

PSYCHOSOCIAL WELL-BEING OF CHILDREN AND
YOUNG PEOPLE INVOLVED IN THE DDP/BERHAN
LEHETSANAT INCLUSIVE EDUCATION PROJECT FOR
DISPLACED CHILDREN AT THE MEKANYESUS IDP
CENTRE IN SOUTH WOLLO ZONE, ETHIOPIA

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Project Assessment Research on Inclusive Education for Displaced Children in South Wollo Zone, Ethiopia: Submitted to Berhan Lehetsanat (BL) and Disability and Development Partners (DDP) For Evaluating Project Impacts on The Psychosocial Well-Being of Children and Youth.

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ABSTRACT

This study evaluates the psychosocial well-being of children and young people involved in the Inclusive Education for Displaced Children project by Disability and Development Partners (DDP) and Berhan Lehetsanat (BL) in the Mekaneyesus IDP settlement of South Wollo Zone, Ethiopia. It aims to assess the project's impact on educational access, psychosocial support, and social inclusion for internally displaced persons (IDPs). The research utilizes a mixed-methods approach, combining quantitative surveys, qualitative interviews, and focus group discussions. Key findings indicate significant improvements in children's access to education and psychosocial support, although challenges such as resource allocation and infrastructure accessibility remain prevalent. The study highlights the importance of integrating psychosocial support within educational frameworks to enhance displaced children's overall well-being while emphasizing the need for continued community engagement and resource investment. The Qualitative insights underscore conflict and ethnocentrism as root causes of displacement, exacerbating trauma and psychosocial distress among children. The project facilitated social integration and educational continuity, yet material needs (e.g., nutrition, scholastic material and psychosocial supports) and sustainable livelihood solutions remain critical. Recommendations include expanding adult education, enhancing resource allocation, and fostering community-driven sustainability strategies. This study highlights the importance of integrating psychosocial support with inclusive education to address the multifaceted vulnerabilities of displaced children, advocating for holistic, long-term interventions to promote resilience and equity.

Key Terms: Psychosocial well-being, inclusive education, displaced children, South Wollo, Ethiopia.

ACRONYMS AND ABBREVIATIONS

BL	Berhan Lehetsanat
BMC	Biomed Central (Publisher of BMC Public Health)
CFS	Child-Friendly Spaces
CRC	Convention on The Rights of The Child
CwDs	Children with Disabilities
DDP	Disability and Development Partners
EDP	European Digital Publishing (Publisher of EDP Sciences)
FGDs	Focus Group Discussions
IDP	Internally Displaced Persons
NGO	Non-Governmental Organization
PwDs	Persons with Disabilities
SD	Standard Deviation
SHS	Social and Human Sciences (Publisher of SHS Web of Conferences)
SPSS	Statistical Package for The Social Sciences
UK	United Kingdom
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
IEDC	Inclusive Education for Displaced Children

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INTRODUCTION

1.1 Background to the Study

Displaced individuals are more likely to experience mental health issues. Exposure to traumatic events, food insecurity, and prolonged displacement contribute to a greater likelihood of mental health challenges among internally displaced persons (IDPs). Previous studies in Nigeria, Ethiopia, Georgia, and Kenya consistently show that IDPs are more prone to mental health conditions than the non-displaced population. In Ukraine, 25% of IDPs faced depression compared to 14% of the general population. The estimated prevalence of depression among the global population is 3.4 percent, which is nearly nine times lower than the estimate for displaced populations (Taylor & Kaplan, 2023). Displaced children encounter heightened risks of exploitation, violence, and recruitment into the armed forces, further complicating their psychosocial well-being and frequently disrupting education, which impacts their long-term development and future opportunities (National Refugee Council, 2022).

The ongoing humanitarian crises in Ethiopia's South Wollo Zone, fueled by conflict, drought, and displacement, have disproportionately affected children, resulting in over 200,000 IDPs in the region (UN OCHA, 2023). Displaced children face compounded vulnerabilities: disrupted education, exposure to trauma, and systemic exclusion, particularly for those with disabilities. In Ethiopia, only 32% of displaced children are enrolled in formal schooling, while psychosocial distress—manifested as anxiety, depression, and social withdrawal further undermines their ability to thrive (UNICEF, 2022). The Convention on the Rights of the Child (CRC) emphasizes every child's right to protection, care, and recovery in environments that promote dignity and inclusion (Article 39). However, in crisis settings like South Wollo, these rights remain unrealized. Humanitarian responses often prioritize immediate physical needs over psychosocial and educational support, leaving children without essential tools to process trauma or rebuild social connections (Welton-Mitchell, 2013). Child-friendly spaces (CFS), which are safe and structured environments that provide play, learning, and psychosocial support, have proven effective in emergencies, enhancing cognitive, emotional, and social resilience while mitigating risks of exploitation and harm (Hermosilla et al., 2019). Nevertheless, their integration with inclusive education systems is often fragmented, especially for children with disabilities. For displaced children with disabilities, exclusion is multifaceted: inaccessible infrastructure, stigma, and untrained teachers frequently prevent them from accessing classrooms. Research shows that integrating psychosocial support into inclusive education not only improves academic outcomes but also fosters emotional well-being and social cohesion. For example, trauma-informed teaching methods and peer support networks can reduce stigma and empower children to engage meaningfully with their communities (Nemiro et al., 2022).

Families also benefit from holistic approaches, as caregiver involvement enhances children's adaptive capacities and strengthens community support networks (Imaniah & Fitria, 2018).

Disability and Development Partners (DDP) is a UK-based organization that collaborates with partners to advocate for the rights of persons with disabilities, prioritizing inclusive and sustainable solutions to poverty and exclusion. In Ethiopia, DDP amplifies the voices of marginalized individuals, ensuring equitable access to education and social services (DDP, 2019). Berhan Lehetsanat is an Ethiopian NGO with 27 years of expertise in disability inclusion that empowers vulnerable children through community-based interventions. Their work in South Wollo focuses on accessible education, gender equity, and psychosocial support, aligning with national development goals (Berhan Lehetsanat, 2015).

1.2 Leading Research Questions

1. What are the root causes for the displacement of persons living in and around the Mekane Eyesus settlement?
2. What are the psychosocial challenges and problems affecting internally displaced children at the Mekane Eyesus site?
3. What is currently being done to address the psychosocial challenges and problems of displaced children including children with disability?
4. What have been the effects of psychosocial well-being and educational efforts, and what additional interventions are needed?

1.3 General Objective of Study

Assess the impact of the DDP/Berhan Lehetsanat Inclusive Education for Displaced Children project on the psychosocial well-being of children and youth in the Mekaneyesus IDP settlement, South Wollo Zone, Ethiopia.

1.3.1 Specific Objectives

1. To investigate the nature and causes of psychosocial issues among displaced children and young people
2. To help understand how psychological challenges can be addressed and wellbeing improved
3. To capture changes in psychosocial and education throughout the research period
4. Evaluate the psychosocial well-being of displaced children enrolled in the DDP/Berhan Lehetsanat project

1.4 Scope of Study

This study focused on Internally Displaced Persons (IDPs) residing in the settlement in the Tehuledere woreda of Amhara National Regional State, Ethiopia. The research began in December 2024 by collecting organizational records, observational checklists, and relevant administrative documents. Subsequently, mixed-methods data collection comprising both quantitative surveys and qualitative interviews was conducted from January 2025 through the first week of February 2025.

2. Methods and Materials of The Study

To achieve the study's objectives, an explanatory sequential mixed methods design was employed. This approach involves two distinct phases: first, collecting and analyzing data, followed by qualitative data collection to interpret, contextualize, and elaborate on the initial quantitative findings. Grounded in Creswell's (2012) framework, the rationale for this design lies in its capacity to use quantitative results to outline broad patterns related to the research problem, while qualitative data provide nuanced insights that deepen understanding of these trends. Integrating both qualitative and quantitative, the study effectively addresses psychosocial knowledge gaps and informs potential improvements.

2.1 Sample Size and Sampling Techniques

This study utilized systematic sampling for quantitative data and purposive sampling for qualitative data. Systematic sampling is a probability sampling technique where every k^{th} member of the population has been selected. This method is highly valued for its ability to produce statistically representative samples, which allows for generalizations about the population from the sample data (Thomas, 2020). In this study, 144 children living in IDP camps participated in a survey alongside their caregivers. The survey included input from teachers from three project target schools (Haik No 2, Haik Secondary Preparatory, and Bora Secondary School), with four teachers per school, as stakeholders' education and women's affairs, IDP committee members, and community representatives from Haik 04 Kebele also took part.

Purposive sampling, on the other hand, is a non-probability sampling technique used in qualitative research to select participants based on specific criteria (Vijayamohan, 2022). The purposive method is useful when the researcher has a clear idea of the characteristics or attributes they are interested in and wants to select a sample representative of those characteristics (Heath, 2023 & Palinkas, et al., 2015). In the qualitative portion of the study, participants included children's family members, teachers, IDP committee members, community representatives and others, selected based on the specific questions addressed.

The selection criteria for beneficiaries included their direct involvement in the projects, willingness to participate in the study, and ability to provide detailed insights about the project and their experiences. These inclusion criteria ensured that the sample was reliable, resulting in comprehensive and valid data collection. Consequently, the study effectively gathered the necessary information to address its research questions and objectives.

2.2 Methods of Data Collection and Data Analysis

The researcher employed a mixed-methods approach, utilizing a survey to collect quantitative data. This method allowed for the efficient acquisition of extensive data from a large participant group

within a relatively short period (Kothari, 2004). The survey data were gathered using KOBO tools and analyzed with SPSS version 21.0. The data preparation phase involved verifying the completeness and accuracy of the survey data after collection. Descriptive statistical calculations such as mean, frequency, and percentage were performed to describe and summarize the demographic and socio-economic characteristics of the data, with results displayed in tables, charts, and figures. The qualitative data were also collected following interview guidelines, FGD guidelines, observational checklists, and case studies; these components underwent thematic analysis as well. The thematic analysis included coding the data, identifying or categorizing, analyzing, and reporting patterns or themes within the collected data in narrative form (Creswell, 2012).

3. RESULTS AND DISCUSSIONS

3 Key Findings and Analysis

The quantitative analysis part is organized in two parts. The first part displays the socio-demographic aspects of program participants and concerned bodies like community members, teachers, and other stakeholders. The second part of the analysis is concerned with Likert scale questions employed to assess the effectiveness of the program. The diverse Likert scale questions were categorized into six different themes, namely: accessibility and infrastructure, educational support and inclusiveness, psychosocial support, parental involvement and their attitude towards the program, stakeholder engagement, and program implementations.

3.1 Participants' Socio-Demographic Representations

Table 1; Gender of Respondents

No	Variable		Frequency	Percentage (%)
1	Gender of caregiver	Female	34	23.6%
		Male	110	76.4%
		Total	144	100%
	Gender of the child participant	Girl	64	44.4%
		Boy	80	55.6%
		Total	144	100%

2	Gender of the community representative or the Kebele administration participants who administer the host community and IDP, also they work with different projects like BL to enhance peace, food, and the general living situation of the host and IDP	Female	3	50%
		Male	3	50%
		Total	6	100%
	Gender of the community child	Girl	2	33.33%
		Boy	4	66.67%
		Total	6	100%
3	Gender of the teacher participant	Female	6	50%
		Male	6	50%
		Total	12	100%
4	Gender of Stakeholders (includes women, children, representatives from social affairs, and the education office. Their role is to monitor project activities and provide support according to the project agreement and plan.	Female	1	25%
		Male	3	75%
		Total	4	100%
5	Gender of the IDP committee	Female	1	25%
		Male	3	75%
		Total	4	100%

Source: own survey January 2025

Gender of respondents: Table 1 shows the gender composition of program participants and different concerned bodies. The IDP caregiver participants' gender percentage does not indicate the persons living in the IDP settlement; this shows the participants' willingness to take part in the survey. The participants were selected based on their willingness and criteria of having a good expression of their experiences, giving responses for more accuracy for the program. In addition, during the survey home-to-home visiting and data collection time, males made more responses to the survey question than females, and females pushed their husbands to respond to the questions.

Among stakeholders and IDP committee members, including kebele administration, community leaders, and village leaders, males dominate, making up 75% of both groups, while females represent only 25%. This underrepresentation of females in leadership or decision-making roles is a significant concern, as diverse perspectives are essential for effective decision-making and community engagement. Overall, while some areas demonstrate balanced gender representation, others indicate a need for strategies to enhance female participation and representation, especially in leadership roles.

Table 2; Age of Participants & household information

No	Variables	Mean	Median	Mode	Min	Max	Std. devi	Range
	Age of caregiver	41.5	40	35	26	65	9.51	39
1	Age of child participant	10.8	11	12	2	20	4.99	18
2	Age of community rep.	43.0	42.5	32	32	58	9.47	26
3	Age of community child	11.3	12	3	3	19	6.77	16
4	Household size for caregiver	4.9	5	4	2	12	1.67	10

Source: own survey, January 2025

Age of participants. The average age of the caregiver was 41.5 years, and that of community representatives was 43 years, indicating that they represent the working or economically productive parts of the population. However, in the current situation, these IDP settlers of participants of the study, or caregivers of children, are out of jobs; their productivity is hindered due to their displacement from the working areas. Nowadays, many individuals find themselves idle throughout the day due to a lack of job opportunities that match their skills, and they also depend on the

government, humanitarian organizations, and community support. The average age of child participants was 10.79 years, showing that the BL program targets children at a critical stage of their development. These children require holistic development, academic, mental, and psychological development, and the ages are also base for all future life of the children. .The range and the standard deviation indicated an age variation among caregivers and participant children.

Table 3:Marital status of caregivers and community representatives

No	Variable		Frequency	Percentage (%)
1	Marital status of the caregiver	Married	109	75.5%
		Widowed	9	6.3%
		Divorced	26	18.1%
		Total	144	100%
	Marital status of the community rep.	Married	4	66.66%
		Widowed	1	16.67%
		Divorced	1	16.67%
		Total	144	100%

Source: own survey January 2025

This predominance of married caregivers suggests a relatively stable family structure, which can be beneficial for child development and overall program engagement. A stable family environment often provides emotional and financial support, fostering a nurturing atmosphere conducive to children's growth.

However, the presence of divorced caregivers (18.1%) may indicate potential challenges within family dynamics. Divorced individuals might face additional stressors, such as financial instability or emotional distress, which could impact their ability to provide support for their children. This scenario highlights the need for psychosocial support for targeted children who may have double tension with displacement and conflicts of psychosocial problems. Overall, the marital status data suggests that while the majority of caregivers and community representatives are in stable marital situations, the presence of divorced and widowed individuals calls for attention to their unique challenges.

Table 4; Educational level of caregiver and community representatives

No	Variable		Frequency	Percentage (%)
1	Educational level of caregiver	Illiterate	109	55.6%
		Read and write	9	34.7%
		Elementary (1-8)	26	8.3%
		Secondary (9-12)	1	0.7%
		Preparatory (11-12)	1	0.7%
		Total	144	100%
	Educational Level of Participant Child	Not enrolled	4	66.66%
		Preprimary	1	16.67%
		Primary	1	16.67%
		Secondary		
		Total	144	100%
	Educational level of community rep.	Illiterate	1	16.6%
		Read & write	4	66.7%
		Elementary (1-8)	1	16.7%
		Total	6	100%
	Educational status of community child	Not enrolled	2	33.3%
		Primary	2	33.3%
		Secondary	2	33.3%
		Total	6	100%

Source: own survey January, 2025

As presented in Table 4, the educational attainment of caregivers reveals significant challenges within the community. The high percentage of illiterate caregivers is particularly concerning, as education plays a fundamental role in social development and economic opportunities. Illiteracy can severely limit individuals' ability to secure stable employment, access information, and advocate for their families. This lack of education can perpetuate cycles of poverty, as caregivers may struggle to provide adequate resources and support for their children's education and well-being. Only 2 caregivers (1.4%) reported educational attainment above elementary school, highlighting a critical gap in educational opportunities.

Therefore, the high illiteracy rate (55.6%) among caregivers may pose significant barriers to their engagement in educational programs and limit their ability to support their children effectively. This emphasizes the need to invest in adult education and literacy programs; the community can help caregivers improve their skills, ultimately benefiting their families and the broader community. Addressing the educational needs of caregivers is essential for breaking the cycle of poverty and enhancing the overall well-being of children within the community. Improved education can empower caregivers to become advocates for their children's education and development, thereby fostering a more supportive environment for future generations. Adult education initiatives alongside children's programs are essential to foster a supportive learning environment.

3.2 Berhan Lehetsanat Program Impacts

3. 2.1 Accessibility and Infrastructure

The DDP/BL project set out to improve the accessibility of the schools so they can include all children from the IDP community and local disabled children.

In this assessment, three IDP nearest schools are visited and their physical accessibility and BL contribution to improve these accessibility, Logo Haik Preparatory School, Haik No2 school, and Haik Secondary and Preparatory School. As a school directory, BL constructed many ramps in 2024, and the photos below were shared by the directors:





			
Before	After	During construction	After

Table 5; “Basic Infrastructures are accessible, safe, and appropriate for PwDs.”

No	Variables	Program caregiver				Community representatives			
		Count	%	Mean	Mode	Count	%	Mean	Mode
1	Strongly disagree	-	-	3.62	4	-	-	-	4
2	Disagree	25	17.4%			2	33.3%		
3	Undecided	5	3.5%			-	-		
4	Agree	114	79.2%			4	66.7%		
5	Strongly agree	-	-			-	-		
	Total	144	100%			6	100%		

Source: own survey January 2025

Table 5 shows that a majority of caregivers (79.2%) believe basic infrastructure is accessible for persons with disabilities, reflecting a positive view of program facilities. Additionally, 66.7% of community representatives agree on this accessibility. However, 17.4% of caregivers and 33% of community representatives disagreed. These results suggest that the BL program has made significant improvements in accessibility. Overall, the existing programs effectively address the psychosocial challenges faced by displaced children, but support should also consider broader concerns raised by stakeholders and community representatives

Nonetheless, there is a need for the program's support to extend beyond just internally displaced persons (IDPs). By broadening the scope of its initiatives to include additional stakeholders and community members, the program can better address the broader concerns that may affect the community. The BL program has made notable progress in enhancing infrastructure accessibility and addressing psychosocial challenges; ongoing engagement with the community is vital.

The BL-DDP program constructed ramps at the nearest school to improve accessibility for children with disabilities (CwDs); however, this effort alone is insufficient to meet the comprehensive needs for physical accessibility across all school facilities. Significant enhancements are needed, including accessible latrines, walkways, water points, ramps, and the removal of hazardous materials from school compounds. These expanded construction efforts are essential to provide comprehensive support that addresses the diverse needs of the entire community, including internally displaced children within the schools and the broader community.

Accessibility of Latrines in the IDP Settlement

Initially, the accessibility of latrines for persons with disabilities (PwDs) in the IDP settlement was a significant concern. Many caregivers reported that latrines were not close to shelters and were difficult to access, leading to hygiene and safety challenges for families with disabled members. This issue highlighted the urgent need for improvements in the living conditions of displaced individuals.

In response, the BL staff intervened by meeting with the camp committee to discuss these accessibility concerns. They provided information on the specific needs of PwDs and facilitated discussions with disabled residents to gather feedback. As a result, residents of PwDs relocated closer to the latrine, and new, accessible latrines were constructed. Consequently, 80.6% of caregivers agreed that the latrines are now accessible, significantly improving hygiene and safety for families, demonstrating the project's positive impact.

Table 6; Latrines are close to the shelter of PwDs

No	Variables	Program caregiver				Community representatives			
		Count	%	Mean	Mode	Count	%	Mean	Mode
1	Strongly disagree	-	-	3.63	4	-	-	-	2
2	Disagree	26	18.1%			4	66.7%		
3	Undecided	2	1.4%			-	-		
4	Agree	116	80.6%			2	33.3%		
5	Strongly agree	-	-			-	-		
	Total	144	100%			6	100%		

Source: own survey January, 2025

Child-Friendly Spaces

At the start of the project in 2023, there were no designated areas for children to meet and play in the IDP settlement. Recognizing this need, BL collaborated with the IDP Camp Committee to emphasize the significance of Child-Friendly Spaces (CFS) for children's well-being. The committee agreed to allocate a specific area within the settlement for this purpose.

Throughout the project, BL supplied various play materials, including jigsaw puzzles, alphabet and number games, educational toys, and more. Outdoor equipment such as swings and slides, which had been partially installed during previous relief programs, complemented these resources. A range of activities, such as arts and crafts, games, and storytelling sessions, was organized to foster social interaction and provide emotional support to the children. The CFS evolved into more than just a physical play area; it became a vibrant hub for community engagement, enabling children and families to come together and enhance their psychosocial well-being in a safe and nurturing environment. BL actively promotes the psychosocial recovery of children through CFS, while the DDP program focuses on providing essential play materials. This initiative significantly benefits children by facilitating play within the CFS and throughout the IDP settlement, thereby enhanced their psychological well-being.

Table 7; CwDs have access to play areas & child-friendly space

No	Variables	Program caregiver				Community representatives			
		Count	%	Mean	Mode	Count	%	Mean	Mode
1	Strongly disagree	-	-	3.74	4	-	-	-	4
2	Disagree	19	13.2%			2	33.3%		
3	Undecided	-	-			-	-		
4	Agree	125	86.8%			4	66.7%		
5	Strongly agree	-	-			-	-		
	Total	144	100%			6	100%		

Source: own survey January, 2025

Access to play areas & child-friendly space: As indicated in Table 7, the majority or 125 (86.8%) of caregivers agree that children with disabilities have access to play areas and child-friendly spaces. The mean score of 3.74 indicates a strong positive perception of the availability and suitability of these spaces for CwDs, implying that caregivers feel confident about the inclusive opportunities for recreation and socialization. Meanwhile, 4(66.7%) of community representatives agree that CwDs have access to play areas and child-friendly spaces.

The analysis shows that BL's intervention has brought a strong positive perception among caregivers of access to play areas and child-friendly spaces for children with disabilities. The high agreement suggests that caregivers believe in the availability and suitability of recreational facilities, which is

crucial for the social and emotional development of CwDs. From the above analysis, it is possible to conclude that the BL intervention brought positive improvements and changes in creating access to play areas and child-friendly spaces for CwDs. However, further intervention is still needed to ensure that play areas are fully inclusive and welcoming for all children focusing on the quality and accessibility of existing play spaces to enhance opportunities for CwDs.

School accessibility

Most school management teams lack awareness of physical accessibility issues. The BL-DDP project *went* beyond mere construction to advocate for creating barrier-free environments for children with disabilities. Through this initiative, school management has been educated on the importance of physical accessibility.

According to feedback from teachers and directors, several accessibility challenges have been addressed thanks to BL's advocacy. Schools have successfully mobilized the community to implement improvements, such as constructing accessible walkways, installing ramps for both school entrances and classrooms, and providing accessible toilets.

Table 8; Schools are easy to get & physically accessible

No	Variables	Program caregivers				Community representatives			
		Count	%	Mean	Mode	Count	%	Mean	Mode
1	Strongly disagree	-	-	3.71	4	-	-	-	4
2	Disagree	16	11.1%			4	66.7%		
3	Undecided	10	6.9%			-	-		
4	Agree	118	81.9%			2	33.3%		
5	Strongly agree	-	-			-	-		
	Total	144	100%			6	100%		

Source: own survey January, 2025

Schools are easy to get & physically accessible: The BL DDP programs are committed to building capacity for enhancing physical accessibility in schools. The aim is to ensure that all school facilities are welcoming and accessible to Children with Disabilities (CwDs). Participants in these programs

can expect to acquire valuable knowledge on improving school accessibility, which is essential for fostering an inclusive environment for all students. According to Table 8, 118 caregivers (81.9%) agree that schools are accessible and easy to reach for children with disabilities. The mean score of 3.71 reflects a generally positive perception of school accessibility, indicating that caregivers feel confident about the BL DDP's interventions in providing educational opportunities for CwDs. In contrast, 4 community representatives (66.7%) expressed disagreement with this assessment.

This discrepancy highlights a potential concern regarding the physical accessibility of schools for CwDs. It suggests that community representatives may have insights into barriers that caregivers may not fully recognize. The lack of responses in the "Strongly Disagree" and "Strongly Agree" categories from both groups indicates a tendency towards moderate opinions, reflecting cautious optimism among caregivers and a call for improvement as emphasized by community representatives.

Thus, regarding the accessibility of schools for children with disabilities, while caregivers demonstrate a high level of agreement regarding the accessibility of schools for children with disabilities, feedback from community representatives underscores the necessity of identifying specific barriers to school access. This information is crucial for guiding future initiatives aimed at enhancing educational opportunities for CwDs. Ensuring that schools are not only physically accessible but also welcoming and supportive for all children is vital for fostering an inclusive educational environment.

3. 3 Educational Support and Inclusion

Over the past two years, BL have conducted training sessions for teachers and educational officers at targeted schools, focusing on psychosocial support for displaced children and inclusive education. A total of 72 teachers participated in these training sessions. Additionally, BL provided monitoring tools and soundwave resources to three schools to raise awareness about disabilities within the local community and the school environment. (**Tehuledere Woreda Education Office representative**).

Table 9; Educational support and inclusions

No	Likert result	Educational support and inclusion questions					
		Inclusive education & scholastic material	CwDs have full and equal access to education	There are sufficient and appropriate teaching aids	My teachers understand my educational needs and help me	The school provides sufficient resources	I have seen positive changes in my child's confidence

		Fre q.	%	Freq.	%	Fre q.	%	Freq.	%	Fre q.	%	Fre q.	%
1	Strongly disagree	-	-	-	-	-	-	2	1.4	-	-	-	-
2	Disagree	9	6.3	24	16.7	5	3.5	23	16	31	21.5	24	16.7
3	Undecided	1	0.7	7	4.9	4	2.8	12	8.3	16	11.1	16	11.1
4	Agree	131	91	110	76.4	132	91.7	105	72.9	95	66	104	72.2
5	Strongly agree	3	2.1	3	2.1	3	2.1	2	1.4	2	1.4	-	-
	Total	144	100	144	100	144	100	144	100	144	100	144	100

Source: own survey January, 2025

Educational support and inclusion: As demonstrated in Table 10, a substantial majority of caregivers (91%) affirm that the BL program has effectively provided inclusive education and scholastic materials. This reflects a strong belief in the availability of educational resources tailored for Children with Disabilities (CwDs). Specifically, 110 caregivers (76.4%) agree that CwDs have full and equal access to education; however, 24 caregivers (16.7%) expressed dissatisfaction, suggesting that their expectations may surpass the current offerings.

Furthermore, when it comes to the availability of sufficient and appropriate teaching aids, an impressive 91.7% of caregivers concur that these resources are both adequate and suitable. This confidence in the educational tools provided highlights the significant impact of the BL-DDP program, which prioritizes the delivery of essential materials and resources. Caregivers believe that without the intervention of the BL-DDP program, children would be at a disadvantage, lacking access to these vital educational supports.

The immediate benefits of the program's material delivery are observable among participants, enhancing their educational experiences and outcomes. This emphasizes the importance of sustained efforts in providing robust support for CwDs, ensuring that they receive the resources necessary to thrive in an inclusive educational environment

When assessing teachers' understanding of Children with Disabilities (CwDs) and their approach to inclusive education, it has yielded important insights. A significant 105 participants (72.9%) expressed confidence that their teachers recognize and address their educational needs effectively.

However, 23 participants (16%) disagreed, suggesting potential deficiencies in teacher training. This highlights the necessity for more comprehensive and sustained capacity-building initiatives focused on special needs education, such as programs like Braille and sign language training and follow-up practical inclusive education practices.

To bridge these gaps, ongoing professional development is crucial. Enhancing teachers' knowledge and skills in understanding the specific needs of CwDs will empower them to create a more supportive and responsive learning environment. Investing in such training not only benefits teachers but ultimately contributes to better educational outcomes for all students, especially those with disabilities. Ensuring that educators are well-equipped to implement inclusive practices is vital for fostering an educational culture where every child can thrive.

Regarding the availability of resources in schools, 95 children (66%) agreed that sufficient resources are being provided. However, a notable 31 participants (21.5%) disagreed, highlighting significant areas for improvement in resource provision. The provided resources were distributed fairly and equitably, but the gaps in the schools are beyond the given resources; all schools are not fully equipped with inclusive resources and materials, which indicates they need more resources. It is crucial for the BL-DDP future program to address these gaps to ensure that all students have access to the necessary tools and materials that facilitate an inclusive learning environment. When caregivers were asked about observed changes in their children's confidence, an encouraging 104 (72.2%) reported witnessing positive developments. This indicates that the educational environment is positively influencing the self-esteem and overall confidence of CwDs, reinforcing the importance of supportive and inclusive educational practices. While there are positive indicators regarding teachers' understanding and the impact of the educational environment on students' confidence, there remains a clear need for further investment in teacher training and resource allocation. Addressing these areas will help ensure that CwDs receive the comprehensive support they require to thrive in an inclusive educational setting. Therefore, it is possible to conclude that BL intervention has brought positive changes in educational support and inclusion for CwDs.

3.4 Psychosocial Support

Counseling Services

The BL-DDP project provided psychological counseling services that significantly benefited participants. These services included regular assessments of emotional and psychological well-being, allowing for timely interventions such as individual counseling sessions and group therapy. Regular follow-ups ensured that participants received continuous support, addressing issues like anxiety, trauma, and stress related to displacement.

Social Worker Visits

Social workers played a crucial role in delivering psychosocial support. They conducted home visits to assess the needs of individuals and families, establish trust, and provide tailored assistance. Their involvement included facilitating discussions, identifying specific challenges faced by families, and connecting them with necessary resources, thereby fostering a sense of community and support.

Positive Parenting Workshops

The project organized positive parenting workshops aimed at enhancing caregivers' skills and understanding of child development. These workshops included topics such as effective communication, emotional support, and strategies for managing behavioral issues. 2 times per month for 8 months, workshops were conducted at IDP. reaching 300 caregivers, which helped strengthen family dynamics and improve children's emotional health.

Teacher Training

Teacher training was a key component of the project, focusing on inclusive education and psychosocial support. Over the past two years, BL conducted [insert number] workshops, benefiting 72 teachers. Topics covered included strategies for supporting children with disabilities, creating inclusive classroom environments, and recognizing signs of emotional distress in students and psychosocial support.

After-School Activities

The project social workers facilitated after-school activities that provided structured and engaging experiences for children. These activities included sports, arts and crafts, and homework support, helping children develop social skills and confidence. Regular attendance was encouraged, with activities held 2 days per week

Table 10; Psychosocial Support By BL-DDP program

N o	Likert result	Psychosocial support questions				
		BL social workers regularly visit PwDs	Child-friendly spaces have been used	I feel happier since receiving support from BL	I have noticed an improvement in my child's well-being since joining the program	The psychosocial support brought positive impacts on the child's well-being

		Fre q.	%	Freq.	%	Fre q.	%	Freq.	%	Freq.	%
1	Strongly disagree	-	-	-	-	-	-	-		-	-
2	Disagree	1	0.7	2	1.4	-	-	1	0.7	-	-
3	Undecided	-	-	3	2.1	-	-	1	0.7	1	0.7
4	Agree	143	99.3	139	96.5	134	93.1	137	95.1	137	95.1
5	Strongly agree	-	-	-	-	10	6.9	6	4.2	6	4.2
	Total	144	100	144	100	144	100	144	100	144	100

Source: own survey January, 2025

Psychosocial Support By BL-DDP program: as shown in Table 10, 143 respondents (99.3%) agreed that BL social workers regularly visit PwDs and only 1 (0.7%) disagreed. This high level of agreement suggests that the program is successful in maintaining consistent contact with its beneficiaries.

For the question of whether child-friendly spaces have been used, the majority of 139 (96.5%) agree that child-friendly spaces are utilized, implying that these areas are effective and accessible for children with disabilities, this indicates a strong implementation of child-centered activities, which are crucial for psychosocial support. Responding to the statement that, “I feel happier since receiving support from BL”, 10 (6.9%) strongly agree, 134 (93.1%) agree and feel happier after receiving support, signifying that the psychosocial services provided by BL have a positive impact on psychosocial well-being and It can be generalized that the psychosocial support provided has a positive impact on the emotional well-being of project participants, and the program is perceived as highly effective in addressing the psychosocial needs of displaced children.

Likewise, for the statement “I have noticed improvements in my child’s well-being since joining the program” 6 (4.2%) strongly agree, and the great majority, or 137 (95.1%) agree that they observe improvements in their child's well-being, showing that BL program is effective in promoting positive outcomes for children with disabilities. A similar finding with 6 (4.2%) strongly agreeing and 137 (95.1%) agreeing was obtained for the question psychosocial supports brought positive impacts on the child’s well-being, reinforcing the effectiveness of the BL program.

The above data reveals strong agreement regarding the effectiveness of psychosocial support provided by BL. The high levels of agreement across all questions reflect the positive experiences of caregivers and their children. Regular visits by project social workers to deliver psychosocial support for displaced children are considered invaluable, as they significantly contribute to enhancing the psychological well-being of these vulnerable individuals. Through utilizing child-friendly spaces and both indoor and outdoor gaming materials, the program fosters a supportive and engaging environment where children can express themselves, socialize, and enjoy structured play. This active involvement not only helps to alleviate feelings of isolation and stress but also promotes healthy emotional development. This way of care supports social relationships and improves physical and psychological well-being through seven mechanisms, including emotional sustenance and active coping assistance from significant others and similar others (Thoits, 2011). The positive reception of these initiatives highlights their importance in addressing the unique needs of Children with Disabilities (CwDs) and their essential overall childhood development (Storbeck, 2024). These dedicated efforts provide a haven for children to explore, learn, and connect with their peers, which is essential for their overall growth and development. Therefore, it can be concluded that prioritizing psychosocial support and creating inclusive spaces for play, the program effectively meets the challenges faced by CwDs, demonstrating the critical role of such interventions in building resilience and enhancing the quality of life for displaced children, and also it is possible to conclude that the BL program is not only effective in providing necessary services but also plays a vital role in enhancing the happiness and well-being of both children and caregivers.

3.5 Parental Involvement and Feedback

The BL project engaged parents through positive parenting workshops, awareness-raising sessions on disability inclusion, psychosocial support, training, psychosocial empowerment, and children's education.

Table 11; Parental Involvement and Feedback

No	Likert result	Parental Involvement and Feedback Statements									
		Do you feel that your participation in school has improved b/c of BL project?		Do you think your social status has improved since participating in the BL project?		My child feels more confident & comfortable sharing their feelings since participating in BL		I am satisfied with the psychosocial and educational support provided to my child		I feel more confident in my ability to support my child's emotional and mental well-being	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%

1	Strongly disagree	3	02.1	1	0.7	4	2.8	-	-	-	-
2	Disagree	23	16	23	16	-	1.4	1.4	-	-	-
3	Undecided	13	9	14	9.7	-	-	2	1.4	-	-
4	Agree	102	70.8	106	73.6	136	94.4	131	91	142	98.6
5	Strongly agree	3	2.1	-	-	2	1.4	11	7.6	2	1.4
	Total	144	100	144	100	144	100	144	100	144	100

Source: own survey January, 2025

Parental Involvement and Feedback: The analysis of parental involvement and feedback regarding the BL project highlights its significant impact on enhancing the happiness and well-being of both children and caregivers. The data presented in Table 11 reflects parent perceptions across five key statements, capturing their experiences and the project's influence on their lives and their children's emotional development.

Among the respondents, a substantial majority (70.8%) agreed that their participation in school has improved since engaging with the BL project. Only a small percentage (2.1%) strongly disagreed with this statement. This indicates that the project has successfully encouraged parents to take a more active role in their children's education, fostering a greater sense of community and collaboration between families and schools. This program makes improvements in the school participation of displaced children.

Regarding perceived improvements in social collaboration status, 73.6% of parents agreed, underscoring the project's potential to foster social integration and improved community standing among participants. This sentiment reflects the belief that being involved in the BL project has provided families with additional resources and support networks that contribute positively to their overall social status and improve Social Status interaction. Social interactions, particularly in school settings, provide displaced children with social recognition and motivation, which can lead to improved mental health and increased confidence to seek psychological help. Peer interactions in schools are pivotal in addressing the psychosocial needs of refugee children (McGraw, 2016). Peer support networks can strengthen family caregivers, developing resilience and social interactions for children with neurodevelopmental and intellectual disabilities (Chakraborti et al., 2021b)

The feedback regarding children's emotional comfort and confidence is remarkably positive, with 94.4% of parents agreeing that their child feels more confident and comfortable sharing their feelings since participating in the BL project. This statistic is critical as it highlights the project's effectiveness

in creating a safe and nurturing environment where children can express their emotions freely, leading to healthier psychological and emotional development.

Satisfaction with the psychosocial and educational support provided to children is also noteworthy, with 91% of parents agreeing. This high level of satisfaction indicates that the support services offered by BL are meeting the needs of families and providing valuable assistance in both educational and emotional aspects, and it creates great satisfaction.

At the end of the statements, an overwhelming 98.6% of parents feel more confident in their ability to support their child's emotional and mental well-being. This finding is particularly significant as it provides insights that, the BL project not only empowers children but also equips parents with the skills and knowledge necessary to foster their child's emotional health and create a supportive home environment.

Therefore, it's possible to conclude that, the profound impact that parental involvement in the BL project has on enhancing the well-being of both children and caregivers. The strong agreement across all categories demonstrates the effectiveness of the project in addressing psychosocial needs, improving parents' social standing, fostering emotional expression among children, and enhancing parental confidence in supporting their children's mental health. These outcomes signify that the BL project is playing a crucial role in building a supportive community that prioritizes the emotional and educational development of children, particularly those with disabilities.

3.6 Stakeholder Engagement

Table 12; Stakeholder Engagement

No	Likert result	Stakeholder Engagement Questions									
		The project was able to meet the needs of children and their families		BL allocates sufficient resources (human, financial, & material in accordance)		The project was appropriate to meet the objective of creating sustainable solutions		The attitude of the school & the general community has changed toward PwDs children		The training provided me with valuable knowledge about the psychosocial needs of children and young people	
		Freq. q.	%	Freq.	%	Freq. q.	%	Freq.	%	Freq.	%
1	Strongly disagree	-	-	-	-	-	-	-		2	6.7

2	Disagree	1	3.3	3	10	-	-	2	6.7	-	-
3	Undecided	7	23.3	4	13.3	-	3	3	10	-	-
4	Agree	22	73.3	21	70	134	18	23	76.7	17	56.7
5	Strongly agree	-	-	2	6.7	10	9	2	6.7	11	36.7
	Total	30	100	30	100	30	100	30	100	30	100

Source: own survey January, 2025

Stakeholder Engagement: The analysis of stakeholder engagement presented in Table 12 outlines critical feedback from various stakeholders regarding the effectiveness and impact of the BL project. This data serves to highlight how well the project aligns with the needs of children and their families, the adequacy of resource allocation, the appropriateness of the project's objectives, community attitudes toward children with disabilities (PwDs), and the value of training provided to stakeholders. An overwhelming 73.3% of respondents agreed that the project successfully meets the needs of children and families, demonstrating strong stakeholder support for the initiatives undertaken by BL. The absence of strongly disagreeing responses further reinforces the positive perception of the project's impact. This consensus indicates that stakeholders recognize the project's relevance and effectiveness in addressing the unique challenges faced by families of children with disabilities.

In evaluating the sufficiency of resources allocated (human, financial, and material), there is a split among stakeholders. While 70% of respondents agreed that the allocation is sufficient, 10% disagreed, and a notable 13.3% remained undecided. The challenges faced by internally displaced persons (IDPs) have reached critical levels, with children in these communities lacking access to even the most basic necessities. Dependent populations rely heavily on humanitarian aid and government support to meet their essential needs. However, the gaps in assistance remain substantial, and the available resources are insufficient to address the overwhelming demands of all affected children. It indicates the need for additional multisectoral projects and resources that effectively address and meet the diverse necessities of all children.

A significant 91.7% of respondents (combined agreement) acknowledged that the project is appropriate for achieving sustainable solutions. This finding highlights the project's alignment with its goals and the perceived effectiveness of its strategies in creating lasting positive change for children with disabilities and their families. The stakeholders' confidence in these objectives underscores the importance of the project's design and its potential to yield long-term benefits.

Regarding the changing attitudes of the school and general community toward children with disabilities, a strong majority (76.7%) of respondents agreed that positive shifts have occurred. The

critical role that awareness and attitude play in supporting inclusivity for PwDs is well documented, and this feedback suggests that the project has successfully contributed to raising awareness and fostering acceptance within the community. This cultural shift is vital for creating an environment where children with disabilities can thrive and integrate fully into society.

The end of the statements assessed the training benefits for improving psychosocial wellbeing's of children and caregivers, the training offered to stakeholders and its value in enhancing knowledge about the psychosocial needs of children and young people, 36.7% of participants strongly agreed that this training was beneficial. 56.7% of participants agreed with the statement expressing agreement that the training has benefited. In generally the assessment of training benefits reveals that an impressive 93% of participants acknowledged its value in improving the psychosocial well-being of children and caregivers, as well as enhancing stakeholders' knowledge about the psychosocial needs of children and young people, indicating that while the training is generally viewed positively, there may be opportunities to enhance its content or delivery to maximize impact.

Therefore, it has been a possibility to conclude that stakeholder engagement demonstrates a largely positive perception of the BL project's effectiveness in addressing the needs of children with disabilities and their families. The majority of respondents believe that the project's objectives are well-suited to the community's needs, and they recognize significant benefits in terms of improving community attitudes and enhancing the psychosocial well-being of children and caregivers through training. However, it is essential to address concerns regarding resource allocation to ensure the project continues to achieve its goals. through fostering a collaborative environment among stakeholders will be crucial in identifying the need for further multisectoral projects and resources that can comprehensively meet the diverse needs of all children and more. Doing so with additional project resources.

3.7 BL program implementation

Table 13; BL program implementation

No	Variables		Do you think BL project should be continued in the future		When BL project phases out, I can continue to maintain the benefits I have received from the project	
			Count	%	Count	%
1	By program caregiver	Strongly disagree	-	-	-	-
2		Disagree	-	-	-	-
3		Undecided	-	-	-	-
4		Agree	35	24.3	144	100
5		Strongly agree	109	75.7	-	-

		Total	144	100	144	100
1	By stakeholders and community members	Strongly disagree	-	-	-	-
2		Disagree	-	-	-	-
3		Undecided	1	3.3	1	3.3
4		Agree	6	20	25	83.3
5		Strongly agree	23	76.7	4	13.3
		Total	30	100	30	100

Source: own survey January 2025

1. Program caregivers: Obviously, Table 13 indicates clearly that the majority of program caregivers, or 109 (75.7%), strongly agree and the remaining 35 (24.3%) agree that the BL project should continue in the future. This strong support indicates that caregivers find the project valuable and beneficial for their children. For the question about sustaining the BL project's benefits after it is phased out, all or 144 (100%) of the caregivers agree that they can maintain the benefits received from the project in the longer term. This reflects strong confidence in the sustainability of the benefits imparted by the program.

2. Stakeholders and community members: similarly, to caregivers, a large majority of stakeholders and community members or 23 (76.7%) strongly agree, and 6 (20%) agree that the BL-DDP project should continue in the future. The low percentage of undecided responses 1(3.3%) indicates a strong consensus in favor of the project. In response to the question of people's ability to maintain the benefits received from the project after its phasing out, a significant majority 4 (13.3%) strongly agree & 25 (83.3%) agree that they can continue to maintain the benefits received, suggesting confidence in the sustainability of the program's impact. However, the 3.3% undecided responses indicate some uncertainty among a small fraction of stakeholders.

Overall, this finding indicates strong support for the continuation of the BL project from both program caregivers and stakeholders. Caregivers express complete confidence in their ability to maintain the benefits received, which highlights the program's effectiveness in providing lasting support. Likewise, stakeholders also show a high level of agreement regarding the project's continuation and exhibit strong confidence in maintaining benefits post-phase-out. This suggests a shared belief in the program's value across different community segments. Therefore, it is possible to conclude that there is a strong consensus on the importance of continuing the BL project among both caregivers and community stakeholders.

3. 8 Community impact and social integration

Table 14; Effectiveness of the project and social integration

N o	Likert result	Effectiveness of the project and social integration questions							
		Improved opportunity for social integration in the community at large is observed		The social status of children, including CwDs has improved significantly		The training materials were relevant and made it easy to understand how to support children		I found the training to be beneficial for my role in supporting IDP children and young people	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
1	Strongly disagree	-	-	-	-	-	-	-	
2	Disagree	1	3.3	3	10	-	-	2	6.7
3	Undecided	7	23.3	4	13.3	-	3	3	10
4	Agree	22	73.3	21	70	134	18	23	76.7
5	Strongly agree	-	-	2	6.7	10	9	2	6.7
	Total	30	100	30	100	30	100	30	100

Source: own survey January 2025

Effectiveness of the Project and Social Integration: The BL project organized positive parenting and awareness-raising sessions focused on disability inclusion and enhancing the psychosocial well-being of displaced children. Through these initiatives, both the host community and internally displaced persons (IDPs) fostered connections across social, economic, and cultural activities, further strengthening their bonds.

Table 14 shows that a substantial majority (22 people, or 73.3%) agree that the project has improved opportunities for social integration in the community. Notably, 7 people (23.3%) remain undecided, indicating a general sense of hope about the project's impact on community integration, while only 1 person (3.3%) disagreed.

The social status of children, including CwDs, has improved significantly; 21 (70%) agree, although 4 (13.3%) remain undecided. The disagreement among 3 people (10%) suggests that there may still be challenges in fully integrating CwDs into the community. Responding to statements on the

training materials were relevant and made it easy to understand how to support children, the materials received approval from all or 100%. of the respondents: 12 (40%) strongly agree, and the remaining 18 (60%) agree that they were relevant and helpful. This reflects the effectiveness of the training in equipping participants with the necessary knowledge to support children.

Finally, 19 peoples (63.3%) strongly agree, 9 (30%) agree, and the remaining 2 (6.7%) disagree with the proportion “I found the training to be beneficial for my role in supporting IDP children and young people” This indicates that a significant majority of the respondents found the training beneficial for their roles. The training effectively supports the capacity of individuals working with children and young people, including those in internally displaced persons (IDP) contexts.

The analysis showed a positive perception of the project's effectiveness and its role in promoting social integration for CwDs. The high levels of agreement regarding improved social integration and the relevance of training materials suggest that the project has made meaningful efforts in these areas. Conversely, the presence of undecided and disagreeing responses in certain areas indicates that there may be remaining challenges that need to be addressed. Thus, it is possible to conclude that BL’s intervention has brought positive social integration and community impacts.

Table 15; Association between Psychosocial support and educational outcomes

Pearson Correlations	The psychosocial support program is essential and has improved my children's wellbeing	The educational support has positively impacted my child's learning
Pearson Correlation The psychosocial support program is very essential and has improved my child's wellbeing Sig. (2-tailed) N	1 144	.210* .012 144
Pearson Correlation The educational support has positively impacted my child's learning Sig. (2-tailed) N	.210* .012 144	1 144

*. Correlation is significant at the 0.05 level (2-tailed).

Source: own survey January 2025

As shown in Table 17, the Pearson correlation coefficient of 0.210 indicates a positive correlation between the perceived importance of the psychosocial support program and the positive impact of educational support on children's learning with a p-value < 0.05. In practical terms, it suggests that as perceptions of psychosocial support improve, there is a slight increase in the perception of positive educational outcomes, caregivers perceive psychosocial support as more essential, and they are also more likely to believe that educational support positively affects their children's learning outcomes.

The significance level (p-value) associated with this correlation is 0.012. Since this value is below the common alpha level of 0.05, the correlation is considered statistically significant. This indicates that there is a reliable relationship between psychosocial support and educational outcomes in respondents. Therefore, it is possible to conclude that there is a direct or positive correlation between perceptions of psychosocial support and educational outcomes, implying the importance of addressing both areas in support programs.

3.9 Different project participants' perspectives from qualitative findings

3.9.1 Root Causes of Displacement, Insights from in-depth interviews with IDP child caregivers

The primary factors driving displacement among respondents were identified as war and conflict. They explained that military confrontations or conflict, along with ethnic violence, often lead to population displacement. Various conflicts affecting the internally displaced persons (IDPs) in the region have included ethnic tensions and political struggles, forcing many individuals to flee their homes in search of safety and security.

Another significant factor contributing to displacement is formal warfare. Direct attacks by armed groups of Oromo Liberation Fronts directly attacking and assassinating the innocent Amhara tribes' civilians and war between the armed groups and government forces can create an environment where living conditions become untenable and cause displacements.

During the interview session, a significant majority of interviewees, 60% (6 respondents), directly attributed their displacement to war. Meanwhile, 20% (2 respondents) cited both war and conflict as overlapping causes, and the remaining 20% (2 respondents) identified conflict alone as the reason for their displacement. These findings highlight that war and conflict are the primary drivers compelling internally displaced persons (IDPs) to settle in and around Mekane Eyesus.

All interviewees (10 respondents, 100%) pinpointed ethnocentrism as the primary factor driving the conflicts. Ethnocentrism refers to the belief in the superiority of one's own ethnic identity. The respondents indicated that the violence stems largely from their deep-seated affiliations with their

ethnic origins. Specifically, those displaced belong to the Amhara ethnic group, whose families were resettled during the Derg regime through a government settlement program from the Amhara region to the Oromia region. Over time, they adopted the language, religion, and cultural practices of Oromia; however, there were political instabilities and ethnic tensions, and since 2019, tensions have been escalating, leading to the assassination of innocent individuals by armed groups. This violence has resulted in widespread displacement and significant loss of life, often targeted based on ethnic identity.

The stories of displacement in the Mekane Eyesus settlement reveal a heartbreaking truth: war and conflict are the root causes of the displacement of families from their homes. Of the respondents, The stories emerging from the Mekane Eyesus settlement paint a devastating picture of the impact of displacement on families living in conflict zones. Many of these displaced individuals have endured unimaginable trauma, loss, and suffering, highlighting the harrowing realities faced by those caught in the crossfire of ethnic conflicts and armed confrontations.

From the total of 20 respondents in the interview and FGD participants, 15 respondents or participants reported the loss of at least one family member, underscoring the profound grief and emotional scars left by violence. The deaths of loved ones have resulted in an overwhelming sense of loss, despair, and hopelessness, impacting not only the immediate families but also inflicting emotional wounds on the broader community that has witnessed these tragedies. The collective grief shared among IDP members has led to a pervasive atmosphere of trauma, further deepening the scars left by violence and straining social ties. This shared suffering often has a heavy burden that hinders collective healing and recovery of the IDP community, and it also challenges the overall resilience and well-being of the entire affected people.

The testimonies of the 5 respondents from the interview and FGD who described witnessing multiple family members being assassinated are particularly chilling and very sad emotional distress. Experiencing such violent acts in front of children or spouses has created lasting psychological effects, instilling fear, trauma, and a sense of helplessness. For the survivors, these memories had become haunting reminders of their losses, impacting their ability to cope with everyday life.

The forced displacement from their homes and the loss of all properties symbolize not just a physical uprooting but also a complete disruption of their lives and the breaking of their sense of security, stability, and belonging. The respondents reflect a mixed sense of the situation; they believe that, without their homes and possessions, these individuals are often left to navigate life in temporary shelters, facing challenges in all inadequate access to basic needs: food, water, healthcare, and education. The mention of double and single orphans among the internally displaced persons speaks to the broader societal implications of conflict. Children who lose their parents face a precarious future, grappling with grief while also struggling to find safety, emotional support, and opportunities for growth. The loss of familial bonds had affect their development, education, and sense of identity.

Interviews with residents show that 60% fled directly due to warfare: a stark reminder of how violence shatters lives and forces people to abandon everything for safety. One survivor shared, “The armed groups gave us no choice. We ran just to keep our children alive.” 20% of respondents described a tangled web of causes: not just war but also community clashes, threats, and instability, that made staying impossible. As one IDP-settled woman explained, “It wasn’t only the fighting. The fear, the chaos... it all became too much”

The stories shared in Mekane Eyesus reflect a collective trauma that resonates throughout the community. As families are torn apart and livelihoods are destroyed, the social fabric of the community is undermined. These experiences create cycles of vulnerability, as surviving members has lack of the resources or support systems necessary to rebuild their lives.

3.9.2 Physical and Psychosocial Impacts of Conflict

All 10 participants (100%) reported that the conflict resulted in physical, social, and psychological repercussions. Interviewee 001 stated: “Yes, my family and I were subjected to terrifying and inhuman prejudice and discrimination, which caused us significant psychosocial distress.” Another respondent, Interviewee 006, described their experience: “My family and I were displaced and separated from the conflict zone. During that period, we endured physical harm, including arson attacks, as well as social and psychological challenges.” Notably, Interviewee 010 emphasized the multifaceted impacts: “My family and I faced horrifying and dehumanizing prejudice and discrimination. We suffered the collapse of family life, physical injuries, property destruction through arson, psychosocial trauma, and an overwhelming sense of helplessness.”

The impacts of the conflict have resulted in trauma for the IDP population. All respondents reflected on the heartbreak stories and had much sadness; when they remembered the past, their emotions were very sad and mixed with traumatic imaginary. Three interview respondents said “We are lucky; it is only by the will of God that currently we are alive here”. Our relatives were assassinated in front of me, my child, and so on. Their histories express sadness and transfer their emotions to others. Conflict impacts the current living situation of the IDP migrants; all respondents were model farmers before displaced, however, nowadays they are dependent on hands-outs from Government and humanitarian organizations.

Attitudes of Local Communities: When asked about their initial experiences with the local community, all ten interviewees (100%) expressed positive emotional feelings. They stated that upon their arrival at the Mekane Eyesus site, they felt as if they were returning to their homeland. They reported that local residents welcomed them with tears and great affection, providing various forms of support, including household items, food, and clothing.

3.9.3 Addressing Psychosocial Challenges.

In response and to mitigate the impacts of psychological distress, many children and young people in the IDP centers need support. In Haik Mekaneyesus IDP center, children and young people experience trauma and stress due to the incidents of their displacement. Regarding current efforts to address the psychosocial challenges faced by displaced children, nine interviewees (90%) provided positive comparisons to their previous situations. They indicated that conditions had improved. Interviewee number 01 noted, “My child’s psychosocial condition is now better than used to be; ; because of this change, I am happy.” While most respondents shared similar views, Interviewee number 6 voiced concerns about unmet needs, stating, “My child asks me for many things, such as school uniforms, and because of this, my child dropped out of school.” This highlights the multidimensional challenges faced by IDPs.

Participants reflected many issues associated with their children’s sleeping problems and mental health: All ten interviewees (100%) reported that their children experienced mental health and psychosocial issues. Interviewee 001 shared, “Recalling the conflict that occurred in 2023, even though we are here now, my children face mental health and psychosocial problems such as disturbances, depression, and lack of sleep.” Interviewee 007 added, “My children lack deep sleep; they wake frequently due to terrifying sounds, thinking of their prior experiences of conflict situations, although improvements have been noted.” Interviewee 008 elaborated, “For a long time, I was distressed by my children’s psychological problems; they witnessed the terrorist group forcefully taking me away, and they cried out, ‘Help! Help! They are going to kill my father!’”

Children’s Social Involvement: All ten interviewees (100%) affirmed that their children’s well-being had improved. They reported that their children had developed good relationships with family members, built social capital, engaged with peers, and attended school. Interviewee 010 stated, “Currently, my children have good social relationships, and their relationship with the family is very positive. I am happy because of these improvements.”

The interview respondents reflect that BL-DDP project has contributed to their children’s happiness; nine interviewees (90%) attributed this to the support provided by NGOs. They specifically highlighted the psychosocial training offered to parents by BL-DDP, which helped them understand their conditions and manage psychological disturbances. However, Interviewee 001 expressed, “I cannot.” This indicates that in addition to material support such as educational resources and financial aid, mental health, and psychosocial support are equally significant for IDPs and their children.

3.9.4 The effects of Support on the Well-Being of Children and Youth

All interviewees and FGD participants, including IDP parents, stated that the scholastic support enabled their children to continue their education and the psychosocial support activities facilitated their integration within local communities and improved the resilience of trauma-affected children and improved their emotional well-being. For instance, Interviewee 006 mentioned, “My child has a hearing problem, and after coming here, BL provided sign language support for him through teachers and BL staff, allowing him to continue his education. As a result, I am happy.”

As participants in the training and other parts of the project, respondents involved in this assessment, all ten interviewees (100%), reported significant positive changes in their children following support from the Berhan Lehetsanat's BL-DDP program. The respondents noted that, as a direct result of the program's intervention, their children have experienced a notable improvement in their mental well-being, becoming free from stress, anxiety, disturbances, sadness, and communication difficulties with peers.

The material support provided, particularly in the form of scholastic assistance, has proven to be crucial in preventing school dropout rates among these children. This continuation of education has not only allowed them to remain in school but has also contributed to their overall happiness and emotional stability. For example, Interviewee 001 stated, “I feel very happy about the psychosocial and scholastic support from BL, and “I believe that such support is significant for developing a positive self-image. After receiving educational materials, our children rejoined school and are now attending their formal classes.” This statement encapsulates the transformative impact that the program has had on the families involved. In addition, each interviewee expressed gratitude and satisfaction with the psychosocial and educational support offered by the BL-DDP program. Interviewee 001 articulated, “I feel very happy about the psychosocial and scholastic support from BL and believe that such support is significant for developing a positive self-image.” This highlights not only the material benefits of educational resources but also the invaluable psychosocial support that fosters resilience, self-esteem, and a sense of belonging among children. These testimonies underscore the critical role of the BL-DDP program in enhancing the emotional and academic well-being of children in the community. The findings demonstrate that holistic support, encompassing both educational and psychosocial dimensions, is essential for nurturing positive development and mitigating the adverse effects of trauma and instability.

When they expressed the benefits of psychosocial support training, all interviewees (100%) acknowledged that they had gained valuable skills. Commonly mentioned skills included child nurturing, problem-solving, social integration, emotional management, and understanding children's needs. The interviewees identified various supports they would like to see provided in the future. The majority emphasized the need for food support (100%), followed by clothing support (80%), additional scholastic and tutorial assistance (60%), play equipment for children, and assistive devices

for persons with disabilities. On the sustainability of benefits obtained from BL if the project is phased out, all ten interviewees (100%) agreed that they could sustain the benefits derived from training and psychosocial support. However, they expressed concern about their inability to maintain income and material support for their children due to insufficient income sources.

The major concern of interview respondents expressed by all ten interviewees (100%) is the need for long-lasting rehabilitation funds and the desire to live independently outside of the IDP camp. They also indicated a desire to return home and live independently in a safe zone, along with a plea for job opportunities.

3.9.5 Key Findings from FGDs with Household Families or Caregivers

All ten participants in the Focus Group Discussion (FGD) stated that displacements were a significant factor contributing to financial instability, which directly affected their ability to support their children's educational and psychological well-being. Many IDP respondents' economic backbones were agriculture, as they explained that the economic pressures of their displacement resulted in unemployment, reduced wages, or the high cost of living in a new environment left them struggling to afford basic necessities.

One participant poignantly remarked, "I barely have enough money for food and other basic needs, yet my children constantly ask for school supplies, shoes, and clothes. It breaks my heart to say no, but I just don't have the means." This financial strain not only limited my capacity to provide material support but also added emotional stress, as a parent, I grappled with feelings of inadequacy and guilt.

Beyond financial hardship, participants highlighted how these challenges strained their relationships with their children. Some noted that their inability to meet expectations led to frustration and tension at home, with children feeling neglected or resentful. However, the discussion also revealed a turning point: access to material aid and psychosocial training helped repair and strengthen these bonds. One mother shared, "Before, I thought taking a strict discipline and physical punishments were the only way to raise respectful children. But after the training, I realized that listening and understanding their emotional needs made a bigger difference." This shift from punitive approaches to more empathetic parenting not only improved household dynamics but also fostered greater trust and communication between parents and children.

The FGD participants underscored the transformative effect of targeted interventions, such as nutritional support, psychosocial support, scholastic support and caregiver training, in mitigating the adverse effects of displacements. Participants reported that scholastic materials eased their financial burden, while workshops on child development equipped them with practical strategies to nurture their children's emotional well-being. As one participant summarized, "The training didn't just teach me how to be a better parent; it helped me rebuild my relationship with my kids." These findings

emphasize the importance of holistic support systems that address both economic and psychosocial needs.

The majority of FGD participants mentioned several forms of support the local community could provide, including moral and psychosocial support, household equipment, firewood, cash support, food sharing, and discounts on goods. FGD participants emphasized the importance of family cooperation to identify needs and advocate for support from IDP committees, NGOs, and governmental bodies. However, they noted that not all families actively participated in fulfilling their roles, often seeking help instead. All ten participants (100%) stated that all forms of psychosocial and educational support were equally important. One participant added, “Although the supports are not enough, they are very good.”

The respondents of the FGD take on the Areas for Improvement; -The majority of FGD participants (70%) suggested improvements, including the need for food and clothing support, extending aid to all IDP households, and ensuring the continuation of support in the future. Conversely, 30% indicated that no improvements were necessary.

As they addressed enhancements for Family Safety Nets areas of intervention should be enhanced, 50% of participants emphasized the need for psychosocial, educational, and cash support, while 20% highlighted the importance of family guidance and scholastic support. One participant (10%) emphasized the need for improved food support. 30% of FGD participants stated they had no additional points to discuss. However, 70% expressed the need for additional support, including food, clothing, shelter, safe play areas, and recreational equipment. One participant specifically requested cash support to cover monthly electricity bill.

3.9.6 Teacher and Stakeholder Awareness of BL-DDP Project Effectiveness

When it's come to the Accessibility of Infrastructure and Schools, the majority of interviewees (75%) reported that infrastructure and schools are not accessible for children with disabilities (CwDs). They noted ongoing issues with equality in educational opportunities. However, they acknowledged that BL is making significant efforts to alleviate burdens and promote inclusive education. One interviewee (25%) mentioned that while infrastructure is adequate, some CwDs still do not attend school. All interviewees (100%) stated that, apart from the equipment and materials provided by BL, there are insufficient teaching aids and recreational materials, making it challenging to affirm their presence. They noted that many teaching aids had been looted and destroyed due to the Northern Ethiopian conflict between the Ethiopian government Army and the Tigray region.

All participating teachers observed that changes in their students, and the teachers confirmed that psychosocial and educational support from BL resulted in significant positive changes among CwDs. One teacher stated, “I would like to thank BL for the psychosocial and educational support that has led to very positive changes in our students (CwDs). On CwDs' Response to Inclusive Education,

the majority (75%) indicated that CwDs are interested in and happy to participate in inclusive education. Teachers noted that CwDs benefit from this approach, which fosters their interest in attending school. However, one teacher (T4) remarked, “There is no new response as there is insufficient support for inclusive education,” indicating a need for further strengthening of such support.

The teachers articulated points on the Challenges Encountered, all interviewees (100%) reported facing various challenges when supporting children with diverse needs, including inadequate teaching aids, resource shortages, unsafe spaces, family willingness, and local community attitudes toward persons with disabilities.

The participants also jotted down their Recommendations for BL, teachers suggested designing proposals and conducting research to arrange various training sessions, such as special needs training, sign language training, and capacity-building workshops for teachers. Additionally, they emphasized the need for infrastructural support and community awareness training. One teacher (T4) noted that BL is filling significant gaps, particularly regarding classroom resources and facilities. The majority (75%) emphasized the importance of awareness-raising training for teachers, as well as vocational training for children in areas such as arts, music, and handicrafts. One teacher (T3) expressed that it would be beneficial to be provided with the necessary materials.

Enhancing Inclusive Education: All participants (100%) affirmed that the intervention program is beneficial for enhancing inclusive education. They recommended continuous monitoring and support, stakeholder participation through mapping, and awareness-raising activities to improve project effectiveness. The majority (75%) of interviewees indicated that all important issues had been raised and discussed. However, one teacher (T3) pointed out the need for improved road infrastructure, conducive classrooms, safe sanitation facilities, and material support for students enrolled in vocational training

3.10 Discussion

Socio-Demographic Characteristics of Participants: The socio-demographic analysis of the BL-DDP program participants reveals significant disparities, primarily in the representation of caregivers by gender. Out of 144 caregivers, a noteworthy 110 (76.4%) were male, while only 34 (23.6%) were female. This gender imbalance is particularly noticeable among caregivers; this significant gender imbalance among caregivers is noteworthy and may influence the responses recorded, as males are predominantly represented. During data collection at the tent, it was observed that female participants often deferred their opportunity to respond, instead allowing their husbands to answer. This trend reflects cultural norms, where men typically assume roles as decision-makers and leaders within the household. However, the gender distribution among child participants was more balanced,

with 80 (55.6%) boys and 64 (44.4%) girls, indicating that while male caregivers dominate, child participation in the program tends to be more equitable

The average age of caregivers was 41.49 years, with a range from 26 to 65 years. This suggests that most caregivers are in a productive life stage; however, due to the current situation, those productive human powers are out of employment and dependent on governments and humanitarian organizations, which is a critical concern for providing the necessary support to their children. Their children have also experienced trauma and psychological distress as a consequence of the ethnic conflict and subsequent displacement.

To address the effects of the IDP living situations, the average age of child participants in the program was 10.79 years, indicating that it effectively targets children during a crucial developmental phase. Mental development and education are intimately linked, but this relationship has evolved from a straightforward connection to a more intricate interplay influenced by various factors, including age, gender, and cultural background. Specifically, the ages of 8 to 12 are critical for cognitive and educational development, as this period plays a pivotal role in shaping a child's intellectual abilities and learning experiences (Vygotsky, 2011). This age is significant for educational growth as it coincides with key stages in a child's learning and personal development. To support their holistic development, the program also provided educational and psychosocial resources to meet the needs of these children, ensuring a comprehensive approach to their growth and well-being. Conversely, the high illiteracy rate of 55.6% among caregivers poses a significant barrier to their active involvement in educational programs, highlighting the urgent need for adult education initiatives to empower these individuals and facilitate their engagement in their children's education. Similarly, 1 (16.6%) of community representatives was illiterate, further emphasizing the need for targeted educational resources.

The accessibility of basic infrastructure is a crucial element in the success of the BL-DDP program. According to the analysis, 114 caregivers (79.2%) reported that the infrastructure is accessible and suitable for individuals with disabilities, indicating a favorable perception of the program's facilities. This finding aligns with broader literature on disability-inclusive development but also reveals nuanced distinctions when compared to similar initiatives. The positive perception of physical accessibility infrastructure accessibility in BL-DDP mirrors findings from programs like Indonesia's Inclusive Education Development Project, where 75% of caregivers reported satisfaction with school modifications. Such consensus underscores the importance of involving caregivers in assessing inclusivity, as their feedback often reflects real-world usability for children with disabilities (Warman, 2021). BL-DDP's emphasis on advocacy to drive infrastructure improvements resonates with studies from Sub-Saharan Africa (e.g., Kenya's Tusome Inclusive Education Program), where stakeholder engagement and policy dialogue were critical to institutionalizing accessibility standards. Advocacy efforts, particularly in low-resource settings, are frequently cited as catalysts for systemic change (Mchungwani, 2018). The program's integration of

advocacy with benchmarking distinguishes it from top-down approaches. For instance, Ethiopia's Inclusive Education Strategy relied heavily on government mandates but struggled with grassroots implementation. BL-DDP's dual focus on community-driven advocacy and measurable standards offers a replicable model for balancing policy and practice. (Tefera et al., 2015 and Tonegawa, 2019). From these alignments, the BL-DDP project has made substantial strides in enhancing accessibility through advocacy efforts and by setting a benchmark for inclusive infrastructure in schools.

Concerning the proximity of latrines to shelters, 116 (80.6%) of caregivers agreed that latrines are conveniently located. This is crucial for ensuring hygiene and safety for persons with disabilities. This aligns with global health recommendations emphasizing proximity as critical for hygiene and safety, particularly for persons with disabilities (PWDs). The global health recommendation is that latrines should be in the nearest proximity and accessible for PwDs., (Getahun et al., 2022). Caregivers who are directly involved in daily care may prioritize physical distance as a key factor in reducing exposure to hazards and ensuring timely access. Their positive feedback suggests that basic spatial requirements are met, which is a foundational step toward inclusive infrastructure.

However, the feedback from community representatives indicated that 2 (33.3%) of them disagreed, suggesting some concerns about the accessibility of sanitation facilities. Community representatives and leaders prioritize not only the proximity of latrines to shelter access but also overall accessibility and hygiene concerns, particularly about water availability and infrastructure quality. The latrines have been found lacking in quality and are deemed inadequate. This situation not only emphasizes the necessity of adapting infrastructure to suit the evolving needs of displaced individuals but also calls for a comprehensive approach to community engagement. Through actively involving local leaders and residents in the planning and execution of development initiatives, the project should ensure that the infrastructure is not only accessible but also culturally appropriate and sustainable. Strengthening these collaborative efforts will be vital in fostering a resilient community that can thrive despite ongoing challenges and uncertainties, ultimately leading to a more effective response to the needs of all community members.

Educational Support and Inclusion: The educational support provided by the BL-DDP intervention received a positive response, with 131 (91%) of caregivers agreeing that inclusive education and resources are available. However, there were notable concerns regarding the sufficiency of these resources, as 31 (21.5%) of caregivers disagreed that schools provide adequate resources. This indicates that while access exists, the quality and quantity of educational materials may still fall short of participants' needs.

The perceived effectiveness of educational support was reflected in the significant percentage of caregivers who reported positive changes in their child's confidence, with 104 (72.2%) agreeing that they have seen improvements. This suggests that the educational environment fostered by the BL-

DDP program is beneficial not only for academic achievement but also for enhancing the psychosocial well-being of children with disabilities. However, the need for further improvement in resource allocation is evident from the feedback regarding teaching aids, where 31 (21.5%) of caregivers expressed dissatisfaction. The findings of this assessment align with the project research by GOOD Neighbors Ethiopia (2021) emphasizes the need for further improvement in the provision of basic resources in IDP camps. Psychosocial support is a critical component of the BL-DDP program, with an impressive 143 (99.3%) of caregivers affirming that social workers regularly visit individuals with disabilities. The primary responsibility of a social worker plays a pivotal role in providing psychosocial support within the framework of helping children with disabilities and their caregivers recover from trauma. This support is multifaceted, involving parental sessions to enhance the understanding of disability issues and foster inclusive environments. Social workers monitor children's recovery from trauma through regular assessments of their emotional and psychological well-being, enabling timely interventions. This also aligns with the findings of (Purgato et al., 2018) on Focused psychosocial interventions for children in low-resource humanitarian settings, both the previous and this study suggested effectiveness on psychosocial support, psychosocial support component is crucial in addressing complex needs, promoting resilience and empowerment through regular visits, parental education, trauma monitoring, and academic support. This support aims to create a more inclusive and supportive community for affected families. This high rate suggests that the program is effectively addressing emotional and psychological needs.

The majority (139, 96.5%) of agreements regarding the use of child-friendly spaces indicate that these environments are perceived as beneficial for the development of socialization and emotional well-being. The BL-DDP program fostered resilience and emotional growth in children by creating structured, child-friendly spaces within large tents, where both indoor and outdoor play materials and activities were provided. These engaging games and recreational opportunities not only offered a safe environment for communal interaction but also served as therapeutic tools to help children cope with trauma, process emotions, and develop social and cognitive skills essential for recovery and healthy development, such as play, art, storytelling, and group interactions that assist children in processing trauma, developing resilience, and regaining a sense of normalcy. The BL-DDP program effectively utilized child-friendly spaces within large tents equipped with indoor and outdoor play materials to encourage communal interaction and therapeutic activities. These interventions align with evidence suggesting that CFS provides safe environments where children can express emotions and build social skills, and recover from distressing experiences (Rahman, 2024; World Vision International, 2025).

Parental Involvement: Parental involvement was notably high, with 102 (70.8%) caregivers agreeing that their participation in school activities had improved due to the BL-DDP project. This implies that the program has successfully engaged families, fostering a supportive atmosphere for children's education. Furthermore, 106 caregivers (73.6%) reported a perceived improvement in their social

status since joining the project, highlighting the program's positive impact on fostering community cohesion and boosting caregivers' self-confidence. This progress is attributed to their active participation in disability awareness and positive parenting sessions facilitated by social worker with the local community.

Moreover, a significant majority of caregivers, 136 (94.4%), agreed that their child feels more confident sharing their feelings since participating in the BL-DDP project. This positive shift in parental involvement reflects the program's success in building strong family-school partnerships and enhancing communication between children and caregivers, which is crucial for emotional development.

Stakeholder Engagement: Stakeholder engagement was viewed positively, with 22 (73.3%) community representatives agreeing that the project successfully met the needs of children and their families. Nevertheless, concerns about resource allocation emerged, as only 21 (70%) of the representatives felt that sufficient resources were allocated for the program. This discrepancy suggests that while stakeholder perceptions are largely favorable, ongoing assessments and adjustments are essential to ensure that the initiatives remain effective and relevant.

The training provided to stakeholders was recognized as beneficial, with 11 (36.7%) strongly agreeing that it enhanced their understanding of children's psychosocial needs. This indicates that the capacity-building efforts are yielding positive outcomes, equipping stakeholders to better support children with disabilities and their families. The finding of this assessment is aligned with the study by Solomon (2019) on the challenges and opportunities of Ethiopian charities, The finding indicates that NGOs face resource constraints due to funding limitations as compared to the multi-dimensional needs of beneficiaries and the study align with similar Haile & Mekonnen, (2024) study on the Impacts of stakeholder engagement on curriculum implementation in Ethiopian Defense University, suggested that stakeholder engagement studies emphasize that motivation and knowledge-sharing among stakeholders significantly enhance curriculum implementation and educational outcomes and support children.

The finding of this assessment is in line with the study of Lakachew et al. (2023). Their focus is on stakeholder engagement and the performance of NGOs in Ethiopia. Their finding showed that there is a positive relationship between NGO performance and project signatory bodies' engagement among local NGOs in Ethiopia.

Future Continuity: The findings indicate a strong consensus among caregivers and stakeholders on the need for the BL-DDP project to continue. A significant majority of both groups, 109 (75.7%) of caregivers and 29 (96.7%) of stakeholders, expressed confidence in maintaining benefits post-phase-out. This highlights the program's effectiveness in fostering self-reliance and resilience within the community.

However, challenges remain, particularly in ensuring that educational and psychosocial resources are adequate and accessible. The feedback from both caregivers and community representatives emphasizes the need for continuous support and intervention, particularly in areas such as mental health, educational resources, and community engagement. There is a strong call for continued investment in both educational and psychosocial support services to ensure that the needs of children with disabilities are met comprehensively. Stakeholders must prioritize these areas to sustain the positive impacts observed in the community. The result of this assessment aligns with the 2021 UNHCR assessment report, which notes the limited provision of humanitarian aid or a reduction in the overall response in locations with high need.

One of the most prominent themes emerging from the interviews is the psychosocial impact of conflict on children and caregivers. All interviewees reported experiencing physical, social, and psychological effects as a result of displacement. This indicates a pressing need for targeted psychosocial support programs that address the emotional and mental health challenges faced by IDPs. Stakeholders, including NGOs and community organizations, must prioritize the development of initiatives that not only provide material aid but also facilitate access to mental health resources, training, and counseling services. By fostering environments where children can safely express their feelings and heal from trauma, stakeholders can significantly improve the well-being of both children and their families.

The positive reception of local community support is another critical finding. All interviewees expressed gratitude for the warm welcome they received upon arriving at the Mekane Eyesus site, highlighting the importance of community solidarity in the recovery process. This suggests that strengthening community ties and fostering social cohesion can enhance the effectiveness of aid programs. Stakeholders should consider engaging local leaders and community members in the planning and implementation of support initiatives, ensuring that interventions are culturally relevant and responsive to the unique needs of the displaced population. Collaborative efforts can further enhance the sense of belonging among IDPs, promoting social integration and stability.

Despite the progress noted in psychosocial and educational support, the qualitative findings also reveal areas requiring improvement. Many caregivers articulated concerns regarding unmet needs, particularly in terms of educational resources and necessities like food and clothing. This highlights the necessity for stakeholders to adopt a holistic approach that addresses both immediate needs and long-term developmental goals. By leveraging partnerships with local businesses and organizations, stakeholders can work to secure additional resources and support systems that allow IDPs to thrive rather than merely survive. This approach will not only enhance the quality of life for displaced families but will also contribute to the overall health of the community. The finding of this assessment is in line with the assessment report of UNHCR (2021) on responses to internal displacement in Ethiopia. According to the findings, despite the high needs for humanitarian aid in IDP camps, the responses are limited, implying the need for greater cooperation between different stakeholders to develop a more holistic approach.

Lastly, the insights gathered from the focus group discussions emphasize the importance of sustainability in support initiatives. While the current programs have shown positive outcomes, there is a collective concern regarding the long-term viability of these benefits once external support phases out. Stakeholders must focus on creating self-sustaining models that empower IDPs by providing skills training, job opportunities, and continued access to educational resources. By fostering self-reliance and community resilience, stakeholders can ensure that the gains made through current interventions are not lost, ultimately leading to a more stable and empowered population.

3.10.1 Discussion of Case Story Analysis

Demographic Composition: The analysis presented in the case story highlights the demographic composition of children affected by ethnic conflict in the Oromia region of Ethiopia. A total of twelve children were documented, including a mix of genders and ages, with a predominant focus on children aged between 6 to 16 years old. The majority of the children are from the Oromia region, specifically Horo Gudru and surrounding areas, and they were displaced due to ethnic-oriented conflicts around 2021.

The gender distribution includes both male and female children, with slightly more females represented in the cases. The children are currently residing in the Amhara region, specifically within the Haik Mekane Eyesus IDP camp in South Wollo Zone. This demographic information is crucial as it provides insights into the age and gender dynamics of the affected population, which can inform targeted interventions and support strategies.

Children face Common Problems: The children in the case studies share a variety of challenges stemming from displacement and the traumatic events that led to their current situations. Common problems include. A significant number of children experience psychosocial problems, which manifest as anxiety, depression, and behavioral disturbances. Some children, like Hikma Abdu and Zeyneba Mohammed, have documented mental health challenges requiring ongoing support.

Several children have lost one or both parents due to violence associated with the ethnic conflict. This loss has profound emotional and psychological impacts, as seen in the cases of Habiba Mohamed and Awol Kassa. Some children face physical challenges, such as Muhammed Ahmed, who has an eye defect, and Ema Issa, who cannot move due to a physical disability.

Displacement has significantly disrupted the education of countless children, creating substantial barriers to their learning. Many of these children have found solace in special needs education programs, inclusive education, or support tailored to help them continue their studies amidst adversity. However, despite these commendable efforts, many children continue to grapple with emotional distress and trauma resulting from their experiences. The trauma associated with

displacement can manifest in various ways, affecting children and young people, including anxiety, depression, and difficulties in concentrating, all of which further hindered their ability to learn and succeed academically. The BL-DDP program has provided crucial support to these children and their families in various forms, including counseling services that benefited many children addressing their mental health needs, helping them cope with trauma and loss. Given the displacement and loss of livelihoods, food support has been vital in ensuring that the children have access to adequate nutrition. The BL-DDP program provides some nutritional support to the most vulnerable displaced children: those who are single and double orphaned children and children with disabilities. While this assistance serves as a significant source of psychosocial support, helping to address some of their emotional and psychological needs, it only temporarily alleviates their nutritional requirements. Unfortunately, this support does not fully meet all aspects of their dietary and livelihood needs. On the other hand, the provision of scholastic materials has enabled children to continue their education despite the disruption caused by the conflict, and access to play equipment and recreational activities has been essential for the children's emotional and social development, allowing them to engage in normal childhood activities.

The children's current situation reflects a positive trajectory, thanks in part to the support received from the BL-DDP program. While many of the children continue to face challenges, there are significant improvements in their overall health and well-being: Most children report being in good health, which indicates effective support in terms of nutrition and healthcare access. Many are attending school and progressing in their education, with some participating in special education programs tailored to their specific needs.

There are also Psychosocial Improvements; there are notable improvements in psychosocial conditions, with children expressing happiness and a sense of stability as a result of the support they have received. The children are beginning to reintegrate into their communities, forming social connections and participating in communal activities, which is vital for their emotional recovery.

3.10.2 Lessons Learned: Key Successes and Challenges Encountered

Based on the findings and analysis, BL DDP project intervention integration of psychosocial support within educational frameworks has shown improvements in the mental well-being of children, facilitating their emotional and social resilience. The impacts ensured through the assessment of a quantitative survey and a qualitative FGD and interview of the participants project beneficiaries and stakeholders.

The BL-DDP program significantly improved participation rates among children with disabilities (CwDs) in educational settings, conducted inclusive education training for teachers and training for parents, made schools physically accessible, and provision of scholastic materials for IDP children. It also highly facilitated the enrollment of children in the schools. these results enhance the

psychological well-being and educational journeys of children. The other success of the BL-DDP project in IDP intervention was that caregivers reported enhanced confidence in their children's social integration and academic engagement.

The BL-DDP intervention fostered a sense of belonging in the community among caregivers, children, volunteers, and the host community. As reported, before the intervention, there was little visible integration between the host community and internally displaced people (IDPs), although both groups shared a peaceful coexistence and supported one another. After and during the intervention, discussions created opportunities for fostering a greater sense of intimacy and connection; the IDPs contributed manpower, and the community offered various job opportunities for engagement. Through different workshops and discussions, they fostered greater integration and social interaction, participating in a range of social and cultural activities together. Many reported that residents provided substantial support, creating a welcoming environment for displaced families.

Another significant achievement was the development of the relationship between children and their caregivers. Before the intervention, caregivers often struggled to understand the needs of their children. When a child made mistakes, caregivers typically responded inappropriately, resorting to physical and psychological punishments that not only violated the rights of the child but also caused physical harm and psychological distress.

After the intervention following the project's intervention, which included positive parenting training and facilitated discussions, there were remarkable transformations in the dynamics between caregivers and children. Caregivers gained a deeper understanding of how to effectively manage and respond to their children's needs. This empowered them to adopt more supportive and nurturing approaches, fostering healthier relationships and promoting the overall well-being of the children.

The visible key successes and evidences of impacts lead other opportunities for BL and DDP projects to expand their programs in other IDP centers, the psychosocial support provided by the BL-DDP program resulted in noticeable improvements in the well-being of children and their families, as caregivers reported increased happiness and reduced anxiety among their children, underscoring the program's effectiveness in addressing mental health needs. The project successfully engaged parents, with many feelings more confident in their ability to support their children's emotional and educational needs, reflecting a positive impact on overall family dynamics.

3.10.3 Major Challenges faced by the BL-DDP Program

- Despite successes, there were ongoing challenges related to resource allocation. Some caregivers reported insufficient educational materials and a lack of early intervention programs for children with specific needs.

- Data indicated significant gender disparities in caregiver engagement and educational attainment, particularly among female caregivers, who were less likely to have access to educational resources.
- Attitudes toward disability and the prevailing mentality of aid dependency among the population pose significant challenges
- There were concerns regarding the sustainability of program benefits post-phase-out. Caregivers expressed uncertainty about maintaining support without ongoing external assistance. Although trainings were provided, some stakeholders felt that there was still a need for more specialized training focused on inclusive education practices and adaptations for children with diverse needs. These challenges highlight the need for continuous evaluation and adaptation of strategies, ensuring that the project not only addresses immediate educational needs but also fosters long-term resilience and community cohesion among displaced populations.

4. Conclusion and Recommendations

4.1 Conclusion

The research assessed the BL-DDP Inclusive Education Project in South Wollo, Ethiopia, and revealed significant progress in addressing the psychosocial and educational needs of displaced children. The analysis effectiveness reveals significant insights into the socio-demographic characteristics of participants, the accessibility of educational resources, and the overall impact of psychosocial support. This multifaceted approach underscores the importance of understanding the diverse needs of the community.

Quantitative findings highlighted improved accessibility to education, with 91% of caregivers affirming the availability of inclusive materials and 95.1% noting enhanced child well-being due to psychosocial support. Infrastructure improvements, such as child-friendly spaces and latrine proximity, were positively perceived by 79.2% of caregivers, though 33.3% of community representatives identified gaps. The project strengthened parental involvement, with 70.8% of caregivers reporting increased engagement in school activities, and stakeholders largely endorsed its continuity (76.7%). However, challenges like insufficient teaching resources, gender disparities in caregiver literacy (55.6% illiterate), and uneven community attitudes toward persons with disabilities underscored the need for targeted interventions.

The program's emphasis on both educational and psychosocial support reflects a holistic approach to child development. This approach can serve as a framework for other BL programs aiming to support vulnerable populations. The positive changes observed in families suggest that the program has contributed to building resilience among caregivers and children. Supporting families in navigating challenges can lead to improved well-being and stability. The involvement of various community stakeholders such as community administrative, signatory body, religious, and influential persons is crucial for the success of initiatives aimed at supporting children with disabilities. Building partnerships with local organizations can enhance resource availability and program visibility.

Qualitative insights emphasized the devastating impact of war and ethnocentrism as root causes of displacement, with children exhibiting trauma-related symptoms like anxiety and sleep disturbances. Despite these challenges, the project fostered social integration and restored educational access for children with disabilities, such as sign language training for hearing-impaired students. Community support was initially strong, but sustaining positive attitudes required further effort. Key gaps included unmet material needs (e.g., food, clothing) and infrastructural limitations in schools. The BL-DDP program is good if it's addressed in the future to fulfill the needs of the displaced children. The teachers and stakeholders recommended prioritizing female caregiver participation, expanding resource allocation for inclusive infrastructure, enhancing teacher training, and launching income-generating initiatives to reduce dependency on external aid and promote transformative potential as systemic adjustments to ensure long-term resilience and equity for displaced communities.

The findings highlight the importance of engaging community members in discussions about program implementation and ongoing needs. Collaborative efforts can foster a supportive environment for children with disabilities and their families. The data indicates several areas for improvement, including increasing resource allocation or funds, increasing training opportunities, and ensuring that facilities are fully accessible. Addressing these gaps can lead to better outcomes for children. The findings from this analysis highlight the significant impact of the BL-DDP program on the lives of children with disabilities and their families. Moving forward, it will be essential to address identified gaps, ensure sustainability, and continue to foster inclusive environments that support the diverse needs of all children.

To conclude, the mixed-methods analysis of both qualitative and quantitative data reveals that the BL-DDP program has made substantial steps in enhancing the socio-educational landscape for children with disabilities and their families. While there are notable successes in accessibility, educational support, and psychosocial interventions, the findings also underline the importance of ongoing engagement, resource allocation, and continuous improvement to address the diverse needs of the community effectively. The BL-DDP program's achievements indicate a pathway towards sustainable development and improved quality of life for children with disabilities and their caregivers.

4.2 Recommendations

- For the future BL and DDP should design job creation and vocational training programs for caregivers to reduce dependency on external aid and empower families economically, contributing to their overall resilience.
- Future BL-DDP programs should actively promote female participation among caregivers through targeted outreach and support initiatives, including workshops that emphasize the importance of women's roles in caregiving and education.
- BL and DDP are best if they implement additional others rehabilitation program in IDP, such as medical rehabilitation, vocational trainings for Children, physical therapy and others.
- For the future, BL and DDP should plan adult literacy pilot programs that provide adult education programs to empower child caregivers and eliminate illiteracy.
- Launch tutorial programs for IDP students focused on language subjects.
- BL-DDP and other humanitarian organizations should maintain MHPSS center at the center of IDPs intervention
- Future BL-DDP projects should focus on ensuring adequate educational resources and materials for both caregivers and children, including specialized training for educators to address diverse learning needs.
- Future programs should be considered and planned to conduct life skills training for youth, parents, and other displaced peoples
- Develop ongoing community education programs aimed at changing perceptions toward children with disabilities, fostering acceptance and inclusion within the broader community.

- Design initiatives that focus on building local capacity to maintain support services after project completion. This could involve training community leaders and stakeholders to take ownership of program outcomes.
- Introduce continuous professional development for educators, emphasizing strategies for inclusive education and adaptive teaching methods to support all learners effectively.
- Psychosocial support (PSS) and psychological first-aid (PFA) training for camp commit and caregivers.
- BL and DDP will be best if they implement integrated livelihood programs (e.g., vocational training) to empower unemployed caregivers, improving household stability and children's educational outcomes.
- The continuation of the BL and DDP program is crucial, as it ensures sustained benefits for caregivers and stakeholders while effectively addressing any remaining gaps in capacity or resource availability.
- Need to provide additional training on resource management and sustainability and ensure equitable access to tools, knowledge, and networks for all stakeholders.

Policy suggestions

- The BL-DDP program highlights the need for policies that prioritize inclusive education and support services for children with disabilities. Policymakers should consider integrating findings from the BL project (DDP) into broader education and social service frameworks.
- There is a pressing need for increased investment in educational resources and training programs for caregivers and educators. Ensuring that schools are equipped to meet the needs of all students is essential for fostering an inclusive learning environment.
- Policymakers should enhance strategies that promote community involvement in supporting children with disabilities. This includes fostering partnerships between local organizations, schools, and families to create a more inclusive society.
- Addressing gender disparities in education and support services should be a priority, ensuring that all caregivers have equal opportunities to engage and advocate for their children.
- Future programs should develop sustainability frameworks that empower communities to continue supporting children with disabilities independently. This can include training local leaders and establishing community support networks.

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APPENDICES

Appendix (1) Survey questionnaires

Part One: General demographic information

1. Are you voluntarily participating in this study 1 yes 2, No
2. Participants Representation 1. caregiver and child 2, teacher 3, stakeholder 4 community representatives 5, IDP committee
3. Gender care giver? 1. female 2. Male
4. Gender of Child? 1. Girl 2. boy
5. What is age of the participants child _____
6. Age of care giver? _____
7. Education Level of child _____ 1, not enrolled school 2, preprimary 3 primary 4 secondary
8. Education level of care giver 1. Illiterate 2. read & write 3. Elementary (1-8) 4. Secondary (9-10) 5. Preparatory (11-12) 6. Diploma 7. First-degree and above
9. marital Status of care giver 1. Single 2. Married 3. Widowed 4. Divorced
10. How many persons live in your household? _____
11. Gender of teacher participants? 1. female 2. Male
12. Gender of stakeholder participants? 1. female 2. Male
13. Gender of community representative participants? 1. female 2. Male
14. Gender of IDP committee participants? 1. female 2. Male
15. For a teacher , name school to teach -----
16. Stakeholder representative office

Part Two; Questionary for parents and children

Likert scale / Note

1	2	3	4	5					
Strongly disagree	Disagree	Undecided	Agree	Strongly Agree					
	Statement				Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
	Specialized psychosocial services and infrastructure for displaced persons with disabilities in IDP camps particularly for CwDs, responses by care giver or child as pr applicability								
1.	Basic infrastructures (latrines, water points, etc.) are accessible, safe, and appropriate for persons with disabilities								
2.	Latrines are close to the shelter of persons with disabilities								
3.	BL- Social workers regularly visit people with disabilities and their families to provide counseling and psychosocial support								
4.	Special aids have been provided to persons with disabilities to assist with food preparation and feeding (e.g., special seats, spoons, etc.).								
5.	Inclusive educational and scholastic materials have been provided for children to enhance their learning experience and promote psychosocial well-being.								

6.	Child Friendly Spaces have been used as a means to promote protection and psychosocial wellbeing for children in the IDP camp.					
7.	Children with disabilities have full and equal access to education.					
8.	Children with disabilities have access to play areas and child-friendly spaces in IDP camps					
9.	Schools are easy to get to and physically accessible for children with disabilities					
10.	There are sufficient and appropriate teaching aids, and play and stimulation materials for children with disabilities that support education and emotional building.					
11.	I feel happier since receiving support from BL in the camp.					
12.	My teachers understand my educational needs and help me.					
13.	I feel safe and supported in my school environment through BL support					
14.	I can participate in all school activities, including those that are adapted for me.					
15.	I can express my thoughts and feelings freely in class					
Part Three; - questionnaire for all children's, parents 'or child responses						
16.	Do you feel that your participation in school has improved because of this project?					
17.	Do you think your social status has improved since participating in this project?					
18.	Are your schools physically accessible to you and your peers?					

19.	Have your needs for assistive devices or educational materials been met through this project?					
20.	I have noticed an improvement in my child's well-being since joining the program in inclusive and psychosocial support					
21.	The psychosocial support program is very essential and improve my child's					
22.	The support provided has been culturally appropriate and relevant to the children's needs					
23.	The educational support has positively impacted my child's learning experience					
24.	My child feels more confident and comfortable sharing their feelings since participating in the program					
25.	I see my child interacting positively with other children during activities					
26.	The programs have created a safe and supportive environment for my child and others					
27.	I am satisfied with the psychosocial and educational support provided to my child.					
28.	The psychosocial support provided has positively impacted the children's emotional well- being					
29.	As a parent have observed improvements in their children's behavior and mood after BL implement.					
30.	I have seen improvements in my child's education since they started attending school.					
31.	The school provides sufficient resources to meet my child's educational needs					
32.	My child feels motivated to learn happy and participate in school activities and					
33.	I have seen positive changes in my child's confidence since they started attending school and supported BL					
34.	I feel that the teachers understand and support my child's individual needs.					

35.	The training or community dialog session, or awarenesses rising session provided me with valuable knowledge about the psychosocial needs of my child and child development					
36.	I feel more confident in my ability to support my child's emotional and mental well-being after the training or community dialog session that organized by BL.					
37.	The training materials were relevant and easy to understand to learn and supports to my child's					
38.	I learned practical strategies to address my child's psychosocial needs from bl.					
Part four; - Stakeholders, Teachers, IDP committee and host community representatives						
1	The project was able to meet the needs of children and their families					
2	The strategies used by BL were relevant to deliver the services and meet the needs of beneficiaries					
3	BL has been implementing this project in a way that can supplement intervention carried out by previous projects of BL/government or other organizations					
4	The project has been designed in accordance with rights of people with disabilities					
5	BL allocated sufficient resources (human, financial and material in accordance) to effectively implement the project activities?					
6	BL project delivered quality of services.					
7	The BL project management structure supported efficient program implementation					
8	The project activities were delivered in a timely manner ensuring the value of money					

9	BL was efficient in utilizing the project budget to deliver the expected results					
10	The project was appropriate to meet the objective of creating sustainable solution for inclusion and rehabilitation of children with disabilities					
11	The attitude of the school and the general community is changed towards IDP children.					
12	Participation of IDP children is enhanced in schools					
13	Improved opportunity for social integration in the community at large is observed due to the impact of the project					
14	The social status of children including children with disabilities are improved significantly					
15	Schools are made to be physically accessible					
16	The project enhanced the commitment of government stakeholders to mainstream the issue of disability					
17	The training provided me with valuable knowledge about the psychosocial needs of children and young people.					
18	The training materials were relevant and made it easy to understand how to support children					
19	I found the training to be beneficial for my role in supporting IDP children and young people					
20	When the BL project is phased out, I can continue to maintain the benefits /support I have received from the project					
21	Do you think BL project should be continued in the future?					

Appendix (4): Interview Guideline for project participants

Hello! My name is _____. Thank you for taking the time and agreeing to my questions. This research aims to gain a deeper understanding of the experiences of boys, girls, men, and women who have faced displacement. I want to assure you that this interview is completely anonymous; your name will not be included in any reports or documents. You are free to skip any questions you prefer not to answer, and you can choose to stop the interview at any time.

Before we begin, do you have any questions or concerns about the interview process?

Start Time Interview: End Time: Place of Interview:
..... Date of Interview:

Part 1: Demographic data of the respondent's background.

Site/kebele -----	Age	Gender.....
Marital Status-----	Level of Education	Work

Part one; - Insights from Parents in the IDP

1. What were the main reasons that forced you to become an internally displaced person?
2. If you were displaced by conflict, what type of conflict was it?
 - a. Could you reflect on the situation's impacts on your family and your child's psychological well-being? If yes, Cases
3. How was situation at here in first time in IDPs the behavior of local communities towards you and your family? Please share your reflection, the psychological well-binges of yours and your child's.
4. How do you feel about your emotional state lately, including feelings of sadness, loneliness, and your outlook on activities compared to the past?
5. Can you describe your child sleep quality and any physical discomfort you experience, including energy levels and bad dreams?
6. How do you feel about your child social activities and interactions with family, including your enjoyment of them?
7. How do you cope your child with feelings of sadness or boredom, and how easily can you be cheered up by project or
8. How has the psychosocial and educational support impacted your child's well-being?
9. Can you share specific examples of changes you have observed in your child since receiving support?

10. How do you feel about the educational and psychosocial support resources available to your child and helps to empower emotional wellbeing's.
11. What was your experience with the training on psychosocial needs?
12. How has the training influenced your approach to supporting your child?
13. What additional support do you think is necessary for your child and other children in similar situations?
14. If the BL project is phased out, do you think you can maintain the benefits/support you have received from the project?
15. Do you have any other points that should be raised that were not addressed? If yes, please specify.

Part Two; - Insights from Teachers and stakeholders

1. Do you think Schools are easy to get to and physically accessible for children with disabilities and have full and equal access to education.
2. Do you There are sufficient and appropriate teaching aids, and play and stimulation materials for children with disabilities.
3. What changes have you observed in your students as a result of the psychosocial and educational support provided?
4. How have your students with disabilities responded to inclusive education initiatives?
5. What challenges do you encounter when supporting children with diverse needs?
6. How can the BL program address these challenges to better support you and your students?
7. What additional training , activities or resources would help you in your role and for students?
8. How can the program further enhance inclusive education in your school?
9. Do you have any other points that should be raised that were not addressed? If yes, please specify

Appendix (3) FGDs discussion guide/for project participants

Part One; - For Parents/Caregivers

1. What common challenges do you face in supporting your children's education and psychosocial well-being?
2. How has the support program changed your interactions with your children?
3. In what ways can the community better support families with children in IDP camps?
4. How can parents collaborate to enhance support available for their children?
5. What aspects of psychosocial and educational support have been most beneficial?
6. Are there areas of the program that need improvement?

7. What activities or programs need to be improved your child your family wellbeing's?
8. Do you have any other points that should be raised that were not addressed

Part Two; - For Teachers and Educational Stakeholders

1. How can project, teachers and parents work together to support children's needs and enhance psychological wellbeing?
2. Discuss the effectiveness of training sessions on understanding and supporting CwDs and traumatic children?
3. What additional topics or skills would benefit future program sessions?
4. What is your vision for inclusive education in your community?
5. How can we ensure that all children, especially those with disabilities, receive necessary support?
6. Do you have any other points that should be raised that were not addressed?