



**ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
SCHOOL OF BUSINESS**

**ASSESSING THE IMPLEMENTATION OF CHILD
REUNIFICATION PROJECT: THE CASE OF 'KECHENE'
CHILDREN AND YOUTH REHABILITATION CENTER, ADDIS ABEBA**

**BY
SELAMAWIT TESHAYE SANA**

**July, 2020
ADDIS ABEBA, ETHIOPIA**

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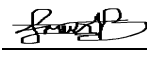
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BY

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Declaration

I, the undersigned, declare that this thesis is my original work prepared under the guidance of Dr. Misganaw Solomon. All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of any degree.

Name

St. Mary's University, Addis Ababa

Signature

July 2020

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LIST OF ACRONYMS

ACPF	Africa Child Policy Forum
ACRWC	African Charter on the Rights and Welfare of the Child
CRC	Convention on the Rights of the Child
CWI	Child Wellbeing Index
CBCC	Community Based Child Care
ERCA	Ethiopia Red Cross Association
FHI	Family Health International
FHAPCO	Federal HIV/AIDS Prevention and Control Office
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IISS	International Institute of Social Studies
KCYRC	‘Kechene’ Children and Youth Rehabilitation Center
MoLSA	Ministry of Labor and Social Affairs
MoH	Ministry of Health
MoWA	Ministry of Woman Affairs
MoWYC	Ministry of Woman, Youth and children
NCC	National Children’s Commission
OVC	Orphans and Vulnerable Children
SQI	Service Quality Index
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children Emergency Fund

ABSTRACT

Unaccompanied children placed under institutional care are likely to encounter a complex web of problems from pre to post phases of reunification. Recent research and practice demonstrate the negative effect of prolonged stay under institution care on social behavior and interaction of children's with others. However, no research was conducted to analyze child family reunification projects in Ethiopia context. Accordingly, seven children who are reunified from the KCYRC, coordinator of the child care institution, two social workers, and one counselor from the organization were interviewed to provide deep descriptions of organizational structure and function in relation to reunification projects. The data collected via interview, observation and relevant document review was subjected to an interpretative analysis and the findings are generated and systematically interpreted as successive piece of data. Generally, this study found that the reunified children had experienced great difficulties in their reunion with their families, peers and with the society. Most of the reunified children who could not cope with the difficulties might probably return to the institution or the streets. These difficulties had emerged mainly from the prolonged institutional care, long-time separation from their families, and urban way of life. The researcher recommended that the organization should formulate holistic plans, procedures and evaluation strategies to carry out reunification program that can help to trace back situations of reunified children in order to utilize resources wisely & appropriately.

Key words: *Children, Reunification, project*

CHAPTER ONE

INTRODUCTION

1.1. Background

Ethiopia is the second most populous country in Africa with a total population of 109,224,559 (World Bank, 2018). The population in Ethiopia is for the most part characterized by a really youthful structure, with children underneath age 15 accounting to 42 % of the national population (USAID, 2017). Since it is difficult to argue that children are responsible for their own action, they are entitled for protection and should grow in an atmosphere of happiness, love and understanding for their full and harmonious development.

According to a report of the African Child Policy Forum (2012), millions of children are left without parents, and that Ethiopia is among the countries hardest hit by the crises. In 2011, approximately 6 million children in Ethiopia were considered vulnerable because they are deprived of their family (African Child Policy Forum, 2012). Care and support for orphans and unaccompanied children through institutional care was taken as a quick and proper alternative, and the government decided to open orphan centres in order to save as many lives as possible (ISS/IRC Ethiopia, 2006).

Eventually, however, the Ethiopian government realized the harmful effects of institutional care. As a result, policies and procedures that would address the needs of OVC's were underway to budge from institutional care to family and community-based care (MoLSA, 2001). To address the problems of separated children, reunification programs are often developed.

Organizations engaged in institutional care have a responsibility to implement deinstitutionalisation as an on-going and integral part of their services. Likewise, several governmental and non-governmental organizations which used to offer institutional care started to reunify separated children under their care with their families. Child family reunification is considered as a solution against residential care and other out-of-home child welfare services, since children can best develop a feeling of security, physical and mental health and personal identity in the family environment (Ministry of Women Affairs, 2009). Child family reunification is the process of returning children who have been separated from their families due to man-made or natural catastrophe and who are found in institutional care back to their families of origin or

relatives (MoWA, 2009). The aim of this study is to assess the implementation of child reunification project at 'Kechene' Children and Youth Rehabilitation Center.

1.2. Statement of the Problem

Due to the high level of poverty, many families failed to support their own families members. Many have run away from their families with desperate hope that they children would have better opportunities to get a job or education in the capital city. Many children are migrating from the rural district to urban areas however, when these children face abusive situation or failed to acquire what they have been dreaming they escape from where they have been and finally end up in orphanages in Addis Ababa (ACL, 2012).

In 2011, approximately 6 million children in Ethiopia were considered vulnerable because they were deprived of their family (ACPF, 2012). It's thought that, ideally, children under institutional care benefit from safer living conditions, better accommodation than their poor and destitute families and supportive child welfare services at such institutions. Nonetheless, institutional care is associated with negative consequences for the physical and psychosocial development (Carter, 2005).

Children who have lost and separated from their parents have been suffering from a lot of problems. Some of the problems they might face include inadequate nourishment, physical and mental abuse, loss of affection and no or poor access to schooling and health. For this reason they require urgent basic needs and services supports that can be provided either within the community or institutionalized care.

Children in organizational care are more likely to endure from destitute wellbeing, physical underdevelopment, weakening in their mental growth, advancement delay and enthusiastic clutter. Subsequently, these children have diminished mental, social and behavior capacities, compared with those developing up within the family environment (Brownie, 2009).

Reunification ensures permanency through promoting continuity and stability in care and relationships by making permanent arrangements for children to live with their family of origin, (Papageorgiou, 2006). So that, reunification is the most desirable permanency goal requires an unusual blend of carefully developed procedures and painstaking work with children and their families (David Tolfee, 1995).

On the contrary, the findings from a study conducted on barriers to reunification showed that returning home from institutional care is a challenging period for both children and parents. All parents indicated that they had experienced some adjustment challenges after their child returned home (Ogongi, 2013). Organizations undertaking reunification needed concrete plan, parent engagement, and significant delays in implementing services upon reunification and lack of continuity of services and supports after reunification. Reunification projects are generally implemented with poor capacities and do not provide the child with valid mechanism for sustainable life and autonomy (ISS/IRC Ethiopia, 2006).

‘Kechene’ Children and Youth Rehabilitation Centre is currently serving 290 Orphan and Vulnerable Children. The number of beneficiaries is increasing from time to time, as the police continued to bring vulnerable and abandoned children to the rehabilitation center. The center claims to provide holistic services for the children that include basic services and psychosocial support. The basic services consist of food, clothing, dormitory, health, and education. In addition to the institutional care services, the organization facilitates other alternative community based child care services for the children in the orphanage. These alternative childcare options include adoption (national), foster care, and reunification and reintegration. According to the organization’s coordinator, many children have been given for adoption by interested and eligible families, and many youths have left the institution through the reunification and reintegration scheme. The coordinator added that, the reunification work is undertaken by the social workers with the total cost covered by the United Nations Children’s Fund (UNICEF). However, no study has been conducted yet in this specific organization to evaluate the implementation of child reunification project in the Centre.

This all indicates that, yet no much distance has been gone, and reunifying institutionalized OVC’s in our country is at commencement stage. Therefore, there is a need to carry out a study to identify the problems that are related to reunification program for its further implementation. Even though intensive literature review revealed that a number of studies have been done on institutional care, but to my best knowledge no research was conducted to discover the post institutional phase of reunification in our country’s context. The dimension, scope and cause of the problem remained unstudied in our country. This implies that assessing needs of children and families, involvement of parents and children in case planning, building on family strengths, and finally, carrying out

plans are all critical activities to the achievement of reunification goals, (CFSR, 2011). This study therefore tried to fill the gap in light of the aforementioned problems.

1.3. Basic Research Questions

The study was conducted to answer the following questions.

- What course of actions is followed by the organization to reunify separated children with their families?
- How do identification and examination of reunification practices take place in the organization?
- What are the major challenges of reunification for the child, family, and community?

1.4. Objectives of the Study

The study was conducted to assess the implementation of child reunification project in ‘Kechene’ Children and Youth Rehabilitation Centre.

1.4.1. Specific objectives of the study

The specific objectives of the study were to:

- assess the process through which separated children are reunified with their families in ‘Kechene’ Children’s Home;
- examine the identification and examination of reunification practices;
- analyze major difficulties children, family and the community face after reunification;
- Come up with recommendations and suggest possible intervention strategies that might contribute towards improving reunification process.

1.5. Scope and Limitations of the Study

The study is limited to the implementation of child reunification project in the case of ‘Kechene’ Children and Youth Rehabilitation Center Addis Ababa, Ethiopia.

Multiple case studies can offer contrasting situation, and the evidence from multiple case designs often considered as more compelling and robust (Herriot & firestone, 1983). However logistic factors had their impact in limiting the research only to single organization.

In addition, the study could not include a number of variables like sex because the organization under study provides institutional care and reunification only for female orphan and separated

children respectively. Apart from the aforementioned limitations, lack of literature on the identified issue could not enable me to discuss the result of the study widely by comparing with others.

1.6. Significance of the Study

This study can help to fill the gap by assessing reunification process. Problems have been identified can help governmental, on-governmental organizations, policy makers and community based organizations as well as coordinators & social workers to develop more effective intervention programs that can be targeted towards reunification of children. Moreover, it can lead to developing a well-conceived, relevant and detailed strategic response or guideline by showing the existing gap. Furthermore, the result of the present study can serve as stepping stone for further study on the area.

The finding allows reunification practitioner to develop relevant and detailed strategic response to carry out reunification program. It can also serve as stepping stone for other studies on the area putting aside for further studies to assess the reunification practice across sex and among different organizations, to fill the limitation observed in this study.

1.7. Organization of the Study

The study intends to assess the implementation process of child reunification project in ‘Kechene’ Child and Youth Rehabilitation Center Addis Ababa Ethiopia. This study is organized in five chapters which includes Introductory which briefly introduce detail background of the study, Review of related literature, Research methodology, and data analysis, interpretation of results and conclusion and recommendations. The results of the study were compared with different literatures and research findings to thicken the description of these themes. The findings of this study and other comparable studies, the researcher has incorporated personal reflections as well. In the reality, again all sections are interdependent. Thus, the heading is offered to serve only the organization purpose.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Definition and Concept of Child Family Reunification

2.1.1. Definition of reunification

The definition of reunification might have contextual differences but it can be simply described as a return of home of an unaccompanied child, or a child in alternative care from care center to a parent or parent figure (step parent, close relatives or adoptive parent). The program of family reunification is designed to restore the family environment and providing a permanent living arrangement for proper growth and development of a child.

Family reunification is critical to the child's psychological and social well-being. One of the main principles behind tracing and reunification is that recovery from harm is most likely to take place when children are cared for by people whom they know well and trust. Family reunification in child welfare refers to the process of returning children in temporary out-of-home care to their families of origin. Reunification is both the most common goal for children in out-of-home care as well as the most common outcome (MoWCYA, 2009).

2.1.2. Reasons for reunification

Reunifying children separated from their parents/relatives due to natural or manmade catastrophe to their birth families or relatives is a widely recognized practice as a primary alternative against residential care and other out-of-home child welfare services. Undeniably, children can best develop a feeling of security, physical/mental health and personal identity within their families. Hence, organizations engaged in institutional care have a responsibility to implement reunification/reintegration as an ongoing and integral part of their services.

Therefore, returning children as early and safely as possible to their families or communities is strongly recommendable as a means to achieve better outcomes for children, retention of important family connections and avoid their drift into long-term and often problematic pathways in out-of-home care. Such reunification and reintegration should not be done haphazardly, and there is a need to set standard procedures and modalities which can inform and guide the reintegration process (MoWCYA, 2009).

2.1.3. Re-integration and reunification

Reintegration refers to a rehabilitative intervention meant for children whose parent /extended family are untraceable, or for those who reach the maximum age limit in the institution to facilitate their permanent placement in a community environment either individually or in group (MoWA, 2009). Reunification refers to a rehabilitative intervention designed to facilitate the reunion of OVC separated from their biological families or members of extended family, to restore a family environment as a means of a permanent placement for the proper upbringing and development of the children (MoWA, 2009).

2.2. Approaches to support orphan children

Child welfare service has traditionally provided through two broad ways. First, it has provided services to insure the child's maintenance within the family setting or original setting. This is called comprehensive care and support. Second, it has provided services to children who are unable to remain in their own homes. These services are called alternative child care service.

2.2.1. Providing comprehensive care and support

A child should grow up in a family environment in an atmosphere of happiness, love and understanding for his/her full and harmonious development (UNICEF, 2009). Therefore, child welfare service can be provided to insure the child maintenance within the family setting through providing him/her necessary protection, health, nutrition, education other similar services (UNICEF, 2003). Likewise, offering children free basic education, giving them safe and viable options for earning a living and providing families with financial and other assistance can mean that many orphans who might otherwise be separated from their families are able to remain with their family.

For that matter, increasing community mobilization and building their capacity, as well as creating partnership between communities and key stake holders, is crucial in the response to socio economic needs of orphans. It is also essential to incorporate effective measures into other social activities like helping extended families and communities to enable them to provide reliable support for children. Providing training for teachers to recognize and respond supportively to withdrawn or disruptive behavior or a dropout in academic performance, and supporting

communities to conduct structured recreation, art, cultural and sport activities may enable isolated orphan to socially integrate is also recommended (FHI, 2001).

2.2.2. Alternative child care service

When a child is temporarily or permanently deprived of his/her family environment, he/she is entitled to special protection and assistance through alternative care. In this sense it is possible to help orphan children who are unable to remain in their own homes through alternative child care mechanism (MOWA, 2009). Some alternative child care strategies is discussed under this section.

2.2.3. Community based child care (CBCC)

CBCC is an alternative care that provides cares and support to children in state of condition that is familiar to the children who used to experience it which encompasses a wide range of preventive, curative and rehabilitative strategies through the best interest of the target children (MoWA, 2009). This approach encompasses a wide range of preventive, curative and rehabilitative strategies through the best interest of the target children. Through CBCC, orphan children retain a sense of belongingness and identity because it can provide full emotional, social psychological and the spiritual needs of the OVC (MoWA, 2009). On the other hand, it is by far cost effective and can reach large number of target children in the community (Save the Children, 2005). But still; CBCC has its own drawbacks. The issue of monitoring and support of orphan children under CBCC and their careers is a difficult one (MoWA, 2009). On the other hand, in emergency situation, the capacity of the community to exercise ownership of separated children may be limited (Tolfree, 2003).

2.2.4. Foster care

The overall objective of foster care is to secure a familial environment for orphan children on temporary basis. Foster care is a planned goal directed alternative family care, where an unaccompanied child is temporarily placed and gets adequate physical, emotional and psychosocial care and protection until he/she is either reunified with his/her biological parents or placed with another types of permanent care or institution (MoWA, 2009).

Placement in foster parent's family gives the child better chance of getting acquainted with life in family environment since it can provide the child with a high level of attention and nurturing which is only possible with the family setting. This in turn facilitates his/her smooth integration into the

community at a later stage (Barth, 2002). However, providing foster care is more expensive. There are risks of abuse and exploitation of OVC children by foster family (Williamson, 2004). For example, many foster families are in shortage of food and shelter (Mekdes & Tsegaye, 2006). Orphan in foster families are usually discriminated for allocation of food and distribution of work (UNICEF, 2003).

2.2.5. Adoption

Adoption is a child care and protection measures, which enables an unaccompanied child to benefit from substitute and permanent family care (MoWA, 2009). Adoption is usually understood to be formal, judicial process that transfers legal rights and responsibilities for the child to the adopters (Tolfree, 2005). The main purpose of adoption service is to cater for the proper care and development of orphan and destitute children, by placing them in substitute and suitable familial environment (Barth, 2002). Adoption may be categorized as inter country (international) adoption and local (domestic) adoption (MoWA, 2009).

In developing country international adoption is more common than domestic adoption. For example, in the year 2010 approximately 3000 children left Ethiopia through an inter country adoption (ACPF, 2012). However, the experiences from various countries suggest that international adoption may have detrimental effect on adopted child. Most importantly children become culturally disconnected from their own country, community and family, and this is often resulting in serious emotional problem (ACPF, 2012). Furthermore, adopted children are frequently stigmatized, and this is often leading to psychological trauma (Save the Children 2005). Yet adoption has several advantages because it provides care in family environment.

2.2.6. Institutional care

Institutional care is a group living arrangement for orphan children, in which care is provided by remunerated adults who would not be regarded as traditional care within the wider society (Tolfree, 2003). In our country context, institutional children care is defined as a holistic type of care and support designed to fulfill the psychological and social needs of the children in institution, which are offered by professionally qualified workers (experienced personnel which is supervised by such qualified workers), until the children are transferred to a more permanent alternative care program (MoWA, 2009).

Chapin (1915) argued that, institutional care in all place is generally characterized by high child to caregiver ratios, caregivers with low wages and little education or training who work rotating shifts, regimented and no individualized care, and a lack of psychological investment on the children. The aims of such institutions are frequently expressed (if not at all) in vague terms. For example, to provide care for children unable to live with their family or to care for orphaned, abandoned and destitute children (Save the Children, 2005). Young children are frequently placed in institutional care throughout the world. Although the actual number of children in residential institutions is impossible to gauge accurately, estimates have ranged from 2,000,000 to more than 8,000,000 (Browne, 2009 & Save the Children, 2009). The UN estimates that up to 8 million children around the world are living in care institutions (Tolfree, 2008).

It has been observed that, institutional care is increasing, in countries where there is economic transition, because for many families and communities the changes have increased unemployment, migration for work, family breakdown and single parenthood (Carter, 2005). However, most developed countries like America and Europe abolished Institutional care before long time because many research evidences are demonstrating that, institutional child care has negative effects on the health and psychosocial development of children (Tolfree 2003, EU 2007, Browne 2009&Dozier, 2012). Many children in large-scale institutions face troubles caused by poor quality standards (Brieland, Costin & Atherton, 1985). Insufficient food, clothing, shoes and other materials in institutional care is leading to poor nutrition, poor hygiene, the spread of disease have significant harm to children, and encompass a serious impact on children's overall sense of well-being and self-esteem (WHO, 2007). Besides, institutional care is the most expensive, partly because 33% to 50% of paid staff employees in residential care have no direct contact with children (Browne, 2009).

Institutional care can hamper appropriate psychosocial development of children in unusual way. To begin with, the culture of institutional practice is primarily concerned with the physical care of children and establishment of routines, with less emphasize on play, social interaction, and individual care (Iesse and Dawes, 1999). As a result, early socio-emotional developmental tasks such as the development of joint attention, pretend play, and attachment are compromised among post institutionalized children (Chisholm, 1998). Moreover, the strict rule and regulation in institutional care suppress their feelings, wants and freedom of the children (Tsegaye, 2006). Many times children in institutional care are physically and sexually abused by care givers (Browne,

2009). Conditions of institutional care make it less likely that children will develop clear, classifiable attachments to their parent's figures (Dozier, 2012). These attachment disorders during the childhood and adolescent have significant influence in long term, and even after leaving the institutional care. Furthermore, children detachment from their parents and local community can prevent orphan children from developing social networks essential for later life, and can lead to a higher incidence of depression in adulthood (Tolfree, 2003 & Browne, 2009).

2.3. Impact of Family Separation on Children

The family in most cases is the best place where a child is nurtured, protected and taken care of. The Convention on the Rights of the Child recognized in its preamble that a child should grow in a healthy family environment for the full harmonious development of its personality. Separation from family is a traumatizing loss for a child Machel's (1996) study found the following:

Children are often separated from parents in the chaos of conflict, escape and displacement. Parent's or other caregivers are the major source of a child's emotional and physical security and for this reason family separation can have a devastating social and psychological impact. Unaccompanied minors are especially vulnerable and at risk of neglect, violence, military recruitment, sexual assault and other abuses (p.27). Separated children are frequently referred to by UNICEF as one category of children in especially difficult circumstances. As it is indicated by the study of Tolfree (1995):

Separated children especially those under institutional care face a triple disadvantages: first, through the experiences which have made it impossible for them to be cared for in their own family and community setting, Second, in the vast majority of cases, such children have the added disadvantage of being cared for in an institutional environment which often not only fails to meet the "ordinary" physical, social and psychological needs of children, but also proves inadequate in enabling the child to come to terms with separation from parents and the circumstances surrounding that separation. Third, institutionalized separated children are likely to face an uncertain future as young adults. (P.8).

Separated children are disadvantaged in numerous and often devastating ways. Although children are vulnerable for many problems due to their physical and mental immaturity, besides the problem other children faces, separated children are highly vulnerable in almost all instance, and problems children face will get worse. Since they are Separated from those closest to them, these children

have lost the care and protection of their families in the turmoil, just when they need them (Carter, 2005).

In considering children's reactions to separation, the loss of or the continuing lack of mothering (or parenting) is of prime significance (Save the Children, 2005). Tolfree (2003) argued that separation may have been experienced as a more traumatic event. Because separated children are out of the care and protection of people closest to them. Usually, they face abuse and exploitation, and even their very survival may be threatened.

2.3.1. Impact of Long Stay under Institutional Care before Reunification

Ideally children under institutional care benefit from safer living conditions, better parenting from caregivers and supportive child welfare services (Minty, 1999). Studies have documented a generally positive impact of care on children's developmental outcomes and normative functioning have been linked to exit from institutional care (Fraser, 1996 & Landsverk, 1996).

It is therefore reasonable to expect that the population of children who remain in long term institutional care would evidence more behavior problems than the population of children with relatively short stays. A longer institutional care likely indicates lasting concerns about families' improvement on identified case goals and children's safe return home (Leathers, 2002). Families who struggle to achieve reunification more frequently face multiple problems and risks as compared to families whose children experience briefer stays in institutional care (Karoll & Poertner, 2003; Marsh, Ryan, Choi & Testa, 2006).

Another reason to distinguish children in long term institutional care is the actual physical separation between children and parents. Children continuously age and develop while they are under institutional care and therefore can bring new developmental challenges home with them as well as expectations and routines from their substitute parenting and home life experiences. For these reasons reunification represents a period of readjustment at which time parents may struggle reestablish or recreate parenting routines and roles, particularly if contact with children in foster care has been limited (Leathers, 2002)

2.4. Theoretical Framework

This research is informed by an ecosystem and psychosocial paradigm. As its name suggests, critical ecosystem theory draws on two related schools of thoughts originated in the life science

called General System Theory and the Ecological Theory (Mayer, 1995). The theory is highlighting how people embodied various systems are interconnected and related to one another. On the other hand, the psychosocial is explaining the psychosocial development of human being starting from birth to old age and death by dividing it into eight life stages (Greene, 2000). The brief description of both theory and the rationale for the selection of the theories as research framework is discussed under this section

2.4.1. Ecological theory

An ecosystem epistemology approach embodies a move from seeing the universe mechanically, and is attuned to ecology, holism, context, relationship and the complexity inherent in human life (Carpenter, 2001). An ecosystem epistemology shifts away from constructing behavior according to causes and effect progression, to viewing behavior as arising from reciprocal causal system of interaction or an ecology of relationship (Kenney, 1984).

When we see both theory separately, general system theory has been enormously important in highlighting how interconnected we are, as people embodied various systems. It is an interactions' approach, where the interchange between the individual and the environment is viewed in terms of a process of reciprocal causation. The theory holds that the individual cannot be understood apart from the context in which he/she exists (Mayer, 2003). Thus, it allows for a synthesis of the individualistic and situational perspective, where the reciprocal impact of person and the environment, as well as their interaction and relationship is considered (Jasnooski, 1984).

According to Mayer (1997), ecology is the science that is concerned with the adaptive fit of organism and their environment. Thus, ecology is network and the way to understand networks. The concept of ecology assumes that, all properties in nature are lived to each other in an intricate and synthetic manner mentally, morally and physically (Keeney, 1984). Hence the change in one part of the system can affect the other parts and ultimately the whole ecological system.

Similar concept has been applied by ecological theorists to understand the interaction between individuals, groups of people, and their social context. Ecological theory studies the interdependence between the living organism and the environment that it inhabits (Thomas, 2005). The theory believed that any organizational unit or interactive system composed of population and their environments. Thus, an ecological idea denotes the transcription processes that exist in nature, and thus services for human relatedness through mutual adaptation (Donald, 2006). When

the two aforementioned theories come together, the ecosystem theory will be established as independent theory, Ecological theory was needed with the general system theory in the 1970's, enhancing the general system theory in an important way (Keeney, 1984). In ecosystem, some behavior is explained both as the result of action of complex system which he/she is part, and also how these systems and individual are adapting for his/her ability to meet his/her needs. Ecosystem theory views the individual as composed of smaller elements or subsystem and the wider super system, and system relations between these dimensions are emphasized in ecosystem theory. To understand one person, thus, we need to understand their internal subsystem, like biological functioning, emotional characteristic and so on, as well as larger super system which they are contained, for example, the family system, the working environment, the neighborhood and the community, church and the like (Robins, Chatterjee & Canada, 1998).

The ecosystem theory is based on the paradigm that assumes a holistic view of people and human behavior. Therefore, the theory argues that, it must be viewed within their social and physical context (Coady & Lehmann, 2007). In this sense, the problem is not located in psychic of individual or in their genetic structure, but in their interaction and transaction within the environment. For this reason, this theory suggests that, the researcher need to focus on the environment in which people function, as well as a complex nature of interaction between the individual and their environment, as their framework for assessment (Robins, Chatterjee & Canda, 1998). Environment in which people function, as well as complex nature of interaction between the individual and their environment, as their framework assessment (Robinson, Chatterjee & Canda, 1998).

2.4.2. Psychosocial theory

The word psychosocial derived from two source words namely psychological (or the root psycho relating to the mind, brain, personality etc.) and social (external relationship and environment (Robins, Chatterjee & Canda, 1998). Psychosocial theory addresses growth across life span by identifying and differentiating central issue from infancy to old age. The theory assumes that individual have the capacity to contribute to their own psychological development and on the other hand it takes into consideration the active contribution of external culture and social relationship to shape individual development (Coady & Lehmann, 2007). Therefore, psychosocial theory represents human development as the product of interaction between individual need and abilities against and societal expectation and demand.

Psychosocial approach is mainly drawn on Sigmund Freud psychoanalytical theory. But the life span approach to psychosocial development originated in 1950s, with the work of Erik Erikson (Robins, Chatterjee & Canda, 1998). Erikson see the life as a series of lessons and challenges which helps to grow and this psychosocial principle is genetically inevitable in shaping human development, and it occurs in all people based on age category. However, he was keen to point out that the transition between stages is 'overlapping' (Erikson, 1950). In this respect the 'feel' of the model is similar to other flexible human development.

His theory basically asserts that people experience 'eight psychosocial development stages' which significantly affects each person's development and personality (Erikson, 1950). They are: Infant stage (birth to 1.5 years old), Early childhood or toddler stage (1.5 - 3 years old), Play or pre-school stage (3-6 years old), School age stage (6-12 years old), Adolescence stage (12-18 years old), Young adulthood stage (19-29 years old), Adulthood or middle age stage (30-64 years old), and Mature or old age (above 64 years old).

Healthy personality development is based on a sensible balance between positive and negative disposition at each crises stages. Successfully passing through each crisis involves 'achieving' a healthy ratio or balance between the two opposing dispositions that represent each crisis. Erikson called these successful balanced outcomes 'Basic Virtues' or 'Basic Strengths'. Where a person passes unsuccessfully through a psychosocial crisis stage they develop a tendency towards one or other of the opposing, which then becomes a behavioral tendency, or even a mental problem (Erikson, 1980). Erikson called failure to pass successfully to another stage as a 'Maladaptation'.

Likewise, during the first Erikson psychosocial development stage, the infant is striving to set up a sense of trust. The main issues for infant relate to conflict about at infant stage is trust versus mistrust. The young child who has experienced a sense of being loved and valued is likely to emerge into toddlerhood with Erikson basic sense of trust, that give him/her a sense of well-being hope and security (Tolfree, 2003). On the other hand, abuse or neglect or cruelty destroyed trust and foster mistrust, and as a result they experience social and emotional detachment. A failure during this stage can lead to compulsion and guilt ridden behaviors in adulthood. The manifestation might be the individual who has difficulty in making a commitment to any close, interpersonal relationship (Coady & Lehmann, 2007).

During Early childhood or toddler stage children first learn to act independently without a loss of self-esteem (Erikson, 1950). At this psychosocial development stage the child struggle is between autonomy and shame (Coady & Lehmann, 2007). The positive outcome of this stage is will or determination to exercise free choice and self-control, and thus sense of autonomy and pride, and the lasting ego quality of will power emerge. On the other hand, unsuccessful resolution of this stage might lead to lifelong feeling of shame and doubt which is manifested in Impulses or compulsion (Robins, Chatterjee & Canda, 1998).

Gender identification, early moral development, self-theory and peer play are the main development task at third stage of man or play age (Erikson, 1950). At play stage children face the crises of initiating versus guilt. Proper resolution of this stage leads to lasting ego quality of purpose, the courage to pursue the goals (Robins, Chatterjee & Canda, 1998). Unsuccessful resolution leads to feeling of shame. The problem is inhibition and one sees adult manifestation of failure to pass successfully through this stage in the adult who procrastinate and avoids and is fearful of initiating any new project (Coady & Lehmann, 2007).

During School age stage children invest their great deal of their energy in mastering new skills. Erikson (1980) describe this period of a child life as characterized by industry versus inferiority. Proper resolution of this stage leads to a development of a sense of industry and lasting ego quality of competence (Robins, Chatterjee & Canda, 1998). On the other hand, a child who denied the opportunity to discover and develop their own capabilities and strength and unique potential, quite naturally is prone to feeling inferior and useless (Tolfree, 2003). Therefore, unsuccessful resolution of this stage leads to lifelong feeling of inferiority and inadequacy.

As the child approaches adolescence or at the beginning of puberty (12-18), identity began to emerge and the maturity and morality are learned (Coady & Lehmann, 2007). The adolescent period characterized by the psychosocial crises of identity versus identity confusion. Successfully passing through this stage, one adolescent develops self-confidence and self-esteem necessary for freely associate with people and ideas based on merit and loyalties, as well as social and interpersonal integrity (Erikson 1950). But, Unsuccessful resolution can result role confusion or identity diffusion, a state in which the individual is left with strong doubt about who he/she. This may lead to delinquency, psychotic incidents or over identification with the other (Robins, Chatterjee & Canda, 1998).

Young adulthood (early to late 20's) brings an end to the years of childhood and youth (Erikson, 1950). Building interpersonal intimacy (both psychological and sexual intimacy) is the main task of this stage. Erikson characterized the young adult era by the psychosocial crises of intimacy versus isolation. Successful achievement during this period is measured by finding a love object, as well as satisfying work (Erikson, 1980). Failure to achieve intimacy leads to isolation, inability to develop intimate and meaning full relationship (Robins, Chatterjee & Canda, 1998).

The seventh Erikson stage occurs between 30 and 64 years old involves learning to care for the others and may include having a family and/or pursuing career (Coady & Lehmann, 2007). This stage involves the psychosocial crises of generativity versus stagnation. Successful resolution of the stage can be seen in the lasting ego quality of care or concern for others. Unsuccessful resolution of this stage results in a sense of stagnation or self-indulgence that reflects interpersonal impoverishment (Robins, Chatterjee & Canda, 1998).

The last development psychosocial development stage is characterized by the psychosocial crisis of integrity versus despair. Despair represents the opposite disposition feeling of wasted opportunities, regrets, wishing to be able to turn back the clock and have the second chance (Coady & Lehmann, 2007). Unsuccessful resolution of this stage leads to a sense of despair. This may be exhibited as disgust and anger at external sources but as in indication of self-contempt. The lasting ego quality that emerges from proper resolution of this stage is wisdom (Robins, Chatterjee & Canda, 1998).

Rationale for the selection of the theories as the study's framework

This research is guided by ecosystem and psychosocial theory during data collection, analyzing and interpretation. To begin with, ecosystem theory best suite this study due to several reasons. First of all, an ecosystem theory has been supported by the refinement of social worker's person in environment perspective by embedded it with a comprehensive, multidisciplinary, holistic conceptual framework (Coady & Lehmann, 2007).

The holistic thinking of ecosystem theory helped me for holistic assessment of reunified children with their cognitive, spiritual, behavioral, cultural and biological attributes in addition to external super systems. Understanding of the important concept of the theory like goodness of fit, with its related concepts like resource and demand was very vital for this study to evaluate the

appropriateness of the service and support provided with the needs and demands of children reunified with their families.

Ecological system theory gives equal weight to the individual as people and to the social (even the physical) environment that do so much to determine the wellbeing of one individual (Robins, Chatterjee & Canda, 1998). So, the theory has guided me to collect information about multiple system level that influences the wellbeing of reunified children, as well as the impact of different levels of system on one another. As a result, reunified children problems relating to adaptation, goodness of fit and socio cultural dislocation was accurately identified.

The theory believed in interdependence of all individuals, and it advocates that the intervention should be directed towards supporting the adaptation capacity of the individual, their environment, and their interaction (Robins, Chatterjee & Canda, 1998). This approach therefore helped me to identify appropriate solution for problems, and for the better intervention practice plan which encompassed a broad range of individual and environmental change.

When the point comes to psychosocial theory, since Erikson model of psychosocial development is more inclusive and holistic it is considered as the best representative of psychosocial theory. Erikson acknowledges the importance of social variables such as family, community and culture shaping the individuals. The theory assumes that individual have the capacity to contribute to their own psychological development, and on the other hand, it takes into consideration the active contribution of external culture and social relationship to shape individual development (Coady & Lehmann, 2007). Therefore, Erikson psychosocial development is suited for this study as it is compatible with social work person in environment approach.

On the other hand, Erikson's psychosocial theory is useful far beyond psychoanalysis as it's useful for any application involving personal awareness and development of oneself or others (Coady & Lehmann, 2007). The theory addresses growth across life span by identifying and differentiating central issue from infancy to old age. As a result, it has very meaning full concepts for childhood development and adults too. Therefore, the theory helped me to understand the psychosocial difficulties of reunified children in better way.

Generally, this study is guided both by ecosystem and psychosocial theory because of the aforementioned reasons.

2.5. An Overview of the Prevalence of Orphan and Vulnerable Children

There are a number of causes for children orphanage and vulnerability. HIV/AIDS is the major cause for the prevalence of OVC all over the world, and especially in developing country (UNICEF, 2009). The prevalence is also linked to extreme poverty, hunger, and armed conflict and child labor practices among other threats. All of these issues are fueled by HIV and AIDS (Browne, 2009). Children have been orphaned by HIV/AIDS and associated impacts at multiple levels (Rose, 2003). Since HIV/AIDS has impoverished so many people, the traditional networks of extended family can no longer support the exponentially expanding number of these orphaned children who need care and support (Browne, 2009).

Extreme poverty and urbanization are also the main structural causes leading to vulnerability of vast number of children (ACPF, 2012). When many families live in poverty, and pull down below subsistence levels, it influxes many orphans where they cannot be adequately cared for and supported by their family (Save the Children, 2003). This situation is compounded further by impoverished child welfare services (Tolfree, 2003). Inadequate health and social services for parents as prevention measure can reduce family capacity to care for their children, and it can lead to orphan hood (Browne, 2006).

Urbanization is another significant factor for the prevalence of OVC. The abandonment of young children, which is a comparatively rare phenomenon in rural areas, is more common in cities (Tolfree, 2003). In urban areas support from the extended family and community, which is more likely to exist in rural areas eroded, and therefore an unwanted child can be abandoned anonymously, with great ease (Save the Children, 2005).

Finally, the child's characteristics may also increase the chances of being OVC. Discrimination against certain groups of children, like children with physical and/or mental disabilities, children from minority ethnic groups, children of single mothers and those from broken families are disproportionately orphans (Browne, 2009).

2.5.1. Separated/Unaccompanied Children

The following definition is used by organizations including the United Nations High Commission for Refugees (UNHCR) and UNICEF: "A person who is under the age of 18 or the legal age of majority, is separated from both parents, and is not with and being cared for by a guardian or other

adult who, by law or custom, is responsible for him or her” (King, 2001). However, there are also children who are accompanied by extended family members but have been separated from both parents or from their previous legal or customary primary caregiver. Those children face risks similar to those of unaccompanied children, and their protection needs also require priority attention.

High numbers of unaccompanied and separated children urgently need appropriate care and support. Separated children are at increased risk of sexual abuse and exploitation, abduction, and trafficking. Community capacity to provide foster care for these children is overwhelmed and the need for continued increase in capacity for family tracing and reunification is urgent.

Although Ethiopian children could be deprived of their family environment for a variety of reasons, the CSA uses three categories, which constitute especially difficult circumstances for children. As such, orphans bereft of both parents, children who do not live with their biological mothers and children who reside in single adult households comprise of the segment living in especially difficult circumstances.

Accordingly, the CSA estimates that 0.8 per cent of the children are bereft of their parents; fifteen per cent do not live with their biological mothers; and nearly eight percent reside in single adult households. All in all, almost twenty-four per cent of Ethiopian children live in especially difficult circumstances.

In Ethiopia, as in most traditional societies, there has been a strong culture of caring for orphans, the sick, and disabled and other needy members of the society by the nuclear and extended family members, communities and churches. However, the advent of urbanization exacerbated by the recurrent drought and the resultant of famine coupled with the internal and external wars that took place in the couple of last decades have claimed a heavy toll of human life. Millions of people were forced to migrate to centers where food was distributed. Consequently, thousands of children were left unaccompanied as neither family nor communities and religious organizations were able to discharge their traditional roles and functions. This situation therefore necessitated the proliferation of institutional care in Ethiopia at an alarming rate, after the severe drought of 1984

2.5.2. Main Causes of Child Family Separation

Disease, conflict and violence, natural disaster, and severe economic strife leave millions of the world's youngest people without parents or caregivers. Globally, an estimated 143 million children in the developing world have lost one or both parents, while an additional larger number of children are highly vulnerable. As such, they face serious risks to their survival and well-being (USAID, 2007). Children often become separated in crisis situations involving armed conflict, disaster and displacement. Economic hardship and conflict within a family pushes some children out of families and onto the street (Williamson & Greenberg, 2010).

Despite efforts made to improve the situation, the issue of children deprived of their family is a major issue in Ethiopia. Studies indicated that two big phenomena contribute to this. On one hand, the level of poverty is so high that many families cannot support their own children. On the other hand, the country faces the pandemic of HIV/AIDS which made orphan hundreds of thousands of children. All in all, the CSA estimates that almost twenty-four per cent of Ethiopian children live in especially difficult circumstances and the number of children orphaned by AIDS is estimated at 1.2 million (ISS/IRC Ethiopia, 2006).

Similarly, nowadays, due to the high level of poverty, many families failed to support their own families and many children are migrating from the rural district to urban areas. Some are also forced to leave their families due to the abusive situations in their families. Others chose to leave their families in the village with the hope of finding better future in the capital city, Addis Ababa (ACL, 2012).

Many children have been forced to move away from their families on the false promise of job and others have been sent to the capital by their families to live with friends or relatives in a disparate and naïve hope that the children would have better opportunities there to get a job or may be an education. However, when these children face abusive situation or failed to acquire what they have been dreaming or promised while they were with their own families, they escape from where they have been and by the support of the community and police officials these children are brought to institutions and finally end up in orphanages in Addis Ababa (ACL, 2012).

2.6. Policy and Legal Framework for Separated Children

2.6.1. International policies and guidelines

Unaccompanied and separated children are entitled to international protection under international human rights law, international refugee law, international Humanitarian law and various regional instruments. They require immediate protection and assistance as they are facing increased risks, notably, those of military recruitment; sexual exploitation, abuse and violence; forced labor; Irregular adoption; trafficking; discrimination, both within temporary care arrangements and in the community; and lack of access to education and recreational activities (CRC, 1990). Article 20 (2) of the CRC accords children who are temporarily or permanently deprived of their family environment, or whose own best interests prohibit being allowed to remain with their family, the right to alternative care. Article 20 (3) of the CRC defines alternative care as among other things foster placement, adoption, or placement in suitable institutions for the care of children. Alternative care may also be described as a formal or informal arrangement whereby a child is looked after outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents (CRC, 1990).

2.6.2. National context

Ethiopia does not have comprehensive child law in the form of a Children's Act or Proclamation. However, there are documents Ethiopia has specific policy documents addressing specific children's issues, as well as other general policy materials that have incorporated the children issues as one component. The first policy document to come out was the Ethiopian National Plan of Action for Children and Women, which was issued in 1995 and had an implementation period from 1996 to 2000. Based on assessment findings of drawbacks on this plan of Action, the Ethiopian Ministry of Labor and Social Affairs (MoLSA) has developed another NPA called 'Ethiopian National Plan of Action for Children', with implementation period from 2003 up to 2010. This time the plan on action is developed with particular focus on children excluding the women that were part of the previous plan of action.

This plan of action for children focused on four themes based on the agreement set on UN special session on children, on May 2002. These are: promoting healthy lives; providing quality education; protecting children against abuse, exploitation and violence; and combating HIV/AIDS. Based on

this, the plan of action discussed planned targets to be addressed using percentages, and has developed different strategies and activities for achieving the target plans.

In addition to the general plans for all children, the NPA considered the issue of orphan children as one component under the topic of ‘Combating HIV/AIDS and Assisting Orphans and Other Vulnerable Children’. Here, it has discussed the difficult living situations of orphans in Ethiopia, in the social, economic and psychological aspects of their lives. And it has developed strategies with main focus on addressing the HIV/AIDS problem, that include preventing HIV/AIDS with effective and sustained child/youth friendly Information Education and Communication on HIV/AIDS, through NGOs, faith based organizations, schools and CBOs.

Even though the plan of action has shown the difficult living situation of orphan children in the country, its targets, strategies, and activities mainly focused on prevention of HIV/AIDS. Though HIV/AIDS is one of the major causes for the high prevalence rate of orphan children and it is fundamental to address it to prevent future impact of the disease on children, the plan of action should have incorporate strategies for addressing the current problems of orphans. Furthermore, it has failed to recognize the enormous role of extended families in supporting orphan children, and use this part of the social group as resource.

Ethiopia had also issued Developmental and Social Welfare Policy in 1996, which has incorporated the need of addressing the rights and welfare of children. The policy also has taken the family issue as one major component. It has recognized the family as the best arrangement for the proper upbringing of children with no equal substitution. The main strategy of the social welfare policy is focused on empowering communities to use all available personal and institutional capacity for addressing the different social problems of the local communities.

In August 2001, The Children, Youth, and Family Affairs Department of the MoLSA have developed national guideline on five alternative child care programs, namely: childcare institutions, community-based children support programs, child-family reunification, foster family care, and adoption. The guideline is prepared in line with the UN Convention on the Rights of the Child. It has covered the five support programs to be provided for orphan, abandoned children, children with terminally ill parents, and other children in difficult circumstances

The 1995 FDRE constitution the guideline covered different structure and service characteristics that the five alternatives should have incorporated. In discussing the community-based childcare

program, it has taken child-focused family support as one component of the service but it is presented very briefly, not as detailed as the other services. It has presented a detailed guideline with standard procedures for child-family reunification program for separated children from their biological parents and/or extended families.

In addition to the above this national policy documents, there are the FDRE Constitution and the family law that incorporated the issue of children and families. Ethiopia has also ratified the UN Convention on the Rights of the, Article 36 has embodied some rights to the child that goes in line with the CRC and ACRWC. Article 36 (5) of the constitution obliges the state to provide special protection to orphans in particular. It also recognized the family as fundamental unit of society and entitled to protection by society and the state. The Revised Family Code also has incorporated the rights of children to be cared for and grow-up in family environment. In the case of conditions in which the child no longer has his/her biological parents to provide care for him/her, the family code gives the first priority for a near relative of the child to take the guardianship (Articles 225, 226, & 228).

Both the constitution and the family law have considered the family as the best environment for the child to grow-up with, and protect the family from state interference. However, some writers argue that both documents do not provide sufficient limits on the family's right, particularly for biological parents, on the up-bringing of the child to ensure the best interest of the child (Yohannes, 2006 & Assefa, 2008).

The 1995 FDRE constitution, Article 36 has embodied some rights to the child that goes in line with the CRC and ACRWC. Article 36 (5) of the constitution obliges the state to provide special protection to orphans in particular.

The Ministry of Women's Affairs (MoWA), now renamed Ministry of Women, and Children and Youth Affairs (MoWCYA), has developed and adopted a comprehensive set of guidelines for alternative child care based on the principles and standards stipulated in the CRC, the African charter on the right and welfare of the child [ACRWC], 2010 the FDRE Constitution, and Ethiopian laws (Harmonization of Ethiopian Laws, 2012).

2.6.3. Reunification processes and guidelines

Child-family reunification involves a series of steps starting from pre reunification and reunification to post reunification activities that need to be carried out for a successful and safe placement of the child to his/her biological parents or extended family. Tolfree (2005) summarized the stages of Reunification programs into five stages, Stage One is the identification of children, which involves locating separated children, not all of be immediately visible. Stage Two is the documentation of children: this involves interviewing children (and relevant adults) about the circumstances in which they became separated, their present living situation and future aspirations. Stage Three is the actual tracing, the search for family members and assessment of whether the child can appropriately be returned to their care. Stage Four is the actual reintroduction of the child and placement with the family. The final stage comprises a package of support which may be required to ensure the child's future well-being, and a system for monitoring the success of reunification.

Reunification is not an easy task. It passes through several producers and it needs several preparations. Therefore, significant financial and human resource is needed to undertake it. Likewise, a childcare organization implementing reunification programs shall develop a series of steps involving pre-reunification, reunification and post reunification phases (MoWA, 2009).

Pre-reunification phase

Many organizations and practitioners believed that, Early emphasis on reunification as the most desirable permanency goal, adequately assessing the strengths and needs of children and families, involvement of parents and children in case planning, building on family strengths and addressing specific needs, and finally, carrying out plans are all critical activities to the achievement of a family's reunification goals (CFSR, 2011).

Numerous factors interact and play important roles in a State's ability to reunite children in institutional care/ foster care with their birth families. Meaningful family engagement, assessment, case planning, and service delivery are a key. Systemic supports related to funding for services, appears to impact, directly and indirectly, the achievement of reunification goals (CFSR, 2011).

Good decision making is grounded in thorough and evidence based assessments of the child's developmental needs, present and future risk of harm and parental capability from a range of

different sources of information. These sources of information include direct observations and interviews with the child, the parents, siblings and significant others (Papageorgiou, 2006).

Reunification phase

Tracing the family should not automatically lead to reunification. Careful assessment always helps to determine the suitability of the family, but care must also be taken to ensure that the move is in the interests of the child. Particular care needs to be taken if children may be placed in a family in which they have not lived previously. Sometimes the family refused to have the child, or the child may refuse to move. There may be many reasons for family refusal, including economic difficulties or family conflicts. Community leaders may be helpful in resolving problems, and traditional healers may also have a role to play, for example in making purification rites if the child was believed to have been killed (Tolfree, 1995).

When a decision is made for the children to return, making this a public event may be an important safeguard. Neighbors, community leaders, wider family members and elders can be invited to witness the return and make it a memorable event, celebrated with prayers, music (or if culturally appropriate dancing). A second safeguard is to request the family to confirm in writing that they are willing to accept the child: the less close the degree of kinship, the more important this is. The agreement can be read out in front of visitors, and the different adults are asked to sign: the aim is to create a publically-acknowledged social, moral and economic bond (save the children, 1995).

Post reunification (Follow-up and support phase)

Sometimes tracing and reunification program see the return of the child as the end point of the program, rather than an important new beginning which requires further support and monitoring to ensure the child's well-being. Community leaders, women's groups, elders and teachers may all have a role to play in monitoring the child's health and welfare and helping to address problems which arise. Children are likely to experience adjustment difficulties which may cause frictions in the family, and it may be that other people in the community can help those involved to understand what the problem is and respond appropriately.

Sometimes additional resources are needed to ensure the success of the child's return. Many tracing and reunification program routinely offer a "kit" of goods to assist the child and family, including (for example) a blanket, cooking utensils, agricultural tools and seeds, and water containers. Other

program offers individual packages of material support dependent on the family's particular needs, sometimes involving sponsorship for education

One final point should be made about the need for follow-up. If properly carried out follow-up visits provide opportunities for the program to learn about success and failure, and how things can be changed and improved. Visits can identify whether there has been sufficient preparation of the child and whether sufficient emphasis has been placed on the role of community leaders; whether educational needs have been met; and whether health or nutritional problems have emerged. Opinion among practitioners on the utility of these kits is divided.

Post reunification services, that continue to enhance parenting skills, address the child's changing developmental needs and link families to community support. Specific post reunification services that contribute to positive outcomes for families include concrete services, universal services, home based services, substance abuse services and mental health or counseling services (C W I G, 2006; Jackson 1997).

The alternative child care guide line asserts that (MoWCYA, 2009) after reunifying the child with his/her family, the organization shall conduct regular follow-up - at least once in every three months for the first year of reunification and once in a year starting from the second year of reunification until the child reaches the age of 18 years. The follow-up shall include the child's development with respect to his/her: Health status; Nutritional status; Physical development; Educational development; Adjustment in the family, peer and neighborhood relationship etc. Emotional and spiritual development.

In addition, the guideline requires childcare organization s to provide the necessary periodic counseling to the child and the family to enable the child to be well adjusted within the family and the surrounding environment. In addition, a childcare organization needs to take necessary precaution on the frequency of follow-up in case it would strengthen dependency of the children on the organization and the summary of the periodic follow-up to be included in reports submitted to the relevant authority.

2.7. Major challenges of reunification

The challenges facing unaccompanied children upon return to their countries of origin are numerous and complex. Having undergone this odyssey, children that are to return home, have to

face yet another upheaval and disruption in their lives. They must adjust once more to their homeland, many times having lost touch with it, or having forgotten the language.

Most unaccompanied children, moreover, have because of their resilience adapted and adopted the host cultural norms and values, possibly to face yet another shock on arrival home. Not only must the children face readjustment, they can and do experience rejection from the families and communities they return to. Many times these families and communities do not understand the ordeal the children have experienced, and do not understand or tolerate the different values and norms the children have learned abroad. The needs of a returning child can overwhelm families and communities of origin, which are more often than not financially constrained. They may also be emotionally unprepared to take up the returning child in their midst (Mathew, 2012).

Many families under harsh economic conditions and unstable political environments send off their children abroad in hope for a better future for these children or as an investment that will pay-off once these children are able to earn and send money back home, or even in hope of a possible reunification with a child in the receiving country once the child is settled and has a legal status. Such children are burdened with the expectations of their families, and fear rejection or retribution, as vast sums of money are usually involved. Time and again money is borrowed, or gathered from family members; land, cattle or other valuables are sold to finance the journey of the children to a more prosperous place.

As indicated by Tsegaye (2001) the very nature of reunification work is usually delicate, time consuming and unexpected hurdles are in every stage of the process. Each reunification has its own specific conditions. Sometimes the children, their parents and/or relatives, the project initiators, the implementing agencies and mass organizations became more of the problem than part of a solution. However, it is also one of the most gratifying methods when one witnesses the moment of initial reunification.

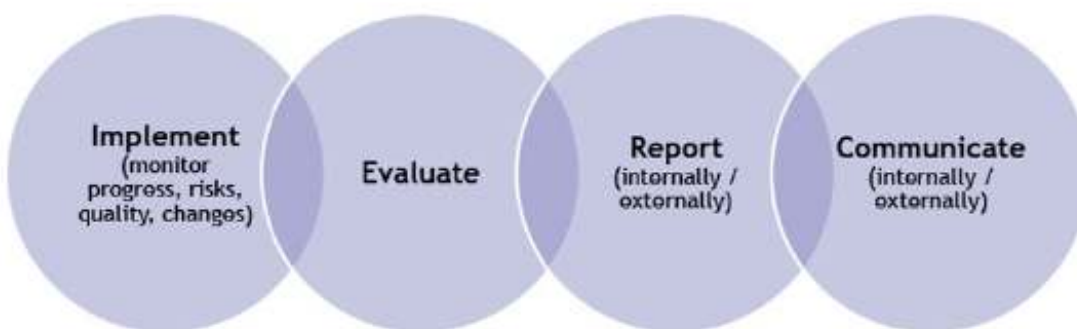
Research conducted in 18 countries by ISS/IRC Ethiopia (2008) revealed that the main challenges of reunification programs were the absence of adequate monitoring process when the children are settled in their families and communities of origin. Data is available on unaccompanied children returnees but precise information on their re-integration is absent. There are no measures to support and strengthen the families socio-economically which is considered one of the causes for the failures of reunification programs.

A research conducted on unaccompanied children after ones they are back home in West-Africa revealed that reunification programs face challenges related to the socio-economic development of the countries. The lack of basic structures like health care and absence of schools in the regions of origin is also a challenge contributing to the lack education and training, which is an important tool for the reunification of children and to the prevention of re-migration (ISS/IRC Ethiopia, 2008).

2.8 Project Implementation

To implement a project means to carry out activities proposed in the application form with the aim to achieve project objectives and deliver results and outputs. Its success depends on many factors. The project management has to have a well-organized management system and has to be flexible to present needs and situations, as the project is not often implemented exactly according to the early plan. However, the project should aim to deliver quality results and outputs. Quality is meeting expectations described.

Figure project implementation tasks (Tuliao.A,2012)



Interreg programme's role during project implementation

Monitoring project advancement is a major program management means. The main task of monitoring is to see that project inputs and outputs are balanced in line with the set out plan. Monitoring is an ongoing process. It gives an input on the overall performance of the project with comparison with the objectives and key targets. It also allows problem identification.

2.9 Project success criteria

In a project success criteria and success factor should be determined to augment project success. Success criteria are stated as variables that measure project success (Müller, Turner, 2007). Comprehensive criteria that reflect stakeholder interests and views can be used to assess project success (Dvir et al., 1998).

Success is determined by the dynamic environment where projects are implemented. Success criteria have to be agreed upon by the stake holders initially before the project starts Davis (2004).

2.9.1 Projects success factors

Success factors contribute to success of projects since they help in obtaining the desired outcomes (Dvir, 1998). Influencing the factors that determine the success or the failure of projects makes the project success more likely (Savolainen, 2012).

Pinto, Slevin, 1987 stated the ten project success factors which are “project mission, top management support, schedule and plans, client consultation, personnel, technical tasks, client acceptance, monitoring and feedback, communication, trouble-shooting” . In another paper that was published by Davis (2014) “cooperation and communication, timing, identifying/ agreeing objectives, stakeholder satisfaction, acceptance and use of final products, cost/ budget aspects, competencies of the project manager, strategic benefits of the project and top management support” were listed among the factors that contribute to project success.

2.10 Factors for project failure

Failing of projects is a common phenomenon in the current society. From past experiences and historical recordings, there have been various projects that have been on the verge of collapsing or totally get canceled because of various reasons. In this respect, the need to understand why projects have been explained in this paper explicitly. Project management related issues have been described to give the prospects of the rampant failing projects. More so, the technological advancement has provided criteria to which the causative agents of the projects failures can be attributed to. Therefore, the causes of the project failures have been described explicitly so as future related issues can be avoided by the project management committees.

Underfunding of the Projects

A speculation on the failure of past projects has been attributed to less allocation of the projects that have been designed by the individuals and even organizations. Resources, in essence, refer to all the needed items, whether monetary, skills or even human power that is needed in the successful implementation of the projects. Basically, monetary items are usually the most critical. All projects need funds for them to be laid out. It is the funds that appreciate the skills employed in the firms that seek projects implementations. Therefore, unduly funded projects are usually more susceptible to failures, more so in the current world markets.

Poor Visualization of the Project objectives

A project is likely to fail when it lacks proper goals and objectives . During the implementation of the project problems should be well-defined and modified to avoid the risks attributed to the failures.

Project Complexity

In addition to project management, the projects being implemented can be a problem too. Projects should be well structured stating the speculated time and other details of the project since a well structured project would be easy to implement. “Succession planning and strategic management are usually responsible for correcting project complexity”. Projects ought to be apparent, simple and easy to commence.

Over-Expectations

The objectives of a project should be well defined to reach the implementation range. Uncertainty risks have to be taken into consideration in project implementation. Projects should be carefully measured and researched on to prove feasibility and if they can be put into practice. Over-expectations in projects should be carefully seen and be addressed for projects to be successful.

Communication Management

Information that is carried out by the executives in projects has to be cautious. At some cases they only act as gate keepers so as they don't involve at the state of execution. At the last part of the project when the projects are failing the executives give information. The outcome of Poor communication management brings about crushed objectives and missed project's aims.

Poor Prioritization of Tasks

The tasks to be carried out at particular timelines should always be updated regularly to maintain the operations of the project. When tasks surpass the speculated period to be implemented, it should constantly be corrected. This needs the project managers to be flexible and some tasks are more important than others in project management.

Resources

Allotment of the resources in the organization has a major role in the implementation of the project. Project managers appear to overflow the project implementation with excessive resources at short spans of time, with the hope to do haste in achieving the expected objectives. What comes up, as a result, is many projects to work on a inadequate time. Some of the projects will be forgotten at the expense of others. In the majority of the cases, projects with stuffed resources would tend to fail.

Conflicts of Interest

This is marked where project managers, executives and team members, have intra-personal or interpersonal conflicts that occur within project development and implementation. Selected leaders and intervention of executive managers could involve in the alteration of this conflicts.

Governmental Policies

The project policies should first be made out in line with governmental policies. Through the implementation of the project, government policy changes that were safeguarding the undertaking of activities should also be taken into consideration.

2.8. Conceptual Framework

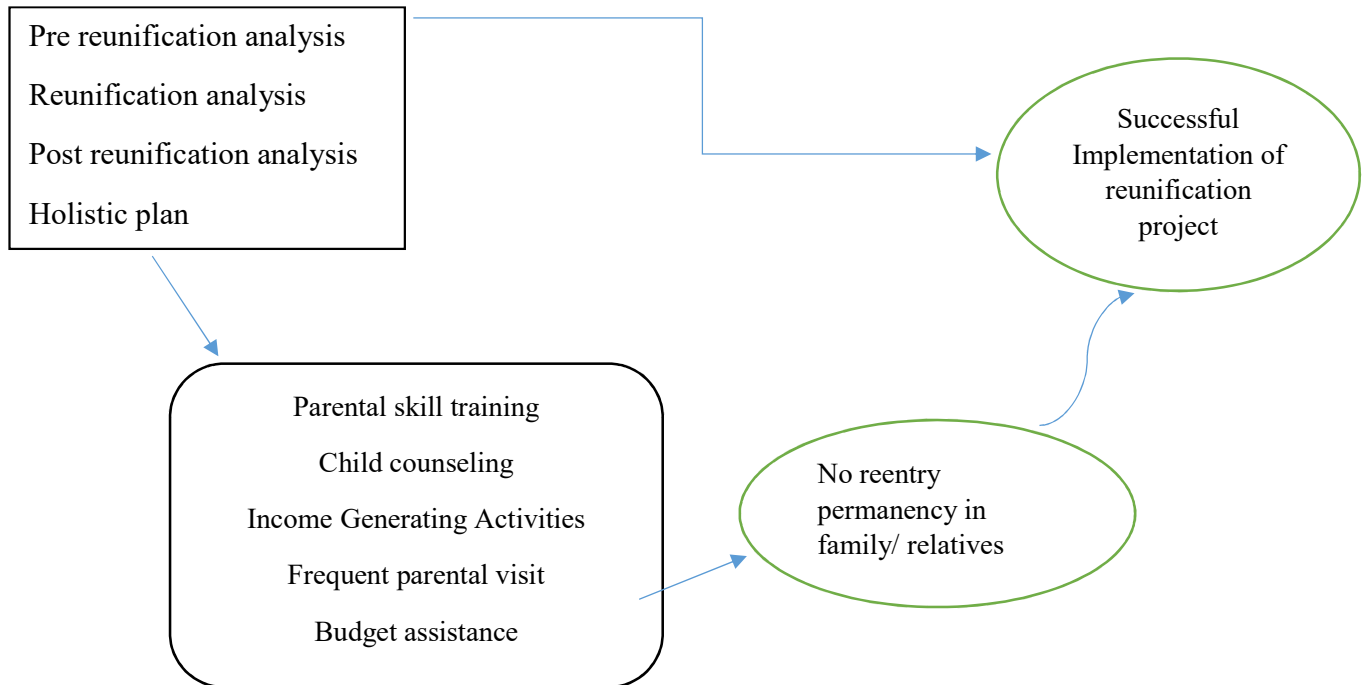


Figure 2: Conceptual framework: components of successful reunification

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Research Design

Although the general characteristics of qualitative research are the same, differences exist between specific types of qualitative research designs. Therefore, there are several types of qualitative studies (Hancock & Algozzine, 2006). Case studies is one type of qualitative research, in which the researcher carefully select one or more cases to illustrate an issue, and analytically study it (Krueger & Neumann, 2004). Yin (2003) also defined a case study as, an empirical inquiry that investigates contemporary phenomena (e.g., a particular event, situation, program, or activity) with its real life context, especially when the boundary between phenomena and context are not clearly evident.

Among other qualitative research, case study research design was found to be appropriate for this study due to different reasons. Yin (2003) argued that, case study helps us to consider context and phenomena at the same time than other research types. This is mainly because the phenomenon being researched was studied in its natural context. Therefore, the researcher believed that, case study approach was more appropriate to assess experience and condition of children reunified and returned with their families/relatives. Another comparative advantage of Case study is, it can help to examine and explain a given unit or system more intensively, than other research methods (Hancock & Algozzine, 2006).

Therefore, case study approach was believed to be appropriate to assess wide-ranging life circumstances of reunified and returned children. So that, case study was chosen for this study for the reason that, the case study helps for good recommendation and intervention plan than other research types. A case study was also thought to be fitting to come up with recommendations, and to suggest possible intervention strategies that might contribute towards improving the implementation of reunification project.

3.2. Research design

The study was conducted to assess the implementation of child reunification project in the case of 'Kechene' Children & Youth Rehabilitation Center. Qualitative research design was appropriate

for this study mainly because of two reasons. To begin with, according to Hancock & Algozzine (2006), if the concept or the phenomenon needs to be understood because little research has been done on it, then it merits a qualitative research design. Krueger & Neumann (2004) also suggested that exploratory research is appropriate when we are studying new topic or issue to learn about it. Likewise, although studies have been conducted on orphans and vulnerable children under institutional care, there is no research conducted to evaluate the implementation process of reunification project in the institution. Qualitative research design have been used to achieve an in-depth and rigorous exploration of the issue or the condition of the reunified children.

With regard to time dimension, some studies give a snapshot of a single, fixed time point and allow analyzing it in detail such study is called cross-sectional studies. For this reason, this study was exploratory cross-sectional study, given the limited period of time and financial recourses.

3.3. Study Area and Population

The research directed its focus towards separated children reunified from institutional care, by particularly dealing with children reunification program from KCYRC child care institution found in Addis Ababa. Therefore, reentered children who lived in institutional care reunified to their families or relatives were the subject of this study.

‘Kechene’ Children and Youth Rehabilitation Center is chosen among other institutions in Addis Ababa based on information obtained from Addis Ababa Women Youth and Children’s Affairs Office, and several criteria set by the researcher such as organizational experience, size and number of beneficiaries, as well as its willingness to participate in the study. ‘Kechene’ Children and Youth Rehabilitation Center (KCYRC) is recommended by AAWYCO because it has several years’ experience on institutional care, and it has relatively large number of OVCs under its support and works in collaboration with different international and local NGOs. Furthermore, the child care institutions focus on area of reunification practice, and its long year experience of implementing reunification program is considered by the office and the researcher.

‘Kechene’ Children and Youth Rehabilitation Center was established in 1952 to provide care and support for orphans under the age of 18. Currently, the institution provides institutional care & sustenance for 290 female orphan, vulnerable and abandoned children under the mandate of Addis Ababa women, children and youth affairs bureau.

Study participants were selected based on purposive sampling because children who were needed for the study were reunified and hard to trace where they had been. The researcher had to select them purposively mainly based on their accessibility. According to Hancock & Algozzine (2006), the researcher have to identify key participants in the situation, whose knowledge and opinions may provide important insights regarding the research questions. Therefore, accessibility was one of the criteria set to select respondents for interview. Participant selection process was assisted by the coordinator of the institution, who had better information about reunified children present life condition and their past experience, because the organization has no any recorded information about the post reunification status of reunified children due to absence of follow up and monitoring. Seven children from 1235 children who were reunified from the KCYRC in the past five years, aged between 8 to 15 years old were selected. The age of the participants was limited to be below 15 years of age because the alternative child care guideline made children above the specified age eligible for reunification. One coordinator of the child care institution, two social workers, one counselor from the organization is also incorporated in this study along with reunified children to provide deep descriptions of organizational structure and function in relation to reunification program.

The social worker and organization coordinator were selected purposively as a key informant based on their position and longtime experience with reunification program.

3.4. Case Selection

Case study research design can be categorized based on their function and characteristics. In terms of its function, case study research can be categorized as exploratory, explanatory or descriptive (Yin, 2003). Nevertheless, case study research is generally more exploratory than confirmatory. In other words, the case study researcher normally seeks to identify themes or categories of behaviors and events, to know more about a particular individual, group, event, or organization, rather than prove relationships or test hypotheses (Hancock & Algozzine, 2006). Likewise, the function of this study was exploratory case study, which intended to explore the the implementation of child reunification project in 'Kechene' Children and Youth rehabilitation Centre.

In single case study, as its name indicates, only single case was selected for studying some contexts or phenomena. According to Yin (2003), single case study is appropriate when the investigator has an opportunity to observe phenomena which was not explored well by previous researchers, and

the issue is relatively new. As a result, it was fitting for this study. Moreover, single case study is preferred than multiple case study mainly because, it does not need extensive time and recourse as multiple case study (Creswell, 2001). Therefore, the researcher preferred single case study in order to cope with the limited period of time by using diminutive budget.

3.5. Study Participants

This study has tried to explore the way through which the organizations helped separated children under its care to get reunited to their families/relatives in the community setting outside of the institution, and to discover the post institutional care psychosocial adjustment of reunified children.

Reunified children were selected purposively, based on their accessibility and aforementioned eligibility criteria. Once the researcher identified the participants of the study, the next question we can encounter has to do with the number of participants claimed necessary or sufficient to our study. However, because the sampling logic should not be used, the typical criterion of sampling size is also irrelevant (Yin, 2003). Hancock & Algozzine (2006) also argued that, since our focus is to learn more about a particular individual, group, event, or organization, and we concern less about examining/creating general theories or generalizing research findings to broader populations, thus sampling size is not decisive factor in case study, as much as content of the research.

3.6. Data Collection Instruments

Qualitative researchers tend to collect data in the field at the site where participants' experience the issue or problem under study, and typically gather multiple forms of data, such as interviews, observations, and documents, rather than rely on a single data source (Creswell, 2002). Similarly, the data collection in this study was typically extensive, and draws on multiple sources of information. Data was collected through numerous data collection methods like interview, direct observation and document analysis.

3.6.1. Interview

Interview is one of the most important sources of case study information because it allows the researcher to attain rich and personalized information (Mason, 2002 & Yin, 2003). Likewise, interview was conducted separately with seven reunified and returned children, one coordinator of

the child care institution, two social workers, and one counselor from the organization under study. Interview with all participants was directed by interview guide. Yet, supplementary information was collected through further probing based on participants' response.

All participants were selected purposively and mainly based on their accessibility. However, Hancock & Algozzine (2006) suggested that, the researcher should identify key participants in the situation, whose knowledge and opinions may provide important insights regarding the research questions. Therefore, accessibility was not the only criteria set by the researcher, to select respondents for the interview. Participant selection process was assisted by the social worker of the institution, who has better information about reunified children present life condition and their past experience, because the organization has any recorded information about the post reunification status of reunified children due to absence of follow up and monitoring.

Interview helps to collect data about the fact of matter as well as respondents opinion about the events. In addition, case study interview can provide shortcut to the prior history of the situation, and it helps to identify other relevant sources of information (Yin, 2003). Likewise, information about participants' life experience before and after reunification was gathered through in depth interview with reunified children. This includes information about participants' access to basic needs and service after they are reunified, their interaction with their families, peers and with the local community. Moreover, information about participant's post reunification experience, and information about their current psychosocial condition was gathered through interview.

In this regard, in depth interview was conducted with organization administrator and social worker of the organization too, to assess the way the organization helped separated children under their care to leave institutional care and move into their families/relatives in the community setting, challenges and effects of child family reunification practice on the; child, family and community as well as organizations pre reunification preparation and post reunification follow up and support activities. In conclusion, the main challenges the organization faced to implement reunification project, along with its possible solution was reviewed through interview with the organization coordinator and social worker.

3.6.2. Direct observation

Assuming that the phenomena of interest is not purely historical, some relevant behaviors or environment condition would be available for observation, and such observation is another source

of information for case study (Yin, 2003). Observation evidence is often useful in providing additional information about the topic being studied. Direct observation has special advantage because it covers events in real time, and it covers the whole context of events (Creswell, 2002). Moreover, observations of the setting by a case study researcher may provide more objective information related to the research topic (Hancock & Algozzine, 2006).

Similarly, different information was collected through direct observation in this study to acquire additional information about the real life circumstance of reunified children. First, participants' current living status location as well as, their housing facility and quality were assessed through direct observation. In addition, participants' relationship and interaction with others was also observed. On the other hand, the physical setting and institutional care facility of organization under study was observed to get supplementary information about the quality of institutional care of the organization under study.

3.6.3. Document and archival records

Documentary information and archival records are the most significant, and are likely to be relevant to every case study topic (Yin, 2003). Hancock & Algozzine (2006) also argued that, when combined with information from interviews and observations, information gathered from document review can provide the case study researcher with important information from multiple data sources, which must be summarized and interpreted in order to address the research questions under investigation.

In this study, available and accessible documents like organization's annual reports, and internal records such as IDFTR, Adult verification form & Reunification certificate. (IDFTR (Identification of Family Tracing and Reunification) is the first document written by the social worker when the child enters the institution that includes full personal background of the child (full name, nick name, sex, date of birth, nationality, birth place, family condition, close relatives information, special places like school church. additional information's about the child, where she want to be reunified). Adult verification form: this format is filled by parents, relatives or other care givers to get full information and willingness of reunification during the reunification time. Reunification certificate: this certificate have other two copies the original part gives for the families the green one for the government (police, kebele ,concerned legal entities of the time) and the yellow part

for data base unit of the institution) are relating to reunification program was reviewed to corroborate the information obtained through interview and direct observation.

3.7. Data Analysis

In qualitative study there is no specific point where data collection stops and analysis begun, because it is not a linear process (Deves, 2005). This is mainly because, analysis in qualitative research is recursive and inductive, and the findings are generated and systematically interpreted as successive piece of data are gathered (Martens, 2005). Similarly, there is no consensus as to which method is best in qualitative analysis. Yet, there are few set of procedures to direct the researcher (Timm, 2003).

Analyzing qualitative data starts with familiarization with the data (Timm, 2003). The word used by participants are then analyzed and reduced via the classification of information into themes by means of coding system. These themes provide an interpretation of the participants view or views identified in literature (Canathurs, 2007).

Similarly, collected data was analyzed through the steps recommended by Stake (2006); (1) familiarization and immersion 2) coding or sorting data 3) inducing theme and, 4) discussing and interpreting data.

First, the researcher immersed into the data by reading the interview transcripts and field notes from different data sources. Then coded all data to uncover the theme and grouped the data into themes. Underlined words, phrases, sentences and paragraph from each interview that thought to be important. After all materials were copied into independent material, and then the material from each individual case was scrutinized to establish emergent themes. Likewise, four themes emerged out of this study and they are; Reunification process In the KCYRC child care institutions, Access to basic needs and social services, Family relationship, Peer relationship, Relationship with local community, and Emotional and psychological experience.

The themes and subthemes identified in earlier step and their connectedness to each other served as compass point in the discussion of the study. Finally, the researcher provided assertion or interpretation of findings was offered for this study by considering the patterns in light of relevant literatures and other study findings.

3.8. Data Quality Assurance

Different measures were taken to assure the quality of the data collection and to ensure study reliability and validity. The researcher herself worked for two years as a social worker in the organization under study and had spent substantial amount of time in the field while I was placed reunification social worker with the children. Therefore, I already had some relevant knowledge concerning the issue prior to commencement this research. In addition to this personal experience, I conducted field test or pilot study, initially by interviewing two key participants to assess the type of interview questions for use throughout the study, and to ensure that the data from the interview is valid and reliable.

Necessary correction was made on data collection instrument based on the result of pilot test. Martens (2005) suggested that, the researcher should remain in the field until they are satisfied that no new information is emerging, and themes are repeating themselves. Likewise, I took enough time for substantial engagement, and to build trusting relationship with participants prior to conducting the interview. I only concluded my interview session after I realized that no new information was forthcoming.

Moreover, the interviewee response was accurately recorded using tape recorder (when participants found to be voluntary). When participants fill discomfort by recording, field note was taken, and the gap was filled soon after the interview was finished. Some missing data or information not obtained was filled on the spot. We engage in validation strategies, often using multiple strategies, which include confirming or triangulating (Creswell, 2002). The use of multiple source of evidence in case studies allows an investigator to address a broader range of historical, attitudinal and behavioral issues (Hancock & Algozzine, 2006).

Any finding or conclusion in a case study is likely to be much more convincing and accurate if it is based on several different source of information, following corroboratory mode (Yin, 2003). Similarly, this study was also relied on the multiple sources of information, and different data collection methods used. Hence, information from different sources and through different data collection techniques was cross-checked and triangulated.

Transferability is the qualitative alternative to external validity (De Vos, 2005). One way to be achieving transferability is detailing a thick description in the study. Therefore, it is the responsibility of qualitative researcher to provide a thick description which includes an extensive

and careful description of the time, place, context and culture (Timm, 2003). Given the small number of participants included in this study, participants were interviewed in depth and their description was presented extensively.

3.9. Ethical Consideration

Creswell (2004) argued that, considering ethical issue involves more than simply seeking and obtaining the permission of institutional review committees or boards, and but it is a must, that the researcher should anticipate and consider any ethical issue that may arise during the qualitative research process.

Therefore, this research was reflected on the basic research ethical issue at all level and the issue has got due attention in every research steps. To begin with, it requires respecting for the autonomy and dignity of individuals, and the requiring for voluntary informed consent of participants (Wassenaar, 2006). Written informed consent was obtained from the organization and participants, prior to commencing the interviews. Participants were informed that, participation was voluntary, and that they could withdraw at any stage and their oral consent was obtained. Confidentiality for participants is assured through representing participant with a pseudo name by doing so any of the personal issues discussed during the interview was guaranteed. The findings of the research were also offered to the organization on request.

Qualitative interview carry potential for causing subjective distress in participants, and most of the time emotional distress is evident as a result of participating in the research (Neumann, 2006). The issue of sensitivity and personal issue were checked and emotional and cultural sensitivity was considered based on pilot test experience. I paid great attention to ask actual conservation in unbiased manner. Participants were also made aware that the interview included personal and emotional experiences. I also offered debriefing sessions when emotional distress was evident to me, and when participants were offered the opportunity to work through their experience.

Finally, Creswell (2009) suggested that, as we are conducting case study research with the vulnerable populations such as young children or underrepresented or marginalized groups, we always need to be sensitive to the potential of our research to exploit them. Thus, it is important to review how participants would gain from this study. Different recreational facility and lunch program was provided for participants during data collection.

CHAPTER FOUR

FINDINGS OF THE STUDY

The study was conducted to assess the implementation of child reunification project at ‘Kechene’ Rehabilitation Centre Addis Ababa, Ethiopia. This section of the study is reflecting on the themes that emerged in before. In the subsequent sections, the results of the qualitative data are discussed correspondingly with the objectives and research questions of this study. More specifically, it is endeavored to compare the findings of this particular study with analogous previous studies. Accordingly, the results of the study were compared with different literatures and research findings to thicken the description of these themes. The basic tenets of the proposed theoretical framework were also discussed in association with the findings of the study. By bearing the findings of this study and other comparable studies in mind, the researcher has incorporated personal reflections as well. In the reality, again all sections are interdependent. Thus, the heading is offered to serve only the organization purpose.

4.1. Background of the Organization

‘Kechene’ institutional care was established on the year 1952 by the goodwill of Empress Menen, during the reign of Emperor Hailesilasie with the aim of offering care and support for orphans under the age of 18. Currently the institution functions with the goal of helping orphan children to undergo well-mannered and properly socialized personality development under the mandate of Addis Ababa women, children and youth affairs bureau. Being one of the four care and support providing centers under the mandate of the bureau, ‘Kechene’ institution offers its service only for female children and youths under the age of 18. On the other hand, the other three institutions provide their services for different sex and age group.

Children and teenage youths under the age of seven are kept and nurtured in ‘Kebebe Tsehaye’ located in ‘Gulele’ sub-city. The second age group between 8-18 male teenagers are kept in ‘Kolfe’ institutional care center. In addition, the forth one is ‘Lideta’ Juvenile Delinquent Rehabilitation and Treatment Center. While all financial matters of the institution are directly monitored and managed by Addis Ababa Women’s Affair Bureau, in some cases the institutions work on funds raising activities done by itself from various local and international foundations and organizations.

At present, the organization offers its services for 290 female children and teenage youths (personal interview with the director of the institution).

4.2. Vision and Mission of the Organization

Administrative manual of the institution depicts;

4.2.1. Vision

Vision of the organization is to see the right of all orphans and vulnerable children coming from destitute families respected and their safety maintained so that they can live and grow free from any form of physical and psychological abuse.

4.2.2. Mission

Through creating community wide awareness and working in collaboration with different stakeholders for providing proper care and support, for the protection of children's right and safety is to make children living within the institution to get access for well-organized care and undergo a healthy personality development. Values and intrinsic working principles of the institution are:

- Accountability
- Transparency
- Preparing for change
- Providing improved service
- Respecting children's right
- Realizing gender equality
- Community participation
- Networking and working in partnership

Major stakeholders of the institutions are UNICEF, 'Gulele' sub-city police directorate and 'Kechene' 'Wereda' police administration, world vision, MoWCYA, and Community based organizations (CBO's) & various donors and local and international organizations that work in collaboration with Addis Ababa women, children and youth affairs.

4.3. Admission Criteria

KCYRC accepts children who are at risk due to various factors. Since the organization is accountable to Addis Ababa City Administration Bureau of Women, Youth and Children Affairs, children are mainly sent to the center through approval of the office. Besides, according to the office's coordinator, orphan and vulnerable children who mainly come from different parts of the country to Addis Ababa and have no one to care for them in the city are also referred to the organization by the police.

The data obtained from KCYRC and Addis Ababa BoWCYA further indicated that only children at risk under the age of 18 years are eligible to join the children and youth rehabilitation center. To state this more precisely, the admission criteria to the center allowed for children who are:

- Double orphans (regardless of the cause of death of their parents; religion and ethnicity of the children and their parents; and disability status of the children) and who have no one to take care of them in the family or community,
- Single orphans, when the living parent is incapable of providing support to the child owing to illness, detention or any other valid reasons proved by relevant authority,
- Abandoned and children who are temporarily or permanently separated from their families due to various reasons.
- Whose parents are certified by the appropriate or accredited body as terminally ill or mentally incapacitated to take care of them.

4.4. Staff Composition

KCYRC is operating with fifty employees, having equal gender ratio — twenty-five (25) males and twenty five (25) females. These workers have different specializations and responsibilities. They include professionals such as social workers, counselors, nurses, caregivers, education supervisors, and guards. According to my observation during my stay at the organization all the staffs work with harmony and operates with empathy as they work with children who needs special emotional support I want to extend my appreciation for all.

4.5. Service Provision

The childcare center is currently serving 290 Orphan and Vulnerable Children (OVC). Referring to the organization's records, the KCYRC officer confirmed that the number of beneficiaries is

increasing from time to time, as the police continued to bring orphan children to the rehabilitation center. The center claims to provide holistic services for the children that include basic services and psychosocial support. The basic services consist of food, clothing, dormitory, health, and education.

In order to meet the clothing needs of its beneficiaries, the organization allocates 1,500 birr per child annually. The cloth always selected and bought by the social worker and committee composed by coordinator, finance officer and nannies and provided by size accordingly. KCYRC provides food for the children and youths three times a day. With regard to variety, mainly the same type of food (enjera with shirowot) is served, for all children and youths irrespective of their age, except that they are provided with pasta and macaroni twice a week. Meat and fruits are provided only on public holidays and up on donations of individual or private organizations. Nevertheless, special food is served only for those children who have health problem based on medical prescriptions

Regarding dormitory service given to the OVC, KCYRC has three blocks of houses built for this purpose. The dormitories are arranged based on the children's age category, i.e., in the first block those used by children with the age range of 7-10 years old. The second block hosts children within the age range of 10-14 and in the third block above the age of 14. On average, twenty-seven children live in a dormitory. Children's can more relate and have more attachment with their age mates and seems happy about the classification.

Children and youths are also pursuing their education starting from kindergarten to higher education in different public and private schools. The organization covers their education fee and Provides necessary and adequate educational materials. From the current total of 290 children and youths in KCYRC, when the study was conducted, it was found that 30 of them were not attending school at all because 19 had dropped out of school while 11 of them had different health problems and lately joined the center. To cope with ailments and health problems, KCYRC provides health care services for the children and youths of the center. One clinic rendering first aid treatment for the children exists in the center. Respondents reported that the clinic refers medical cases beyond its capacity to other governmental health centers and hospitals. The coordinator and social workers recommended if there could be strong health care support in the clinic without going for referrals with already familiarized staffs to treat critical cases both psychologically and physically.

In attempting to meet the psychosocial needs of the children, KCYRC provides counseling and guidance as well as play and recreational facilities. The organization has four counselors employed to give professional counseling and guidance. In addition to the institutional care services discussed above, the organization facilitates other alternative community based childcare services for the children in the orphanage. These alternative childcare options include; adoption (national and international), foster care, and reunification and reintegration. According to the organization's coordinator, interested and eligible families have given children for adoption, and youths have left the institution through the reunification and reintegration scheme. The coordinator added that, social workers undertake the reunification work with the total cost covered by the United Nations Children's Fund.

Finally, the KCYRC coordinator told that the center is working in collaboration with different governmental and non-governmental organizations in an attempt to meet the ever-increasing of children demanding comprehensive care and service in terms of basic needs.

4.6. Case Presentation

Case 1: Gete (Participant 1)

Gete (name changed for the purpose of the study) born in 1998EC, in Oromiya Regional state Chilalo Aweraja around Asela, was living with her younger sister and mother. They used to make their living through a small business operated by her mother, as well as by the support of her grandparents who had farming land. Their normal life started to be interrupted when the responsibility of the family failed on the shoulder of her grandmother, as a result of the death of her father and the flight of her mother's to Saudi Arabia to support her children and her family by better income. At the midst of this time, Gete came to Addis Ababa to live with her uncle. Gete stayed for 6 months and came into conflict with her uncle's wife because of heavy workload and escaped from home. That time was difficult for her because she was new for the city and there was no one that could host her even for a single night. With the help of brokers, she got a work in Mojo near to Adama to work as a housemaid. Gete faced completely different situation which was difficult to her because the women to whom she was working for was a witchcraft. The role of Gete was to make her coffee. She was expected to make coffee every night. She explained the condition in the following way.

“Many and different kinds of people including rich, poor, sick, come to her home and they spent the night chewing chat, smoking shisha, asking different questions and providing gifts for her and I made coffee endlessly the whole night without sleep until the people left the home.”

She stayed for about three years at this house. When she felt she couldn't continue shouldering this burden, she ran away again to Addis Ababa and ended up at 'Kechene' children's home with the help of police officers in Addis Ababa.

After she stayed in 'Kechene' children's home for about two years, she was selected for reunification program and reunified to her grandmother in Arsi Chilaloin 2011EC. She had stayed for seven months with them and because she could not make peace and was not comfortable with everything there, she came to Addis Ababa in 2012EC. When this interview was conducted, she was working in a cafe and restaurant as assistant cook.

Case 2: Jemila (Participant 2)

Jemila was 10 years old and she was born in Weliso City, Wenchikebele, of the Oromiya region. Jemila was living with her family. In the meantime, she came to Addis Ababa with her relative in order to work and attend school. However, after staying for about two months with her relative, she went for shopping and was unable to return to her home because she lost the way to her home. Then with the help of the community, she got into the police station and then the help of the police officers got her admission to KCYRC. After a stay in the childcare institution for about a year and seven months, she was selected for reunification program. In the year 2011EC, Jemila was reunified with her family by social workers of the institution. During the reunification, she found her mother and unfortunately her father was dead and according to the culture of the surrounding community, the brother of her father married her mother. When she heard about the death of her father, her pursuit of happiness of getting her mother was instantly changed into deep sorrow and the situation was really awful, Jemila indicated. Finally, the social workers supplied and made available all the necessary materials and financial presences for Jemila's mother officially before and in presence of the concerned government officers from the Women and Children Office of the Woreda.

After the reunification Jemila was in sorrow by the death of her father. Moreover, she was unhappy with her stepfather. On top of this, she couldn't get the chance for schooling for she did not take certificate from Addis Ababa. Due to these and other reasons, she re-migrated to Addis Ababa.

Even though she requested KCYRC for readmission, she was not allowed. As a result, she started working as a housemaid in Addis Ababa.

Case 3: Tarikua (Participant 3)

Tarikua was 13 years old and she was born in Woliso city, KagniraLabokebele, West Shewa zone of the Oromiya region. Tarikua run away from home in the year 2008 E.C. with her peer friends and came to Addis Ababa. Therein Addis Ababa, she was employed in one household as a house cleaner. One day while working there in the house, she broke a thermos flask and she left the home and got a hold into the street. While she was crying on the street, members of the surrounding community got her to the police station then she was admitted to KCYRC. She stayed there for about two years and was selected for reunification program based on the information she provided for the social workers of the institution. In connection to this, Tarikua was reunified with her family in the year 2011 E.C.

During the reunification process, both her mother and father were presented on the spot, there in the Office of Women and Children of the Woreda. Moreover, every one there was happy. Particularly, Tarikua's mother felt as if she was in the seventh heaven. She was unable to control her emotion and was crying for getting her child alive. Her mother was confused by the physical change and development of Tarikua as well. After the reunification, Tarikua stated that things were not as such comfortable. She said that she could not make peace with her family. She kept calling to the social workers to be re-admitted to the organization. However, the social workers told her as it is impossible and come back to Addis and hired as ahousemaid since that is the only profession she is trained of.

Case 4: Tena (Participant 4)

Tena was 17 years old girl. She was born in Holeta Genet and she was living there with her parents and with her young brother until things get wrong up on the separation of her parents. This coincidence opened up new phenomena in the history of the family. Her father got married to another woman. Tena was unhappy with her stepmother and having the information that her biological mother was living in Holeta town, she traveled to the town in order to live with her. Unfortunately, she could not find her mother. Instead of returning to home, Tena decided to come to Addis Ababa. After she came to Addis Ababa, she engaged as a house cleaner and started to work. However, her owners were biting her for each misdeed. Consequently, she walked away

from home. While she was in confusion where to go and what to do, people from the surrounding got her into the police station. Then, with the help of police officers, she got admitted to KCYRC Tena stayed for about two years in the childcare center. During her stay, she was attending school. By the counseling conducted with social workers of the center, she revealed that both her parents were alive and she wanted to reunify with her father. Based on the information from Tena, the social workers believed that she was traceable and selected for reunification program. In the reunification process, the social workers were expected to travel on foot for about two hours to get the home of the child's parents. It was challenging for them.

After the reunification, she found completely different situation from the home she left. Her father and his wife got a child unexpectedly. Her father got drunk and lost his weight. He was not taking good care of himself, which was completely different behavior from the time when he was with her mother. She was not happy with her step-mother and she hated her, too. She could not feel comfortable with such situation of her home situation. As a result, she came again to Addis Ababa. Although she asked 'Kechene' Children's home for admission, the institution refused to accept her again. At the time of data collection, she was found working as a waitress in a café around 'Sidist kilo'.

Case 5: Seble (Participant 5)

Seble was 14 years old. She was living with her father in Ambo town, Hurumakebele. As living in the stated town, a woman convinced Seble and brought her to Addis Ababa in order to work as a housemaid. Having started the task, however, Seble couldn't hold out the workload as it was beyond her age and capacity. As a result, she left from home of her employers and went on to the nearby street. As the surrounding people got her crying on the street, they reported to a nearby police station. The police officers got her into KCYRC by using their official mandate. She stayed for more than two years in KCYRC and, by the decision of the social workers based on the information gathered from her, she was selected for reunification.

During reunification, her uncle told the social worker as Seble's father died before seven months. She was then told about the death of her father in the next day and she was reunified with her uncle. After the reunification, she could not withstand the sorrow caused by the death of her father. In addition, she did not want to be a burden to her uncle. Therefore, she re-migrated to Addis

Ababa and during the interview she was working as a daily laborer in construction sites in Addis Ababa.

Case 6: Fatuma (Participant 6)

Fatuma was 12 years old and she was living with her mother in Jimma town of the Oromiya region. People deceived and brought her to Addis Ababa. She was then employed as a housemaid. However, she could not tolerate the pressure of the work as well as the nagging of her employers. As a result, she ran off home. However, she was confused where to go and what to do for she did not have any relative here in Addis Ababa and was new for the city. In the meantime, while she was on the street, members of the surrounding community got her to a nearby police station. Then by the official letter of police officers, she was admitted to KCYRC.

After Fatuma stayed for about a year and three months in the center, she was selected for reunification program by the social workers of the institution. and she was reunified with her mother in the year 2010E.C.

During the reunification, the social workers observed that the economic condition of Fatuma's mother was terrible and they were in suspicion whether Fatuma's mother was capable of affording all the necessary accommodation for her child. However, Fatuma was interested to be reunified with her mother and she didn't want to return to the child care center. Accordingly, the social workers recommended the Women and Child Office of the Woreda to facilitate some support for Fatuma's mother in order to ensure the well-being of the child. At last, the reunification was concluded after all the necessary documents were signed and the material as well as financial support was presented to Fatuma's mother.

After the reunification, due to the high level of poverty, she did not have access to education and she was not happy with everything there. As a result, she re-migrated to Addis Ababa. During the data collection, she was working as a housemaid in Addis Ababa.

Case 7: Abay (Participant 7)

Abay was 13 years old and she left her mother and her two younger sisters. She came to Addis Ababa from Debrebrhan with a friend of her mother in order to work and assist the family. She also wanted to study. After she came to Addis Ababa, however, she did not get the chance to study. Moreover, she could not withstand the high work pressure and maltreatment. As a result, she

escaped from home and ran to the street. With the help of members of the surrounding community, she got in touch with a nearby police station and then was admitted to KCYRC.

After staying for about two years in the center, Abay was selected for reunification program and got reunified with her family in the year 2010 E.C. The reunification process was accomplished after all the material and financial supports were delivered to the child's mother. Women and Children Affairs Office of the contiguous Weredatook over the responsibility of ensuring the proper utilization of all the given supports, mainly to the best interest of the child.

After she was reunified with her family, she reported that she came across various challenges. She was living with her family. As a result, she re-migrated to Addis Ababa and during the interview she was on street in Addis Ababa.

4.7. Theme Presentation

Findings of the study presented under this section by categorizing them into four themes based on the information obtained from the organization's director, social workers and reunified children, the process through which participants were reunified back to the community discussed under the first theme. Theme 2 and 3, respectively, present participants' relationship status with their respective families, peers, local communities and their access to basic needs and social services. Finally, the emotional and psychological condition is discussed in the fourth theme. Throughout the presentation, one has to bear in mind that the themes are not mutually exclusive. In one way or another, significant overlapping and cross-referencing exist between the themes, and hence, an idea discussed under one theme can be found in another. This, therefore, brings to the need to go through all the themes in a holistic manner rather than as a separate finding as well as connecting them with one other.

4.7.1. Theme 1: Child family reunification process of KCYRC

KCYRC has no specific institutional policy for the overall institutional care and support and for the reunification process in particular. According to the information gained from the coordinator of the organization, the institution is guided by the alternative childcare guideline developed by MoWCYA in 2009EC. Even though the development and publication of the alternative child care guidelines and the standard OVC service delivery guidelines by the then MoWA represent an important step in translating child rights principles and standards into workable practice standards.

However, the status of these guidelines is not established and clarified as a binding legal standard. As a result, it requires the development of organizational child protection standards within institutions working with children. There are different nongovernmental organizations working with the institution in the child family re-unification program. Though the organization had no clear procedure regarding reunification, this study presents the process by dividing it into four phases (planning, pre reunification, reunification and post reunification) phases for the sake of analyses.

4.7.1.1. Planning for reunification

‘Kechene’ Children and Youth Rehabilitation Center does not have its own long-term childcare standard, specially a typical institutional plan regarding reunification. In connection to this, coordinator of the organization uttered as:

Three social workers are hired by NGO and for the reunification program in our institution. After children are admitted to the institution, they have a contact with these social workers and the social workers open file for each child and assess their condition through an interview. by doing that the social workers identify the traceability of the child and then decide whether the child is going to be reunified other alternative child care measures should be taken.

In the assessment procedure, children are assessed about their current situation, family existence, cause of separation and other aspects about separation. They are also asked about their willingness to be reunified with their families. The social workers said that in many cases children who initially were willing to be reunified often change their mind due to the long stay in the institution. He expressed this as:

“They become familiar with their caregivers of the institution, their access for education and the facilities in the organization, even more love the lifestyle and their social bond created with the rest of the children.”

Even though children were asked about their willingness of being reunified with their families, they were not involved in the entire processes of planning and decision making. This implies that there has been a problem during the process of implementation which adds to the fact that there has been absence of institutional guideline. The coordinator also said that because the financial

stuffs were facilitated and managed by the head office, children were reunified when the fund was released from the office. As a result, there was no specified timeframe for reunification.

The social worker also stated that availability of fund and the bureaucratic nature of equipment purchasing as well as releasing the fund were time-taking. The social worker stated this as:

“The fund is released quarterly and the bureaucratic nature of purchasing equipment is time consuming and tedious . . . As a result, we run out of time to prepare the children for reunification. Moreover, we are expected to submit our report within few days so we have to rush to the reunification, and we cannot decide the right time for reunification by our own . . . In most of the cases, we reunify children suddenly and we don’t prepare the school-leave certificates and medical cases of the children.” This implies that there has been a gap in formalizing and organizing the requirements that were supposed to be fulfilled before reunification.

4.7.1.2. Pre-reunification phase

In the pre-reunification phase, the social worker said:

“Since the organization did not have its own scheduled time plan for reunification, the program of reunification come to pass suddenly; and pre-reunification psycho-social support for the children as well as case study on the parents/extended family members of the child never exists.”

All research participants reported that the organization did not assess their medical condition and previous medical records were not reviewed, particularly in the pre-reunification stage. In addition, their school transcripts and other educational credentials/evidences from schools were not collected.

Children were reunified, thus, without being ready for it. In relation to this, research participant 2 said that while she was told as she was going to be reunified, without being ready and attending school. The reunification had happened so suddenly this is only the project planning problem. Even she was not able to have her leave certificate from the school. Likewise, participant 3 stated that she was told a day before as she was going to be reunified. Thus she did not submit the text books she borrowed from school and she did not collect her school transcript as well. In addition, no counseling for preparation was there. Moreover, research participant 4 said that she had a

medical case and she was appointed in a hospital to receive a tablet that would serve for three months. However, the reunification took place before the child's date of medical appointment. The child recalled her situation as:

“I was suffering a lot until I got the tablet by the support of Women and Children Affairs Office of our woreda.”

According to the organization's coordinator, though the organization has believed in the pre-reunification case study on the parents to assess their psycho-social and economic status, insufficient finance and human resource were the major constraints that challenge to endow children and their families with the necessary psychological, medical and other related supports and that may help to avoid possible adjustment problems. The social worker also confirmed that there was no pre-reunification case study on the part of the families of the child; the social, economic, legal and psychological Condition of the parents was no longer known until the exact reunification took place. The social worker explained this in the following way:

“Most of the time the information we get from the child is the only evidence that help us to decide the traceability of the child. We cannot be certain about the survival and other situation of families/relatives. In some cases, we may fail to find the address of their families due to such reasons like address change or divorce or, even to the worst, death of family members could happen after child-family separation had happened.”

Once again, all research participants said that they were not certain about their families' current availability and situation. Participant 5 described that she was living with her father before she came to Addis Ababa. Her reunification took place after a stay for two years in Addis Ababa. Her father was found dead during the reunification and she was reunified with her uncle. She recollected the moment as:

“I went to my uncle's home first because it is nearer to the bus station. When I met my uncle, I was happy . . . we hugged each other and started crying, but my uncle could not stop crying . . . Moreover, his neighbors after greeting me they started crying too. At that time, I was really confused and started asking about my father. My uncle was unable to speak and he kept crying . . . and when I persisted on asking about my father, he told me that he was dead. After I heard that . . . I got myself out of control.”

Because the organization failed to provide case study on the family/relatives before the actual reunification takes place, many problems arose which may affect the effectiveness of the reunification program as a whole and the smooth adjustment of the children with their family in particular. Since families had no prior knowledge as their child is coming, they would have no preparation and psychological readiness to accommodate and help the child safely. They could be occupied by other day-to-day life routines. In some cases, families were misinformed about their child by relatives who were hosting their child in Addis Ababa. As a result, families might feel a discomfort about their children. In relation to this, participant 2 called to mind the moment as:

“While I was walking to my family’s home, I saw my mother from a distance and run to her . . . when I approached her, she had fallen over the ground right after she recognized me. I could not grasp as what was going on until I heard later that my families were informed as I was dead seven months before the reunification took place.”

In connection to this, the social worker pronounced as he had experienced in some cases that some family members were found being intoxicated such that they could not worry about the feeling and emotion of their children. Such children got frustrated and were ashamed of their families. The organization did not initially assess the economic status of the families of eligible children, as stated by the social worker as well as the coordinator. They also said that the only precondition was availability/existence of parents of the children, which brought reunification to the forth. In the pre-reunification the institution did not work in collaboration with such concerned bodies as regional governments, woredas, kebeles, peasant associations and the like so as to facilitate family tracing.

4.7.1.3. Reunification phase

The organization based the traceability of each child being dependent only on the information gathered from the children without conducting pre-reunification case study on the family. The trips to reunify children carry out in a group. The social workers categorize reunifying children into different groups based upon similarity of their regions and transportation routes. The participant social worker said that to minimize cost and to reunify as many children as possible in a single trip, 6 to 13 children are expected to be reunified in a single transportation route being accompanied by two social workers. According to the coordinator the institution has limited

budget for reunification program so that they have to accomplish accordingly but it creates stressful situations on both the social workers and reunified children.

Social workers arrange reunification routes by taking into consideration the geographical proximity of the residential address of reunifying children. In most cases, the final destination of the children could be in different directions even though being in the same region or transportation route. The social workers, thus, select one central place that could be served as a relative equidistant for every direction. This is because traveling to one child's family with the rest of the children along with their luggage is difficult. When one social worker reunifies one or more children who are destined in similar woreda/peasant association, the rest of the children remain in the central place with the other social worker. The informant social worker said that because success of the child-family reunion is unknown or difficult to predict, children who are staying in the selected central place hang around being stressed thinking about their success of being reunified with their families, and being frightened and uncertain about what is going to happen within their families. As it was explained by the social worker, finding families of the children is difficult, and even the tracing process might not be safe.

In most cases, children came from remote rural areas specific residence of their families could be out of reach of transportation. Thereby either they (both the social workers and the children) are expected to travel on foot, or else they have to wait until a market day comes to find families/relatives of the children themselves or other people who may know parents/relatives of the children.

Due to the absence of reunification network between the institution and other concerned local authorities, the social workers receive no or minimal collaboration from respective governmental bodies of different Woredas in the process of tracing families of the children. Typically, the social worker put his experience following ways:

“They expect per diem for their facilitation. Because there is no fund allotted for such purpose, most of the time they retreat from the work. Explaining that the Woreda/kebele told by the children as the place for their families is not within their administrative zone/district and then they refer us to another Woreda/kebele.”

At the time when families of the children are found, the reunification takes place in the nearest Women and Children's Affairs Office of the respective Woreda. The social workers fill the family

verification form in order to attest the information provided by the children against that of provided by families/relatives of the children. All the material supports prepared and to be given for the respective children on the reunification are presented & crosschecked against the lists in the delivery form prepared by the institution. The pre-arranged financial support, amounting 1,000 Ethiopian Birr, mattress, blanket, different cloths and sanitation material would also be given for the respective families.

4.7.1.4. Post reunification phase

KCYRC has no post-reunification follow-ups and monitoring programs for reunified children. Regarding this, coordinator of the institution said:

“Though the organization overwhelmingly believes in keeping an eye on children after reunification, we do not still have any plan for post-reunification follow ups and programs due to financial constraints of our organization . . . By the same token, accordingly, we couldn’t assist or empower families for the smooth adjustment of the child and to ensure his/her permanency or stability. . . In the face of this, the organization still believes that institutional care is the last resort for vulnerable children; as a result, we expect that children would get necessary care and support if they would be with their families or close relatives, regardless of their socio-economic condition.”

The organization focuses merely up on taking the children to their respective families as an end for reunification, just without settling the smooth reunion and readjustment of the child within the family surroundings as well as without taking in to account and addressing those prior reasons and problems which caused the child family separation to occur.

The social worker explained that in most cases he and his coworkers found families in life threatening or extreme poverty and economic hardship. The practitioner added as there was nothing they could do for such families to assist economically. All participants replied that after the reunification took place their relation with the organization was terminated. Let alone other supports and assistance, they were not at least visited by the organization. Most participants said that the family condition before their separation and after reunification was completely different. Since children might remain separated for many years, several changes took place in the home of their families. Participant 4 recalled her after-reunification incident as:

“Initially I left from home when my father got married to another woman after the separation with my mother. . . . At the time I came back home through the reunion program, my father and his wife had got a child.”

The coordinator of the organization said that:

“Once the available financial and material costs are put in place and the eligible children are reunified with their families, those children would not be readmitted to our center regardless of the reasons that create separation all over again.”

As to the coordinator, this is done to avoid children’s prior expectation of coming back again to the institution and minor advice always delivered by a responsible social worker that they are not welcomed & the most comfortable and safe place would be their home not institutions. She also stated that sometimes children might feel comfortable with the services, which were provided while they were in the institution, and the social bond created with peer groups became stronger, which all together might attract the children to come back again with silly or negligible causes that might arise within their family environment.

As a result, to prevent such relapse and expectation of children to come back to the center again, “we totally refuse to re-admit already reunified children”, as the coordinator said. Moreover, the organization coordinator stated that no psychosocial support was arranged for reunified children and their families alongside the absence of material and financial assistance after their reunion took place. In most cases, children run out of their families’ home in search of work and access to education in big cities. These children could, however, be treated as deviants.

Moreover, when they come back home after unsure stay in such cities, children experience many diverse life styles which are different from those of the rural ones. The way they dress and communicate, for instance, differs from the way they did prior to their separation. In connection to the aforementioned issue, participant 4 said:

“I was very delighted when I found my families at first and I thought that everything would go right there within my families However, after a week, I found myself being segregated from the rest of my family members, which was unexpected for me... Even more, as it seemed that they were advised by their families, my former closer friends of our village were not as such willing to visit me, and not as such eager to play with me as we

did before. . . I didn't know why, how . . . I ran out of ideas . . . but then again I felt as I was strange.”

The social worker also stated as there was no follow up as well as psycho-social support that was given after the reunion program; and in utmost cases many adjustment problems happened in the family circles. After the reunion took place, neither families nor the children themselves get scheduled counseling services, which enable the child to adjust within the family setting. Both the social worker and the coordinator confirmed that there was no follow up as well as report regarding the already reunified children's situation and adjustment status.

4.7.2. Theme 2: Access to basic needs and services

The existing high level of poverty in the countrywide was apparent in participants' families. The social worker portrayed that the poverty level was much more rampant in the families of reunified children. In many cases, poverty accompanied with low level of education and high rate of fertility push families to send their children to major cities and urban areas.

Participant 7 confirmed that she came to Addis Ababa being deceived by people with the hope of getting access to education alongside working and earning money so as to support her destitute parents and other family members. However, she was out of school enrollment since she was reunified with her parents because of the incapability of her parents to afford all necessary costs of schooling.

Participant 3 said that she came to Addis Ababa to attend school and as the same time to help her families. She stayed in a household being hired as a house cleaner. Her employers, however, did not allow her to attend school. The child started school after she was admitted to the institution. After her reunification with her families, however, she had again terminated her school because of the reason that she did not take her school leaving certificate from the school.

Participant 5 also added that she was attending school while she was in the institution. However, she could not attend school after her reunification as schools already passed through first semester. When the interview was conducted, all the above three participants were out of school.

The social worker indicated that inadequate housing, poor sanitation and lack of several facilities were found in many families of reunified children as compared to relatively better services found in the institution as adequate housing, better sanitary materials, playgrounds, free time to play,

better access to education, and the like. Participant 2 and 4 also stated that they were not comfortable with the sanitation and foods prepared in their respective family's home. During the interview, these participants were living in Addis Ababa being hired as housemaid & waitress.

4.7.3. Theme 3: Relationship with family, peers and local community

4.7.3.1. Family relationship

All participants of the study were reunified with their respective biological parent/s or other close relatives. These children were also living with their parents/relatives prior to separation. After the separation took place, many changes had occurred in their respective family composition within the long time gap between the separation and reunification periods.

Participant 4 said; "I stayed for years with my relatives in Addis Ababa and two years after my admission to 'Kechene' . . . Within these time gaps, many things had happened in my family, especially I found my father with physical deterioration and alcohol drinking habit."

Participant 5 also said,

"I came to Addis Ababa to support myself and my father, but after I came here I passed through lots of challenges. . . I could not tolerate the nagging and workload of my employers. Moreover, I was intolerant to the rude words they uttered.... When I was reunified, however, I found my father dead which was not in my imagination. . ." Before the reunification was brought about. . . I regret not being with my father to take good care of him at the time of his sickness . . . Due to such coincidence, I was not comfortable to be there in home with my uncle and I came back to Addis Ababa, after a stay not more than two months.

Most participants replied that their family members were not caring as they did before. Most of them stated that they were blamed for their escape from their relative /employer's home in Addis Ababa. Participant 2 said; ". . . No one was able to understand the heavy workload I was suffering from while I was working there with my relatives in Addis Ababa and my escape was considered as I am bad or vagabond."

The social worker stated that in most cases most families expected their children to be tolerant and to confront whatever workload and problem they faced while they were with their relatives or friends of the family. This was due to their belief that children would have better future for

themselves as well as their families if they stay and work in cities. Accordingly, most of the time families became resistant to accept the problems/constraints that their children presented. This became a challenge for the effective reunion as well the smooth adjustment of children with their respective families.

Participants also said that their family members thought as their children had learned or experienced many antisocial behaviors because of the long time stay in the capital city, Addis Ababa. Participant 3 stated; “. . . While I was trying to keep myself clean and neat, my family had suspected me that I was trying to be seductive, which is a condemned act by our culture . . .” she also stated that; “My parents nagged me because I was not interested to take part in agricultural works with them . . .”

The social worker explained that after the child family separation took place, there was a difference in the situation of families. In addition, physical and mental developments as well as associated behavioral changes were observed from the side of the children. These, among other aspects, became a challenge for families to accept and care their children as they did before, and the same was true on the part of the children.

4.7.3.2. Peer relationship

Participants were asked about their peer relationship. Most of them stated that forming friendships could prove more difficult for children who came after a stay under institutional care; partly because of the stigma, they feel which stems from their run-away from home and stay in urban areas. Maintaining friendships could prove challenging for these reunified children were considered as deviants by the local community. Difficulties with peer relationship were highly problematic on some participants because they forgot the local language.

Participant 3 said that she had stayed for more than 2 years working as a housemaid and additional two years in the child care institution so that she was not fluent in the local language. She stated as she did understand what the localities speak, but she did not have a confidence due to the reason that she did not want to make mistakes. Participant 6 also stated as she speaks her local language. However, the way she spoke and acted was considered as abnormal and deviant since she doesn't know how to deport herself accordingly.

Moreover, in some instances former friends of the children were not interested to keep on the relationship again with them.

Participant 3 said;

“ . . . Before I went to Addis Ababa I had three intimate friends. We used to love each other and we were close . . . but after I came back home from Addis, we became no more close to each other. Sometimes, even their families prohibited and punished them if they saw them with me. I think that families of my former friends thought as I may instruct and influence other children to run away from their home . . . ”

Reunified children had a feeling of difference with their peers found in the hometown. Such feeling resulted in a feeling of isolation. Most participants explained that they were not interested by the games they played, and by the interaction they had had. In describing the situation, Participant 4 said; “ . . . I feel that I am different from my local peers and strange to them. Sometimes I have missed my friends in ‘Kechene’ . . . our love, playing days . . . ”

Friendship, being an integral protective factor in helping children, manages negative experience especially in times when children are not smoothly adjusted with their families after the reunion. In connection to this, Participant 1 stated,

“I don’t have a close and intimate friend in my locality. I do have no one to share what I am feeling inside. Many of my peer groups consider my conduct as unusual and odd. My peer groups while I was in ‘Kechene’ were open and we discussed about our family issues frankly, but here my local friends are suspicious of me . . . ”

All participants stated that their peer friends from their respective local community were interested to hear the challenges they experienced while they were in Addis Ababa. Participant 4 stated that her local friends wanted her to narrate the situation she passed through in Addis Ababa, especially about her stay under the institutional care. Then after however, the information got immediately to the families of her local friends and families blamed her for telling such aspects for their children for fear that their children would wrongly be inspired to go to Addis Ababa.

As all participants stated it, the respective peer relationship of participants was not fitting to their demands, and this was mainly because the reunification program of KCYRC focused on the mere reunion of the child and family. There is nothing more that was done concerning the friends and

peer groups of reunified children, which is an important element of forming social capital and social inclusion.

4.7.3.3. Relationship with local community

All participants, when they were asked about their relationship with their local community, stated that they had minimal involvement in the social interaction since they were children. They were not as such expected to participate in community-based organizations like Idir, Ikub, Mehaber (socio economic informal traditions of most of Ethiopian society Idir is kind of group of life insurance with minimal and affordable membership which grants complete assistance in times of death or other emergencies on the other hand Ikub serves as rotating fund with a small payment periodically can keep a steady influx of money to help a member rotationally). This is common to all children of the local community, as well.

Regarding the interaction with their neighbors, most of the participants replied as it was minimal and limited to greeting. Participant 5 said; “. . . I don’t think that my neighbors have a good attitude for me . . . they perceive my experience in Addis Ababa spoiled my entire behavior and ways of action . . .”

Participant 1 also stated; “my words often happen to be odd or unusual”. Even sometimes when my parents talk about me with our neighbors, both confirm “I would not stay any more with my parents because they thought that I have learned urban way of life.” They think as I am not satisfied with the local way of life.

However, most participants explained that they were interested in their interaction with their former teachers. They also stated as they received advice from these teachers. Unfortunately, most of the participants said, as they did not get the chance for school enrollment, which had also evidenced previously in theme (I). Accordingly, their contact with their teachers was minimal and it was occasional due to the reasons they did not get the care and support they ought to from their teachers for they were not attending school. Most participants stated that they did not attend local gatherings and celebrations. Moreover, utmost participants confirmed that they had had little religious affiliation and participation. This was resulted from the absence of religious institutions.

“I was Muslim before I was admitted to ‘Kechene’. However, after my admission, I was not attending any religious rituals and ceremonies of my religion and I was even eating

anything that was provided to me. Then after I returned to home, the same thing continued because I detached spiritually from the religious practices so that, I couldn't harmonize with my relatives as well as the society.” Participant 5 said;

Other participants also stated similarly that since there was no religious activity in the institution, their participation in religious ceremonies and gatherings after the reunification took place continued to be non-existent.

4.7.4. Theme 4: Emotional and psychological problem

Separated children face various emotional and psychological problems due to their separation and associated vulnerability with separation as well as due to their stay in the institutional care and problem of adjustment after the child-family reunion. Such problems are presented in this paper as distress, loneliness, self-esteem, trauma, attachment and stress hereunder this section as follows, as stated by participants. Reunified children faced emotional problems during separation for the reason that separation occurred due to some push and pull factors. This is to mean that children could be pushed due to diverse socio-economic problems happened in their families. Participant 3 stated that she came to Addis Ababa to support her family members by working there. Participant 4 as well said

“I came to Addis Ababa because of the divorce which was followed by getting married of my father with another woman. . . This disturbed me and I hated my father. Then, I decided to leave home and live as well as work here in Addis Ababa.”

Similarly, other participants stated that they were separated from their parents in search of better life and access to education. Participant 2 said;

“. . . I came to Addis Ababa with my uncle to attend school while serving him in house routines . . . but after I came to Addis Ababa, I spent the whole day without attending school where as his children attended school. . . I felt helpless and disadvantaged. . .”

Separated children are likewise exposed to traumatic events after the incident of separation and through reunification process, as well. Participant 4 separated from her mother in the first place. She stated,

“I have confirmed that it’s only my mother who cares and concerns for me. . . My father got married to another woman, and she did not care for us and I hated her. I felt sad most of the time and I remember my mother that I wished if she had been with me. . . I could not tolerate this entire situation, and that is why I left home and came to Addis Ababa.”

As it had been presented previously in theme I (or post reunification phase) of this paper, the aforementioned participant 5 came to Addis Ababa again after a stay for not more than two months with her uncle. She recalled and described the situation by saying; “. . . I cannot fail to recall my father. I felt deep sorrow due to the death of my father. I regret not caring and treating him during his sickness . . ., she said, [Croaking and long period of weeping]”.

Participant 4 said,

“I was working without rest. In addition, I did not receive my one-year salary. After I was admitted to ‘Kechene’, I told to our counselor but he did not help me to receive my salary. I am disappointed by this situation all the time.

Participant 3 also stated that she stayed for about two years under institutional care. Furthermore, she said I always miss my families. I wondered whether they are alive or not. . .

“At the time, I came back home, they were fine but I could not forget the event when my mother was fallen on the ground when she saw me . . . after I get home many people gathered around our home some were crying while others were expressing their excitement. The situation was stressful for me. Since then, I felt unsecured and fearful about the reoccurrence of the separation.

4.8. Discussion of findings

4.8.1. Reunification process

Reunifying a child with his or her birth parents is not a one-time event. Rather, it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left. As a result, Child-family reunification involves a series of steps starting from pre-reunification and reunification to post reunification activities that need to be carried out for a successful and safe placement of the child to his/her biological parents or extended family (Papageorgiou, 2013).

The study is evident that KCYRC approached child family reunification without having comprehensible and invariable procedures to carry out assessment, case planning, and service delivery before and after reunification. Transition planning lacked sufficient parent engagement and interagency communication and coordination. A lack of continuity of services and supports after reunification and significant delays in implementing services upon reunification, especially in the case of children with emotional and behavioral challenges, mental health, or school evaluations and records while in foster care, thus creating delays for treatment for children, school reenrollment, and transfers.

Reunification programs are usually divided into five stages. Stage 1 is the identification of children, which involves locating separated children, not all of whom be immediately visible. Stage 2 is the documentation of children; this involves interviewing children (and relevant adults) about the circumstances in which they became separated, their present living situation and future aspirations. Stage 3 is the actual tracing, the search for family members and assessment of whether the child can appropriately be returned to their care. Stage 4 is the actual reintroduction of the child and placement with the family. The final stage comprises a package of support, which may be required to ensure the child's future well-being, and a system for monitoring the success of reunification. These five stages need careful planning and implementation.

Many organizations and practitioners underscored the need for such activities as early emphasis on reunification the most desirable permanency goal, adequately assessing the strengths and needs of children and families, involvement of parents and children in case planning. Building on family strengths and addressing specific needs, and finally, carrying out plans are all critical activities to the achievement of a family's reunification goals (CFSR, 2011). Good decision-making is grounded in thorough and evidence-based assessments of the child's developmental needs, present and future risk of harm and parental capability from a range of different sources of information. These sources of information include direct observations and interviews with the child, the parents, siblings and significant others (Papageorgiou, 2013).

However, KCYRC has no scheme to make family assessment to identify possible risk and opportunities to insure the best interest of the child. Moreover, the organization did not consider family engagement in planning and decision-making in the reunification process. Visits are not arranged between children in the institutional care with their parents or relatives before the

reunification takes place. All participants confirmed that they had no information about the situation of their families before the reunion took place. The social worker also reported that the organization undertook reunification as a onetime incidence that happens suddenly. Children have had no prior information about their families and the families were not informed about the reunification prior to the reunion. Such practice goes up against national alternative childcare guideline, and universal declares like UNCRC that demands organizations undertaking reunification to conduct a case study on the parents or members of extended family to evaluate their psychosocial and economic status to assure the best interest and safety of the child.

A research conducted on returnees in Uganda, by Save the Children in (2010) asserts that socio-economic vulnerabilities are felt at family rather than individual level. Effective reintegration of returnees cannot be realized through exclusive intervention targeting returnees without a decisive engagement of the family and community. Responsive reintegration approaches should consider wider circles of vulnerability issues and engage key actors, including household members and peers, as inevitable secondary targets, along with the returnees as primary target. Since both the return of returnees and return of displaced people to their original homes present intertwined and complex social processes that cannot be solved independently.

Reunification is carried out to ensure Permanency to promote continuity and stability in care and relationships by making permanent arrangements for children to live with their family of origin or in other care at the earliest possible time (Papageorgiou, 2006). In spite of this, organizations undertaking reunification program face challenges resulting from the absence of planed reunification process. In addition, reunification projects are generally implemented with poor capacities and do not provide the child with valid mechanism for sustainable life and autonomy. Due to the absence of family assessment before reunification, there is no information on measures to support and strengthen the families socio-economically or on awareness of prevention work in the communities about trafficking in persons, (ISS, 2008).

Most of the participants confirmed that one of the reasons that forced them to come back to Addis Ababa was their families 'economic inability to provide them with the necessities. KCYRC grants only some amount of money and material support during reunification. The Absence of adequate program after the reunion which is essential to support and strength the socio-economic condition of families limited the potential of families to care for their children and thus, reinforced vicious

circle of poverty, exposing setting back children to not to stay with their families. Research conducted in 18 countries by ISS/IR (2008) revealed that the main challenges of reunification programs were the absence of adequate monitoring process when the children are settled in their families and communities of origin. Data is available on unaccompanied children returnees but precise information on their re-integration is absent. There are no measures to support and strengthen the families socio-economically, which is considered one of the causes for the failures of reunification programs.

Conversation in this research confirmed much of what has been discussed in other literature and research. Since the organization failed to undertake pre reunification assessment on the socio-economic condition of families and the absence of scheme for follow up and family support and strengthening programs in post reunification phase resulted in the failure of the reunification program to ensure the permanent settlement of the children with their families.

4.8.2. Access to Basic Needs and Services

The provision of concrete services such as food, transportation, and assistance with housing and utilities has been demonstrated to be an important aspect of family reunification services to ensure the permanent settlement of children with their families (Cheng, 2010; Choi & Ryan, 2007).

As it was affirmed by most of the participants, they came to Addis Ababa in order to work and assist their families and study as well. Similarly, unaccompanied children left their homes for diverse reasons: poverty and lack of employment; lack of education opportunities or any other reason. The child could be returned to its birth town and reunified with its family after a thorough assessment of the situation at home and with parallel re-integration work carried out with the family and community of origin, but more often than not a child is just “repatriated” without further measures (ISS/IRC, 2008).

The social worker explained that in most cases he and his co-workers found families in life-threatening or extreme poverty and economic hardship. The practitioner added that there was nothing they could do for such families to assist them economically. He also asserted that reunification is carried out without taking in to account and addressing those prior socio-economic reasons and problems that caused the child-family separation to occur. One more research conducted on unaccompanied children after ones they are back home in West Africa revealed that reunification programs face challenges related to the socio-economic development of the

countries. The lack of basic structures like health care and absence of schools in the regions of origin is also a challenge contributing to the lack education and training, which is an important tool for the reunification of children and to the prevention of re-migration (ISS/IRC, 2008).

Poverty and the challenges resulting from poverty are major risk factors for separated families. Several factors related to poverty can affect reunification efforts, including a low level of education, employment in low or unskilled jobs, and unstable housing (Landy& Munro 1998). Likewise, most partakers of this study affirmed that they had better access for basic needs and services while they were under institutional care and they have limited access to basic needs and services after they came back to home due to the high poverty level of their families. As a result, most of them re-migrated to Addis Ababa for better living.

This finding agrees with the finding of different studies. A study, which was conducted on the overview services for OVC in Ethiopia by Tsegaye (2001), affirmed that one of the major problems encountered in the process of child family reunification is runaway of children after reunification. Reunified children became runaways for reason that some were attracted by the shelter life and claimed to be readmitted (complaint included missing education, the environment, friends, etc.) and older children were prone to run away due to their exposure to urban life and the desire to be self-sufficient.

Another study conducted on reintegration of returnees, ex-combatants and other war-affected persons in North Uganda by EU (2010) proved that an overwhelming majority of respondents indicated that poverty is the single most significant factor that has complicated the conditions for reintegration. The poverty factor has contributed immensely to the breakdown of traditional family support systems

Since the KCYRC undertook reunification suddenly without plan and prior preparation, the organization did not consider collecting educational transcripts/certificates and health records of reunifying children. Most participants approved that they were reunified devoid of their educational transcripts and health records. The interview with the social worker also asserted that since they are expected to carry out reunification and report documents within a very short period, they got no time to gather educational transcripts and health records.

The study which was conducted by Ogongi (2013) identified that the barriers to successful reunification depicted that parents were not provided upon reunification with the basic documents

and information regarding their children's behavioral, mental health, or school evaluations and records.

The result of this study also goes in line with the aforementioned literature and research. Many participants reported that they faced giant barrier to get access to basic needs and other social services. The problem was found to be relentless among unemployed participants. Most of them were homeless, and even their access to basic need like food and cloth was found to be in curtail. Furthermore, participants' access to basic services like education and health care service was found to be problematic irrespective of their employment status. Especially, lack of access to education service hindered participants the chance to change their life and most of them did not see any way to change their life at future.

4.8.3. Social Development and Interaction of Reunified Children

This research set to establish the level of reunification by exploring the social development and interaction of reunified children through three indicators extracted from common attributes of reunification as available in the literature reviewed, namely, the relationship participants have with their family (parents, siblings, extended family and care givers), peers and local community (where they are living). These are not standard indicators for reunification but are parameters devised for the purpose of this research to help measure the cognitive contributors to reunification of children.

4.8.3.1. Family relationship

Undeniably, children can best develop a feeling of security, physical/mental health and personal identity within their families (MoWA, 2009). Moreover, children formulate personal identity based on their family member socioeconomic status and condition (Williamson, 2004). (Tolfree, 2003) further confirmed the need for family contact, to teach culturally defined traditional roles and tasks, which presented in a typical family. In addition, family provides appropriate role models for children. Finally, family relationship can also serve as the principal source of support through the adult life (Simms, 2000).

However, children often become separated in crises involving armed conflict, disaster and displacement. Economic hardship and conflict within a family push some children out of families and onto the street (Williamson and Greenberg, 2010).

As it is the reality throughout the developing world for the vast majority of children unable to live with their own families, institutional care is uncritically accepted as "the answer", without a thorough examination of the problems facing individual child, or an active searching for alternatives (Tolfree, 1991). Likewise, based on the information gained from the coordinator of the organization all participants of this study encountered separation with their families due to diverse socio economic reasons and admitted to institutional care.

Family tracing and reunification programmers have been developed in response to the large number of children who are separated from their families. Hence, organizations engaged in institutional care have a responsibility to implement reunification/reintegration as an ongoing and integral part of their services. Therefore, returning children as early and safely as possible to their families or communities is strongly recommendable as a means to achieve better outcomes for children, retention of important family connections and avoid their drift into long-term and often problematic pathways in out-of-home care (MoWCYA, 2009).

In spite of this, KCYRC has no scheme to reunify children as early and safely as possible, this is against the standard set by MoWCYA 2009. On alternative childcare guideline, participants of the study asserted that most of them stayed for more than two years under institutional care. Moreover, children maintained no contact and prior visits with their families/relatives before the reunification.

During the time apart, both the parent and the child may have encountered new experiences, developed new relationships, and created new expectations about the nature of their relationship. Some studies have found that a certain child and family characteristics can hinder or help the reunification process (future of children, 2004).

Study by Bellamy (2008) on Behavioral Problems Following Reunification of Children in Long term institutional care confirmed that one of the reasons that distinguish children in long-term institutional care is the actual physical separation between children and parents. Children continuously age and develop under institutional care and therefore can bring new developmental challenges home with them as well as expectations and routines from institutional care and life experiences. For these reasons, reunification represents a period of readjustment at which time parents may struggle, reestablish or recreate parenting routines and roles, particularly if contact with children while they were under institutional in care has been limited (Leathers, 2002).

Both the coordinator and social worker of the organization portray that prior visits and contact with the family of reunifying children is nonexistent. Actually, reunification program is treated as a onetime incidence for this reason families of the children were not informed and made ready to help for smooth readjustment of the child in the family setting. The organization was unable to consider and address the changes occurred on the child and on the home environment within the long period of separation that are essential for the physical and psychological reunion of the children and their families.

The findings from a study conducted on barriers to successful reunification in Philadelphia by (Ogongi, 2013) showed that returning home from institutional care is a challenging period for both children and parents. All parents indicated that they had experienced some adjustment challenges after their child returned home.

The finding of this study and literature agree that children who remain in long term institutional care would evidence more behavior problems than the population of children with relatively short stays.

4.8.3.2. Peer relationship and social relationship

With regard to peer relationship, many studies showed that developing friendship is one of the most significant aspects of a young social development as it is an important source of emotional support for young children (Tolfree, 2003 & Lown & Lown, 2007). Therefore, reunification program should give separated children an adequate opportunity to mix with other children for example, through preschool, school, churches, mosques (Browne, 2009).

As it is stated by most of the participants in this study, forming friendships proved to be more difficult for them after they came back to their village of origin following a stay under institutional care; partly because of the stigma, they feel which stems from their run-away from home and stay in urban areas. As a result, maintaining a friendship was challenging for these reunified children because the local community considers them as deviants.

Yet, it was generally agreed by literatures and participants that institutionalized children's difficulties relating to peers were apparent from early childhood and have been observed to continue into middle childhood and adolescence due to early institutional care effect (Hodges & Tizard, 1989).

Conversation in this research also confirmed that reunified children have deep sense of difference. As a result, most participants were faced intricacy to make intimate friendship with children who are found in their locality of origin. There was also an apparent unawareness of the interior life of reunified children on the side of their peers grown outside of in the local community.

Some evidences as a study by Tolfree (2003) showed that detachment phase can become a chronic and may lead to long-term impaired capacity to make intimate relationships. As all participants stated it, the respective peer relationship was not fitting to their demands, and this was mainly because their longer stay under institutional care and associated institutional and urban way of life.

Moreover, the reunification program of KCYRC focused on the mere physical reunion of children and their families/relatives. There is nothing more that was done to adjust reunified children with their peer groups, which is an important element of forming social capital and social inclusion. Post institutionalized children lacked the required groundwork for leading and negotiating social interaction and relationship with local; community (Browne, 2009).

Debora (2005) affirmed that, negative community perceptions played a major role in hampering effective reintegration of discharged children from institutional care. Likewise, most of the study participants stated that they have confronted with stigma that partly they felt which stemmed from their run-away from home and their stay in urban area. This study finding seems to support arguments presented in literatures and researches discussed above. Participants reported that, there was significant amount of stigma associated with their familiarity in urban way of life and institution care.

To sum up, stigma may serve to marginalize and isolate children from their community support, and decrease the likelihood that they would seek out psychosocial support (Rose & Deverell, 2004 and Donald, 2006). This study was also found that, the potential support participants were supposed to get from their peers and local communities was averted because of such discrimination.

4.8.4. Psychological and Emotional Experience of Reunified Children

As it was evidenced in the interview, participants experienced for distress during separation for the reason that separation occurred due to some push and pull factors. This is to mean that as

participants assert it during the interview, they are forced to leave their home due to the high poverty level and diverse socio-economic problems occurred in their families.

In considering children's reactions to separation, Tolfree (2003) argued that separation may have been experienced as a more traumatic event. Usually, they face abuse and exploitation, and even their very survival may be threatened. Similarly, since separated children are disadvantaged in numerous and often devastating ways, beside the problem other children face, separated children are highly vulnerable in almost all instance and problems other children face will get worse (Carter, 2005).

Likewise, most participants faced abusive situations and they were exposed to different types of abuses like labor abuse, verbal abuse and neglect while they were with the people that brought them to Addis Ababa. Moreover, participants affirmed that they failed to acquire what they have been dreaming or promised while they were with their own families. As a result, they escape from where they have been. Most of the participants portrayed that after they escape from where they have been, by the support of the community and police officials they are brought to institutions and finally they end up KCYRC.

Ideally, children under institutional care benefit from safer living conditions, better accommodation from poor and destitute families (Minty, 1999), and supportive child welfare services. However, consignments of unsolicited toys and sweets for children in institutions are no substitute for a careful appraisal of the situation of vulnerable children and families, and the responses which are required if their needs are to be met and their rights respected. Material aid alone will not address the issues (Save the Children,1995).

Participants during the interview revealed that they have been stressed and uncertain about what was happening in their families after they left home stayed since they have stayed for many years without being reunified with their families. To the worst, during their stay in the instruction, neither had they maintained contact with their families nor they obtained information about the situation and the whereabouts of their families till the spot of the reunion. These finding agree with the literature that: At worst, separated children after they are admitted to institutional care they may experience gross violations of their rights, and be subjected to neglect, physical ill-treatment and other various types of abuse (Save the children, 1995).

On top of the behavioral and emotional problems of children that had occurred on the children because of separation and longer stay in the institution remained unaccounted before the reunion and unresolved after the reunion due to the absence of post reunification follow up and support by the organization. The study conducted in Philadelphia by Ogongi (2013) parents noticed significant behavioral or emotional changes in their children in the period following reunification, including anger, anxiety, and nightmares. Some of these parents struggled to find help when dealing with these adjustment issues.

Most of the participants described that they were unable to adjust with their families due to the newly emerged state of affairs in their home environment. In addition, they asserted that they felt, as they are different from their siblings and other family members. As it is described by of most of the participants, they are blamed for their escape from where they have been and isolated from their peer groups since they are isolated by the society not to spoil other children's. During the interview, most of the participants couldn't adjust with their home environment and re migrated to Addis Ababa.

The findings in this study go in line with other studies, the reported experiences of parents and children with adjusting post-reunification suggest that families may need more targeted assistance during the transition or immediately after to help them anticipate and handle the specific adjustment issues identified. This should include ensuring parents have access to real support during this process of reasserting their parental role and responding to the anger and other emotions of children returning home (Ogongi, 2013).

CHAPTER FIVE

CONCLUSION AND RECOMENDATION

5.1. Conclusion

The study was conducted to assess the implementation of child reunification project. It was conducted in one purposively selected childcare institution in Addis Ababa, i.e. 'Kechene' Children and Youth Rehabilitation Centre (KCYRC).

To address the central questions of the study seven reunified children along with social worker and organization coordinator were included in this study to provide an extensive psychosocial description of the issues surrounding reunified children. To go through the central questions of the study interview guides suitable to the objectives of the study were employed. Based on the findings of the study the following conclusions were drawn.

It was evident in the study that KCYRC, the organization under study, has no long-term invariable procedures and plan for reunification. As a result, the organization is approaching child family reunification as a onetime incident that happens suddenly, without having a scheme for adequate planning, assessment of the strengths and needs of children and families prior to reunification. Due to the absence of visits and family assessment before reunification, no information about socio-economic conditions of families is gathered to support the reunification procedures.

Since the organization has limited financial resources, reunified children are offered only with 1,000 Birr and some material aids which could not serve as a valid mechanism for sustainable life of the child. Families are not provided with opportunities for building and strengthening their capacities to ensure the permanent settlement of children with the family. Follow up and support programs in post reunification phase are nonexistent.

Reunified children face huge barriers to get access to basic needs and other social services. Most of them are from poor families and even their access to basic needs like food, cloth, education and health care services is found to be problematic. Since, the KCYRC undertake reunification suddenly without plan and prior preparation the organization did not consider collecting educational transcript/certificates and health records of reunifying children. Because of this, most of the children are unable to pursue their education.

The children are vulnerable to various emotional and psychological problems. They undergo traumatic situations starting from the time that they left home. The socio-economic problems such as death of parents, divorce and remarriage of their families, high level of poverty and lack of access to education and job opportunities are root causes for children to leave their homes. These expose the children to distress, loneliness, low self-esteem, trauma, and vulnerability. Due to their longer stay under institutional care, they get challenged to adjust after the child-family reunion.

Absence of good economic reintegration in turn reinforces the vicious circle of poverty among reunified children. Hence, their access to basic needs and social services became constrained. Access to fundamental requirements like food and clothing was incomplete. Most participants also failed to get education and health care service after reunification. This study has tried to assess the relationship participants have with their relationship family (parents, siblings, and extended family and caregivers), peers and local community to explore the social development and interaction of reunified children. To begin with, entry into an institution was accounted for permanent family and relative's relationship breakage, as it was eroded over time. Regarding friendship, though most participants had friends while they were under institutional care. However, most of them face difficulty to make close friendship with children grown in the community. They have a deep sense of difference in terms of interest, behavior, language and lifestyle with their peers grown in the community. They have weak and even more negative relationship with their local community. They do not participate in any neighborhood social gathering and social life and their involvement in local communities' associations is feeble. Concerning the project planning, initiation, implementation and monitoring and evaluation the project lacks most of this phases being followed in the appropriate way. Reunification was taken as one occasion incident that didn't include the phases that a project needs to have.

5.2. Recommendation

Based on the findings, the following recommendations are forwarded to improve the child reunification implementation process in the organization.

- It is recommended that the organization should formulate plans, procedures and evaluation strategies to carry out reunification program.
- The organization should develop a scheme to reunify children as early and safely as possible.

- It is advisable that the organization facilitates periodic on job trainings for the staff members on issues like how to undertake reunification, how to create psycho-social readiness among reunifying children and their families, how to conduct family assessment and case planning before and after the reunion in order to ensure the permanent settlement of children after reunification an reintegration.
- KCYRC should conduct quality assessment on the socio economic situation of families, to identify the specific needs of the child and families before the reunion takes place, in order to address the potential barriers to successful reunification.
- It is recommended that the organization should manage contact with the families to maintain the parent-child attachment, reduce a child's sense of abandonment, and preserve their sense of belongingness as part of a family through arranging visits between children in the institution with their parents or relatives before the reunification takes place.
- It is suggested that the organization should consider wider circles of vulnerability issues and adequately assess the strengths and needs of families before and after the reunion.
- Addressing economic dimension of reunification is critical importance to respond to challenges children face after reunification.
- The organization should plan ways to improve the economic condition of families through building on family strengths and viable income generating scheme as well as creating supportive household conditions after reunification to offer the child with valid mechanism for sustainable life within the family and to realize the potential of families to care for their children.
- Professional counseling should be part and parcel of the reunification process. The institution needs to give counseling and guidance on the children personal, social and cultural areas because provision of guidance and counseling service would be beneficial especially for their later psychosocial wellbeing of separated children, and can help them to cope up with life challenge they will face after reunification.
- The organization should provide counseling and psychosocial support for parents to re-establish the parent-child relationship that may be disrupted because of separation and identifying helpful internal and external resources that promote safe adjustment of the child with in the family and to prevent re-separation.

- The organization has to find mechanism to improve coordination among the stakeholders including the establishment of a regular forum for key actors to come together regularly to share information, coordinate activities, and build partnerships. Including handing out the necessary documents like report cards and medical information.
- There also needs to be a mechanism such as a phone call or seasonal visit where parents are periodically and meaningfully asked about whether the services they are receiving are appropriate and meeting their needs to enable the program developers or others to make needed changes or confirm ongoing appropriateness.
- Follow up activities by the organization should be intensified to ensure the security of the reunified children.
- It is recommended that the organization follows up progression and adjustment of the children on the areas of education, social development and interaction, psychological and emotional development, and provides assistance based on the result of follow up and monitoring.
- It may be more effective to connect parents to services that are most appropriate for their situations given the safety threats that need to be remedied by the family. To this end, local resources should be assessed, linked and utilized to help reunified children and their families. The organization should play the role of broker, mediator and advocator at this level by focusing on enhancing reunified separated children relationship with external systems like government bodies, NGOs and all other civic organizations.
- Since this requires huge resources and concerted efforts of different parties, the regional government should avail adequate funds to aid the reunification process as required by the organization, but not by itself. In addition, the central government, NGOs, communities and all other civic organizations need to exert a coordinated effort to support reunified children.

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Appendix I

Consent form for interview with reunified children

St. Mary's University

School of Graduate Studies

School of Business

Assessing the implementation of child reunification project: The case of 'Kechene' Child and Youth Rehabilitation Center (KCYRC), Addis Ababa

This research is conducted for partial fulfillment of the Master's Degree in Project Management at St. Mary's University. The general objective of the study is to assess the implementation of child reunification project: The case of 'Kechene' Child and youth rehabilitation center (KCYRC), Addis Ababa. Your child will be asked about their development history, institutional care life experience. She will also be asked about the overall support provided to her by KCYRC, to help her leave institutional care and move into independent living.

The information she provides will help me to identify major project implementation gap of reunification process, and to develop a comprehensive strategy on solving the identified problems. Her participation is completely voluntary. All information obtained in this study will be kept strictly confidential she will not require to tell her name and pseudo name will be used in the case presentation. Any of her response will be removed from the collected materials and will not display to third party without by your/her permission. The research will be utilized only for academic purpose.

I have read and understood the information above regarding the participation of me /the child in interview regarding her interpretation of and opinions about the study and I understand that there are no anticipated harms or known beliefs to me/the child resulting from the participation in this study. The information she gives during the discussion will be used in the study report but she will not be identified along with the information and her name will not be published. Her participation is voluntary. I also understand that her words may be quoted directly.

By signing this consent form, you are indicating that you fully understand the above information and agree to allow me/the child to participate in this assessment.

Participant's parent/guardians signature _____ Date: _____

Researcher signature: _____ Date: _____

Thank you for your cooperation.

St. Mary's University
School of Graduate Studies
School of Business

Interview guide for interview with reunified children

Assessing the implementation of child reunification project: The case of 'Kechene' Child and Youth Rehabilitation Center (KCYRC), Addis Ababa

1. Tell me your childhood history before you were separated from your families or relatives.
2. When and how were you admitted to institutional care?
3. How are you evaluating your institutional care experience?
4. What was your role in planning and initiating the reunification program?
5. What kind of Pre-reunification support was given to you to make you ready for reunification?
6. What kind of support did the organization provide you when you left the institution?
7. What kind of post-reunification follow up was provided to you by the organization after you left the institution?
8. What kind of post-reunification support was provided to you by the organization after you left the institution?
9. How do you evaluate the overall service and support provided to you by your institution before, during and after reunification?
10. How do you describe your access to basic needs and social services?
11. What are your general impression about the relationship and interaction you have with your family, friends and local community?
12. What are the unique psychosocial and economic challenges you have faced after the reunion?
13. What do you think institutional care organization, the government and non-governmental organization should do?
14. Is there anything else that we have not discussed so far, that you think is important to mention about the reunification of separated children?

St. Mary's University
School of Graduate Studies
School of Business

**Consent form for interview with social workers, counselor and coordinator of the
organization**

Assessing the implementation of child reunification project: The case of 'Kechene' Child and Youth Rehabilitation Center (KCYRC), Addis Ababa

This research is conducted for partial fulfillment of Master's Degree in Project Management in St. Mary's University. The general objective of the study is to assess the implementation of child reunification project: The case of 'Kechene' Child and youth rehabilitation center (KCYRC), Addis Ababa. You, as one of key informant, will be asked about type of support your organization is providing to unaccompanied children, to help them successfully leave the institutional care and get reunified with their families, as well as its post reunification follow up and support activities.

This information will help me to identify the major challenges your organization faced to undertake the reunification program, and to develop a comprehensive strategy on solving the identified problems. Your participation is completely voluntary, all information obtained in this study will be kept strictly confidential and you will not be required to tell your name.

I have read and understand the information above regarding my participation in interview regarding my interpretation of and opinions about the study, and I understand that there are no anticipated harms or known beliefs to me resulting from my participation in this study.

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this assessment.

Participant's signature _____ Date: _____

Researcher's signature: _____ Date: _____

Thank you for your cooperation.

St. Mary's University
School of Graduate Studies
School of Business

**Interview guide for interview with social workers, counselor& coordinator of the
organization**

Assessing the implementation of child reunification project: The case of 'Kechene' Child and Youth Rehabilitation Center (KCYRC), Addis Ababa

1. How long have you been employed in this organization?
2. What are the major contributions of this organization to solve OVC problems since its establishment?
3. Describe how this organization is operating.
4. How was the child family reunification program started in this organization?
5. How does this organization plan for the reunification?
6. What kind of support is provided to target children to prepare her for reunification (in pre-reunification phase)?
7. What kind of support will be provided for target child when she is leaving the institution?
8. How does your organization monitor the progression and adjustment reunified children after they leave the institution?
9. What are the major success and challenges this organization has experienced while implementing reunification program?
10. What are the unique psychosocial challenges reunified children face as a result of reunification?
11. What kind of psychological support the children get? Do you identify needs and provide counseling regularly when they are in the institution and post reunification?
12. What do you think this organization, the government and non-governmental organization should do?
13. Is there anything else that we have not discussed, that you think is important to mention about reunified children and reintegration program?