Develop Standards of Health Care for orphan Children in Dakahlia Governorate

Eman Mohammed. El-sherbeny [(1)], Salwa Abbas Ali [(2)], Sonia Gamal Elsharkawy [(3)],Saher Hamdy Elsayed [(4)] & Hanan Hassan Elezaby [(5)]

[(1)]Assistant Lecturer of Community Health Nursing -Faculty of Nursing –Bani Suaif University, [(2)]Prof. of community health Nursing- Faculty of Nursing - Zagazig University, [(3)]Prof. of Pediatric- Faculty of Medicine - Port-said University, [(4)]Assistant professor of Nursing Administration –Faculty of Nursing - Zagazig University, [(5)]Lecturer of Community Health Nursing -Faculty of Nursing -Port-said University.

Abstract:

***Background*:** Standards are application of the rules of the medical care within the institutions of Orphans. **Aim of the study:** was to assess quality of health care provided in orphanage at Dakahlia Governorate, develop standards care for orphan children, implement the standards care for orphan children and evaluate the developed standard care for orphan children. **Subjects & methods: Research Design:** Exploratory and cross section descriptive study with before-after assessment. **Setting:** the current study was carried out in five shelters at Belkas. Dakahlia Governorate. **Subjects:** composed of all children 6-18years (N=100 children, 100 care giver and 5 nurses. **Tools of data collection:** Two tools were used to collect data mainly interviewing questionnaire sheet and observation check list. **Results:** revealed that the three quarters of study orphan children were male. Nearly one third of the children inside shelters were didn't not complete their education, while two third of them were Continuity education. Half of the children were see orphanage as punishment institution. Health problems among orphanage shelters were significantly higher, including many diseases. More than one third of children were suffer from psychological problems before apply developed standards care while 14% after intervention, half of them were suffer from social problems before intervention decreased to rich 10% after intervention and 22% of them suffer from physical problems before while 10% after intervention. **Conclusion**: It can be concluded that care giver had limited knowledge and skills regarding develop and apply the developed standards of health care for orphans in orphanages before applying standards health care and after applying standards but still need more developed. **Recommendations:** The study recommended that the standards health care services and nursing role should be apply in the orphanage ,proper nursing care should be provided to orphanage children to treat their health problems.

Key word: Shelters; different institution; orphans children: children live in orphanage home

Introduction:

Orphan various groups use different definitions to identify orphans. An orphan is a child age 0-17 years whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead. The term '*social orphan'* may be used to describe children whose parents may be alive but who are neglected or abandoned by their parents or whose parents are no longer fulfilling any of their parental duties. One legal definition used in the United States is a minor bereft through death or disappearance of, abandonment or desertion by, or separation or loss from, both parents.[(1)]

Orphans have many effects on health, especially on children, such as increase of incidence of infection, increased growth of retardation and developmental delay. [(2)]

UNICEF,[(3)] reported that more than 132 million children classified as orphans all over the world, only 13 million have lost both parents. The orphan age in Arabic world is 15million child. The United Nations (UN) estimates that up to 8 million children around the world are living in care institutions. While the number of orphan children was estimated to be 2.5 million orphan children in Egypt. The number of orphanages in Egypt is 250 orphanages that contain child age between 6 to 18 years that include 7749 child and 102 orphanages from 1 to 6 years that

contain2068 child. There are nine orphanages in Dakahlia governorate for orphanness that accept child age between 6 to 18 years. Their capacity is 425 children. The actual number in this orphanage is 274 children.[4]

orphan children among adolescents is more frequent than it is generally realized in orphan youth, suffering from health problems directly related to lifestyle in the orphanage that is characterized by violence and deprivation. The orphan youth are often victims to physical and sexual abuse and family abuse, and have been found to have a greater number of psychological and physical problems more than the general adolescent population, many are engaged in "survival sex," exchanging sexual favors for food, clothing or shelter, specially male that leave shelter after (18-21) years, that making them vulnerable to sexually-transmitted diseases, including HIV, as well as unintended pregnancies. [2]

Care and support for orphans and vulnerable children has primarily focused on addressing their material needs. The secondary focus has been to address the needs for skill transfer and education for children. Even fewer care and support have been able to adequately address the medical, social welfare and psychological needs of children. It is essential that medical care, socioeconomic support, human rights and legal support, and psychosocial support interventions are implemented in the mutually reinforcing manner necessary to provide comprehensive care and support for orphans and other vulnerable children.[5]

Community role about continuous of care and cooperation between governmental and non-governmental organizations should provide protective services for orphan children, to create comprehensive system of care for orphan children. Their efforts are directed towards achieving income and permanent housing.[6]

When orphan children usually refuse shelter, prevention is the key factor of this problem. Communities today are challenged by difficult task to provide mental health care services for their members. These services need to be comprehensive by including primary, secondary and tertiary prevention. The community nurse plays an important role in such preventive interventions for orphan children, because of the wide range of problems presented by orphan children, nurses are required to be able to identify factors contributing to refuse shelter among children, and adopt problem solving techniques to face these problems. [7]

The development of standards is an important step-toward assuring quality of nursing care and health care worker, the focus of standards and the framework within which the multiple activities of nursing care performed needs to be determined. Avery commonly used framework for organizing standards is the structure, process, outcome attributes in evaluating quality of care. [8]

Significance of study:

In spite of the fact that childhood in Egyptian society occupies a large and important place in the population in Egypt, where the number of children from 6 to 18 years were estimated 35.185, 345 million children, representing approximately 40% of the total population, where the number of children from 6 to 18 years were estimated 3.833, 039 million children, and are representing approximately 43.83% of the total population in Dakahlia governorate, there is no comprehensive social policy and clear-cut from this large sector of population. The number of homeless shelters in Egypt is 250 shelters that contain children age between 6 to 18 years, including 7749 child and 102 shelters from 1 to 6 years that contains 2068 child. There are nine shelters in Dakahlia governorate for homeless children that accept children aged between 6 to 18 years. Their capacity is 425 children. The actual number in

this shelter is 274 children, 166 males and 108 females they are divided into 116 child aged between (6-12) years, 67child aged between 12-15 years, 70 child aged between (15-18) years, and 21 more than that. The orphan number in Arab world is 15million child and 2, 5million in Egypt. [8]

Aim of the study:

The aim of the current study was to: Develop standards of health care for orphan institution at Dakahlia Governorate.

Specific objectives

- Assess quality of health care provided in orphanage at Dakahlia Governorate.
- Develop standards care for orphan children (read literature, design, assess quality of care and develop standers).
- Implement the standards care for orphan children.
- Evaluate the developed standard care for orphan children.

Study hypothesis:

After develop standard care for orphanage institution the quality of health care provided for orphanage institution adolescent will be improved or the occurrence of health problems like physical ,social and psychological problems will be decrease.

Subjects and Methods

Research design:

An exploratory study and cross-sectional descriptive study design with before-after assessment.

Study setting:

The present study was conducted in all orphan institution at Talkha، Belkas and Mansoura district nominated as (Elbanen, Elbanat, Tahseen-Elseha, Dar-Ebnty and Fager-Eleslam) in Dakablia Governorate (five institutions).

There are 6 small government orphanages in Dakahlya Governorate provided care for children in the age of 6-21years old, each one having only 20-80 children residing. Orphans institutions usually consist of building from one floor or three floors based on the number of internal children and location, which is distributed as rooms or wards to stay in addition to the full floor for administrative offices (administrator, social workers, psychologist and accountant).Girls live every two girl in one room containing bed, cubber for contain clothes and office desk while in boys institutions there are wards contain 10-13 bed in addition to all means of life from a good environment, drinking water and number of bathrooms as well as a restaurant and a small football Playground with a small garden in some institutions, there is a room for the computer and Music and a store (storage donation clothes and other material).

Study subjects:

A sample composed of two groups:

A. Orphans children (100): All orphans children in Orphans' institution during the study period were recruited according the following inclusion criteria: age ranged between 12-18yrs old, male and female present in the above mentioned setting and stay not less than one year regularly in the orphanage.
B. All care givers present in the orphanage at the period of the study (team work in the orphanage) were 105 distributed as following 100 social worker (20 orphanage) and 5 nurses (one in each orphanage). Both sex and had experiences not less than one year.

Tools of data collection:

Data of the current study were collected by using two tools include:

- ***Tool (I):*** **Interviewing questionnaire sheet**: was used by the researcher to interview the: Care giver (nurses and social workers): to assess knowledge and skills this questionnaire adopted from Elsherbeny. [9] Orphan Care Standards chick list adopted by (orphan network). [10] It was used to evaluate the quality of care of

orphan services that provided to children. It was completed by the care giver.

- ***Tool (II):*** **An observational checklist of Nurses' role:** Observational checklist was adopted from Elsherbeny[9] to assess nurse performance, child status index services provided by orphanage, orphan care standard and to assess home orphanage environment such as assess the safety environment social and psychological environments for children. It included items about site of institution, ventilation, lighting, presence of a social worker inside the house and availability of a quiet atmosphere to study and learn.

Scoring system:

Orphan Care Standards checklist: For each procedure item responses were two points if "available" and "unavailable" they were scored Zero .Total score 12 points as following:

- The care giver who performed<60% Not available.
- The care giver who performed 60-<75% partially available.
- The care giver who performed 75% or more available.

Observational checklist: presence of each of the above mentioned items take one points and their absence take zero.

Validity and Reliability:

The tools were distributed to 7 experts in community health nursing and medicine and nursing administration little modifications were done.

The reliability of the modified scale was done using the internal consistency method. The reliability proved to be high with a Cornbach alpha coefficient 70%.

Field work:

The process of data collection was carried out in the period from July 2012 to March 2013 three days /weekly for three hours /daily. Every tool takes half hours for every child. The investigator attended with orphan shelters in Dakahlia Governorate. All selected study sample agreed to participate in the study. The investigator chose some of social workers and explained purpose and process of the study to them to explained to the children to reduce the possibility of escaping from the meeting and help investigator in collecting data. The investigator clarified any question to the social worker and study sample if it needed to clarification. During data collection, the investigator interviewed orphan children to take socio demographic of each child, family and nurse. Physical assessment through observation of physical problems, medical report like chronic problems and parasitic disease and psychological problems. Observational checklist was conducted to observe building; environment condition, cleanliness and suitability .It covered the period from July 2012 to March 2013. Three hours per day for three days per week. Also observation nurses roles.

Pilot study:

A pilot study was carried out on 10% of the total sample to test the applicability, clarity of the tools for done collection and estimated the time need for assessment, intervention and this subjects were excluded from the study sample.

***Administrative and ethical considerations*:**

Before starting any step in the study, an official letter was issued from the Dean of the Faculty of Nursing to the Director of main orphanage in Dakhlia Governorate, as well as to the care giver and nurses, requesting their cooperation and permission to conduct the study. After an explanation of study objectives, an individual oral consent was also obtained from each participant in the study.

Before distributing the sheets, the researcher informed each care giver and orphan about the purpose and nature of the study, emphasizing that participation in the study is entirely voluntary; anonymity and

confidentiality was assured through coding the data. Every head nurse was told that they have the right and freedom not to complete the study process.

Orally agreement for participation of the subjects was taken from the participants. Explained to them the aim of the study ,they were given an opportunity to refuse or to withdraw at any phase if they want without any reasons and they were assured that the information that was taken from them would be confidential and used for the research purpose only.

Statistical analysis:

Data entry were done using Epi-Info 6.04 computer software package, while statistical analyses were done using the statistical package for social science (SPSS), version 14.00. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Qualitative variables were compared using Chi-square test, whenever the expected values in one or more of the cells in a 2×2 tables was less than 5, Fisher exact test was used instead, in larger than 2×2 cross tables, and no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Statistical significance was considered at P-value <0.05.

Results

Table (1): Clarifies that there is a highly statistical significant difference regarding food and nutritional indicators of orphan standards at the studied orphan as reviewed by the children (p<0.001**). Regarding food indicator 81%, 79% of them agreed that they frequently have adequate food to eat than needed, never complains of hunger and they have enough to eat some of the time, depending on season or food supply at after intervention phase respectively. In relation to nutrition and growth 77%, 76% of them agreed that they are well grown with good height, weight, and energy level for his/her age and seems to be growing well but is less active compared to others of same age in community respectively.

Table (2): Illustrates that there is a highly statistical significant difference regarding shelter and care indicators of orphan standards at the studied orphanage as reported by the children (p<0.001**). Regarding shelter indicators 76%, 72% of them agreed that they live in a place that is adequate, dry, safe, and not need major repair at after intervention phase respectively. In relation to care indicators 66%, 61% of them agreed that they have a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her, they are completely without the care of an adult and must fend for him or herself or lives in child-headed household respectively.

Table (3): Reveals that there is a highly statistical significant difference regarding abuse and exploitation and legal protection indicators of orphan standards at the studied orphan as reported by the children (p<0.001**). Regarding abuse and exploitation indicator 75% of them agreed that they do not seem to be abused, neglected, do inappropriate work, or be exploited in other ways, not abused, sexually or physically, and/or is not being subjected to child labor or otherwise exploited at after intervention phase respectively. In relation to legal protection indicators 60%, 59% of them agreed that they have access to any legal protection services and may not be at risk of exploitation and they have access to any legal protection services and is not being legally exploited respectively.

Table (4): Shows that there is a highly statistical significant difference regarding wellness and health care services indicators of orphan standards at the studied orphan as mentioned by the children (p<0.001**). In relation to wellness indicator 76,75% of them agreed that they in past month, child has not been ill most of the time and was never (more than

3 days) too ill for school, work, or play at after intervention phase respectively. Regarding health care services indicator 69,70% of them agreed that they received medical treatment when ill, they only sometimes or inconsistently receives needed health care services respectively.

Table (5): Indicates that there is a highly statistical significant difference regarding emotional health and social behavior indicators of orphan standards at the studied orphan as answered by the children (p<0.001**). In relation to wellness indicator 70,67% of them agreed that they are mostly happy but rarely he/she is anxious, or withdrawn and hopeful، happy and social engaged at after intervention phase respectively. Regarding social behavior indicators68% of them agreed that they have minor problems getting along with others and argues or gets into fights sometimes and are obedient to adults and frequently interacts well with peers, guardian, or others at home or school respectively.

Table (6): Illustrates that there is a highly statistical significant difference regarding performance and education and work indicators of orphan standards at the studied orphan as reported by the children (p<0.001**). In relation to performance indicator 76% of them agreed that they are learning well and developing life skills well, but caregivers, teachers, or other leaders have some concerns about progress and are learning and gaining skills well at after intervention phase respectively. Regarding social education and work indicators 74,60% of them agreed that they Child is enrolled in and attending school/ training regularly and involved in age appropriate productive activity or job respectively.

Table (7): Reveals that there is a statistical significant differences regarding studied orphan nurse's level of performing their role at orphans institution before-after intervention. p<0.001.

Table (8): Indicates that there is a highly statistical significant difference regarding availability of the studied orphan standards in relation to different studied indicators including food and nutrition, shelter and care, protection, psychosocial and education and training skills (p<0.001**).

Figure (1): Reveals that 88% of total quality of orphans check list standards of the studied orphans before-intervention was low as compared to 40% was high after intervention.

Table (9): Shows that there is a highly statistical significant difference regarding updating of orphans' check list standards indicators (p<0.001**). 52, 49% of them indicated updating of polices and procedure and transition assistance (49%) after intervention phase respectively.

Table (10): Shows that there is a highly statistical significant differences regarding studied orphan children satisfaction regarding basic services before-after intervention (p<0.001). While there is a statistical significant differences regarding their satisfaction about social services and psychological environment also before-after intervention (p<0.05).

Figure (2): Indicate that 81%,73%,77% of the studied orphan children were unsatisfied by basic service, social services, and psychological environment respectively at before- intervention phase compared to 84%, 71%, 70% of them were satisfied by it respectively after intervention.

Discussion:

The growing demand for care and support of orphans and vulnerable children at the community level has strained traditional coping mechanisms to a crisis stage in the most heavily affected countries. In the absence of support there will be long-term developmental impacts on children and the future of these countries. Failure to support children to overcome this trauma will have a very negative impact on society and

might cause dysfunctional societies, jeopardizing years of investment in national development.[7] Orphanage institution is the place where children reside without cohabiting parents, irrespective of the life status of the latter. The development of standards is an important step-toward assuring quality of nursing care and health care worker, the focus of standards and the framework within which multiple activities of nursing care performed needs to be determined. Avery commonly used framework for organizing standards is the structure, process, outcome attributes is evaluating quality of care. [11]

In relation to orphan's children evaluation regarding shelter and care indicators at the studied orphans' before and after intervention, the present study illustrated that there is a highly statistical significant difference regarding shelter and care indicators of orphan standards at the studied orphan as reported by the children, more than three quarters of them agreed that they live in a place is adequate, dry, safe, and not need for major repair at after intervention phase respectively. In relation to care indicators nearly two third of them agreed that they have a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her, they are completely without the care of an adult and must fend for him or herself or lives in child-headed household respectively . The present study was in agreement with *Abd-Elhaleem* [12] who reported that orphans shelters must have proper environment also Asker [11] stated that shelter must be suitable for children and disagree with Mosa [13] who found that many of the shelters were crowded and were not suitable for shelter environment.

Regarding health care services indicator nearly two third of them agreed that they received medical treatment when ill, they only sometimes or inconsistently receives needed health care services respectively, after implementation of the standards .These study agreement with El-Sherbeny [9] who stated in Ain Shams health care services not enough in all orphanage. This is due to absence of medical team such as doctor and nurse in shelter during child's illness. They did not follow up social supervision. This led to spread of disease faster among children and this finding disagree with Fahmy [14] who revealed that care services was enough and first aid also provided in orphanage.

As regarding orphan's children evaluation regarding orphans' staffing indicators at the studied orphans' before and after intervention, the present study indicated that there is a highly statistical significant difference regarding staffing indicators of orphan standards at the studied orphan as mentioned by the children. The majority of them indicated the availability of physician staff, nurses and social worker they satisfied with their job. These study was in agreement with El-Sherbeny,[9] in Ain Shams university who reported that shelter health clinic, medical staffs were physician, nurse, social workers in all shelters but there no job description for their work. Moreover physician, nurses worked as visitors in some shelters. The rest of staff such as dentist, orthopedic, ophthalmologist, psychiatrist, psychologist and nutritionist were not present. While medical services were insufficient. Orphan shelter health room clinic regarding facilities, solution and emergency medication, they were insufficient. Also equipment for bed making, needed for conducting physical examination and equipment for first aid were complete. The present study also was in agreement with Abo-Elnaser [15], who reported in his study in Cairo that physical set up, must be complete, and supplies and equipment just needed in physical set up were used in first aid only.

As regarding nurses' role in management at the studied orphans settings, the present study revealed that there is a statistical significant

differences regarding studied orphan nurse's performance regarding their monitoring and assessor roles and preventive role at the after intervention phase. The present study was opposite with El-Sherbeny [9] stated in Ain shams university that nurse's role such as administrative, monitoring and assessor of preventive role of all shelters were insufficient, and care role of all nurses were sufficient, these study also agree with Asker [11], which nurse role inside shelters, was merely first aid.

Concerning the orphan children opinion before-after intervention about the indicators of police and procedure of the standards, the results showed that there is a highly statistical significant difference regarding policies and procedures indicators of orphan standards at the studied orphan after intervention. The majority of the children reported that the availability of affirm the dignity and worth of the child and Provide equal, unhindered access to basic social .This study was contradict with Abd-Elhaleem [12], who reported that orphan children not agree about Policies and procedures that provided in the orphanage.

Concerning indicators and polices related to nutrition according to children opinion after intervention of the standards the majority of them reported they had adequate food to eat and never complaints from hungry and food available was according to the season. Three quarters of them mentioned the amount of food were suitable to grow him and provided them with energy they need to do their daily activities, this finding was opposite to study conducted by Abd-Elhaleem [12], El-Sherbeny [9] who reported that most orphans children had wrong food habits and most common nutritional problems were anemia as a result of not eating all types of food, leading to thinness.

The difference between the present study and other study might be due to application of the standards and the health care provided in the studied orphan institution was cooperative and supervised the nutrition process inside the orphanage.

Prevalence of social problems among orphan children was due to community disapproval refusal of them, and loss of love from parent and people. Some of them had sense of shame due to their illegality, without separation between ages inside shelters, leading to appearance of abuse and exploitation and homosexual or heterosexual among children after implementation of the standards. Three quarters of children agreed that they do not seem to be abused, neglected, do inappropriate work, or be exploited in other ways, not abused, sexually or physically, and/or is not being subjected to child labor or otherwise exploited at after intervention phase respectively. In relation to legal protection indicators two third(59%) of them agreed that they have access to any legal protection services and may not be at risk of exploitation and they have access to any legal protection services and is not being legally exploited respectively .This study was in agreement with Mursy [16] and Mosa[13], who reported in his study in Cairo that violence, theft, withdrawal abuse and exploitation and hyper sexuality /rap most prevalence among orphans children also agree with El-Sherbeny,[9] study in Ain Shams who reported that social problems among homeless children in Dakahlia shelters' were higher significantly difference among children.

In relation to orphan's children evaluation of emotional health and social behavior indicators at the studied orphans' before and after intervention, the present study indicated that there is a highly statistical significant difference regarding emotional health and social behavior indicators of orphan standards at the studied orphan as viewed by the children. More than two third of children agreed that they are mostly happy but rarely he/she is anxious, or withdrawn and hopeful. Regarding social behavior indicators

more than two third of them agreed that they have minor problems getting along with others and argues or gets into fights sometimes and are obedient to adults and frequently interacts well with peers, guardian, or others at home or school respectively .These study agree with El-Sherbeny,[9] study in Ain Shams who reported that emotional problems represented about nearly three-quarters of total children who had fear, the majority had jealousy of siblings, less than two-thirds had curiosity, and more than half suffered from anger, and also Abd-Elhaleem[12] and Mosa [13], stated that emotional problems were mostly prevailing among orphans children.

In addition the orphan's children evaluation regarding performance and education and work indicators at the studied orphans' before and after intervention, the present study the result illustrated that there is a highly statistical significant difference regarding performance and education and work indicators of orphan standards at the studied orphan as viewed by the children. In relation to performance indicator more than three quarters of them agreed that they are learning well and developing life skills well, but caregivers, teachers, or other leaders have some concerns about progress and learning and gaining skills well at after intervention phase. For the social education and work indicators nearly three quarters children agreed that they enrolled and attending school/training regularly and involved in age appropriate productive activity or job. The finding of the present study was in agree with Abd-Elhaleem [12], who reported that two thirds were in different levels of education, especially primary schools, and minority could just read & write and less than one third did not go to school. The study shows that education has significantly difference among children. This is in accordance to Mursy [16], who reported that orphans children worked in many jobs, as more than one third of child their age ranged from 15 – 17 years old, and in disagreement with Hamza [17], who reported that orphans children worked in many jobs as nearly half aged 6 – 11 years.

Moreover orphan's children evaluation regarding orphans' dignity and self-worth indicators score at the studied orphans' before and after intervention, the present study illustrated that there is a highly statistical significant difference regarding dignity and self-worth indicators of orphan standards at the studied orphan as viewed by the children. The majority of children indicated the availability birth certificate for each child and appropriate privacy. Also nearly three quarters of them added the availability of access to counseling to help heal from past issues as abuse, neglect. These study contradict with El-Sherbeny[9] in Ain Shams university who reported that emotional problems were nearly three-quarters of total children had fear, lower sense of dignity and no privacy. The majority also jealousy of siblings, less than two-thirds had curiosity, and more than half suffered from neglecting and anger. in agreement with Abd-Elhaleem [12] and Mosa [13], which emotional problems were mostly prevailing among orphan children.

In relation to orphan's children evaluation orphans' security indicators score at the studied orphans' before and after intervention, the present study showed that there is a highly statistical significant difference regarding security indicators of orphan standards at the studied orphan as reviewed by the children. Majority of them indicated the availability of daily schedule and methods of discipline respectively. Moreover majority of them added the availability clearly communicated and fairly administered methods of discipline. These study was in agreement with El-Sherbeny,[9] in Ain Shams university who reported that orphans' sense low security in all orphanage.

In relation to orphan's children evaluation regarding orphans'

Childhood Expression and Development indicators score at the studied orphans' before and after intervention, the present study indicated that the majority of children indicated the availability means and opportunity for children to express themselves through art, adequate time for free play in a safe environment and opportunity for structured and unstructured sports and recreation at after intervention phase respectively (Table 10). These study was in agreement with El-Sherbeny [9] in Ain Shams university who reported that the majority of total sample had more than one friend and the minority had no friends, while the majority of male and all of female had leisure time and more than one tenth of male had no leisure time. While nearly half of total children spent their leisure time at shelters, and one quarter in computer center, while half of male spent their weekend outside shelter (at cinema, coffee shop, computer center, with friends and all of the above). The present study was also in agreement with Abd-Elhaleem [12], who reported that majority of children spent their leisure time & week end in the street. It also agree with Mosa [13], who reported in his study in Cairo that majority of male spent leisure time outside shelters.

Concerning to orphan's children evaluation regarding orphans' transition assistance indicators score at the studied orphans' before and after intervention, the present study indicates that more than three quarters of children mentioned the availability of systems for follow-up by orphanage staff to ensure successful transition and systems for assistance in securing employment at after intervention phase. These was in accordance to Mursy [16], who reported that orphan children worked in many jobs, as nearly half of child their age ranged from 15 – 17 years old, and in disagreement with Hamza [17], who reported that orphan children worked in many jobs as nearly half aged 6 – 11 years. Also agreement with these study agree with El-Sherbeny [9] in Ain Shams who reported that child occupation, nearly one third of total sample were working, two fifths of male had technical work, such as selling, working as baker or in factory, and few of female had office work as secretary. Their age ranged between 13-18 years; her study shows that occupation present a significantly difference among children.

As regarding orphan's children evaluation the orphans' life skills indicators score at the studied orphans' before and after intervention. More than three quarters of children indicated the availability of a system to teach orphans important life skills, Communication skills and Conflict resolution at after intervention phase respectively. These study opposite to El-Sherbeny[9] in Ain Shams who reported that, there is no system to teach orphans important life skills in all orphanage.

Moreover orphan's children evaluation orphanage operations indicators score at the studied orphans' before and after intervention the present study showed that there is a highly statistical significant difference regarding operation indicators of orphan standards at the studied orphan as viewed by the children. More than three quarters of them indicated the availability of a system to teach orphans important life skills, Communication skills and Conflict resolution at after intervention phase respectively. These studies were contradicted with El-Sherbeny [9] in Ain Shams who reported that, there is no system to teach orphans important life skills in all orphanages.

In addition regarding orphans quality of standards as reported by the children, the present study revealed that the majority of the studied orphan children added that quality of orphans care and quality of child status indices standards respectively were low at the before-intervention phase. On the other hand the minority of them added that quality of orphans care and quality of child status indices standards

respectively were high at the after-intervention .these study agree with El-Sherbeny [9] in Ain Shams who reported that quality of care in orphanage was low.

Regarding studied orphan children satisfaction of basic services shows that there is a highly statistical significant of studied orphan children satisfaction of basic services, social services and psychological environment. The present study were opposite with El-Sherbeny [9] in Ain Shams who reported that orphan children had not satisfaction about basic services provided in orphanage.

Conclusion:

It can be concluded that care giver had limed knowledge and skills regarding develop and apply standards of health care for orphans in orphanages before applying standards health care and developed after applying standards but still need more developed.

Recommendations:

- Before service education and training program to all worker in the orphan institution about the children needed, health problems and how to deal with this problems.
- The medical team should contain physician and nurses attended provided health care services 24 hours for children.
- Separate each age group of children together (separation between children aged 6-15 years in orphan institution alone and 15-18years in other orphan institution).
- Health care teem should educate children about personal hygiene.
- Applied the developed standard to improve quality of care provided to orphan children
- Handouts should contain information about growth and development of children needs especially good habits, ethics and how to deal with health different problems.
- Periodic revision of orphanage standard.

Table (1): Distribution of orphan's children evaluation regarding food and nutrition indicators at the studied orphans' before and after intervention

Indicators	Before-intervention						After-intervention						X^2	p-value
	Disagree		uncertain		Agree		Disagree		Uncertain		Agree			
	No	%	No	%	No	%	No	%	No	%	No	%		
1A. Food Security														
▪ Child is well fed, eats regularly.	57	57.0	41	41.0	2	2.0	0	.0	25	25.0	75	75.0	130.08	<0.001**
▪ Child has enough to eat some of the time, depending on season or food supply.	46	46.0	52	52.0	2	2.0	0	.0	21	21.0	79	79.0	132.36	<0.001**
▪ Child frequently has adequate food to eat than needed, never complains of hunger.	42	42.0	54	54.0	4	4.0	0	.0	19	19.0	81	81.0	128.53	<0.001**
▪ Child has food to eat and doesn't go to bed hungry.	54	54.0	41	41.0	5	5.0	0	.0	28	28.0	72	72.0	114.74	<0.001**
1B. Nutrition and Growth														
▪ Child is well grown with good height, weight, and energy level for his/her age.	43	43.0	50	50.0	7	7.0	0	.0	23	23.0	77	77.0	111.32	<0.001**
▪ Child seems to be growing well but is less active compared to others of same age in community.	40	40.0	55	55.0	5	5.0	0	.0	24	24.0	76	76.0	114.39	<0.001**
▪ Child has lower weight, looks shorter and/or is less energetic compared to others of same age in community.	52	52.0	45	45.0	3	3.0	0	.0	33	33.0	67	67.0	112.36	<0.001**
▪ Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	48	48.0	51	51.0	1	1.0	0	.0	27	27.0	73	73.0	125.43	<0.001**

*** Highly statistical significant difference*

Table (2): Distribution of orphan's children by their answer about shelter and care indicators at the studied orphans' before and after intervention

Indicators	Before-intervention						After-intervention						X^2	p-value
	Disagree		uncertain		Agree		Disagree		Uncertain		Agree			
	No	%	No	%	No	%	No	%	No	%	No	%		
A. Shelter														
▪ Child lives in a place that is adequate, dry, and safe.	50	50.0	48	48.0	2	2.0	1	1.0	23	23.0	76	76.0	126.08	<0.001**
▪ Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	48	48.0	49	49.0	3	3.0	2	2.0	30	30.0	68	68.0	106.39	<0.001**
▪ Child lives in a place that doesn't need major repairs.	44	44.0	51	51.0	5	5.0	0	.0	28	28.0	72	72.0	108.99	<0.001**
▪ Child has no stable, adequate, or safe place to live.	55	55.0	39	39.0	6	6.0	0	.0	30	30.0	70	70.0	110.06	<0.001**
B. Care														
▪ Child has a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	44	44.0	50	50.0	6	6.0	2	2.0	32	32.0	66	66.0	92.29	<0.001**
▪ Child has an adult who provides care but who is limited by illness, age, or seems indifferent to this child.	39	39.0	53	53.0	8	8.0	5	5.0	32	32.0	63	63.0	74.02	<0.001**
▪ Child has no consistent adult in his/ her life that provides love, attention, and support.	52	52.0	40	40.0	8	8.0	3	3.0	38	38.0	59	59.0	82.52	<0.001**
▪ Child is completely without the care of an adult and must fend for him or herself or lives in child-headed household.	41	41.0	52	52.0	7	7.0	3	3.0	36	36.0	61	61.0	78.61	<0.001**

*** Highly statistical significant difference*

Table (3): Distribution of orphan's children evaluation regarding abuse and exploitation and legal protection indicators at the studied orphans before and after intervention

Indicators	Before-intervention						After-intervention						X^2	p-value
	Disagree		uncertain		Agree		Disagree		Uncertain		Agree			
	No	%	No	%	No	%	No	%	No	%	No	%		
3A. Abuse and Exploitation														
▪ Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	40	40.0	53	53.0	7	7.0	4	4.0	21	21.0	75	75.0	99.68	<0.001**
▪ There is no suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	46	46.0	49	49.0	5	5.0	3	3.0	30	30.0	67	67.0	95.69	<0.001**
▪ Child is not neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	45	45.0	52	52.0	3	3.0	4	4.0	25	25.0	71	71.0	106.26	<0.001**
▪ Child is not abused, sexually or physically, and/or is not being subjected to child labor or otherwise exploited.	43	43.0	51	51.0	6	6.0	4	4.0	21	21.0	75	75.0	103.63	<0.001**
3B. Legal Protection														
▪ Child has access to legal protection as needed.	41	41.0	55	55.0	4	4.0	5	5.0	48	48.0	47	47.0	64.90	<0.001**
▪ Child has access to legal protection services, but no protection is needed at this time.	45	45.0	51	51.0	4	4.0	2	2.0	50	50.0	48	48.0	76.58	<0.001**
▪ Child has access to any legal protection services and may not be at risk of exploitation.	51	51.0	44	44.0	5	5.0	7	7.0	33	33.0	60	60.0	81.48	<0.001**
▪ Child has access to any legal protection services and is not being legally exploited.	43	43.0	53	53.0	4	4.0	12	12.0	29	29.0	59	59.0	72.51	<0.001**

*** Highly statistical significant difference*

Table (4): Distribution of orphan's children evaluation regarding wellness and health care services indicators at the studied orphans before and after intervention

Indicators	Before-intervention						After-intervention						X^2	p-value
	Disagree		Uncertain		Agree		Disagree		Uncertain		Agree			
	No	%	No	%	No	%	No	%	No	%	No	%		
4A. Wellness														
▪ In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.	44	44.0	53	53.0	3	3.0	4	4.0	35	35.0	61	61.0	89.57	<0.001**
▪ In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	55	55.0	39	39.0	6	6.0	6	6.0	25	25.0	69	69.0	95,34	<0.001**
▪ In past month, child was never (more than 3 days) too ill for school, work, or play.	43	43.0	51	51.0	6	6.0	4	4.0	21	21.0	75	75.0	103.59	<0.001**
▪ In past month, child has not been ill most of the time.	40	40.0	56	56.0	4	4.0	5	5.0	19	19.0	76	76.0	110.27	<0.001**
4B. Health Care Services														
▪ Child has received all or almost all necessary health care treatment and preventive services.	52	52.0	44	44.0	4	4.0	5	5.0	32	32.0	63	63.0	92.60	<0.001**
▪ Child received medical treatment when ill.	41	41.0	52	52.0	7	7.0	4	4.0	26	26.0	70	70.0	90.63	<0.001**
▪ Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	46	46.0	51	51.0	3	3.0	7	7.0	24	24.0	69	69.0	98.91	<0.001**
▪ Child rarely or never receives the necessary health care services.	47	47.0	49	49.0	4	4.0	4	4.0	33	33.0	63	63.0	91.33	<0.001**

*** Highly statistical significant difference*

Table (5): Distribution of orphan's children evaluation regarding emotional health and social behavior indicators at the studied orphans' before and after intervention

Indicators	Before-intervention						After-intervention						X^2	p value
	Disagree		Uncertain		Agree		Disagree		uncertain		Agree			
	No	%	No	%	No	%	No	%	No	%	No	%		
5A. Emotional Health														
▪ Child seems happy, hopeful, and content.	40	40.0	58	58.0	2	2.0	4	4.0	30	30.0	66	66.0	98.59	<0.001**
▪ Child is mostly happy but rarely he/ she is anxious, or withdrawn.	45	45.0	51	51.0	4	4.0	3	3.0	27	27.0	70	70.0	102.99	<0.001**
▪ Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	42	42.0	57	57.0	1	1.0	5	5.0	34	34.0	61	61.0	93.00	<0.001**
▪ Child seems hopeful, happy and social engaged.	45	45.0	53	53.0	2	2.0	1	1.0	32	32.0	67	67.0	108.50	<0.001**
5B. Social Behavior														
▪ Child likes to play with peers and participates in group or family activities.	51	51.0	44	44.0	5	5.0	0	.0	36	36.0	64	64.0	102.24	<0.001**
▪ Child has no problems getting along with others and argues or gets into fights sometimes.	52	52.0	45	45.0	3	3.0	0	.0	32	32.0	68	68.0	113.70	<0.001**
▪ Child is obedient to adults and frequently interacts well with peers, guardian, or others at home or school.	49	49.0	47	47.0	4	4.0	0	.0	32	32.0	68	68.0	108.73	<0.001**
▪ Child has no behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior.	56	56.0	39	39.0	5	5.0	2	2.0	36	36.0	62	62.0	98.88	<0.001**

*** Highly statistical significant difference*

Table (6): Distribution of orphan's children evaluation regarding performance and education and work indicators at the studied orphans' before and after intervention

Indicators	Before-intervention						After-intervention						X2	p-value
	Disagree		uncertain		Agree		Disagree		uncertain		Agree			
	No	%	No	%	No	%	No	%	No	%	No	%		
6A. Performance														
▪ Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	48	48.0	49	49.0	3	3.0	2	2.0	36	36.0	62	62.0	97.86	<0.001**
▪ Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	46	46.0	50	50.0	4	4.0	0	.0	24	24.0	76	76.0	119.91	<0.001**
▪ Child is learning and gaining skills well.	46	46.0	52	52.0	2	2.0	0	.0	33	33.0	76	76.0	111.47	<0.001**
▪ Child has no serious problems with learning and performing in life or developmental skills.	39	39.0	58	58.0	3	3.0	0	.0	29	29.0	71	71.0	111.15	<0.001**
▪ 6B. Education and Work														
▪ Child is enrolled in and attending school/training regularly.	39	39.0	56	56.0	5	5.0	1	1.0	25	25.0	74	74.0	108.23	<0.001**
▪ Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job.	41	41.0	57	57.0	2	2.0	6	6.0	47	47.0	47	47.0	68.35	<0.001**
▪ Child enrolled in school or has a job but he/she rarely attends.	42	42.0	56	56.0	2	2.0	3	3.0	52	52.0	45	45.0	73.28	<0.001**
▪ Child is enrolled, attending training, and involved in age appropriate productive activity or job.	49	49.0	48	48.0	3	3.0	7	7.0	33	33.0	60	60.0	85.84	<0.001**

*** Highly statistical significant difference*

Table (7): Distribution of nurses by their level performing their role at orphans settings before-after intervention.

Nurses' role	before-intervention				After-intervention				X2	p-value
	Satisfac done		Unsatisfac done		Satisfac done		Unsatisfac done			
	No	%	No	%	No	%	No	%		
▪ Administrative role	1	20.0	4	80.0	5	100.0	0	0.0	6.66	<0.001**
▪ Monitoring and assessor roles	2	40.0	3	60.0	5	100.0	0	0.0	4.26	<0.05*
▪ Preventive role.	1	20.0	4	80.0	4	80.0	1	20.0	3.60	<0.05*

Statistical significant difference* * Highly statistical significant*

Table (8): Distribution of orphan's children view in regarding total orphans standards total indicators score at the studied orphans' before and after intervention

Standards	Indicators	Before-intervention						After-intervention						X2	p-value
		Available		Partially available		Not available		Available		Partially available		Not available			
		No	%	No	%	No	%	No	%	No	%	No	%		
Food and nutrition	Food Security	6	6.0	43	43.0	51	51.0	28	28.0	42	42.0	30	30.0	19.69	≤0.001**
	Nutrition and Growth	6	6.0	48	48.0	46	46.0	28	28.0	49	49.0	23	23.0	21.91	≤0.001**
Shelter and care	Shelter	6	6.0	46	46.0	48	48.0	28	28.0	46	46.0	26	26.0	20.47	≤0.001**
	Care	6	6.0	51	51.0	43	43.0	41	41.0	43	43.0	16	16.0	39.10	≤0.001**
Protection	Abuse and Exploitation	8	8.0	46	46.0	46	46.0	37	37.0	36	36.0	27	27.0	24.85	≤0.001**
	Legal Protection	3	3.0	46	46.0	51	51.0	36	36.0	41	41.0	23	23.0	38.80	≤0.001**
Health	Wellness	7	7.0	44	44.0	49	49.0	34	34.0	45	45.0	21	21.0	28.99	≤0.001**
	HealthCareServices	12	12.0	42	42.0	46	46.0	32	32.0	45	45.0	23	23.0	16.86	≤0.001**
Psychosocial	Emotional Health	10	10.0	45	45.0	45	45.0	39	39.0	45	45.0	16	16.0	30.95	≤0.001**
	Social Behavior	12	12.0	43	43.0	45	45.0	35	35.0	39	39.0	26	26.0	16.53	≤0.001**
Education and skills training	Performance	6	6.0	42	42.0	52	52.0	36	36.0	43	43.0	21	21.0	34.60	≤0.001**
	Education and Work	6	6.0	47	47.0	47	47.0	31	31.0	50	50.0	19	19.0	28.86	≤0.001**

*** Highly statistical significant difference.*

Table (9): Distribution of orphan's children evaluation regarding orphans' check list indicators at the studied by the studied orphans' before and after intervention

Standards	Before-intervention						After-intervention						X2	p -value
	Update		Partially update		Not Updated		Update		Partially update		Not Updated			
	No	%	No	%	No	%	No	%	No	%	No	%		
1. Policies and procedures	8	8.0	47	47.0	45	45.0	52	52.0	26	26.0	22	22.0	17.67	≤0.001**
2. Staffing	9	9.0	46	46.0	45	45.0	47	47.0	36	36.0	17	17.0	28.85	≤0.001**
3. Security	12	12.0	45	45.0	43	43.0	41	41.0	33	33.0	26	26.0	14.17	≤0.001**
4. Dignity and Self-Worth	15	15.0	42	42.0	43	43.0	40	40.0	32	32.0	28	28.0	9.36	<0.05*
5. Process	11	11.0	45	45.0	44	44.0	41	41.0	33	33.0	26	26.0	15.81	≤0.001**
6. Childhood Expression and Development	13	13.0	43	43.0	44	44.0	40	40.0	32	32.0	28	28.0	11.68	≤0.001**
7. Education.	6	6.0	43	43.0	51	51.0	43	43.0	28	28.0	29	29.0	21.81	≤0.001**
8. Transition Assistance	8	8.0	46	46.0	46	46.0	49	49.0	30	30.0	21	21.0	22.16	≤0.001**
9. Environmental Standards	10	10.0	43	43.0	47	47.0	48	48.0	28	28.0	24	24.0	16.25	≤0.001**
10. Physical Needs and Health Care	10	10.0	48	48.0	42	42.0	44	44.0	41	41.0	15	15.0	31.80	≤0.001**
11. Life skills	10	10.0	46	46.0	44	44.0	36	36.0	38	38.0	26	26.0	2218	≤0.001**
12. Orphanage Operations	7	7.0	44	44.0	49	49.0	40	40.0	39	39.0	21	21.0	33.65	≤0.001**

**Statistical significant difference ** highly statistical significant*

Table (10): Distribution of children satisfaction regarding studied orphans' settings

Children satisfaction	Before-intervention						After-intervention						X^2	value
	Satisfactory		Uncertain		Unsatisfactory		Satisfactory		Uncertain		Unsatisfactory			
	No	%	No	%	No	%	No	%	No	%	No	%		
Basic services														
▪ Food and Nutrition	0	.0	30	30.0	70	70.0	30	30.0	40	40.0	30	30.0	47.42	<0.001**
▪ Provide personal hygiene	0	.0	50	50.0	50	50.0	30	30.0	30	30.0	40	40.0	36.11	<0.001**
▪ Provide appropriate clothing	0	.0	50	50.0	50	50.0	20	20.0	40	40.0	40	40.0	22.22	<0.001**
▪ Provide educational opportunities	20	20.0	40	40.0	40	40.0	50	50.0	30	30.0	20	20.0	20.95	<0.001**
▪ Job creation	0	.0	20	20.0	80	80.0	30	30.0	20	20.0	50	50.0	36.92	<0.001**
▪ Provide privacy	0	.0	20	20.0	80	80.0	40	40.0	20	20.0	60	60.0	41.38	<0.001**
Social services														
▪ The presence of the social worker inside the house	26	26.0	45	45.0	29	29.0	45	45.0	36	36.0	19	19.0	8.16	<0.05*
▪ The role of the house in solving your problems within the school	24	24.0	49	49.0	27	27.0	41	41.0	40	40.0	19	19.0	6.74	<0.05*
▪ Provide tuition to you by the house	25	25.0	47	47.0	28	28.0	42	42.0	39	39.0	19	19.0	6.78	<0.05*
▪ Provide personal expenses to you by the house	19	19.0	45	45.0	36	36.0	39	39.0	42	42.0	19	19.0	12.25	<0.05*
▪ Recreational trips	28	28.0	40	40.0	32	32.0	41	41.0	38	38.0	21	21.0	4.78	>0.05
▪ provide opportunities to play and socialize with others	29	29.0	42	42.0	29	29.0	48	48.0	36	36.0	16	16.0	8.90	<0.05*
▪ Educational seminars inside the house	26	26.0	41	41.0	33	33.0	45	45.0	36	36.0	19	19.0	9.17	<0.001**
▪ Religious seminars inside the house	27.0	27	45	45.0	28	28.0	44	44.0	40	40.0	16	16.0	7.63	<0.05*
Psychological environment.														
▪ having a psychologist in the house	29	29.0	45	45.0	26	26.0	42	42.0	37	37.0	21	21.0	3.69	>0.05
▪ To provide a quiet atmosphere to study and learn	23	23.0	45	45.0	32	32.0	40	40.0	41	41.0	19	19.0	8.08	<0.05*
▪ After colleagues in play	34	34.0	39	39.0	27	27.0	40	40.0	39	39.0	21	21.0	1.23	>0.05
▪ After colleagues in studying	31	31.0	43	43.0	26	26.0	52	52.0	34	34.0	14	14.0	9.96	<0.05*
▪ Do not exercise supervisors in the house of oppression / physical violence	26	26.0	50	50.0	24	24.0	47	47.0	38	38.0	15	15.0	9.75	<0.05*
▪ Do not exercise supervisors in the house of oppression / verbal violence	27	27.0	52	52.0	21	21.0	43	43.0	38	38.0	19	19.0	5.93	<0.05*
▪ Do not exercise supervisors in the house of oppression / psychological violence	22	22.0	47	47.0	31	31.0	40	40.0	40	40.0	20	20.0	8.16	<0.05*
▪ a sense of respect and dignity	24	24.0	44	44.0	32	32.0	39	39.0	42	42.0	19	19.0	6.93	<0.05*

Statistical significant difference* * highly statistical significant*

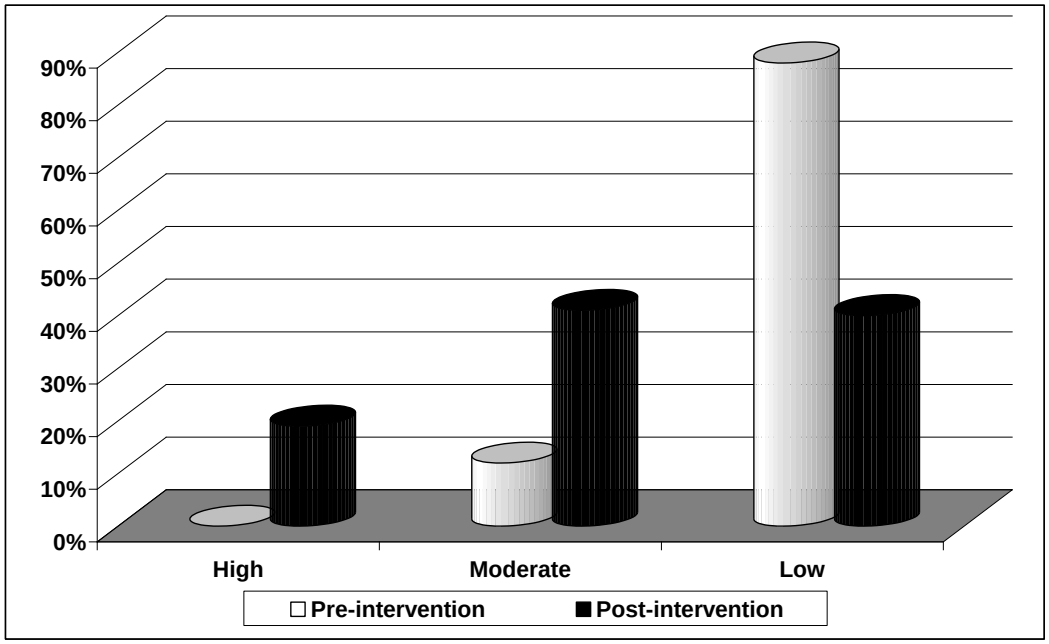

Figure (1): Distribution of orphans total quality according check list standards of the studied orphans' before and after intervention

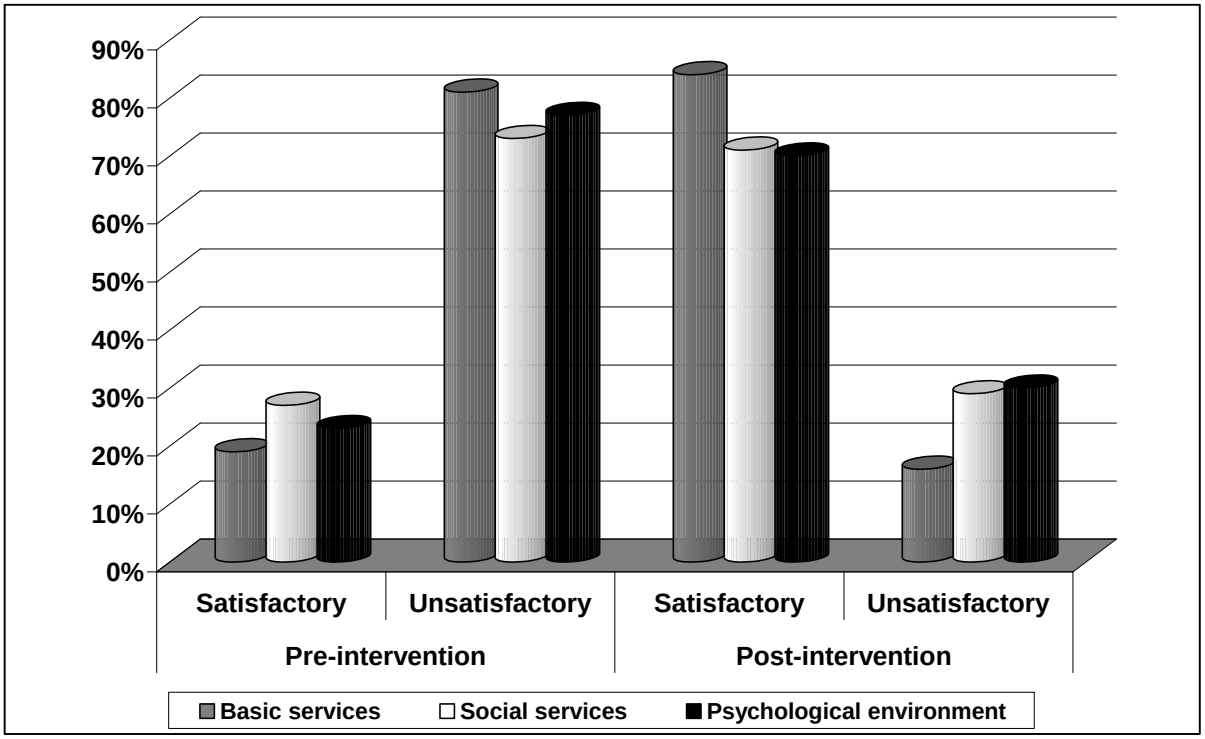

Figure (2): Distribution of the studied children by their total score satisfaction before-and after intervention

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تطوير معايير الرعاية الصحية المقدمة بمؤسسات الأيتام بمحافظة الدقهلية

إيمان محمد الشربينى [١] ، سلوى عباس على [٢] ، سونيا الشرقاوى محمد [٣] ، سحر حمدي السيد[٤] ، حنـان حسن العزبـى[٥]

[١] مدرس مساعد -كلية التمريض -جامعة بنى سويف ، [٢] أستاذ تمريض صحة المجتمع- كلية التمريض - جامعة الزقازيق ، [٣] أستاذ طب الأطفال -كلية الطب - جامعة بورسعيد ، [٤] أستاذ مساعد إدارة تمريض- كلية التمريض - جامعة الزقازيق ، [٥] مدرس تمريض صحة الأسرة والمجتمع- كلية التمريض - جامعة بورسعيد.

مقدمة:
معايير الرعاية الصحية المقدمة للأطفال اليتامى والذى يعرف بأنه الطفل الذى فقد والديه أو فقد إحدهما ويتميز هؤلاء الأطفال فى سن المدرسة بالنمو الجسمانى مصحوب بتغير فى الهرمونات وأيضاً فى الأفكار والمعتقدات والعاطفة. تحتاج إلى نطوير وتطبيق وذلك حسب احتياجات الأطفال فى المؤسسات فهى تعتمد على درجة التواصل بين الذى يقوم بالرعاية والطفل وأيضاً الاختيار الأفضل للبيئة المحيطة بالطفل وقد يتأثر الأطفال فى دور الأيتام بالبيئة داخل الدار ويشمل تأثير جسمانى ونفسى وإجتماعى ولذلك فإن هؤلاء الأطفال يحتاجون إلى تطبيق معاير الرعاية الصحية.

الهدف من الدراسة:
تطبيق قواعد الرعاية الصحية للأطفال لمتابعة حالتهم الصحية بصفة دورية وتم تطوير قواعد الرعاية الصحية في مؤسسات الأيتام في محافظة الدقهلية.

التصميم البحثى:
دراسة استكشافية وكذا دراسة وصفية مع تقييم قبلي وبعدى للعينة.

مكان الدراسة:
أجريت هذه الدراسة في خمس ملاجئ في مركز بلقاس، مركز طلخا ومنطقة المنصورة بمحافظة الدقهلية في العام الدراسي ٢٠١٢- ٢٠١٣.

عينة الدراسة:
شملت عينة البحث جميع الأطفال ومقدمي الرعاية والتمريض الذين تم مقابلتهم ١٠٠(طفل من الأيتام ،١٠٠من مقدمى الرعاية و ٥ ممرضات).

أدوات جمع البيانات:
شملت أدوات جمع البيانات أداتان وهما:

- **استمارة مقابلة:** تتألف من ورقة استبيان للأطفال خاصة بمعرفة الحالة الديموغرافية الاجتماعية للطفل ومقدمي الرعاية والممرضة، والمشاكل الصحية للطفل من خلال قياس (تقييم البيانات الفعلية ، تحليل سجل صحة الطفل، الجسدية والنفسية / المشاكل العاطفية والاجتماعية).
- **استمارة ملاحظة** : لتقييم الظروف البيئية للمؤسسات ولتقييم العيادة الصحية.

النتائج: كشفت الدراسةعن الآتى:

- ثلاث أربع العينة من الذكور مما يدل على أن أعلى المعدلات بين الأطفال في الملاجئ الدقهلية هم من الذكور.
- ثلث العينة لم يكمل تعليمه فى حين أن ثلثي العينة مازال في التعليم بمراحله المختلفة.
- نصف العينة ينظرون إلى المؤسسة على أنها مؤسسه عقابية.
- ثلث العينة يعانى من أمراض النفسية قبل تطبيق قواعد الرعايه فى حين أن ١٤% بعد تطبيقها فى حين أن نصف العينة يعانى من مشاكل اجتماعية قبل تطبيق قواعد الرعاية الصحية و١٠% بعد وخمس العينة كان يعانى من أمراض عضوية قبل تطبيق القواعد و١٠% بعد تطبيقها.

الخلاصة:
أن مقدمي الرعاية الصحية لديهم مهارات محدودة فى تقديم الرعاية الصحية قبل تطبيق أسس وقواعد الرعاية الصحية على الأطفال داخل المؤسسات وتم تحسينها بعد تطويرها وتطبيقها كان أفضل مؤسسة تربية البنين ويليها تحسين الصحة ؛ وكان أسوأهم مؤسسة فجر الاسلام، حيث عانى الأطفال مع العديد من الأمراض مع مستوى منخفض جدا من الرعاية الصحية وكانت المباني غير ملائم لتلبية احتياجات الأطفال.

التوصيات:
توصى الدراسة الحالية بالآتى:

- تعليم وتدريب جميع العاملين في مؤسسات الأيتام قبل تقديم الخدمةعلى معرفة احتياجات الأطفال، ومشاكلهم الصحية وكيفية التعامل مع هذه المشاكل.
- يتضمن الفريق الطبي على الطبيب والممرضات لتوفير وتقديم خدمات الرعاية الصحية على مدار ٢٤ ساعة للأطفال.
- يجب فصل كل فئة عمرية من الأطفال معا على حده (كما فى عينة البحث يجب الفصل بين الأطفال الذين تتراوح أعمارهم بين ٦-

١٥ سنة في مؤسسة والأطفال التى تتراوح أعمارهم بين ١٥-١٨سنة في مؤسسة أخرى).

- يجب على الفريق الطبى تعليم الأطفال أهمية النظافة الشخصية.
- تطبيق وتطوير قواعد الرعاية الصحية لتحسين جودة الخدمات الصحية المقدمة لأطفال المؤسسات.
- يجب تقديم نشرات أو كتيبات تتضمن معلومات حول نمو وتطور الأطفال، واحتياجاتهم خصوصا تغيير العادات السيئة، الأخلاق وكيفية التعامل مع المشاكل الصحية المختلفة.
- تقييم دورى لقواعد الرعاية المقدمة داخل المؤسسات وتطويرها بشكل دورى لتتناسب مع احتياجات الاطفال.