



**ST. MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES INSTITUTE OF  
AGRICULTURE AND DEVELOPMENT STUDIES  
DEPARTMENT OF SOCIAL WORK**

**ASSESSMENT ON EFFECTIVENESS OF SERVICE DELIVERY TO  
DISADVANTAGED CHILDREN: THE CASE OF MARRY JOY- ETHIOPIA.**

**BY  
MESERET SISAY TADESSE**

**JUNE, 2023  
ADDIS ABABA, ETHIOPIA**

**St. MARY'S UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES STUDIES INSTITUTE OF AGRICULTURE AND**  
**DEVELOPMENT STUDIES**

**ASSESSMENT ON EFFECTIVENESS OF SERVICE DELIVERY TO**  
**DISADVANTAGED CHILDREN: THE CASE OF MARRY JOY- ETHIOPIA**

**BY**  
**MESERET SISAY TADESSE**  
**ADVISOR**  
**MOSISA KEJELA (PhD)**

**A RESEARCH THESIS SUBMITTED TO S.T MARY'S UNIVERSITY SCHOOL OF**  
**GRADUATE STUDIES, INSTITUTE OF AGRICULTURE AND DEVELOPMENT**  
**STUDIES, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD**  
**OF A MASTER ARTS DEGREE IN SOCIAL WORK.**

**JUNE, 2023**  
**ADDIS ABABA, ETHIOPIA**

**St. MARY’S UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**INSTITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES**

**ASSESSMENT ON EFFECTIVENESS OF SERVICE DELIVERY TO  
DISADVANTAGED CHILDREN: THE CASE OF MARRY JOY- ETHIOPIA**  
**BY**  
**MESERET SISAY TADESSE**

**APPROVED BY THE BOARD OF EXAMINERS**

_____	_____	_____
<b>Advisor</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Internal Examiner</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>External Examiner</b>	<b>Signature</b>	<b>Date</b>

**St. Mary’s University**  
**ADDIS ABEBA, ETHIOPIA**

## DECLARATION

Meseret Sisay Tadesse declares that the paper on "*Assessment on Effectiveness of Service Delivery to Disadvantaged Children: The Case of Marry Joy- Ethiopia.*" is an original work and as far as my knowledge is concerned It has not been submitted as a degree or master's paper at any time in higher learning institutes to earn any degree. All the works of other authors or researchers used in the working of the paper are properly cited.

Name of Researcher: Meseret Sisay Tadesse

Signature:

Date:

St. Mary's University, Addis Ababa

## **ENDORSEMENT**

This thesis has been submitted to St. Mary's University, School of Graduate Studies for examination with my approval as a university advisor.

---

Mosisa Kejela. (Ph.D.)

---

Signature & Date

St Mary's University, Addis Ababa

## **Acknowledgement**

My deepest appreciation is given to everyone who has participated in providing their support. But foremost, I am particularly grateful to the almighty God who gave me the will and strength to pursue my education. I would like to thank God, for letting me through all the difficulties. I have experienced your guidance day by day. You are the one who let me finish. I will keep on trusting you for my future.

I would like to take this opportunity to convey my sincere appreciation to Mosisa Kejela (Ph.D.) my advisor for taking a great part in the success of this paper. Without your support and your professional advice, I wouldn't be here today writing this acknowledgment. Thanks for your encouragement and your unreserved scholarly comments.

Finally, I would also like to give special thanks to my mother Amsale Lemnhe, and my family as a whole for their continuous support and understanding when undertaking my research. Your prayer for me was what sustained me this far.

# Table of Contents

Acknowledgement .....	vi
Acronyms .....	xi
Abstract .....	xii
CHAPTER ONE .....	1
INTRODUCTION .....	1
1.1. Background of the Study .....	1
1.2. Statement of the Problem .....	4
1.3. Objective of the Study .....	6
1.3.1. General Objective .....	6
1.3.2. Specific objectives .....	6
1.5. Research Questions .....	6
1.8. Definition of Terms.....	7
1.9. Organization of the Study .....	8
CHAPTER TWO .....	9
LITERATURE REVIEW .....	9
2. Introduction.....	9
2.2. Vulnerability as Cause of Disadvantaged .....	11
2.5. Methods of Instructional Service Delivery and Prevention Strategies to Disadvantage Children ..	12
2.5.1. Home Visiting .....	12
2.5.2. Parental Education .....	13
2.6. Services for Disadvantages and Vulnerable Children .....	13
2.6.1 Food and Nutritional Support .....	14
2.6.2 Shelter and Care.....	14
2.6.3 Legal Protection .....	14
2.6.4 Health Care .....	15
2.6.5 Psychosocial Support .....	15
2.6.6 Education and Vocational Training .....	15
2.6.7 Economic Opportunity/Strengthening.....	16
2.7. Nature of Services .....	16

Conceptual Framework.....	17
CHAPTER THREE .....	18
RESEARCH METHODOLOGY .....	18
3. Introduction.....	18
3.1 Description of the Study Area.....	18
3.2 Population of the Study.....	19
3.3. Research Design and Approach .....	19
3.4. Sample Technique.....	20
3.5. Source of Data.....	20
3.6. Method of Data Collection.....	20
3.6.1. Interview Schedule.....	20
3.6.2. Interview Guide.....	21
3.7. Data Collection Procedure .....	21
3.8. Methods of Data Analysis.....	22
3.8 Reliability and Validity.....	22
3.8.1Reliability.....	22
3.8.2. Validity .....	23
3.9 Ethical Considerations .....	23
CHAPTER FOUR.....	24
DATA PRESENTATION AND ANALYSIS .....	24
4. Introductions .....	24
4.1. Demographic Background of the Participants .....	24
4.5 Interview Analysis .....	30
4.6 Researcher Observation .....	32
CHAPTER FIVE .....	34
CONCLUSION AND RECOMMENDATION .....	34
5.1 Summary of Finding .....	34
5.2 Education .....	35
5.3 Health.....	35
5.4 Psychosocial.....	35



5.4.1 Food .....	35
5.4.2 Psychological .....	35
5.4.3. Shelter and care .....	36
5.6. Recommendations .....	36
References .....	38
Appendix .....	42

## List of Tables

Table 1	Total Population?	30
Table 2	What brought you to Mary Joy Developmental Association?	35
Table 3	Have you ever been helped by other organization before coming to Mary Joy?	36
Table 4	What makes Mary Joy Developmental Association different from the organization you were previously helped by?	36
Table 5	How would you explain the staff members' cooperation in delivering services to clients?	37
Table 6	What types of specific services are you provided by the organization	37
Table 7	Is the organization service delivery process effective?	37
Table 8	Based on question number seven, if your answer is No what do you think makes the organization's service delivery process ineffective?	38
Table 9	Does the organization provide services continuously throughout the year?	38

## **Acronyms**

UN	United Nations
UNCHS	United Nations Commission on Human Settlements
NGOs	Non-Governmental Organizations
WHO	World Health Organization
MJDA	Mary Joy Development Association
OVC	Orphan and Vulnerable Children
SW	Social Work
UNICEF	United Nations International Children's Emergency

## Abstract

*The purpose of this study was to assess the effectiveness of service delivery to disadvantaged Children: the case of Marry Joy- Ethiopia in Addis Ababa. The target group of the study forced to lead miserable lives due to lack of basic needs. The study employed qualitative and quantitative a mixed research approach. The researcher employed descriptive research design. Simple random sampling of random sampling was applied to children participants while the purposive sampling technique was employed to select key informants. A total of 50 children and 5 key informants participated in the study. Primary and secondary data collection methods were through interviews, observation and documents analysis. The finding of this study showed that the organization provided effective service delivery in education, health, psychosocial support, food consumption and shelter support. There were challenges from internal and external which required planned and organized remedial solutions. The researcher recommended the need of comparative study in service delivery of NGOs, social workers and organizers involvement in more in-depth research in the area of resources mobilization to reduce the suffering support needy children.*

**Keywords:** service delivery, source of funds, challenges the organization face

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background of the Study

In Ethiopia, 36 million children lack to basic services. For Ethiopia to escape out of the vicious circle of poverty and pave the way for achieving its vision to reach the level of middle-income nation by 2025, it has to deepen its understanding of the multiple dimensions of child poverty Tadesse and Awel (2019). The human services delivery system contains three components: education, health, and social services. The organization of each component differs and each has its own financial and programmatic relationships. Each component addresses different problems and serves different subsets of children through a variety of programs. A major shortcoming in this tripartite system is its inability to deal with children with multiple problems in an effective, coordinated way. The fragmentation, specialization, and complexity of the current system prevent effective service delivery. One solution is to reorganize the current system by linking or integrating health, education, and social services. Service integration using this approach has been part of recent collaborations that often involve the school system and sometimes use school facilities as a base for delivering health and social services. In the past, reformers outside the human services system were usually the ones to propose collaboration and school involvement (Morrill, 1992; Feit, Kraus & Brown,2015).

According to UNICEF Ethiopia and CSA (2020), over 11 million children in Ethiopia live in households that do not have the minimum required resources for survival, In addition, they are simultaneously denied three or more essential rights or necessities, such as access to appropriate food, shelter, protection, education, healthcare, and clean water. About 36.5 million children, or over nine out of ten, are multidimensional poor, and 12 million children, or almost one in three, are financially poor.

Access to good-quality basic social services—education, health care, clean water and sanitation—is essential to improve the daily living conditions of the poor, and to develop their full potential to participate in the economy. That is why better social outcomes are at the heart of six of the eight MDGs. While these are often seen as separate goals, they are closely interrelated. Good health care allows children to do better at school, educated mothers do a better job of looking after their own health and that of their children, and clean water and sanitation are essential for

healthy living. The private sector and community groups can play a key role in delivering all of these services. But ‘making public services work for poor people’ is widely understood to be a public responsibility and the state is seen as having a central role in financing, regulating and overseeing basic service provision (AusAid, 2009).

Children who have lost their parental care due to poverty, HIV/AIDS, war and parental death are not only among the most vulnerable members of society but their care and protection also raises a major child-care policy challenge. Various definitions have been given for the term orphan and vulnerable children depending on the particular concerned child care organizations interest. According to UNICEF (2020) a global definition an orphan child is a child less than 18 years of age who has lost one or both parents to any cause of death. When we say an orphan, it includes children who have lost both parents, who have living parents but live separated from them, children whose parents are unable to provide care and support due to poverty. As per the above definition, there were 140 million orphans globally. As to Gezahegn (2020), due to the unprecedented rise of orphan and vulnerable children in the world, various state and non-state actors are designing various intervention mechanisms to respond to the multifaceted needs of Orphan and Vulnerable children (OVC).

Child neglect is defined as, “failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. Child neglect are the abandonment of children, failure to meet the basic needs of children and underutilization of the free services provided by the state. Basically, child neglect is identified as the failure to provide children with basic needs such as food, clothing, hygiene and supervision. The adverse effects of abuse or neglect of children vary depending on the circumstances of abuses, characteristics of children and the child’s environment. There are different types of neglect. Physical neglect is the most highly recognized form of neglect. If the child is suffering or at risk due to the inability of caregivers to provide needs is referred to as physical neglect. If caregivers are uninterested in the child and if the child is left alone for long periods, the child is prone to emotional neglect. Chronic truancy and continuous un-involvement of the child in educational programs come under educational neglect. Inadequate supervision of children by caregivers which causes physical or psychological harm to children is identified as

supervisory neglect. Failure of parents to provide timely health care and medical recommendations for children are the indicators of medical neglect. If parents fail to consent to medical treatments that prevent the child from adverse conditions is also a component of medical neglect (Rathnayake ,2021).

Mary Joy Development Association (MJDA) is a nongovernmental, non-religious, nonpolitical and nonprofit making organization was established in 1994 in Ethiopia. Its vision to strive to see healthy, poverty free and empowered society. Mission MJDA is to work toward empowering children, women, families and other undeserved community groups through integrated development programs which focus on capacity building and encourages genuine participation of beneficiaries to the effect that target communities became HIV and aids competent and their livelihood improved. The goal the agency is to Work towards reducing the level of poverty through prompting basic social service and improving livelihood of target communities. Prevent the HIV transmission and mitigate the impact of Aids on the target communities with special focus on infected and affected members of the community both through service delivery and advocacy work Build institutional capacity of MJDA and target communities for effective implementation of the mission of the organization. The Programs of the agency comprised of improving Livelihoods: Economic Empowerment: Involves in provision of vocational skill training, Income Generating Schemes, Training on Basic Business Skills, promote working culture.

Primary Health Care Services: Includes Information, Education and Communication (IEC), Integrated Management of Childhood Illnesses (IMCI), Reproductive health service (HS). Environmental Health and personal hygiene, Basic curative health service.

The agency has involved in diverse service deli bey to dis advantaged children. These include providing primary education services like expansion of schools, construction of new libraries, kindergartens and primary schools, tutorial class and non-formal education, provision of scholastic materials and school fees to orphan and vulnerable children; community and organizational capacity building program aims to build the institutional capacity of MJDA, CBOs and target communities for the effective implementation of the mission of the organization and private community, public partnership (PCPP): MJ-DA has designed strategies to ensure institutional sustainability and program continuity through enhancing the culture of giving and volunteering among various groups of people locally and internationally. MJ -DA promote this

program through Sensitized different community groups for local resource mobilization through seminar, workshop, panel discussion. The individual payment per children exceeds to 450 Birr per month. Out of this, 30 Birr goes to administration purpose and, the rest will be delivered to the children themselves. Volunteers who support in various ways. They support with educational materials, clothing and other items which are essential for beneficiaries. For instance, Yekatit Pulp Factory has granted exercise books. Not only these, but in Holy days; like Ramadan, Easter, or Christmas children spend their time happily in special treatments with volunteers.

When it comes to women's' affairs the activities focus on creating opportunities that enable them generate income, empower themselves economically and let them lead stable life. However, they give priorities to educate them – how to lead secure life. In this case, due to the fact that prioritizes education, there are many people who were once supported by Mary Joy, but able to educate themselves, and pay back for the kind deeds they have received from the Organization.

With regarding to health, be it in public or in private health centers, they have enabled them to get free services, including contraception counseling, pre-natal, during and post-natal cares. In addition to these, they offer entrepreneurship training to women to make them self-reliant. In this regard, for those, who organize themselves with 20 members, they provide an initial loan capital that exceeds to four million Birr. Using this scheme, hence, a number of women have changed their lives for better.

## **1.2. Statement of the Problem**

Globally 500 million people, “including around 200 million people living in extreme poverty” live in countries that have been categorized as difficult ‘partners’ or environments (Carlson, 2005). The suffering of children as a result of inadequate basic service is at increasingly alarming rate. In the case of Ethiopia, a country who has over 5 million OVCs has formulated a policy known as the 2009 National Alternative Child Care Guideline and the 2017 Ethiopian Child Policy. Although Ethiopia has registered robust economic growth in the past few decades, such economic progress has not been able to protect families from breaking down and children from going out to street so as to get their livelihood. Back in the days, Ethiopia had strong traditional support system for the care of OVC, elderly and women. But now such system has declined due to urbanization, poverty. Due to the erosion of traditional child care system in Ethiopia, state and non-state actors” intervention to provide various services for OVC has becomes inevitable (Gezahegn, 2020).



Risk factors of child neglect include poverty, inadequate housing, lack of parenting skills, parental substance abuse, violence, caregivers with mental health problems, poor accessibility of child care and social services, lack of social support, discrimination, stressful life events, and violent neighborhoods. Poor access to child care and social services, lack of social support, discrimination, stressful life events, and violent neighborhoods are all risk factors. Child neglect is associated with poverty, ignorance, cultural values, and shortcomings in service delivery, female employment, and inadequate community services. It has a large health impact and is concentrated in disadvantaged environments. Poor social support, high rates of truancy, juvenile arrests, and teenage pregnancies are common features of distressed neighborhoods (Rathnayake, 2021).

Hana Tarekegn (2014) examined the psychosocial issues and coping strategies of HIV/AIDS orphans living in Hana Orphans' Home. She discovered that the stigmas connected to their history caused the OVCs to feel as though they were devalued, rejected, and stigmatized as a result of being HIV/AIDS orphans.

According to Million's (2015) assessment of the contribution and challenges of NGOs in creating income using the case of economically vulnerable families participating in Income Generating Activity (IGA) programme. The Ethiopian Catholic Church Medhin Social Centre (ECCMSC) has supported vulnerable families to create income by providing seed money, building on the skills and knowledge they already have, and involving them in small business activities to assist them-selves and their children.

The above stated services of different agencies imply as there are complex problems and challenges that directly affected the lives of the children and required basic service deliver to improve their living conditions. Since the project operation area is the place where the researcher is living, the researcher has got the chance to know various perspectives about the project's impact from its direct beneficiaries. In addition to that, the researcher has been serving the project as a volunteer and has got an eye to observe the day to day experiences of clients of the project. Such exposure leads the researcher to conduct a study to assess the role of the project in the lives of its clients.

### **1.3. Objective of the Study**

#### **1.3.1. General Objective**

The general objective of this study was to assess the effectiveness of service delivery to disadvantaged children at Mary Joy- Ethiopia.

#### **1.3.2. Specific objectives**

- To identify the services that Mary Joy Ethiopia delivers to disadvantaged children.
- To assess the effect of Mary Joy Ethiopia's service delivery to disadvantaged children.
- To identify the challenges in providing services to disadvantaged children at Mary Joy Ethiopia.
- To provide possible suggestions for improving the service delivery to disadvantaged children in light of the research's findings.

### **1.5. Research Questions**

- What are the types of services that are provided to disadvantaged children at Mary Joy Ethiopia?
- How effective is the service delivery that is provided to disadvantaged children by Mary Joy?
- What are the challenges of service delivery for disadvantaged children at Mary Joy Ethiopia?

### **1.6. Significance of the Study**

The study was designed to assist the institution's management in refocusing on this vital matter. This study is valuable for examining the efficiency of institutional service delivery to enhance the lives of underprivileged children. The findings of this study demonstrate awareness of what effective service to disadvantaged children should include. Additionally, it informs those in charge of non-governmental organizations of the challenges they face in providing effective service to their clients and makes them aware of the resources they can employ. The study can add to the existing body of knowledge in the field of study.

### **1.7. Scope of the Study**

The scope of the study conceptually, this study was limited to the assessment of service delivery to disadvantaged children. Geographically, this study was conducted in Addis Ababa, Ethiopia, at Mary Joy University. Methodologically, the study employed a mixed research approach with a descriptive research design. Pertinent data were gathered using questionnaires and interviews. Hence, the study will apply a quantitative research approach and a descriptive research design in order to meet the research objectives. The population of the study was made up of children who were receiving services from Mary Joy Ethiopia. In order to meet the research objectives, data were collected from children who were between the ages of 12 and 17 years old.

### **1.8. Limitations of the Study**

This research study has limitations, just like any other research study. For the researcher, to involve to other organizations about how well services are delivered to disadvantaged children was more satisfying. But due to time and money constraints, it was essentially impossible to address various organizations. In order to overcome time and money difficulty and to increase the study's accuracy, the studies were restricted to Marry Joy Ethiopia in Addis Ababa.

### **1.8. Definition of Terms**

**Child:** a child means every human being below the age of 18 (UNCRC,2023), for the purposes of this study, "child" refers to people who fall within this age range from 12-17.

**Disadvantaged children:** Children who are in difficulty living situations that are whose parents or guardians cannot afford to provide for their fundamental requirements; these children are those who live in poverty

**NGO:** is an agency that has legally constituted corporations created by legal people that operate independently and under the country rules and regulations of civil society.

**Services** in context of this study are disadvantaged children access to appropriate food, shelter, protection, education, healthcare, and clean water.

**Service delivery** is the process of providing services to disadvantaged children in a timely, accessible, available and respectful manner to lead dignified lives.

### **1.9. Organization of the Study**

The thesis is divided into five chapters. The first chapter discusses the background of the study, the statement of the problem, research questions, the study's objective, the significance of the study, the scope of the study, definition of key terms and organization of the study. The second chapter deals with reviews of related literature to the study, factors and conceptual framework of the study. The third chapter focuses on research design and methodology. Chapter four presents data analysis, interpretation and discussions. Finally, the fifth chapter consist of major findings, conclusions, and recommendations of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2. Introduction**

The review of relevant literature presents vulnerable children and orphan, vulnerability as cause of disadvantaged, the role of community-based care organization, service delivery and care and support for vulnerable children by NGOs, methods of instructional service delivery and prevention strategies to disadvantage, services for disadvantages and vulnerable children, major problems and challenges related to vulnerable children and conceptual framework of the study

#### **2.1. Vulnerable Children and orphan**

Vulnerable Children more broadly, as those whose safety, well-being and development are, for various reasons, threatened. The loss of a parent through death or desertion is a very important aspect of vulnerability and this is a classic understanding. However, vulnerability might be caused by other additional factors, including: severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to social services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, physical or sexual violence, or severe chronic illness. An orphan is someone whose parents have died, are unknown, or have permanently abandoned them. In common usage, only a child who has lost both parents due to death is called an orphan. In Ethiopia, like most African societies, the father is still considered the main earner in the family and the mother is seen as the caregiver. Therefore, the death of either one of the parents would deprive the child of the necessary love and guidance or the financial means to continue his or her growth and development. Therefore, a broader definition of orphan must be accepted and include both single and double orphan. The onset of the HIV and AIDS epidemic has completely changed the way people define, view and understand the term orphan and vulnerable children. In Ethiopia where HIV/AIDS and poverty often occur together, there are millions of children who are not orphans, but who have been made more vulnerable by HIV/AIDS. For example, children whose parents or care-givers are infected with HIV might not receive the care and support they require, and may instead become their parents' care-givers, often dropping out of school and becoming the main source of income in the household. The loss of parents has extensive and lasting consequences, because orphans are

more likely to suffer from; malnutrition, poor physical health, poor mental health, educational disadvantages, exploitation for child labor, stigma and social exclusion (Gezahegn, 2020).

A vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened. In the international community, the term Orphans and other Vulnerable Children, (OVC) sometimes refer only to children with increased vulnerabilities because of HIV/AIDS. At other times OVC refers to all vulnerable children, regardless of the cause – incorporating children who are the victims of chronic poverty, armed conflict, or famine (PEPFAR, 2006).

The standard service delivery guideline for OVC care and support (2010) of Ethiopia defined a vulnerable child as a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition and who is found in a situation that precludes the fulfillment of his or her rights. However, for these standards a more inclusive definition is used which includes all of the following:

- A child who lost one or both parents
- A child whose parent(s) is / are terminally ill and can no longer support the child;
- Children living on or in the streets;
- A child exposed to different forms of child abuse, violence, and/or exploitation;
- A child in conflict with the law;
- A child who is sexually exploited;
- A child with disabilities;
- Unaccompanied children due to displacement.

According to UNICEF (2009) child victims are not properly identified and even the identified ones are released without appropriate therapies. This may lead the victim to become a perpetrator in the future. Child abuse cannot be restricted only to physically visible signs such as bruises, wounds. Physical abuse is usually visible but other types of child abuse such as neglect have severe long-term negative consequences.

The above concept further elaborated by Rathnayake (2021) as there are different types of neglect. Physical neglect is the most highly recognized form of neglect. If the child is suffering or at risk due to the inability of caregivers to provide needs is referred to as physical neglect. If caregivers are uninterested in the child and if the child is left alone for long periods, the child is

prone to emotional neglect. Chronic truancy and continuous un-involvement of the child in educational programs come under educational neglect. Inadequate supervision of children by caregivers which causes physical or psychological harm to children is identified as supervisory neglect. Failure of parents to provide timely health care and medical recommendations for children are the indicators of medical neglect. If parents fail to consent to medical treatments that prevent the child from adverse conditions is also a component of medical neglect.

## **2.2. Vulnerability as Cause of Disadvantaged**

In the literature, there are five versions of vulnerability. The subsequent paragraphs describe this version identified by Hurst (2015). The first is human finitude. Vulnerability in this sense is a fundamental characteristic of human beings: we are interdependent, fallible; capable of suffering, mortal. This notion is, of course, important. Were we not vulnerable in this sense, our moral life would no doubt be very different? This form of vulnerability, however, because it is common to all human beings, cannot provide grounds to identify persons requiring special protection.

The second is incapacity to define own interests. In this version, persons are considered vulnerable if they are incapable of giving free and informed consent, or if they are more likely to be exploited. The third version of vulnerability is fragility. Here, vulnerability is viewed as a greater risk of injury or physical or mental harm. Etymologically, vulnerability denotes the ability to be hurt. In the fourth version, vulnerability is viewed as resulting from barriers to health. Persons are considered vulnerable if their access to care is limited, or if their chances for good health are limited. In a fifth version, some abandon the goal of providing a view of vulnerability altogether and consider whoever is on a list of vulnerable populations or persons to be vulnerable. Different lists have thus been compiled, mostly in research ethics guidelines. Children are always included in such lists. However, some are so extensive that it becomes unclear if anyone can truly be considered as not particularly vulnerable.

## **2.3. The Role of Community-based Care Organization**

The study shows that the best way to support children is to enable parents and children to be protagonists of their own future. Literature reviews implied that community childcare has been serving the best alternative care to supporting vulnerable children within their family setting. It also helps to address the high number of needy children and those families. Community-based

childcare gives an opportunity to help the community members. Besides, it can impact the lives of several destitute children and their families (Gezahegn, 2020).

## **2.4. Service Delivery and Care and Support for Vulnerable Children by NGOs**

Report of HIV AIDS prevention and control office (HAPCO), there are about 5.4 million OVC, of which 855,720 are AIDS orphans. The care and support program to OVC are also given to non-AIDS orphans, children with poor parents, street children and child headed households given priority to AIDS orphans. HAPCO allocated up to 20% of its total budget to the support and care of OVC. HAPCO established a unit within its structure to focus exclusively on providing care and support to OVC. All government institutions have mainstreamed HIV/AIDS in their activities. At the Woreda and Kebele levels, care and support of OVC are specifically assigned to the staff. The major strategy for care and support of OVC is through families, within existing orphanages, NGOs, CBOs, organized OVCs and organizing IGAs for those who have reached 18 years of age. The first priority is to support OVCs to be able to continue their education, and to provide them with food, clothing, shelter and teaching materials, training in IGA and seed money to avoid their exposure to different problems. Individuals and institutions organized in "Ethiopians for Ethiopians" approach based on adoption like strategies are being promoted in all regions. Taskforce was established under the chairmanship of MOWCYA to improve the coverage and quality of support (Gezahegn, 2020).

## **2.5. Methods of Instructional Service Delivery and Prevention Strategies to Disadvantage Children**

### **2.5.1. Home Visiting**

Home visiting is an increasingly popular method for delivering services for families, and as a strategy for preventing child abuse and neglect. It provides one-to-one parent education and support and has been used as a way to serve hard-to-reach families, frequently in situations where parents are isolated and/or they are unlikely to participate in parent groups. Using home visiting programs as one strategy for reaching children can help prevent more long-term costs and promote healthy social and emotional development. These programs offer information, guidance, and support directly to families in their home environments, eliminating many of the



scheduling, employment, and transportation barriers that might otherwise prevent families from taking advantage of necessary services (Stanger & Lansing ,2009).

Home visiting programs aims to prevent child abuse and neglect by influencing parenting factors linked to maltreatment like inadequate knowledge of child development, belief in abusive parenting, empathy, sensitive, responsive parenting, parent stress and social support, and the ability to provide a safe and stimulating home environment. By changing these factors, home visiting programs also seek to improve child development and health outcomes associated with abuse and neglect. These programs noted the reductions of 40% of child maltreatment (Palusci & Haney, 2010).

### **2.5.2. Parental Education**

One of the strategies that have received increasing attention is parent education programs. Parent education interventions can be delivered in a wide variety of settings and are designed to develop positive discipline approaches, increase knowledge of child development and promote positive parent child interactions. These programs have been implemented at community level where the program is available to all as well as a more targeted population identified to be at risk. Although some argue that parent education cannot succeed unless family problems are also addressed, much evidence suggests that first helping parents to be more effective with their children can address a range of individual and family risk factors (Palusci & Haney, 2010).

The successes of parenting programs are varied and dependent on the retention of the parents and their ability to adopt and implement the positive behaviors to reduce child violence, abuse and neglect. Effective parent education programs had explicitly stated measurable outcomes, were of sufficient length and intensity, had interventions tailored to a family 's developmental milestones, were based on a strength-based model, and demonstrated an ecological approach that was sensitive to the influence of neighborhood and community contexts (ibid).

### **2.6. Services for Disadvantages and Vulnerable Children**

The inclusion of child-friendly policies in national agendas does not in itself constitute a panacea to the plight of OVC. Effective and sustainable OVC interventions and programs are also necessary to meet the needs of OVC. Programs addressing the HIV/AIDS and related OVC crises have evolved considerably since the healthcare-centric programs characteristic of the initial years of the epidemic. Recognizing the strong interconnection between HIV/AIDS and

development, most large-scale OVC programs began implementing activities along an established continuum of services to include interventions in health, psychosocial support, economic strengthening, education, shelter, food security and nutrition, and child protection (Seinfeld and Perrin, 2014). The following section briefly describes these services which are also found in the standard service delivery guideline developed by (MoWA & FHAPCO, 2010).

### **2.6.1 Food and Nutritional Support**

According to the standard service delivery guideline developed by (MoWA & FHAPCO, 2010) food and nutrition services aim to ensure that vulnerable children have access to similar nutritional resources as other children in their communities. These are important components of OVC support since malnutrition underlies the major causes of deaths in children under five in developing countries. Food-security issues are extremely complex, and other organizations and international partners have strong comparative advantages in providing food assistance.

### **2.6.2 Shelter and Care**

The HIV/AIDS epidemic overloads impoverished communities to the point where many children are left without suitable shelter or care. Those children who find themselves without a caregiver become highly vulnerable to abuse and stunted development. While institutional care might seem like a logical response to this situation, in some cases, it can impede the development of sustainable solutions and often does not meet the complex needs of children. While there is sometimes a role for institutional arrangements, they are not optimal for child development, sustainability or cost-effectiveness. Given the number of OVCs, particularly in sub-Saharan Africa, and their complex needs, the most effective responses place families, households and communities at the center of interventions (PEPFAR, 2006). Shelter and Care services strive to prevent children from going without shelter and work to ensure sufficient clothing and access to clean safe water or basic personal hygiene. An additional focus is ensuring that vulnerable children have at least one adult who provides them with love and support (MOWA & FHAPCO, 2010).

### **2.6.3 Legal Protection**

According to PEPFAR (2006) the core values of OVC support is rooted in the principles of child protection – developing and implementing programs that place the best interests of the child and his or her family above all else. Thus, programs should include efforts to confront and minimize

the reality of stigma and social neglect faced by OVCs, as well as abuse and exploitation, including trafficking, the taking of inherited property, and land tenure.

#### **2.6.4 Health Care**

OVC programs must take active measures to meet the general health needs of children at every age level. Programs must disaggregate health requirements and interventions by the age groupings (infant, toddler, child and adolescent), as the health needs and recommended interventions differ significantly among these groups, and programs should facilitate access to primary health care for OVCs (PEPFAR, 2006).

According to the standard service delivery developed by MOWA and FHAPCO (2010) the desired outcome for health care services for vulnerable children are access to health services including HIV and AIDS prevention care and treatment. It includes the provision of primary care, immunization, treatment for ill children, ongoing treatment for HIV positive children and HIV prevention.

Access to health care services also includes the existence of a referral network of local services; community-based services are strengthened; services are provided locally either in the community by community based workers or at local health facilities or service providers; barriers to health care services are assessed and addressed that transportation, fee waivers; on-going access to treatment including AR) is ensured and services are child friendly (MOWA and FHAPCO, 2010).

#### **2.6.5 Psychosocial Support**

Healthy child development depends a great deal on the continuity of social relationships and the development of a sense of competence essential to normal family life and child development. Children affected by HIV/AIDS suffer anxiety and fear during the years of parental illness, followed by grief and trauma with the death of a parent. Cultural taboos surrounding the discussion of AIDS and death often compound these problems.

#### **2.6.6 Education and Vocational Training**

Research on children demonstrates that education can leverage significant improvements in the lives of orphans and other vulnerable children. Schools not only benefit the individual child, but can also serve as important resource centers to meet the broader needs of communities. Schools can provide children with a safe, structured environment, the emotional support and supervision

of adults, and the opportunity to learn how to interact with other children and develop social networks. An education is the key to employability and can also foster a child 's developmentally important sense of competence (UNICEF, 2009). According to UNICEF (2009) communities must identify the barriers to education (e.g., requiring a father to register a child, mandatory payments for uniforms, book or tuition fees) and define locally-appropriate strategies for attracting and keeping children, especially girls, in school. Programs must give special attention to the vulnerability of girls, by addressing the disproportionate levels of risk they face when leaving school at an early age.

### **2.6.7 Economic Opportunity/Strengthening**

Economic strengthening is often needed for the family/caregivers to meet expanding responsibilities for ill family members or to welcome OVCs into the household. Also, maturing children and adolescents need to learn how to provide for themselves and gain sustainable livelihoods. Linking OVCs and their families with programs providing economic opportunities is important. It is important to look for programs that base their economic strengthening activities on market assessments and undertake joint efforts with organizations. Providing livelihood training without prospect of a job must be avoided. Interventions that save household labor and expenses can relieve the burden of diminished capacity and perhaps allow families to allocate resources for more productive, remunerative uses (UNICEF, 2009).

### **2.7. Nature of Services**

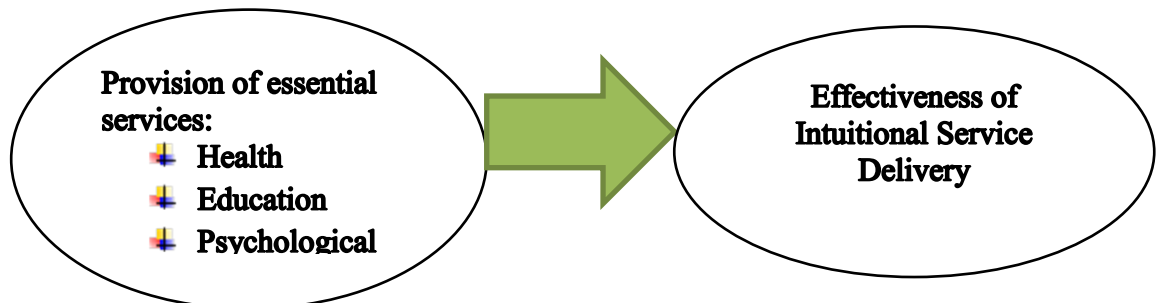
It is utmost important to explore the distinctive features of services, because recognition of these special characteristics will provide insights for enlightened and innovative management. One reason for the poor quality of service levels across different service industries is that managers often tend to solve service marketing problems with tools and techniques that are essentially meant for tangible products. It happens because of inadequate understanding about the nature of services. As our knowledge of the characteristics of services grows, so does our ability to deal with them from both an economic and marketing perspective. Services have a number of unique characteristics that make them different from products.

## 2.8. Major Problems and Challenges Related to Vulnerable Children

All government organizations, NGOs, FBOs and CBOs indicate that care and support for orphans is not an easy task. Some of the problems can be solved easily, if the various actors form a network, while others may require laborious effort. In Ethiopia, NGOs and faith-based organizations (FBOs) are significantly involved in providing different types of support to OVCs and advocating for their rights, but their role is constrained by their partial reach, low capacity in terms of funds and human resources, lack of guidelines on the support of OVCs, lack of forums and networks among them, and considerable deficits in the areas of psycho-social care and supports. Limited community awareness and institutional capacity with respect to OVC-related issues are also important obstacles to current and future interventions in this area. Therefore, the prevalent social and economic conditions that orphans find themselves in are significant contextual factors that influence the welfare and effectiveness of the national response to OVCs. Widespread poverty and the lack of resources to be allocated for OVCs seriously compromise their welfare and efforts to alleviate it (Bekele, 2014).

### Conceptual Framework

The National Standard Service Delivery Guidelines for disadvantaged children prepared by FDRE Ministry of Women, Children, and Youth indicates that there are seven key service packages (Education, Health, Psychosocial, Food, Economic strengthening, and Legal) that Based Organizations and other institutions initiated to give support for disadvantaged children (FDRE Standard Service Delivery Guidelines for orphans and vulnerable children's care and support programs, 2010). This framework is a tool used by all institutions to assess and evaluate interventions made for disadvantaged children. Hence this research mainly bases on this framework that is set to ensure addressing the holistic needs of disadvantaged children.



Source: Adapted from Gezahegn, 2020

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3. Introduction**

This chapter addresses the methodology and procedure used in conducting the study. This includes the research design, the sample and procedure for selecting the sample, the sources of data and gathering methods and tools; types and the methods of data collection, and analysis. Reliability and validity of the research and ethical considerations of the research were discussed.

#### **3.1 Description of the Study Area**

Ethiopia is one of the African countries geographically situated commonly known as the Horn of Africa (Eastern Africa). Ethiopia has a total area of 1,100,000 square kilometers or 420,000 square miles. Ethiopia is home to around 113.5 million inhabitants, making it the 12<sup>th</sup> -most populous country in the world and the 2<sup>nd</sup> most populous in Africa after Nigeria. According to the United Nations Population Fund (UNFPA, 2022) report, the existing population of Ethiopia is thought to be more than 100 million, which is a figure that is likely to place the country in the second position next to Nigeria.

The Horn of Africa (Eastern Africa) where the country lies also represents the crossroads between Sub-Saharan Africa and the Middle East. The country, which represents a diversity of cultures, races, languages, history, etc., is commonly regarded as the result of the country's history as the melting pot of different people and cultures.

Yeka Sub-city is one of the ten sub cities in Addis Ababa. The sub city is located in the Northern edge of Addis Ababa and topographically highland in nature. The sub city is bordered by Gullele and Kirkos sub cities in the west, Arada sub city in the south west, Bole sub city in the south and Oromia regional state in the north and According to the population projection made by the Central Statistics Agency (CSA, 2017) the total population size of the sub city is more than 500,000 (CSA, 2020). According to the same projection 46% of the total population is male while the rest are women. The researcher's study area is around the Yeka sub-city located in the northeast part of Addis Ababa city. In woreda 16 around Lem hotel in front of Legese Feleke shopping Centre in Mary joy Ethiopia.

### 3.2 Population of the Study

According to sampling guidelines (Babbie & Mouton, 2001) t population refers to a population aggregation of elements from which the sample is actually selected for this study. The target population of the study is 200 participants and sample size of the study is 50 participants (Krejci & Morgan1970). Which was the nature of the target population of the study comprises children age12-17 and the organization staff members. One of the criteria set by Mary Joy is to get support from the organization as follows: children age less than 18. Children aged between 12-17 who are attending school, children receiving services such as financial, materials and health care from the agency. who were registered with Mary Joy, children with a good mental health, and whose guardians have given permission for the request were chosen to be the target because the researcher believes that those age groups are capable to answer the questions.

**Table3. 1: - Population of the Study**

<b>Category</b>	<b>Population</b>
Age 12-17	190
Staff members of the agency	10
Total	200

**Source : Own Survey 2023**

### 3.3. Research Design and Approach

Descriptive research design was used. The researcher has relied on mixed design to employ both qualitative and quantitative research approach cording to Kruger & Neuman (2006) because using the combination of the two approaches can help the researchers to obtain the desired information in a given time and be more suitable to attain the objectives of the research. Qualitative research involves recording interviews and documenting events in terms of words, gestures, and tone, picture. Observing specific behaviors, studying written documents, examining visual images and opinions and behavior. Thus, qualitative approach is used to collect data from organizations' managers and staff members.

Quantitative research approach involves numerical data interpretation and analysis of collected data from the study participants.

### **3.4. Sample Technique**

Sampling is the statistical process of selecting a subset of a population of interest to make observations and statistical inferences about that population (Bhattacharjee, 2012). The sampling method process starts with defining the target population and subsequently, the sampling unit, the sampling frame, sampling techniques, and sample size. It is a small proportion of a population selected for analysis.

The sampling methods employed for the research included a simple random sampling of probability sampling for children used a non-probability purposive sampling method for the organization staff members.

### **3.5. Source of Data**

Both primary and secondary data were used for the analysis of perceptions. To collect reliable and valid information, the researcher contacted the active staff members and the children. And also, secondary data has been collected from different helpful materials based on reliability, suitability, and adequacy

### **3.6. Method of Data Collection**

Primary and secondary data were collected from different sources by using diverse instruments such as schedule, interviews, observation and document,

#### **3.6.1. Interview Schedule**

Interview schedule or open-ended interview is a tool consisting of a set of questions, which are asked and filled in by the researcher or enumerator who is trained for the purpose to meet the objectives and research questions of the study. This type of data collection tool is important to collect data from children and illiterate target groups through face-to-face interview (Thomas, 2010). Wherever possible closed-ended set of questions were prepared to meet data collection objectives of the study. Thus, the questions were initially prepared in English and then translated into Amharic for smoothening the relationship between the researcher and participants' and thereby create a common understanding of each of the questions



### **3.6.2. Interview Guide**

According to Thomas (2010) interview guide or open-ended interview is used to collect additional information, general in character, from key informants of the study. The researcher designed semi-structured interviews for the staff members. This technique is essential for the researchers to get a chance to collect data and other relevant information through a face to face communication. It is a common practice to use semi-structured questionnaires and interviews to analyze perception (Naqvi, Sharpe & Hec, 2017).

### **3.6.3. Observation**

Observation is the process in which a researcher observes what is occurring in a real-life situations and events from the place of data collection. It is used to record pertinent happenings according to planned observation guide. According to Thomas (2010) observation needs proper planning, expert execution and adequate recording and interpretation to fill the gap which data were not collected through interview, questionnaire or discussion. Thus, the researcher used observation guide to get additional data at the agency's service delivery processes.

### **3.6.3. Document Analysis**

The secondary data sources are books, magazines, the internet, published and unpublished documents, annual reports of micro and small enterprise offices, strategy document, articles, and journals.

## **3.7. Data Collection Procedure**

Data were collected by the researcher based on the objectives of the study, data collection tools, data collection procedures, and the ethical considerations during data collection were given serious attention to obtaining quality data. (Burns & Grove, 2007) define data collection as identification of subjects and the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypothesis of a study. To accomplish the data collection process, the researcher contacted the children and the staff members who were selected randomly and purposively respectively.

Respondents were provided with a brief orientation on the purpose of the study and its significance then self-administered questionnaires were provided for those who consented to participate in the study. Participants were also informed about the confidentiality of their

responses both during and after the study. The developed data collection tools were tested using children and staff of the agency to get their comments on the questions. Then, revised and refined the tools based on their feedback. The participants were also given the option to withdraw from the interview whenever they feel inconveniences. Accordingly, all the interviews were conducted under the conditions of free and informed consent.

### **3.8. Methods of Data Analysis**

The purpose of data analysis is to organize, provide structure to, and elicit meaning from research data (Polit & Beck, 2014). Before any analysis is done, the data set is carefully checked to identify any strange values and errors which might have occurred in the source documents, during transcription, or during data entry (Joubert & Katzenllenbogen, 2007).

The quantitative data collected for this study were checked for completeness, coded, entered, and analyzed. The data has been checked before the data analysis using the frequency and percentage figures and tables that able the researcher to re-enter the missed values and fix data entry errors. Descriptive statistics such as; frequency, percentage, figures and tables were used primarily to summarize and describe the data. The qualitative data collected from participants were edited, categorized and quality checked throughout the analysis and interpretation to make meaningful.

### **3.8 Reliability and Validity**

The study has focused on reliability and validity of data analysis for quantitative and trustworthiness of data analysis for qualitative.

#### **3.8.1 Reliability**

The researcher used to pay due attention to make the study finding reliable and trustworthy. Accordingly, the researcher collected the data himself from participants of the study, the sources of data clearly indicated and collected from diversified sources. The data collection tools were tested, revised and refined based on feedback of pilot testing and employed the refined data collection tools in the final data collection. The researcher also tried to maintain neutrality to reduce biasness. The accuracy of data collection and analysis was employed to uphold by the researcher.

### **3.8.2. Validity**

Data were collected from reliable primary and secondary sources, from study participants who were being helped by the organization, and from the organization's staff members. These were contributed to validity of the study as well as credibility, dependability, accuracy and possibility to answer the research questions to meet the objectives of the study.

### **3.9 Ethical Considerations**

The researcher made every effort to carry out the empirical investigation consistent with ethical guidelines. In this study, all participants were aware of in advance for the purpose and objective of the study. The participants informed that the research was undertaken for educational purposes and therefore does not involve any payment for being part of it as a research participant. The consent was taken from study participants' children guardian or care givers. All research participants were asked in the first place their willingness to participate in the research; including the possible use of a tape recorder while administering the interview. The researcher assured respondents about the confidentiality of information given for this particular study and strictly refrain from unnecessarily soliciting research participants like offering money to obtain information. In general, participants were only asked to give their oral consent, for the research does not include any potential harm to anyone involved in the research.

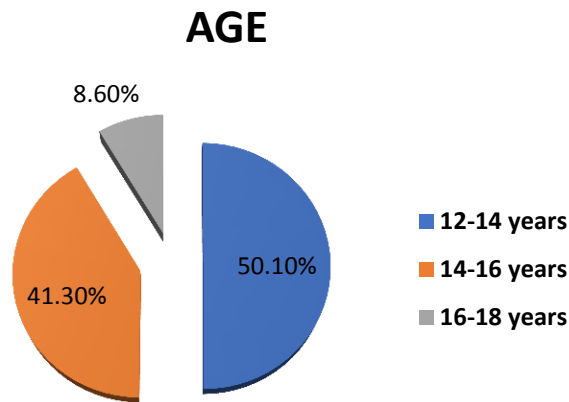
**CHAPTER FOUR**  
**DATA PRESENTATION AND ANALYSIS**

**4. Introductions**

In this chapter the data collected through both primary and secondary methods have been analyzed, discussed and presented.

**4.1. Demographic Background of the Participants**

The following table summarizes the demographic profile of respondents by age, Gender, marital Status, Educational Qualification.

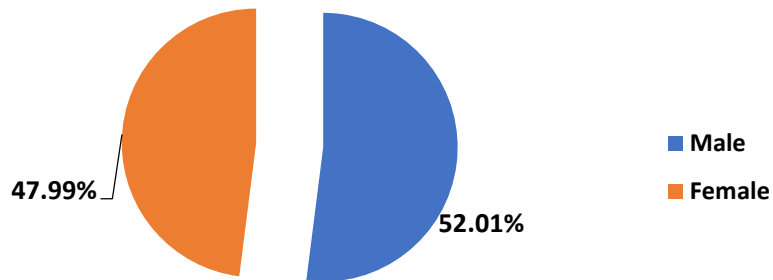


**Figure 4.1: - Age of Participants**

Source: Own Survey, 2023

Figure 4.1 above indicates that out of 50 study participants in terms of age categories from 12 to 14 (50.1%), 14 to 16 (41.3%), and 16 to 17 (8.6%) were received the service of the institution. It is reflective as all children at different ages were exposed to disadvantaged living conditions.

## Participants by Gender

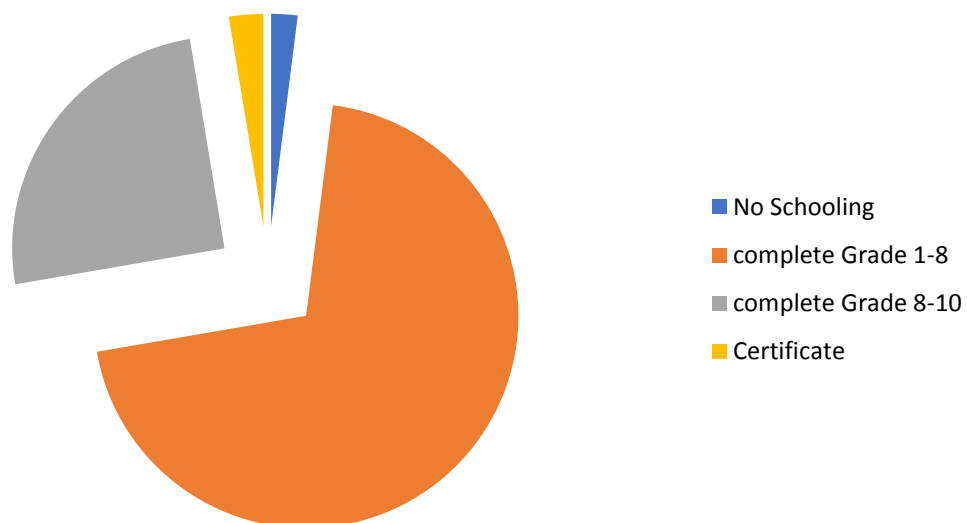


**Figure 4.2: - Participants by Gender**

Source: Own Survey, 2023

The above Figure 4.2 shows that of the study participants 52.01% of them were males, while 47.99% were females. The analysis of the study reflects as both, male and female study participants children were exposed to difficulty living situations.

## Educational Background



**Figure 4.3: Participants by Educational Background**

Source: Own Survey, 2023

The above figure 4.3 shows that of 50 study participants 10 (20%) of the respondent were never attend school. As to the observation the researcher, this was happened due to health problem related to these children, which is metal problem. Out of the study participants 35 (70%) of them were completed 1-8 primary school cycle. The children who were completed 9-10 grade constituted 2 (4%) of the participants. The participants who constituted 3 (6) % were received a certificate of vocational training to start their own income generation to lead their life independently.

**Table 4.1 Reasons for Joining Mary Joy Developmental Associations**

Reasons	Frequency	Percentage (%)
Low Family Income	39	85
Family Separation	8	9
Health Related Problem	3	6
<b>Total</b>	<b>50</b>	<b>100</b>

Source: Own Survey, 2023

The above table 4.1 shows that 85% of the participants joined the agency due to low income of their family to secure their basic needs and educational services. According to the finding of the study 9% of the participants forced to linked to the agency because of tier family mirage breakdown or separation that leads to unaffordable living condition. The rest, 6% of the participants came to Mary Joy development Association to health-related problem.

**Table 4.2: How do you rate the following specific services delivery that you are receiving from the agency?**

Type of Service	Service Delivery in terms of access, equity & time			
		High	Low	Total
Education	F	40	10	50
	%	80	20	100

Healthcare	F	45	5	50
	%	90	10	100
Psychological	F	50	0	50
	%	100	0	100
Food	F	42	8	50
	%	84	16	100
Shelter	F	50	0	50
	%	100	0	100

Source: Own Survey,2023

The agency has provided different services to the needy children, as shown in Table 4.2 above. The participants in the study gave the educational component of service delivery a score of 40 (80%), with a low rate of 10 (20%); the low rate was brought on by health issues involving the beneficiaries. Concerning healthcare, 45 (90%) of the services provided for health care were rated as having high service delivery. In terms of psychological assistance, there were 50 participants in all (100%) and all of them expressed that they had access to shelter services. There was no homeless child during the investigation. On the other hand, 42 (88%) respondents also gave food provision a high score. In general, the findings of the study show that there is effective service delivery at Mary Joy Ethiopia.

**Table 4.3: What form of service you are getting from the organization?**

Position	Frequency	Percentage (%)
In Cash	35	80
In Kind	10	20
Mixed in cash & kind	5	10
Total	50	100

**Table 4.4: From your experience are you satisfied with the following service delivery of Mary Joy Developmental Association services?**

Service delivery	Yes		No	Total
Mary Joy is efficient in time and access of service	F	40	10	50

delivery.	%	80	20	100
Mary Joy offers better information services.	F	45	5	50
	%	90	10	100
Staff members of Mary Joy work diligently provision of service delivery	F	41	9	50
	%	82	18	100
Mary Joy treats all the clients equally	F	39	11	50
	%	78	22	100

**Source: Survey, 2023**

Based on the above table results shows that 80% of the respondents answered Compared to previously structured, Mary Joy is more efficient in every way, 90% of the respondents answered Compared to the previous organization, Mary Joy offers better services, 82% of the respondents answered Staff members of Mary Joy work more diligently than those of the previous institution, and 78% of the respondents answered Mary Joy treats all the clients equally.

**Table 4.5. How would you judge the staff members' support & cooperation in delivering services to clients?**

<b>Opinion</b>	<b>Frequency</b>	<b>Percentage</b>
High	35	70
Medium	10	20
Low	5	10
Total	50	100

**Source: Own Survey, 2023**

Based on the above table 4.5 , 10 ( 20%) of the participants who were children in Mary joy answered as medium level cooperation and support; 5 (10%) of the participants answered as low level of support and cooperation, 35 (70% ) of them rated as they were getting high support and cooperation from the staff of the agency.



**Table 4.6: Are you satisfied with the overall effectiveness of the organization service delivery process?**

<b>Options</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	48	96
No	2	4
Total	50	100

**Source: Own Survey, 2023**

The above table 4.6 shows that 48 (96%) participants were responded as they were satisfied with the effective service delivery of the agency, the rest 2 (4%) of the participants were rated as they were not satisfied with the effectiveness of the agency service delivery.

**Table 4.7: What are the problems that reduce the effectiveness of service delivery of the agency?**

<b>Options</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Lack of coordination among the organization staff members	5	10
Difficulty of managing too many beneficiaries	35	70
Difficulty related to unknown reasons	10	20
<b>Total</b>	50	100

**Source: Own Survey, 2023**

The above table 4.7 results shows that 5(10%) participants answered that the reasons of ineffectiveness was lack of coordination among the organization staff members, 37(70%) of the participants answered difficulty of managing too many clients, 10(20%) of the participants answered as they did not know the reasons for ineffectiveness.

**Table 4.8: Does the organization provide services continuously throughout the year?**

<b>Opinion</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	47	94
No	3	6
Total	50	100

**Source: Own Survey, 2023**

The above 4.8 table indicates that the agency has been providing a conscious service throughout the year as it was confirmed by 47(94%) of the participants and the rest 3(6%) of the participants answered as no service provision throughout the year. However, the majority of the service users confirmed as the agency service delivery is sustainable.

#### **4.5 Interview Analysis**

The interview took place in the organization's Megenagna headquarters. The interview was conducted with five interviews that hold various roles. The positions Organization Community, social worker and staff members were all represented by three men who participated in the interview process.

#### **Result Obtained from Open Interview**

The staff members of the organization gave many of the same responses during the interview. The researcher generalized and combined answers that were similar from the interview replies in order to minimize answers being given again. However, I also conducted an analysis and compiled the responses of respondents who provided a variety of responses. Five organizations' staff members were interviewed, and the interviewees returned the questions in folders.

The Mary Joy Ethiopia personnel had the same responses when asked what the organization's goal was: Mary Joy Ethiopia is a group that aims to assist individuals in need assist those who the government cannot assist for a variety of reasons, and empower those who are weak by collaborating with many stakeholders, the organization focuses mostly on helping children who have lost both of their parents or just one, as well as kids who are facing major issues. It also benefits elderly people who are abandoned and have no one to care for them.

**Does the organization work with other pertinent organizations to benefit its beneficiaries?**

The staff members of the organization responded as follows:” *to better serve its beneficiaries, Mary Joy collaborates with a variety of stakeholders. For the benefit of its service-users, the organization collaborates with everyone from individuals to organizations. Additionally, a few of the parties that collaborate to the advantage of the clients include police officers, attorneys, prominent figures both male and female from, hotel owners, religious organizations, advertising firms, artists, broadcast media”.*

**What type of service does the organization provide to beneficiaries?**

*“for its beneficiaries, the organization offers both monetary and in-kind services. A service that is provided in cash is typically paid for by sponsors on a monthly basis for the beneficiaries, whereas a service that is provided in kind is provided by individuals, groups, or organizations and includes items like clothing, housing supplies, various educational materials for children, milk for children. The kind of humanitarian assistance offered to service users relies on the sponsors' desire and capacity. Some sponsors may provide services in exchange for money or in kind, while others may provide both types of services.”*

**What are the criteria set by the organization to select beneficiaries?**

*“the intuition has a procedure for selection of beneficiaries. No favors are extended to anyone. Staff members emphasized that” in order to get funding from the organization, applicants must meet certain requirements. Owning documentation from the Woreda, the Ministry of Children and Women, demonstrating the applicant's vulnerability, is one of the eligibility requirements.”*

**How strong is the organization’s collaboration with other sectors?**

It stated that *“it collaborates with other sectors to support service-users and that all of the organization's staff members give their all to assist them. It also stated that” it has excellent partnerships with other sectors, in the areas of education, healthcare, awareness raising and capacity building.”*

**What are the internal challenges and external challenges Mary Joy Developmental Association faces in delivering services to the service users?**

*“Some of the internal and external challenges are financial constraints due to lack of sponsors engaged in payment, low*

*participation of individuals and groups, weak participation of private sectors, dependence on external funding, lack of coordination among the organization staff members and capacity limitation”.*

**How does the organization approach donors?** *“It approaches donors by using different mechanisms such as social media, broadcast media, different blogs and newspapers.”*

**What are the measures taken by the organization to solve service delivery process for service users?** *As to the staff members response “the organization takes different measures to solve service delivery challenges. Some of the measures are the organization’s effort to work and find dedicated new sponsors, to organize different events and to approach individual, groups and unions, public figures, train the beneficiaries on skills so as to work and run their lives in case if sponsors are terminated or lags to pay that is expected from them that goes to beneficiaries”.*

#### **4.6 Researcher Observation**

In this part, researcher collected information with prepared check lists for observation. According to the observation, Mary Joy is one of the organizations founded by the kind hearts of individuals in our country. The researcher observation, based on the location of the offices and the general working environment, Mary Joy provides many services to the children and the community. They were able to see various good-hearted people directly supporting the children with material and financial support. Every teenager is given 450 birr per month form the sponsorship; it is difficult to say that the money is enough in the current economic situation. But this kind of support we can say it very effective and a good support for the family and the children. As to my observation there were sponsors who came to the originations and had made commitment to support.

The office is also said to be very good and clean. It is separate department there is a standing management and other staff members. There are two computers in the room. When we look at the file layout, every service user who gets the service uses the file in a clear and systematic way, and it is easy to find soft copy and hard copy.

According to the observation, social work in Mary Joy really makes me sad to see. Because I meet one of the staff members who is a social worker and I ask him “what is your role as a social worker” and he answered same like other staff member there is no a unique responsibility that I work as a social worker”.

Summary of the data analysis and interpretation: as to the interviews findings with the staff members “Mary Joy offers effective services, and treats all beneficiaries equally” The data collected from participants also in favour of the staff members as the responses of children 70 % , 20% and 10% are high , medium and low respectively. The study participants children responses of satisfaction of service delivery positively proved by 96% and the rest 4% were showed their dissatisfaction. The internal and external challenges like limited coordination among the organization staff members, capacity building, more resource mobilization and contingency plan of skills training to generate income and fill the gap were well-focused. As to the research conducted data analysis and compiled the responses of participants as well as the observation of the researcher Mary Joy Ethiopia is an agency that aims to assist individuals in need and empower those who are weak. It collaborates with a variety of stakeholders, including police officers, attorneys, prominent figures, hotel owners, religious organizations, advertising firms, artists, and broadcast media. It offers both monetary and in-kind effective services to beneficiaries, and has a procedure for screening beneficiaries based on their problem’s severity in collaboration governmental institutions in transparent and accountable ways.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATION**

#### **5.1 Summary of Finding**

Findings show that the majority of the service users came to the organization as a result of different situations, including, respectively, financial challenges, family conflicts, and health issues. Many of the beneficiaries have no relation with other organizations before coming to Mary Joy.

The conclusions were drawn based on the summary of findings in the analysis and as shown below:-

Nearly all NGOs share the same goals and missions; nevertheless, while making a significant contribution to the economic empowerment of women, health, education, and child development, NGOs still struggle to successfully serve the poor.

This study looked at how services are delivered and what obstacles an agency encounters in providing them to service users in an efficient manner. The provision of fundamental social services is mostly carried out by non-governmental groups. The results show that Mary Joy Developmental Association employees work hard for benefits its beneficiaries. For the benefit of it's the service users, it collaborates with diverse parties, including individuals, groups, associations and organizations.

With the leadership of the agency, the staff members of the organization play a significant role in setting up a platform, such as organizing various events to draw sponsors and to get both monetary and in-kind types of services delivery for its service users. One of the difficulties of the agency is not providing adequate service to its large needy target groups. Sponsors are not reacting as quickly as they should, the private sector support in this area is weak, and it is impossible to accommodate too many needy children. Financial limitations were brought on by sponsors' tardiness in making payments that were anticipated of them, minimal involvement from individual groups and associations.

## **5.2 Education**

The educational help provided by tutoring and school supplies has improved the performance of the children, resulting in promotions from grade to grade. This finding is consistent with findings from a comparison study conducted by World Vision on orphans and non-orphans in five African nations, including Ethiopia, on action for the disadvantage in Africa. In that study, it was discovered that many vulnerable children receiving assistance from Community Care coalition members were doing well in school. (World Vision UK, 2011).

## **5.3 Health**

The finding revealed that the health supports given to the children and their guardian has improved the health status of the children and their caregiver. The improvement of health conditions for guardians and children by itself has brought additional benefits such as livelihood improvement, better capacity to feel children's needs, and increased self-confidence of the caregivers to take care of the disadvantaged children.

## **5.4 Psychosocial**

Food, psychological, shelter, and care services were all part of the children's and their guardians' psychosocial support system. The findings on each component are detailed in the sections below.

### **5.4.1 Food**

According to the study's findings, the family's food security has improved since throughout the study's four previous weeks; there was never a day when the children went without eating during the day or at night. However, the frequency of meals is unsatisfactory. Additionally, the ability of the majority of families to buy food without help demonstrates an increase in their ability to pay for food expenses.

### **5.4.2 Psychological**

Disadvantage Unlike other children, children experience a variety of psychiatric illnesses. They deal with psychological issues including despair, anxiety, and self-esteem loss brought on by parental bereavement. They may also experience stigma and vulnerability if their parents passed

away from HIV. After a relative pass away, childcare providers can experience psychological issues such as sadness, fear, and resentment.

As to the researcher observation, psychological well-being exposed that the counseling support, participation of the children in school club health condition of their guardian, and another socioeconomic improvement, resulted in good psychological well-being outcomes. There are no children reported to cause harm to them and a majority of them are happily playing with other children nearly all of the caregivers reported that children under their care express their future hope and wish as well their confidence is revealed to be good.

### **5.4.3. Shelter and care**

Adequate shelter and care are important to provide security and stability for all children and families. For children to feel and be safe, they need to know that where they live is protected from danger.

Shelter and care support such as the renovation of houses and provision of sleeping materials has also been illustrated to bring improvement on the condition of the disadvantage children. As indicated in the finding, currently almost all children sleep on a mattress and have night clothes. The housing condition for a majority of them is medium even though most of them live in a house with only one room.

### **5.6. Recommendations**

- To address the plight of disadvantaged children there are Government, Non-government, and Community based organizations operating in the study area. One of the key services that should be provided for the children is food and nutrition. Even though there are organizations that provide food for these children the provision is inadequate to fulfill their consumption needs. It does not consider factors such as family size, age, and nutritional needs.
- The study recommended that service availability should improve to bring an improvement in their educational performance, minimizes school absenteeism and dropout, and total way of living to disadvantaged children's.
- The stakeholders were also delivered care services. Marry joy Ethiopia center provide free medical service, and money paid to disadvantaged children in collaboration with



other Non-governmental organizations to address the health care services by covering the cost as well.

- The other key service is shelter and care. Even though the government provides low-cost government houses by giving priority to these children's families, the majority of the children live in rental houses from private owners. The house condition is characterized by dilapidated, crowded, without ventilation, inadequate water tap, sanitary, sewerage, and poor health environment but the researcher recommended that service delivery needs modification and further improvement to change the lifestyles of neglected or disadvantaged children.
- To assist the living condition of disadvantaged children to solve the economic conditions of themselves and their families, Mary Joy Ethiopia provided services such as donations, credit, and training related to saving and business management.
- Those families who obtained the service mentioned that the service brings an improvement in the socioeconomic condition of the children and their family's life because it enabled to begin their own business, and diversify household means of income, the profit helped to cover other household consumption and to cover the school expense of their children. But the researcher recommended that even few children received the counseling service from professional and par professionals to improve the living conditions of disadvantaged children Psychosocial support in the form of counseling and participating the children in extracurricular activities were also the major services provided to the vulnerable children should be developed more and more.
- Evaluate the employees' performance and provide recommendations to improve the organization's operations.
- The necessity of non-governmental organization operations should be made known.
- Encourage people to support the organization by joining clubs, organizations, or unions.
- To tackle the issue, the organization must work together with other organization

## References

- Abiy, Alemayehu Worku, Daniel Tefera, Melese Getu, Yilma Sileshi.2009.Introduction to Research Methods. Addis Ababa University Graduate Research Office, Addis Ababa.
- AIDWATCH, (2008). Where is your aid money going? Retrieved October 24, 2014, from
- Andreas, D.(2005). Implementation of NGO–government cooperation policy documents: lessons learned. *The International Journal of Non-for-Profit Law* 8 (1), 3-5.
- AusAid (2009). *Service Delivery for The Poor Lessons from Recent Evaluations of Australian Aid*
- Babbie, E.Mounton, 2001: *The practice of Social Research*. Cape Town: Wards Worth Publishing Company.
- Bahru Z, Pausewang, S (eds) (2002). *Ethiopia: the challenge of democracy from below*. Caesar, L. (2006). *A New Paradigm in Developing Country NGO Financial Sustainability*. The William Davidson Institute, Policy Brief No. 51.
- Carlson (2005). *Improving the delivery of health and education services in difficult environments: lessons from case studies*
- Central Statistical Agency, (2007). *The 2007 Populatio & Housing census of Ethiopia*.
- Chakawarika, B. (2011). *Challenges faced by NGOs in the political harsh climate of Zimbabwe: Analysing the effects on sustainability and promotion of human rights*. A dissertation submitted in partial fulfillment for the degree of Master in Human Rights Practice School of Global Studies, University of Gothenburg School of Business and Social Sciences, Roehampton University Department of Archaeology and Social Anthropology, University of Tromsø.
- Cooper, D., & Schindler, P. (2006). *Business Research Method (7th Ed.)*. New York: McGraw-Hill.
- CRDA (2004) *Information package on NGO contributions*, Addis Ababa, Ethiopia.
- CRDA (2006) *Assessment of the operating Environment for Civil Society in Ethiopia*, Addis Ababa, Ethiopia.
- Chang, C.Y. (2010). "Resident Attitudes toward Community Development Alternatives". All Graduate Theses and Dissertations. Paper 622

Dessalegn Rahmato (2008) *the voluntary sector in Ethiopia: Challenges and Future Prospects*, Addis Ababa Ethiopia.

Di Mattia, S. (2008). Getting the money you need. *Relationship fundraising* 32(1), 22-26.

ECSF (March 2016), minute on Charities and Societies Resource Challenge Workshop with donors, USAID (2013): CSO Sustainability Index for Sub-Saharan countries. Environment, the north-south institution (unpublished).

AIDWATCH, (2008). Where is your aid money going? Retrieved October 24, 2014 from: Andreas, D.(2005). Implementation of NGO–government cooperation policy documents: lessons learned. *The International Journal of Non-for-Profit Law* 8 (1), 3-5.

Bekele, (2014). *The Intervention Practices and Challenges Of Orphan Children: The Case Of Markato Child And Family Charitable Society*

Fafchamps, D. & Trudy, D. (2006). *Give and Take: What’s the matter with Foreign Aid?* London, UK: Zed Books. First draft. Addis Ababa: Central Statistical Agency.

Gebre Egziabher, S (2002) *the role of civil society organization in the democratization process In Ethiopia, the international society for the third research (ISTR), University of Cape Town, Cape Town South Africa.*

GTZ (2002) *Self-help Initiative in Ethiopia: Prospective and Challenges*, Addis Ababa Ethiopia, GTZ Publication, Addis Ababa.

ECSF (March 2016), minute on Charities and Societies Resource Challenge Workshop with donors, USAID (2013): CSO Sustainability Index for Sub-Saharan countries. Environment, the north south institution (unpublished).

[http://www.aidwatch.org.au/sites/aidwatch.org.au/files/090922fedcrtdiscussion3.Barr,D., Gareth, G., Martinussen, D. & Engberg-Pedersen, P. \(2005\). Aid: Understanding International Development Cooperation. London, UK: Zed Books.](http://www.aidwatch.org.au/sites/aidwatch.org.au/files/090922fedcrtdiscussion3.Barr,D.,%20Gareth,%20G.,%20Martinussen,%20D.%20&%20Engberg-Pedersen,%20P.%20(2005).%20Aid:%20Understanding%20International%20Development%20Cooperation.%20London,%20UK:%20Zed%20Books.)

[https://femalecancerethiopia.org/mary-joy-development-association/.](https://femalecancerethiopia.org/mary-joy-development-association/)

[https://www.coursehero.com/file/p7n5pt/chapte-52-NGOs-in-Ethiopia-The-history of NGOS- in Ethiopia-in-many.](https://www.coursehero.com/file/p7n5pt/chapte-52-NGOs-in-Ethiopia-The-history-of-NGOS-in-Ethiopia-in-many.)

Jeffrey Clark (2000) *Civil Society, NGOs, and Development in Ethiopia a Snapshot view* 24.

Kassahun Berhanu (2002) *The Role of NGOs in Promoting Democratic Values: The Ethiopian Experience: The Challenge of Democracy from Below*, edited by Bahru Zewde and

- Siegfried Pausewang, pp. 120-129. Uppsala: Nordiska Afrikainstitutet and Addis Ababa: Forum for Social Studies.
- Gezahegn (2020). Vulnerable Children Care Provisioning by ET-500 Child Development Project of The Ethiopian Evangelical Church Mekane Yesus
- Kothari C.R., 2004, *Research Methodology: Methods and Techniques*, 2nd ed., new age International limited publishers, New Delhi.
- Kreuger, L. and Newman, W. (2006), *Social Work Research Methods: Quantitative and Qualitative Applications*. Boston New York, San Francisco. London/ Bloomington: James Currey/Indiana University Press.
- Lot smart, M. (2007). *The DAC Guidelines: Helping Prevent Violent Conflict*. Paris, France: OECD. 135– 143.
- Malhotra, N. K. (2007). *Marketing Research: An Applied Orientation*. Upper Saddle River, New Jersey: Prentice Hall Pearson International Edition.
- Mercer A, et al (2004),“ Effectiveness of an NGO primary health care program in rural Bangladesh: evidence from the management information system”: *Health Policy and Planning* 19(4) Oxford University Press: pp.: 187-198, accessed on 8th June 2010 from: <http://heapol.oxfordjournals.org/cgi/reprint/19/4/187>.
- Mugenda, O.M. & Mugenda, A. G. (2003). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: African Centre for Technology Studies.
- Ministry of Capacity Building (2004) *Civil Society Capacity Building Program, Zero Draft* 32.
- Ministry of Justice 2007. [Database on Associations and Registered]. Addis Ababa 33.
- Milkie, P (2006) *the role of civil society in promoting democracy and human rights in Ethiopia*, Marianopolis College/Concordia University USA.
- More, C. (2005). *Aid has failed the Pacific: Issue Fund Analysis*. Sydney, Australia.
- Mulugeta, Y. (2011). *The livelihoods Reality of micro and small Enterprise operators: Evidence from word one of Lideta sub city, Addis Ababa, Ethiopia*.
- Namara B.Rose, (2009) "NGOs, Poverty Reduction and Social Exclusion in Uganda" A thesis submitted in fulfillment of the requirements for the degree of Doctor of Philosophy in Development Studies of the Institute of Social Studies, The Hague
- Neuman,W.L.(2006).*Social research methods: Qualitative &Quantitative Approaches*. Toronto: Person

- Norwegian Agency for Development Cooperation (Norad) (2005) The study of the impact of the work for FORUT in Sri Lanka and Save the Children Norway in Ethiopia: Building civil society.
- Porter, G. (2003). Non-Governmental Organizations and Poverty Reduction in a Globalized World: Perspective from Ghana. *Progress in Development Studies* 2 (3), pp. 131- 145.
- Namara B.Rose, (2009) “NGOs, Poverty Reduction and Social Exclusion in Uganda” A thesis submitted in fulfillment of the requirements for the degree of Doctor of philosophy in Development Studies of the Institute of Social Studies, The Hague
- Rathnayake (2021). Effectiveness of a health promotion intervention to address determinants of child neglect in a disadvantaged community in Sri Lanka. *Journal of Health, Population and Nutrition* volume 40, Article number: 48 (2021)
- Saunders, M., Lewis, P. and Thorn hill, A.(2003) *Research Methods for Business students*. Harlow: Person Education Limited.
- Save the Children International Ethiopia country office (2016). Assessment of the operational context and environment for child-focused civil society organizations in Ethiopia.
- Sera, Y. (2010). Resources for Mobilizing Funding for Development Projects. Small Grants Program, Social Development Department, World Bank International Youth Foundation, Baltimore, Maryland USA.
- Sheate, W.R., & Partidario, M. R. (2010). Strategic Approaches and Assessment Techniques: Potential for Knowledge Brokerage towards Sustainability. *Environmental Impact Assessment Review* 30 (1), 278-288.
- Subcontracting Peace -The Challenges of NGO Peacebuilding. Edited by: Richmond, Oliver P, and Carey, Henry F. Published by Ashgate, 2005. Page 21
- Teshome, S. (2012). Access to Housing: a case study in the inner city Addis Ababa. Addis Ababa Ethiopia.
- UNICEF (2020). Child Poverty and Access to Basic Services Qualitative Research Brief: Amhara Region
- USAID (2011): CSO Sustainability Index for Sub-Saharan countries
- Uppsala Addis Ababa, Nordiska Afrika Institute, Forum for Social Studies.44. Weston, A, (1994) Reflections on NGOs, sustainable Livelihoods and promoting an enabling. [www.addisababa.gov.et/gl/web/guest/yeka-sub-city](http://www.addisababa.gov.et/gl/web/guest/yeka-sub-city).
- Zaidi, S. Akbar (1999) NGO failure and the need to bring back the state, *Journal of International Development*. 11, 259-271).

## Appendix

### Appendix I: Research Schedule (Time Frame)

No	Description	<i>November</i>	<i>November</i>	<i>December</i>
1	Prepare research proposal (draft)	*		
2	submitted final research proposal	*	*	
3	Data collection		*	
4	Analogizing and interpretation of data		*	*
5	Editing and writing the final research			*
6	Submission of final research paper			*
7	Preparation and defense			

### Appendix II. Research Budget

No	Item	Unit	Quantity	Cost/birr
1	Paper	One packet	1	220
2	Pen	Single	5	50
3	Ruler	Single	1	20
4	Flash	GB	1	250
5	Transport	.....	.....	500
6	Print	.....	....	250
7	Coffee for information	.....	....	320
8	Related to cost	.....	.....	800
9	Total		.....	2165

## **Consent Form Children participation in the Study**

My name is Meseret Sisay Tadesse I am a social work master's degree student at St. Mary University I am doing my thesis on “Assessment on Effectiveness of Service Delivery to Disadvantaged Children: The Case of Mary Joy- Ethiopia” as a partial fulfillment of the requirement for my Master ‘s of Social Work. First of all, I would like to thank you for your permission to your child to participate in the study data collection. The response of the study participant children plays a paramount role in the completion of the research I am undertaking.

The interview may take an hour. The children names will not be mentioned in any part of the research paper. The time and place of the interview will be arranged at Mary Joy -Ethiopia according to the participants convenience. It is also important to get assured that the participants’ have the right to withdraw from the study at any time or even not to respond to one or more of the interviews. This study is an academic one and the information given will be shared with my advisor and members of the study. I appreciate your cooperation to participate in my study.

Thank you

Name of parent / Custodian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_



**St. MARY UNIVERSITY**  
**POSTGRADUATE STUDIES**  
**INSTITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES**  
**DEPARTMENT OF SOCIAL WORK**

**Dear Participants!**

This data collection instrument is designed and prepared by a student researcher at St. Mary University doing a research paper in partial fulfillment of the requirements of Masters Arts in Social work. With this data collection instrument, the student researcher intends to assess the effectiveness of service delivery to disadvantaged children: the case of Marry joy Ethiopia in Addis Ababa.

You are kindly requested to listen attentively and answer these questions and you are also requested to give a genuine response to the researcher in a face-to-face interview.

**Thanking you for your cooperation.** Your response will be treated confidentially and only be used for academic purposes.

**I. Please tell me the extent to which you agree with each of the following choices**

1. Sex
  - Male
  - Female
2. Age



- 12-13
- 14-15
- 16-17

**3. Educational Background**

- Never attend school
- Primary (1-4)
- Junior (5-8)
- Secondary (9-10)
- Vocational Training

**4. Children status**

- Poor Family
- Separated Family
- Poor health
- Other

**5. What is your cause for Joining Mary Joy Developmental Associations?**

<b>Causes</b>	<b>Tell me the appropriate one</b>
Low Family Income	
Family Separation	
Health Related Problem	
Other	

**6. How do you rate the following specific services delivery that you are receiving from the agency?**

<b>Type of service</b>	<b>Service Delivery in terms of access, equity &amp; time</b>	
	<b>High</b>	<b>Low</b>
Education		
Healthcare		
Psychological		
Food		

Shelter		
---------	--	--

**7. What form of service you are getting from the organization?**

Form of service	Tell me the appropriate one
In Cash	
In Kind	
Mixed in cash & kind	
Total	

**8. Based on your experience, are the Mary Joy Developmental Association's services being delivered to your satisfaction?**

Service delivery	Yes	No
Mary Joy is efficient in time and access of service delivery.		
Mary Joy offers better information services.		
Staff members of Mary Joy work diligently provision of service delivery		
Mary Joy treats all the clients equally		

**9. How would you judge the staff members' support & cooperation in delivering services to clients?**

Options	Tell me the appropriate one
High	
Medium	
Low	

**10. Are you satisfied with the overall effectiveness of the organization service delivery process?**

<b>Options</b>	<b>Tell me the appropriate one</b>
Yes	
No	

**11. What are the problems that reduce the effectiveness of service delivery of the agency?**

<b>Options</b>	<b>Tell me the appropriate one</b>
Lack of coordination among the organization staff members	
Difficulty of managing too many clients	
Unknown reasons	

**12. Does the organization provide services continuously throughout the year?**

<b>Opinions</b>	<b>Tell me the appropriate one</b>
Yes	
No	

## **II. Key Informants Interview**

The interview took place in the organization's Megenagna headquarters. The interview was conducted with five key informants that hold different roles. The positions community affairs, Social workers and staff members of the organization that included three men and two women.

**1. Does the organization work with other pertinent organizations to benefit its beneficiaries?**

What type of service does the organization provide to beneficiaries?

2. What are the criteria set by the organization to select beneficiaries?
3. How strong is the organization's collaboration with other sectors?
4. What are the internal challenges and external challenges Mary Joy Developmental Association faces in delivering services to the service users?
5. How does the organization approach donors?
  
6. What are the measures taken by the organization to solve service delivery process for service users?

### III. Observation Guide

In this part, researcher is prepared a check lists for observation. According to the observation consists of:

1. Over view of the institution offices
2. Staff members interaction with beneficiaries
3. Beneficiaries participation in service delivery and other activities
4. Working and service provision situations of the agency
5. Community or sponsors interaction with the agency
- 6.