Executive Summary
Five million single- or double-orphans are living in Ethiopia today. Some are taken in by remaining family members, but most are placed within childcare institutions where they will stay for many years, usually until they are too old to continue receiving support. Upon exit, they are often forced to begin the transition into adulthood without the proper resources or knowledge of their environment and face immense challenges and risks. Longitudinal research has shown that, of all the identifiable groups in society, young people who have been in care are the most likely to experience poor outcomes in adult life. Care leavers are extremely vulnerable to homelessness, human trafficking, sexual and labor exploitation, depression, and recruitment by gangs or militant groups.

In light of these challenges, during the summer of 2011, the International Organization for Adolescents (IOFA) conducted a needs assessment in Addis Ababa, Ethiopia that focused on identifying the strengths, needs, and risks of orphaned and vulnerable adolescents who are transitioning to independence. The data collected has served to inform the overall Transitions Initiative, led by IOFA, which aims to establish a comprehensive support system for youth aging out of care and to build awareness around the issues that this vulnerable population confronts. The assessment utilized a number of collection methodologies in collaboration with local organizations and adolescents who had already transitioned into adulthood, as well as adolescents preparing for the transition, to inform the final report. These methodologies varied from one-to-one and small group interviews, larger focus groups, and individual surveys. The assessment process included youth who had already aged out as well as youth who were about to age out of care. All investigation techniques aimed to address the following queries:

1) What preparation, if any, is given to adolescents transitioning out of care?
2) Did adolescents who had already aged out of care feel prepared to leave their institution or community care center?
3) What are the fears of youth regarding leaving care?
4) What could be done to better prepare these youth for this developmental stage?
5) What are their resiliencies and strengths?

Our assessment revealed that youth who had already aged out of care were unprepared to find sufficient work once they had left their orphanage or community center. Some participants stressed that, because they were unemployed, they could not afford to go to school. Others talked about feeling forced to choose work over school in order to afford and survive in their day-to-day life. All of the youth who had already transitioned out of care agreed that
the responsibility of taking care of themselves was “just laid” into their hands upon leaving care.

Similarly, for those youth still in or receiving care, results of the needs assessment confirmed that youth face significant and critical challenges. Nearly all participants (95%) felt that they were unprepared to leave care; did not know where they would live (89%), how they would find a job (100%), or how they would earn money (95%). Many spoke of feeling sad and apprehensive. One youth remarked that, “Everything will be dark and I will be scared. Full of sorrow.” At the age of 18, one of the youth participants nearest to aging out revealed that she “feels sick about [her]self” whenever she thinks about the future.

In the following pages, the strengths and needs assessment is described in detail along with the findings of the evaluation. This report concludes with IOFA’s recommendations, including a description of the Transitions Initiative.

**Background**

The United Nations Population Fund (2011) estimates that young people (aged 10-19) account for 1.2 billion members of the world’s population. Of these young people, UNICEF (2009) estimates that over 155 million orphaned youth live in the world today. This figure includes both single- and double-orphans and those who are abandoned due to poverty and other causes of displacement, such as emergencies, conflict, and natural disasters. Orphaned youth often reside in some form of temporary care: orphanages (government or private), kinship care, community care, or simply on their own. In many cases, youth living in care will

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1 The strengths and needs assessment was conducted by two graduate students enrolled with the School of Social Service Administration (SSA) at the University of Chicago (Chicago, Illinois), under the supervision of IOFA’s Executive Director, Shelby French.

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### Contributing Organizations

**International Organization for Adolescents**

IOFA is a 501(c)(3) organization focused on building local capacity and effective partnerships to address its core issues. The mission of IOFA is to improve the lives of young people by addressing critical and emerging issues affecting vulnerable adolescents around the world.

Based in Chicago and entering its second decade of service, IOFA has developed more than 35 direct service and research projects in over 20 countries in Eastern Europe, Africa, Asia, Latin America, and the Caribbean. These projects have included the development and facilitation of multi-disciplinary task forces to combat human trafficking of youth, girls’ leadership and empowerment programs, and assistance to orphaned youth transitioning to adulthood from alternative care.

**University of Chicago School of Social Service Administration (SSA)**

Nikel Bailey and Carly Loehrke joined IOFA in June of 2011 as interns from the SSA graduate program at the University of Chicago. Ms. Bailey will graduate from the University of Chicago in March 2012 and Ms. Loehrke will graduate in June 2012, both with a Master’s degree in Social Work from the School of Social Service Administration. They are considered the “primary investigators” throughout this report.

**Children’s Heaven**

Based in Addis Ababa, Ethiopia, Children’s Heaven currently cares for and supports more than 80 orphaned girls through an innovative community placement and sponsorship program. The mission of Children’s Heaven is to embrace and empower the precious orphaned girls entrusted to their care in an effort to minimize their socioeconomic vulnerability. Through the provision of essential services along with the necessary skills and knowledge, Children’s Heaven hopes to see all their girls lead healthy and productive lives.

Executive Director of Children’s Heaven, Hanna Fanta, worked very closely with IOFA during the summer as they conducted the strengths and needs assessment with adolescent youth in Ethiopia. Adolescents at Children’s Heaven participated in interviews, focus groups, and greatly contributed to the research and data collected by the Transitions Initiative team. Children’s Heaven has also partnered with IOFA to help address this concern regarding adolescents.

**AHOPE Ethiopia**

AHOPE for Children is a non-profit organization whose mission is to serve the children of Ethiopia, with a primary emphasis on caring for orphans infected with HIV/AIDS. In Addis Ababa, AHOPE has two Children’s Homes that provide care exclusively for orphans who are HIV+ and have no extended family to care for them.

AHOPE and its director, Sidisse Buli, assisted IOFA with referring participants to participate in the strengths and needs assessment as well as offering suggestions and advice to IOFA when they returned to the US and continued their work on this project.

**Translators**

Mikiyas Feyissa and Meaza Melaku provided translation during all focus groups and interviews that took place.

Ongoing suggestions and feedback from several community organizations in Addis Ababa are also recognized as contributing organizations:

- Wabe Children’s Aid and Training (WCAT)
- Organization for Children Development and Transformation (CHADET)
- Arat Kilo-Addis Ababa Operational
- Kingdom Vision International
“age out” between the ages of 15 and 18. Dependent upon the support they have been receiving, youth aging out of care are often forced to begin the transition to adulthood without the proper physical, psychological, or economic tools and networks. International research that began in the early 1980s has documented the negative physical, cognitive, and emotional developmental effects of institutionalization in children (Cline, 1979; Kaler & Freeman, 1994; Nelson, Zeanah, Fox, Marshall, Smyke, & Guthrie, 2007; Simsek, Erol, Oztop, & Munir, 2007; Wolff & Fesseha, 1998). However, while the short-term detrimental effects of institutionalization are reasonably clear around the world, there has been little research on the long-term effects of orphanage care on young people who leave or age out, particularly in developing countries (Harwin, 1996; Perry, Sigal, Boucher, & Paré, 2006; Sigal, Rossignol, & Ouimet, 2003). As a result, in a joint report, UNAIDS, UNICEF, and USAID (2004) all called for further research and focus on this population. The World Bank (2004) has also expressed concern with the growing adolescent population:

The problems facing older children (adolescents) have generally been overlooked, not only within the issues pertaining to orphanhood, but more generally within the issues related to health and skills training. The proportion of adolescent orphans to total number of orphans appears very high in most countries, which suggests the need to address issues surrounding adolescents more thoroughly than in the past.

Development of the Adolescent Brain
In light of the specific focus of this research on adolescent youth in care, it is important to consider and understand the context of brain development during this important life stage. During adolescence, the brain begins its final stages of maturation and continues to rapidly develop well into a person’s early 20s, concluding around the age of 25 (Luna, 2005). For youth, this means that the prefrontal cortex, which governs the “executive functions” of reasoning, as well as advance thought and impulse control, is the final area of the human brain to mature. As such, adolescents generally seek greater risks for various social, emotional, and physical reasons, including changes in the brain’s neurotransmitters, such as dopamine, which influence memory, concentration, problem-solving, and other mental functions. Studies show that during adolescence, dopamine has not yet reached its most effective level (Spear, 2003). Furthermore, adolescent youth commonly experience “reward-deficiency syndrome,” meaning that they are no longer stimulated by activities that thrilled them as younger children. This phenomenon often leads youth to engage in activities of greater risk and higher stimulation than they did as children in an effort to achieve similar levels of excitement. It is also important to note that because the frontal regions of their brains are not fully developed, adolescents rely more heavily than do adults on the emotional centers of the brain when making decisions.

Ethiopia
At the height of the HIV/AIDS crisis in the late 1980’s and 1990’s, international agencies began to focus on the plight of Africa’s orphans. Although children who were orphaned in infancy in the 1990’s received a great deal of care and support, IOFA recognizes that these children are now reaching adolescence, and the international interest in them has all but faded away. Just as this population has been overlooked by research in other areas of the world, detailed research on the adolescent orphan population in Africa has been scant and has focused primarily on the issues of orphans in infancy or at prepubescent developmental levels. Little to no research has focused on the specific issues of parentless adolescents, especially as it relates to their transitions to adulthood. Moreover, WHO and UNAIDS data on HIV positive children typically excludes those youth 15-18 years of age (Edström & Khan, 2009). As such, the needs of this population and the importance of this stage of development have been sorely neglected at policy, programming, and research levels.

Ethiopia, one of the countries hit hardest by the HIV/AIDS pandemic, has an ever-increasing number of orphans. FHI 360° (2010) stated that the
number of orphans living in Ethiopia, due to all causes, is well over 5 million. They reported: “This enormous number represents more than 6 percent of the overall population. The reasons for this number are multifaceted, including loss of parents to HIV and AIDS and other diseases such as TB and malaria, high maternal mortality rate, extreme poverty, famine, and migration.”

**Ethiopian Child Welfare State**

In understanding the results of this needs assessment, it is important to consider the macro level context at which the current child welfare state operates. The child welfare state in Ethiopia is primarily dictated by the “Guidelines on Alternative Childcare Programs,” which were prepared and widely disseminated in 2001 by the Ministry of Labor and Social Affairs. The Guidelines were intended to enhance the protection and well-being of children who were in need of alternative care.

In 2008, the Ministry of Women’s Affairs, the government body presently in charge of children’s affairs, conducted a comprehensive assessment to evaluate the effectiveness of the Guidelines. The assessment concluded that, seven years after the introduction of these guidelines, revision and updating was essential. Accordingly, the Ethiopian government, in consultation with childcare institutions, professionals, and children, revised the 2001 Alternative Childcare Guidelines in compliance with the U.N. Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and Ethiopian bylaws. These amended Guidelines currently provide the minimum standard of services to which government, nongovernmental, religious, and other institutions must adhere. Outlined within are measures and good practices to support, care for, and protect children without adequate parental care within the economic, social, and political context of the country (Federal Democratic Republic of Ethiopia, 2009). The Ministry of Women’s Affairs is currently working to translate the Guidelines into local languages and begin mass distribution across the country.

In 2010, in collaboration with the Children’s Investment Fund Foundation, the Ministry of Women’s Affairs, and UNICEF, FHI 360° conducted a report on the state of child care institutions in Ethiopia. The report noted that over the past three decades, thousands of children have been left unaccompanied and in need of care due to causes including drought, disease, and war. FHI 360° provides background on the rise of child care institutions in Ethiopia by explaining that the severe drought of 1984-85 is considered the catalyst for the proliferation of institutional care in Ethiopia. Many child-care institutions were established by both governmental and nongovernmental organizations in response to the drought. The report further explains that, in an effort to find an immediate solution to the growing numbers of unaccompanied children, institutional care was seen as a quick alternative to family-based care, particularly for those children who were left unaccompanied as a result of the death of their parents from famine and those who were put into temporary shelters. Approximately 31 percent of the institutions in operation today were started during that time. Immediately after the 1984 famine, approximately 21,000 children were cared for in 106 institutions, a record number. As of 2008, there were 6,503 children in 87 institutions (FHI 360°).

Today, the number of children living in each care facility varies from institution to institution depending on the capacities of individual organizations. Within the childcare system of Ethiopia, there are a number of different types of residential institutions for children and youth as defined in Article 20(3) of the Convention on the Rights of the Child. For the purposes of the aforementioned study (and for the purposes of all further discussion in this report), FHI 360° defines child care institutions as “an establishment founded by a governmental, nongovernmental, or faith-based organization to give care to unaccompanied children.” A child-care institution may also be referred to as an orphanage, children’s home, or children’s village. A typical characteristic of an institution is that it is “a group living arrangement with paid caregivers.” (p. 2) Additionally, alternative care placements, which are described as formal or informal living arrangements whereby a child is looked after outside of the parental home, are included in our discussion. Such institutions include, but are not limited to, community care, foster placement, and adoption.
The Need for a Transitions Initiative

IOFA strongly believes that adolescence can be one of the most risky stages in a person’s life and that decisions made during this time can have long-lasting effects—a reality even more salient for youth without stable familial or social support. Not only do adolescents engage in activities of greater risk and higher stimulation, but youth aging out of care experience additional difficulties and challenges in making successful transitions from childhood into adulthood. In response to the needs of this growing adolescent community, both in Ethiopia and around the world, and in recognition of the severe dearth of research, IOFA recommends the implementation of the Transitions Initiative: a comprehensive supportive and protective network for young people aging out of care. The Needs Assessment served as the initial stage of this programmatic initiative.

IOFA recognizes that community development efforts are best addressed by mobilizing local knowledge, skills, and resources; thus, IOFA does not aim to create a large-scale administrative presence in each target area. Instead, IOFA will find local NGOs interested in the Transitions Initiative and in collaboration around project development, expansion, and access to new avenues of support via IOFA’s funding base. IOFA’s goal is to increase the attention, resources, and appropriate methods for responding to this neglected group through already existing efforts, networks, and pertinent organizations.

Having conducted initial assessments in both Cambodia and Ethiopia, IOFA’s findings demonstrate that orphaned youth are unprepared and often unaware of the challenges of the aging out process. Most often, they lack critical life skills and a secure place to live when they leave care. They are extremely vulnerable to human trafficking, sexual and labor exploitation, and recruitment by gangs, organized crime, and militant groups.

The populations who are the focus of this project are vulnerable and orphaned youth, defined as youth who have lost one or both parents or youth who are socially orphaned. Our assessment focused specifically on youth who identified as having had: a) institutionalized or formal care (government or NGO managed care centers); or b) kinship or community care. Youth are often considered adolescents between the ages of 12 and 15, as this is the average age at which children begin taking on adult responsibilities in a stable family situation.

In light of the limited information and research regarding adolescent youth aging out of alternative care in Ethiopia, IOFA conducted a strengths and needs assessment in Addis Ababa that included interviews and focus groups with youth who have aged out of care, as well as youth who were still in care.

Image 1. Youth already aged out of care working together to created responses for the first group activity.

Methodology

The strengths and needs assessment of the Transitions Initiative was compiled by gathering youth stories, experiences, and opinions through a number of modalities, including interviews, focus groups, and surveys. This section will provide a brief description of the overall process used by IOFA researchers.

IOFA reached out to local community centers and orphanages to gather participants for the concentrated focus groups to identify youth who were currently in care or had previously been in care. Representatives from each organization replied via e-mail to the IOFA research team with a list of recommended youth participants, including their contact information. A total of 5 organizations, comprising group homes and community centers,
Conducted to this process, resulting in a total of 20 participants still in care and 19 participants who had aged out of care. Following this process, each participant was contacted over the phone or face-to-face by a translator or care center staff member and presented with an invitation to participate in the focus group research. Specific times and locations of the focus groups were revealed to participants after they had agreed to attend. Prospective participants were also assured that they would be reimbursed for travel expenses as well as provided with food and beverages during the focus group.

It is important to note that each organization reported transitioning their children out of their programs at various ages, and therefore recruitment was not limited to a narrow age range. While youth often exit care around 18 years of age, IOFA learned that teenagers as young as 13-16 had been forced to leave their care centers.

IOFA hired two translators to assist in recruiting participants and to co-facilitate the focus groups. Both translators held Master’s degrees from Addis Ababa University and had experience in social work. Each focus group took place at Children’s Heaven, with one exception where children who resided in orphanage care were allowed to conduct their focus group at their local care center.²

While the focus groups comprising youth still in care and those with youth who had already aged out of care differed slightly in design, the overall aim remained the same: to encourage the youth participants, through interactive exercises, to share their thoughts, experiences, and feelings about leaving care. Due to the potentially sensitive nature of the discussions, participants were asked to complete consent forms, written in their first language, Amharic, and read aloud by translators to ensure that their meaning was clearly understood.

Youth Already Aged Out of Care
A total of 18 youth participated in 3 separate focus groups taking place over 2 weeks’ time. During sessions co-facilitated by translators, youth were lead through a series of progressively building exercises meant to qualitatively inform the IOFA research team regarding their individual fears, strengths, and needs associated with the process of transitioning to adulthood.

After addressing any initial questions or concerns, group facilitators and translators presented each group with a visual aid depicting a sunny column for positive experiences aging out of care and a stormy cloud to represent negative experiences. A visual representation of the poster is shown below.

![Visual Aid](image)

Figure 1. Opening focus group activity depicting two columns for positive experiences (sunny side) and negative experiences (stormy side) upon leaving care.

With rectangles of brightly colored paper, participants were first asked to fill in the sunny side of the poster with all of the good things, feelings, or experiences that took place upon leaving care. Participants were encouraged to write or draw pictures to illustrate their responses. Each group had 15 minutes to complete this part of the activity and were encouraged to ask questions if needed.

Once the sunshine column was completed, the facilitators then asked participants to repeat the process on the stormy side of the poster, relaying information regarding all of the bad or negative things that happened, or experiences or feelings they had, upon leaving care. Again, participants were encouraged to write or draw pictures and were given 15 minutes to complete this part of the activity.

²Children’s Heaven is a local community center in Addis Ababa, Ethiopia. The Executive Director of IOFA had built a partnership with Children’s Heaven over several years, and Children’s Heaven agreed to offer their facility for any activities that IOFA needed while in Ethiopia. See Contributing Organizations for additional information.
Upon completion of both the sunny side and stormy side, the groups presented their responses, explaining each rectangle while the facilitators and translators took notes and posed questions if needed for clarification. After these presentations, each participant was handed a sticker to place on a response rectangle under the stormy cloud to indicate which negative experiences had most affected them personally. The responses identified by the most participants were considered to be the issues of greatest concern, and were consequently pulled by facilitators for use with the next activity.

Using these responses, participants continued their focus group with a solution-centered activity modeled through a diagramed “tree.” Again, based on their responses to the previous activity, youth were asked to write or draw the reasons that led to this problem or concern. With the tree as a model, these specific responses graphically represented the roots. Next, participants were asked to brainstorm better alternatives to the problem—these were graphically represented by apples or fruit at the top of the tree. For example, if the problem that had previously received the most votes was “no job,” then the alternative could be employment or to have a family that could provide financial support. The next step in the tree exercise was for the youth participants to construct the trunk of the tree, consisting of various ways to get from the roots (i.e., the causes of the problem) to the apples (i.e., the better alternative). Please see to the right for an image of a “focus group tree” following the completion of all three levels.

Finally, it should be noted that following the discussion and conclusion of each focus group, youth were informed that if they wanted to share more about their experience leaving care and transitioning into adulthood, they could participate in individual interviews with a facilitator and translator.

**Youth Still in Care**

A total of 19 youth participated in 2 separate focus groups, which took place over the course of a weekend. Translators co-facilitated the sessions as youth were lead through a series of progressively building exercises meant to qualitatively inform the IOFA research team regarding the individual fears, strengths, and needs of youth preparing to transition out of care.

After addressing any initial questions or concerns, group facilitators and translators presented each group with a visual aid for their first activity. Modeled on the ideas of the Dr. Seuss children’s book, *Oh! The Places You Will Go!*, this activity aimed to answer the question, “What is your plan when you leave care?”

Using brightly colored pieces of paper, facilitators asked participants to indicate where they would go or what they would do to fulfill the following needs upon leaving care: school, food, clothing, emotional support/advice, financial, and housing. Participants were encouraged to write or draw pictures to illustrate their responses and to give multiple answers for each category. Groups had 25 minutes to complete this part of the activity and were supported in asking questions if needed.

After placing each group’s responses under or next to the corresponding need category, groups presented their responses to the overall group, explaining their written or illustrated response on
each rectangle while the facilitators and translators took notes and posed questions of clarification.

Please see the images on the following page for visual reference of a before and after “Oh! The Places You Will Go!” board.

Once the presentations were completed, groups were asked how it felt to think about fulfilling their needs independent of the organization from which they were currently receiving care. This was done in an effort to monitor the group’s emotional

Image 3. Beginning focus group board for Oh! The Places You Will Go! for Ethiopian youth preparing to age out of care.

pulse regarding a potentially delicate and difficult topic, especially for those youth who had not previously considered their future and the process of aging out of care.

The methodology of the second activity for youth preparing to age out of care mirrored the opening activity for youth who had already aged out of care. Adjusted for the context of youth preparing to age out of care, the sunny column represented “hopes” upon leaving care, while the stormy column depicted “fears” of the youth participants.

With rectangles of brightly colored paper, participants were first asked to fill in the sunny side of the poster with all of their hopes, feelings, or anticipated experiences upon leaving care. Once the sunny column was completed, the facilitators then asked participants to repeat the process on the stormy side of the poster, listing all their expected

Image 4. Completed focus group board for Oh! The Places You Will Go! for Ethiopian youth preparing to age out of care.

fears, experiences, or feelings upon leaving care. Again, participants were encouraged to write or draw pictures and were given 15 minutes to complete this part of the activity.

Upon completion of both the sunny side and stormy side, groups presented their responses to the overall group, explaining each rectangle while the facilitators and translators took notes and posed questions when needed for clarification. Once the presentations were completed, each participant was handed a sticker to place on the response rectangle under the stormy cloud, indicating which responses made them most afraid or nervous. Facilitators made note of the responses with the most votes. After completing this exercise, participants proceeded to the final task.

Targeted at identifying the youth participant’s potential strengths and resiliencies, as well as ways in which the care organizations could better serve their youth, the final exercise employed a methodology similar to that of the sun and storm two-column chart activity.

Using brightly colored pieces of paper, facilitators asked participants to first list what skills or lessons they have learned at their care center that will aid them upon leaving care, and then to list what skills or lessons they wish their care center would teach them before they leave to help them overcome their fears. As before, participants were encouraged to write or draw pictures to illustrate their responses and were encouraged to give multiple answers for each category. Groups had 15 minutes to complete
this part of the activity and were supported in asking questions if needed.

Upon completion of both sides of the diagram, groups presented their responses to the overall group, explaining each rectangle while the facilitators and translators took notes and posed questions for clarification. Please see the image on the following page of a completed “learned” and “want to learn” board. In this instance, the boy on the left with books in his wagon represents a youth with knowledge (i.e. what the participants already know) and the girl on the right, reading the book, represents a youth wanting to know more (i.e. what the participants hope to learn).

Finally, upon completion of all focus group activities, facilitators asked youth who were still in care to complete a short 30-item survey. Originally written in English, the survey was translated into Amharic and orally administered, question-by-question, as youth participants followed along with their English copy.

It is important to note, with regard to the methodology of the survey, that all survey questions, prior to their administration, were first assessed for cultural and group appropriateness by the translators and facilitators. As such, several questions regarding sexual practices or experiences were removed from the survey given to youth participants. Please see appendix A for the complete survey, with all questions included.

It should also be noted that, following the discussion and conclusion of the focus groups, youth were informed that if they wanted to stay and share additional information about their thoughts or feelings regarding their impending transition into adulthood, they were welcome to participate in individual interviews with a facilitator or a translator at the conclusion of the surveys.

**Findings**

In-country needs assessments, conducted over the course of several weeks with adolescents, welfare organizations, and professionals, reaffirmed previous research that this transition from care to independence poses significant and critical challenges, which currently receive little attention from governments, NGOs, or the general public.\(^3\) This further confirmed the critical need for additional support for youth aging out of care. Both youth who had already aged out of care and those youth who were preparing to age out of care expressed the need for information and transitional assistance to be available for young people who are reintegrating into their communities.

The following pages aim to highlight, in greater detail, the results and responses of our strengths-based needs assessment focus groups.

**Youth Already Aged out of Care**

Of the 19 youth originally contacted for the focus group research, 18 were able to participate. 10 were male and 8 female, with an average age of 20. In this group, the average age at which adolescents

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\(^3\) As noted in the **Contributing Organizations** section, information for the in-country needs assessment were derived through the collaboration of the International Organization for Adolescents (IOFA), Children’s Heaven, AHOPE Ethiopia, Kingdom Vision International, Wabe Children’s Aid and Training, and the organization for Child Development and Transformation Ethiopia.
aged out of care was 18 years old, with youth reporting that they had entered care as early as age 6.

The majority of this group (50%) were single- or double orphans (33%). Only one participant reported living with both of her biological parents. Many participants stated that they were neither working nor attending school, although some were working but not enrolled in school. Only two participants reported that they were both attending school and working. These individuals lived with a close family member, such as a brother or sister.

The information highlighted in the following pages details the responses youth who had already aged out of care gave during the focus group activities described in the methodology section of this report.

Reported Responses from Focus Group One

**Activity One:**

Positive (Sunshine Column)

All youth mentioned that the opportunity to access vocational skills training had created hope in them and helped them to develop a positive outlook on the future.

Negative (Stormy Column)

The most commonly mentioned negative experience youth had upon leaving care was the difficulty they faced in securing employment. They also stated that the training they had received while in care or in school had not made them competent enough to compete against graduates in the market with better training and diplomas. They claimed that the lack of an educational degree hurt them as they look for jobs. Furthermore, they mentioned that they did not receive additional support, as promised by the organization, such as financial support to purchase equipment needed to start their own businesses. The youth have also reported that the training centers could not provide adequate practical exercises because of budget constraints. Of these responses, the highest-rated (i.e. received the most “sticker votes”) was being unable to get a job or unemployment.

**Activity Two:**

The Root—youth gave the following responses:
- Inadequate training (the training they had was only for five months while other training institutions provide one year of training).
- Employers did not choose them
- The training that they accessed was nothing-quality (three out of five said that the trainers were not competent)

The Apples—youth gave the following responses for better conditions or alternatives to the chosen problem:
- Being self-employed
- Supported by their parents
- Temporary work (selling cake powders, tutoring children, work as volunteer, etc., for minimal pay)

The Stem—youth gave the following responses for how to reach their proposed ideal solutions:
- Financial support or capital to purchase working equipment and machinery
- Accessing to training of better quality and longer duration

The confidence to face the world and being accepted into university. Despite these enhanced capacities, however, youth were also quick to reveal that they still wished for some support from their former organization, typically with material needs: laptops.
and other educational equipment.
Reported Responses from Focus Group Two

Activity One: Positive (Sunshine Column)
After aging out of care, youth stated they were proud that they were no longer recipients of aid and that they felt mature, using their skills and knowledge to serve their community. In realizing that they could live without help from the organization, they stated they developed positive feelings of independence and self-sufficiency. Furthermore, youth were made happy by the opportunity to learn a new culture in a new environment. Finally, youth with younger siblings or younger friends believed that their own experiences in leaving care gave them tools to provide improved opportunities and guidance to their younger counterparts.

Negative (Stormy Column)
Participants stated that expenses, particularly school expenses (especially for those who left care prior to graduating from high school), were the most challenging aspect of leaving care. Medical expenses were also mentioned. In addition, a common thread was the negative feeling of detachment from both the environment of which they were familiar and their friends with whom they had been most intimately attached while in care. Of these responses, the highest-rated (i.e., received the most “sticker votes”) was inability to fund their education.

Activity Two: The Root—youth gave the following responses:
- Lack of available school scholarships
- Poor family economic background

The Apples—youth gave the following responses for better conditions or alternatives to the chosen problem:
- Ability to live independently and without receiving aid,
- Ability to serve their communities and country using their knowledge
- Ability to support a family

The Stem—youth gave the following responses for how to reach their proposed ideal solutions:
- Securing scholarships for school,
- Establishing strong relationships with helpful people,
- Identifying organizations and individuals that will offer support,
- Building awareness with society of the advantages of knowledge and education.

Reported Responses from Focus Group Three

Activity One: Positive (Sunshine Column)
Following the establishment of a basic phase-out program, participants in this third group noted increases in self-confidence and self-esteem upon aging out of care. They stated that awards given to high-achieving students of the program encouraged them to pursue goals such as acceptance and attendance at local universities. Finally, youth reported that income-generating trainings given while still in care gave them positive entrepreneurial insights upon leaving.

Negative (Stormy Column)
Many participants focused on the difficulties they faced in balancing both their financial and educational needs. Participants felt that they could no longer fulfill their educational expenses, including the purchase of educational materials. In addition to financial and educational burdens, one youth expressed concern over the additional obstacles she faced upon leaving care, as she immediately became the primary care giver of her family. Finally, although this group felt positive about the trainings they had received while still in care, they revealed that the gap after leaving care had caused them to forget much of this information. Of these responses, the highest-rated (i.e., received the most “sticker votes”) was inability to balance both academic and work responsibilities.

Activity Two: The Root—youth gave the following responses:
- Needing to work to earn money,
- Needing to work to fulfill basic needs,
- Needing to work to support families,
- Shortages of money,
- Time available for education is constrained by financial issues

The Apples—youth gave the following responses for better conditions or alternatives to the chosen problem:
- Securing professional jobs,
- Finding lucrative employment,
- Having a happy family

The Stem—youth gave the following responses for how to reach their proposed ideal solutions:
- Being well educated,
- Accessing (external) financial supports,
- Social support from neighbors and relatives, including moral support and advice,
- Educational support (external),
- Food support (external),
- Developing self-reliance
Youth Still in Care

Of the 20 youth originally contacted for the focus group research, 19 were able to participate. 6 were male and 13 female, with an average age of 15. Participants had been in, or had been receiving, care for an average of 5 years.

The majority of participants were among the first group of orphaned youth that had aged out of care from each organization; therefore none had any knowledge or anecdotal experience about the aging out process.

The following is a description of the responses that youth still in care gave during the focus-group activities described in the methodology section of this report. It should be noted that, because many of the youth participants from both the first and second focus groups provided similar responses during the activities, all responses have been combined into a table on the following page. Please refer to Table 1 for the complete list of participant responses.

Overall, participants expressed that they looked forward to increased independence and interactions with the outside community upon leaving care. They also believed that their religious faith would provide them with strength and guidance, which was very comforting to them. On the other hand, the greatest fear expressed by participants was the possibility of pressure from the community to engage in behaviors that they deemed shameful and dangerous, such as crime, sexual activity, and drug use. Many participants also expressed a fear that once they left care, their family members and friends would not be able to care for them as promised.

The primary skill that participants felt they had learned in care and that would help them succeed in their transition to adulthood was their knowledge of crafts and homemaking, including embroidery, weaving, cooking, and washing clothes. Before

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Reported Responses from Focus Group One
Activity One: Oh! The Places You Will Go!

Advice
Youth replied that God would help them in every aspect of their lives. Even if God could not make everything all right, He could give them emotional strength during low times. Participants also believed that God was the one who would encourage others to help them.

Housing
Youth viewed housing in two contexts: losing their family home and losing the shelter or the organization. In case of losing their family home, participants were at a loss regarding available alternatives, including staying with a neighbor or relative.

Money
For youth in this focus group, money was the highest priority, and participants reported that they would do anything for work and money, including giving up educational opportunities. Youth reported that some of their job opportunities included washing clothes, baking injera, and hair dressing. They indicated that employment brokers could link them with potential employers. Begging on the street was also raised as a last resort.

Food, Clothing, and Education
Participants initially left the categories under food, clothing, and education empty. They explained that, without money, they will have no opportunity to gather food and clothing or to pursue education. When pushed for further responses by the facilitator and translator, participants discussed the possibility of working during the day and attending school through an evening program. They hoped for the possibility of outside support from individuals in the form of food and school assistance. The group concluded that, when the other options are not realistic, they will be forced to beg.
leaving care, all participants expressed a desire to gain skills in computer technology and language proficiency. One youth stated that this would help him both academically and with his interactions with the global community.

**Reported Responses from Focus Group Two**

**Activity One: Oh! The Places You Will Go!**

**Advice**
Youth replied that they would seek advice from their relatives and friends.

**Housing**
The only option that the youth foresaw was to live on the street.

**Money**
Youth felt that begging on the street was the only viable alternative if their organization could no longer provide support.

**Food**
Participants believed that they could ask hotels and restaurants for leftovers.

**Clothing**
Nearly half of the participants responded that they would have source of clothing. Others responded that they would go to donors and individuals who provide used clothing.

**Education**
Youth responded that they would seek free government-provided education and/or seek out charity schools with which they were familiar, and which the youth believed would provide free or reduced-cost education.

**Limitations**
While the findings of this needs assessment provide a great deal of information about the needs and experiences of youth aging out of care and are a valuable addition to the scant research on this population, IOFA recognizes that there are several limitations to our research. First, focus groups were limited in numbers of both youth participants and participating organizations. As a foreign NGO conducting research in Ethiopia, the IOFA team was constrained by the relatively small number of organizations that: 1) were willing to collaborate; 2) were familiar with IOFA’s mission and the Transitions Initiative; and 3) had maintained contact with youth who had already aged out of their care programs. The sample size for this needs assessment is therefore small and any generalizations made based on it should be made with caution.

Furthermore, the participants were limited to youth receiving some amount of alternative care in Addis Ababa, Ethiopia; the results of this research are best understood in that context and should be applied with caution to similar, yet distinctly different, populations—for example, street children. The experiences and needs of street children may be vastly different from those of orphaned youth and thus may not map onto the needs and risks for participants in IOFA’s needs assessment research.

While IOFA designed each focus group activity to generate conversation and gather information about youth aging out of care, we recognize that the structured design may have had limiting effects, particularly for youth who had already aged out of care. While the research successfully identified risks and challenges that can inform curriculum design, future research should strive for a more strengths-based approach that more accurately identifies how youth who had already aged out of care made the transition on their own. Topics might include how youth earned money, how they fulfilled their needs, etc.

Finally, IOFA recognizes both the necessity and challenges of working with translators when facilitating focus groups, interviews, and survey research. It is certain that despite best efforts, errors in translation were made both in meaning and explanation; however, IOFA is confident that this has not affected the overall results of the needs assessment research.