather than resolving the student's problems, they become frustrated over the difficulty and futility of working with guardians.

Early Trends in Professional Practices

Despite the overwhelming dominance of tradition and culture in the perception and evaluation of and response to students' behaviors by school personnel, there are early signs of professional practices adopted from developed countries where the practice is common. Historically, many high schools in Addis Ababa have had a unit called Guidance and Counseling manned with a graduate in psychology or sociology and, in many cases, in other disciplines such as political science and philosophy that are often considered technically irrelevant to the mandates of the unit. The units are theoretically mandated to provide psychosocial support services to children with psychological and emotional problems. Key informants reported that, in practice, guidance and counseling officers are preoccupied with the problem of unrequited love among students. Moreover, such units did not exist in elementary schools.

Organizational arrangements. Key informants have identified two broad categories of organizational arrangements that serve some form of psychosocial service as their objectives. The first category exists in a few schools in which a relevant professional is assigned by the district (woreda) education office for provision of psychosocial services to students. Having a BA in psychology and diploma in Special Needs Education are two qualifications that have been identified in schools selected for the ethnographic study. More evolved arrangements identified in this category had one or more elements of a nascent system for or practice of a psychosocial support unit.

Observed elements include formats that professionals request teachers to use to refer students with psychosocial support needs to them; dossier that containing psychosocial history of those students they have been providing the services; ad hoc or period trainings on various issues related to the psychosocial challenges of students; and/or an office space entirely assigned for their work.

It is to be noted that these elements of an evolving structure are based on the initiative of the assigned professionals, rather than guided by an administrative mandate. Key informants observed that psychosocial support to students in primary schools are not considered in the Business Process Reengineering (BPR) and the Business Score Card (BSC) exercise that was undertaken three years ago to reform public schools. Consequently, the evolution of these ancient psychosocial support units needs to surmount a number of challenges. To begin with, although in many of the few schools the district education office has deployed psychosocial support professionals, administrators of these schools assigned these professionals fulltime teaching duties and did not require them to provide psychosocial support services. Key informants observed that a low teacher to teaching load ratio contributed to administrator's decision to assign teaching load to psychosocial support professionals. The informants also identified the lack of appreciation of the contribution of professional provision of psychosocial support to the learning process as another perhaps more powerful reason for this relocation.

Secondly, almost all of the professionals are entry level with no practice experience and need supervision by more experienced professionals which is not available for any of the schools. Professionals have used mutual support as a strategy to bridge this significant gap in their professional practice and development. For example,

an informal association of graduates of special needs education assigned in various schools reportedly meets every month to share experiences and reflect on the challenging cases participants need support on. Moreover, the great majority of schools with professionals have not dedicated even a room for use by the professionals apparently because other priorities claimed the attention of administrators for that space. This means that such professionals perform their duties in public spaces where they cannot ensure privacy and confidentiality which is so essential for practice. .

The second category of organizational arrangements identified in reviewed schools serving some psychosocial support objectives consists of a variety of clubs and committees that schools form¹ on issues of child right, HIV/AIDS, child protection or/and inculcation of civic norms. The education system recognizes school clubs as complementing students' classroom education in ways that are attractive, entertaining, and participatory and as secure and familiar social spaces where students of various sections and grade levels can socialize, learn from each other and work together towards a shared purpose. Hence, it encourages the formation of clubs around a variety of objectives from which students can chose to become members. Key informants identified two generation of clubs based on their objectives and principal initiators. The oldest generation of clubs is formed around such curricular subjects as Mathematics, Geography and Environment. These clubs had historically evolved as extracurricular

¹ School clubs in Addis Ababa is an informal membership association within each school that is formed for a variety of purposes shared by its membership. A club is often initiated by the school's administration, teachers or students but needs the endorsement of the administration to function in the school. Each club has its coordinating committee and interested students can become its members. In addition to the membership by students, a club has one or more teachers as advisors and mentors. Service in club activities adds to the portfolio of a teacher and gives him/ her leverage in consideration of future available opportunities. This gives teachers incentive to volunteer in one or more clubs.

activities to support the curriculum. Because they have been around a long time and provide a direct link with curriculum, they are now widespread among the schools. The second generation of clubs which have been formed relatively recently focus on social and political issues such as 'Child Rights Club', 'Girls' Club', 'Boy's Club', 'Civic Club', 'Child Protection Club' and HIV/AIDS Clubs.

Other than clubs, schools also form committees composed mainly of their personnel and in some cases parents and representatives of organizations such as NGOs that hold stake in the school. Membership of school personnel on a committee may be by appointment of school administration, the suggestion of the staff and/ or may be voluntary. The pervasive poverty of students resulting in food insecurity, insufficiency and a lack of school materials including uniforms are the most important problems that called for the formation of the various clubs. Review of the nature and function of these committees in various schools also suggest a growing complexity in their evolution. For example, whereas the youngest of the schools selected for this school level ethnography did not appoint such a committee and the school principal himself coordinated related services, older schools had these types of committees. Furthermore, existing committees in some schools were formally appointed either in a formal staff meeting or in special meeting called by teachers for this purpose. Committees in other schools have emerged gradually where a few teachers worked overtime to provide the service and functioned as a committee. In other cases, the initiative to form a committee in a school suddenly came about and/ or been reinforced by an NGO that identified the school as a target for social transfers to students. In all cases, the three institutionalized functions of such committees are to select the worse of the worst students, mobilize resources and coordinate school

feeding and distribution of school materials to them. Although most school committees are appointed to address material vulnerabilities, many have also been involved in addressing psychosocial vulnerabilities.

Networking. To achieve their objectives, both categories of organizational arrangements for psychosocial support of students have networked with organizations external to the school either because of the pervasive capacity gap they have or specific activities require external referrals. Accounts by teachers involved in various psychosocial services reported the police, NGOs and Children and Women's Affairs Offices (CWAOs) were the major agencies with which schools networked with on issues relevant to psychosocial support to students. Key informants reported alleged crimes committed against students to the police and CWAOs. Informants reported that schools have also partnered with NGOs in the production of three psychosocial service outputs in the school setting: criminal justice, awareness raising, life skill training and counseling. A brief description of each is in order:

Awareness rising. Historically, the first and most reported interventions of psychosocial import in school settings is raising awareness of students about their human rights, what actions they should take to prevent the violation of their rights and what they should do when attempts were made to violate these rights. These activities have been spearheaded and popularized in schools mainly by NGOs that have child rights as their objectives. However, when the legislation for Charities and Societies was passed in February 2009, NGOs withdrew their involvement in these activities which resulted in the reduction in school interventions aimed at addressing psychosocial vulnerability of students. Fewer NGOs have, however, sustained their school interventions apparently

within the limits permitted by the legislation and the Agency mandated for its interpretation and implementation. These NGOs have generally made their stated objectives 'protection of children' as contrasted with the protection of human rights. Such interventions aim to bring to students' attention their potential vulnerabilities that arise out of their social environment and the possible measures they can take to protect themselves from these vulnerabilities, all without making any reference to legal documents such as the CRC or the Ethiopia Constitution. In both eras, schools' mini media and relevant clubs had been typical structures used for the dissemination of information on 'child rights' or 'child protection'. In working with the mini media, NGOs train students serving in the media on child rights or child protection issues so that the students may incorporate these issues in their school broadcasting. In addition to the training, some NGOs may even design written and audio materials on the subjects for use by the mini media. Similarly, various schools have one or more clubs that have child rights or child protection as one or the only focus. These clubs have various labels such as Child Rights Club, Child Protection Club, Girls Club, Boys Club, Civic Club. In working with these clubs, NGOs give training to coordinators and, in some cases, active members of the clubs, who are then expected to replicate the training with lay members of the clubs. In addition to the training, some NGOs also provide a training manual that the trainers can use in delivering the training to their members. In addition to delivering the training, clubs also secure time in the mini media to podcast key messages of such training to the wider school community.

Reporting of crime against students. Teachers themselves come to know about these alleged crimes from their student victims when they inquire about the cause of

psychosocial distress they observe in the students. When teachers determine that identified criminal offenses have caused psychosocial problems to the victims, they provide counseling services to the students and they may report the case to the police. A teacher may be incited to immediately report alleged criminal offenses against his/ her students when he/ she is filled with indignation at the culturally rather than legally abhorrent nature of the reported offense. In other words, informants have reported that teachers rarely exercise their legal mandate of reporting all criminal cases reported to them by students. When those offenses that are culturally rather legally tolerated such as abuse of child labor, beating or even nonrecurring sexual assault are reported, many a teacher may first have guardians summoned for consultation as described above and, may later be prompted to report to the police or CWAOs only when the offense reportedly reoccurs. Ideally, the police would assume responsibility to further investigate the alleged crime. However, teachers complained that many times the police required teachers and the victims to produce evidence to ground their allegations.

On the other hand, as noted earlier, schools are also being influenced by NGOs to incorporate more modern practices in addressing students' psychosocial vulnerabilities. These contrasting responses to students' psychosocial challenges are briefly described below:

Life skill training. The second psychosocial support NGOs implement in partnership with schools is life skill training to students. The format for delivery of life skill training is the same as those used in interventions with mini media or clubs. Accordingly, a training of trainers (ToT) is first organized for selected coordinators and active members of relevant clubs who are then expected to deliver the same training to

members of their respective clubs and interested non-member students. ToTs are often organized for weekends so that students can be available fulltime for the training and to minimize economic costs to cover daily transportation and other costs that most NGOs pay to participants. Consequently, informants lamented that the period allocated for the training has often been too short to do justice to the training manual or issues that a ToT needs to cover. Informants have pointed out that there are motivational limitations in the students themselves for participation such training.

What makes the situation challenging is that the few days allocated for the training by the organization is further compromised by the desire of the participants to finish the training even faster. For example, we hold the life skill training for students during a weekend. However, the students put pressure on the trainer to cut the training even shorter so they can use the remaining hours of the weekend for themselves. This makes it obvious that students were not attending the training out of interest but for the per diem or transportation allowance it could provide at the end of the training. So, we hold payment of the monies until the end of the training.

Counseling. The third psychosocial service output NGOs partner with schools on is the provision of guidance and counseling to students with emotional, psychological and behavioral problems. The main role of NGOs is training of staff members as to what some NGOs referred to as 'par counselors'. These trainees have been professionals who are committed partially or wholly to the provision of psychosocial support services. In schools where such a professional does not exist, trainees are school personnel who volunteer in one or another social and psychosocial support activities as individuals or members of clubs and committees. Key informants have observed the attendance of training is often motivated by allowances that the NGO provides for trainees and less often because of a demonstrated interest or desire for the service. Consequently, in many schools, principals have reportedly made decisions on who should participate in a

training organized by a partner NGO where either the principal himself/ herself decides to attend or personnel they favor are chosen.

In any case, informants reported that such trainings have often lasted for about three days or less. Key informants who participated in them complained that apart from imparting an outline of some issues, the training they receive is too superficial and fails very short of equipping them with the basic attitudes, knowledge and skills for the provision of semi- professional service. Moreover, such trainings are so alien to Ethiopian cultural values that they found it is very difficult to implement. Key informants observed that trainees have little incentive to acquire training because they receive no reduction in their teaching load to allow them more time to focus on applying what they have learned in actual psychosocial support practice.

CHAPTER SEVEN

PSYCHOSOCIAL SUPPORT TO MARGINALIZED CHILDREN

This chapter describes psychosocial support interventions targeting marginalized children. Operationally, the client populations of this category of interventions are children who live on the street, unaccompanied children and/or those female children that are engaged in commercial sex work. These interventions are brought together under one category for analytical purposes because they serve client populations who are generally marginalized by mainstream society. Informants reported that this is one of the relatively oldest categories of interventions in the city. They also described it as one of the most challenging as evidenced by the number of organizations that initially offered these interventions later shifted to other category of services.

Profile of Client populations

As just noted, the majority of clients of this category of interventions may be broadly divided into three overlapping groups: street children, unaccompanied children and child commercial sex workers. Key informants have argued that the social locations that these children are made to occupy are due to factors or forces outside their control, including mistreatment, neglect, abandonment, physical abuse, sexual abuse by adults, poverty and family disintegration. Informants used the term ‘street children’ to describe children engaged in various survival activities on the streets. The same informants classified such children into three categories. In the first category are those children that spend their days engaged in various activities on the street but return home to their

respective families in the evening, referred to as “children on the street”. In the second category are “children of the street” who includes those children that are completely detached from their families and make their dwellings on the streets. These may sleep on walkways, verandas of public or private buildings or plastic shelters. A third and relatively recent category of street children identified by informants consist of children born of street parents who, in many cases, are children/ adolescents themselves.

In any case, loose or no family tie and great dependence on ties that have been established with peers on and off the street are distinctive characteristics of all street children. These children are engaged in services such as vending, shoe shining, taxi assistance, and otherwise begging and thievery in order to survive. Generally, these children are regarded as a nuisance by the public and suffer from extreme deprivation and social exclusion. All interventions reviewed in this chapter have the second category of street children as the main client population. However, there are a few interventions described that target children of street and their families. The first category of street children is not targeted by the category of interventions being reviewed in this chapter.

Unaccompanied children are those often younger children who are found without any adult company. Two categories of unaccompanied children can be distinguished from interviews with informants. The first category consists of children that originate from in the rural areas and other urban areas. Many such children have reportedly abandoned their guardians or families of origin and migrated to Addis Ababa in anticipation of a better life in the city and/or to escape abuse, maltreatment and/ or abandonment by their guardians or members of their households. Once they reach the city, many of these

children have reportedly become bewildered about the complexity of the city and have no idea about where to go and where to stay.

The second category of unaccompanied children consists of children that have been thrown out of or escaped from the household in Addis Ababa they have been placed in. Many of these have been placed as domestic workers or workers in home-based micro handcraft workshops such as weaving or pottery after being trafficked (by parents, relatives and brokers) or migrating from rural or other urban areas. Others may have been brought by their relatives in Addis with the stated purpose of providing them with better a education but have the hidden motive of meeting labor shortfalls in the host family. Many such children have reportedly originated from families within Addis Ababa. In all cases, employers and/ or relatives alleged that the children are disobedience and disrespectful so they kick them out of their home Children, on the other hand, have run away from such households when they could no longer bear the labor and/or sexual abuse, maltreatment and/or physical violence etc. While some of the older children report themselves to the police station once they escape from their reported captivity, others have been found agitated or crying not knowing where to go.

The third category of children targeted by interventions under consideration in this chapter are those that are procured, offered or/and used for sexual gratification in exchange for some benefits. The form of benefit a child receives out of engaging in commercial sex varies from fees by daily clients to periodic (often monthly) stipends by such customers known as 'sugar daddy'. Such children may negotiate an exchange with a client directly or through intermediaries, known as a pimp, who control or oversee their commercial sex activities. Benefits may also be in cash or/and 'in kind' services such as

the provision of basic needs like shelter, food, clothing and safety or other not so essential gifts such as mobile phones and jewelry. Such children may practice commercial sex on their own in a substandard room they rent for the purpose of living. Others may be provided with a room by others, such as an owner of a brothel, specifically for the practice of commercial sex for which the children are charged an exorbitant sum of money in the name of rent. Other children access clients in bars or streets.

Child commercial sex workers may be trafficked from rural areas for the sole purpose of engaging them in commercial sex work. Low self-esteem due to a history of abuse, abandonment and maltreatment has predisposed these children to engage in commercial sex work. The need for physical protection resulting from traumatic experiences has caused some children to succumb to the coaxing of peers and adults to engage in this activity. For example, many female children who migrated or are trafficked from the regions agreed to commercial sex work after experiencing severe physical violence or rape or when they did not know where to go after being thrown out of a household where they were employed as domestic workers. Poverty has served as the main or an additional factor that has forced others to engage in sexual activity without alternative strategies available to make a living way. In all cases, such children are exposed to social, physical and psychological threats. They generally have less had less access to basic social services such of education and health. They are also at risk for sexually transmitted infections and other health hazards such as physical violence by their clients, pimps and employers. Consequently, further psychological handicaps develop such as low self-esteem and dysfunctional behavioral patterns.

Service Outputs

As noted earlier, all interventions targeting the above described target populations have two broad service outputs; namely, reunification and reintegration. The goal of interventions with younger unaccompanied, street children is to reunite children with their guardians (parents, extended family or caregivers). Older children often cannot be reunited with their guardians either because they refuse to do so due to severe estrangement or because their guardians are diseased or could not be traced. Hence, interventions aim to reintegrate them in the mainstream society.

Informants' accounts suggest two other intermediary service outputs of interventions in this category that aim to prepare a child to perform socially accepted and age appropriate roles in society upon reunification or reintegration. The first is counseling which focuses on cognitive restructuring and character modification. It aims to transform dysfunctional beliefs, attitudes and perceptions about self, others and the social environment, that inhibit children from playing social and economic roles appropriate to their age. Counseling also seeks to modify ways of behaving that deviate from established social norms. The second intermediary service output is the development of life skills which aim to inculcate social and economic skills that the children need in order to function in socially appropriate and expected ways. This distinction between the two intermediary service outputs and their objectives made by informants is, however, conceptual. In practice, different informants had differently labeled the same activity as either counseling or life skill training. For example, a regular consultation session aimed at reviewing interpersonal challenges among a group of targeted children in a temporary shelter has been regarded by officers of an intervention as a group counseling session

while another officer in another intervention considered it a coaching or life skill development session. This apparent confusion appears to be due partly to the mutually supporting nature of the two types of interventions which can at times elude clear practical demarcation and partly due to the lack of conceptual clarity among practitioners on the distinction between life skill coaching and counseling.

A drop-in center managed by one project prepares children for the more structured rehabilitative life in temporary shelters and/ or for direct reunification with their guardians without placing them in temporarily in drop-in shelters.

Structures

Physical Facilities

Drop-in centers and temporary shelters are the core venues for counseling and life skill building activities with targeted children. In other words, these two facilities have been institutionalized among the few projects aimed at reunification and reintegration of targeted children. While some projects use both facilities, others have opted for one or the other. Those projects that have opted for drop-in centers have done so because of their sustainability, i.e. the high cost of managing shelters is not in the long run sustainable. On the other hand, those who opted for shelter justified their choice in terms of effectiveness. They argue that if children are allowed to return back to the street or a commercial sex environment after participating in the activities of the project, that environment would undermine whatever change that may have occurred due to the project's activities, and reinforce previous dysfunctional thoughts and behaviors. Shelters also can serve abandoned children, which drop-in shelters cannot.

In any case, facilities that all projects use as drop-in centers and/ or shelters are rented. No provider of such services owns its own facility. Informants have reported at least two limitations in this arrangement: To begin with, the facilities are not particularly built to serve as drop-in centers for children, which means there are severe limitations with the space and building functions that interventions models would ideally require. For example, some of the drop-in centers reportedly visited by street children are too small to care for the quantity of children that participate. Moreover, available spaces in rented facilities cannot allow many sporting activities indicated in the project proposals. Secondly, projects have to engage in recurrent negotiation as tenants regularly increase the rent. Otherwise, the projects have been forced to relocate to facilities with rent within their budget. As a result, informants have described some of these projects as nomadic to highlight frequent change in the site of their operation. Informants have also expressed misgivings about the perceived disinclination by the government to give land to those providers that expressed readiness to mobilize resources to construct their own facilities appropriate for the model of interventions.

Apart from limitations in available space and workforce (to be described below), informants have reported other constraints without a means of transportation. Tracing and establishing links with guardians of targeted children and follow up of reunified or reintegrated children to ensure permanence, requires a great deal of travel. The guardians of many young children live in regions which makes such travels too costly for the project to undertake frequently. Hence, informants have reported a significant return to the streets of those children being reunified with their guardians.

Processes

Processes and activities of this category of psychosocial support interventions may, broadly speaking, be divided into three stages: The first stage consists of activities aimed at establishing rapport with clients and inviting them at the drop-in center or offices. The second stage consists of assessment of targeted children, and intervening via counseling and life skill building in both drop-in centers and temporary shelters. The third stage consists of activities directly aimed at reunification and reintegration of targeted children. The description below is structured following these stages reported by informants and observed by the researcher. It will be noted that some projects integrate systematic case management into each of these three stages while the majority of them do not. Moreover, some projects having both drop-in center(s) and temporary shelters, have established a referral link between the two where children that have participated in the activities of their drop-in center may, if appropriate, be admitted to their temporary shelter for a more intensive counseling and life skill training. Furthermore, many of the projects with drop-in centers mainly target street children while those with only temporary shelter(s) target mainly child commercial sex workers and unaccompanied children.

Linking, Establishing Rapport with and Enrolling Client Populations

An earlier subsection established three categories of client populations served by interventions under consideration; namely, street children, unaccompanied children and child commercial sex workers. Enrollment of unaccompanied children is relatively easy and straight forward: Such children are usually first spotted by members of the public who often take them to the police. If the police determine that the child needs temporary

shelter, they refer them to the shelters. Because of their extreme sense of physical insecurity, unaccompanied children are generally in great need of foster care in temporary shelters and are not generally engaged in drop-in centers.

On the other hand, project officers have reported field visits as critical to establishing links and rapport with street children and child commercial sex workers. To this end, officers in more structured projects first undertake what is called 'mapping' which is a rapid assessment of areas frequented or inhabited by potential targets as well as times when these targets are most available in these areas. This is then followed by visits to these areas by workers designated by some projects as 'street facilitators' with the objective of connecting with the targeted children. Depending on the findings of the preliminary mapping and assessment, street facilitators may undertake the visits during the day and/or at night time when the targets are most likely to be available. The first action reportedly taken during this initial contact after one or more potential targets are identified, is the introduction of self and the affiliated organization by street facilitator(s) and the purpose of approaching the target(s). The project's stated aim of extricating targeted children out of the street and/or the commercial life they lead is reportedly explained early in the relationship between street facilitators and targeted children. Street facilitators may even extend an invitation for a visit to the project site and/ or shelters.

Whether invited children respect the invitation and visit the drop-in center or project office may depend on one or a combination of several factors: One such factor is the extent to which street facilitators succeed in creating a positive first impression with the targeted children, which is mainly a function of the facilitators' communication skills and empathy towards the children. Another is the immediate benefit children may

expect to obtain out of the relationship and their subsequent visits to project sites. The established expectation among vulnerable populations of NGOs as dispensers of social assistance may encourage targeted children to respect the invitation. In this connection, the reputation that the NGO implementing the project may have in the eyes of approached children may be more critical than the type of social assistance they are offering. On the other hand, targeted children may avoid a second contact because of mistrust whether in the form of perceived suspicion that community facilitators may have economic, religious, political or other motives or in the form of fear that the facilitator maybe an undercover police. Consequently, projects may require several visits to the target children to consolidate a personal relationship initiated during the first visit. During these series of visits, facilitators may participate in some of the children's activities in the children's own setting. Facilitators with drop-in centers may attempt to entice their identified targets who often are street children with a promise of better entertainment and educational activities at their drop-in centers. Children attending drop-in centers may themselves give names and locations of their peers so officers may invite them to the centers. The children may also bring their peers to the drop-in centers. Projects with only temporary shelters attempt to directly or indirectly impress upon their targeted children, who often are child commercial sex workers, the dysfunctional life the children are living and an alternative mode of life the project could help them establish. Informants reported that an empathic and attuned relationship that project officers may succeed in establishing with the children not only attracts the children to the project's facilities but is the medium through which change in the children has been facilitated in the subsequent stages. Different projects vary in the capacity to meet this relational

requirement within a reasonable amount of time to draw the children into participation in the project's activities.

When children feel connected with project officers and/ or anticipate social assistance, they want to visit the project's facilities. Projects with a drop-in center immediately enroll a first visitor to the center. In more structured drop-in centers, an assigned officer takes daily attendance of participation and there exist a minimum number of days per week a child needs to check in at the center, which can be as high as six of the seven days, before the project recognizes the child as a regular attendant. When a project has both, a drop-in center and a temporary shelter, the drop-in center serves as the transition that prepares children for the more structured and intensive rehabilitative interventions. Projects with only temporary shelters may need to organize a few meetings at their project office to further inform visiting children of the goals, anticipated activities, and implications of their temporary residence in the shelter. They then seek the children's consent to enroll in the shelter for the time period specified by the project, and perform its activities and meet its other requirements including those that are disciplinary.

Assessment

Assessment is highly structured in only a few drop-in centers and temporary shelters. These assessments are performed by a case manager assigned to each child upon enrollment. The case manager becomes responsible for the child until the child graduates from the project through reunification or integration. Ideally, the case manager is expected to establish an empathic relationship with the child. In the context of the drop-in centers, the case manager is expected to engage the attention of the child in various entertainment

and educational activities so that the child may stay in the center for longer hours in the course of which the case manager may gain more information about the child.

Moreover, such projects generate relatively detailed information about the child's background using several structured formats which focus on various aspects of the child social, economic and physiological background and status including the situation of the child's family of origin, what caused him/ her to leave his home, how long he has been on the street and what activities he has been engaged in while on the streets. This information may be divulged by the child in response to the direct interviewing that his/ her case manager may administer as well as in the course of informal conversation with the manager. This structured and detailed information is then entered in a computerized database using software specially developed for this purpose.

Furthermore, assessment in such projects is continuous in that information the case manager obtains from the child and his/ her social network is continuously revised and updated based on new information the case manager may obtain in the course of his/ her interaction with the child and his/ her network. Street children and child commercial sex workers do not always reveal full and correct information about themselves in the beginning in order to protect themselves against potential risks involved in recognition of their true identity. They are often reported to have given fake names and false information about their family, their place of origin and even their sexual identity. If they do not want to be reunified with their family, they may declare that they are orphans and create stories of how they lost their parents and could not trace their relatives. Informants reported a case of female child of the street who could protect herself from sexual assault by successfully disguising herself as a boy. Hence, projects consider information

provided by targeted children during the early stages of the children's participation in the project as tentative. For example, a project that runs both a drop-in center and a temporary shelter would reportedly start with fresh information gathering about a child it is to admit into temporary shelter even if the child had been participating in its drop-in center and been assessed. Residents of temporary shelters are reportedly more reliable sources of their own background than participants of drop-in centers due perhaps to their ready availability and their relative commitment for change.

It should be noted that this characterization of a systematic assessment process represents a majority of projects under review. Most projects are only able to afford a single social worker or counselor, often making the ratio of social worker to enrolled children so low that it interferes with building rapport and consequently gathering the information needed for a rigorous and continuous assessment. Relatively systematic case management has been observed in projects with more than one social worker or counselors although the size of the workforce has not always guaranteed that a thorough assessment is done. Also, most projects have not employed standard assessment tools beyond a registration form that is completed when they enroll a child to the project. In addition, whatever information that may be gathered about the child may not be systematically managed, utilizing an information management system. Apart from completing the registration form, they may not enter the data in a computerized database. When there is a database, it may at best be an Excel file, which may not be tailored for the purpose of the project.

Interventions

Character modification and life skill building were noted in an earlier section to be two intermediary service outputs of both drop-in centers and temporary shelters. Moreover, all interventions in both settings are based on information gathered about each child's background. Officers of the projects believe that background information explains current dysfunctional behavior and cognition of targeted children. They believe understanding the past is crucial for understanding the root causes of the behavioral and cognitive problems and defining effective interventions or treatment plans.

Interventions in some temporary shelters are first structured into what some projects call a 'care plan' that a case manager (often a professional social worker) develops based on the needs of the child he/ she identifies from the assessment made as described in the previous section. A case plan contains a list of interventions that will be utilized including various types of life skill trainings, counseling, reunification and integration with a time frame specified. In some projects, the case manager prepares a summary of planned interventions and its progress of implementation and presents it at a regular staff meeting that reviews the progress of each resident child and the challenges that may be encountered in the course of implementing this plan. A case plan may even get revised as a result of the feedback obtained in these meetings.

In order to sustain the interest of targeted children in and maximize their attendance of activities at drop-in centers, projects appear to implement two additional strategies. This section begins with a brief review of these activities and moves on to describing activities aimed at achieving the two intermediary service outputs.

Sustaining Interests at Drop-in Centers

One strategy that drop-in centers reportedly implement in order to sustain the interest of targeted children in the activities and services of the centers thereby increasing their chance of regular attendance is to take a child's preference into account when selecting entertainment activities and services for the center. For example, games include those that street children commonly play such as *joteni*, table tennis, which quality and free access has made play in the drop-in centers more attractive for the children. Similarly, because child commercial workers are up during the night, they take time for napping and bath during the day, which drop-in centers provide in order to strengthen the children's tie with the center.

Another strategy is to allow latitude in the choice of activities and services a visiting child may prefer to participate in at any given moment. Informants reported that this is in order to render a degree of continuity with the unstructured life visiting children are used to leading and not to interfere with their perceived freedom which children have reportedly value in life on the street. Accordingly, such a project prepares a menu of activities and services from which a visiting child is free to choose for participation. The menu may consist of various types of games while services include educational services and cleaning including washing their clothes and also taking bath. Again, both strategies may not be pursued by all projects or a project that pursues either or both of them may not be consistently implementing them, which appears to explain the diversity in the regularity of attendance and sustained interest in the activities and services of targeted children.

Development of Life Skills

Informants have identified and field observations confirmed three core strategies that both drop-in centers and shelters use to build certain life skills in the targeted children. These are life skill training, games and delegation of responsibilities.

Life skill training. Projects invest significantly on delivery of various types of training to targeted children. Informants reported that life skill training, the most common of trainings, is the main instrument projects use for development of life skills in targeted children. Although life skill trainings could theoretically addresses a wide range of issues, constraints of time and resources have reportedly required projects to focus only on a few issues. Despite diversity in the issues projects decide to include in their respective life skill training, informants agreed that some issues, including interpersonal skills, sexual abuse, communication skills, HIV/AIDs and primary health care, occur in all such trainings.

Other than content, life skill trainings by various projects differ in their structure, length and facilitator. Some projects have manuals for the trainings, which are either created by the projects or adopted from other local or international organizations. Some projects report adapting the manual from the variety of materials other organizations have prepared. Yet others may not have a standard manual they use for the training. When these plan to conduct such a training, they may decide on a broad outline of topics that they expect the training to cover and leave details of the content and preparation of accompanying materials to an assigned trainer who may be a consultant or a staff member. Informants reported that there are others that may simply hire a consultant to facilitate such a training for a specific duration, often one or two days, for which they

may have allocated a budget for. In such cases, decisions on both the topics and detailed content of the training rest with the consultant. Similarly, life skill trainings by various projects differ in the length and schedules. In contrast to trainings that are not based on predetermined manual, manualized trainings are conducted by a social worker from the project one to three days a week for several weeks or months, each session generally lasting for an hour or two and focusing on a specific topic that builds on a previous session. Finally, some projects with manualized and structured training have been observed to also hire consultants from time to time to facilitate trainings on specific issues that may not be covered by the manual or need further treatment.

Social workers that have been conducting manualized trainings have complained that the content of training manuals is generic, not particularly tailored to targeted children. This has laid the burden of making the concepts contained in the manual relevant to participating children on the facilitator. To this end, a skilled and experienced facilitator has reportedly engaged participants in brainstorming to identify pragmatic examples from their experiences. In order to help the children to further internalize the concepts discussed, such a trainer reportedly encourages them to demonstrate their application in the form of skits. Informants have, however, lamented over the extreme dearth of such facilitators due to lack of pedagogical experience and training among consultants and social workers.

Informants have also observed and field observation confirmed the challenge associated with conducting a regular, sustained life skill session in the drop-in center. To begin with children visit the center at their convenience, which often does not follow schedules for life skill training sessions. Hence, a child that happened to attend a session

one day may miss the next session in the series scheduled for the next day. Secondly, a visiting child may not want life skill training when other more attractive activities are offered at the same time. On the other hand, these challenges related to attendance and preference rarely apply to children in temporary shelters because they are available by virtue of their residence status and have committed upon enrollment to attending all activities of the shelter.

Games and plays. The second intervention that projects implement for life skill development of targeted children is plays and game. The few more systematic and structured interventions have officers, known as coaches who have taken a systematic training on how to use games and sport for building life skill in children. In addition to trained officers, the projects also have adopted a manual of games that describes how the games are played and what life skill each game is intended to build, among others. Among the themes of the games are environmental health, protecting oneself from the flu, interpersonal skills, reproductive health and HIV/AIDS. The games are simple and require very few and commonly available materials such as balls, pieces of paper etc to play. For example, in one of the games, a line is drawn on the ground and on each side one or more children of equal size are assigned. Pieces of papers are then folded and equal numbers of them are thrown on both sides. The goal is for each group to pick and put into an assigned 'garbage container', all pieces of paper on their respective side faster than the other. In one such project, the assigned coach facilitated at least two such games every day with available children in which participating children were observed to be highly involved.

A similar limitation to that observed in life skill training is reported for facilitation of games; namely, games are not particularly tailored for targeted children. Rather, the games are generalized and have all categories of children as their audience. Hence, some of the games have reportedly appeared silly to even younger street children and child commercial sex workers perhaps because they have matured early due to exposure to a variety of environments and challenges. While some of these preferred to play such games they often play as *joteni* and table tennis games, other have developed interest in the manualized games as they play them. Some informants have interpreted this gradual development of interest as regaining or reclaiming their childhood. Moreover, children's preference to the variety of games that a manual may contain has reportedly differed. Ideally, the accompanying social worker or the coach may pay careful attention to identify which of the games capture the attention of each child to provide more opportunity for each child to play the game of his/ her choice. However, because of the large number of visiting children that some drop-in centers may often host, it is often not possible for the few social workers to pay attention to each child in the temporary shelters.

Delegation of responsibility. The third common intervention for life skill development of targeted children implemented by projects is creating space for the children to exercise positive leadership and responsibility. To this end, a typical strategy among projects is the formation of committees on various issues and assigning enrolled children to at least one of them. Typical committees reported by projects include sports, information dissemination, distribution of social assistance and peer supervision and guidance. For example, a peer supervision committee appointed by one of the projects

oversees adherence of residents to the rules and regulations of its temporary shelter and resolve interpersonal problems that may arise among them. The committee refers to social workers those cases and issues that it is unable to address on its own. It also encourages resident children to submit directly to the administrator of the shelter any concern or complaint on services provided by the shelter. It also advocates with the administration of the center for the rights and interest of residents. To this end, the committee organizes meetings among resident children on shared problems without the presence and interference by staff of the center. It then shares decisions, complaints and concerns expressed at the meeting with the social workers and administrators of the shelter.

Informants abstracted two contrasting philosophical views underlying alternative practices among projects in the appointment of committee members, the relative efficacy if either no study had examined yet. The first aims to align committee membership with the structure of leadership currently among targeted children. This perspective recognize the fact that because they are socially excluded, street children and, to a lesser extent, child commercial sex workers have an apparently strong social network and social organization which is often a major source of peer modeling, resource and information they need for coping with the adversities of life. They, hence, appoint to these committees those children that already assume positions of leadership and influence within the social organizations of targeted children. This is in the hope that committee members, by virtue of their responsibility, interact more with social workers, which gives social workers more opportunity to influence the thoughts and behaviors of peer leaders.

The assumption is that change among other targeted children can be facilitated if projects could thus induce change in leaders of targeted children.

The second philosophical view point espouses a more participatory approach to leadership, where membership of committees revolves among enrolled children. The underlying argument is that all children should get the opportunity to exercise leadership and responsibility. Such projects solicit active participation of children even in the formulation of rules and regulations of the center or shelter. In one such project, code of conduct at the shelter is revised annually with participation of new groups of entrants to its shelter. The code itself is called peer to peer code of conduct. Key regulations in the code and corresponding rewards and punishment are posted on the walls for regular review by the children.

It should be noted that the conceptual distinction between these two approaches abstracted by key informants may not be clearly articulated in the design of projects. Furthermore, they may be mixed in with actual practices, such that some influential children may assume a standing membership in some committees while others change; or other committees may be composed of the same children for an indefinite period, while those of others may rotate.

In any case, as with other project activities, performance of committees is more structured and sustained in the shelters than they are in drop-in centers, which has facilitated development of greater sense of responsibility.

Cognitive Restructuring and Character Modification

Projects reported guidance and counseling as interventions for cognitive restructuring and character modification of street children and child commercial sex

workers. Informants observed that projects serving younger unaccompanied children are weak in their counseling services which often is limited to psychological emergencies or crisis intervention services. This is because these children have separated from their guardians only recently and become emotionally stable after few days of protection in the temporary shelter, requiring no serious counseling or therapy interventions. In rare cases that involve more severe traumatic stress that psycho-emergency interventions available at the shelters cannot address, the children have reportedly been referred to external institutions or individuals that provide more professional counseling. Hence, the brief description in this section focuses on counseling and guidance practices for cognitive restructuring and behavioral modification of mainly street children and child commercial sex workers.

Social service projects attempt counseling services at both drop-in centers and temporary shelters. However, as is the case with other interventions, drop-in centers are not able to provide consistent systematic counseling. This inconsistency is because the number of children assigned to each counselor at any given time is too large to engage each child in serious counseling. Secondly, the unstructured life style and unpredictable attendance at the drop-in centers of targeted children makes it difficult to ensure adherence to series of counseling sessions. On the other hand, the greater counselor to resident ratio and ready availability of clients have provided temporary shelters relatively better contexts for provision of counseling despite other critical limitations such as the lack of counseling skills and supervision of personnel. Hence, this description of counseling services focuses on those that are provided in temporary shelters.

Accordingly, temporary shelters reportedly provide both individual and group counseling. Shelters that prepare a case plan for each child usually include counseling as one of several interventions. In such shelters, case managers, often social workers, refer those clients that require counseling services to a designated counselor working fulltime or part-time in the shelter. Usually, only those children with perceived often behavioral (and much less cognitive) problems deemed severe enough, may be given individual counseling services in addition to case management.

Ideally individual counseling seeks to identify root causes of presenting behavioral and cognitive problems specific to each child and apply relevant therapeutic techniques to address these causes. A designated counselor explained:

The children we work with have very sad life histories – about their family; how they were brought up; how they did not want to go on street and how they were forced to do so due to various social and economic problems they faced in their family of origins; how they end up in commercial sex work; got alcohol, cigarette and chat addictions; how female children got pregnant from a fellow street lover and how he disowned and abandoned them; how they were struggling to raise their babies. So all the behaviors they have developed to cope with the challenges in their lives now significantly interferes in their new life in the safe home. So, in the individual counseling, we focus on their individual histories and try to understand how those behaviors were coping responses in their street life but are not functional in their current environment and need to change.

In practice, the empathic relationship that a counselor may, according to informants, be able to establish with a client is the main medium for any change that may occur in the client. Designated counselors have not been able to explain specific protocols and techniques they may employ to address the various types of psychosocial problems identified in each client. In the face of the chronic limitations in clinical skills, a counselor at best listens to a client with empathy which helps release anger, tension, guilt and other repressed emotions towards self and others and attempts to increase self-esteem

of targeted children. Beyond empathic listening, designated counselors are observed to be prescriptive, giving advice and direction on what clients should and should not do, as explained shortly under guidance practices.

Informants explain that in group counseling, designated counselors or social workers ideally organize one or more sessions to which residents identified as having similar behavioral problems such as addiction, theft and difficulty managing interpersonal relations are brought together to share their respective perspectives, experiences, challenges and successes with respect to their shared problems. A counselor, for example, demonstrated, "In group counseling, I request them to discuss about stealing and whether it is shameful. Each would then volunteer to share their perspectives on how shameful stealing is often making reference to what their parents or family members used to tell them in their early childhood." All this is to facilitate group learning as a medium for individual change.

Informants, however, observed that in much actual practice, group counseling sessions, become, when they are not managed by relatively skilled and experienced counselors, occasions for embarrassment and devaluation of self and/ or interpersonal conflict. The former is caused when participants are made to confess their own shortcoming in front of a group that is not yet supportive. Rather than sharing own experiences, participants are allowed or even encouraged to make critical comments on behavioral problems of the other in the name of providing feedback to the subject's effort for self-improvement. This can, of course, provoke volatile reactions. A counselor who used the latter as a technique for group therapy had rationalized the practice in these words,

One of the advantages of group counseling is it offers participants to learn from the observations and evaluations they have of each other. Hence, in these discussions, I make sure participants including myself have the give feedback on the behaviors of each other. Initially, this aspect of the counseling used to be sources of conflict for each became reactive and defensive to perceived negative evaluation of the other. The conflict had at time escalated to physical fight. However, over time, as they internalize the educational objective of the exercise, they begun to be less provoked by evaluation of self by others and has become highly instrumental for change.

In their best scenarios, however, most group counseling sessions tend to be session for group guidance, as described below.

Informants reported that chronic limitations in clinical skills among counselors in both drop-in centers and shelters have resulted in more guidance than professional counseling. The emphasis on guidance by a senior to a junior is, as noted in an earlier chapter, a cultural practice expected of adults. Furthermore, as noted earlier, the largest number of children as compared to the number of available counselors along with unpredictable attendance of children makes it difficult to use the limited counseling skills they may have.

Consequently, counselors at shelter and, more so, drop-in centers tend to instruct children on how they should view their lives and their future; and tell them how they should behave, and what they should do to extricate themselves from their situation. Moreover, guidance is not planned but is initiated when one of many incidents, such as interpersonal conflict or stealing occurs. In such situations, the counselor takes the perceived “guilty” child to his/ her office and administers guidance.

Finally, counselors have provided guidance both individually and in a group, labeled by some projects as group guidance. When guidance is given in a group, visiting children identified as having similar behavioral problems such as addiction, theft and

difficulty managing interpersonal interactions are taken to a room in which the counselor explains the nature of their problems, its causes and consequences. In more interactive group guidance sessions, the counselor may prompt participants to air their views on these issues but, ultimately, prescribes specific actions that participants need to take in order to remove themselves from the situation under discussion. A counselor serving in a shelter for specifically female street children with babies has the following to say about her group counseling practices:

In group counseling, we explore behaviors and skills that are necessary for functioning in groups and society. Sometimes, I have to boldly tell them what to do and not to do although as a human being I find it difficult to do so to them because most of them are older than I am but I have to do so anyway. However, because they have developed respect for me, they have always respected my instructions. I guide them to develop habits and behaviors that would bring them respect and recognition in society.

In any case, the ad hoc nature of the practice of both individual and group guidance means that even those drop-in centers where counselors are required to keep record of histories of counseling interventions with each enrolled child do not have procedures to keep record of history of guidance that may be administered to one or a group of children.

CHAPTER EIGHT

PSYCHOSOCIAL SUPPORT TO ABUSED CHILDREN IN CLINICAL SETTINGS

This chapter describes psychosocial support services being provided in clinical setting to abused children. Interventions in this category are based on the concern that psychosocial and neurological damage caused by exposure to trauma experiences at a young age could persist to adulthood and result in significant psychological impairment if its symptomatology is left untreated (Cohen et al, 2000). This concern is based on international research findings that exposure to such traumatic events as abuse, war and violent crime could result in anxiety, depression, difficulty with trust and affective processing, disruptive behavior, aggression, cognitive distortions, peer socialization deficits, poor self-esteem, all which are together subsumed under the diagnosis of Post Traumatic Stress Disorder (PTSD)¹ in 1980 (American Psychiatric Association, 1980). Recent studies in neurobiology reported that stress and trauma damage the brain. The damage is recognized to be even more severe on the brain of the young child since it may

¹PTSD is a mental disorder that is characterized by three clusters of symptoms that are manifested following exposure to a traumatic event. These are reexperiencing symptoms (nightmares, flashbacks, intrusive thoughts and images); avoidant symptoms (trying to avoid thinking or talking about the event, and behavioral avoidance of reminders); and arousal symptoms (hypervigilance, an exaggerated startle response, problems in sleeping and concentrating) (Smith et al, 1999). A child is diagnosed with PTSD if three symptoms of avoidance, two symptoms of hyperarousal and at least one symptoms of reexperiencing are evident at least one month after the traumatic incident (Mason, 2007). Some of these symptoms include but are not limited to disturbance in sleep and appetite, loss of interest in activities, irritability, difficulty in concentration and attention, increased aggression, impulsivity, depression, hyperactivity, poor reasoning/executive function and hypervigilance and difficulty to relax either physically or emotionally (e.g. Mason, 2007; Cohen et al, 2000; Friedberg, 2002)

not have completed its normal development and could lead to abnormal development of brain structures and pathways (Cozolino, 2002; Kowalik 2004; Farkas, 2004).

The organizational sub-field described in this chapter is, thus, focused on ameliorating and remedying these short and long term impacts on the child of undergoing abuse as a traumatic experience. It should be noted that with a reportedly less than half a dozen focal organizations engaged in the service during the ethnographic present, this is a sparsely populated organizational sub-field in Addis Ababa and much worse in other parts of the country.

Profile of Clients and Sources of their Vulnerabilities

Key informants have unanimously reported three major types of abuse to vulnerable children in Addis Ababa, who are clients of this category of services. The first and most frequently reported type of abuse is sexual abuse of both boys which girls and mainly takes the form of rape. Key informants in the law informant of government reported that rape is committed on mostly female children above the ages of 14 and involves the use or threat of use of lethal weapons, or perpetrators weaken the consciousness of victims by, for example, inducing them with alcohol or drug. Reports of sexual assault whose victims are infants as young as 2 years old are also rapidly increasing. A similar increase is also reported in rape by homosexuals.

The second type of abuse reported among targeted children next in reported frequency is physical violence which various types of beating inflicted on children with or without applying instruments such as sticks, knives etc. Violence against children by parents is culturally rationalized as a means of discipline. However, key informants also observed violence as a compulsive release of anger by adults where, in many cases, the child

victim had played no part in provoking the anger. In general, physical violence particularly by parents and guardians are reported when they involve severe damage to the child's body.

The third type of child abuse involves labor abuse or exploitation. As detailed in Chapter Three, labor abuse takes a variety of forms: children are made to perform work that the law would regard as compromising their psychical and physical development and wellbeing. Economic gain that is generated out of engaging children or allowing them to engage in such work is appropriated by caregivers, relatives and other adults.

These three most dominant forms of child abuse have their specific roots in Ethiopian cultures and traditions a consideration of which is essential for culturally competent clinical interventions. Chapter Three provided a more elaborate description of cultural beliefs, values, norms and practices that are responsible for abusive behaviors towards children. Here it suffices to mention that culture promotes abusive practices in four ways: First, it rationalizes behaviors that are legally considered infringing on the human rights of children. Early marriage, corporal punishment and exploitation of child labor are some of the norms that culture rationalizes but are legally abusive. For example, corporal punishment is not only culturally accepted but is also considered a mark of good parenting. Similarly, the instrumental value that all Ethiopian cultures place on children means that parents rarely pay sacrifices to absolve their children from all kind of work. The toll of rampant poverty further exploits this instrumental value to subject children in poor households to attend to difficult domestic chores and exploit their labor in a variety of off household economic activities that generate income for caregivers.

Secondly, although there are legal abuses that culture similarly considers abhorrent, the same culture has established mechanisms by which perpetrators could buffer themselves from the consequences. For example, committing rape against children could, if made public, have the psychological cost of shame (embodied in the Amharic words of *hafret*) and also the social consequence of disgrace, loss of social standing and stigma (signified by the Amharic words of *k'illet* and *wirdet*). However, child rape is traditionally recognized more as a direct offense against **kibir** (literally means honor) of the family of the victim than violation of the legal right of the victimized child. Moreover, traditional conflict resolution mechanisms, to which common citizens resort, aim at restoring *kibir* through the traditional institution called *shemagle*, which literally means mediators who, while maintaining the *gemena* (meaning intimate secret) of the perpetrator, aim to achieve redress through payment of compensation to the child's caregivers. Key informants recounted several cases where the victim or his/ her caregiver were subjected to stigma, ostracization, and verbal and, even, physical violence for disregarding this traditional mechanism and reporting the abuse to law enforcement bodies.

Third, the social distance culture dictates between adults and children is an additional setback that has prevented children from reporting abuses perpetrated against them and discouraged them from seeking help. For example, because talking about sexual matters especially with elders and in public spheres is **newer** (a concept synonymous with but stronger in connotation than the English word 'taboo'), victims of rape rarely report their ordeals to their own parents and family members. In rare cases when they do,

they do not provide a complete account of their ordeal or it may be after they are subjected to multiple rapes.

Fourth, culture has minimized or is ignorant of the gravity of the psychosocial harm of legally abusive behaviors in general and those committed against children in particular. This may be because the adverse impacts of psychosocial deficits are often personal, hidden and not readily conspicuous, they vary from individual to individual, and show delayed symptoms whose cause it is difficult for a lay person to trace. The psychosocial challenges abused children undergo are even less recognized because abused children are less able to verbalize their emotional and psychological difficulties, and which most adults are untrained, culturally or otherwise, to detect and empathize with.

Service Outputs

The organizational field focused on the provision of services to abused children in the cultural context described above had four concurrent service outputs: awareness raising for behavioral change, criminal investigation and legal proceedings, child protection and psychosocial support. Interventions for awareness raising for behavioral change were the focus of Chapter Five. Criminal investigation and legal proceeding services will be the subject of future work. This Chapter focuses on psychosocial support service outputs. Because of its overlap with psychosocial support, child protection service outputs will also be briefly reviewed.

Child protection interventions aim to ensure the physical and mental safety of victimized children and their caregivers which may be compromised due to reporting the abuse to law enforcement bodies. Physical safety is ensured by medical treatment of the

physical damage that the abuse may have caused the child. It is also sought by preventing threats of retaliation such as physical violence by the abuser and his/her associates. Ensuring mental safety involves alleviation of fear and anxiety that the child would continue to experience if left in the environment where the trauma occurred. Ensuring mental safety also serves to prepare the abused child for subsequent psychosocial interventions. All of these child protection service outputs are sought in the organizational field though removing the child from the threatening and fear producing context and putting her/ him in foster institutions or families.

Ameliorating and remedying the immediate and long-term impact of the traumatic experience of abuse is the service output of psychosocial support interventions. The relevant psychosocial support interventions are recognized in the organizational field as the provision of 'counseling' services. Their core workforce is perceived as 'counselors'. None of the clinicians are labeled as 'therapist' and only a few refer to their practice as 'therapy'. Ideally, psychosocial support interventions with abused children target not only the abused children but also their non-offending caregivers and, in some cases, their abusers. In the organizational field, however, service outputs are generally directed towards the abused child. As will be described later, non-offending caregivers are involved only so that they can facilitate adherence to counseling of the child, but no intervention has apparently targeted abusers.

Structures

Practice Settings

Counseling services to abused children is provided in nonresidential and residential centers. In nonresidential centers, outpatient community mental health clinics

provide targeted children with counseling while living with their caregivers. On the other hand, residential centers are those that provide counseling while client children are admitted to a temporary shelter as well as those centers which provide children with their basic needs such as food, medical and educational services. Temporary shelters also organize plays and other like skill training activities for the children. Arrangements are also made with a nearby school for school-going children to continue with their education during the time they are in the shelter. Existing foster homes are of two types: The more classic arrangement where all client children are accommodated in one big residential facility and the more recent trend in institutional care for children where a villa is rented in the neighborhood for a small group of often six to eight children. The latter is intended to minimize the physical social isolation of client children that the traditional arrangement has been reported to have caused and facilitate their normal interaction and play with other children in the neighborhood. This means that, depending on the number of residential clients, a center may in the later arrangement have more than one residential facility. In both arrangements, foster mother(s) supported by cook(s) are expected to provide home environment and guidance for and meet the nutritional needs of the children. The number of mothers and cooks a residence facility has, depends on the size of the children, the budget and organizational decisions regarding a necessary mother to child ratio. In addition, the foster mothers may be assisted by a social worker in terms of home management.

The few available clinics differ on whether they have allocated a separate space for counseling. Some clinics have a separate room designated for the counseling of

children. The rooms are furnished with child friendly materials such as small chairs, mattresses, toys, games, drawing materials, pictures and story books.

Workforce

Counseling centers vary in the size of their personnel. Residential centers have a greater number of personnel than non-residential ones. For example, the only counselor of a nonresidential center may have the added duty of administering the center. Variation within residential centers appears to depend on the relative commitment of their donors and the type of vulnerability they address. Hence, while a residential center that aims to rehabilitate victims of abuse may have three professional counselors, another residential center that provides protection, reunification and reintegration to unaccompanied children has only one.

Similarly, frontline workers in counseling centers may be divided into three broad categories: The first and most widespread of the three consists of high school graduates who have been serving as para social workers or para-counselors for some years. Before the relative increase over the past five years in professionals due to opening of programs in psychology, social work and counseling in a few higher education institutions, most projects engaged high school graduates who may have been provided short-term training on various aspect of counseling as part of capacity building plans of donors and implementing partners. As a result, some of these workers have obtained several such trainings and had many years of experience, although informants for this project believed that the number of these kind of workers is small.

Another type of frontline workers are those that are generally known as ‘guardians’, ‘caretakers’ or ‘foster mothers’ who are charged with the role of giving day

to day care to the children. Previous experience and motivation in working with and caring for children are the basic selection criteria. In some residential centers the role of a parasocial worker and guardian merges in the job description of either a social worker or a guardian while in other centers separate workers with differing qualifications are assigned to perform each role. When the role of a foster mother is assumed by a separate worker, it does not demand attainment of education beyond basic skills of literacy and numeracy although educational attainment has been used as a criterion to sift from often a large number of applicants centers receive for such a position.

The last category and the smallest in number of frontline workers are professionals with mostly a BA degree and, in a few cases, a MA degree in psychology, sociology, social work or counseling. They tend to assume the position of coordinators of such projects by virtue of their higher educational qualification, which tends to preoccupy them with bureaucratic duties buffering them partly or fully from actual clinical practice. All such workers identified at least two limitations in their training: First, at its best, their training had only exposed them to theories in counseling and psychotherapy, many elements of which, they doubted, is relevant to the Ethiopian social and cultural context. Secondly, their training significantly lacked a systematically supervised practicum. Some MA graduates did report taking at least one practicum course during their training but this consisted only of a identifying by the student himself/herself an NGO that provides services relevant to the profession, securing formal consent from the NGO to do the practicum and, once the practicum is completed, writing a report of his/ her practicum experience for evaluation and grading of the instructor. In other words, they had enjoyed little if no regular supervision by their instructors in the course

of their training. They said that most instructors of clinical courses in Ethiopia, apart from those specializing in psychiatry, have little or no clinical practice experience that could enable them to provide professional supervision to their students. Moreover, most available professional workers graduated over the past few years and, hence, have little practice experience.

In-service Training

Counseling centers differ to the extent to which they provide continuous in-service training to their workforce. Counselors in a negligible number of projects have reported to have received regular in-service training on different topics of counseling and psychotherapy. These trainings are often part of the donors' special investment on building the capacity of their recipient organizations. Counselors in these projects have, in the first place, been recruited based on the relevance of their qualifications and experience. Otherwise, counselors have been recruited from among the organizations' long time volunteers who have received a number of relevant in-service trainings. Moreover, in-service trainings have been facilitated by consultants who have expertise and experience in the field. In many cases, trainers have been brought from abroad and conduct the training together with an experienced local assistant. The extension to which these trainings bring counselors up-to-date with developing models of trauma treatment is not assessed in this study.

Supervision

Generally, supervision as a structure that provides for reflection on one's work, offers practical and emotional support, and ensures continuous professional development of staff members, appears to be an unrecognized practice in the provision of psychosocial

support on the ethnographic sites. Only a few counselors with a MA in counseling recognized and felt the absence of supervision. These informants have explained it in terms of the support it would provide for their clinical practice. One officer who is trained with a BA in psychology and provides counseling to child victims of violence and abuse in one of the projects has said:

One of the main challenges of working as counselor is the absence of supervision by a more experienced and capable professional in your field. Such a person is very hard to come by. Because they are ignorant of its importance, organizational officials who design the projects do not make any arrangement for supervision of counselors. Even I, although I may have been given the information about supervision in one of the courses in school, I came to know about it from the in-service trainings I have taken. How I would benefit if I worked under supervision! Counseling is a very difficult job: you can often get too frustrated, fatigued, depressed; at other times you can come across cases that are too complex to know what to do. In such cases, supervision would provide the opportunity to empty your frustrations and also provide expert guidance on how to proceed.

Another BA holder in psychology serving as a counselor in another project had said,

I worry because I am getting bored with what I do. As much as I like my profession, I have reached a point where I can learn nothing more from what I do. When I joined the organization, I was excited because the psychosocial department was new and I was busy setting up systems in the department. Now, I have spent all my expertise and there is no one else to learn from in the organization that is relevant to my work. So, everything has become a routine for me! I am looking for another job just because I am fed up with being always in the giving end. There is no opportunity for further professional development here!!

Yet another staff member working as a counselor had described the length she went to finding a supervisor on her own:

Our organization officials do not understand the significance of supervision for us counselors. Besides, there are no or very few professionals with clinical expertise to provide supervision. When I grew unfulfilled with what I do, I became determined to search for and work under a supervisor. And apparently, I found through my connections this American lady who used to work in one of the international organizations, who volunteered to provide the support. We met

every week for about six months then she was transferred. That was a special opportunity for learning, which had not been easy to come by.

Processes

Referrals and Intake

It was noted in the previous section that of the various sources that refer such children to both types of clinics, the primary source is the police. The WAF has also referred cases to both clinics often when the case requires immediate medical attention. The Court has also referred alleged victims of abuse perpetrated by a close relative or a member of the household when it determines that returning child home would put the child at greater risk. Sometimes, hospitals refer clients to both clinics after undertaking the necessary emergency medical treatment when they determine that the victim needs further counseling support, which they cannot provide. Clinics have also reported enrolling clients referred by such civil society organizations as the Ethiopian Women Lawyers Association, although these have been rare. Victims have also directly solicited the services of these clinics. When these children solicit counseling services in an outpatient setting, clinics readily provide these services to them without requiring any testimony or evidence regarding the occurrence of the abuse. However, clinics do require a letter of support or referral from the police when residential services are solicited by individuals. This is due to the precedence of false claim of victimization as a pretext to tap into the associated social assistance provided by residential services.

Referrals by the police or the court are generally received at the point of entry into the system: reception. Receptionists generally require two documentations in order to enroll a child client. The first is a medical report to determine if the client is actually a

victim of abuse. The second is a letter of referral preferably by the police. Sometimes, there are cases when clinics may enroll clients that fulfill either of the two documentations. For example, a case may be reported to the police and the police may refer the alleged victim to the hospital for medical service. The hospital normally sends a sealed medical report to the police, who may directly pass the report together with other documents for the public prosecutor to press charges without clinics having access to the medical report. At other times, when a victim of abuse is obviously in need of medical service approach these clinics, they may instantly enroll the victim and take the client to a health institution for medical services as well as providing subsequent psychosocial services. Yet in other cases, medical reports may not be available or problematic, which makes decisions of enrollment dependent on the letter of support by the police. For example, sometimes victims may go to the hospital long after the violence has taken place when evidence has faded, or they may have washed the sex organs before going to the hospital, hence washing away all the physical evidences. Other times, the abuse may only be attempted and no physical damage is medically identifiable. Another difficulty with some medical reports is the available medical equipment cannot undertake reliable medical investigation such as absence of more modern instruments for investigation of DNA.

Generally, however, once these two documentations are provided, the receptionist or social worker records basic personal information about the client in what some clinics called a 'pre-counseling session'. The respondent is often the adult who brought the child to the clinic. Generally the record contains such details such as name, age, educational background and the type of abuse, the nature of relationship with the alleged perpetrator

and a brief description of the victim's life history. A format is used to record this basic client information, which most of the clinics enter into a computer database.

When, more often than not, adults, often parents, guardians and/or neighbors or other institutions, approach the clinic for the clinic's service immediately after the child is subjected to rape or a physically damaging beating without prior reporting it to the police, the commonly identified practice is to first offer a psycho-emergency intervention by a social worker of the clinic. Victims are often in a high state of mental agitation soon after a physical and sexual violence is committed against them. Apart from the psychosocial instability, this compromises their ability to describe to the police the act of violence or abuse committed against them. Once a reasonable state of calm is attained, the social worker takes the victim to the police station for reporting and requires the endorsement of the police for eligibility of the client for the clinic's service. Once police endorsement is obtained, the social worker brings the client back to the clinic where the receptionist records the case in the clinic's system.

Physical Health and Environmental Interventions

Although designated counselors did not identify a clear sequence of assessment priorities in interventions, from their description of clinical practice, it is apparent that the assessment of the physical health of the victim is the first act of assessment reported by all clinics. Understandably, a focus on physical health first makes sense given the severe physiological damage due to rape and/ or severe physical violence done to these children. Once a case is recorded at the police station or is referred by the police and is enrolled in the clinic, the clinic's social worker takes the victimized child to a health institution for two-pronged medical service; namely, to ensure physiological rehabilitation of the child

as well as the generation of medical evidence that may be used for subsequent prosecution of the alleged crime.

Environmental risk assessment is the second phase of assessment to determine how safe the living environment is for the child. The most immediate question that concern clinics is whether or not it is unsafe for the child to return to his household of origin after the abuse is reported. In many cases, this decision would already be made by the police or the court in their statement of referral. In other cases, clinics need to generate more background information about the child to make an informed decision by themselves. Such information gathering may start from information provided during the initial enrollment by the child and his/ her parents or guardians. Further home visits by social workers reportedly helps clarify the understand the household situation of the child including living conditions and means of subsistence. Generally, it is determined unsafe for the client to return to her/ his household if the perpetrator is a member of the household or a close relative. Counselors explained the futility involved in proceeding with counseling while the child is still in a situation that perpetuates and reinforces his/ her fears. In many cases, “the children may be desensitized to real danger cues, placing them at greater risk in the future”. Hence, a decision is made in favor of keeping a child temporarily in what some clinics call a ‘safe home’. Because focal organizations that provide temporary shelter to victims of abuse are extremely rare, entrusting such children to the care and protection of trusted relatives is another reported alternative.

Nevertheless, counselors reported that assessment of environmental risk is not intended to identify other clients to include as their treatment targets. Rather, assessment and treatment remain focused on the child victim.

Counseling

Counseling to ameliorate and remedy the short and long term impacts of trauma is the third stage in the process of assessment. Three categories of designated counselors have been identified based on their responses to questions as to what psychotherapy model that guides their practice: less than a handful mainly with an MA in counseling said they aspired to apply Cognitive Behavioral Therapy (CBT). The majority reported the specific techniques particularly of 'play therapy' as guiding their practice and made no mention of a general paradigm such as psychodynamic psychotherapy, CBT, etc., as informing their practice. There are a number of other designated counselors that could not specify an intervention model even when prompted.

Nevertheless, from their description of their therapy activities appear to be elements of Trauma Focused CBT (TFCBT). Accordingly, the majority of designated counselors explained that the goals of therapy are: to alter the client's negative thoughts about themselves and others that are caused by the trauma; provide psycho-education regarding the purpose of counseling and the role of the counselor and the child in the course of therapy; and utilize verbalization, drawing, writing and storytelling to solicit and modify the feelings and thoughts of clients.

Assessment. When the intake assessment is completed, the assigned counselor first takes the child to a room that may be designated for counseling. When such rooms are available, they often are filled with toys and furniture for children and other child-friendly materials such as drawing materials. If such a room is not available, the counselor takes the child to his/ her office where he/ she conducts the counseling with the help of available materials. In both cases, the stated objective is to provide clients with a

secure and private space where they can verbalize their feelings or express them through play.

Key informants reported that child victims often begin to change when they enter the children counseling room because they feel more comfortable. The chairs are for the children. The counselor uses the same chair while in that room. Otherwise, they can be on the carpet or mattress. Counselors follow the lead of the child as to where to sit.

Early sessions with a counselor reportedly aim at establishing rapport with the child and building trust with him/ her. Counselors have reported that subsequent assessments aim to identify impact of the traumatic event on the client. Interviews with counselors and observations revealed several features specific to the conduct of assessment in targeted clinics. To begin with, plays, drawings and stories are reported as the single most reported instruments for assessment (and treatment) with younger children as described by a designated counselor below:

We use various child-friendly and age appropriate counseling techniques. In order to assess what they feel and think about themselves and the abuse they sustained, we observe how they relate with the toys. We ask older kids to write their stories or draw anything that comes to their mind. We may also tell them pseudo stories of abuse that resemble their own stories and invite them to explore what the victim might feel and how she/ he should respond to the situation.

Only one clinic reported the use of a predetermined assessment measures² which was provided by the international donor that supported the project. Designated counselors in all other clinics reported having made subjective judgments of the nature

² A list of tested instruments that have been used to measure the impact of abuse related trauma in children may include Symptom Checklist-90-Revised (Derogatis, 1983), Child Abuse Potential Inventory (Milner, 1986), Children's Impact of Traumatic Events Scale (Wolfe & Gentile, 1991), Child Behavior Checklist (Achenbach, 1991), Kovacs' Children's Depression Inventory (Kovacs, 1992), Trauma Symptom Inventory (Briere, 1995) and Trauma Symptom Checklist for Children (Briere, 1996)

and extent of the impact of the exposure to trauma based on the response they got to questions they posed to clients. The set of assessment questions and observations were generally impromptu, i.e. no predetermined checklist of questions or observations list was used to guide their assessment. All of this suggests a high probability that assessment does not address the full range of emotional and behavioral problems that abused and maltreated children may experience and at the very least inconsistency in assessment.

Another observed assessment did not attempt to identify a potential link between the presenting problems and the experience of trauma. It is possible that presenting problems in children that are brought to clinics may not necessarily be due to exposure to a traumatic event. For example, an authoritarian parent prevalent in the dominant culture may result in defiance and aggression in children, which counselors may mistakenly attribute to exposure to a reported traumatic event. Such children would benefit more from a more general mental health intervention than one that focuses solely on the impact of trauma.

However, usually clients seek the services of the clinic and, hence, are assessed shortly after the occurrence of a traumatic event. In such cases a connection between the client and the designated clinics is eventually lost for the lack of awareness on the longer term impact of trauma by both counselors and caregivers, and the lack of an institutional capacity for follow up with clients by the clinics.

Treatment. Significant difference is observed among reviewed projects in the total number of sessions with a client, the number of sessions per week, and the length of each session. Generally, targeted clinics vary between a reported total of five to fifteen sessions and one to three sessions per week each session lasting 45 to 60 minutes.

Organizational norms and perceived severity of the psychosocial impact of the abuse appear to be factors influencing the number and length of counseling sessions. A clinic, for example, reported that counseling sessions in severe cases increases up to fifteen sessions having three sessions each week. In severe cases, a child is reported to have experienced multiple abuse or the perpetrator is an intimate member of the family such as the child's father or brother. Counselors explained that in such situations the abuse cut at the roots of child's trust. On the other hand, no counselor has identified a prescription of treatment protocol guiding the number, frequency and length of his/ her sessions with clients.

Moreover, many counselors' had not reported developing an initial treatment plan based on the results of a comprehensive initial assessment, as required in CBT case management. Instead, assessment and treatment are apparently concurrent processes from the beginning to the end of intervention. In other words, treatment is an integral part of assessment in which designated counselors identify new problems as they administer treatment. Furthermore, the subjective and unstructured nature of assessment seems to relate to the most pressing presenting problem of the client.

From designated counselors' description of treatment procedures they employ, two components of TFCBT, namely, 'gradual exposure' and 'cognitive reframing/ restructuring' appear to be the main components of treatment conducted by the overwhelming majority of counselors although in their description of these techniques, counselors did not used the respective labels. Counselors reported that they encourage younger children to express abusive events through play and relating with dolls and puppets. Older children are reportedly encouraged to write about or draw aspects of the

abusive events. Counselors then report engaging clients in the interpretation of their plays, their written stories or drawings in order to explore the cause and effects of experience they have undergone. The stated goal of this experience is to correct inaccurate and dysfunctional attributions clients may have developed due to their traumatic experience and accurately attribute blame to the responsible person(s).

Counselors in mainly residential clinics have reportedly employed group sessions for the purpose of what appears to be cognitive reframing. Accordingly, a counselor brings a group of client children together who have gone through similar experiences of abuse. A reported technique that the counselor uses is to first tell clients an existing or improvised story in which characters of their age have gone through a similar experience. Once the story is told, the counselor then poses questions to participants on how the abused child in the story should view, cope with and transcend the experience of abuse he/ she had experienced. Another reported technique is to encourage client children to express their interpretations and suggestion in an impromptu skit.

In addition to exposure and cognitive reframing, very few counselors reported applying techniques for management of emotions and stresses. The few that claimed the use of such techniques reported to have applied only focused breathing to manage anxiety and hyperactivity. When other techniques such as muscle relaxation exercises, thought replacement and thought stopping were mentioned to them, the counselors did not recognize them. Finally, only a few counselors reported educating older clients on sexual and physical abuse, the psychosocial impacts of and their typical reactions to abuse, and the precaution measures they should take to avoid subsequent exposure to similar experiences. Furthermore, such counselors have rationalized using group sessions for

pyschoeducation of clients in terms of its ability to provide clients of similar abusive experience with the opportunity of sharing their experiences to learn from each other on how to cope with the effects of the abuse they experienced. In the process of guiding group exercises, some counselors reportedly helped clients to develop certain life skills that can enhance their interpersonal skills such as collaboration, waiting for turns, and attentiveness.

In addition to group counseling as explained above, life skill training is an independent component of services a number of projects provide to targeted children. The structure and content of life skill training provided for abused children in temporary shelters is similar to those provided to marginalized and abandoned children in safe homes. In both cases, themes included in the training focused on interpersonal skills, sexual abuse, communication skills, HIV/AIDs and primary health care.

Working with clients' systems. The literature (Mason, 2007; Scheeringa et al, 2007; Phillips, 2000; Rasmussen, 2001) indicates that interventions are most effective if they involve the traumatized child, the non-offending caregivers, and perpetrators who are in regular contact with the child. No counselor reported having caregivers and parents themselves as immediate subjects of assessment and treatment. On the other hand, some designated counselors explained that young children were highly dependent on their caregivers in making sense of the traumatic event. Informed support by caregivers³ would significantly facilitate relief of presenting problems and habituation of

³ In addition, counselors in all targeted clinics expressed recognition of the value of working with teachers as well as client children. When it comes to actual practice with identified clients systems, however, informants reported to have attempted working much more collaboratively with caregivers than with teachers. In fact, it was only one clinic that mentioned a structured attempt at working with a client's school where the clinic's counselor or social worker visited a client's school three times during the

traumatic memory. Such a view cohered with Cohen's & Mannarino's (1998) observation that "belief and support by a non-offending parent has been shown to contribute to the treatment of child distress in sexual abuse situations". In practice, however, counselors have reported that by far the most common objective for clinics' collaboration with caregivers was to ensure adherence of child victims to counseling sessions. Counselors have complained that most caregivers did not take counseling sessions seriously and, hence, tended to discontinue bringing their children before the full course of counseling was administered. One of the major reasons for this pervasive lack in caregiver commitment is lack of recognition of the psychosocial damage that the abuse could have resulted in their children and their long term function. In fact, informants are unanimous in their observation that medical service and other social services rather than psychological or emotional rehabilitation were what was primarily sought by caregivers when they brought their victimized children to these clinics, as reported by a counselor:

The main reason for limited counseling follow up is the pervasive lack of appreciation of the value of counseling. They may bring children to the health center when they observe some physical complications of, for example, a sexually abused child or when parents anticipate other social support. Otherwise, they may simply be obeying a court order or police referrals. Little if no appreciation exists among caregivers of the psychosocial harm that abuses cause to victimized children which means that caregivers do not see the value of investing time, energy, and other resources on psychosocial follow up of their abused children.

In order to address this perceived awareness gap in caregivers, many counselors reportedly held separate sessions with caregivers labeled as 'orientation' on the significance of counseling to their child and his/ her future development and the significance of adhering to it. Depending on the clinic, this may be a onetime session held

counseling period – at the beginning of the counseling for the purpose of assessment, in the middle to evaluate progress and at end to decide on termination.

on the first visit or regular sessions until termination. Counselors reported that these sessions had enhanced the commitment to counseling for their child by caregivers. A few counselors reportedly involved the caregivers in assessment of a parenting style in order to teach which is more supportive of the child's distress and the child's overall psychosocial development and wellbeing. In addition, counselors have reportedly offered instructions in child behavior management strategies. However, none of these interventions with one or more of the clients' systems have employed internationally recognized practice models⁴. Counselors also reported that they did not allow parents to attend counseling sessions with their children. Key informants attributed this to the medical model and technocratic approach they observed in counseling in which caregivers bring their children to the clinics and wait outside the counselor's office or counseling room where the counselors holds counseling session with his/ her child.

Counselors have also identified poverty as perhaps an equally critical challenge in adherence to counseling sessions. Because providers of counseling and related services described above are few in number, they need to manage cases of clients that come from all over the city. In order to access the service, clients need to incur the actual cost of transportation and the opportunity costs of losing the day's subsistence they would obtain if they were to spend their day on economically productive activities. When caregivers cannot assume these costs, they may be forced to discontinue counseling. In response to this challenge, some clinics have employed two alternative arrangements to cover the

⁴A list of internationally recognized models of interventions that target one or more elements of the clients systems may include Attachment-Trauma Therapy, Family focused, child Centered Treatment, Multi systemic Therapy; Parent-Child Education, Parent Child Interaction Therapy and Physical Abuse Family Therapy, Behavioral parenting Training, Family Resolution Therapy, Treatment of Dissociative Symptomatology and Intensive Family Preservation.

actual costs of clients. Some give a stipulated monthly allowance to pay for transportation cost. Others, on the other hand, calculate, based on the tariff, and pay per session the amount a public taxi charges to and from the exact location of the client's home. In order to increase their household economic resilience against opportunity costs, some clinics have made a component of their project engaging the caregivers in income generating activities projects. Both of these arrangements have reportedly provided incentives for caregivers to adhere to all sessions required by the counselor as illustrated by the following report:

Most of our clients come from extremely low economic backgrounds and have to secure their meager subsistence on a daily basis. So, let alone the psychosocial support of the child, they are unable to take through even the legal case of the child let alone remedying the culturally less recognized psychical damage the child has undergone. This is because of the actual and opportunity costs for a household that is already under tremendous financial pressure. The actual costs are those expenses they need to incur in order to attend the court and/or psychosocial sessions including transportation expenses. The opportunity cost is the loss of day's subsistence they would obtain if they were to spend their day on productive activities. It is in the first place meaningless to do counseling with a hungry child. Due to this opportunity cost, many risk going hungry for the day. Hence, out of consideration of these challenges of households, we give them a monthly transfer of birr 200 which they use to cover their transportation costs for their counseling visit to our office and also subsidizes their other expenses. We now have over 183 households that we have been supporting for over four years. Moreover, we promise to include them in our income generating activities project whenever there is an opportunity. The project is aimed at building the economic capacity of households with victimized children. Both of these have provided the incentives for parents to respect counseling appointments.

It should however be noted that not all clinics aim to address economic problems of caregivers of their clients. Consequently, these clinics report that it is rare for caregivers to bring their children to more than one session of counseling.

Evaluation. Counselors differ in the way they evaluate a child's progress in the course of counseling. A clinic reported use of structured instruments for an apparently objective assessment and evaluation of a client's progress as reported below by a counselor in one such clinic

We complete seven types of instruments to measure progress in counseling. The instrument assesses the child's condition at the start of the counseling session and then periodically provides information on change or lack thereof. Each instrument is made up of several scales that solicit information on one dimension of the child's psychosocial condition. The counselor's observations in counseling sessions and interviews with foster mothers/ parents/ guardians are the main sources of information. The total score of a child on each and the combined scales of various instruments is then used to determine if the child is within normal, clinical or borderline ranges at any state during the counseling process. There are manuals for interpreting and scoring a child's behavior using these instruments.

The remaining of reviewed projects, on the other hand, depended on the subjective judgment of a counselor on the client's progress as reported below by a counselor in one of the clinics,

We observe client's response to toys, stories and games for evaluation of the progress in the client's functioning. Suggestions by a client of more supportive responses that victims in the stories may apply imply improvement on the psychosocial condition of the child. With older kids we may ask them more directly about what they feel, what the impact of the abuse had on their sense of self and their relationship with others, their dreams and aspirations. We use questions like "what do you feel?"

In both subjective and apparently structured evaluation of the child's progress, counselors claimed to have gathered information on the child's emotional, psychological and behavioral conditions from teachers or/and and caregivers (parents in outpatient clients and foster mothers in inpatient clients) in addition to their own observation in the course of their interaction with the child during counseling. Again, such information gathering may be structured in which a counselor uses structured instruments and scales

to rate responses or unstructured in which the counselor simply asks respondents if they have seen any progress or changes in the child's behavior and follows it up with further questions if further clarification and information is needed.

Termination. Some counselors reported that preparation for termination of the client child begins right from the first session. This is to minimize the additional stress for the child in cases of abrupt termination. To this end, they explain to a child the estimated number of days the child would come to the clinics. For example, a clinic has reported that if the child is scheduled to come for 6 days, they put six candies in an envelope and every time he/ she comes to the clinic for counseling, the child would eat a candy while the remaining number of candies suggests to them the number of days left before termination.

Children admitted to temporary shelters are required to leave the shelter when he/ she sufficiently recovers from the trauma or/and an alternative permanent residential arrangement is found. However, counselors reported that because the children come from a very low socioeconomic status, they tend to become dependent on the relative quality of care temporary shelters provide so much that most find it difficult and refuse to leave the facility once they are rehabilitated enough and other alternative placements are found with their relatives or foster family. Therefore, once admitted, efforts are made to reunify or reintegrate the child within three months before the child adapts too much to the relative comfort that the facilities may provide.

CHAPTER NINE

**PSYCHOSOCIAL REHABILITATION OF CHILDREN IN CONTACT WITH
THE LAW**

This chapter describes psychosocial support services to those children in Addis Ababa who are in contact with the judicial system. This category of psychosocial support services to children is one of the least institutionalized in Ethiopia. In fact, informants have identified only one public provider of the services in the entire country. This chapter describes service outputs, structures and processes put in place by this service provider.

Profile of Clients

Clients consist of two technically distinct categories of children: convicted and detained children. Convicted children are those that are proven guilty before the law of the crime(s) they are charged with. Detained children, on the other hand, are those children that are under trial for the crime they have allegedly committed but are not yet proven guilty before the law. Based on records, informants estimated that over 75% of children admitted to the center at any given time were detained children who may stay in the center for an unspecified period ranging from a few days to a few months while convicted children reportedly stay from one year up to five years. The relatively high turnover of detained children which consists of an estimated 25% of clients means that the center could provide its service to an estimated 500 children annually.

95% of all children admitted to the center are convicted or charged with theft.

Informants reported that most thefts were petty involving stealing money from the household or snatching mobile phones or other belongings in the streets or pick pocketing. In the absence of a systematic information management system by the center, informants disagreed on the second most reoccurring offense which clients have been charged or convicted with. Some informants stated that rape of a female child by a male child was the second most occurring offense others stated conflict ranging from verbal violence to physical violence that caused severe physical damage as the second. Other cases of admitted children include drug abuse, refusing to attend school, and even homicide.

Informants have also reported that 50-75% of children in the institution are street dwellers, an overwhelming majority of whom are male. This over representation of street children in the institution may be because the law would entrust the responsibility of rehabilitating children living with their family, to the family rather than referring them to the institution. Children with families are allowed to go home on bail unless the court has a reason to view it as a risk. Moreover, although the majority of children are from Addis Ababa, a small percentage is also referred from other regions because of the absence of the service elsewhere. However, only children from Oromia, Southern Nations and Nationalities Peoples Region (SNNPR) and Dire Dawa regions were admitted to the center during the time of this ethnographic study. Informants reported that other regions do not have rehabilitation centers for children, which means that they are probably putting the children in criminal institutions.

Finally, informants reported that many children in the center have one or more addictions, which are not allowed once they are admitted to the center. Hence, children suffer significantly from withdrawal from addictions during their stay in the center.. The most frequently occurring addictions are reportedly cigarettes, **chat** and alcohol.

Service Outputs

Informants have recognized that the psychosocial needs of the two broad categories of children (i.e. convicted and detained children) targeted by the center described above are different and ideally require separate shelter and distinct interventions. They explained that the former need institutional foster care with a strong rehabilitative component before they are reunified with their family and society. Informants, on the other hand, deemed normal institutional foster care the norm for the detained children because they are “innocent until proven guilty” which means they should not subject them to rehabilitative interventions technically fit for offending children. However, informants lamented that while under the center’s custody, both categories of children are placed within the same shelter and are provided similar services consisting of basic institutional foster care. Moreover, both categories of children are equally subjected to any rehabilitative interventions that may be implemented by the center. Similarity, informants reported that the center neither segregates nor tailors interventions to the needs of children convicted or alleged of various severity and type of crimes. They consequently observed contamination of behavior problems, where children who behaved relatively better during admission have assimilated behavioral patterns of those with relatively severe behavioral problems.

This discrepancy between the ideal and the actual is due to a number of long standing structural challenges suffered by the center. Informants lamented that such an arrangement has exposed detained children to what they called 'crime contamination' a situation where children not yet proven guilty could be vulnerable to being socialized into criminal behaviors such as drug abuse, rape, theft, alcoholic, aggressive behaviors, etc., of their convicted peers. They argued that a child that is not proven guilty is innocent in the eyes of the law and, hence, he/she should not be subjected to a rehabilitation intervention although he may receive education, life skill training etc.

Informants identified at least two reasons why the court may entrust children charged with crimes to the center's temporary custody. The most frequent reason identified is because these children have made the street their home and do not have responsible guardians who can readily bail them out. Tracing such guardians and with the court's permission reunifying them with their children under the center's custody, is a key service output of the center. Those children charged with a serious crime may also be detained if the law precludes the rights to bail. Another reason for detaining the children, albeit occurring less often, is for the protection of such children against potential violence that may be perpetrated by the alleged victim and their parties. In all cases, presenting detained children to their court appointment is another service output provided by the center as long as such children remain under its custody and can be bailed out by their guardians for one reason or another. When children do not recognize that their behavior constitutes a crime, they are reportedly sent to the center temporarily by the court to educate them about the legal implications of their actions.

Structures

Initial Capacity for Detention at the Police Station

Most, if not all, children charged with legal offenses are brought to the Court by the Police. The Child Protection Unit (CPU) of each Addis Ababa's ten sub city police departments is charged with all criminal cases involving children. Ideally, the Law requires the police to bring such children before the relevant court within 72 hours after detention. This requires the CPUs to have minimum facilities and also trained personnel for the protection of these children's physical and psychosocial wellbeing while in police custody. Upon its establishment, each of the ten CPUs was provided with two separate rooms, one for investigation and one for temporary shelter. Three officers who were also assigned to each CPU were given several trainings on how to handle and relate to various categories of children.

However, informants have reported that the initial physical and human capacity of the CPU has been increasingly compromised. As police departments faced a shortage of space, they began to give rooms for temporary shelter over to other purposes. Consequently, currently only four out of the ten CPUs reportedly have rooms where they can keep children until they are brought to the relevant court of law. These rooms serve all categories of children who need its services including detained children, victim children for whom it is risky to return to their guardians, or unaccompanied children who apparently have no guardian in Addis to go to. Moreover, informants observed that training of replacements of trained officers of the CPU who got transferred or promoted has been poorly sustained. Consequently, informants lamented that most children

captured by or brought under police custody have been poorly accommodated and handled until they are turned over to the Court.

Organizational Structure

The Center has adopted a horizontal organizational structure in which the administrator directly supervises and needs to address inquiries from all units. Consequently, personnel responsible for accommodations, food, counseling, school administration, etc., all submit reports and give inquiries to the administrator. Moreover, the administrator is responsible for coordinating development of projects, mobilization of resources, lobbying and advocacy, networking, planning and reporting to the WCAO. Each of these activities is regarded by the administrator as too urgent and necessary to not prioritize. Hence, the administrator is too stretched among several competing responsibilities to accomplish any area well. He reportedly has been torn between attending to several competing daily routines, on the one hand, and change oriented activities. He said, “You can’t put aside daily routines because they are necessary for daily functioning of the center. Nor can you put aside change oriented activities unless you “want to maintain the status quo.”

Psychosocial Workforce

Designated caregivers and counselors represent the core psychosocial workforce of the center. Caregivers with the maximum educational attainment have completed high school. Caregivers differ in the extent to which they have received in-service training relevant to their roles. Generally, those caregivers that have served in the center longer benefited from in-service training is at best, offered in frequently. Otherwise, the high

turnovers of caregivers have meant that the majority of caregivers have only received recent training in collaboration with other partners of the Centers.

Each caregiver is responsible for ensuring that the basic needs of assigned children such as food, accommodations etc., are met. Informants observed that each caregiver holds responsibility for up to 30 children the composed of both detained and convicted children. Caregivers reportedly complained this caregiver to child ratio is too large for them to effectively shoulder their responsibility. Inmate's behavioral and interpersonal problem coupled with the caregiver's lack of skills to handle these problems has posed further frustrations to the caregivers. One caregiver was reported to have resigned saying, "I would rather earn my living guarding waste containers rather than caring for these children."

The center has four designated counselors, all of whom have graduated with a BA, two in psychology and the remaining two in sociology. The Center introduced these positions only two years ago and were filled by current employees who were new graduates at the time. Hence, designated counselors reported that they had no professional experience in counseling or therapy before they assumed these positions. However, these officers were reportedly given in-service training which equipped them with some skill in communication to use for assessment and "awareness raising" in child abuse and protection. Otherwise, officers reported no in-service training that they can apply in clinical interventions with children.

Moreover, counselors do not have the support of a professional supervisor, which creates enormous uncertainty regarding the professional appropriateness of some of their interventions with the children. They also experienced little professional growth. This

self-doubt and lack of a sense of growth are reported to be sources of dissatisfaction in their careers despite reported passion for the profession of counseling. Mutual consultation and, at sometimes, solicitation of guidance from their personal professional networks have been reported as strategies by which counselors attempted to fill this professional void. Moreover, counselors lamented the absence of specific job duty requirements to quantify and qualify their work performance.

Operational Procedures

Since the introduction of counselors in the center two years ago, a profile has been prepared for each newly admitted child using a questionnaire, which is then filed for future reference questionnaire by the staff. Designated counselors prepared the format and began the practice after their appointment. Apart from this, however, informants had never observed use of any structure in the psychosocial interventions within the center. Similarly, there is no procedure that counselors follow for referral - to external service providers - of cases beyond their professional competence. When a designated counselor needs to refer a child for external support, he/ she is expected to make use of their own personal network with voluntary private practitioners or individuals working in institutions providing the services. Moreover, because referrals are not institutionalized in the center, the center has allocated no budget for the referral services it obtains.

On the other hand, informants have reported that parallel to the design of new physical facilities, national and international partners are also developing practice models to be adopted for rehabilitation of convicted children. The model is expected to tailor and integrate international best practices to the needs of the center in addition to providing structure to its rehabilitative activities. Informants have observed that until recently,

weekends have particularly provided an environment for behavioral contamination mentioned earlier. Although the staff would keep children busy with schooling and other activities during weekdays, the children were left on their own during weekends when the staff was not on duty. However, in recent times, staff is paid for overtime to engage all children with various activities.

Budget

The center is reported to have a very limited operational budget allocated to it by the government to fulfill the most basic rights of admitted children. For example, informants regretted limited availability of exercise books. Hence, key informants reported that only the convicted children were provided with available exercise books although both detained and convicted children are required to attend school. Detained children were reportedly given pieces of paper they can use to take notes at school during their unpredictable stay at the center. This is because the priority is given to convicted children because they are sure to stay for a relatively longer time while detained children may leave immediately and shortly after the exercise books are issued. Other than educational materials, the center has no library for the children or play materials or spaces.

Informants have observed that a few national and international partners have offered material, financial and technical assistances to the center as a result of which there has been a relative improvement in the facilities and services that the center is able to give in recent years. However, informants expressed doubt over how sustained the current limited activities can be because of the dependence on the discretion of donors. In this connection, informants lamented that most donors (including the private sector

and NGOs) are not providing assistance to the center because they may not either be aware of (or appreciate) the services that the center provides, or because they prioritize interventions to other categories of children. Informants have reported that some donors have openly expressed their disinclination to investing their money on feeding ‘a bunch of thieves’. This attitude calls for implementation of effective and regular awareness raising and resource mobilization strategies by the center and its advocates, which requires qualified human resources that the center is reportedly lacking.

Physical Facilities

The remand home has a reported capacity of 150 at a given time although it has historically served an estimated average of 110-120 children at any given time. It is already noted that both detained children and convicted children are accommodated in the same facility. In other words, the center has no separate facility for nor segregates the two categories of clients. Both groups play, eat, and dwell together.

Similarly, although the center has designated counselors, there is no appropriate space designated for use in counseling or therapy sessions. All counselors share one room as their office and whenever they need to speak to a child in private, he/ she requests all other colleagues to temporarily vacate the room.

Be that as it may, informants reported that, in recent years, national and international institutional stakeholders have recognized these severe limitations and are working towards developing a future rehabilitation and detention center that has separate facilities for detained and convicted children. They reported that the design of the new center has now been completed and resources are being mobilized for its construction.

Processes

Court Order

It is already noted that all children between 9 and 15 are admitted to the center by the order of the Court as either detainees for custody or convicts that require psychosocial rehabilitation. Until last year, the First Instance Court of Addis Ababa had been the only bench for Juvenile justice in Addis Ababa. It was established in 1996 and located at Lideta Sub City. Last year a second court was introduced at Arada sub city. Currently, cases from sub cities of Arada, Gulele and Yeka are reportedly served by the newly established bench, while the remaining seven sub cities are served by the first bench at Lideta. Informants reported the government's plan to increase the benches to five in the coming months in order to enhance access to their legal services.

Key informants explained that, theoretically, children charged with crimes could be presented to the court by a variety of agents including the police, public prosecutor, parents and caregivers. In practice, however, the police are the single most important agents that play this role. Informants observed that other agents oftentimes put children under the custody of the police rather than taking them directly to the court, either because they lack awareness of their right to take the child directly to the court, or because it is easier to call for the police.

For the child's own protection, the law prohibits the police from investigating any alleged offense committed by children under 15. Instead, the relevant bench of the court, asks the police what offenses have been allegedly committed by the child, and determines whether the alleged action is an offense against the law. If the bench of the court then determines the alleged action is an offense against the Law, it asks the child whether he/

she admits to committing the action. If the child admits to having committed the action, the court takes ‘measures’ appropriate for correcting the internal and external conditions that predisposed the child to commit the action. This includes referring the child to the only rehabilitation center for a period of one to five years. In the court determines that the alleged crime is less severe, the bench may entrust the child to the rehabilitation, follow up and guidance of his/ her guardians.

As noted earlier, apart from referring convicted children for corrective measures, the judge may put detained children under the custody of the center for one or more of many possible reasons. For example, if a child denies committing an alleged action and the judge determines there is no sufficient evidence to conclusively confirm the allegation, the judge will not send the child to the center until such evidence is produced to establish the child’s guilt or innocence. In the meantime, the court may entrust the child to a competent adult who is ready to assume responsibility for custody of the child. As noted earlier, if such an adult is unavailable to bail the child out, the judge may refer the child to the center’s temporary custody. Sometimes, a child may be brought before the court without his/ her guardians and may be entrusted to the center only until the guardians present themselves. At other times, the judge may be unable to determine the age of an unaccompanied child charged with an offense, in which case the judge may refer the child to the center’s temporary custody until a medical report establishing the child’s age is obtained from the referring health institution¹. At other times, the judge may determine the alleged offense to be too severe to respect the child’s bail right, or that

¹ Sometimes, the judge may determine that the alleged criminal can observably be older than 16 in which case he refers them to the police for detention until the medical report objectively proves it.

staying under the custody of the rehabilitation center may be necessary for the child's own protection.

Assessment

Assessment begins upon admission of the child. Informants reported that designated counselors first undertake physical observation of the child such as his manners, clothing and hygiene. This is not, however, recorded, and serves only to take immediate action if needed in case the condition of that child possess a health risk to the child and his peers. Such action may include replacing the child's clothing if they are too dirty or shabby, getting a haircut and a bath. This is often followed by the development of a profile of the child using the structured questionnaire the counselors prepared for this purpose. The questionnaire solicits information about the child's history, current condition, his/ her social network including his current and previous relationship with NGOs, religious background, and neighborhood. The child is also asked about his/ her vision and wishes about his/ her future. The form is completed based on the interview a counselor conducts with the child. Designated counselors reported that they do not pose the questions exactly as they appear in the questionnaire but try to adapt them to the psychosocial development and social background of each interviewed child. For example, children from the street have developed their own lingo, and, consequently, they may not understand some of the more formal words and sentences provided in the questionnaire. In addition, counselors will also ask other prompting questions and will recorded the answers in the margins of the questionnaire. In any case, the completed questionnaire is then filed in a folder containing such questionnaires of all admitted children for reference by the counselors about each child's background. Informants

reported there was no computerized database in which information solicited about each child is entered.

Informants have also mentioned the practice of approaching identified guardians for additional background information about and crosschecking information provided by the child. In such cases, counselors either summon the guardian(s) to come to the center or in very rare cases conduct home visits. Information gathering from guardians is, however, often seriously compromised because of severe limitations in the provisions for transportation and communications. Moreover, the court may issue a release warrant to the guardians of detained children shortly after the child is entrusted to the center's custody, and before additional information can be solicited from secondary sources.

Intervention

Mention has already been made of the fact that generally the center does not tailor interventions to the specific needs and challenges of a resident child. Other provisions are supplies of food, shelter, medical services, formal education, handcraft skills particularly of woodworking and steelwork, sporting and psychosocial support. Informants observed that although both convicted and detained children are beneficiaries of these services, the focus is more on convicted children. Limited resources require prioritization in favor of convicted children, because the unpredictable length of stay of detained children ranges from one day up to six month, making it difficult to plan their services.

The center has not put in place any formal procedures for the planning and evaluation of their psychosocial interventions. Decisions on such interventions with a child may be made after analysis of the information gathered through interviews with the

child and/ or guardians are made. The analysis of information and a decision on interventions may be made unilaterally by a counselor or jointly by two or more counselors available at the time. In both cases, the analysis and the consequent decisions on interventions are not documented.

Four major types of psychosocial interventions are reported by informants: counseling; “keeping the children busy with activities”, reconciliation and reunification and referral to institutional care providers, each of which is described below. Generally, the former is implemented with detained children while the later with both detained and convicted children. Informants have observed interventions with detained children become more effective when children stay in the center for neither too long nor too short. This is because when the court releases a child after too brief a stay, counselors had insufficient time to trace and work with the child’s family to facilitate the reconciliation and permanent unification of the child with his/ her family. On the other hand, staying for too long in the center is reported to have exposed detained children to the risk of crime contamination by convicted children.

Counseling. Informants have stressed that despite expectations, counselors are not technically equipped to implement clinical interventions. However, the quality of relationships that designated counselors endeavor to establish with admitted children have at times demonstrated therapeutic effects on the children. For example, the process of assessment has been reported to have provided the children with a secure relationship that allowed them to air their anxieties and stresses. Similarly, many children that had difficulty expressing themselves reportedly started talking as a result of the trusting relationship they developed with the designated counselors. However, these trusting

relationships appear to be outcomes of isolated humanistic responses by the counselors to the conditions of the children rather than integral parts of coherent clinical interventions that are purposefully designed to induce behavioral and psychological change in their clients. Similarly, counselors have reported attempts at bringing together a group of children with similar psychosocial problems or needs to discuss an issue relevant to their situation in what counselors perceived as group counseling. For example, counselors may bring together children who refuse to attend class, and discuss with them the benefits of attending, the risk of not doing so, and explore why they did not want to go to class. However, counselors reported that effectively conducting such group meetings has not been easy because they find it difficult to respond to the variety of unanticipated reactions the children may have to these questions.

“Keeping the children busy”. Informants reported that in the absence of professionals and systems for the provision of clinical services, the center has recently adopted the strategy of preoccupying the children with activities as its core intervention in order to address the children’s apparent dysfunctional habits and behavior. Most children admitted to the center, be it convicted or detained, are homeless and, consequently, have reportedly developed patterns of behavior that may be adaptive to their subculture and street life but are often dysfunctional in terms of their integration with broader society. These include relational patterns with their peers fraught with verbal and physical conflicts, particular lingos as well as habits such as smoking, chewing chat, drinking alcohol, and an unstructured and undirected life style. Consequently, the children find it difficult to adjust to the apparently confined and structured mode of living expected of them at the center. They also are often addicted to

a substance that was prohibited at the center. These conditions make the children highly depressed at times and at other times very violent. At one point, their violence reached a stage where guardians and caregivers felt insecure to even approach the children.

As a clinical strategy to transform the above described state of affairs, keeping the children busy with activities means to engage the children with a variety of educational and entertainment activities throughout the day so that their dysfunctional habits and behaviors may be replaced by those that are more supportive of their subsequent integration with family and society. Formal education, training in crafts, sporting activities and music are core activities children are made busy with. Their days are structured with the performance of these activities under the supervision of staff member(s) which prevents the child from having the time and space to exercise his/ her dysfunctional influence on others. With their days structured, the children are also required to complete assignments before they go to bed. By the time they complete their assignments, they are too exhausted to exercise the dysfunctional habits and behaviors on each other while they are in their bedrooms. Introduction of a weekend program is another key element of this strategy. Whereas formerly, children were left to their own devices during the weekends when there was no school and counselors were off duty, now counselors take turns reporting to duty during weekends to engage the children in various structured activities. Similarly, the quality of relationship between the staff and the children has been significantly changed as reported by one of the counselors,

Now we feel so at home. We feel safe to go to their rooms, watch TV and play with them. We are like brothers and sisters. We come during weekends on part time work or even when we did not have any assignment. We also come to celebrate holidays with them. We miss them. In terms of behavior, what we now consider a severe behavior was decent in those days.

Key informants have reported significant behavioral improvement in children since the introduction of the weekend activities as a rehabilitative intervention. They substantiated this claim by a reported reduction in the percentage of readmission (relapse) of children that had graduated from the center. It is reported that formerly 40% of rehabilitated and graduated children would engage in criminal activities and be readmitted to the center. However, since the introduction of the intervention, the number has reduced to 10-15%.

On the other hand, informants expressed misgivings over the sustainability of these activities. This is due primarily to the fact that the activities are from a project funded by a donor with a specific time frame. In other words, because the activities are not regular activities of the center financed by the regular budget, they may be terminated once the project phases out and the associated financial assistance is terminated.

Reunification. Noted in an earlier section was the presence of cases where the juvenile court may deem it necessary for convicted and detained child to remain strictly under the custody of the Center. However, informants reported that in the majority of cases that involve petty offenses, the court tends to allow a responsible adult or guardian to bail out a detained child, or they grant the request of a guardian to assume responsibility for the correction of a convicted child's behavior. Nevertheless, many of the children who are charged with and subsequently convicted of a crime often come from the street with no or very little connection with their parents or guardians at the time of their detention. Hence, tracing the parents and guardians of children with petty

offenses and reunifying them with their detained or convicted children is a long standing strategy of the center.

Family tracing is the first step in such an intervention. The admission interview that is held with the detained child provides the initial information about his/ her guardian's whereabouts. If the child provides correct information, the guardians may easily be traced. Counselors reported that this, however, is not always the case. For example, a child may have been separated from his/ her family for a long while during which his/ her guardian may have changed residence which the child may not be aware of. Some of the children may not be willing to give the address of their guardians because they may be so estranged from their guardians that they may not want them to be informed let alone involved in their case. In other cases, children may be migrants from the regions and they may not be easily accessible even if the children may, in a few cases, give the correct address. Consequently, in such cases, counselors may link with other social networks reported by the child during the interview such as a religious community, NGOs the child has been benefiting from, or peers to collect information about the address of child's guardians. This gathering of additional and reliable information may take weeks and months if it bears fruit at all during which the child may need to linger in the center indefinitely or be placed in an alternative care arrangement that may be found for him. In the meantime, the center submits regular reports to the juvenile court about the child's condition and the services being provided to him/ her as well as the challenges being faced.

Re-establishing child-guardian relations becomes the next step if guardians are successfully traced. To this end, informants have observed several activities implemented

by a counselor. To begin with, they hold separate and joint meetings with the guardian and the child to bring them together. They summon the guardian to the center by phone if his/ her phone number is available or, in some cases, undertake home visits. In meetings with guardians, counselors impart guidance and information on positive parenting and the negative impact of a bad parenting style and strategies for child protection, all of which they have reportedly obtained from the various training they took and personal reading they did after they assumed their positions. Counselors also reportedly attempt to link children of poor guardians with social assistance provided by various NGOs. Again, when a child needs the rescue of or misses a guardian or/and a guardian misses a child, these interventions have achieved the goal of re-establishing child-guardian relations relatively easily. If success is achieved in re-establishing child-guardian relations, the guardian requests that the juvenile court give them responsibility for his/ her detained or convicted child. This is because legal authority rests with the court to respect the rights of bail of a detained child or to mandate a guardian to take appropriate measures to correct his/ her convicted child's behavior. Oftentimes, the court approves proposals by the center after verifying the agreement of the two parties. In doing so, the court underscores the legal responsibility guardians hold for the misbehavior of the child. Reunification may finally be effected once the guardian produces a warrant from the court for the release of the child.

Referrals. Counselors often find it difficult or impossible to reunify children. To begin with, counselors face logistical constraints, e.g. as transportation, to hold frequent consultations with the guardians. Secondly, they lack clinical skill to help both parties work through their differences especially when the degree of estrangement suffered by

either or both parties is very high. Thirdly, there may be factors such as extreme poverty that have created huge rifts between the two parties, which in many cases may prove beyond the capacity of counselor to address. Consequently, children may refuse to stay under the care and custody of their guardians. In such cases, children may be referred to organizations that provide institutional care.

Informants have identified two broad categories of organizations which the center makes referral services to. One referral source consists of organizations that provide mental health services. From time to time, counselors come across children for whom the adopted strategy of keeping children busy may not serve their clinical problems such as severe anxiety, depression, chronic addiction and behavioral problems. Nor may the constrained counseling or therapy skill be of any use to address such mental health problems. Hence, counselors have been forced to refer such cases to private and public mental health institutions, which are extremely few reflecting the overwhelming dearth of mental health service providers.

The other category of referral organizations consists of providers of institutional care for orphans or abandoned children. As noted earlier, ideally, children convicted with severe offenses are reunified with their guardians after they serve their corrective sentence at the center. Children convicted with petty offenses may be entrusted to guardians for follow up and corrective measures. Similarly, detained children are often reunified with their guardians when the court and the center are not able to trace guardians or a responsible adult of detained and convicted children. They refer such children to organizations with available space for the provision of institutional care to such children.

Informants observed that the center had significant limitations in referral services for institutional care services. This is partly because most institutional care providers are disinclined to admit children older than 12, which constitutes the majority of the center's clients. This is mainly because institutional care services in Ethiopia are motivated by international adoption for which older children are in much less demand. Hence, informants have reported that despite the presence of a large number of orphanages, it has referral linkages with only a handful of institutional care providers. Consequently, the center and the court have reportedly been forced to take desperate measures of extending accommodation of such children by the center, or discharging such children altogether even in the absence of an adult who is available to take responsibility for the child. This latter measure has relegated the children to the same environment that predisposed them to commit or to be charged with the crime that had brought them to the court and, consequently, increases the risk of relapse in legally dysfunctional patterns of behavior.

In any case, informants noted that currently both categories of referral linkages are very weak because referral relationships of the center are not based on formal agreements made with the referral organizations. The informal and personal nature of the referral linkages has not ensured its sustainability and predictability. Hence, referrals have depended on the social network and social skills of counselors. Secondly, the center has not been able to establish even weak referral linkages with few of the small number of service providers.

CHAPTER TEN

IMPLICATIONS FOR SOCIAL WORK

This chapter identifies key implications for social work policy and direct practice of the ethnographic evidence presented in the previous chapters. In doing so, it begins to address the overarching question: How is Ethiopia delivering on its international legal obligation to providing psychosocial support to those of its children that are put at-risk and/or made vulnerable due to poverty, HIV/AIDS, family disintegration, violence etc.? The chapter is structured into three sections. Section one summarizes the legal, policy and strategic frameworks that are put in place at the national level. Section two summarizes key institutional bottle necks for integration and effectiveness of the domain of the services. Section three concludes with summary and recommendations.

Macro Level – Legislations, Policies and Strategies Context

An observation central to this section is that the Ethiopia appears to be torn between global institutional pressures to respect rights of children granted in international legal agreements, on the one hand, and local cultural and economic realities that are at odds with and present insurmountable challenges to fulfilling these rights, on the other. Culturally, traditional beliefs and values detailed in previous sections are detrimental to the psychosocial development and wellbeing of children. These beliefs and values can be so ingrained in the psyche of Ethiopians that even decision makers in government and civil society have often tolerated it. Economically, the limited resources that government has at its disposal has meant that they give priority to addressing the most immediate and

observable challenges the nation faces at various levels. The fact that the adverse impacts of psychosocial deficits are often personal, hidden, varies from individual to individual, and often has delayed symptoms which makes it difficult to trace, has made these deficits a negligible priority in one of the poorest country in the world. The psychosocial challenges that vulnerable children face are even less recognized because children are less able to verbalize their emotional and psychological difficulties and most adults are untrained, culturally or professionally, to detect and empathize with these difficulties.

Apparently, the Ethiopian government has been attempting to resolve the mismatch between global expectations and unfavorable local realities through a process referred to by institutional analysts as ‘decoupling’ first proposed by Myren and Redwan (1977). Accordingly, the government has often ratified international legal agreements and takes some measures to domesticate them into domestic legal and policy frameworks while demonstrating less political commitment to allocations of resources and the provision of leadership to their actual implementation. Consequently, a reasonably elaborate legal and policy framework has been progressively put in place in recent years for psychosocial and other services of children. However, on the other hand, and several National Plans of Actions defined in response to international calls have remained unimplemented due to budgetary allocations and weak institutional arrangements, as detailed below.

Legal Framework

Article 36 of the Ethiopian Constitution (EDRF, 1991) makes all international agreements ratified by Ethiopia¹ “an integral part of the law of the land” although these international instruments have yet to be promulgated in the official law gazette to significantly facilitate their full application in domestic adjudication. The Convention on the Right of the Child (CRC) provides perhaps the most pertinent and detailed provisions for psychosocial support to vulnerable children (UN, 1989). One of the four principles of CRC affirms the right to life and the maximum survival and development of the child (Article 6). Article 18 devolves the primary responsibility for the upbringing and development of the child to his or her parents or legal guardians. It, however, obligates state parties to “render appropriate assistance to parents and legal guardians in the performance of their childrearing responsibilities”. Article 19 mandates state parties to “take all appropriate legislative, administrative, social and educational measures” for the protection of the child from all forms of physical or mental violence, injury or abuse, neglect or neglect treatment, maltreatment or exploitation including sexual abuses” and put in place “effective procedures for the establishment of social programs” for the treatment of psychosocial deficits that the child may suffer in the event of victimization by such acts. Article 20 entitles special protection by the state parties to ‘a child temporarily or permanently deprived of his or her family environment, or in whose best

¹ These are, the Universal Declaration of Human Rights (UDHR), International Convention on the Elimination of All Forms of Discrimination (ICERD), International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social and Cultural Rights (ICESCR), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention against Torture and Other Cruel, and Inhuman or Degrading Treatment or Punishment (CAT), Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and ILO Convention 182 on the Worst Forms of Child Labor.

interests cannot be allowed to remain in that environment'. Furthermore, Article 37 mandates state parties to ensure that no child including those whose liberty may be lawfully deprived "be subjected to torture or other cruel, inhuman or degrading treatment or punishment".

In addition, Article 9 of the Ethiopian Constitution provides specific provisions which have implications for the psychosocial wellbeing of children. Accordingly, it recognize the right of the child 'to know and be cared for by his or her parents or legal guardians'; 'not to be subject to exploitative practices, neither to be required nor permitted to perform work which may be hazardous or harmful to his or her education, health or well-being', 'to be free of corporal punishment or cruel and inhumane treatment in schools and other institutions responsible for the care of children' among others.

Over the past decade, the federal government has undertaken significant legal reforms to align subsidiary laws of the country with the international laws it has ratified, and also to provisions for these reforms within the Ethiopian Constitution. These legal reforms criminalize a number of culturally rationalized treatments of and practices against children detrimental to their psychosocial wellbeing. Accordingly, the Revised Family Law (2005) addresses gaps and inconsistencies inherent in the 1960 Civil Code although not all regional governments have started implementing it. The Criminal Code was revised in 2000 to proscribe several harmful traditional practices inimical and prejudicial to the rights and welfare of children. Passed in 2004, the Labor Proclamation (Proclamation 377/2003) prohibits employment of children between ages of 14 and 18 to engage in hazardous the employment including night work, overtime work, and work on weekly rest days or public holidays among several others. However, progress towards

enforcement of both the Revised Criminal Code and the Labor Proclamation has been reported to be slow. In addition, the Committee on the Rights of the Child has recommended Ethiopia formulate a comprehensive Children's Code.²

Policy Framework

A number of policies and guidelines provide for interventions for psychosocial support to vulnerable children. The Developmental Social Welfare Policy (1996) commits to a number of measures that facilitates psychosocial wellbeing of children in addition to making all efforts to realize the rights of Ethiopian children accorded by international and regional agreements that Ethiopia has ratified. Among these are measures to eliminate traditional child-rearing practices that are not conducive to the child's normal development, address problems of children with mental physical and impairments and provide children with protection from abuse and neglect. The Culture Policy (FDRE, 1997) denounces 'backward traditions' as violating of human rights and causing of psychological and moral damage. It aims to identify and put in place strategies including legislative measures to do away with these traditions. The Policy on HIV/AIDS (1998) encourages familial and social networks to provide psychosocial support to people infected and affected by HIV/AIDS although it does not make specific mention of orphans and vulnerable children. Of all national policies, the National Policy Framework for Early Childhood Care and Education (ECCE) in Ethiopia (2010) provides for perhaps the most systematic and comprehensive interventions for normal psychosocial development of children although its target are limited to those children

² CRC/C/ETH/CO/3, para. 8 . Development of the proposed Code may be preceded by and can facilitate implementation of the National Child Policy currently being drafted by MoWA

below seven years of age. At a household level it aims to empower and support parents/guardians to effectively shoulder their parenting roles. At a community level it integrates early developmental stimulation, parental education and demonstration components to the already existing Health Extension Program and designates Community Health Promoters (CHPs) for its implementation with the supervision of the already existing Health Extension Workers. It also provides for the establishment of community-based preschools a key objective of which is the development in children of psychosocial competences such as self-regulation, intrinsic learning motivation and a disposition to cooperation.

Rooted in provisions of the CRC, ACRWC and the Ethiopian Constitution, the Alternative Child Care Guidelines (2009) and the Standard Service Delivery Guidelines for Orphans and Vulnerable Children Care and Support program (2010) have made psychosocial support to vulnerable children a key element of programming. The former provides perhaps the first official definition of psychosocial support and describes five types of alternative childcare programming and suggests specific psychosocial and other interventions appropriate in each. The latter, on the other hand, aims to standardize and harmonize psychosocial and other key services to vulnerable children with the view to maximizing service quality and effective utilization of resources. Both sets of guidelines have been developed on the basis of experiences of the growing number of fragmented services that have been provided to various categories of vulnerable children by isolated projects. Regional states are expected to tailor these guidelines according to the social, economic, political and cultural realities of their respective regions. During the ethnographic present, the Ministry of Women Affairs was focused on introducing the

guidelines to various institutional stakeholders i.e. in government, civil society and international partners, as well as the general public.

Strategic Framework

Ethiopian Ministry responsible for children affairs issued five National Action Plans that provided for the psychosocial and other supports to vulnerable children. These are the National Program of Action for Children 1996-2000, which was prepared right after the Declaration on the Survival, Protection and Development of Children made by the World Summit held in 1990 after the adoption of the CRC; the National Plan of Action for children (2003-2010 and beyond) which was a response to the “the World Fit for Children” resolution of the Special Session of the 27th General Assembly of the UN held in 2002 (MoWA, 2007); the National Action Plan on Sexual Abuse and Exploitation of Children (2006-2010) which was an outcome of the Stockholm Agenda of Action first drawn by World Congress Against Sexual Exploitation of Children held in Stockholm in 1996 and reaffirmed in the second World Congress held in Yokohama, Japan in 2001 (MoLSA, 2005); the National Plan of Action for Orphans and Vulnerable Children for 2004-2006, which was an outcome of the ad hoc OVC taskforce consisting mainly of the key international organization working on children (MoLSA, undated); and the National action Plan on the Elimination of the Worst Forms of Child Labor in Ethiopia (2010 – 2014) was prepared subsequent to the ratification the ILO Minimum Age conventions 138 and 182 and within the framework of the Decent Work Country Program of ILO. Although successive Poverty Reduction Strategic Papers (PRSPs) have progressively recognized the need to provide social protection to vulnerable populations including OVC, they delegate the duty to civil society and make little budgetary allocations to the

national plans described above. Instead, budgetary priority has been given to economic growth and meeting the Millennium Development Goals on which there has been impressive achievement in the past seven years (Hailu, 2010, Hailu & Northcut, in press). Moreover, these National Plans of Action have suffered from: significant overlap in their objectives; parallel and competing multisectoral institutional arrangements with no legal basis; and are successively coordinated by structurally unstable and poorly capacitated federal ministries for Labor and Social Affairs (MoLSA) and Women's Affairs (MoWA) among others. This means that these national plans have prioritized international expectations, rather than outcomes of home grown and owned agenda of the government.

However, since 2001, the Ministry of Health (MoH), has issued a series of strategies and national plans in response to HIV/ AIDs until very recently when the mandate of providing care and support to OVC due to any cause was vested solely on the newly reorganized Ministry of Women Affairs (MoWA). These plans progressively integrated psychosocial support to children infected and affected by the HIV/ AIDS pandemic. Accordingly, the first national plan on HIV/ AIDS- the Strategic Framework for National response to HIV/AIDS in Ethiopia for 2001-2005 –focused on the provision of counseling and psychosocial support to AIDS patients. The subsequent plan – the Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/ AIDs Response, 2004 – 2008 - had made provision of counseling services, legal advice and protection to orphans and other vulnerable children as one its strategies to improve the quality of their life, signaling a break for focus on AIDS patients. Subsequently, the Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support in Ethiopia – 2007 – 2010 had set numerical target to reaching orphans and other vulnerable children

with care and support services in which psychosocial support was a component. Finally, Strategic Plan II for Intensifying Multisectoral HIV and AIDS Response in Ethiopia 2010/11 – 2014/15 currently under implementation maintains the provision of care and support to OVC and PLHA as one its objectives with a target of increasing care and support to needy OVC from 30 percent in 2009 to 50% by 2014/15. This it aims to achieve by strengthening involvement of local communities, enforcement of standardized care and support services, and enhancing school based interventions. However, the plan does not make explicit reference to how it expects to integrate psychosocial support in its interventions. All of these plans have devolved the responsibility of providing psychosocial care and supports mainly to relatives and communities of OVC for which available resources used to provide but no longer do so.

Gaps in the Institutional Environment

This section discusses key institutional gaps distilled from the previous discussions of macro and micro level interventions for psychosocial wellbeing and development of OVC.

Policy Gaps

As noted in an earlier section, a number of social policies have addressed one or another psychosocial risks and vulnerabilities to which OVC are exposed. However, there is no child policy that defines objectives, strategies and organizational arrangements for the provision of a comprehensive psychosocial support to children. Also noted were the two very recent guidelines that have been issued by the government, each for alternative childcare service delivery or minimum service standards in which psychosocial support is a critical part of a broader package for provision of care and

support to OVC. However, these guidelines are minimally enforced among actors to guide their design and implementation of psychosocial interventions. In other words, the great majority of actors in government, civil society and the international community are not yet aware about these guidelines and there is little capacity in the mandated government institutions to enforce adherence to them. Finally, a comprehensive national strategic plan on mental health, which provides for treatment of psychosocial deficits that often plague OVC, is drafted only recently but its approval and implementation is lagging.

Legislative Gaps

Although Ethiopia is one of the earliest to ratify the CRC and ACRWC, it has not published them in its official law gazette, the *Negarit Gazeta*³, which has limited full application of these instruments in domestic adjudication (Yonas, 2010). The Ethiopian government has undertaken three legal reforms which have improved the legal basis for the better protection of children. However, progress towards their enforcement has been reported to be slow (Birmeta, 2010; Hailu, 2010). Key informants in government have attributed this slow progress to the weak capacity of law enforcement bodies. In any case, Ethiopia lacks a comprehensive Children's Code as recommended by the Committee on the Right of the Child⁴, which would mandate for the progressive realization of a variety rights by government and various actors.

³ CRC/C/ETH/CO/3, para. 9

⁴ CRC/C/ETH/CO/3, para. 8 .

Strategic Gaps

Although Ethiopia issued five National Action Plans that provided for the psychosocial and other supports to various categories of vulnerable children, the government has devolved its legal responsibility for their implementation to communities with little allocation from the national budget. Moreover, these plans could not effectively mobilize and utilize available local and, more so, international resources because of the instability and poor capacity of institutions in government that have been mandated to coordinate their implementation at federal, regional and district levels. Moreover, these plans have suffered from significant overlap in their objectives, and compete with multi-sectoral institutional arrangements that have no legal basis to mandate represented actors to fulfill their obligations.

Absence of Complementing Social Service Systems

For psychosocial support services to be effective, they usually need to be complemented by other types of social and economic services and assistances. Hence, a comprehensive psychosocial support is best delivered as an integral part of at least three social service systems; welfare, health and education. In Ethiopia, a social welfare net is completely absent; mental health is the least priority of the national health system; and the education system has made little to no provisions for the systematic psychosocial support of student.

Conceptual Gaps

In the absence of comprehensive policies, workable strategies and complementing social service systems, international actors unilaterally diffused their respective vision of psychosocial support to children. This apparently resulted in the divergence of

conceptions among local actors on what constitutes psychosocial support. Many an organizational officer and frontline worker may, depending on the particular focus of the project that he/ she services, be more familiar with specific components such as ‘life skill training’, ‘parenting skill training’, ‘counseling’ or/and ‘guidance’ than with the rubric ‘psychosocial support’. When some officials and frontline workers interviewed in this study are familiar with the term ‘psychosocial support’, relatively few could articulate some definition and conception of the term.

Isolated Prioritization of Risks and Vulnerabilities

Similarly, in defusing their respective vision of psychosocial support into the Ethiopian society, international actors differed in the psychosocial risks and vulnerabilities they prioritized. The most prioritized risks and vulnerabilities are those that relate to HIV/ AIDS followed by sexual abuse/ violence of female children and, to some extent, severe beating of children. The psychological, emotional and behavioral challenges that require clinical attention has received little attention. Similarly, the psychosocial needs of children with various types of disabilities (or deficiencies) have rarely been the agenda of projects apparently on the assumption that the proportion of children with these challenges is relatively small. Consequently, there is a dearth of interventions which can be observed as service outputs that move from transformative to the more rehabilitative categories. This trend is an outcome of the ‘invisible hand’ of unregulated institutionalization rather than guided by conscious decision and action by institutional actors.

Fragmentation of Interventions

The divergence in risks and priorities has established a path dependence which has not allowed institutional actors to harmonize their priorities and approaches. Consequently, each set of international actors responsible for introducing psychosocial support services priorities and models to the country has maintained its own priorities, objectives and approaches which has resulted in diversity in the structures and approaches they have been put in place to reach out to and serve their respective priority categories of children. This isolated implementation has resulted in the fragmentation of interventions. This fragmentation coupled with severe knowledge and expertise gap in the prevention of psychosocial deficiencies at the community level (to be elaborated below) apparently has allowed little to no progress in the realization of the rights of OVC for psychosocial support. In the meantime, approaches that are promoted by international actors with relatively little significant investment, have dominated the institutional environment, irrespective of their efficiency and effectiveness in serving the best interests of the child.

Dearth of Professionals and Professional Supervision

As detailed in a previous section, most fulltime workers have no professional training essential for the provision of respectable psychosocial support to children. Moreover, the bulk of psychosocial support is provided by poorly equipped volunteers. Although criteria for the selection of volunteers include an inclination and experience in working with children, in practice, however, availability has reportedly been the main criteria that determines recruitment. Hence, in many projects unemployed women and youth with a maximum completion of high school apply for and can be recruited as

volunteers. Although some have demonstrated a particular personal motivation for the service, most have, according to key informants, been mainly motivated by the monthly stipend or by other actual or anticipated benefits. Moreover, both fulltime workers and interviewed volunteers have complained that neither initial nor in-service training has been sufficient, effective and continuous enough to build their capacity towards the provision of a more professional psychosocial service.

Although what may be regarded as managerial supervision of volunteers by fulltime workers is widely practiced by projects that have homes and community gathering spaces as their practice settings, both fulltime workers and volunteers in almost all projects have no access to professional supervision and mentorship. This is partly a result of the lack of professionals who have sufficient training and experience in professional supervision.

Little Evidence-based Practice

A more or less institutionalized practice is undertaking baseline assessment/ situational analysis at the beginning of the interventions with communities. Findings have apparently been used mainly to inform or/and legitimize the project design. Almost all projects are required by regulatory bodies and, in most cases, donors to undertake terminal and, often, midterm evaluations to apparently assess project impact or effectiveness. The stated aim of these evaluations is to provide input for subsequent programming and/ or decision making on projects continuation. Key informants have argued that baseline assessment and project evaluations have, however, fallen far short of producing reliable evidence that can adequately serve stated purposes. They argue, for example, that almost no project with psychosocial service has put in place an information

management system to collect and analyze longitudinal data that would allow for systematic evaluation of projects' impact in the course of the project period.

Similarly “institutionalized” is the practice of keeping record of basic information on each targeted child upon enrollment, the details of which vary from project to project. However, despite one or another psychosocial service output provided by almost all projects, only a negligible few, mainly those that serve victims of violence and abuse, could systematically assess upon enrollment the emotional and psychological condition of each targeted child and kept periodic records of changes or lack thereof in the course of psychosocial interventions with the child. This does not allow systematic evaluation of effectiveness of most projects' psychosocial interventions.

Consequently, the more scientific effectiveness quasi experimental design has, according to key informants, been alien to evaluations of psychosocial interventions in particular, and all interventions with children in general. The more critical informants have asserted that project evaluations were more organizational rituals that legitimize implementers and donors, than occasions for building evidence for intervention designs.

Recommendations

In order to address the bottle necks (distilled in the previous section) that appear to inhibit further institutionalization of psychosocial support in a way that is in the best interest of the child, institutional actors may need to take at least the following eight broad institutional measures:

Develop Working Consensus on Definitions

First, key actors already active in the field of service may need to engage in systematic dialogue and discourse with the aim of reaching broad consensus on both

conceptual and working definitions of what psychosocial support constitutes.

Conceptually, a continuum of activities from preventive (including promulgation and enforcement of legal codes for penalizing violation of child rights) to rehabilitative (clinical treatment of mental illness) may be subsumed as psychosocial support.

Operationally, however, actors may need to decide to include only a subset of this continuum for the purpose of focusing attention and resources. Otherwise, they may define psychosocial support as the entire continuum but make conscious decisions to emphasize on some aspects of the continuum more than others.

Establishing a Longitudinal Database

Based on the definitional consensus that may be reached, actors should aim towards establishing a preferably Geographic Information Systems (GIS) longitudinal database on psychosocial risks and vulnerabilities of children (i.e. on the demand side) as well as interventions that may be implemented to address them (i.e. the supply side).

Because authentic psychosocial support to vulnerable children needs to often be complemented by social assistances and legal supports, such a system would allow for the storing and analysis of detailed information on all kinds of care and supports that may be provided to targeted children. Furthermore, the system can allow for periodic collection and entering of relevant data at the local level and their hierarchical consolidation at zonal, regional and national levels.

Revision and Formulation of Policies and Strategies

Establishing the proposed system will first inform the revision of existing policies and legislations and define new ones. For example, it may inform the draft child policy, formulation of a mental health policy and a Child Code and further revision of existing

legal codes. Secondly, the system can rationalize integration into one sector wide strategy the contributions and complementarities of existing and forthcoming policies and legislation for psychosocial development and wellbeing of children. Such a strategy may build on the existing Policy Framework for Early Childhood Care and Education, which provides limited types of services to children under 7. Third, based on the proposed sector wide strategy actors may then harmonize their current priorities, approaches and methodologies. Two core elements of such a strategy may be a referral system that can link together currently fragmented services and a program on Information Education Communication to transform traditional beliefs, values and practices that are inimical for the psychosocial development and wellbeing of children which makes use of various media.

Division of Roles among Institutional Actors

Embedded in the proposed sector wide strategy is the division of roles and responsibilities among various institutional actors in both government and the private sector including for-profit and nonprofit organizations. In order to enhance accountability of actors, the division of roles may need to be grounded in legislation. In government, four ministries and their regional counterparts may have a comparative advantage in assuming responsibilities related to their mandate. The Ministry of Justice will need to expand child friendly justice around the county as a deterrent for potential perpetrators of child abuse and for vulnerable children and their caregivers to develop trust in the justice system. The Ministry of Women Affairs (or the Ministry of Labor and Social Affairs) may need to establish a child welfare system that caters to the social assistance needs of vulnerable children including improving supervision for professionals

and support for foster parents. The Ministry of Education may put in place a system for the provision of professional social work services in schools. The Ministry of health may incorporate in its health system a national referral and treatment system for mental illness in children.

The strategy may also entrust private institutions (for-profit and nonprofit organizations) with delivery of psychosocial services. In fact, experience in other parts of the world indicates that provision of such services is more effective and efficient when they are outsourced to the private sector under a situation of competitiveness. To this end, decision may need to first be made on the services that are better delivered through public, for-profit or/ and nonprofit institutions. Secondly, potential private service providers need to be licensed, registered and rated for their capacity and specializations. Third, a range of potential contractual mechanisms may be selected and instituted to outsource delivery of services to appropriate institutions.

Putting in Place a Coordination Scheme

A detailed scheme for the vertical and horizontal coordination of psychosocial service for OVC needs to be worked out if the diversity of roles and responsibilities assigned to both government and the private sector are to be effectively integrated. Leadership of a senior government official is essential for the success of such a complex scheme. Putting in place such a scheme will require significant investment within and among relevant government institutions. This is because they will have to assume one or more of three key roles in the scheme; namely, (1) direct delivery of services, (2) coordination of the provision of a sub-set of services provided by a variety of actors, and (3) the specification and management of contracts for private sector service delivery. In

addition, the scheme may require an autonomous agency under an appropriate ministry to coordinate, monitor and evaluate a range of specific categories of services being coordinated by a relevant institution in government. This agency may also be charged with the overall management of the longitudinal database system proposed earlier.

Developing Human Resources

A variety of professionals need to be engaged in relevant institutions mandated for the delivery and coordination of the continuum of psychosocial support services. Mention has already been made of dearth of the number of professionals as service outputs move from the preventive to the rehabilitative side of the continuum. In order to bridge this critical gap in the clinical workforce in the medium to long term, the few clinical programs currently available may need to be rapidly replicated and other programs, particularly clinical social work, may be introduced in colleges of social and behavior sciences. In this connection, currently the institutional landscape may need to give particular priority to a rapid increase in the number of those professionals that can build the parenting capacity of caregivers, children's resilience to psychosocial challenges as well as treatment of psychosocial deficits in various settings. Parallel to these formal programs, in-service training course and international study tours may be organized for senior experts involved in implementation of the relevant elements of the strategy. In the short to medium term run, however, parallel programs need to be multiplied for the multiplication of diploma level semi-professionals to bridge the overwhelming dearth in trained human resources. To this end, the capacity of public and private universities and Technical and vocational training Institutes will have to be significantly enhanced.

Reviewing Quality and Effectiveness of Service Outputs

Two of the core inputs for assuring quality of psychosocial service outputs to children are the quality of professional training and professional supervision. Hence, the setting and monitoring fulfillment of ethical and technical standards for these inputs needs to be key elements of the above mentioned strategy. International experiences suggest that assumption of such a crucial role by professional associations has lessened the burden of otherwise reasonable government institutions. If institutional actors decide to replicate this good practice, it becomes necessary to engage and strengthen so far detached professional associations in Ethiopia such as Association of Sociology, Social Anthropology and Social Workers and Ethiopian Psychological Association. To this end, transferring international experiences through, for example, promotion of collaboration and linkages with sister associations with rich relevant experience in other countries may be facilitated by international development partners.

Beyond assuring quality of service outputs, effectiveness of intervention models and designs at the local level and the overall institutional architecture for coordination of intra and inter organizational service provision at all levels need to be periodically evaluated. Such periodic evaluation needs to be anchored in evidence to be generated from the longitudinal database proposed earlier. This allows for the establishment of a culture of learning as a force that guides institutionalization of psychosocial service provision.

Phased Implementation

The sector wide strategy may assume a phased approach to initiating and expanding psychosocial services to vulnerable children to achieve three important

objectives: First, the phased approach provides a space for learning how to integrate small scale and fragmented programs. Second, phased implementation with existing capacity avoids the risks associated with rapid expansion of the system before sufficient experience and institutional capacity is built. Third, a successful implementation of initial phases, i.e. integrated pilot programs, can generate local and international demand that can generate resources (to be elaborated shortly) for subsequent phases.

The following recommendations may be considered in initiating the system:

1. Review existing local arrangements and interventions for and also international practices in the provision of psychosocial support to vulnerable children, select and adapt those elements which can be most relevant to and effective in the Ethiopian social, political and economic context.
2. Based on definitional consensuses that may be reached, begin with the core mix of psychosocial support interventions. Selection of the initial set of interventions may be based on the following considerations: First, in order to avoid the inertia of designing and implementing a new program, some of the best performing programs currently under implementation may form the initial set of programs. Particular attention needs to be given to create synergy and balance among programs directed at the continuum of psychosocial support interventions. In fact, integration of key interventions along the continuum may be given special focus during the piloting phase. Also vital is an effort to ensure the integration of government and civil society programs.
3. In order to avoid the complexity in a nationwide implementation, the pilot may be initiated in a limited number of districts where there is some capacity for

- implementing psychosocial support programs. As more experience is gained and capacity developed, the pilot scheme may be replicated in other districts.
4. The longitudinal database system and reviewing program quality and effectiveness proposed earlier may be embedded in the pilot scheme from the beginning in order to base appraisal and decision for improvement of the pilot and even further expansion of the system on evidence. Pilot impact, institutional and political dynamics and grass-root challenges and opportunities are some of the issues that could be informed by this evidence.

Finance and Financing Mechanisms

The smallness of the Ethiopian economy and poor public valuation of psychosocial support service rooted in Ethiopian cultures may not allow the government to allocate a meaningful distribution of the public budget to psychosocial support of vulnerable children for a foreseeable future. Hence, in the short run, progress depends on the volition of international actors to invest in systematic expansion of the services. A number of international actors have already demonstrated their commitment by introducing and financing from small to very large psychosocial interventions over a long period of time. If these demonstrated commitments are sustained, their harmonization will go a long way towards financing a few pilot schemes.

As noted earlier, successful implementation of the initial phases of rolling out psychosocial support services can generate further local and international demand and the corresponding resources. Locally, as key decision makers in government realize the economic and human rights rationale for the provision of psychosocial support and as they observe the positive impacts of the piloting phases, they may advocate for an

increased allocation of the public budget for subsequent phases of the program. For example, a demonstrated reasonable increase in student's academic performance due to per unit of the investment on psychosocial support in schools as provided by social worker in schools, will motivate the Ethiopian government to allocate an increased public budget because enhancing the quality of education is currently one of its top priorities. Similarly, a demonstrated positive impact can also generate and expand corporal public responsibility not only towards contributing to a Social Fund but also to participating in preventive interventions which may reduce psychosocial risks and vulnerabilities and decrease the more demanding investment on rehabilitative interventions. For example, interventions that could induce change in the behavior of children through transforming traditional parenting styles can generate demand for their services by communities who may be willing to assume reasonable responsibility. Moreover, parents with such parenting styles can serve as role models and peer educators.

In any case, the creation, expansion and management of finances for the proposed sector wide strategy will require a short to long term financing vision in which key international actors may assume commitments to meeting the financing needs in the short to medium term with the government assuming the commitment over the medium to longer term. Integrated implementation may also require a financial management strategy which may benefit from consideration of the relative merits of a range of pooled financing options.

CHAPTER ELEVEN

SUMMARY AND CONCLUSION

Mental health in general and psychosocial support in particular is poorly recognized in Ethiopia, which is responsible for the aggregate outcome of extremely low local demand for professional mental health services. Over the last fifteen years or so, however, key international actors have, as summarized in Chapter Three, been instrumental in creating demands for the psychosocial support to vulnerable children (and people living with HIV/AIDS) in Ethiopia. They have influenced and supported the development of available policies, guidelines, action plans and strategies. They have also diffused into the Ethiopian society various service outputs, structures and processes for the provision of the services at the local level. These efforts may be said to have jump-started the provision of psychosocial services at the community level and provided the initial institutional framework for the provision of these services.

However, institutional actors engaged in the promotion of psychosocial support services to OVC appear to be torn between competing local and international pressures. Internationally, pressure is mounting to respecting, protecting and promoting the rights of children granted in international legal agreements. Standing in contrast with these ‘rights-based’ pressures is the pervasive ideology of development, which gives economic growth a central priority in development. Actors also face cultural, social and economic pressures at the national and local levels that are inimical to psychosocial development and wellbeing of children as reported in Chapter Two. These actors appear to resolve the

mismatch between global norms in respecting child rights and other ideological, social, cultural and economic realities that are unfavorable to the provision of professional psychosocial support services to children through a process first proposed by Myren and Redwan (1977) as ‘decoupling’¹. Accordingly, relevant international legal documents have been ratified, national action plans have been devised, relevant national legal instruments have been revised, and attempts have been made to introduce mental health service models and relevant organizational structures to produce relevant services outputs for various categories of OVC. Unfortunately, actual processes are not professional enough to produce stated service outputs, as detailed in Chapters Four to Nine. Chapter Ten provides a list of core but not exhaustive institutional gaps that are responsible for the mismatch between the claimed and the actual. The same chapter also provides key measures that may be taken by the actors in order to minimize this mismatch.

¹Decoupling in institutional theory refers to a process in which institutional actors resolve the dilemma involved in not being able to conform to institutionalized organizational forms. Once organizational structures, processes and outputs are institutionalized as appropriate in a given domain of activity, not incorporating them undermines the legitimacy of an organization in that domain, which, in turn, can result in diminishment of its access to valued resources available in the environment and ultimately threatens its very survival. Analysts argue that when incorporation of institutions conflicts with efficient control and coordination of work activities, organizations decouple their institutionalized elements from the activities and from each other and display them in order to gain legitimacy and vary their work activities in response to practical consideration. This decoupling of the institutional from the technical environments enables organizations (1) to buffer the assumption that institutions are really working from the inconsistencies and anomalies involved in technical activities, and (2) to minimize disputes and conflicts engendered by attempt to integrate institutional and technical requirements.

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