

**ASSESSING THE COMMUNITY BASED PROGRAMS IN ADDRESSING  
THE CHILDREN OF LEPROSY VICTIMS IN KORE AREA**

(THE CASE OF THE SALESIANS OF DON BOSCO)

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November, 2011

## DECLARATION

I hereby declare that the dissertation entitled

### **ASSESSING THE COMMUNITY BASED PROGRAMS IN ADDRESSING THE CHILDREN OF LEPROSY VICTIMS IN KORE AREA**

(THE CASE OF THE SALESIANS OF DON BOSCO)

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Date: November 2011

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I remain,

Samuel Mengesha

## **ABSTRACT**

The situation of children whose parents are leprosy victims is very tough in Ethiopia. As a result of it children are brought to be vulnerable for multifaceted problems.

This is role assessment study which intended to give a clear picture on the purpose of the agency called Salesians of Don Bosco Youth Center implementation of expanded and comprehensive intervention to reduce the poverty level and explains the differences made in the lives of the children whose parents are leprosy victims, serves for the purpose of informing and guiding poverty reduction program designers, policy makers, program implementers and researchers around Mekanissa Kore Area at Addis Ababa, Ethiopia. The Salesians of Don Bosco Youth Center is a day-care center for vulnerable children, and most of them are from leprosy victim families. The main scope of the whole project is to prevent the children of the area of Mekanissa Kore from ending up in the streets. To get these achieved the project intends to offer them an integral support on health, education, recreational and psychological areas. The Don Bosco Youth Center belongs to and ruled by the Salesians of Don Bosco Congregation.

The study used qualitative method of approach. The sampling techniques were purposive and convenience while the tools were retrospective review of documents, interview and focus group discussion. The study found that fund and transparency constraints in the organization hindered to address all the socioeconomic needs of clients. However, the other services helped most for the children whose parents are leprosy victim to see their future with hope.

**Key words:** Poverty, assessment, clients/beneficiaries, day-care center, vulnerable, support, project

## ACRONYMS

HIV	-----	Human Immune Deficiency Virus
AIDS	-----	Acquired Immune Deficiency Syndrome
NGO	-----	Non-Governmental Organization
WHO	-----	World Health Organization
USAID	-----	United States Agency for International Development
UNICEF	-----	United Nations Children's Education Fund
FGD	-----	Focus Group Discussion
ALERT	-----	All African Leprosy Rehabilitation Hospital
PAL	-----	People Affected by Leprosy
MDGs	-----	Millennium Development Goals
UN	-----	United Nations

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## CHAPTER ONE

### 1. INTRODUCTION

Leprosy is a 'Disease of Poverty' as in Malaria, Human Immune Deficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS), Diarrhea and complications of childbirth. These diseases/conditions disproportionately affect the poor. The association between leprosy and poverty is a two way street. Poor people get leprosy because of overcrowding, malnutrition, and lack of care; leprosy makes people poor because of social stigma and chronic disability (as cited in <http://www.msf.org.uk/blogentry>).

According to the WHO (2011) "Always Health" latest Articles, a disease of poverty, leprosy remains rampant in many third world countries where under nourishment and poor living environment weaken the body's resistant system. Leprosy affected humanity for over 4,000 years. Also the United States Agency for International Development (USAID) (2005) Issues in Poverty Reduction and Natural Resource Management identified that the basic tools of poverty reduction are access to jobs, education and health care, as well as infrastructure like sanitation and water. This unit includes eight sub-topics to serve as a spring board for the next units; the topics are interventions in addressing the problem, Salesians of Don Bosco, statement of the problem, objective of the study, the purpose of the study, research process, research relevance and contribution to social work and research coverage.

And the study is all about assessing the role of a community based organization called Salesians of Don Bosco in addressing the problems of the children who come from leprosy victim families.

## 1.1 INTERVENTIONS IN ADDRESSING THE PROBLEM

Our planet's capacity to sustain us is eroding. This threat is global, but most severe in the developing world. The decline of major ecosystems has had an especially brutal impact on the poor. Helping arrest and reverse the disease is one of the most important steps that could be taken to improve the lives of Leprosy victims. If we fail to do so, the consequences will be devastating.

The Addis Ababa Salesians of Don Bosco (Provincial House and Procure, Bosco Children, Mekanissa Center) sets different goals and work consistently towards achieving all the goals.

Salesians help to achieve the millennium goals of Ethiopia; according to the Don Bosco Strategic Plan (2007-2011) of the organization the goals can be summarized as follows:

### **Goal 1 – Eradicating extreme poverty and hunger:**

Through extension of a distance adoption program; benefiting destitute families; offer technical and vocational education and aiming at providing children with the skills needed to enter the labour market.

### **Goal 2 – Achieving Universal Primary Education:**

Increasing yearly the number of students enrolled at the available primary schools; and opening up new primary schools in the poorest areas of the country (in regard to its Addis Ababa project at the area where most of the Leprosy victims live “Kore, Mekannissa”)

**Goal 3 – Promote Gender Equality and Empower Women:**

Including girls in all the activities carried out, both by enrolling them in primary, secondary and technical and vocational education, and benefiting them through gender empowerment activities realized at the youth centers.

**Goal 4 – Reduce Child Mortality:**

Providing supplementary feeding of multivitamin food to needy children, through Catholic Secretariats, local clinics, kindergartens and schools.

**Goal 5 – Improving Maternal Health:**

Feeding centres help both children and pregnant women; moreover the organization tries to assist small clinics, mainly managed by the Ethiopian Catholic Church.

**Goal 6 – Combat HIV/AIDS and Leprosy:**

Teaching prevention methods to HIV/AIDS and Leprosy at school of its own and in the Kore area communities in their villages, together with the basic hygiene and sanitation rules. Don Bosco also cooperate with the Catholic Secretariats at different dioceses, by personnel and funds, in carrying out training programs to prevent the wide spread of HIV/AIDS and Leprosy. And also by referring those clients, whose cases are beyond the reach of its programs to other related sister organizations.

**Goal 7 - Ensure Environmental Sustainability:**

Realization of wells and water catchments to bring water to remote communities, respecting the environmental features of the involved areas, and preserving the landscape, in cooperation with local partners. It also works on the sensitization of the environmental sustainability at schools.

**Goal 8 – Develop a Global Partnership for Development:**

Together with local Authorities, Ministries and NGO's, conducting actions towards capacity building for students and local community, to better understand and work for the issue of partnership for development.

**1.2 STATEMENT OF THE PROBLEM**

It is stated in the strategic plan that the Salesians of Don Bosco in Ethiopia is part of the Salesians Congregation in the world that is present in 125 countries. The institution is dedicated and committed to promote human, civic and professional education of the youth, in particular to the more disadvantaged ones.

“We Salesians of Don Bosco in Ethiopia are dedicated and committed to promote human, civic and professional education of the youth, in particular to the more disadvantaged ones. To realize these objectives we engage ourselves in works that uplift the life of youngsters, not losing sight of the fact that our primary aim is to provide for everyone, without any reserve to any particular social group or creed, a clear proclamation of the Love of God. Therefore, we take up different tasks and endeavours that will enable us for the realization of this noble project.” Salesians of Don Bosco Ethiopia Strategic Plan (2007-201, p.4).

The Don Bosco Strategic Plan (2007-2011, p.10) also indicates that Mekanissa is one of the poorest districts of Addis Ababa, which is found in the southern part of the city. Starting from 1992, the Mekanissa community was taking care of a center for 80 handicapped children, with technical handcraft. The Don Bosco Mekanissa community started its educational and social activities in January 1999, with the first elementary classes and youth center. Education, Vocational training, Children's rehabilitation, and

Women promotion, Parish and Youth center are still the concern of the community in which the organization designs its mission.

This study intended to assess the care and support available to the children of leprosy victim families living in Mekanissa Kore area. A holistic and comprehensive care and support program has been developed and best practices introduced for the empowerment process of the poor, and in order to minimize their basic problems.

In this research study I want to introduce you to some of Ethiopia's outcasts. These people have been ousted by all of society due to their perceived threat to its purity. These are people who have fallen victim to lepers, those with physical ailments. In this paper, you will see the Leper Colony who has been ousted by society and the care and support programs of the Salesians of Don Bosco which serve the 1260+, as stated in the Don Bosco Strategic Plan, (2007-2011) of the organization. These 1260+ people make up Ethiopia's largest and poorest slum (described by them as the "Super Super Poor") called Kore or, in English, Korah. The wealthy people named the slum Korah which has the Old Testament connotation of "cursed". What these wealthy people do not understand however, is that ailments such as leprosy are not contagious and they are not genetic. No, when persons are forced to walk miles on rocky roads with no shoes, carrying heavy loads of water, over time, their feet, legs, backs and hands begin to fall prey to pressure and begin to deform. As I said before, in the study several posts I will take you into Kore where I went into the shacks, walked through the trash, touched the hands of lepers, and saw kids carry rotten foods back from the city's trash dump which holds the waste of over 5 million people! I will also introduce you to the support Mechanisms of Don Bosco! In addition, I will take you in the minds of the children and their families' attitude towards the help they are getting from the Salesians of Don Bosco. I hope these scenes will begin to create a desire in your heart for the

children of the leprosy victim families, and the Salesians of Don Bosco and ministries! A common goal is to see all members live in dignity, free from poverty, and participate in the economic, social and political life of Ethiopia.

As politicians work to introduce plans for a better Ethiopia, a unique program is already addressing issues of hunger and education on the streets of Addis Ababa. Through “Donato’s Children of the Beggars” program founded by the Salesians of Don Bosco in Mekanissa, Ethiopia, parents who survive by begging on the street are able to send their children to school to receive basic education and skills training support services Don Bosco Strategic Plan (2007-2011, p.14).

According to UNICEF (2009) approximately 72 percent of school-age children in Ethiopia have no access to formal education, and while education is free, many families do not have the economic resources to send their children to school.

“For children whose parents are already begging on the street, education seems like a dream,” says Brother Cesare Bullo (2007-2011, p.15), director of the Project Development Office for the Salesians of Don Bosco in Ethiopia. “Our goal is to reach children who are living in dangerous situations. Our first step is to connect with the parents and guardians to introduce the value of education and how it can lead to a better life for their children – something every parent wants.”

The program staffs includes social workers who do outreach to convince parents that an education will provide long-term benefits for the child and family, even though the family may rely on the child to work in the street to provide a portion of the family income.

### **1.3 OBJECTIVE OF THE STUDY**

The main objective of the study is to review and evaluate the care and support program of Don Bosco in making a difference on the lives of children who are living under the poverty level, just because of being leprosy victim family members around Mekanissa Kore area. Besides it has the following specific objectives:

- To know the existing services, the extent and sustainability of the services to the children from leprosy victim families.
- To describe the progress of the program in achieving program goals and objectives.

### **1.4 RESEARCH QUESTIONS**

To effectively analyze the main issues raised in the specific objectives of the study, the study will use the following guiding research questions:-

- Are the programs being run by the Salesians of Don Bosco has the necessary services to meaningfully changing the lives of the children who come from leprosy victim families? And what can make sure that the services are sustainable?
- Are the activities of the Salesians of Don Bosco achieving its goals and objectives?

### **1.5 RESEARCH RELEVANCE AND CONTRIBUTION TO SOCIAL WORK**

According to Corness (1998, pp.3-8) social research is the systematic examination of empirical data, collected by someone firsthand, concerning the social or psychological forces operating in a situation. And regarding the minorities he explain it as the human services devote special attention to the problems of minority groups, whether their minority status is a function of race, ethnicity, sex or something else. The reason for this special attention is twofold: first minorities tend to suffer disproportionately from the problems that human service workers attempt to alleviate;

second, many social conditions affect minorities very negatively and limit their opportunities and achievements.

As indicated in the Strategic Plan of the organization, the Salesians of Don Bosco in Ethiopia is in the forefront in getting involved in the social reality of minorities around them. The service has made a significant move in the leprosy victims' rehabilitation programs. Through these and various other programs, their preferential option for the poor and the marginalized especially among the young is clearly emphasized.

And I believe that this study increases our present intelligence about social utilities that there may be promotion of the general welfare and indicate a way for proposing solutions to specific problems of the leprosy victim family life.

## **1.6 RESEARCH COVERAGE**

The Salesians of Don Bosco has branches all over the world and, taking only Ethiopia in to consideration it has 12 (twelve) branches. This study only covers the care and support programs of the Addis Ababa (Provincial House and Procure, Bosco Children, Mekanissa Center) branch.

Given the difficulty of locating people who are leprosy victims and being vulnerable to poverty the study is delimited to investigate the problems of the community through their children who came to the Don Bosco School and get support from the available projects and some members of community representatives. This organization is selected because of being the only one in addressing such services in the area for the leprosy victims.

Time and logistic factors have also their impact in limiting the research to this organization and to the limited number of participants.

## CHAPTER TWO

### 2. REVIEW OF RELATED LITERATURE

#### 2.1 PROCLAMATIONS AND CONVENTIONS ON THE RIGHTS OF PERSONS WITH DISABILITIES

Protection of the right of persons with disabilities to employment proclamation No. 568/2008; 4 and 5 proclaims that:-

- I. Unless the nature of the work dictates otherwise, a person with disability having the necessary qualification and scored more to that of other candidates shall have the right without any discrimination:
  - a) To occupy any vacant post in any office
  - b) To participate in a training programme
- II. No selection criteria shall refer to disabilities of a candidate unless the nature of the work dictates otherwise.
- III. Any law, practice, custom, attitude or other discriminatory situations that impair the equal opportunities of employment of a disabled person are illegal.

State parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration. State parties shall ensure that children with disabilities have the right to express their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right Federal Negarit Gazeta (2008, pp.4028-430).

While it is obvious that development must be achieved for all people, disability has not been explicitly mentioned in any of the Millennium Development Goals (MDGs), adopted at the UN Convention on the Rights of Persons with Disabilities, Article 7, (2006, p.15). All of them, however, are relevant to disability. Disabled people's organizations and their allies are challenging this omission and campaigning to get disability onto the MDGs revision agenda.

Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education by the same date – goals agreed to by more than 180 world leaders at the UN Millennium Summit, said James Wolfensohn, former President of the World Bank.

## **2.2 REASON FOR CHILDREN VULNERABILITY AND OUTCOMES**

As children were originally considered the property of their parents so the responsibility for them was expected to lie with these parents unless they were unable to assume it. Poor parents took their children with them to suffer the degradation of the almshouses. Other children remained at home with their parents receiving “outdoor relief,” a form of “in kind” assistance. Children who had no parents or could not be kept by these parents were cared for by others, originally church-sponsored organizations. For children who remained in orphanages, life varied, depending on the type of institution, the administration, and the personality of the individual environment. Corporal punishment was the norm and little thought was given to the developmental needs of children Cynthla (2001, p.6)

## 2.3 EMPOWERMENT PROCESS AND POVERTY ALLIVIATION

According to the (WHO, 2007, pp.12) explanation, empowerment means that local people – and specifically people with disabilities and their families – make the programme decisions and control the resources. It means people with disabilities taking leadership roles within programmes. It means ensuring that CBR (Community Based Rehabilitation) workers, service providers and facilitators are people with disabilities and all are adequately trained and supported. To empower means drawing strength from solidarity and guarding against ways in which institutions and individuals may work to ‘divide and rule’ between groups within the community. Empowerment necessitates capacity building – that is, the developing and using of the skills necessary to act with authority and responsibility, independent of the initiating agencies and CBR programme managers. The skills of CBR workers and their managers are crucial too. They need to be empowered by ensuring they have a range and depth of skill appropriate to the complexities of the work. Their training should include an understanding of the causes and effects of poverty, and the contribution the CBR programme can make to poverty alleviation.

Services and programs to assist people with disabilities to live in least restrictive environments are still inadequate today. This population constitutes a minority group that suffers ongoing discrimination. People tend to shun those who do not meet societal expectations regarding independence of action and high intelligence. Such discrimination increases the odds of failure to achieve any kind of self-sufficiency.

Social workers employ an empowerment model in working with people who have disabilities. People who share disabilities can understand and assist one another in ways that professionals cannot, so the self-help is a valuable course of action. An

empowerment or self help model does not, however, mean that society (or social workers) should abandon people with disabilities to struggle alone. It means, instead, that society must recognize that the impaired individual is not the problem; the problem instead is an environment which discriminates and does not meet the individual's special needs. The focus of professional intervention should not be on "rehabilitation" of individual but rather on enhancing the opportunities available in the environment.

It is also pointed that, even severely disabled people have "potential for self determination, provided that they have access to support services, barrier-free environments, and appropriate information and skills." An independent living paradigm "locates the problem in the environment—the solution . . . is in peer counselling, advocacy, self-help, consumer control, and removal of environmental barriers." The desired outcome is independent living whenever possible Carolyn (1996, pp.402 - 403).

According to Malcolm, (2005, pp.12-13; 306), anti-oppressive theory is supported by evidence of discriminatory social relations and provides a well-worked-out explanatory account, but has less evidence for its practice prescriptions. It seeks to be more a value base and approach to practice incorporating other practice methods and so leans towards being inclusive. Empowerment and advocacy have some explanatory and ideological content, but increasingly seek to promote a practical way of doing social work within contemporary society. An empowerment help pattern is perceived as a source of learning and strengthening. Empowerment is a bio psychological theory, employing ideas such as ego functioning from psychodynamic practice and adaptation and coping from ecological practice.

A broad view of the relevant parties and an understanding of patterns, boundaries, and transitions do not translate automatically into effective service, especially when the primary goal is to engage and empower the family. Many poor

families are unaccustomed to taking such an active role. They expect social service agencies to do something *for* them (finding housing or keeping an adolescent off the streets) or *to* them (taking the children away or making surprise home visits) Jorge (1998, p.40).

## **2.4 LEPROSY**

Leprosy is the oldest slow killing, yet physically and consequently socially crippling scourge, which man has known since time immemorial. Given its ability to infect small and isolated human population as well as denser population with extensive contacts with other populations, it has been asserted that leprosy must have been one of the oldest diseases of mankind, which could have developed over a long period of human evolutionary history. For very many centuries, leprosy has signified problems both medical, between the host and the parasite, and social, between the patient and the society Mesele (2005, p.1).

## **2.5 POVERTY**

Poverty is issue of social and economic justice. It may be defined broadly as the lack of resources to achieve a reasonable comfortable standard of living.

What is the matter with people being poor? After all, some believe that poverty is beneficial, motivating family members to work hard, pull together, and practice frugality. Indeed, self help efforts have assisted many poor people to survive. However, poverty is almost always harmful, because it substantially limits people's choices Carolyn (1996, pp.40-41). He also explained that, where it is severe, the means for securing necessities such as food and shelter are lacking, so that poverty can literally steal people's lives. Basic human needs include adequate food, shelter, clothing

and access to health care, and resources to meet these needs are often not available to poor people.

## **2.6 LEPROSY AND POVERTY OWNERSHIP**

A social history of leprosy suffers and leprosy control initiatives in the 20<sup>th</sup> centuries show the need of missionaries to accumulate wealth, acquiring land to the name of rehabilitating the sufferers and engaging in some kind of activities. It also shows society taking over the property of leprosy sufferers using the occurrence of the disease to a member of the society as a pretext to displace the victim from the community. Policies and programs by the government, such as land redistribution, resettlement, villagization, etc that affected leprosy sufferers living in the society when authorities of peasant associations, local judges and the society including relatives of the sufferers themselves excluded the sufferers from participating in the programmes. Consequently, the sufferers were obliged to join their “own kind” moving to the leprosaria. Together with the social ostracism of the sufferers both in marriage and property that forced them to move and settle in the leprosaria the segregation of the sufferers was chiefly enforced by the government itself and made them vulnerable to poverty Mesele (2005, pp.161-167).

Due to the lack of adequate knowledge, most people had have negative attitude towards the disease leprosy and those who contracted by it. This resulted in the stigmatisation and segregation of the PAL and their families that in turn brought restriction on the part of the PAL and their families from participating in the socio-economic affairs. It is widely and clearly observed that PALs are deprived of employment opportunities. There is no good acceptance by different organization for them when they go for employment. Moreover, the PAL and their families are forced to hide themselves and the place where they come from. Otherwise they will be out of

competition, even if they meet the set criteria. All these resulted in low employment participation of the PAL and their families. While it is obvious that the families of PALs are healthy and free from the disease, there exist only few marriages with non-PAL families; this is due to the misconception and fear that the PAL's children will be leprosy patients in the long run. To summarize, the participation of the PALs and their families in education, service, friendship, peer grouping are generally low which indirectly led them to live under severe poverty.

## **2.7 OCCUPATIONAL STATUS OF PEOPLE AFFECTED BY LEPROSY (PALs)**

According to the base line study by Addisalem (2001, pp.36, 62) on persons affected by leprosy, there is a shift from any occupational status after onset of the disease. Thus begging, which was insignificant before onset of the disease, will rise up highly and on the contrary the number of those who were engaged in other better occupations before the onset of the disease, will drastically decrease after onset. This is due to different reasons in relation to employment problems, such as the PALs regarded themselves as incapable of participating in production activities because of their disability; no one has wanted to employ them; never found work that fit their disability status; are illiterate and not competent for employment because they were occupied in their early age to support their disabled families rather than going to school; and due to the prevalent unemployment situation like any other person in the country.

Other expectation for the unemployment opportunity in their surrounding arises from three plausible and interrelated reasons: acceptance of their residential area as segregated settlement; farness of the surrounding from the centre of the city; and absence of infrastructure for leprosy disabled for self-employment.

## 2.8 WAYS OF CARE AND SUPPORT IN SOCIAL WORK

Social work is a profession concerned with promoting the well-being of people and includes assisting individuals, families, groups, organizations, and communities to achieve life-enhancing goals; the profession is especially concerned with the advancement of economic and social justice.

Carolyn (1996), presents, everyone in the world is to some degree “at risk.” Scarce resources are becoming increasingly scarce because of overpopulation in many areas. But not everyone in the world faces the same degree of risk.

He also asked some important questions and answered them accordingly, which are; what kind of people are at risk of poverty? Are those who have “bad luck,” or those who are just “too lazy” to work hard? Research indicates that these commonly believed explanations for poverty are false. Certain categories of people are statistically more likely to be poor than others, for reasons beyond their own control but not reflecting chance or luck. Those people who fall into the categories that research has found most likely to experience poverty are known as population at risk. As noted earlier, the concept of populations at risk is now a curriculum area required in baccalaureate social work education. Members of the populations make up the clientele with whom social workers do most of their work.

To the extent that welfare is beyond the means of the family and the informal sector, the radical rights prefers that assistance be provided through the organized voluntary sector. The voluntary sector embodies virtues that are dear to traditionalists such as neighbourliness, self-reliance and community solidarity. Prompted by dissatisfaction with the cost and effectiveness of exclusive reliance on government to

address the social welfare and the developmental changes of our time, efforts have been launched to find alternative ways to respond Norman (1999).

According to Jorge (1998, p. 32), Social service workers bring two sets of skills to their work: a way of thinking about their clients and a way of functioning to encourage change. If workers are to increase their mastery of interventions that support families, they must develop both a systemic, family-oriented framework and an expanded set of techniques for implementing new ideas. Practical skills are the most direct, involving interaction with clients, but they are not optimally useful or self-sustaining unless accompanied by a mind-set in which the importance of the family and a knowledge of how systems shape behaviour are firmly established ideas.

Social development is the major form of social work in resource-poor countries and seeks to incorporate social progress with economic development. Although it focuses on social, rather than individual, it is often reflexive-therapeutic in its objective, since it seeks the development of relatively small groups within the present social order, or reformist in seeking improvements in the present social order rather than its change. Social and community development is an aspect of the wider development of localities, areas regions and countries. Dealing with the social consequences of these problems or the development process has sometimes led to a call for community development or organization practice. Social pedagogy has a strong role in education and social welfare in informal group and community settings. Here aiming at those social aspects of education which particularly focus on poor people in societies. The theory emphasises that education can make a major difference to the lives of poor people, using it to combat social exclusion and develop social identity, aiming at personal and social growth through problem-solving, rather than simply the resolution of personal problems Malcolm (2005, pp.210-215).

Inclusion is the act or practice which ensures the involvement of people with disabilities in community life. It is like what everyone else is, and being welcomed, valued and embraced as an equal member of the community. According to the WHO (2007, p.11) definition, inclusion also means placing disability issues and people with disabilities in the mainstream of activities, rather than as an after-thought or 'bolt-on'. Inclusion also means 'convergence' – that is, the involvement of people with disabilities in the campaigns, struggles and activities of other oppressed groups which are not centred exclusively on disability issues, such as children living on the streets, farmers, land rights and environment, women's groups. It means including all forms of impairment – physical, sensory, communicative, mental health and illness, and intellectual and developmental disabilities. It means including people with multiple and/or severe disabilities. It embraces young people – particularly children, their care and protection from violence and abuse, and it includes older people and their care and protection from abuse too.

## **2.9 CONCEPTUAL FRAMEWORK AND THEORETICAL OVER VIEW**

### **2.9.1. Community Based Programs**

Community-based programs work to enable families to build on their own strengths and capacities to promote the healthy development of children. While these programs come in different forms, they have a common goal of increasing the level of family functioning and child protective services and juvenile justice systems. Programs are embedded in their communities and contribute to the community-building process. The programs were funded by the Division of Social Services to operate in communities that have reports on foster care placements.

A fundamental characteristic of community-based programs is that staff and families work together in relationships based on equality and respect. Programs make every effort to affirm and strengthen families' cultural and racial identities and their ability to function in a multicultural society. Programs work with families to mobilize formal and informal resources to support family development, and advocate with families for services and systems that are fair, responsive, and accountable to the families served.

Community based programs model a strengths-based approach in all program activities, including planning, governance, and administration. And the main factors of Community Based Programs imply the following concepts:-

**Social Support:** - implies the specific the supportive actions received, and the extent to which a person is integrated within a social network. According to House (1981) Social Support is associated with instrumental support that involves the provision of tangible aid and services that directly assist a person in need.

**Strength-Based Approach:** - this refers to based practice is client led, with a focus on future outcomes and strengths that the people bring to a problem or crisis. Empowerment results from being treated with respect and having strengths acknowledged and enhanced. According to Laura (2001), the strength-based approach is fuelled by a sense of hope and a belief that every youth, every family and every community – no matter how distressed or compromised as they are presented to justice or professional helping systems – have strengths. A strength-based practitioner enters into a relationship with all clients looking for resources to support change, growth and positive development, and carries an abiding senses that such resources are always there.

In case of Don Bosco the children are receiving education based on their needs and their age level. For example the youth are in the special training programs.

**Program sustainability:** - refers to maintaining and continuing program services for children, youth, adults, and families to have positive influences on the quality of community life. The program should not be frozen in time and must adapt continually to changes in the community, and organizational priorities.

**Healthy Development of Children:** - refers that parents and caregivers make sure children are healthy and safe, equip them with the skills and resources to succeed as adults, and transmit basic cultural values to them. Parents and caregivers offer their children love, acceptance, appreciation, encouragement, and guidance. They provide the most intimate context for the nurturing and protection of children as they develop their personalities and identities and also as they mature physically, cognitively, emotionally, and socially.

The Salesians of Don Bosco has different services to serve the children of the leprosy victims and reduce the poverty level and its impacts on the family. The services are given in a planned and organized way for those who are identified carefully as they are the right people who need help from the organization. The organization is showing progress on its activities through achieving program goals and objectives. The beneficiaries and the surrounding community are also expected to be satisfied by the organization's assistance in minimizing their problems. The help of the organization is also guided with the concepts of social work ways of care and support for the disabled and poor.

### **2.9.2. Relationships between Leprosy, and Low Occupation**

There are strong relationships between leprosy, poverty and vulnerability to low occupations. And these factors would probably made the help process too difficult in the selection of the area of assistance; and the assessment of achievements with the existing services to the clients on how far the services sustain, measure achievement of program goals, and the functioning of the monitoring and evaluation programs in the organization.

The WHO (2007, pp.6-7) report gives a concept on disability that, not all people with disabilities are poor. At the same time, in any community, the poorest of the poor are likely to be people with disabilities and their family members. In fact, the majority of people with disabilities are living with chronic poverty in the majority world. Poverty is a root cause of many disabilities and disability increases poverty. Poverty also limits access to basic services, including health care, rehabilitation and education. This forms a cyclical link between disability and poverty. People with disabilities, because of lack of access to opportunities, generally have lower education and income levels than the rest of the population. Subsequently they are more likely to have incomes below the poverty level and less likely to have savings and other assets. Exclusion and marginalization reduce the opportunity for people with disabilities to contribute productively to their household and the community, and this further increases the risk of poverty. Attitudinal barriers as well as physical barriers such as lack of adequate or appropriate transportation, physical inaccessibility, and lack of learning opportunities will affect access to education and employment opportunities, reducing the possibility of income enhancement and social participation.

## CHAPTER THREE

### 3. METHODOLOGY OF THE STUDY

#### 3.1 INTRODUCTION

In assessing the community based programs of Salesians of Don Bosco the study basically used qualitative methods through constructing social meaning, focussing on interactive processes and presenting values. It constrain contexts, taking few cases, making thematic analysis in the form of Focus Group Discussion (FGD), observation (social survey), retrospective review of relevant documents, and in-depth individual interviews. According to David (2003, p.260), qualitative research entails direct observation and relatively unstructured interviewing in natural field settings. The researcher attends to the social transactions that occur in the setting and may also collect pertinent documents and artefacts. Qualitative data collection appears spontaneous and open ended and usually has less structure and planning. The observer who looks, listens, and flows with the social currents of the setting can acquire perceptions from different points of view. Interviews with different subjects and observations at different times and places in the same social network should defeat any effort to “fake” behaviour. This approach has the advantage of triangulation, which compares different interviews and perceptions of the same subject or behaviour.

The methodology is designed to include thoughts and opinions of beneficiaries (students who learn in Don Bosco and their families). Instruments used, the procedures of selecting participants, and data collection procedures are described in this portion in detail.

### **3.2 RESEARCH PROCESS**

The research is conducted on the community based program of Salesians of Don Bosco at the Addis Ababa Provincial House and Procure, Don Bosco Children, Mekanissa Center. The whole research process in this proposal level goes from March 2011 – October 2011. Primary and secondary data were collected throughout this time. I in collaboration with some other colleagues collected the data. For conducting this research IGNOU has assigned a research advisor and wrote me letters of request for cooperation to different organizations.

### **3.3 DATA SOURCES**

This assessment is purely a process investigation. Data for this process evaluation were collected from primary and secondary sources using qualitative techniques. Particularly, data was collected from the children who are getting help in the organization and their parents; and from the Strategic plan of the Salesians of Don Bosco. In addition other related reports, fact sheets and project documents were consulted. The discussions and data collection steps will be conducted in the premises of Don Bosco officials and participants in the study.

### **3.4 DATA COLLECTION METHODS**

**Focus Group Discussion (FGD)** – according to Cornell (1998, p.184), focus groups discussion is a flexible strategy of gathering data on personal and subjective experiences that are unlikely to be adequately tapped by asking the same interview questions of everyone. He also gives the idea that group members will often respond to other group members differently than they respond to the researcher. People in FGD will make side comments to one another – obviously not possible in a one-person interview. So I will be able to (1) capture the exchange of ideas among participants; (2)

assess the degree of consensus and diversity of opinion; and (3) encourage responses with depth and complexity.

I believe the children will more speak up while they sit and talk with their friends than in the formal interview. So by acting as a moderator I took note of their ideas and comments and possibly encouraged them to elaborate and speak up more. And the students that are going to be involved in the FGD are selected based on the non-probability sampling procedure called Purposive Sampling. According to David (2003, p.136), purposive sampling is in which researcher choose respondents because of certain characteristics. The researcher tries to create a sample that matches some predetermined demographic profile such as that of the population.

**Retrospective review of documents** – Books, proclamations and declarations, project proposals, reports, strategic document and guide lines were reviewed to get information on the existing program activities of Don Bosco. Also the recorded needs of the need of the clients and the government concern; and involvement and best practices, standards and guidelines in monitoring and evaluating the care and support programs were reviewed.

**Interview** – in-depth interview with representatives of the beneficiaries, the neighbourhood communities and staffs/experts working in the organization were conducted on the practically existing care and support services, results obtained and government's interventions respectively.

According to Cornell (1998, p.180), interviews help to motivate respondents to give more accurate information. Interviewing also affords an opportunity to explain questions that respondents may not otherwise understand. It further has the quality of being flexible form of data collection method and the style of interviewing can be

tailored to the needs of the study. Interviewing besides can add observational formation to the responses of the respondent.

### **3.5 DATA COLLECTION INSTRUMENTS**

In order to collect qualitative data, two instruments were developed and used. Focus Group Discussion Guide consisting of 10 major guiding questions that help the me facilitating the discussion with ten focus group discussants of both gender from Preparatory College level, two interview guide consisting of 12, and 15 items each were developed and used with the Beneficiaries and their families respectively. And ten individuals included in each method were selected with the method of snowball sampling for effective assessment of the research. According to Cornell (1998, p.143), snowball sampling depends on sampled cases being knowledgeable of other relevant cases; the technique is especially useful in investigation of useful sensitive topics, where victims might be hesitant to identify themselves. This is a technique where we start with a few cases of the type we wish to study and have them lead us to more cases. In this study we are considering the victims of leprosy and their families, and these members of the community do often hide from telling their backgrounds so this method of sampling is the best. So I selected two at the beginning and the other eight were be selected by snowballing.

In order to encourage the participants to be open on the discussion or be frank to give any information without fear and hesitation the I undergone through explaining the purpose of the study, and the confidentiality of their information from anyone and at all times.

Moreover, a check list were prepared to extract data from the organizations documents, reports, fact sheets, websites and any other information.

In addition, other functioning organizations on the area of leprosy and disability are contacted in order to collect all the related documents which helped for the investigation of how disability, and specifically leprosy be the cause to poverty. And all were done through the formal way, in which after a letter submitted and approved.

### **3.6 DATA COLLECTION PROCEDURES**

As part of the understanding of the objective of the review and evaluation of the program special attention were taken to collect data on process evaluation principles that are applicable to the local context and the scope of the stated objectives. With this in mind, I applied the following procedure.

As **Cornell (1998, p.184)** explanation, a focus group usually consists of at least one moderator and up to ten respondents and lasts for up to three hours. The moderator will have a discussion guide that outlines the main topics of inquiry and the order in which they will be covered and to prompt discussion and elicit reaction. The members of focus groups are selected on the bases of their usefulness in providing the data called for in the research, and the moderator's job in the focus group discussion is to initiate discussion and facilitate the flow of responses.

The principle that I underlying Focus Group Discussion (FGD) is that, FGD should be conducted among the children according to their sex category and age proximity for open and free and participation to speak about their benefits from Don Bosco. Individuals included in FGD have ten beneficiary students who are learning in the preparatory school of the organization who came from leprosy victim families, in which five are boys and the other five are girls. And the age ranges for male and female group were from sixteen (16) years old to eighteen (18) years old youths. The data will be collected in the convenient times of the clients. All these participants are living

under the poverty level. The FGDs ran by me as moderator and notes were taken by his assistant (member from the group). All were encouraged to actively participate in the discussion, even to the extent of revealing their personal cases which is relevant to the discussion.

As indicated above in this research, different categories of respondents were involved. The use of different categories of the study population was to triangulate the data and obtain more insight and breadth information to support and check up the reliability of the data.

The other methods used to collect the data include in-depth interview using structured interview questionnaire, key informant interview, and direct observation methods. Before administering the questionnaires to the clients and experts of the organization, the I brief about the objective of the interview and clarify that the study is not to evaluate the programs of the organization where it gets support and the research outcome will not have either negative or positive consequences. Then the respondents were made to respond to the questions after they are by me and some of the respondents who needed help of course will be interviewed from their areas of need to cover the job. Although there are some assistant researchers in the data collection procedures process, all the way it was monitored and supervised by me.

### **3.7 DATA ANALYSIS**

The data gathered through various instruments is organized in line with the objectives of the research. The result of the data collected through questionnaire is to be presented using statistical analysis of categorized data supplemented by qualitative analysis of the data. Both intra and inter informants analysis of the data were employed to see meaningful patterns and relationships in the data gathered from questionnaire and interview.

The information gathered from different sources are presented in different forms including tables, clear figures and numbers according to their similarities and differences for clear understanding of the information that was obtained and bring about the existing facts. Both qualitative and quantitative analyses are used for detailed presentation of the data. The qualitative analysis was applied to describe the findings in the form of text with some form of self explanatory ways. The quantitative approach was present using simple statistics to supplement the qualitative descriptions.

### **3.8 ETHICAL ISSUES**

Ethical issues are a concern and even more of an issue in collecting data for this study. Confidentiality is assured for all survey participants and maintained throughout the process and hence information are collected in confidence with the purpose of informing all about the review and evaluation. Significant time was taken to insure that survey participants understand their rights and voluntary participation with an effort of convincing them the benefit of the findings in improving interventions. The following principles were employed:

- ✚ Systematic information-gathering techniques are devised to develop understandings by examining a situation fully and not from a single person point of view. The interview also incorporates both the organization and the clients.
- ✚ Making the researcher's assumptions is avoided without carefully checking them out.
- ✚ Possible sources of bias and errors were identified and avoided.
- ✚ Referred documents and ideas will be dually acknowledged.

### **3.9 STRENGTHS AND LIMITATIONS OF THE STUDY**

#### **STRENGTHS**

There is no any similar research or report done on the care and support programs of Don Bosco. Therefore, this study will provide an insight on the existing

care and support services and indicate areas of interventions. Further, it helps to be a base for similar and extensive studies.

### **LIMITATIONS**

The limitations of this study is its use of small number of study participants and incomparability of this study with others due to the absence of previously conducted evaluation reports on the care and support program of Don Bosco. It uses only FGD, interview and review of documents as a method. Also it does not include and be able to compare and contrast the Addis Ababa Don Bosco with other branches of the organization.

## **CHAPTER FOUR**

### **4. PRESENTATION OF THE FINDINGS AND ANALYSIS**

As mentioned earlier, this assessment research is purely that of qualitative form. Data were collected using FGD, retrospective review of documents and interview. All the data were collected and organized in relation to the objectives set to assess the community based program of SALESIANS OF DON BOSCO. Here, an attempt has been made to present the relevant information as a summative form without analyzing the responses against each data collection process and focussing on the specific objectives set. I preferred this approach in order to systematically organize the data and focus on the content analysis.

#### **4.1 ASSESSMENT OF THE EXISTING SERVICES**

In order to assess the care and support services made available to the beneficiaries project documents reviewed, interviews with the beneficiaries and their family members were conducted and focus group discussion held.

According to the responses obtained, the community based program of DON BOSCO are organized under Educational support, Daily meal support, Clothing support, Psychological support and other Socio- economic assistances.

Under the Addis Ababa Salesians of Don Bosco (Provincial House and Procure, Bosco Children, Mekanissa Center), the care and support services rendered are education, food, medical and nursing care, hygiene and sports activities for children of leprosy victim families; some kind of food provision and medical services for parents of the children if they are economically poor and malnourished, preparing food for the sick and bedridden patients, medication and medicine cost coverage is also given. A boy participant describes the importance of the organization's support

Don Bosco is an organization which helped me to know that I am important and keeps my life going, motivates the potentials I have in order to succeed in my future, cause life change and be economically stronger. Me and my family do not have anyone to help our life except Don Bosco.

The Socioeconomic support which is usually preferred in the association to be termed as social support includes livelihood support like skill training for income generation scheme development, school fee coverage, uniform provision for students, stationary provision for students, transportation fee support for college students, food distribution, and paying cash money for those who do some work in the organization in their spare time. The focus group discussants explained though that the behavioural management system and the distribution of clothes are being done in the wrong way. Another boy from the participants said,

I have job in the organization at the after school time and at my free times in order to generate some money; this is really good for me to help my families financially and even I can use the money to buy things that is not provided by Don Bosco. The job that I do is just to take care of the gardens and it is not hard for me; I work for one and half (1 ½) hours per day and I will be paid \$1 per week. Many other youth in the organization has also this opportunity.

Respondents also mentioned that in the area of the psychological support SALESIANS OF DON BOSCO provides mainly ongoing counselling as emotional support and stress management for promoting living in poverty should not block from normal education or succeeding in life. The counselling service conducted for

individual, family and group is the basis to meet the special needs and problems of each client setting.

The other component of the community based program of DON BOSCO is organized to provide professional supervision services. Under this support children are receiving professional advice on their healthy habit, social life and services that address stigma and discriminations in relation to leprosy. Focus group discussants mentioned that though the organization has a counselling section by social worker in its structure, many children do not have the idea that she is there or even what assistant they can get from her and thus they are not getting this vital support.

In order to assess to what extent the Care and Support Program addresses the felt needs of the client, focus group discussants were asked to identify the felt needs of children who came from leprosy victim families and their parents for the care and support program along with their level of satisfaction.

Before identifying the needs of children who came from leprosy victim families infected, FGD participants pointed out that as the clients of this organization are poor and destitute their problems are many and have no ends. As to the problem or need of children who came from leprosy victim families, exhaustive lists were mentioned by the discussants. From these the most basic and burning ones as per the respondents' sense are:

- Meaningful protection, friends and support from the community
- Education
- Economical support including food, clothing, school fee, stationary and the like
- Place to play and keep their hygiene
- Safety in all areas to survive
- Meaningful awareness raising for the community about equality

- Legal support from governmental or non-governmental administration to properly deal with stigma and discrimination in relation to leprosy, etc.

All the needed help by the children sustains up to the child stops by himself/herself. The organization does not set a time limit for the clients to pass in a phase of assistance. This creates a shortage of supply, especially in clothing and job opportunity that are given in the organization for the children who want to support their families.

During the focus group discussion in connection to the common needs and major problems of children from leprosy victim family are facing, some of the children were overflowing with tears and anger presented what happened to them as follows.

#### **Case 1**

I came from a rural area while I was ten and sent out of the house to work as a med on people house to make money for the family. Since I was young I could not do it properly and stay in the work, I obliged to go back home. But what I faced was to generate income through begging.

When I do this I was shocked and confused for a longer time, because children on my age go to school and receive the proper care from their families and me begging food and coin from them. I know I had no chance to live in a better way. I was not liable to take any decision either my parents do have the capacity to support me.

After a year my parents realized this organization supports children from vulnerable society. They also checked with their neighbours and brought me here before eight years. I started eating enough food, getting clothes to cover my body, have friends, get counselling about manners, no or less discrimination because my parents are leprosy victims, go to school with the proper uniform and school supplies, get health care and in general I understand that I am a human being like others. At that time I came free from begging, and even sometimes if my parents are sick, this organization officials go home and take them to clinic. Now there is also less discrimination for us even though we are known that we came from leprosy victim families. No matter what exists now, I am trying to improve my life with the help of God and Don Bosco.

**Case 2**

My parents are victims of leprosy and they are unable to have good work for two probable major reasons. These are, either no one hires them or the disease is painful. My father is a guard of one organization and he earns very small amount of money, but he has also the skill of a carpenter, but no one gives him the chance when they see he is leprosy patient. My mother is also a house wife and she supports the family through the income and food she collects by begging. All the victims of leprosy are denied from the work they are interested in. They are totally unable to pay school fee, buy me food, cloth or satisfy the basic needs of the family in any ways. It is because of this that I came to Don Bosco and start receiving the help. By now I am having enough food, used clothes, medical care, friends, education, and stationary, place to wash my body, learn good manners and place to play. I can say that I am only going to my parents' house only to sleep.

Besides these, most essential needs mentioned by the respondents under each services category are: Psychological support counselling and follow up of the children emotional problems, socioeconomic support skill training, income generation programs, proper attention and closer follow up of those who were given training or establishment fund to start income generation projects, awareness raising on leprosy at family level, medical walking aids to persons with disabilities, clinical and medicine provision, reproductive and life skill training, and providing awareness education in public to address stigma and discrimination and violation of other rights.

Following the awareness of the needs and problems of children who came from leprosy victim families, discussants were asked to point out the right beneficiaries to the different care and support programs of Don Bosco. Before identifying the beneficiaries the parent discussants suggested that prior to giving access for any kind of socioeconomic help a detailed investigation has to be undertaken whether the client has any reliable economic sources or support or his/ her potential to work. He said that,

There are participants who are capable to work or have enough income to support their life, but share our fund and create shortage. This happens because the organization is not well organized in the selections of beneficiaries. Although there are clients who collect materials from the organization even after they grown up and get work. Because of these people, we cannot get the things we want on time. So I think the foundation must revise the history and situations of its clients in order to raise the benefits of the neediest.

But at this time they confirmed there is no much serious investigation to be registered in the organization. What is to be done is that they bring a letter from a sister NGO, called The Sisters, or they directly ask and registered in Don Bosco.

They also suggested that assessment should be done with the participation of leprosy victims, community, Kebele and Don Bosco officials. If the assessment result proved the client has no economic source and unable to work he/she should be helped as per their interest. For those who can work trainings need to be given or establishment fund provided so as to meaningfully enable them to start self sufficient life depending on the availability of fund. They further suggested of the financial and material supports need to be handed based on the joint assessment of the aforementioned group, because they think that it is not being distributed fairly. Medical support is also said to be given with this notion.

In connection with the discussion of beneficiaries and their entitlement to the care and support provisions discussants uncovered that Don Bosco is not providing enough help especially in clothing, and there is no good way of behavioural management system. That is the clothes are distributed once a year or in two years, and

they receive just a piece or two pieces. Coming to the behavioural management systems the organization officials take a very serious measures, such as beating children or expelling them with emotions devoid of any prior chances are given to them. This was properly expressed in the beneficiaries' interview and FGD as those who are youngsters and seems strong enough to work and who are rejected from enough psychological supports and feel they are underserved. One of the boys said,

The punishment is serious and harmful; for example for one of our friend who did just a little mistake yesterday was punished by burning his shoe. I mean, we are here because we need consistence and proper care, but at sometimes we are beaten and at other times children may get fired from the program. And also if something is lost from the compound it is us who will be suspected for stealing. I think the best way to correct the behavioural problem of children serious counselling and inside behavioural management systems should be used. Otherwise expelling from the program puts the life of the child in danger.

#### **4.2 INTERACTION AND INTEGRATION IN DON BOSCO**

The Salesians of Don Bosco works with volunteers and employed staff who are Ethiopians and foreigners and serving children of families who are vulnerable to poverty because of being leprosy victims or other reasons. Positive attitudes and harmonious interactions of these persons positively contribute to the smooth implementations of programs and in rendering quality services. Therefore, beneficiaries who are receiving the help of the organization were interviewed on their reflection about their interaction and integration in Don Bosco. Interviewees quickly responded that their being from leprosy victim family has no impact on their relationships with the

staff and the other clients. The living and learning atmosphere is said to be peaceful and pure from any discomforts and is encouraging to live harmoniously. One of the girls participants further added;

Don Bosco is the best exemplary place to learn a community free of discrimination and stigma and a close relation and interaction of all persons with any form of disability or poverty.

I have observed this smooth and encouraging staff and beneficiaries' relationships and interactions. This is best asset to attain goals and objectives of the organization and assuring project ownership.

#### **4.3 ADDRESSING NEEDS OF CHILDREN WHO CAME FROM LEPROSY VICTIM FAMILIES**

To assess the contribution of the community based services in addressing the felt needs of the children who came from leprosy victim families, interviews and discussions were held with FGD participants. They started reviewing their situation before and after they got access to Don Bosco services. Most of them eloquently uncovered that before coming to association they were living in a very bad condition with doubting their future, having complicated psychological problems, physically weak, alienating themselves from the society, losing meaning to life with no value between life and death, without education, with hunger, highly starved and etc. As a girl participant mentioned,

Before I come to this organization I was begging with my mother in the church. Now I am sure that I have the basic needs including food, cloth, education, friends and etc. from Don Bosco. So there is nothing that takes me to begging again, since I even can stay as long as I want.

One another boy also said,

After I came to Don Bosco I feel safe. Because I can run my day with peace and pleasure. For example today I know that I have food to eat, place to play like I am in my home, go to school and meet friends without being discriminated.

All in all, they had no hope of living positively as equal creatures of a human being and assumed that they would die in the very near future. However, they stated that the mere opportunity of being enrolled in the community based program of Don Bosco significantly changed their life to continue with hope and to be able to achieve all their goals.

All of the following project activities were described by FGD participants and parents of beneficiaries' representatives as addressing the needs of clients and made a real difference in their lives: the food service, clothing service, educational support, the counselling service, support of leprosy victim families, skill training, income generation scheme, vacation and relaxation provision, medical and diagnosis cost coverage, school related expenses coverage, and all supports given for bedridden parents of the children being assisted by the organization.

Interview and discussion held on frequently reported complaints. These findings are presented in the following table:

Table 1. Most frequently reported complaints

Major problems	Respondents	
	FGD participants	Sample Beneficiaries
Cloth distribution support	X	X
All around leprosy related support	X	X
Nutritious food support for the children	X	X
Support on stigma and discrimination		X
Job for skill trained persons	X	X
Absence of strong network with government offices and media	X	X
Good treatment and behavioral management	X	X
Screening procedure on identifying the most needy beneficiaries	X	X

The table shows most of the frequently reported complaints are from socio economic needs and structured management. Both FGD participants and sample families of children who are victims of leprosy felt the problems. According to the

responses of FGD participants and their parents, the major causes were: lack of information and clarity on how the helping process is processing or conducted, absence of beneficiary consultation and participation and absence of timely monitoring and evaluation of activates by other governmental or independent bodies. They also mentioned that throughout the time they spend in the organization I am the first person even to ask about what help they are getting from the organization and their problems.

#### **4.4 BENEFICIARIES PARTICIPATION**

One of the elements of providing qualities service for vulnerable children is their participation in all the project phases. Focus group participants and parents of the children who are victims of leprosy were asked to show the extent of their participation in the program and how they need to be involved. During the discussion one participant said,

We do not have any idea about when and how we receive help. I do not even have the understanding of what participation means. Everything is decided by the officials and what they hear or get is neither known for who said it nor did it. For example, about cloth they just call and give to any child they want at any time of the year. And even if we say why there is no answer.

From the discussion I understood that they have no/less way to complain or ask more help. The interviewees strongly inquire the Salesians of Don Bosco officials to participate beneficiaries in all appropriate stages of the project to improve project activities.

#### **4.5 BENEFICIARIES SELECTION AND REFERRALS**

The needs of children whose parents are affected by leprosy are too many. There are only few criteria to be enrolled in the organization. Many who came with the

recommendation of the sister organization called The Sisters and those who came with their parents to the organization and explain their problems are accepted without any long process if there is place. In the interview one boy told me that,

I came to Don Bosco because of the recommendation from the sisters.

One day I went to them to get medical treatment, and then they referred me to here because I was malnourished.

Another girl said,

I was begging for about six months at the church door in front of this organization. But after I hear that the organization helps children like me, I told my parents to ask for me. Then without any long process I join Don Bosco.

The participants pointed that there are children who are under the helping process while they do not deserve, or who have other opportunities of supporting their lives, and share the help. But because of these children those who really need an emergency help are not being addressed, since there would be shortage of supplies by the organization. So they suggested the screening mechanisms must be strengthen and allocate resources more effectively.

In assessing the accessibility of services to any of the children whose parents are victims of leprosy; the sample interviewees and their parents were asked if the organization underserved or refuses any group of persons. The interview revealed that as the mission of the organization is to provide qualitative community based services to all the needy, Don Bosco accepts all applicants to its membership without any discrimination and marginalization unless there is shortage of fund or place in the school, as it is always explained by the officials.

#### 4.6 ATTITUDES OF BENEFICIARIES TOWARDS DON BOSCO

In line with the objective of knowing the differences observed by all care and objectives of the organization is realized, FGD participants were asked about their overall view and attitude towards the care and support services. Interviews were also made with this point with sample beneficiaries of children whose parents are leprosy victims and their parents.

All the participants have a very positive attitude towards Salesians of Don Bosco. All the FGD participants agree that it has changed their life positively even to the extent of seeing their future with hope. Some of the sayings to express the contribution of Salesians of Don Bosco are as follows:

Don Bosco is my home where I can wash my body and play.

Don Bosco is my best place where I have persons to hear my burden.

Don Bosco is my hope to take all the responsibilities to raise me with proper education.

Don Bosco is my parent who saved me from begging on the streets and gives me cloth and food.

Don Bosco is my source of happiness.

Don Bosco is the place where you do not come across any forms of stigma and discrimination.

Don Bosco is the place where I can spend all my free time.

Don Bosco is the place where children whose parents are leprosy victims improve their future.

Continuing their discussion, participants revealed that though they point out some weaknesses of project implementation procedures, they said the Salesians of Don

Bosco intervention has installed hope in children of the leprosy victim families to live with happiness and to initiate themselves for taking life responsibilities, to be educated, psychologically adjusted, economically optimistic and to live as any children whose parents are healthy and capable to satisfy the need of their children.

With the overall strength of the Community Based Programs, FGD participants and interviewees identified the major strengths of the organization as:

- **Organizational** - The establishment of the organization by foreigners and few Ethiopians; and their commitment to serve these highly vulnerable groups, acceptance of children whose parents are leprosy victims in the program, establishment of different vulnerable groups support and applications of policies, strategic plans, guidelines, and protocols.
- **Services** – The provision of counselling, education, medical, hygiene and others services of the organization to children of people affected by leprosy; and in some cases to their parents.
- **Living atmosphere** - The existence of welcoming atmosphere in the organization, the commitment of staff to support others, facilitation of different opportunities for vulnerable children to get love and materials.

#### **4.7 ATTITUDES OF BENEFICIARIES' FAMILIES TOWARDS DON BOSCO**

On the other side jointly with the objective of knowing the differences observed by community based programs of the Salesians of Don Bosco leprosy victim parents of the children realized, and tell their overall view and attitude towards the care and support services. Interviews were also made with this point with the samples taken. All the parents have a very positive attitude towards the Salesians of Don Bosco. All the FGD interviewees agree that it has changed their own and their children life

positively even to the extent of seeing their future with hope. Some of the sayings to exp

Don Bosco is taking our role and raising our children.

Don Bosco is my best place where I can send my child to play.

Don Bosco is my hope to take all the responsibilities to raise my child when I die.

Don Bosco is an organization which educates my child.

Don Bosco is the place where our children do not suffer from any forms of stigma and discrimination.

Don Bosco is an organization which feeds, dresses, model with good behaviour and thinks in every aspects of life to my child more than I do.

Don Bosco is the organization which makes my child free from begging.

Continuing their discussion, they said,

The Salesians of Don Bosco intervention has installed hope for our children and even us to live positively in the proper care.

With the overall strength of the community based programs the sample interviewees identified the major strength of the association as:

- **Organizational** - The establishment of the association by foreigners and few Ethiopians, centring their area of living and their commitment to serve them because they are highly vulnerable groups which comes with their being leprosy victims.
- **Work atmosphere** - The existence of welcoming atmosphere when they come to register their children or require additional help.
- **Health** – Their children and themselves get medical services whenever they are sick and the death for leprosy victims and their families has decreased.

- **Psychological** - Belongingness feeling developed, hope is installed to see their children with bright hope; means they are not going to be sent to the streets to beg and eat, or get starved.
- **Socioeconomic** - Salesians of Don Bosco help their to resume their schooling, eat enough food, keep their hygiene and improve their conditions. So that the parents income will be enough to the few left members of the family.

**4.8 LESSONS TO BE LEARNED FROM DON BOSCO COMMUNITY BASED PROGRAM**

Based on the objective of identifying the best experiences and practices there by creating access for other agencies to adapt and even to help Salesians of Don Bosco capitalize on it, interview with the beneficiaries, their parents and, FGD was held. These uncovered that the following services and methods of operation are the best practices that need to be adapted and continued.

- Provision of basic needs based care services based on the felt needs of children of leprosy victims through professionals and volunteers.
- Provision of counselling by professionals for individuals, group, and family base by integrating live experiences of other more vulnerable groups.
- Esta  
 blishment and closer support for children whose parents are affected by leprosy enabled them to get peer support to fell with their problems, encouragement to live positively with their economic weakness, to protect stigma and discrimination to leprosy related problems, to learn better ways of living, developing a sense of belongingness which further installs hope of having protection at critical times.
- Prov  
 ision of services with professionals who are committed and having

- C  
reating opportunities for learning and developing skills which helps to generate income and to address problems that come because of poverty, as a result it significantly contributes to make each day comfortable.
- T  
he willingness and determination to accept and adapt the needy and to

I had had also opportunity to observe some of the manuals produced, and reports which shows the foundation tries to monitor and evaluate its programs.

There in the strategic plan shows no clear way of monitoring and evaluation of projects. There is no even the participation of the beneficiaries with the organization officials in the planning of the programs.

Although the interview and retrospective review on the planning, monitoring and evaluation program required Don Bosco needs to develop and adapt locally fixed amount of time and budget to effect monitoring and evaluation together with the beneficiaries, however, it has not committed itself to make any form of transparent evaluation and communicate results to beneficiaries.

## CHAPTER FIVE

### 5. DISCUSSION, CONCLUSION AND RECOMMENDATION

#### 5.1 DISCUSSION

As mentioned in the methodology section, a total of 20 subjects (ten from children of the leprosy victims and ten from leprosy victim parents whose children supported by Don Bosco) were included in the study. Employing qualitative data sources, the study provided an assessment of the organization's community based programs. This section discusses the major findings and presents conclusions, suggestions and recommendations made.

Poor parents took their children with them to suffer the degradation of the almshouses. Other children remained at home with their parents receiving "outdoor relief," a form of "in kind" assistance. Children who had no parents or could not be kept by these parents were cared for by others, originally church-sponsored organizations Cynthala (2001, p.6). Children whose parents are victims of leprosy have wide- ranging needs. To address these needs, programs require the setting of standardized objectives. The documents reviewed revealed that the care and support program guideline is designed in such a way so as to meet the children needs set by the officials of the foundation.

According to Mesele (2005, p.1) Leprosy is the oldest slow killing, yet physically and consequently socially crippling scourge, which man has known since time immemorial. For very many centuries, leprosy has signified problems both medical, between the host and the parasite, and social, between the patient and the

society. Based on the guideline the Salesians of Don Bosco has adopted its objectives to render quality care and support services for children of leprosy victim parents. Although it lacks clarity, setting such objectives that match with the local condition, availability of resources and demands of beneficiaries is found to be considered as laying a strong foundation and paving ways to offer quality services. I found this as the initial strength of the Salesians of Don Bosco that enables it to render the required community based services in such a resource constrained setting. However, the assessment indicated the existence of some constraints that hinder the Salesians of Don Bosco not to attain the objectives as they are meant to be attained. This will be discussed in the subsequent sections.

According to Mesele (2005, pp.161-167) the sufferers were obliged to join their “own kind” moving to the leprosaria. Together with the social ostracism of the sufferers both in marriage and property that forced them to move and settle in the leprosaria the segregation of the sufferers was chiefly enforced by the government itself and made them vulnerable to poverty. The wide ranging needs of the vulnerable children in Don Bosco are categorized under four broad categories: Medical support, Socio-economic support, Psychological support and Educational support. The document reviewed revealed that Don Bosco has also organized its care and support services under these four broad categories.

The close review of the project documents, discussions held with FGD participants and the interview held with children of leprosy victim families and their parents reveals that most of the activities categorized under the four major areas of care and support programs are found in Don Bosco program. The effort to provide these supports appropriately is hampered mainly by lack of fund resources, and transparency with clients. However, the effort of Don Bosco to make available the essential care and

support activities with the prevailing multi-dimensional constraints was found as one of the indications for the strength of Don Bosco's capacity and its endeavour in attaining the needs of beneficiaries.

According to the base line study by Addisalem (2001, pp.36, 62) on persons affected by leprosy, there is a shift from any occupational status after onset of the disease. Thus begging, which was insignificant before onset of the disease, will rise up highly and on the contrary the number of those who were engaged in other better occupations before the onset of the disease, will drastically decrease after onset. As to the burning needs of leprosy victims children, FGD participants and key informants in the interviews revealed that meaningful protection of human being of people infected and affected by leprosy, psychological supports by the professionals, clothing assistance, hygiene facilities, medical support, playing areas and nutritious food support are the most essential needs. The assessment concludes the overall program of care and support intervention of Don Bosco is organized to address these needs. However, due to the lack of communication and transparency between the organization's officials and the clients, in which clients are not receiving the actual needs they have on time. This is also arises from the point that, the clients are not aware about what areas they will be assisted at different times since they are not participating in the planning, implementation and evaluation of the programs.

According to House (1981) Social Support is associated with instrumental support that involves the provision of tangible aid and services that directly assist a person in need. It implies the specific the supportive actions received, and the extent to which a person is integrated within a social network. Regarding the cloth and food assistance they are getting, FGD participants revealed that they do not even sometimes

get a piece of cloth per year; and the food they eat is similar every day, for this reason they pointed as they are eating a less nutritional value food. Also due to their economic insufficiency, they are forced to look frequently for additional income generating means to buy cloth and additional food. FGD participants bitterly described that some of the staff of Don Bosco treats them in a wrong way, in which they beat them or expel them from the care program without enough reasons, pre-counselling or tolerating enough. They further added Don Bosco do not provide the assistance to all the neediest parsons rather, it accepts those who asked first and ignores the others who came late, even if they have enough reasons. Not having a phase out strategy also lets the children who are capable of supporting themselves share the resource of the very needy and stay in the program for unlimited number of years.

Thus, what strengths are observed in other services, the primary data obtained reiterated that Don Bosco falls short in meeting some of the basic needs. This could be attributed to resource constraints in the organization and its limited help to children whose parents are affected by leprosy. This, as to my belief, needs further investigation and thus should be addressed as needed. Social workers in particular are expected to be involved in this kind of research and to play their role of advocacy on behalf of these underserved citizens.

Everyone in the world is to some degree “at risk.” Scarce resources are becoming increasingly scarce because of overpopulation in many areas. But not everyone in the world faces the same degree of risk Carolyn (1996). Similar to the all around support to the children of leprosy victims including food, school, clothing, counselling and hygiene control, they are still the ones who are reported as those whose needs are not met. As children are the future assets of any country and as they are suffering from the impact of their parents’ disease at earlier ages the situation calls for

the determined actions of all concerned bodies. The absence of such proper service provisions in this area could not be taken as overlooking the importance of the service or lack of commitment by the Salesians of Don Bosco. Budget limitations to meet the needs of beneficiaries can easily be observed from the increase in the number of beneficiaries of the organization. Though the services are similar in their types and in their formative years, Don Bosco showed the mismatch of the budget and the needs. With budget limitations, it is illogical to expect addressing wide ranging needs of beneficiaries. However, adequate effort by all concerned bodies is needed to change this blurred picture. Particularly, the government should play the leading role in mitigating this problem.

Focus group discussants and beneficiaries ' representatives pointed out that in Don Bosco there is no room for beneficiaries' participation at any stage of the project cycle. According to the Ethiopia Federal Negarit Gazeta (2008, pp.4028-430) state parties shall ensure that children with disabilities have the right to express their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right. The participation of beneficiaries is a strong element to effect program implementation as well as identifying the key needs of the beneficiaries. As there is no single intervention or " magic bullet' to address the multifaceted problems of children whose parents are leprosy victims, meaningful participation of beneficiaries could critically help the success of Don Bosco's initiative. This attitude further was developed in the perceptions of clients of Don Bosco that, it has less commitment to support them with the needs until they become in critical problem. This also reveals the absence of transparency in project implementation with respect to the organization. During the FGD and interview, participants showed greater interest to participate in the

programs they are receiving. Literatures also favour the greater involvement of beneficiaries' interventions, which benefits both beneficiaries and implementing organization. This critically helps in attaining the goals and objectives of the program as well as in improving the life of the clients.

According to Jorge (1998, p. 32) Social service workers bring two sets of skills to their work: a way of thinking about their clients and a way of functioning to encourage change. If workers are to increase their mastery of interventions that support families, they must develop both a systemic, family-oriented framework and an expanded set of techniques for implementing new ideas. The large number of needy clients to support is mentioned now and then both by beneficiaries participated in FGD and interview and by the official of the association As described earlier, the shortage of fund could not enable Don Bosco to help all the needy with their material and psychological needs. The FGD held has shown that most of the clients of the organization who came with deep rooted problems which were not addressed anywhere before they get in to Don Bosco are enabled to have dramatic improvements in their ways of life are evidenced in their responses mentioned in the finding section. According to the WHO (2007, p.11) definition, inclusion also means placing disability issues and people with disabilities in the mainstream of activities, rather than as an after-thought or 'bolt-on'. Therefore, in my opinion, allowing clients to enrol in the program by itself is showing acceptance of vulnerable children especially those who are from parents of leprosy victims. The feeling of acceptance will further help clients to develop a sense of belongingness. By and large, Don Bosco's principle of open door policy and provision of this service helped to improve the quality of life of people living under poverty level and their family. In connection with the feelings of unaddressed economic and material support, Don Bosco needs to increase the

awareness of its clients that its financial resources are frequently not in a sufficient position to address the entire needs of all needy beneficiaries, though their case is concrete and acceptable.

The FGD and interview findings indicate that home care and clinical services for the parents of the children are found to be the other strength of the organization. Don Bosco takes the parents to the clinic and buys the prescribed medicines whenever the children reported to the office that their parents are sick and require the management of their medical and clinical cases. The interview revealed that beneficiaries are happy with the services they get from this section. It is also mentioned that, the established procedure of reimbursing costs expended for purchase of medicine and inpatient services beyond improving their health help to develop a feeling that leprosy victims have better concerns by others. This implies, the medical services provided in Don Bosco help to improve the psychological makeup of the beneficiaries.

One of the FGD participants, emphasizing the education service they have from Don Bosco, said if we had not have this opportunity we might not get this chance to see each other . It is also mentioned that the existence of these children support groups helped all newcomers/clients to get a living example that if any child accepts his/her position can hopefully live positively being as an active citizen. According to Malcolm (2005, pp.12-13; 306) anti-oppressive theory is supported by evidence of discriminatory social relations and provides a well-worked-out explanatory account, but has less evidence for its practice prescriptions. It seeks to be more a value base and approach to practice incorporating other practice methods and so leans towards being inclusive. Don Bosco has been doing lots of efforts to improve the already damaged psychosocial wellbeing of the beneficiaries. But, the absence of teamwork with

beneficiaries in Don Bosco puts a lot of confusion to the clients on Don Bosco's intervention. Therefore, existence of such problems and the care and support services call for the establishment of transparency in providing comprehensive care and support services.

According to Laura (2001), the strength-based approach is fuelled by a sense of hope and a belief that every youth, every family and every community – no matter how distressed or compromised as they are presented to justice or professional helping systems – have strengths. A strength-based practitioner enters into a relationship with all clients looking for resources to support change, growth and positive development, and carries an abiding senses that such resources are always there.

The study also revealed beneficiaries have positive attitudes towards the overall care and support programs of Don Bosco. FGD participants and beneficiaries mentioned that the bad situations of children whose parents are leprosy victims improved right after they get membership status to Don Bosco. To summarize this finding, Don Bosco's care and support is improving the quality of life of leprosy victim parents' children and their families. Based on this finding, the most significant and crucial support for the children is found to be installation of hope via appropriate counselling and material supports. I am confident enough to say if any child from leprosy victim family sets his/her feet one step in to Don Bosco's compound his/her psychosocial problems and worries will get improved and see his/her future with better hope and vision.

Though assessment enabled to see Don Bosco's intervention in improving the situations of the beneficiaries' of the organization, subjects interviewed and those

participated in FGD disclosed that it has some problems to render services that address some extent of the wide-ranging needs. The problems mainly arise from insufficiency of resources, the increasing number of needy clients, absence of participating beneficiaries in the program and lack of strong networking. Since Don Bosco is working in very scarce resource settings with large number of clients it is logical to expect the existence of plenty of unmet needs and complaints. The absence of beneficiaries' participation has made clients feel that comprehensive care and support of Don Bosco goes inappropriately.

It is also mentioned most of the clients take it for granted that being a beneficiary in Don Bosco is considered an automatic entitlement for supports. This all implies that Don Bosco lacks transparency in its activities and program implementation. Beneficiary's participation is believed of a help in matching the existing scarce resources with the neediest ones and to avoid any misconceptions. It also helps them to cooperate with the status quo that could give room to look for their own alternatives.

One of the ways of improving service delivery is making timely monitoring and evaluation together with beneficiaries. Conducting monitoring and evaluation using trained staff with the participation of beneficiaries would have been a help to make timely improvements of interventions, identify achievements and best experiences, and show the public the gap between demands and supply. It also would help to make decisions on resource allocations, to prioritize needs and to gear interventions towards the full realization of goals and objectives of the organization. This study uncovered the importance of monitoring and evaluation in the presence of beneficiaries particularly

for Don Bosco to improve its intervention which directly contributes in improving the quality of life of its clients.

## 5.2 CONCLUSIONS

Salesians of Don Bosco (Provincial House and Procure, Bosco Children Mekanissa Center) which was established in 1992, with 80 handicapped children has now exceeds 1260 clients. By utilizing the community based services and strategies Don Bosco is providing services to children of leprosy victims and their families. The assessment conducted here based on the principles of process evaluation concludes the following as a whole.

1. Don Bosco has organized and categorized the community based services and activities as to offer the required care and support in a continuum.
2. The overall assessment of the care and support interventions of Don Bosco found as improving the living situations for children of leprosy victims and their families.

Specifically these improvements observed in:

- Installation of hope on continuity of life via counselling and material support of the organization.
- Provision of experience sharing opportunity among beneficiaries on living positively with their families background.
- Restoration of the feelings of worth of an individual and human dignity via open door policy for Don Bosco's support.
- Improving the health and living situations of children of leprosy victims and their parents through medical/clinical supports.
- Assisting the children and their families via the provision of little income generating means in order to cover their transportation money and additional needs.

- Provision of school supplies and school fee.
  - Developing the feeling of belongingness and worth of an individual via the support they are getting on medical services like cost reimbursement and supervision.
3. The assessment also identified the areas where Don Bosco lacks to give special consideration and attention on needs of beneficiaries. These needs include:
- Enough fund
  - Proper behavioural management systems
  - Provision of nutritious food
  - Regular distribution of clothes
4. Don Bosco has shown loose commitment in participating beneficiaries in project designing, implementation and monitoring and evaluation.
5. Beneficiaries have favourably perceived the services offered by Don Bosco, however some limitations and strengths are observed. The weaknesses of the organization include.
- Absence of beneficiaries participation
  - Lack of establishing and effecting meaningful networking with the Kebele and other relevant bodies.
  - Absence of proper advocacy for attaining sufficient budget
  - Absence of transparency with service designing and implantation with beneficiary's participation.
  - Absence of satisfying support for leprosy victims children
  - Absence of proper technique and mechanisms to identify the right beneficiaries with the right supports

The assessment found the following strengths of Don Bosco:

- Provision of counselling support
  - Establishment and strengthening of children of leprosy victims group
  - Acceptance of the children of leprosy victim families
  - Establishment of conducive functional relationship between children of leprosy victims and their environment
  - The patience and committed staff support the large number of beneficiaries.
6. From the overall assessment of the community based projects it is also possible to conclude that, Don Bosco has significant budget constraints to provide comprehensive care and support services and hence the organization could not fully meet its goals and objectives.

### **5.3 RECOMMENDATIONS**

Based on the findings and assessment of the evaluation some recommendations could be pointed out for use both by Don Bosco and other similar organizations as well as researchers who intend to pursue further and deeper studies.

As a whole, the care and support programs of Don Bosco has made a significant contribution in improving the quality of life of children whose parents are leprosy victims and their families, via material assistance and counselling for living happily and enabling them to lead life self sufficiently. Most importantly, the educational and psychosocial supports help them to install hope and latter this hope urges them to look for the fulfilment of other needs that lead them to have self-reliable life. Therefore, as long as resources are available, the commitment in Don Bosco can take all activities to a higher standard to achieve the goals and objectives to a better success.

The observed changes in the lives of beneficiaries and the achievements of Don Bosco indicated that if relevant measures are taken in Don Bosco's care and support intervention modalities and improved financial resources, the observed changes would have been scaled up to a higher level. Therefore, to improve the existing care and support provisions to bring significant and all rounded changes in the life of leprosy victims' children and their families the followings are recommended:

The lack of involvement or participation of beneficiaries in the care and support provision of Don Bosco led to misconceptions in the part of the clients of the organization. To change these erroneous understandings, to prioritize the needs of beneficiaries, to identify the neediest ones and above all to enhance the positive ways of implementing care and support programs, Don Bosco should devise and implement meaningful and sensible beneficiaries' participation in all project cycle.

It was found that the Don Bosco has wide gap between the demands of clients and the funds availability that need to address the comprehensive care and support services particularly for socioeconomic supports. In order to minimize the observed gap and to address the needs of the clients, Don Bosco has to look for better funding sources. To get reliable funding the organization has to work more on advocating its services and beneficiaries needs of supports to the public, community organizations, government, disability prevention and control offices and external donors.

The existing care and support services of Don Bosco are proved to have a significant impact in changing the quality of life of beneficiaries and bringing concrete differences on those directly benefiting from the supports.

Therefore to extend the services to large number of needy clients and to improve also the existing interventions, Don Bosco should scale up the already existing services by obtaining support from an increased number of funding organizations, increasing the number of volunteers and sharing experiences from all directions, and increasing the public recognition of the support program.

Most of the problems observed in rendering the community based services in this assessment work are found to be attributed to the absence of fund and transparency of activities to beneficiaries in its designing implementation and evaluation stages. Therefore, Don Bosco is required to affect the planned activities as per the adopted indicators of achievement, guideline and budget with the objective of improving the quality of service delivery through beneficiaries' participation. The findings of this assessment came up with significant indications, fitting with Don Bosco's Strategic Plan, that need to be utilized properly and to use as a stepping stone for effecting further interventions.

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## ANNEXE 1

### Interview Guide with Children whose parents are affected by Leprosy and currently learning in Preparatory College of Don Bosco

Good morning. My name is Samuel Mengesha. I am studying ways of improving the care and support program of Salesians of Don Bosco. The objective of the study is to assess the care and support programs in making a difference on the lives of Children of Leprosy victim families.

As part of the assessment, I am going to talk to other concerned beneficiaries. I would use the information I generate to full fill the requirement of the MSW degree and to show the Salesians of Don Bosco its effort in addressing the identified care and support needs of children whose parents are affected by Leprosy. The information I collect will not identify you in any way; all information you provide will be kept confidential and there will be no problem for your participation in this study. Thank you for agreeing to be part of the study.

1. Name of the Organization \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone/Fax \_\_\_\_\_
4. E-Mail \_\_\_\_\_
5. Identity of Person Interviewed and Titles \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Interview Questions

1. Please tell me how you would like to be involved In the program?
2. What was the reason that pushed you to seek help from the Salesians of Don Bosco?
3. What is the extent of your participation in the program designing, implementation, and monitoring and evaluation?
4. How do you respond to the care and support programs of Salesians of Don Bosco?
5. What are the differences observed because of the care and support interventions?
6. What are the limitations of the care and support programs of Salesians of Don Bosco? How could they be addressed in the future activities as of your suggestion?
7. What are the successes/strengths of Salesians of Don Bosco in its care and support programs from your perspective?
8. Are any clients group with the same case as you are underserved and refused by the organization? How does this occur?
9. Are resources and supplies sufficient for providing basic care and support services?
10. What are the most frequently reported complaints from Salesians of Don Bosco care and support interventions? Which of them are improved and which others still need improvement?
11. What are the claimed sources of these complaints from the general beneficiaries' perspective?
12. How do you perceive staff attitudes towards beneficiaries and vice versa?

## ANNEXE 2

### Interview Guide with Families of children assisted in the program of Don Bosco

Good morning. My name is Samuel Mengesha. I am studying ways of improving the care and support program of Salesians of Don Bosco. The objective of the study is to assess the care and support programs in making a difference on the lives of Children of Leprosy victim families.

As part of the assessment, I am going to talk to other concerned beneficiaries. I would use the information I generate to full fill the requirement of the MSW degree and to show the Salesians of Don Bosco its effort in addressing the identified care and support needs of children whose parents are affected by Leprosy. The information I collect will not identify you in any way; all information you provide will be kept confidential and there will be no problem for your participation in this study. Thank you for agreeing to be part of the study.

#### Consent

I am going to ask you some questions related to care and support programs of the Salesians of Don Bosco, which some people might find them difficult to answer. Your answers are completely confidential. Your name will not be written on this study. Your honest answers to these questions will help to better understand the care and support provisions, and to improve services in the future.

\_\_\_\_\_ Agreed

\_\_\_\_\_ Not agreed

Signature \_\_\_\_\_

Date \_\_\_\_\_

1. Name of the Organization \_\_\_\_\_

2. Address \_\_\_\_\_

3. Telephone/Fax \_\_\_\_\_

5. E-Mail \_\_\_\_\_

6. Identity of Person Interviewed

❖ Name \_\_\_\_\_

❖ Age \_\_\_\_ Sex \_\_\_\_\_ Title \_\_\_\_\_

❖ Service year in the program \_\_\_\_\_

❖ Educational level \_\_\_\_\_

## Interview Questions

1. What are your basic help you are receiving from the care and support programs of the organization?
2. How do you perceive staff attitudes towards you role and vice versa?
3. How do you perceive the care and support programs of Salesians of Don Bosco to the People Affected by Leprosy (PAL) in general?
4. Please tell me how you would like to be involved in the program?
5. What is the extent of your participation in the program designing, implementation, and monitoring and evaluation?
6. How do you respond to the care and support programs of Salesians of Don Bosco?
7. What are the differences observed because of the care and support interventions?
8. What are the limitations of the care and support programs of Salesians of Don Bosco? How could they be addressed in the future activities as of your suggestion?
9. What are the successes/strengths of Salesians of Don Bosco in its care and support programs from your perspective?
10. Are any clients group with the same case as you are underserved and refused by the organization? How does this occur?
11. Are resources and supplies sufficient for providing basic care and support services?
12. What are the most frequently reported complaints from Salesians of Don Bosco care and support interventions? Which of them are improved and which others still need improvement?
13. What are the claimed sources of these complaints from the general beneficiaries' perspective?
14. How do you perceive staff attitudes towards beneficiaries and vice versa?
15. What would be the fate of your children if Don Bosco has not been here?

## ANNEXE 3

### Focus Group Discussion (FGD) Guide

Date of FGD \_\_\_\_\_

Venue \_\_\_\_\_

Age range of participants' \_\_\_\_\_

Sex of participants' \_\_\_\_\_

Time FGD started \_\_\_\_\_

Time FGD ended \_\_\_\_\_

My name is Samuel Mengesha. I and two among you are gathering information on the care and support program of Salesians of Don Bosco. The objective of the study is to assess the care and support programs in making a difference on the lives of Children of Leprosy victim families.

As part of the assessment, I am going to talk to other concerned beneficiaries. I would use the information I generate to full fill the requirement of the MSW degree and to show the Salesians of Don Bosco its effort in addressing the identified care and support needs of children whose parents are affected by leprosy. The information we collect will not identify you in any way; all information you provide will be kept confidential and there will be no problem for your participation in this study.

### Discussion Points

1. What are the common needs/major problems that children from leprosy victim family are facing?  
Who do you think are the neediest to the care and support program of Salesians of Don Bosco?
2. What are the care and support services you are obtaining from the organization?
  - ✓ Basic Education and Trainings
  - ✓ Clothing and Food
  - ✓ Medical
  - ✓ Psychological and emotional
  - ✓ Socioeconomic support
3. Which of your needs are properly addressed by the organization and which provisions bring change in your life situations? What are these changes?
4. Do you think that you are getting the optimum care and support from the organization?
5. What do you think are the best way to support the PAL and their family members under the program of Salesians of Don Bosco?
6. Which areas of care and support provisions of the organization need improvement? How can these existing services be improved?
  - ✓ Organizational action
  - ✓ Community action
  - ✓ Governmental action
  - ✓ Beneficiaries action

7. What is the extent of your participation in the program designing, implementation and monitoring and evaluation? Please tell us how you would like to be involved in the program.

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8. What are the procedures of accessing beneficiaries' needs in timely and organized manner with the available program? Are you satisfied with the procedures?
9. In general, what is the attitude of beneficiaries towards the care and support program of Salesians of Don Bosco?
10. Are there any comments that anyone of you would like to make about the provision of care and support by the organization?