

CHILDREN CARE THROUGH ALTERNATIVE FORMS **MYTHS AND REALITIES!!**

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Abstract

Children are to be considered as vital human resource and future pillars of any economy. Globally, the current trends of child care practice shows alternative child care as form of community based care, foster care, and kinship care is increasing in developing countries. Whereas, institutional care, inter country adoption and group home care is not becoming preferable. However, in Ethiopia the practice has been maintained in same order. With this insight, this paper focus on assessing the current practices and challenges of other forms of alternative child care, knowledge gaps of care givers, and factors determining well-functioning of the program in the study area. Methodologically, the research employed quantitative research paradigm. Primary data was collected through interview schedule from 80 care givers, focus group discussion, and key informant interview, and supplemented with secondary data sources. Purposive sampling method was employed to select the study area and participants from all SOS children's village program locations. Collected data was analysed with SPSS (version 21) and descriptive statistics such as mean, standard deviation were used for analysis to arrive the meaningful results. In addition, binary logistic regression model was used to trace out the influential factors of well functioning of the programme. The results revealed that, practice of partnership with stakeholders and working in collaboration with the local community, child participation, practice of reintegration and reunification activities, ensuring the best interest of the child were found not satisfactory. Whereas, residential instability of care givers, implementation of guideline, provision of quality health care, promoting local adoption and guardianship, absence of income generating activities for care givers, care givers selection guideline are found high challenges in the study area. Also, care givers lacks knowledge of parenting style, child rights convention, and child protection polices due to lack of training and

their educational level. The regression results found that educational level, health problem, food allowance, CBOs participation, community participation, medical service and dependency ratio has significant relationship well-functioning of the program in the study area. On the basis of the findings recommendations are forwarded to strengthen the programme.

Keywords: Alternative Child Care, Practice, Challenges,

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1. Background

Millions of children around the world are without, or at risk of losing, parental care and face significant challenges in their daily lives which often have long term implications well into adulthood (Save the Children, 2015). Some of the challenges are abuse, neglect, violence and exploitation are serious human rights violations that occur on children without parental care in all parts of the world. This includes within the home, in schools, in institutions, at work, in the community, in armed conflicts and in natural disasters. This is why alternative child care providing institutions such as governmental, nongovernmental, or faith-based organizations formed to give care to unaccompanied children. A child care institution may be referred as an orphanage, children's home, or children's village. A typical characteristic of an institution is that it is a group living arrangement with paid caregivers.

Alternative care is defined as care for orphans and other vulnerable children who are not under the custody of their biological parents. It includes adoption, foster families, guardianship, kinship care, residential care and other community-based arrangements to care for children in need of special protection, particularly children without primary caregivers. The separation of children from their family environment is normally not related to a single issue but to a combination of factors such as material poverty, inadequate housing, single parenthood, lack of gynecological coverage and family planning resulting in unwanted/unmonitored pregnancies, lack of parenting skills, health conditions of children or parents, substances misuse, stigma and discrimination. If these factors are not properly addressed, the situation in the family can escalate and lead to neglect, abuse and violence (Euro child, 2012).

Countries in sub-Saharan Africa, such as Ethiopia, are ill equipped to meet the needs of orphans and vulnerable children (OVC) and their caregivers. The problems in Ethiopia are exacerbated by inadequate information regarding OVCs, which undermines the application of the continuum of care for those children without parental care. Institutional care, which is supposed to be the last resort, is being covered to children without adequately exploring other options. This has given rise to a growing global interest in community and family-based alternative child-care options.

In Ethiopia, as in most traditional societies, there was a strong culture of caring for orphans, the elderly, the sick, and disabled and other needy members of the society in the past. Most of these care and protections were being carried out by the nuclear and extended family members, communities and religious organizations (Tsegaye, 2001; Radeny and Bunkers, 2009). Accordingly, Ethiopian government has formulated policies and guidelines that specify the standards of the alternative child care services provided to OVC, the roles and responsibilities of stakeholders participate in giving services and supports for these children. These policies, plan of actions and guidelines are meant to create conducive and supportive environment for proper growth and development of the OVC. To this end, the policies, the strategies and the guidelines have paid attention to the need for psychosocial support, education and vocational training, health support, shelter, economic strengthening and social protection of the children (Save the Children, 2015).

Various governmental and non-governmental organizations are making efforts to support children in general and children under difficult circumstances in particular through different modes of care and services. The Ministry of Labor and Social Affairs (MoLSA) plays a significant role as part of the interventions to alleviate the problems related to policy gaps of children under difficult circumstances in the country through designing different programs such as temporary child residential care program, safety for children's program and promoting local adoption programs which is supported by Italian Development Cooperation (IDC). In addition NGOs such as Save the children, Jerusalem Child Development Organization, Merry Joy Development Association, Selam Children's Center are the well-known organizations working with children focusing on community-based child support programs, adoption, foster-care and child-family reunification at national and regional levels. For children who are in alternative care and in line with ensuring the placement is appropriate, options to reintegrate children in their families are a key part of an alternative child care process.

A study conducted by Family Health International (2013) suggested that a quarter of child-care institutions in Ethiopia had no practical experience in implementing alternative child-care services, and the majority of those practicing alternative care depend mainly on the inter-country adoption as the only alternative placement, along with residential care. These drawbacks were

mainly attributed to limited experiences and the lack of practical information on the existing family-based child-care services. Even when family-based alternative child-care services are implemented, there is scarcity of comprehensive data on the best practices achieved and challenges encountered by these organizations.

Understand the scope of the information on challenges and practices of alternative child care in Ethiopia, as well as the quality of this information and the gaps therein, with the purpose of informing efforts to improve the quality of alternative care including institutional care for children in Ethiopia. SOS Children's Village Programme Hawassa has also been expanding its programme interventions with its extended care options called Other Forms of Alternative Child Care (OFACC). This care option aimed at reaching children who are deprived of their basic rights and essential needs and providing support in the community setting. However, practicing OFACC program in accordance with the guideline facing challenges and the care givers lacks knowledge of caring and providing proper psychosocial support and these limitations leads the beneficiary children lacks to have proper care and support from the program (OFACC Report, 2015). Hence, this study was carried to assess the practice and challenges of alternative child care by SOS with the following specific objectives.

2. Objectives

- To assess the practice of Other Forms of Alternative Child Care in the study area.
- To examine the knowledge gaps of care givers regarding the guideline, child protection policy and parenting principles of OFACC program in the study area.
- To identify the challenges of Other Forms of Alternative Child Care in the study area.
- To identify the factors determine the functioning of OFACC program in the study area.

3. Methodology Adopted

With the purpose of giving quantitative explanatory insights into the issues under study and to address the research objectives, the researchers employed quantitative research paradigm. Descriptive approach is employed to depict the participant's in accurate way (Devin kowalczyk, 2015). Also emphasize on depth, richness and understanding of practice and challenges in alternative child care, instead of the statistical representativeness and scientific rigor that are

associated with quantitative techniques (Grover (2004). As Strauss and Corbin (1990) argued, the paradigm helped the research to uncover and understand what lies behind the current phenomenon of alternative childcare practices and challenges, it also support to understand the natural context of the care givers and children's life and the interpersonal and psycho-social influences from their perspectives, experiences and actions.

To address the objectives, both primary and secondary data sources were used. Primary data was collected from program care givers, officials and social workers through pre-tested interview schedule. To complement the data further, secondary data from different books, published and unpublished dissertations and thesis, bulletins, journals, articles and other relevant materials were collected. According to Aitken and Herman (2009), since there is no single perfect method or tool of assessing the experiences of the contemporary practices and challenges of alternative child care, the study attempted to use combination of various methods of data collection to investigate the problem deeply, and to ensure validity and reliability of the data. Hence, interview schedule, key informant interview and focus group discussion were carried out to elicit the relevant information. According to Kline (1999), the acceptable value of alpha in reliability analysis is 0.8 in the case of intelligence tests, and 0.7 in the case of ability tests. Therefore in this study, 27 items of questions were tested from both practice and challenges of the program with Cronbach's Alpha reliability test and result (0.768) which ensures the reliability of questionnaire.

For the purpose of this study, SOS children's village program Hawassa has been selected purposively in which 80 beneficiaries are selected to render the service. Hence all (80) care givers were included as sample. In addition, two social workers of the program, two government officials from children and women bureau, one school focal teacher and three community based organizations (CBOs) leaders as key participants in condition whose knowledge may provide important insights regarding the questions. The collected data was analysed using Statistical Package for Social Sciences (SPSS) version 21. Descriptive statistics such as mean, standard deviation, frequency and percentages were used for summarizing the data. Inferential statistics such as Chi-square and Binary Logistic Regression were used to identify the major factors determine the well functioning of OFACC program. The dependent variable is the well

functioning of other forms of alternative child care, which have dichotomous categories. If care givers fulfill the basic needs of the child care practice such as proper follow up of child education, protection of a child from any kind of abuse, coaching based on the moral values of the society and proper usage of food allowance were considered as well-functioning and takes the value of “1” otherwise “0” (less functioning). Thirteen explanatory variables such as age, education, dependents, annual income, health problem, nepotism/corruption, food allowance, educational material support, medical services, knowledge on guidelines, cooperative membership, community participation and CBOs participation were included in the model.

4. Results and Discussion

4.1 Background characteristics of Respondents

Age: It is defined as the period of time that care givers have lived and measured in years. As referred to table 1, the majority (57.6%) of the care givers are under the age group between 45 and 54, followed by 25% in 35-44 years. This implies that majority of program care givers grouped under productive age categories.

Sex: It refers to biological differences of the respondents as male or female. As seen in table 1 results, majority (58.8%) of the care givers are found to be female and 41.3% male. This implies that females care givers are highly involving in caring practice in the program area.

Educational level: It is defined as the process of imparting or acquired knowledge through formal and non-formal ways which makes the care givers developing the power of reasoning and judgment intellectually for mature life. The survey results (Table 1) indicate that, majority (58.8%) of the respondents do not attended formal education which implies the care givers have a knowledge gaps regarding the conventions of child rights and other related issues which is important to acquire scientific and current information. The study conducted by Family Health International (FHI) in 2013, revealed that in Ethiopia majority of child rights violations committed by caregivers were due to the lack of awareness and indicates educational level of the care givers was the basic to ensure the best interest of child as well as to enhance families.

Table 1: Socio-demographic Characteristics of Respondents

| Variables | Categories | Number of Respondents | Percentage |
|-------------------|-----------------------|-----------------------|------------|
| Educational level | Did not attend formal | 43 | 53.8 |

| | | | |
|----------------------|--------------|-----------|------------|
| | education | | |
| | Grades 1-4 | 19 | 23.8 |
| | Grades 5-8 | 09 | 11.25 |
| | Grades 9-10 | 09 | 11.25 |
| | Total | 80 | 100 |
| | 25-34 | 19 | 23.8 |
| | 35-44 | 27 | 33.8 |
| Age Category | 45-54 | 20 | 25.0 |
| | 55-64 | 14 | 17.5 |
| | Total | 80 | 100 |
| Sex Category | Male | 33 | 41.3 |
| | Female | 47 | 58.8 |
| | Total | 80 | 100 |
| | 0-1 | 28 | 35.0 |
| | 2-3 | 24 | 30.0 |
| Number of Dependents | 4-5 | 28 | 35.0 |
| | Total | 80 | 100 |

Source: Primary data

Number of Dependents: It is number of dependents in the family those typically not in the labor force and it is used to measure the pressure on productive population. The result showed that, 35% of respondents have only one dependant whereas 35% of respondents administer 4-5 dependents. On the other side, 30% of respondents administer 2-3 dependents in the study area. This implies that there is highest number of dependent population in the study area.

Health problems: It is a state of communicable and non-communicable health problems such as Malaria, Diarrhea, Tuberculosis etc faced by the care givers which unable them for well functioning. As survey results indicate, vast majority (73.8%) of them faced health problem within last 12 months and 26.3% of them were not. Majority (65%) of respondents have faced diarrhea which is highly communicable which implies health problem of care givers indirectly influences the child caring status and inhibits to ensure wellbeing of children under their custody.

Therefore, the program has to design new health care service packages which give high emphasis to the care givers.

Income generating sources: It is available wealth owned by care givers, such as house for rent, cart for rent, bajaj for rent and labor resources which can produce income to fill their daily basic needs. The survey result found that 67.5% of the respondent's source of income was daily laborer and 26.3% involved in selling charcoal, 6.3% have petty shops. This implies that majority of the care givers have no any permanent income generating resources.

Table 2: Socio Demographic Characteristics of Respondents

| Variables | Categories | Frequency(n) | Percentage |
|--|-------------------|--------------|------------|
| Health problem faced by care givers | Yes | 59 | 73.8 |
| | No | 21 | 26.3 |
| | Total | 80 | 100 |
| Types of health problems | Tuberculosis | 20 | 33.8 |
| | Diarrhea | 30 | 50.8 |
| | Malaria | 09 | 15.3 |
| | Total | 59 | 100 |
| Health problem influence child care status | Yes | 57 | 96.6 |
| | No | 02 | 3.4 |
| | Total | 59 | 100 |
| Sources of family income | Daily labor works | 54 | 67.5 |
| | Sale of charcoal | 21 | 26.3 |
| | Petty trades | 05 | 6.3 |
| | Total | 80 | 100 |

Source: Primary data

4.2 Functioning of Other Forms of Alternative Child Care

Regular follow up of education: It refers to the daily supervision of care givers on their children's educational performances. As indicated in the table 3, majority (66.3%) of study participants do not give attention to their children's education. This implies that OFACC program have low performance in concerning children's education which is a basic to the child's future wellbeing.

Protection of Children from Abuse: It refers to the protection of children from violence, exploitation and neglect in and out of the home. The data collected from respondents revealed that, almost all the respondents (98.8%) responded that they protect their children from abuse.

However, majority (50.6%) of care givers reported that child abuse was reported to the police and 44.3% of respondents avoided physical punishment.

Social value: It is a belief that something is good and worthwhile in the community which helps to shape the child manner, attitude, and life style in the future. Regarding care givers communication with their children on social values, majority (98.8%) do not discuss with their children on acceptable social values. This implies that care givers don't spend more time with their family and children. While 98.8% respondents replied that food allowance provided by the program is not adequate to cover their monthly expenses. This implies that children under this program do not have a balanced food which is important for their physical development.

Table 3: Functioning of Other Forms of Alternative Child Care

| Variables | Categories | Frequency | Percentage |
|---|---------------------------------|-----------|------------|
| Regular follow-ups of children's education | Yes | 27 | 33.8 |
| | No | 53 | 66.3 |
| | Total | 80 | 100 |
| Protection of children from abuse | Yes | 79 | 98.8 |
| | No | 01 | 1.3 |
| | Total | 80 | 100 |
| Ways of child protection from abuse. | Avoiding physical punishment | 35 | 44.3 |
| | Reporting child abuse to police | 40 | 50.6 |
| | Giving due focus to child | 04 | 5.0 |
| | Total | 79 | 100 |
| | | | |
| Discussion with children on moral values of the society | Yes | 01 | 1.3 |
| | No | 79 | 98.8 |
| | Total | 80 | 100 |
| The food allowance is adequate to cover the whole month | Yes | 01 | 1.3 |
| | No | 79 | 98.8 |
| | Total | 80 | 100 |

Source: Primary data

Service provision: It refers to the delivery of services such as school fee, food allowance and medical treatment to the program participants by the organization in the study area. As seen in table 4, majority (66.3%) of the respondents are satisfied by the provision of services by the

OFACC program. The t-test result (-3.05, $p < 0.003$) also indicates that provision of service has found significant at 1% level. Also 75.1% of the respondents replied that selection practice of beneficiaries was satisfied and the t-test result (14.93, $p < 0.000$) also support the results. The key informants' interview also confirms that the program has followed well organized procedure at the time of beneficiary selection. This implies that practices related to beneficiary selection and caregiver's identification is found at satisfactory level in the study programme.

Evaluation and follow up: Monitoring and evaluation is an important tool to enhance the efficiency of the program. The result from table 4 showed that, about 98.8% of respondents were satisfied with evaluation and follow-ups of the program and the t-test result (28.76, $p < 0.000$) also indicates that evaluation and follow-ups found statistically significant positively at 1% level.

Capacity building: It is defined as the process of developing and strengthening different types of activities that are designed to improve and enhance the care givers skills, instincts, and abilities helps to cope up with threatening conditions. As the results indicate, practices related to capacity building were found satisfactory reported by vast majority (96.3%) of respondents. The t-test result (21.64, $p < 0.000$) also found statistically significant at 1% level. This implies that program devoted to enhance the care givers resilience to challenges related to capacity gaps.

Table 4: Practice of Other Forms of Alternative Child Care

| Variables | Categories | n | % | Test Value = 3 | | |
|--|--------------------|-----------|------------|----------------|--------------|------------------|
| | | | | Mean | SD | t-test |
| Provision of services by the OFACC program | Highly Unsatisfied | | | | | -3.05 |
| | | | | 3.33 | 0.952 | (0.003)** |
| | Not Satisfied | 27 | 33.8 | | | * |
| | Neutral | - | - | | | |
| | Satisfied | 53 | 66.3 | | | |
| | Highly satisfied | - | - | | | |
| | Total | 80 | 100 | | | |
| Process of selecting | Highly Unsatisfied | - | - | 3.76 | 0.457 | 14.93 |
| | Not Satisfied | - | - | | | (0.000)** |

| | | | | | | |
|--|--------------------|-----------|------------|-------------|--------------|------------------|
| program beneficiaries | | | | | | * |
| | Neutral | 20 | 25.0 | | | |
| | Satisfied | 59 | 73.8 | | | |
| | Highly satisfied | 01 | 1.3 | | | |
| | Total | 80 | 100 | | | |
| | Very Bad | - | - | 3.96 | 0.863 | 9.97 |
| Ways of selecting care givers of the child | Very Unsatisfied | 01 | 1.3 | | | (0.000)** |
| | | | | | | * |
| | Not Satisfied | 28 | 35.0 | | | |
| | Neutral | - | - | | | |
| | Satisfied | 24 | 30.0 | | | |
| | Highly satisfied | 27 | 33.8 | | | |
| | Total | 80 | 100 | | | |
| | Highly Unsatisfied | - | - | 4.64 | 0.51 | 28.76 |
| Evaluation and follow up the program | | | | | | (0.000)** |
| | | | | | | * |
| | Not Satisfied | - | - | | | |
| | Neutral | 01 | 1.3 | | | |
| | Satisfied | 27 | 33.8 | | | |
| | Highly satisfied | 52 | 65.0 | | | |
| | Total | 80 | 100 | | | |
| | Very Unsatisfied | | | 4.28 | 0.527 | 21.64 |
| Capacity building of the care givers | | | | | | (0.000)** |
| | | | | | | * |
| | Not Satisfied | | | | | |
| | Neutral | 03 | 3.8 | | | |
| | Satisfied | 52 | 65.0 | | | |
| | Highly satisfied | 25 | 31.3 | | | |
| | Total | 80 | 100 | | | |

Source: Primary data

Note: *** Significant at 1% probability level

Child development plan: It is the plan designed by care givers to promote the potential of each child to enable them to become caring and loving partners and parents in the future. Accordingly, vast majority (92.6%) of respondents were satisfied with child development plan. The t-test result (14.77, $p < 0.000$) also found statistically significant at 1% level. This implies that the existence of high commitment with program participants to design child development plan and make close follow up in implementation of their plan.

Child protection: It is the process of protecting child either from suffering or likely to suffer significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect. The results (Table 5) showed that, 60% of the respondents were satisfied with the practice of child protection activities. The t-test result (29.03, $p < 0.000$) also found statistically significant at 1% level. Out of the total respondents, vast majority (98.8%) was satisfied with practice of child education follow-ups. The t-test result (23.87, $p < 0.000$) also found statistically significant positively at 1% level. This implies that the program has high achievement in the areas of child protection and child education follow ups.

Table 5: Practice of Other Forms of Alternative Child Care

| Variables | Categories | n | % | Test Value = 3 | | |
|--|--------------------|-----------|------------|----------------|--------------|------------------|
| | | | | Mean | SD | t-test |
| Child development plan of caregivers and follow up | Highly Unsatisfied | | | 4.14 | 0.689 | 14.77 |
| | Not Satisfied | 04 | 5.0 | | | (0.000)** |
| | Neutral | 02 | 2.6 | | | * |
| | Satisfied | 53 | 66.3 | | | |
| | Highly satisfied | 21 | 26.3 | | | |
| | Total | 80 | 100 | | | |
| Child protection activities and practice | Highly Unsatisfied | - | - | 4.60 | 0.493 | 29.03 |
| | Not Satisfied | 32 | 40.0 | | | (0.000)** |
| | Neutral | - | - | | | * |
| | Satisfied | - | - | | | |
| | Highly satisfied | 48 | 60.0 | | | |
| | Total | 80 | 100 | | | |
| Follow up of child education | Highly Unsatisfied | - | - | 4.29 | 0.482 | 23.87 |
| | Not Satisfied | - | - | | | (0.000)** |
| | | | | | | * |

| | | | | | | |
|--|--------------------|-----------|------------|-------------|--------------|------------------|
| | Neutral | 01 | 1.3 | | | |
| | Satisfied | 55 | 68.8 | | | |
| | Highly satisfied | 24 | 30.0 | | | |
| | Total | 80 | 100 | | | |
| The process of partnership with stakeholders | Highly Unsatisfied | 28 | 35.0 | 3.03 | 0.856 | 0.26 |
| | Not Satisfied | 22 | 27.5 | | | (0.795)** |
| | Neutral | - | - | | | |
| | Satisfied | 30 | 37.5 | | | |
| | Highly satisfied | | | | | |
| | Total | 80 | 100 | | | |

Source: Primary data

Note: ***significant at 1%, and ** at 5% probability level

Partnership: Is refers to an arrangement, where the program agreed to cooperate with similar mission organizations to advance the mutual interest with stakeholders and working in collaboration with them. In this regard majority (62.5%) of respondents not satisfied with the process of partnership with stakeholders. The t-test result (0.26, $p < 0.795$) also indicates that practice of child protection activities has found statistically significant negatively at 5% probability level. This implies that the program has a limitation and working with one side problem solving practice commitment.

Community collaboration: Community collaboration has significant role in practicing developmental works to persuade the feeling of ownership and to maintain sustainability (Birhanu, 2012). However the survey results show that around half (51.3%) of the respondents were not satisfied with the community collaboration. The t-test result (-4.00, $p < 0.000$) also found statistically significant negatively at 1% probability level. This implies that the organization should design new way of view and give due attention to community involvement in every action practiced in the community.

Table 6: Practice of Other Forms of Alternative Child Care

| Variables | Categories | n | % | Test Value = 3 | | |
|---|--------------------|-----------|------------|----------------|--------------|-----------------------------------|
| | | | | Mean | SD | t-test (p-value) |
| Working in the community collaboration with local | Highly Unsatisfied | - | - | 2.61 | 0.738 | -4.00 (0.000)*** |
| | Not Satisfied | 41 | 51.3 | | | |
| | Neutral | 31 | 38.8 | | | |
| | Satisfied | 06 | 7.5 | | | |
| | Highly Satisfied | 02 | 2.5 | | | |
| Total | | 80 | 100 | | | |
| Improve socio-economic situation of the car givers | Strongly disagree | - | - | 3.85 | 0.873 | 8.71 (0.000)*** |
| | Disagree | 02 | 2.5 | | | |
| | Neutral | 31 | 38.8 | | | |
| | Agree | 24 | 30.0 | | | |
| | Strongly agree | 23 | 28.8 | | | |
| Total | | 80 | 100 | | | |
| Provide opportunity to the children for participate on their own affairs meaningfully | Strongly disagree | - | - | 4.93 | 0.309 | 55.70 (0.000)*** |
| | Disagree | 75 | 93.8 | | | |
| | Neutral | 01 | 1.3 | | | |
| | Agree | 04 | 5.0 | | | |
| | Strongly agree | - | - | | | |
| Total | | 80 | 100 | | | |
| Ensuring the best interest of the child | Strongly disagree | - | - | 4.65 | 0.506 | 29.19 (0.000)*** |
| | Disagree | 53 | 66.3 | | | |
| | Neutral | 01 | 1.3 | | | |
| | Agree | 26 | 32.5 | | | |
| | Strongly agree | - | - | | | |
| Total | | 80 | 100 | | | |
| Reintegration and reunification activities | Highly Unsatisfied | - | - | 2.74 | 0.611 | -3.84 (0.000)*** |
| | Not Satisfied | 45 | 56.3 | | | |
| | Neutral | 28 | 35.0 | | | |
| | Satisfied | 07 | 8.8 | | | |
| | Highly Satisfied | - | - | | | |
| Total | | 80 | 100 | | | |

Source: Primary data

Note: ***significant at 1% probability level

Socio-economic situation: It is often measured as a combination of education, income and occupation. The survey results revealed that majority (58.8%) of respondents agreed that their socioeconomic situation was improved due to the programme. The t-test result (8.71, $p < 0.000$) also found significant at 1% level whereas, practices of child participation on their own affairs meaningfully was disagreed by vast majority (93.8%) of the respondents. The t-test results (55.70, $p < 0.000$) also support the same. This implies that the care givers and the program do not give attention to the child under their custody, therefore child participation has to be given due emphasis.

Ensuring Best Interest of the Child: It refers to all custody and visitation, discussion and decisions are made with the ultimate goal of fostering and encouraging the child happiness, security, mental health and emotional development. In this regards, vast majority (98.8%) of the respondents have disagreement. The t-test result (29.19, $p < 0.000$) also indicates that practice of child protection activities has found statistically significant negatively at 1% level. This implies that there is a gap in implementation of guarantying the child privileges in the program. Therefore, improvement is needed in the areas of ensuring children's benefits under the program area.

Reintegration and Reunification: It refers to the process of rejoining the child in to his/her birth family and natural family environment. Majority (56.3%) of respondents was unsatisfied with reunification and reintegration practice and the t-test result (-3.84, $p < 0.000$) also found statistically significant negatively at 1% level. This implies that reintegration practice resides at the scratch level. Therefore, the organization has to incorporate reunification and reintegration plans with the existing services.

4.3. Knowledge gap of Care Givers

It is essential to assess the knowledge gap of the care givers since the proper knowledge leads to care the children well to improve their performance. If they are not having sufficient knowledge regarding how to care the children in line with the guidelines, they may not be able to do better in their commitment. Hence such assessment was made and the results are presented in table 7.

Parenting style: It is psychological construct representing standard strategies that care givers use in their child rearing. Early research by Carol (2013) in parenting and child development found that parents who provide their children with proper nurture, independence and firm control have children who appear to have higher levels of competence and are socially skilled and proficient. Accordingly, the results showed that, vast majority (95.0%) of respondents agreed that they have no knowledge about modern parenting style. This implies that the existence of limitation with program participants in modern child nurturing knowledge.

Child right Convention: It refers to the collection of documents that signed by United Nation members which declares about human and democratic rights of children. Based on the survey data in table 7, majority (92.5%) of care givers found have no knowledge about child right convention and only 7.5% of them have the knowledge about the same. This implies that care givers knowledge gap on child rights conventions which is core issue in child care practice.

SOS Child Protection Policy: It refers to the general document designed by SOS children's village Ethiopia to protect the child under the custody. The results showed that, vast majority (96.3%) of respondents have no knowledge about child protection policy of SOS. This implies that program participants have no any training on SOS child protection policy after joining the program.

Table 7: Knowledge gap of Care Givers

| Variables | Categories | Frequency(<i>n</i>) | Percent (%) |
|---|--------------|-----------------------|-------------|
| Knowledge about child right convention | Yes | 06 | 7.5 |
| | No | 74 | 92.5 |
| | Total | 80 | 100 |
| Knowledge about child protection policy | Yes | 03 | 3.8 |
| | No | 77 | 96.3 |
| | Total | 80 | 100 |

Source: Primary data

4.4. Challenges of Other Forms of Alternative Child Care (OFACC)

In the previous section, some of the variables of good child care practices are found to be inefficient. This may be due to different challenges. Hence in this section different challenges were explored from the respondents and presented in table 8.

Table 8: Challenges of Other forms of Alternative Child Care

| Variables | Categories | n | % | Test Value = 3 | | |
|---|-------------------|-----------|------------|----------------|--------------|-----------------------------------|
| | | | | Mean | SD | t-test (p-value) |
| Residential instability | Strongly disagree | - | - | 4.98 | 0.224 | 79.0 (0.000)*** |
| | Disagree | - | - | | | |
| | Neutral | 01 | 1.3 | | | |
| | Agree | - | - | | | |
| | Strongly agree | 79 | 98.8 | | | |
| | Total | 80 | 100 | | | |
| Strengthening community partnership for empowerment | Strongly disagree | - | - | 4.00 | 0.159 | 56.21 (0.000)*** |
| | Disagree | - | - | | | |
| | Neutral | 01 | 1.3 | | | |
| | Agree | 78 | 97.5 | | | |
| | Strongly agree | 01 | 1.3 | | | |
| | Total | 80 | 100 | | | |
| Psychosocial support of social workers | Strongly disagree | 01 | 1.3 | 3.29 | 0.697 | 3.69 (0.000)*** |
| | Disagree | 44 | 55.0 | | | |
| | Neutral | 06 | 7.5 | | | |
| | Agree | 27 | 33.8 | | | |
| | Strongly agree | 02 | 2.5 | | | |
| | Total | 80 | 100 | | | |

Source: Primary data

Note: ***significant at 1% probability level

Residential instability: It is the movement of the care givers from one place to another within a year. The results indicate that vast majority (98.8%) of respondents agreed that residential instability of the care givers was found very high challenge. The t-test result (7.90, $p < 0.000$)

also found statistically significant at 1% level. Whereas, vast majority (98.8%) of respondents agreed that strengthening community partnerships for empowerment was found very high challenge. The t-test result (56.21, $p < 0.000$) also supports their idea. Likewise, in terms of implementation of OFACC guideline of SOS, the majority (98.8%) of respondents agreed that the implementation of the guideline was high challenge. The t-test result (42.11, $p < 0.000$) also found statistically significant at 1% probability level. This implies the program participants had critical shortage of housing which resulted in instability of their physical settlement.

Table 9: Challenges of Other forms of Alternative Child Care

| Variables | Categories | n | % | Test Value = 3 | | |
|--|--------------|-----------|------------|----------------|--------------|-----------------------------------|
| | | | | Mean | SD | t-test (p-value) |
| The provision of quality health care to beneficiaries | Very Low | - | - | 3.98 | 1.350 | 6.46 (0.000)*** |
| | Low | 24 | 30.0 | | | |
| | Neutral | 01 | 1.3 | | | |
| | High | 08 | 10.0 | | | |
| | Very High | 47 | 58.8 | | | |
| | Total | 80 | 100 | | | |
| Promoting local adoption and guardianship | Very Low | - | - | 3.60 | 0.565 | 9.50 (0.000)*** |
| | Low | 01 | 1.3 | | | |
| | Neutral | 32 | 40.0 | | | |
| | High | 45 | 56.3 | | | |
| | Very High | 02 | 2.5 | | | |
| | Total | 80 | 100 | | | |
| Community participation in solving the problem of OVCs | Very Low | 01 | 1.3 | 4.30 | 0.683 | 17.04 (0.000)*** |
| | Low | 01 | 1.3 | | | |
| | Neutral | 01 | 1.3 | | | |
| | High | 47 | 58.8 | | | |
| | Very High | 30 | 37.5 | | | |

| | | Total | 80 | 100 | | | |
|-------------|-------------|--------------|-----------|------------|-------------|--------------|-------------------|
| | | Very Low | - | - | 3.95 | 0.794 | 10.70 |
| Income | | | | | | | (0.000)*** |
| generating | Low | | - | - | | | |
| activities | for Neutral | | 27 | 33.8 | | | |
| care givers | High | | 30 | 37.5 | | | |
| | Very High | | 23 | 28.8 | | | |
| | | Total | 80 | 100 | | | |

Source: Primary data

Note: ***significant at 1% probability level

Psychosocial supports: It refers to the process of placing and maintaining children in stable and supportive family environment which is more essential for their development. As the table 8 indicates, 55% of respondents agreed that there is less challenge. The t-test result (3.69, $p < 0.000$) also found statistically significant at 1% probability level. This implies that psychosocial support provision is primarily not as burning issue in the study area.

Quality health care: It is the degree to which health care services provided to the program participants to increase the likelihood of desired health outcomes. As indicated in table 9, 68.8% the respondents replied that provision of quality health care to the beneficiaries was found as a high challenge. The t-test result (6.46, $p < 0.000$) also found statistically significant at 1% level. This implies the provision of health care by different health stations and by program itself in the study area is not enough to ensure wellbeing of care givers' family. Therefore the organization has to create a link with government and nongovernmental health care service providers and should work with commitment to improve the health care of the program participants.

Promoting local adoption and guardianship: The result from table 9 also showed that, absence of promoting local adoption and guardianship is a high challenge as reported by 58.8% of respondents. Vast majority (96.3%) of respondents replied that community participation in solving the problems of OVCs was found as high challenge. The t-test result (9.50, $p < 0.000$) also found statistically significant at 1% level. On the other side, 66.3% of the respondents reported that absence of income generating activities for care givers is a high challenge. The t-

test result (10.70, $p < 0.000$) found statistically significant at 1% level. This implies that there is awareness gap with the community in helping and working in collaboration with stakeholders to improve OVCs life condition. Therefore, the program has to facilitate the community conversation sessions focusing on OVCs children.

Coordination: It refers to the process of organizing program participants and other stake holders so that they work together properly and well for effective implementation of program packages. As indicated in the table 10, majority (72.3%) respondents replied that coordination problem is not a big challenge in the study area. The t-test result (12.10) also found statistically significant at 1% probability level. This implies that coordination problems are not significant challenge in the study area.

Socialization of children: It refers to the process of guiding a child to learn the attitude, values, and actions appropriate to individual as member of a particular culture. According to the table 10 results, vast majority (97.5%) of respondents agreed the care givers limitation of how to raise and socialize children's was found high challenge. The t-test result (36.79, $p < 0.000$) also found statistically significant at 1% level. Whereas, majority (98.8%) of respondents agreed that, caregivers' selection guideline was high challenge. The t-test result (43.69, $p < 0.000$) also found statistically significant at 1% level. This implies that there is a gap to be improved regarding the guidelines of participant selection and improving children's social value development. Therefore the organization has to revise the guideline and has to improve care givers awareness in the areas of coaching child.

Knowledge gaps: It refers to the inability of the care givers to understand and guaranteed the rights and benefits of a child under their custody. As 10 table reveals, the knowledge gaps challenge on international child rights conventions was very high for 98.8% of the respondents. The t-test result (47.48, $p < 0.000$) also supports the arrived results.

Table 10: Challenges of Other Forms of Alternative Child Care

| Variables | Categories | n | % | Test Value = 3 | | |
|---|-------------------|------------|------------|----------------|--------------|-----------------------------------|
| | | | | Mean | SD | t-test (p-value) |
| Coordination and inadequacy of the services | Very Low | - | - | 3.78 | 0.573 | 12.10 (0.000)*** |
| | Low | 53 | 66.3 | | | |
| | Neutral | 21 | 26.3 | | | |
| | High | 01 | 1.3 | | | |
| | Very High | 05 | 6.3 | | | |
| | Total | 80 | 100 | | | |
| Care givers limitation of how to raise and socialize children's | Strongly disagree | - | - | 4.83 | 0.444 | 36.79 (0.000)*** |
| | Disagree | - | - | | | |
| | Neutral | 02 | 2.6 | | | |
| | Agree | 10 | 12.5 | | | |
| | Strongly agree | 68 | 85.0 | | | |
| | Total | 80 | 100 | | | |
| Care givers selection guideline | Strongly disagree | - | - | 4.86 | 0.381 | 43.69 (0.000)*** |
| | Disagree | - | - | | | |
| | Neutral | 01 | 1.3 | | | |
| | Agree | 09 | 11.3 | | | |
| | Strongly agree | 70 | 87.5 | | | |
| | Total | 80 | 100 | | | |
| Knowledge gaps regarding international child rights conventions | Strongly disagree | - | - | 4.89 | 0.356 | 47.48 (0.000)*** |
| | Disagree | - | - | | | |
| | Neutral | 01 | 1.3 | | | |
| | Agree | 07 | 8.8 | | | |
| | Strongly agree | 72 | 90.0 | | | |
| Total | 80 | 100 | | | | |
| Government interferences in admission process | Strongly disagree | 19 | 23.8 | 2.15 | 0.797 | -9.54 (0.000)*** |
| | Disagree | 31 | 38.8 | | | |
| | Neutral | 29 | 36.3 | | | |
| | Agree | 01 | 1.3 | | | |
| | Strongly agree | - | - | | | |
| Total | 80 | 100 | | | | |

Source: Primary data**Note:** ***significant at 1% probability level

Government interferences: It refers to the extent of government involvement in admission decision and criteria formulation for eligible beneficiaries and care givers. The data collected from the participants show that 62.6% of respondents reported as low challenge. The t-test result (-9.54, $p < 0.000$) also found statistically significant at 1% level. This implies the organization has implemented its program without any interference from government bodies.

4.5. Factors influencing the well functioning of OFACC program

Under this sub section, the major factors that influence the well functioning of OFACC program were identified using multivariate analysis. It refers to any statistical technique used to analyze data that arises from more than one variable (Abdi, 2002). In order to further examine the net effects of each independent variable which are significant in Chi-square analysis, multivariate analysis in the form of binary logistic regression was carried out. Before using the model, multicollinearity problem among the independent variables was tested using contingency coefficient and it was found that there was no such problem among the variables.

Table 11: Results of Binary Logistic Regression Model

| Variables | B | SE | Wald | p-value | Exp(B) |
|------------------------------|--------|-------|--------|----------|--------|
| Age | 0.319 | 0.936 | 0.116 | 0.733 | 1.375 |
| Educational level | 1.037 | 0.476 | 4.750 | 0.029** | 2.822 |
| Dependency ratio | -2.304 | 0.546 | 17.841 | 0.000*** | 0.100 |
| Annual income | 0.062 | 0.285 | 0.047 | 0.828 | 1.064 |
| Health problem | -0.933 | 0.412 | 5.133 | 0.023** | 0.393 |
| Nepotism/corruption | -1.155 | 1.393 | 0.687 | 0.407 | 0.315 |
| Food allowance | 1.037 | 0.476 | 4.750 | 0.029** | 2.822 |
| Educational material support | 0.628 | 0.992 | 0.401 | 0.527 | 1.874 |
| Medical services | 1.420 | 0.626 | 5.150 | 0.023** | 4.136 |
| Knowledge of the guideline | 1.564 | 1.191 | 1.725 | 0.189 | 4.779 |
| Cooperative membership | 0.319 | 0.936 | 0.116 | 0.733 | 1.375 |
| Community participation | 1.974 | 0.971 | 4.135 | 0.042** | 7.200 |
| CBOs participation | 2.619 | 0.837 | 9.785 | 0.002*** | 13.717 |
| Constant | 3.457 | 1.701 | 4.132 | 0.042 | 31.714 |

Note: B= Regression coefficient (Estimate), Exp (B) =Odds ratio, SE= Standard Error

***significant at 1% probability level**significant at 5% probability level

It is found from the analysis, out of 13 explanatory variables included in the model, 7 of them were found to be significant in influencing the well-functioning of OFACC. They are; educational level of care givers, dependency ratio, health problem, community participation, CBOs participation, medical services, and food allowance. Educational level is found highly significance in influencing positively the functioning, health problem was found negative influences, community participation was found to influence positively, CBOs participation was found to highly significant in influencing positively, medical service was found to influence positively and dependency ratio was found most important factor in influencing the program positively in the study area.

5. Conclusion and Recommendations

Children's without parental care are more likely exposed to discrimination and abuse, have inadequate care and a host of unmet development needs. Countries in sub-Saharan Africa, such as Ethiopia, are ill equipped to meet the needs of orphans and vulnerable children (OVC) and their caregivers. Institutional care, which is supposed to be the last resort, is being covered to children without adequately exploring other options. This has given rise to a growing global interest in community and family-based alternative child-care options. The present study found that the programme implemented by the selected NGO is not functioning according to the expectation due to different factors. To mitigate such hindering factors following recommendations are forwarded.

- There must be a close supervision and controlling mechanism by the implementing agency to ensure the participation of the community in the program implementation, strengthen the community members by creating awareness on their roles and responsibilities as a community member in that particular area, OFACC program should incorporate the local community leaders, village officials, the elderly, representatives of informal social groups like women's associations in to the admission group.
- The program practitioners have to design reunification and reintegration programs and the government should promote local adoption by reducing bureaucratic challenges in the process and providing free health insurance benefit packages.

- The local government needs to facilitate houses to care givers to lead stable life with their adoptive children, create conducive situations in linking the families towards government based medical insurance service delivery privileges. The program supposed to revise the guidelines and should incorporate care givers age, health status and educational level, raising awareness on local and international child right conventions through community dialogue and action.
- The program has to further plan and arrange additional trainings on knowledge gap bridging sessions to the care givers, their needs can also be addressed through consultative dialogues and experience sharing by which they have further opportunities of learning with regards to those topics.
- It is also recommended that intervention like diversifying the livelihood strategies such as credit provisions, involving them in income generating activities which could be individual or group basis depending on the initiatives and the extent of interest that the family pursue. Life skill training on tailored topics for instance, responsibility taking, drive for change, mitigate the case at hand through providing awareness rising sessions on family planning.
- CBOs need identify the appropriate right share holders to the program, their roles in view of such tasks significantly contribute to the desired quality of the program, hence empowering inactive CBOs that are passively existing in the community has also a bigger share towards intervening the challenges
- To reduce the challenges related to food allowance, raising the allowance till the average affordable extent of current market situation. Link care givers with more livelihood skim involvement in to city level safety net program and improving the culture of saving and resource management.

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