

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

**SITUATIONAL ANALYSIS OF ORPHANS AND THEIR VULNERABILITY: THE
CASE OF WOLDIYA TOWN, NORTHERN WOLLO**

By: ASHENAFI TIRFIE

May, 2011

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ACRONYMS

ANPPCAN	Association for Nation- wide Action for the Prevention and Protection Against Child Abuse and Neglect
• ART	Antiretroviral
• CBO	Community Based Organization
• CPU	Child Protection Unit
• CRC	Child Right Convention
• CSA	Central Statistics Authority
• DSTV	Discovery Satellite TV
• EOC	Ethiopian Orthodox Church
• FBO	Faith Biased Organization
• FDRE	Federal Democratic Republic of Ethiopia
• HAPCO	HIV/AIDS Prevention and Control Office
• IGA	Income Generating Activities
• MOLSA	Ministry of Labor and Social Affairs
• MOWA	Ministry of Women Affairs
• NGO	Non Governmental Organization
• OVC	Orphan and Vulnerable Children
• PADET	Professional Alliance for Development in Ethiopia
• PLWHA	People Living With HIV/AIDS
• SPSS	Statistical Package for Social Science
• T.B	Tuberculosis
• UNAID	United States Agency for International Development
• UNCIEF	United Nations Children’s Fund
• VCT	Voluntary Counseling and Training
• WCACO	Woldiya City Administration Communication Office
• WFP	World Food Production

Abstract

This study attempts to explore the cause for the presence orphans, the problems of orphans and the efforts made by caregivers, government, non-governmental as well as community based organization in Woldiya woreda of North Wollo. It also assesses orphans' relation to caregivers and their experience in attempt to cope with/survive the problems. Integrated model of resilience was employed as a conceptual framework to address the research problems.

To understand the efforts of orphans, caregivers and development actors, various qualitative methods: focus group discussions, key informant interview, life history and observation have been used. Moreover, the study employed a survey with a sample of 110 orphans and caregivers in order to collect information on vital aspects such as socio demographic characteristics of orphan and caregivers, the force behind orphan presence, the problems as well as the mechanisms adopted by orphans and caregivers. Information collected through the qualitative methods was analyzed through thematic analysis method where as data collected by the survey were coded and entered in to computer for statistical analysis by using the Statistical Package for Social Science (SPSS)version 15.

The findings of this study indicate that HIV/AIDS, Tuberculosis and malaria are the causes for the presence of orphans in the research area. Once children' are orphan, members of the extended families were responsible to follow up them. Based on the subjective judgments of orphans even though caregivers are poor, most of them are companionable. The study also shows that orphans in the area are vulnerable to a range of problems: food insecurity, lack of clothes and feet wears inadequate access to school and school materials, poor health and physical and sexual abuse are the major once in terms of their severity. Orphans and caregivers use a range of strategies to become resilient. Orphans may engage in different activities such as shoe shining, petty trade and wage labor or use their interpersonal skills to earn an income or to secure external supports. Though it is accompanied by little success, stakeholders: government, nongovernmental, community and faith based organization have also attempted to solve the problems and made orphans resilient.

Chapter 1

General Background

1.1 Introduction

Compared with other groups, children are physically weak and mentally not fully grown to withstand difficulties. These weak anatomical and mental structures hinder from sharing resource and assets in the world of competition and place children at a marginal position. Hutton indicates that, the vulnerability of children more than other groups is very much a function of the determinant of health; that is children are made vulnerable not only by their age but the environment in which they are born and raised (Hutton, 2010). In other words, though children in all countries are vulnerable, children in the poorest countries and from poor family in rich countries are likely to suffer the most from risks. According to the World Bank vulnerable child is “a child’s whose safety, wellbeing, and development, for various reasons, threatened is vulnerable” (Subbarao and Coury, 2004:2). More clearly vulnerable children include ‘those children who are most at risk of facing increased negative outcomes compared with the average child in their society’ (Subbarao and Coury, 2004:3). Vulnerable children thus are thus broad which include a range of groups: orphans, street, migrant, abandoned, delinquent, and children with disabilities (MOLSA, 2004).

The environment facing orphan children is extremely unfavorable. As indicated by Subbarao and Coury (2004), orphans often face economic hardship, lack of love, attention and affection, withdrawal from school, psychological distress, loss of inheritance, increased abused and risk of HIV/AIDS, malnutrition and illness, stigma, discrimination and isolation. Their limited access to resource such as money for school purpose forces them to start work at a precocious age which

ultimately jeopardizing their future. Besides their vulnerability, their number is increasing at an alarming rate due to HIV/AIDS epidemic especially in developing countries.

Sub-Saharan African countries account 82% of the world's 15million orphan as a result of AIDS. (UNAIDS, 2006). The orphan figure is also expected to grow in the coming years though the virus spreading rate is decreasing. Such expectation raises a question for other factors such as poverty, chronic food in security and death at birth.

In Ethiopia children account 52% of the total population and with the current high level of fertility 2.8; the population structure is likely to remain the same for the next twenty years (MOLSA, 2004). The population structure with high level of dependency ratio by itself is a challenge for development. Profound social, economic, political, cultural and natural factors force a large number of children in general and orphan in particular to live in difficult circumstances (MOLSA, 2004). Based on the Demographic Health Survey in Ethiopia one out of the six children would die before the age of five and 80% of women circumcised. Moreover, corporal punishment, early marriage, abduction and child labor are highly prevalent in most part of the country. The health status of Ethiopian children is also extremely poor. Due to infectious disease, poor health sanitation, inadequate access to immunization and health care service, infant mortality is high. Faire shares of children before the age of five are severely stunted (26%) and under weighted (16%). The high prevalence of HIV/AIDS in the country worsens the situation of children in general and orphans in particular (MOLSA, 2004). Though the estimation varies from organization to organization, country's number of children in difficult circumstance in general and orphans in particular are among the largest in Africa. According to MOLSA (2004) there are about 4.6 million orphans out of which AIDS accounts for 1million orphans as a cause. (MOLSA, 2004:10).

Though children who needs care and support exists every time in the history of the country, well structured provision of care and standardized regulatory mechanism for the community based support is absent for a long period of time (MOWA, 2009). However in recent time due to AIDS induced increasing numbers of orphan's efforts are being made by government, nongovernmental organization and the community at large. The Ministry of Labor and Social Affair and Italian Development Cooperation develop alternative guide line for the rendering of child care in 2001 however due to various reasons the guide line is in efficient and revised by the Ministry of Women Affairs in 2009 (MOWAs, 2009). Contradicting to such effort comprehensive data on the situation of orphans and the efforts to become resilient is negligible especially at the local level. Thus this study is aimed to respond for such knowledge gap by focusing only on orphans between the ages of 9 to18 in Woldiya, capital of North Wollo zone Amhara region.

1.2. Statement of the Problem

The existing empirical research has revealed that vulnerability among orphan children is multifaceted, involving factors such as health, education, housing and access to social welfare. They are characterized by high rate of mortality, morbidity, school dropout and work load (Subbarao and Coury, 2004). The level of vulnerability is determined by the magnitude of individual exposure to risks as well as their assets to get out of a risk. Moreover, different risks such as drought, war, flood, disease and violence may seriously weigh down the life of orphans depending on level of assets they or their relatives possess. Most research also indicates that, in Africa community based support system for orphan and vulnerable children have a long history. When OVC were few in numbers; the extended family, clan and the community in general were able to provide the input for child development. However, in the last few decades, due to AIDS

disaster and repeated drought the number of orphan and magnitude of their vulnerability obliged local communities to look for external intervention. From the year 1990 to 2003 in sub-Saharan African countries, the number of orphan's raised from 1 million to 15 million only by AIDS (Salaam, 2005).

In Ethiopia the number of orphans in broad and AIDS orphans in particular is raised at an alarming rate. The available researches on this area (MOLSA, 2004) indicate that the number of orphans constitute 12% (4.6 million) from the total Ethiopian children. Research by Haile (2008) reveals that AIDS is one of the reasons for parents' death. Large number of AIDS orphans causes development challenges for the countries at macro level in addition to psychosocial blow at the individual level (Philipos, 2002). Moreover, it is indicated that most orphans often have limited access to basic necessities, and vulnerable to various problems (Gardachew, 2006). Tibebe and Amakelew (2002) also indicate some coping mechanism of orphan and vulnerable children. The care and support role of extended family has also been a subject of research. Like any other African countries extended families in Ethiopia played important role in care and support activities (HAPCO, 2004). However, the care and support by the extended family is not sufficient due to a number of reasons associated with poverty and drought. Moreover the growing demand for care exacerbates the level of poverty and weakened social intimacy among the extended family members. There are also evidences (MOLSA, 2004; Gardachew, 2006; Getnet and Woldekidan, 2006) on the care and support role of government and nongovernmental organizations.

However, most of the available researches on orphans are quantitative summaries at federal level. Enough is not known about orphan situation at local level especially in the study area. The existing researches tend to forget orphans' daily experiences. In addition to this, orphans' effort

to become resilient is scarcely touched by researchers. The literature pertaining to this study also revealed that there is scanty knowledge on the care and support activities of government, nongovernmental, faith based and community based organizations in the study area. Therefore the intended situational analysis of orphans and their vulnerability attempt to provide response for the above lacuna. In other words this study aims to enhance the existing evidence on the cause and problem of orphans, explore the effort of orphans and their caregivers to solve problems and assess the role of community, government and nongovernmental organization in making orphans resilient.

1.3 Objectives of the study

1.3.1 General objective the Study

The overall objective of this study is to understand the situation of orphans and their vulnerability in North Wollo, Woldiya town. In line with the general objective, the specific objectives are to:

- Assess major factors that make children orphan in the study area
- Assess orphan's relation with their caregivers in the study area
- Assess major problems faced by orphans in the study area
- Understand the efforts being made by the orphan's and their care givers to make orphans resilient in the study area
- Understand how the community is organized to provide care and reduce the adverse impact of orphanage in the study area
- Assess the various care arrangements provided by government and nongovernmental organization for orphans

1.4. The Research Questions

To fulfill the above stated objectives, the study attempts to answer the following research questions.

- What are the major factors for the presence of orphans in the study area?
- How is the relationship between the orphan and their caregivers in the study area?
- What are the major problems that orphan face in the study area?
- What are the resilience strategies employed by orphans and caregivers in the study area?
- How is the community organized to provide care and reduce the adverse impact of orphanage in the study area?
- What are the care arrangements established by government and nongovernmental organizations for the orphans?

In order to explore the above research questions the intended study used various research methods. The section below has more to say about the research approach, methods, and sampling technique and data analysis.

1.5. Methodology

1.5.1. Research Approach

Understanding the situation of orphan and their vulnerability requires the use of both the qualitative and quantitative approach to attain the stated objectives. Triangulating qualitative and quantitative approach adds the breadth of the study and enables the researcher to come up with complementary and convergence facts (Creswell, 1994). Moreover if error was made by data collectors in one method, it would be cross-checked by other data source, investigator and method.

1.5.2. Study design

In the study data were collected at one point in time from different observation units. A cross sectional survey was implemented on the sample orphans to get information on the type of major vulnerability and their individual effort to adopt the situation. On the other hand information on the alternative care arrangements, factors which make orphans more vulnerable, community and institutional stakeholder’s response to mitigate the problem were collected from community and religious leaders, caregivers, government and nongovernmental organizations through a qualitative design. As it is indicated in Bryman (2004) “qualitative research entails a form of cross sectional design.... when the researcher employs unstructured interviewing or semi structured interviewing with a number of people” (Bryman, 2004:45).

1.5.3. Sampling Technique

To fit the sampling technique with the intended research approach, both probability and non probability sampling methods were implemented.

1.5.3.1. Simple Random Sampling: - to understand the various challenges and their individual effort appropriate sample was drawn from the sample frame found at the Woldiya City Administration Orphan association office. Here it is important to mention that the study mainly focus on orphans between the age of 9 and 18. The reason to focus on children above the age of 9 is related with the logic stated in the Ethiopian criminal code (2005) article 52, infant exoneration from criminal code. As it is stated under the Ethiopian criminal code (2005) article 52 children who have not attend the age of 9 will never been asked for their act because they are considered as mentally and physically un matured. On the other hand, any Ethiopian who attained the age of 9 is responsible for his/her act because they can differentiate what is right from wrong and what is good from bad. However, attempt is still made to lighten the punishment

for those who are below the age of 18. The same logic is raised in this study that children below the age of 9 cannot fully understand and explain their situation. Accordingly, 110 orphans were drawn from the total of 708 using simple random sampling from the sample frame that only hold orphans between the ages of 9 to 18. Moreover, 101 caregivers of the sampled orphans were also included in the survey.

1.5.3.2. Purposive sampling: - The idea of purposive sampling is to select informants that will best answer the research question. No attempt is made to randomly select informant (Creswell, 1994:148). Thus observation units for the key informant interview, focus group discussion and life history were selected purposively to meet the objectives of the study. In other word, 15 individuals who involved in orphan care and support were purposively selected from government, NGOs, CBOs and FBOs for the key informants; 25 orphans and 18 caregivers for focus group discussion and finally 4 orphans and a caregiver for life history interview. Cases for life history method were selected based on their involvement in some income generating activities. Orphans and caregivers who participate in the focus group discussion were selected based on their talent of speech to express their situation during the survey time of the study.

1.5.4. Research methods

This study employed survey, in depth interview, focus group discussion, life history and observation as methods to capture different aspects.

1.5.4.1. Survey: - was conducted with 110 orphans who were between the age of 9 and 18. Such survey provided information on the demographic and socio economic characteristics of orphans, the problem they face and the strategies they use. Moreover, care givers of the sampled orphans were also asked to give information on the situation of the orphan and the strategies they

use at the household level. However, out of the 110 sampled orphans 9 were without any guardian. As a result of this, 101 caregivers were included in the survey.

1.5.4.2. Key Informants: - The interview was conducted with 15 individuals came from City Administration office, HAPCO, Culture, Tourism, Labor and Social Affair office, Women Affair office and Police CPU. Officials from nongovernmental, community based and faith based organizations such as ANPPCAN, PADET, Save Your Holy land, Kebele Administration, Idir and religious leaders from the orthodox and Woldiya Islam Affairs were involved in the key informant interview. Orphan Association leaders (orphans who are selected by orphans to lead the association) at city and kebele levels were also interviewed. The interviews were carried out with the intention to collect information on the community, government and nongovernmental response to the adverse impact of orphanage.

1.5.4.3. Focus group discussion: - is a method which offers the researcher the opportunity to study the ways in which individuals collectively make sense of a phenomenon and construct meanings around it (Bryman, 2004: 349), provides detailed information on the major problems of orphans and community response on the adverse impact of orphans. Thus a total of six focus discussions were conducted with orphans, caregivers and officials. Out of the total six FGDs, three focus group discussions were held with orphans. The participants (16 female and 9 male) in the orphan focus group discussion were both double and single orphans ranged from the age 11 to 18 and from grade 5 to 10. Whereas two FGDs were conducted with care givers and the participants (18) were totally females who range from the age 23 to 54. Though both male and female caregivers were invited to participate in the FGD, only females were eager and willing to come. Focus group discussions with caregivers and orphans were held sitting under a tree shadow. On the other hand, only one FGD was conducted with government and NGO's, officials

who participate in care and support activities. FGD with officials also incorporate individuals from kebele administration, Idir and religious leaders. The discussion with officials was conducted in Woldiya City Administration Culture, Tourism, Labor and Social Affairs Office hall. Generally six FGDs were conducted and 52 individuals were participated in FGDs. The researcher was a moderator to all the FGD and each FGD costs 40 minutes on average.

1.5.4.4. Life history: - Attempt were also be made to get information that covers the totality of four orphans' life history and one caregiver through life history method. Life history “invites the subject to look back in detail access his or her entire life course” (Bryman, 2004:322). This method enables the researcher to get immense information about the situation and its outcome at the individual orphan. Orphans for this method were selected by the problem they face and the work they engaged.

1.5.4.5. Observation: - Observation by the researcher also contributed in strengthening the information obtained through the other methods. Observation was conducted on the house of orphans, their sleeping sheet and work place (only for those who are engaged in work).

By using such a range of methods complementary facts on the situation of orphans were emerged.

1.5.5. Sources of Data

Data for this study were collected from both primary and secondary sources. Primary data were obtained through survey on 110 orphans and their care givers (101); interview with (15) key informants selected from government, nongovernmental, community based and faith based organization; (6) focus group discussion with selected orphans, care givers and officials and finally life history with 4 selected orphans and a caregiver. On the other hand, secondary data

were obtained from available published and un published documents such as annual reports and project documents of government and nongovernmental organizations.

1.5.6. Methods of data analysis

The data from various sources were analyzed using a combination of qualitative and quantitative methods. The qualitative information gathered using interview, focus group and life history methods were analyzed through thematic analysis method. That is, information is analyzed based on subjects and concepts. Here it is also important to mention that all the names mentioned in the findings were pseudonyms for ethical consideration. On the other hand the quantitative data collected through survey were analyzed by employing SPSS version 15.

In general, the entire process of methodological triangulation can be summarized in the table below.

Table 1.1. Summary of Methodological Triangulation of the Study

Method of data collection	Data source	Sampling Technique /criterion for selection	No of participant	Method of Analysis
1. Survey	Orphans	Simple random sampling	110	SPSS version 15
	Caregivers	Simple random sampling	101	SPSS version 15
2. Interview	Staffs in different office	Involvement in care and support activities	15	Thematic
3. FGD	Orphans	Talent of speech in survey time	25(3 FGDs)	Thematic
	Caregivers	Talent of speech in survey time	18(2 FGDs)	Thematic
	Staffs	engaged in care/ support	9 (1 FGD)	Thematic
4. Life history	Orphans	Involvement in IGA	5	Thematic

1.5. Significance of the study

Though the number of orphans has been rising from time to time, little is known about the situation of orphans at local levels. The available researches on the orphans in the area are scanty and have no idea on the day to day activities of orphans. In the study area, there is no comprehensive data about orphans. Even the government and nongovernmental organizations which have a mandate and responsibilities on children in general and orphans in particular didn't know the exact number of orphans. This study thus can be a source of knowledge on the situation of orphans in the study area. It creates awareness about the competence and resilience strategies of orphans. Moreover, the study further enrich knowledge on the major problems of orphans and government, nongovernmental organization, faith based organization and community response for the problems in Woldiya in particular and in Ethiopia in general. The outputs of this research further enrich knowledge on the cause of orphans. The result may also help concerned organizations in the area to mobilize resource and develop sustainable response for the problem. It further strengthens collaboration and coordination among partners, and facilitates the development of a common agenda. Last but not the least the intended situational analysis serves as a spring field for further studies in the area.

1.6. Limitation of the Study

Government and nongovernmental organization which have the mandate and responsibilities to look after children in general and orphans in particular had no adequate data. This condition makes the search for one and complete sample frame very difficult and force the researcher to use the list (may not be a complete list of orphans) which was found in Woldiya city Administration Orphan association Office.

Some government officials were busy in organizing and facilitating conference to introduce the Ethiopian Federal Democratic Republic five years Development and Transformation Plan. As a result of this busy schedule of government officials only one FGD was conducted with government officials. Finally, some orphans expect something from the researcher during the survey which makes the field experience very difficult.

1.7. Operational Definition of Terms

Orphan: In Ethiopia, according to the Ministry of Women Affair (2009), orphan is a child under 18 years of age whose mother, father or both parents have died due to any cause. The same definition is employed in this study.

Paternal orphan: is a child whose father has died

Maternal orphan: is one whose mother has died.

Single orphan: is a child who has lost one parent

Double orphan: is a child who has lost both parents

Caregiver/Guardian: a person who regularly looks after and assists orphans.

Resilience: is the capacity of orphans to deal with negative out comes by minimizing or overcoming and the condition in which family, neighbors, government and others provide resource in a meaningful way to enhance the capacity of orphans.

Vulnerability: in this study vulnerability is conceptualized as the negative outcomes that children face as a result of loosing parents through death.

Chapter 2

2. Literature Review and Conceptual Framework

2.1. The Concept of Vulnerability

Though vulnerability introduces itself to the world of science as a part of geography and natural hazard research, now days it is used in different scientific disciplines and policy analysis. The various scientific disciplines analyze and understand vulnerability in terms of their specific discipline. As a result of this, there is no shared definition for the term vulnerability and intern make the attempt to develop shared model of vulnerability very difficult (Fussel, 2005). For instance, authors from the social science try to understand vulnerability as a concept that represents the set of socio-economic factors that determine people's ability to cope with stress or change. On the other hand researchers in the area of climate understand vulnerability in terms of the likelihood of occurrence and impacts of climate related events (Brooks, 2003). The attention by the environmental and climatic change specialists on vulnerability is explained by Fussel (2005) in terms of four dimensions; system, attribute of concern, hazard and temporal reference. Fussel also discuss it that the system represent the human environment or population, attribute of concern expressed in terms of the loss of human life or other impact and hazard indicates damaging influence. Temporal reference indicates the needed time period. There are also researchers who focus on household vulnerability to poverty which is linked to the asset based approach and sustainable livelihood. The common ground for scientific literatures on the household vulnerability is that, they consider vulnerability as a combined result of risk exposure management and outcome (Fussel, 2005). Moreover, vulnerability literally means the capacity to be wounded or disadvantage as a result of exposure to risk. Such literal meaning of vulnerability

open the road for the notion of risk and risk management as the center of policy issue (Alasia and et al, 2008). Gross Domestic Product level and volatility is also used as a measure of vulnerability by researchers in the area of poverty and development. For this group, vulnerability arises from external shocks which are difficult for the country's to control by themselves and their ability to with stand and recover from the situation (Fussel, 2005). Thus a clear definition for the term vulnerability depends on the area of study and research approach.

2.2. Approaches to the study of vulnerability

2.2.1. Risk-hazard approach: - argue that vulnerability is a result of a clearly identified physical or human activity that causes a potential damaging. It also depends on the location, intensity, frequency and probability of the event. It failed to understand vulnerable people as a result of their work or other behavior, since it assumes that people are vulnerable because they are at a wrong place in wrong time (Fussel, 2005). It is widely used by engineers' epidemiologist and economists.

2.2.2. Political economy approach:- attempt to give response to the question of who and why of vulnerability. In other words for researchers in this approach interested to identify vulnerable people and try to search out the reason why these people are vulnerable. Individual or community vulnerability is determined by availability and access to resources. As it is indicated by Adger and Kelly (1999), *"vulnerability is the state of individuals, groups or communities in terms of their ability to cope with and adapt to any external stress placed on their livelihoods and well-being"*. This definition of vulnerability is more prevalent in development and poverty related literatures (Fussel, 2005:160).

2.2.3. Pressure-and-release model: - The original inspiration of pressure and release model in relation to vulnerability arises from hazard and vulnerability approach. It tries to explain the cause and situation of vulnerability rather than providing a full flagged definition for the term vulnerability (Fussel, 2005). Specifically to the study of child vulnerability and response resilience, the human right, social risk management and multi sectoral approaches are dominant.

2.2.4. Resilience approach: - Ecology is the root for the resilience approach to vulnerability. Vulnerability for this approach is related with the propensity of social and ecological systems to suffer harm from exposure to external stresses and shocks. It involves exposure to events and stresses, sensitivity to such exposures which may result in adverse effects and consequences, and resilience owing to adaptive capacity measures to anticipate and reduce future harm. The antonym of resilience is often denoted vulnerability. Coping capacity is important, at all stages, to alter these major dimensions.”(Fussel, 2005:161). More than others the resilience approach recognize vulnerability as a dynamic process. The researcher will have more to say about resilience approach at the end of this chapter since he used it as a conceptual framework for this study.

2.2.5 Social Risk Management: - Within a Social Risk Management (SRM) Framework vulnerability is defined as “the likelihood of being harmed by unforeseen events or as susceptibility to exogenous shocks” (A. Kielland and the World Banks’, 2004:3). It is aimed to give support for the communities, households and families in order to recover their capabilities and coping mechanisms. It provides arrange of assistance for vulnerable people in the form of a humanitarian action. The whole process depends on the will of the provider and vulnerable groups are passive recipient of aid. MOWAs discussed it as “assistance was a voluntary and even charitable deed wholly dependent on the good will of the provider” (MOWAs, 2009:4).

Food aid and social pension are the main manifestation of this approach. Social risk management as edited by Anthony Levine (2001) has much resemblance with the need based approach in its attempt to help individuals living at risk. According to him individual risks include illness, being orphaned, widowhood and old age.

2.2.6 Right Based Approach: - aimed to participate beneficiaries (in our case orphans) in the aspects of prevention, care, protection and impact mitigation programs. Unlike the need based approach which assumes assistance as a will full act of the provider, right based approach recognize that government and other stakeholders have responsibilities to fulfill the right of vulnerable group. As it is explained by the MOWAs (2009:4) “right based approach attaches obligations and accountability on parties responsible for meeting the basic needs and rights of disadvantaged people and make assistance to such people more than just a moral obligation”.

2.2.7 Multi sector approach: - The study of child vulnerability and support for survival, growth and development of children also come from the different sectors addressing these factors. The immediate and underlying factors that made children vulnerable are varied and interlinked thus requires a coordinated multi sector response. The researchers from the education, nutrition, social welfare, health, legal and other sectors needs to create a common ground in the study and response of child vulnerability.

2.3. Causes for the presence of Orphan and vulnerability

The causes that made children orphan and vulnerable are multiple. As it is discussed in the USAID annual report to the congress (2006) “Children may be made highly vulnerable because of natural disasters, complex emergencies (including civil conflict), epidemic disease – particularly HIV/AIDS – or extreme poverty” (USAID, 2006:7). Natural disaster such as

drought may result death of family members, damage infrastructures and seriously hamper income and other source of food, hence made children vulnerable. At a similar fashion, conflict made children vulnerable by making the access to food education and health services very difficult. More over outright violence took the life of adults (and also child soldiers) who are actually the bread winner of children. As it is indicated in USAID annual report 2006 due to conflict related emergencies more than 20 million children were vulnerable in the world during the report year. More than these however, AIDS has been the leading cause to make children orphan and vulnerable. It is estimated that 12 million or 9% of all sub-Saharan African children are orphan as a result of AIDS. Moreover “An estimated 20 million children will be orphaned because of the epidemic by 2010, and some estimate that roughly twice that many will be made highly vulnerable by HIV/AIDS” (USAID, 2006:65). HIV/AIDS made vulnerable not only those who lost one or both of their parents but also those who live in homes where parents are ill and cannot care for them. According to Ministry of Labor and Social Affairs, in Ethiopia there are about 1 million orphan children as a result of the AIDS epidemic (MOLSA, 2004).

2.4. Major types of vulnerability

2.4.1. Vulnerability to Malnutrition and Ill-Health

Recent studies in sub-Saharan African countries indicate that mortality among orphan children is high. This is due to the fact that child mortality is highly associated with the death of HIV-positive mothers. Longitudinal research in Uganda indicate that child mortality risk to be more than four times greater among infants and nearly three times greater among children born of HIV positive versus negative mothers (Gillespie 2005). Orphans are likely to be particularly susceptible to death besides the effort being made to control mother to child HIV transmission. In

addition to this, orphan hood has a negative consequence on the psychological wellbeing and emotional health. Other findings also indicate that *“Orphaned children have also been consistently shown to have an increased risk of being HIV-positive compared to non-orphans”* (Mishra and Simona Bignami-Van Assche, 2008:5). When they are in an effort to get income for various purposes, orphan hood was found to be at a greater risk for unsafe sexual behavior which intern leads to HIV/AIDS (Gillespie, 2005).

Though vulnerability to malnutrition is a common problem for children in sub-Saharan African countries, studies conducted in the area indicate that *“orphans’ health and nutritional status was worse, and their use of public services much lower than that of non-orphans”* (Deininger et al., 2003 as cited in Gillespie, 2006). The data also indicate that the seriousness and the magnitude of the problem vary depending on the type of orphan hood. In most cases the problem is severe among maternal orphans regardless of household assets (Gillespie, 2006). This is may be due to the fact that in sub-Saharan African countries the primary caregivers are women.

2.4.2. Vulnerability to Low School Attendance

A longitudinal study among orphans in high HIV/AIDS prevalence sub-Saharan African countries shows that orphans are more vulnerable in relation to schooling than non orphans. However variation exists depending on orphan’s proximity to their caregivers. That is as it is discussed by Mishra and et al, *“orphans who lived with distant relatives and unrelated caregivers had lower school enrollment than those who lived with a close relative”* (Mishra and et al, 2008:3). Moreover double orphans are more vulnerable to low school enrolment than single orphans.

2.4.3 Vulnerability to Discrimination

Orphans may face discrimination from their caregivers especially in a household where resources are scarce. Findings in the area indicate that resources allocation for biological and non biological children in the poor households show significant difference. Thus orphan children experience discrimination within the harsh economic conditions of the household. Discrimination can be manifested in many ways as it is indicated by Anna Whitehouse (2002:32):

“Discrimination could be as basic as access to sufficient or good quality food (orphans might be given left-over food when the rest of the family eats well). It can extend to allocation of duties around the home, differential levels of care if a child becomes sick and access to education”

This is may be due to sever economic condition which forces poor people to think orphans as a burden.

2.4.4. Vulnerability to abuses

Orphans are also vulnerable to physical, sexual and psychological and other child abuses. A. Whitehouse (2002) discussed how orphans are physically abused by their care givers mainly step mothers. The study indicates that orphan's with step parents get lower care and engaged in heavy work. On the other hand adolescent orphans are vulnerable to sexual abuses when they strive to secure income. Sexual abuses against orphans may have other negative consequences such as HIV/AIDS. Caretakers may also psychologically abuse orphans by neglecting them, considering as use less and giving less attention (PADET, 2001).

Generally orphans are vulnerable to different problems such as inadequate financial support, lack of parental care, shortage of food, clothing and bedding, schooling problems, inadequate medical

care etc....(Gillespie, 2005). Now a day's, efforts are being made by international and national governments, nongovernmental organizations and the local community to mitigate the problems. These responses have different approaches; integrative model of resilience in the one in which the researcher prefers for this study.

2.5. Situation of Orphans and Alternative Care Arrangement in Ethiopia

OVC comprise almost 12% of Ethiopia's total child population or 6% of the total population. Out of these 855,720 are children orphaned as a result of the death of one or both parents due to HIV/AIDS (Haile, 2008). The numbers of AIDS orphans are expected to become 1.8 million by 2010 which would account 43% of orphan and vulnerable children. The majority of these children (83%) live in rural setting, suffering all kinds of health, education, and other problems associated with poverty, violence and abuse. "Securing daily food is a major problem for most orphan children" (MOLSA, 2004:23). The number of child headed households (77,000) is also the second highest figure in the sub Saharan African countries next to Zimbabwe. Moreover they are victims of discrimination, harmful traditional practices and maltreatment arises from the society. Begging, shoe shining, and working in bar are the usual coping mechanisms adopted by orphans (MOLSA, 2004). In order to reduce the problem the Ethiopian government develops various legal and Policy frameworks to protect orphan and vulnerable children. Moreover numerous governmental and non governmental institutions establish alternative cares for orphan and vulnerable children.

2.6. Conceptual framework

The conceptual framework that was implemented in this study is based on the integrated model of resilience. The concept of resilience and its application to orphan children will be discussed in the section below and finally a figure for the resilience process follow.

Resilience

The concept of resilience has been used in the dynamics of research since the 1970s (Walker and et al, 2006). It originated and introduced itself to the academic world as a part of the ecosystem studies. Now, the concept of resilience became an integrated approach by comprising knowledge from natural and social scientists. Early studies on resilience assumed that resilience is the opposite of vulnerability. It was considered as a diagnosis for faults. However, resilience is more than the opposite of vulnerability/risk. Such condition forced scholars in the area to look for a paradigm shift. The second paradigm (universal strengthening model) emphasize on the individual, group or community capacity to deal with adversity than of personal deficits. According to Killian, *“Resilience is a universal capacity of human being to deal with adversity by preventing, minimizing, overcoming and even being strengthened or transformed by adversity.”*(Killian, 2002:44). It mainly aimed in strengthening the capacity. On the other hand, scholars in the area of resilience recently believed that several individuals/ children, family and communities have protective capacities or processes developed through experiences. This belief on the protective process of individuals is the third model to conceptualize resilience. The modern conceptualization of resilience emphasized the significance of external support to cope up vulnerability. Ungar’s definition of resilience can be raised to indicate how this paradigm defined the concept of resilience. According to Ungar *“Resilience is both an individual’s*

capacity to navigate to health promoting resources and a condition of individual's family, community and culture to provide those resources in a meaningful ways." (Ungar, 2008:5 as cited in Kurytnik, 2008). The definition indicates that resilience is a product of the effort made by the individual to make a living, the characteristics of the family and the community as a whole. The combined efforts of external and internal factors include

Internal Personal Strength

Some children have a special internal attributes which enable them to get out from difficult situations. These internal attributes for some are developed through experience and while for others it is a born quality. Among other things, positive self esteem, competence, creativity, intelligence, innovativeness and curiousness are the internal qualities which enable children to cope adversity. Killian explained it as "*Children who are observant, good at solving problems and believe in their own ability to cope with difficulties often do better in the face of adversity.*" (Killian, 2002:45). Expressing internal feeling through words or actions is also a basic principle to get out of psychological difficulties.

Interpersonal Resource/ Skills

Resilience over adversity could also determined by Children's ability to communicate with other individuals. Children who can develop a good relationship with others are in a better advantage to access social support. The situation is explained by B. Killian as "*Resilient children trust and enjoy secure attachments to others—confident that people will be there for them. They thus seek and find emotional support and are confident of their right to such support.*"(Killian, 2002:46). In general, interpersonal communications serve as a buffer in time of difficulties for children or any other individuals.

External Supports

Children's resilience could also be determined by the amount and availability of external supports. External support from the community and other organization could also help children to develop good internal qualities among children by making them to feel that others have a concern for them. External supports and resources operate within the primary systems of the Child's world—at microsystemic, mesosystemic ,exosystemic and macrosystem levels (Killian, 2002).

Microsystem consists of the pattern of activities and relationship experienced by children in their immediate environment ; family, peers and educators are the major Microsystems for children (Bronfenbrenner, 1986).

Mesosystem is a combined result of two or more microsystems in which a child plays central role. The mesosystem contains the linkage and interrelationships between Microsystems; for example relation between children family and community (Bronfenbrenner, 1986).

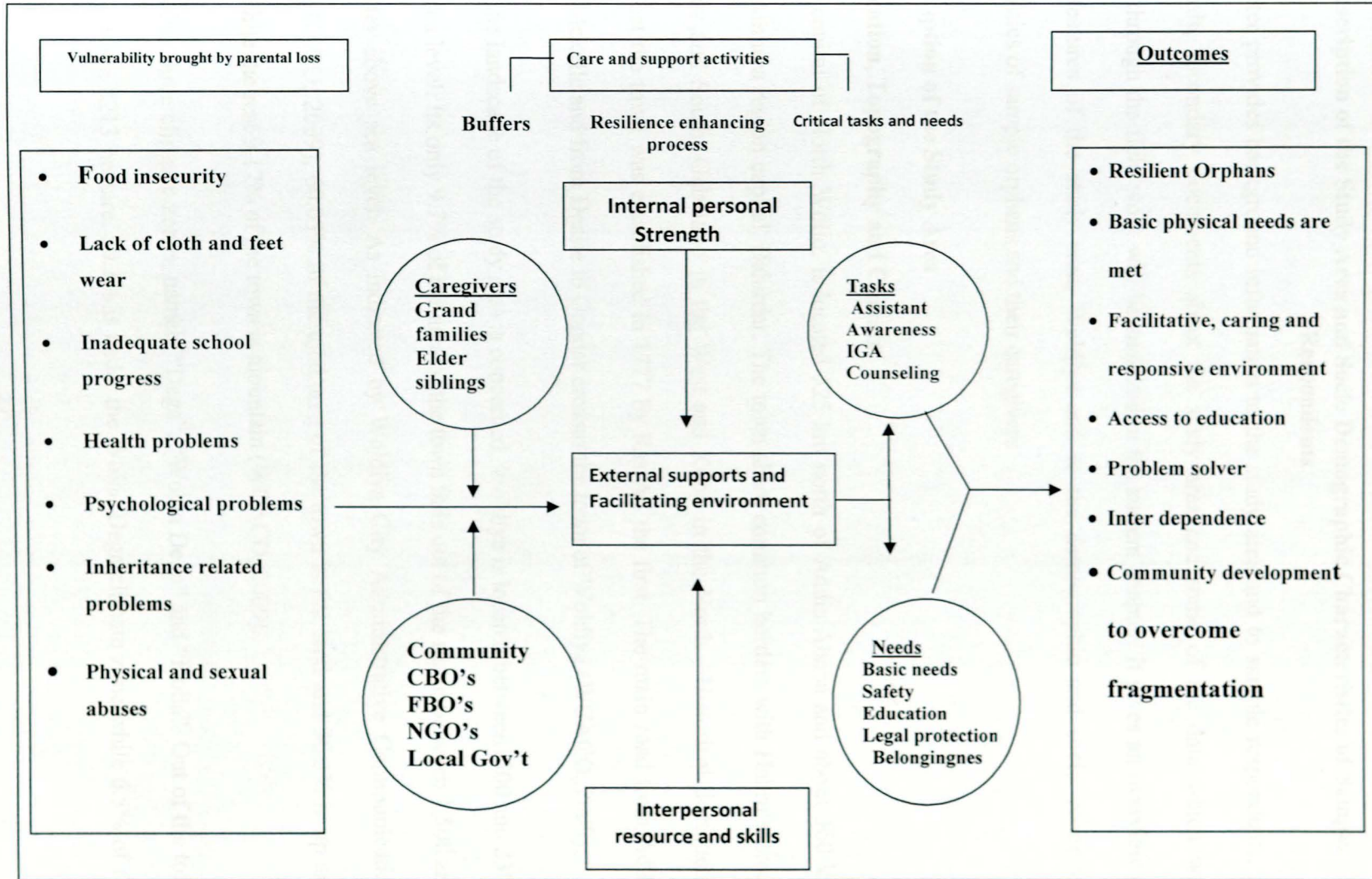
The **exosystem** includes those settings that influence children's development, though the child is unlikely to interact directly. Parent's work place, employment policies and relationships are the prime examples of exosystem (Bronfenbrenner, 1986).

The **macrosystem** comprises historical and cultural settings of the society. It includes society's traditional practices, beliefs and customs pertain to child responsibilities in the home and the community. It also embraces child policies and legal frameworks of the country (Bronfenbrenner, 1986).

Conceptualizing resilience as a product of individual/child internal attribute, interpersonal skill and external support is used as a lens for this study. Resilience indicate that supportive adults/caregivers and the community in general provide basic resources for the individual/child to cope his/her stress and other traumas. The internal attributes (individual's confidence optimistic view and the like) are responsible to use the resources effectively. In a similar fashion, in this study resilience is used to explore the ability of orphans to withstand the various problems they face in the one hand and the role of caregivers and community in providing resources. Exploring individual's resilience in terms of the collective response action and resource provision also enables to look the role of government in providing and coordinating resources which basically fits to one of the aims of this thesis. Moreover, understanding resilience factors help the researcher to look the cause for orphan vulnerability, because vulnerability is also affected by the same factors.

The entire process of resilience can be grasped from the figure below. The model is adopted from Killian (2002) and modified by the researcher.

Figure 1. Integrative model of resilience



Source: Reverlev Killian, 2002(modified)

Chapter Three

3. Description of the Study Area and Socio Demographic Characteristics of Sample Respondents

This chapter provides background information to the study area and to sample respondents. In other words, secondary documents about the study area and some of the data which was collected through the field work will be analyzed in the current chapter. It gives an overview to the key features of the study area, Woldiya and to the demographic and socio economic characteristics of sample orphans and their caregivers

3.1. Description of the Study Area

3.1.1. Location, Topography and Climate

Woldiya, capital of North Wollo, is located 525 km north of Addis Ababa and about 360 km south of Amhara region capital, Bahirdar. The town share common borders with Habru woreda in the East and South, Gubalafto in the West and Kobo in the North. Historical documents indicate that the town was established in 1777 by Ras Ali the first. The main road from Addis Ababa to Mekelle and from Dessie to Gondar crosses the town of Woldiya (WCACO, 2009).

As far as the landscape of the study area is concerned, Woldiya is located between 1500 and 2300 m above sea level. Its only 9.7% of the area of the town falls out of the range between 1,500 and 2,300 meter above sea level. As indicated by Woldiya City Administrative Communication Office (WCACO, 2009), 60.03% of the total area of the town is flat land and 30.3% is up and downs. While the rest 9.17% of the town is mountain (WCACO, 2009).

The town has three climatic zones, namely “Dega”, “Woina Dega” and “Kolla”. Out of the total area of the town 8213 hectare, 90.3% is under the Woina Dega climate zone while 6.5% of the

area falls under Kolla and 3.2% Dega climate zones. Generally the town is characterized by an average temperature of 22°C (WCACO, 2009).

3.1.2. Demographic and social setting of the Study Area

Though, exact data concerning the social economic characteristics of the population is absent, some general nature of the population and the area can be explained in the following manner.

The size of the population based on the 2007 Ethiopian population and Housing Census report was 62411. Out of which 30,104 males and 32,307 are females (CSA, 2007). The report also indicates that the age composition of Woldiya population is characterized by a very high proportion of the young ages and low proportion of old people. Woldiya constitutes 7 kebeles of which four are rural (WCACO, 2009). 71.8% of the people live in the urban area while the rest 29.2% lives in the four rural kebeles of the town engaged in agricultural activities. The population of Woldiya town is mainly belongs to the Amhara ethnic group with a fraction number of people from Tigre and Agew ethnic group. In addition to this, most people in the town speak Amharic language. Moreover the majority of the populations are Ethiopian Orthodox Christians followed by Muslims. Small numbers of the population are Protestants.

According to Woldiya City Administration Agricultural Office estimation, the livestock population of the town was 6576 cattle, 1986 sheep, 1904 goat and 10402 poultry. On the other hand, in the town staple crops such as teff, maize, sorghum, beans and peas are produced in large amount. Thus both livestock husbandry and farming are important livelihood activities for some people in the study area (WCACO, 2009). However this town in particular and north Wollo in general has been severely affected by recurrent droughts and famines in the last three decades which increased the existing poverty. Even in time of good agricultural production the area is

characterized by food insecurity. This deep rooted poverty in general and food insecurity in particular seriously hampers child development in the area. Stunted growth, malnutrition, family separation through migration, forced drop out of school and exposure for various forms of abuse are child development problems observed in north Wollo (PADET, 2005).

Like any other part of Ethiopia, the health and educational coverage of Woldiya is minimal. According to the WCACO (2009), there are about 6 health posts, 1 health center and 1 Hospital in the town. In the town it is also only three health officers, seventeen nurses and eight health extension workers are found which have a proportion of 1:20804, 1:3671 and 1:2196 respectively. Similarly it is only 14 elementary, 2 high schools and 1 preparatory school are found in the town. In the town in 2009, there are about 13970 children who are aged enough to start formal education, however it is only 9293 of them join the elementary school. Generally the elementary school coverage of the town is only 66.5%.

The study area is mainly selected on the base of my work experiences and observation. I have been working as children's affair expert in North Wollo Labor and Social Affairs Office from November 23, 2005 to March7, 2008. On my engagement I observed that though their number is increasing, there is little or no information about the situation of orphans, the existing care arrangements' and the efforts being made by Government, NGO's, CBO's, FBO's and the orphan themselves to alleviate the problems. . The town is remarked for its high figure of orphan as a result of HIV/AIDS. In the area though the effort made by government, nongovernmental organization and the community is important, orphans have been vulnerable to different situations.

3.2. Socio Demographic Characteristics of Orphans’

3.2.1. Age and Sex Composition of Orphans’

From the total sample of orphans (N= 110), 64 (58.2 %) are females whereas 46 (41.8 %) are males. When we see the age distribution of the sample orphans, the majority of them are in the age group of 16-18 (45.5 %) followed by those in the age group of 13-15(33.6 %). While the remaining respondents fall within the age group 9-12. The following table gives the distribution of the sampled orphans by their age and sex.

Table 3.1: Frequency and Percentage Distribution of Sample Orphans by Age and Sex

Age of Respondents		Respondents’ sex		Total
		Male	Female	
9-12	Count	15	8	23
	% of Total	13.6%	7,3%	20.9%
13-15	Count	11	26	37
	% of Total	10%	23.6%	33.6%
16-18	Count	20	30	50
	% of Total	18.2%	27.3%	45.5%
Total	Count	46	64	110
	% of Total	41.8%	58.2%	100.0%

3.2.2. Educational Status

There was a need to describe the distribution of sample orphans in terms of their educational status since orphans were described as vulnerable to low school attendance in the literature. The table 3.2 shows the frequency and percentage distribution of sampled orphans by their educational status, as shown from the table, the majority of the sample orphans 46 (about 41.9 %) were between grades 5-8. While those who were in grades 1-4 and 11-12 constitute 12.7% for

each. On the other hand, sampled orphans who dropped out of school hold the remaining 12.7% percent.

Table 3.2: Frequency and Percentage Distribution of Sample Orphans by Educational Status

Respondents' level of Education		Respondents' sex		Total
		Male	Female	
1-4	Count	9	5	14
	% of Total	8.2%	4.5%	12.7%
5-8	Count	17	29	46
	% of Total	15.4%	26.5%	41.9%
9-10	Count	6	16	22
	% of Total	5.5%	14.5%	20%
11-12	Count	6	8	14
	% of Total	5.5%	7.2%	12.7%
Dropped out	Count	8	6	14
	% of Total	7.2%	5.5%	12.7%
Total	Count	46	64	110
	% of Total	41.8%	58.2%	100.0%

3.2.3. Religion and Ethnic Background of the Respondents

As it is stated at the beginning of this chapter, the study area, Woldiya is found in Amhara regional state and most of the people living in the area belonged to the Amhara ethnic group. Likely, the entire sample orphans described themselves as Amhara. The general religious characteristic of the area is also reflected in the sample orphans. As shown from the table 3.3, the majority 93 (84.5%) of sample orphans were Ethiopian Orthodox Christians and the remaining

17(15.5%) were Muslims. Though the questionnaire includes protestant, catholic and others for alternative, the sample orphans were entirely from the two dominant religions of the area.

Table 3.3: Frequency and Percentage Distribution of Sample Orphans by Religion

Religiosity	Frequency	Valid Percent
Orthodox	93	84.5
Islam	17	15.5
Total	110	100.0

3.2.3. Category of Orphans

The other explored characteristic of orphans was their orphanage category. Table 4.4 indicate that, out of the total of 110 sample orphans, 65 (59.2%) had lost their fathers (paternal) followed by double orphans 33(29.6%) and the remaining 12 (11.2%) were maternal orphans. From the Sampled orphans the majority of them (70.4%) were single orphans regardless of their distinction to paternal or maternal depending on their biological father or mother who is dead. However from the focus group discussion, I also understand that most of these single orphans live with their HIV positive parents.

Table 3.4: Frequency and Percentage Distribution of Sample Orphans by Their Category

Orphan Type	Frequency	Valid Percent
Maternal	12	11.2
Paternal	65	59.2
Double	33	29.6
Total	110	100.0

3.3. Socio Demographic Characteristics of Caregivers

Caregivers were the other unit of analysis from which information were collected. In order to have full understanding about the situation of orphans, the researcher tried to explore the family in which orphan’s are living. The explored results were presented in the following manner.

3.3.1. Age and Sex composition of caregivers

From the total sample caregivers (N=101), 76 (75.2 %) are female whereas 25 (24.8 %) are male. When we see the age distribution of the sample, the majority of them are in the age group of 45-54 (39.6%) followed by those in the age group of 35-44 (26.7 %). The following table will have more to provide about the distribution of the sample caregivers by their age and sex.

Table 3.5: Frequency and Percentage Distribution of Sample Caregivers by Age and Sex

Age group of respondents'		Respondents' sex		Total
		male	Female	
15-24	Count	2	7	9
	% of Total	2%	6.9%	8.9%
25-34	Count	2	7	9
	% of Total	2%	6.9%	8.9%
35-44	Count	11	16	27
	% of Total	10.9%	15.8%	26.7%
45-54	Count	6	34	40
	% of Total	5.9%	33.7%	39.6%
55-64	Count	2	7	9
	% of Total	2%	6.9%	8.9%
65 and above	Count	2	5	7
	% of Total	2%	4.9%	6.9%
Total	Count	25	76	101
	% of Total	24.8%	75.2%	100.0%

3.3.2. Educational status

Educational status of caregivers was also examined. As shown from the table below, the majority of the sample caregivers 44 (43.6%) were unable to read and write and only 15.9 % of the sample caregivers reached secondary school. From the sample female caregivers 39.5 % of them were illiterates compared to that of 56 % of male caregivers. Similarly 18.4% of sample female caregivers were reached in secondary school compared to 8% of sample male.

Table 3.6: Frequency and Percentage Distribution of Sample Caregivers by Educational Status

Respondent's level of education		Respondents sex		Total
		Male	Female	Male
Illiterate	Count	14	30	44
	% of Total	13.9%	29.7%	43.6%
Read and write	Count	2	11	13
	% of Total	2 %	10.8%	12.9%
Elementary	Count	2	14	16
	% of Total	2%	13.9%	15.8%
Junior	Count	5	7	12
	% of Total	4.9%	6.9%	11.8%
Secondary	Count	2	14	16
	% of Total	2%	13.9%	15.9%
Total	Count	25	76	101
	% of Total	24.8%	75.2%	100.0%

So relatively speaking, female caregivers are better than male caregivers in terms of their educational status, even though the general figure indicates the majority of the sampled caregivers (43.6%) were illiterate.

3.3.3 Marital status

As far as the marital status of caregivers is concerned, the majority of them 53 (52.5%) were separated due to death. As shown from the table 4.7, from the total of 101 caregivers, 28 (27.7%) married, 11 (10.9%) were divorced and the remaining 9 (8.9%) were unmarried.

Table 3.7: Frequency and Percentage Distribution of Sample Caregivers by Marital Status

Marital status	Frequency	Valid Percent
Married	28	27.7
un married	9	8.9
Divorced	11	10.9
Separated	53	52.5
Total	101	100.0

3.3.4. Family Size

The table that follows presents the distribution of the sampled caregivers by their family sizes. The majority of the sample caregiver's 54 (53.8%) have a family size of 4 to 5 individuals. About 27.7 % of the sampled caregivers have the family size of 2 to 3 members and 18.8 % of the sample caregiver's had members up to 7 individuals. The average family size for the total sample caregivers was about 4.37 individuals.

Table 3.8: Frequency and Percentage Distribution of Sample Caregivers by Family Size

Family Size	Frequency	Valid Percent
2-3	28	27.7
4-5	54	53.5
6-7	19	18.8
Total	101	100.0

3.3.5. Source of income

Caregivers’ source of income was another variable through which the family situations of orphans were investigated. The table that follows presents the distribution of the sampled caregivers by their source of income.

Table 3.9: Frequency and Percentage Distribution of Sample Caregivers by Source of Income

Income source		Frequency	Valid Percent
	Daily laborer	39	39.4
	Micro trade	40	40.4
	Craft	1	1
	retirement pension	3	3
	Other	16	16.2
	Total	99	100.0
Missing	99	2	
Total		101	

As can be seen from the above table, the majority of caregivers 40 (40.4%) were engaged in petty trade activities to secure income for their family. Among other things, these caregivers are involving themselves in preparing and selling Tella (local drinking prepared in a traditional system), Injera (tiny bread made from the dough of teff) and bread. The table also indicates that, 39 (39.4%) of the sampled caregivers were daily laborers and 16.2% of the care givers are having other source of income which mainly includes remittance and assistance from other extended family members. Even though their percentage is little, there are also (3%) caregivers who wait for their retirement pension to feed their family.

3.3.6. House Ownership

Caregivers were also asked that the house in which their family residing is their own or not. The table 4.10 indicates that, the majority of the sampled caregivers (70.8%) live in a rented house. From the total of sampled caregivers (N=101), 51 (50.5%) are living in kebele house and 13 (20.8%) of the caregivers rented a house from individual owners. Caregivers who are owners constitute 27.7% from the total sampled caregivers.

Table 3.10: Frequency and Percentage Distribution of Sample Caregivers by Ownership of the House

Home	Frequency	Valid Percent
Owner	28	27.7
Kebele	51	50.5
private renter	21	20.8
Other	1	1
Total	101	100.0

Data from the observation and focus group discussion indicate that most of caregivers are living in a mud wall single room house. Focus group participants who rent a house from individual owners indicate that it is too expensive for them to afford it.

Chapter Four

4. Findings

This chapter deals with the major findings of the study. The findings of the study are analyzed based on the specific objectives listed on the first chapter of this paper. In other words, I made an effort to present factors that directly made children orphan in the study site, relation between orphans and care givers, major problems orphans' face and efforts made by the orphan and caregivers to cope up the problems. Attempt will also be made to discuss how the community is organized and gives response for the problem. Local government, nongovernmental and faith based organization response for the situation of orphans will be presented in the final section of this chapter.

4.1. Factors for the Presence of Orphans in the Study Area

The first specific objective of the study is to assess major factors for the presence of orphans in the study area. Data for this specific objective were collected from various units of analysis (orphans, caregivers, officials, Idir and religious leaders). The researcher first presents the quantitative and then proceeds to the qualitative one. Table 4.1 reveals frequency and percentage distribution of sample orphans by reason of parental death.

Table 4.1: Frequency and Percentage Distribution of Sample Orphans by the Reason of Parents' Death

Reason for parents' death	Frequency	Valid Percent
AIDS	45	40.9
T.B	17	15.5
Accident	3	2.7
other disease	27	24.5
Not Known	18	16.4
Total	110	100.0

As can be seen from table 4.1 from the total sampled orphans (110), 45 (40.9%) respond that AIDS was the reason for their parents' death. While 15.5% of sampled orphans indicate tuberculosis, other diseases such as malaria and typhoid were the response for 24.5% of the sampled orphans. Even though their percentage is very small (2.7%), there are also orphans who revealed that their parents were died as a result of accident.

The above figure is strengthened by data collected through FGDs and key informant interviews. Focus group discussions with caregivers indicate that AIDS, tuberculosis and malaria are the major factor for the death of parents. Most HIV positive mothers for paternal orphans in the FGD freely speak that their husbands were died for AIDS. A Female age 38 participant in caregivers FGD explained the situation in which her husband was dead as:

My husband and I found out that the virus was in our blood in July 17, 2005 after he was sick and spent a month and half on his bed. Immediately we started the ART treatment after we received a counseling service which was provided by the Woldiya Hospital physicians. Unfortunately, the medicine failed to help my husband and he died in September 5, 2005.

Orphans who participate in focus group discussion also indicate that accident (including homicide) and deaths due to giving birth are also reason for the death of their biological fathers and mothers.

Similarly in relation to the cause, all interview informants speak in one voice that AIDS is number one reason for the deaths of parents especially in the period between 1997 and 2007. Informants however indicate that, due to the antiretroviral medicine the number of AIDS orphans gets declining. Awareness on the virus as well as on the ART has been increasing from time to time. Most of HIV positive people acknowledge the significance of ART and strictly follow the

instruction of counselors and physicians. Thus, in the area, death due to AIDS and orphans as a result of AIDS are high but at a declining rate. Key informant from the Labor and Social Affair Office explained the situation as:

In the 1990's the prevalence of HIV in Woldiya was high. The city was known for its high HIV prevalence rate in the region. During that period death due to AIDS is common and almost all orphans who visit our office had lost their parents as a result of AIDS. Since 2000E.C, however we started to look other reasons for the death of parents in the orphans' file.

Interview with the informant from PADET also strength the argument that in the study area though it is at a decreasing rate, AIDS is still number one reason for the presence of orphans. The informant stated it as:

Though no one is certain about their exact figure, estimation indicates that about 3000 orphans live in the study area. Most of these orphans lost their parents due to the epidemic. That is why our project mainly aimed to give care and support for people living with HIV/AIDS and orphans due to AIDS.

In general, in the area in addition to AIDS, accident, personal conflict and diseases such as tuberculosis, malaria and typhoid are raised as the major factors for the presence of orphans.

4.2. Orphans' Relation with Their Caregivers

The second specific objective of the study was to assess orphans' relation with their caregivers. Killian (2002) indicates that good relationships with caregiver and others can serve as a buffer during adversity and even create opportunities for external assistance. In other word orphans' interpersonal skill with others is the one of the main factors influencing resilience. Thus, assessing orphans relation with caregivers and others has a paramount importance in the study of resilience. In an attempt to get clarification for this specific objective, the researcher explores

orphans’ link, companionable and communication with their custody. The data will be presented in the following manner.

4.2.1. Custody of Orphans’

Regarding the tie between orphans’ and their caregivers the table 4.2 indicates that 39.1% of the sampled orphans are living with their biological mother or father. Similarly, 39.1% the sample orphans live with their grandparents. Elder brothers and sisters are also custodies for 8.2 % of the sampled orphans’. 5.4 % of the sampled orphans live with other relatives. The remaining (8.5 %) of the sampled orphans led their own life without any guardian.

Table 4.2 Frequency and Percentage Distribution of Sampled Orphans by Category of Caregivers

Custodies	Frequency	Valid Percent
Grand parent	43	39.1
Other relatives	6	5.4
Siblings	9	8.2
Self headed	9	8.2
mother/father	43	39.1
Total	110	100.0

The above table implicates that extended family members are the prime caretaker for most of sampled orphans

4.2.2. Caregivers companionability to Orphans’

Orphans were also asked whether their caregivers are companionable or not. *“Orphans who relate to their caregivers and others in a positive manner have the ability to see hope in difficult situations”* (Killian, 2002: 46). Participating in household activities and giving respect for others among other things influence caregivers’ companionability to orphans. As a result of these the

researcher first asked sampled orphans about their respect for caregivers. Table 4.3 present the frequency and percentage distribution of orphans by the level of respect for caregivers.

Table 4.3 Frequency and Percentage Distribution of Sampled Orphans by Their level of respect

Level of respect	Frequency	Percent
All the time	89	88.1
Some times	9	8.9
Not at all	3	2.9
Total	101	100

As shown in table 4.3, the majority of sampled orphans (88.2%) give respect for their caregivers all the time followed by those who give respect some times (10%). Only tiny percentages of sampled orphans (1.8%) were not obedient.

Sample orphans were also asked about their participation in home activities. The following table gives the distribution of the sampled orphans by their participation in the home activities.

Table 4.4 Frequency and Percentage Distribution of Sampled Orphans by Their participation in household activities

Participation in home activities	Frequency	Percent
All the time	24	23.8
Some times	65	64.3
Not at all	12	11.9
Total	101	100

From the sample orphans, about 64.3% of them participate in some form of home activities and only 11.9% of orphans were free from home activities.

Orphans were asked their personal judgment about the companionability of their caregivers. The table 4.5 describes how caregivers often companionable for orphans.

Table 4.5: Frequency and Percentage Distribution of Sample Orphans by Their Caregivers Companionable

Level of companionable	Frequency	Percent
Very Good	21	20.8
Good	40	39.6
Fair	32	31.7
Bad	2	2
Not answered	6	5.9
Total	101	100

Participants in the FGD of orphans also indicate that their caregivers are good and willing to do whatever they asked them if they have money to offer. Most of the caregivers are unable to satisfy the demands of orphans since they are poor. The orphans acknowledge this situation and admit most of the custodies as companionable. On the other hand, orphans look other alternatives if they feel that their caregivers are not companionable for them. One participant, male, aged 12 clearly put how the poor jobless and young sister of his mother is comfortable than the rich brother of his father. He explained that

My uncle is relatively rich when we compare with my aunt; he has a shop at the center of Adago (local market in Woldiya) and has his own house. However his face is always cloud and he always asks me to spend the whole day in the shop. One day I talk with my aunt about the whole situation and left my uncle to live

with her. Though she is a daily laborer in condominium, she is generous and cared about me. I am responsible to cook our lunch and engaged in some domestic works when she went out of home for job. We talk to each other and I am very happy with her.

Here the researcher freely admits that he didn't use any other skill to measure custodies companionship for the orphans; rather he simply asked the orphans to give their personal judgment.

4.2.3. Orphans' Communication with Their Caregivers

The researcher also asked sample orphans about the communication with caregivers. As can be seen from the table below it is only 3.1% of orphans who live with caregivers had a bad communication with their caregivers. Most of the sampled orphans (33.7%) indicate that their caregivers communicate in a very good manner, followed by those who level their relation as good (32.6). Table 4.6 shows the frequency and percentage distribution of sampled orphans by the level of their communication with their caregivers.

Table 4.6: Frequency and Percentage Distribution of Sample Orphans by Communication with Their Caregivers

	Frequency	Valid Percent
Very Good	34	33.7
Good	33	32.6
Fair	32	31.7
Bad	2	2
Total	101	100

Participants of the FGD also indicate that there is at least one person in the home to talk on issues concerning them. A participant female, age 13, explained it as

I am living with my aunt since the death of my mom in 2006. My aunt is very mean to me and even at her own children. On the contrary, her husband who is a teacher in our school is always smiling. I freely talk with him and it is easier for me to ask him when I need cloth, shoe and stationary materials.

To summarize, the explored data indicate that grandparents, older brother/sisters and other relatives are the major custodies for double orphans. Most of single orphans on the other hand live with the remaining biological father/mothers. There are also few orphans who strive to lead their own life without any custody. Most orphans engaged in some kind of home activities and give respect for their custodies. On response, though most caregivers are poor and unable to deliver good services, they were companionable for orphans. Only a small number of orphans claim that their caregivers badly treat them. Orphans may take alternative solution if their caregivers are not companionable to them. Most of the orphans also acknowledge that they have good communication with their caregivers or at least with one person in the house.

4.3. Major Problems

Putting the third objective of the intended study in mind, key informants and participants in the focus group discussion were asked to list and rank the major problems of orphans in the area. In addition to these orphans were asked to prove whether problems raised in many literatures are found in the area. The explored problems will be presented in accordance with their severity.

4.3.1. Food insecurity: - key informants and participants in the focus group discussion identified shortage of food as the most serious problem of orphans. On this issue, a grandmother who participates on the focus group discussion revealed that:

I am forced to look after two grandsons and a granddaughter with only 160 birr monthly income in the form of pension. While other problems may give us a chance to wait but this one, food shortage, is serious and there are several days in which we sleep without a dinner.

A 15 years old participant in the FGD also explained his situation as “*there are days in which I couldn't get enough food and sometimes I leave the school before the normal time especially in the afternoon session due to hunger.*” HAPCO coordinator stated that there are a number of HIV positive orphans who visit their office in search of food. The seriousness and magnitude of orphan food insecurity in the area forced them to write a proposal for a number of international nongovernmental organizations. Food aid for 873 orphans by WFP in the area is a response for their proposal.

Key informants and FGD participants also rise that most orphans have very rear chance to get a quality food. The usual diet for orphans includes Injera with shiro wot (a staple food for most of Ethiopians usually Injera is prepared from teff dough and shirowot from chickpea) bread, boiled grains like wheat and maize. Moreover the amount of food for most orphans is not sufficient. Here the researcher freely admits that orphans food insecurity is not measured through orphans' calorie intake rather it depends on the orphans, caregivers and key informants response on the food status of orphans.

On the other hand, in the literature orphans are found to be food insecure. On the basis of the literature, the researcher also collects quantitative data to describe orphans in terms of number of their daily meals. Tables 4.7 indicate that the majority of them (70 %) have a chance to eat three times per day and 21.8% of the sampled orphans eat twice in a day. There are also orphans who are uncertain (5.6%) about the number of meals in a day and also orphans who only eat once.

Literally from the table below we can say that 29.6% of the sampled orphans didn't get enough food in a day regardless of the quality of food they take.

Table 4.7: Frequency and Percentage Distribution of Sampled Orphans by the Number of meals per day

Meals in day	Frequency	Valid Percent
Only once	2	1.8
Twice	24	21.8
Three	77	70.0
Uncertain	7	6.4
Total	110	100.0

4.3.2. Clothing and feet wear: is another problem raised by orphans, caregivers and key informants. Orphans lack the chance to dress well. Caregiver age 45, female, in the FGD stated

I am a job less HIV positive, my son (9 years old) asked me to buy a new cloth at the beginning of this year. I am not surprised because he needs at least one to reserve the school uniform. He always travels from and to school by his foot. He always plays with hope by hearing my word that I will buy for you in next month.

Findings from the quantitative data also indicate that cloth and shoe are serious problems for the orphans in the area. The table below shows the number of cloths sample orphans have.

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Findings from the quantitative data also indicate that cloth and shoe are serious problems for the orphans in the area. The table below shows the number of cloths sample orphans have.

Table 4.8 Frequency and Percentage Distribution of Sampled orphans by the number of sets of cloths

Sets of cloths	Frequency	Valid Percent
One	11	10.
Two	62	56.3
Three	21	19.1
Four	8	7.3
Five and above	8	7.3
Total	110	100.0

As can be seen from the table the majority of sampled orphans (56.3%) have only two sets of cloths followed by orphans (19.1%) who have three sets of clothes. 10% of the sample orphans only have one sets of clothes. The table indicates how cloth is a serious problem for most of orphans.

On the other hand sampled orphans were also asked whether they have a foot wear or not and as can be seen from the table below the majority of sampled orphans (77.3%) have no wear for their feet.

Table 4.9: Frequency and Percentage Distribution of Sampled Orphans by a pair of shoe

A pair of shoe	Frequency	Valid Percent
Yes	25	22.7
No	85	77.3
Total	110	100.0

In relation to cloth sampled orphans were also asked whether they have a blanket and sheet for sleeping. The explored findings were presented in table 4.10 and 4.11 respectively.

Table 4.10 Frequency and Percentage Distribution of Sample Orphans by Blanket for Sleeping

Blanket for sleeping	Frequency	Valid Percent
Yes	45	40.9
No	65	59.1
Total	110	100.0

One can observe from the table that 59 % of the sampled orphans have no blanket for sleeping. The figure indicates that absence of blanket for the night cool is a serious problem for orphans in the area. On a similar fashion as can be seen from the table below only half (50.9%) of the sample orphans have a sheet for sleeping. While the remaining 49.1% of the total sample orphans lack a sheet for sleeping.

Table 4.11: Frequency and Percentage Distribution of Sample Orphans by the Availability of sheet for sleeping

Sheet for Sleeping	Frequency	Valid Percent
Yes	56	50.9
No	54	49.1
Total	110	100.0

One participant in the FGD of orphans 13 years old girl exemplifies the above situation. She revealed as:

I lost my parents and started living with my relatives. The biological relation between us is weak and not convincing. I only stay with them since I don't have any other alternative. I only have one Netela, a thin woven traditional shawl, to dress in the night. The situation is severing for me during the cool summer season.

Information from the ANPPCAN coordinator can serve as a summary for the first problem of orphans in the area. He stated that in the area orphans face a range of problems but the serious one is the problem in relation to food, cloth and shelter. He said: *Due to the seriousness and magnitude of the problem on their basic needs, sometimes I wish the establishment of child foster home or orphanage in the area.*

4.3.2. Lack of Education

Educational problems are raised as the third serious problem for orphans in the area. Key informants stated that orphan educational problems can manifest itself either in the absence of stationary materials like exercise book, pen, pencil and uniform or in a serious case some orphans may be forced to drop out from school. In other words after the death of parents orphans opportunity either to engaged or continue in school is low.

Moreover orphans also score lower result in school. PADET HIV/AIDS project coordinator explained the situation as:

School Anti-AIDS club leaders and members report for us that orphans in school have a number of problems. In addition to the lack of stationary materials, test scores are getting low for some of the orphans. After we trained them some teachers responsibly follow the situation of orphans in class and their findings revealed that their score is getting low. Though there is no exact evidence, teachers speculate that death of parents may be the reason for low score in tests.

There are also orphans who dropped out of their school after the death of their parents. And even some of them devoted their time to look after their bed ride parents. The life history of Alfoaychew instances this situation.

1. **Cases history:** *Alfoaychew is a 16 years old single orphan shoe shine boy. He was born in debot kebele of Gubalafito woreda which is 15 kilometers to the west of Woldiya. I met Alfoaychew Abeto in his shoe shining container. I visited his home and all his family members and I was shocked to see that his family; it was only a month passed for his brother, finishing his TB tablet and one of his young sisters is deaf. In other words five orphans were living with their job less HIV positive mother in a single room rented from kebele. He told me that the burden to look after them was on his shoulder after his mother was bed ride.*

My life has never been good after the death of my father. No one is volunteer to hear us thus I dropped out of school in 2007 to take care of my mom and the rest of the family since I was the first to born. I stay the whole day here in the container, built under the sponsorship of Tesfa Mahaber (association of PLWHA), and engaged in shoe shining and sometimes carry baggage. Most of the time, I get enough money for my daily meals and I save money for my mom and I always discuss every issue of the family and I always run to my mom when I get money. However, there are also days that I may not get money which leaves me hungry. Now a day my mother started to become well after she started the anti retroviral medicine and she engaged in UNCIEF revolving fund credit to start income generating schemes under the supervision of North Wollo Labor and Social Affairs Office. I want to become a driver and I already began to save money for license cost. I want to help my little sister and brothers who are in school and others if I had a chance to get money.

I was impressed with his energetic effort and ambition to upgrade himself and his family life. He was only upset when their home is not managed properly. In other words, he got angry when the home is not clean and attractive to rest while he wants to sleep or stay after a long hour laborious work.

4.3.3. Psychological Problems

In the area, psychological problems are the third serious problem of orphans. Key informants mainly raised it as a serious problem. Save Your Holly Land Coordinator told me that they are

trying to make orphans psychologically strong by recruiting volunteers from the community. He avowed that:

Psycho social support is one among the care and support delivered by our institution. We aimed to assist orphans to have a positive self regard, courage and a sense of self efficacy. We believe that if we create such strong psychological base among orphans they can with stand other problems developing a positive relationship with their caregivers and the community at large and will have a plan to make their future bright.

He also told me that they recruit volunteers from the community to deliver psycho social support for orphans. Key informant from HAPCO also explained psychological problems of orphans as:

Psychological problems for some of orphans, especially for AIDS orphans, came through consecutive waves. Discrimination began before the death of parents due to the positive status of parents. In addition to this, some of them may be traumatized when they gives care for bed riding parents. Profound sorrow, fear and sadness are the second wave of psychological problems appeared at the time of grave and burial. The third and final waves of psychological problems arise in association with other problems such as food insecurity, educational problems or when they are mistreated by their caregivers.

She also stated that in the area it is not difficult task for anyone to observe how orphans face psychological problems.

Sample orphans were asked to remember their situation in the last two weeks and to level their happiness, sad, loneliness and safety. The finding will be presented in the following manner.

Table 4.12: Frequency and Percentage Distribution of Sample Orphans by Their Feeling of Happiness in the Last Two Weeks

Happiness Feeling	Frequency	Valid Percent
Not at all	19	17.3
Once in a while	62	56.4
many times	14	12.7
All the time	15	13.6
Total	110	100.0

As indicated from the above table most of the sampled orphans 62 (56.4%) of them only remembers they were happy once in the last two weeks followed by orphans (16.9%) who have never been happy at all in the last two weeks. Whereas sample orphans who feel happy many times and all the times in the last two weeks constitute 12.7% and 17.3% from the total sample orphans respectively. Most FGD participant orphans also confirm that they lack happiness in their life after the death of their parents. The expression of an orphan, age 14, female can be a good example to indicate how most orphans are unhappy after the death of parents:

I lost my parents in 2007 accidentally and now I live with my elder brother. He provides me with food, shelter and clothes. He constantly tries to make me happy. However, I often remember my parents; their picture is all the time in my mind and that is why I am not always a happy person after their death.

On a similar fashion, sample orphans were also asked on their loneliness feeling and the result indicate that only 13.1% of the total sample orphans who didn't feel loneliness in the last two weeks. Whereas the remaining sample orphans feel loneliness at least once in the last two weeks.

Table 4.13: Frequency and Percentage Distribution of Sample Orphans by Their Loneliness Feeling in the Last Two Weeks

Loneliness Feeling	Frequency	Valid Percent
Not at all	14	12.7
Once in a while	43	39.1
many times	16	14.5
All the time	34	30.9
Not answered	3	2.7
Total	110	99.9

The above table indicates that 39.1 % of the total sample orphans feel loneliness once in a while in the last two weeks followed by 30.9 % who feel loneliness all the times. The other 14.5% of orphans feel loneliness many times in the last two weeks. An explanation from a 22 years old, female caregiver for 5 orphans could also illustrate how orphans feel loneliness especially at difficult times.

My four young siblings and I lost our mother in 1998 and I was only 18 years old when our father died in 1999. I was forced to take my parents place and lead the family by taking any kind of jobs that I can find. For instance I worked as a cleaner in various households. My siblings and I feel loneliness when one of us gets sick, when we have no money for bread or especially when we fail to pay back people that borrowed us money.

On the other hand, the table below indicates that only 10 % of the sample orphans feel safe in the last two weeks and the remaining orphans feel unsafe at least once.

Table 4.14: Frequency and Percentage Distribution of Sample Orphans by Their Unsafe feeling in the Last Two Weeks

Un safe Feeling	Frequency	Valid Percent
Not at all	11	10
Once in a while	57	51.8
many times	17	15.5
All the time	19	17.3
Not answered	6	5.4
Total	110	100

A key informant from Idir said that “We counsel orphans to develop trust on the Idir and the community at large as their grant for any problem in order to reduce their loneliness and unsafe feeling.” This shows the seriousness and magnitude of the psychosocial problems of orphans in the area. Killian (2002) indicates that resilient orphans develop trust and consider external support as their right. Thus, Idirs’ effort to reduce the loneliness feeling of orphans is indispensable.

4.3.4. Health Problems

Health problems counted as the fourth serious problem of orphans in the area. Woldiya Orphans Association leader stated that most of orphans were visited by diseases including diarrhea, typhoid, cough, fever and malaria. She also indicated that there are also orphans who live with HIV. Key informant from Woldiya Health Center also confirms that in the area orphans were repeatedly ill. He stated:

“In most cases malaria, serious cough, typhoid and tuberculosis are the diseases that made orphans to come to our center and recently we started providing free medical services when they come to us with paper that confirms their status either from kebele or their own association.”

4.3.5. Physical Punishment

Orphans in the FGD list harsh physical punishment by their caregivers as other serious problem. Orphans explained that they get physical punishment when they make a mistake or fail to do what is ordered by their caregivers. Key informants also indicate that caregivers are still equipped with stick and some of them are furious when they hit the orphans. The CPU officer stated that in the Ethiopian penal code under article 576: 1 and 2 a guardian or a tutor will be punished by imprisonment, if they inflict any kind of harm on the child. However most of the people in the area had little awareness on the penal code and punish their child and the situation is worse for orphans.

4.3.6. Problems of Sexual Abuse

In the area orphans also face problems related to sexual abuses such as early marriage and rape. Key informant from ANPPCAN stated that female orphans are vulnerable to early marriage. He told me the experience and death of 16 years old orphan as a result of giving birth as:

No one heard the hidden marriage conducted on the 16 years old female in the middle of the city where there are number of organizations to fight against early marriage and other harmful traditional practices. It was only known when she died at the time of giving birth.

He also stated that the form and shape of early marriage was changed that sometimes orphans marry without any ceremony and the husband may pretend as a caregiver. According to key informants orphans were also vulnerable to rape. Police CPU officer indicated that there are a number of crime reports on the case of rape and orphans were among the victims. She also stated that the number of reports were very little because orphans were raped by close relatives and the criminal warns not to inform for others.

4.3.7. Problem of Inheritance

Key informants also raised inheritance as orphans' another problem. Key informant from ANNPCAN mentioned that sometimes property was not transferred to the appropriate person who properly manage and use for the orphans. He explained his argument by illustration as:

The father delegates his relative to administer his house and car and use properly for his two children before his death. However after his death the delegated person sold the entire property and used the money for his own purpose and left the city. The orphans finally forced to live with their retired grandmother who is also in need of a caregiver for herself.

Single orphans also face property inheritance problem when the remaining parent establish a new marriage and the new person got legal recognition to administer and share the property. Otherwise the problem is worse for double orphans.

In general in the area food insecurity, cloth and feet wear, education, psychosocial, health, physical punishment, sexual abuse and inheritance were the major problems of orphans in order of their seriousness.

4.4. Efforts made by the Orphans' and Their Caregivers

The challenge of orphans is multifaceted, involving factors such as health, education, psychosocial, physical and sexual abuse and limited access to inheritance. They are characterized by not having money to buy food and cloth, to get medical services and to pay for school costs. Some of the orphans are fully responsible to develop their own survival strategies for themselves and their young siblings. On the other hand, other orphans have caregivers to confront the challenges of life. The latter group of orphans together with caregivers also involve in a range of income generating activities to withstand the new context of life. Generally orphans and their caregivers are not passive recipients. They are knowledgeable to choose their own survival

strategies from a range of activities and they have their own explanation for their act. In the focus group discussion orphans were asked about their strategies to solve major problems including food. Their strategies mainly focus on increasing and developing a source of income and food. Basically:

- a. They try to engage in various activities to get an income in the one hand and
- b. Develop a good relationship with friends' neighborhoods and teachers to get food and other materials such as pen and exercise book on the other hand. They tried to get external support by using their interpersonal skills. Neighborhoods friends and school teachers are the main buffers in time of food insecurity.

In the intended study the following range of income generating activities were identified as survival strategies of orphans.

4.4.1. Listro (Shoe Shining)

In the study area, a number of orphans generate income after being shoe shinning boys. The initial capital to start work was mostly covered by either Tesfa Mahabir (local association of PLWHA) or North Wollo Labor and Social Affair Office. Some of these shoe shinning boys have a fixed place and containers in group. Tesfa Mahabir provide one container for six shoe shinning boys in the intention that three orphans work in the morning and the other three orphans in the afternoon shift and these orphans are believed to engaged in school in the remaining shift. However, these shoe shiners claim that the containers are placed in area where Tesfa Mahaber wants to stand rather than in a place where there are a number of customers. Moreover six shoe shiner boys in one container open rival and serious competition especially in the weekend days. As a result of these problems some of these fixed shoe shiner boys leave the area and settled in other places. Eleven year shoe shiner boy explained the situation as

We shared the container with six individuals on this ground and competition is stiff. Sometimes we used to get into fights. On the other hand customers usually choose older shoe shiner boys and beginners like me have no place in the process. As a result I left the area and came here which has relatively better work opportunities and peace.

There are also mobile shoe shiners who move from place to place mainly from office to office to get their customers. In general most shoe shiner boys earn 15-20 birr on average in one shift, morning or afternoon. While others who didn't engage in school earn up to 40 birr in a day.

Life history interview with clearly explain this situation.

2. Case history: *Akele is a 12 year old, grade 5 shoe shiner who lives with his mother and four siblings. One of his brothers was also engaged in car washing jobs. His mother was an HIV positive who spent most of her time in selling onions and tomatoes in the nearby market.*

My father died before I was born and obviously I have never experienced father's love in my life. My mother strives to meet our daily needs but it was very difficult even to get our daily meals. Thus my brother and I went out in search of jobs in order to help. He engaged in car washing and I started shoe shining. I try to manage my time properly for work and school. In other words, like any other children I regularly attend school and also do my job which covers my daily meal as well as a small pocket money for my mum.

He raised lack of food and clothes as his main problem and wants to solve his and his family problems through education.

I want to thank Tesfa Mahaber for giving me this container and all other inputs necessary to start the job. Without their assistance, it was impossible to continue my education or even get food for survival. However, the money which I earn from the job (on average 15 birr) is not enough to buy clothes or shoes let alone to cover for medical costs. For instance in August, 2010 I was sick and stayed in bed for almost 20 days. My mother had no money at all for medical coverage and she searched a

free medical service throughout our kebele which took several days to get. Finally I got free medical treatment in a government health center because of the support letter that I received from the kebele.

4.4.2. Petty trade

In the study area many orphans support their caregivers by selling different items including roasted and boiled barley, bean, maize, egg and pasty prepared by their caregivers. Most of the orphans who involve in petty trade move from place to place to address public spaces like bar, billiard and pool houses. Jevlo or suk bedereties (portable shopping) and kolo azuariwoch (roasted chickpea and barley sell) are good examples of orphans who engaged in petty trade activities. There are also orphans who involve in petty trade activities by assisting their caregivers who are in the market or selling different items in their own home. These caregivers engaged in sale of food items including Injera, bread and Tella. Others engaged in the sale of onion, tomato and other vegetables in the nearby market called Gullit. Most of caregivers who engaged in petty trade were beneficiaries of the revolving fund credit of UNCIEF under the supervision of North Wollo Labor and Social Affair Office. Life history interview with Maeza can reveal the situation of orphans involved in petty trade.

3. Case history: *Maeza age 13, grade 5, is living with her aunt in Yeju Genet kebele. Her father, a police officer, died in March 6, 2004 and her mother, also passed away in 2006. Since the death of her parents, Maeza has been living with her petty trader aunt. Her aunt sells Tella for two days in a week; however the income is barely enough to feed the family which has a total of 5 individuals. Maeza sell a roasted barley and chickpea in public places up to 2 AM at night to support her aunt.*

We never had a chance to know relatives from our father side or on our mother's except her poor sister. As a result of this my younger brother and I live with our poor aunt since the death of our mother. Our aunt is unmarried with two sons age

8 and 5. She is always busy trying to put food on the table. Nevertheless she only gets money when there is work (two days in a week). When I see her efforts; I really wanted to support her. She roasts barley and chickpea and it is my responsibility to take it to the market and sell it since I am the oldest of all the children living with her. I move from one bar to another and local drinking houses (Teje and Tela houses) where there are a lot of customers. In each day after class I sell one kuna (local material used to measure teff) and get 15-20 birr on average. I don't want to claim for any assistance from anywhere else in order to go to school or earn money as long as my aunt is alive.

Sometimes there are days in which she returns home without selling and in such occasions and in days where there is no food at home, the roasted barley and chickpea serve as a diner for the whole family. Maeza is very energetic and plan to finish her school, though her first goal is to join the world of business.

"I want to improve my school performance but education is not my priority. Rather I want to open my own hotel. I know if I save enough money, I will have my own business and can change my aunt life. That is the dream I live for."

4.4.3. Wage laborer in pool and billiard houses

In the study area orphans are also employed as a wage laborer in billiard and pool house, bicycle renting and other activities. Most orphans who are engaged in this task dropped out of school and spent the whole day in work. Some orphans who devote the whole time in work get their daily meals and an average of 70 to 90 birr per month from their employer. While other who takes their daily meals by themselves earns a monthly average income of 120 to 150 birr. The life history of Getaye suit the situation of orphans engaged in the stated activity.

4. Case history: Getaye, age 13, is employed as a referee to billiard game in Arsema Hotel. He and his five siblings lost their parents in 1999 E.C. The responsibility to lead the family after the death of his parents was fallen on older sister shoulder and she was only 18 at the time. She became a daily laborer to nurture the family and he came to the

billiard house. Getaye dropped out his school and spent seven days a week for the entire month to get 100 birr. He said "lemgneta kalhona wedebet alhedm"- 'Meaning he won't go home unless it is only for sleep'. He hands all his salary to his sister and she tries to feed the rest of the family in any manageable way possible.

In general a number of orphans in the area participate in different activities to with stand the problem they face. In the FGD with caregivers, many caregivers freely admit that, they with stand many problems with the synergy of orphans and themselves. One caregiver in the discussion explained their combined effort as:

I am a daily laborer and have four single orphans of whom the elder one (15years old) is Listro, shoe shiner. He can get money when I am not lucky to earn and I can get when he has no chance to get a coin. We both are equally concerned for the family.

On the other hand in the FGD with caregivers they were asked about their strategies to cope up the problem mainly food shortage in the family. The survival strategies of caregivers can be broadly classified in to two categories

- a. Caregivers mainly focus to increase their income which enables them to feed the family. They can be petty trader, daily laborer, cook or a wage laborer to get an income. Most caregivers who participate in the FGD for instance were beneficiaries for revolving fund credit for to start or strengthening their petty trade activities. The task is however, very difficult for some of these caregivers especially for those who live with the virus.
- b. Caregivers also explained that if the situation is very serious and they failed to generate income they try to develop an alternative mechanism of food consumption. They reduce the number and amount of meals per day. The explanation of one caregiver, female age 21, in the FGD clearly put the alternative mechanism of food as:

I am a caregiver for my 5 young siblings. I am a janitor in a government office. The salary that I earn is not enough to feed the whole family for a month. Therefore, I have to give one cup of roasted chickpea for everyone daily. - lehulum ande ande cieny shembra kolo areglachewalhu yachen beltew yewlalu

The life history of Aynalem also implicates the strategies of caregivers to withstand the problem they face and their effort to feed orphans

5. Life history: Aynalem , age 31, is living with the virus and has two off springs. It has been five years since she lost her husband and known her HIV positive status. She had been engaged in selling fruits; such as orange, papaya and sugarcane till 2007. However she repeatedly bankrupted because the fruits were spoiled before they were sold. It was a shocking experience for me when she told me that her HIV positive status was the reason why the fruits had no buyer. She explained it as:

"I had been selling fruits for almost 10 years and it was through that income which I was able to feed my family. Unfortunately the situations changed during the 2007 false rumor that surfaced about people like me who sell fruit inject blood into the fruits which sadly was untrue. After that it was all downhill. My customers started to retreat from buying and I was repeatedly bankrupted. Later I did quit the job and as the result I found myself seriously depressed. Things even got worse when I found out that those customers weren't interested purchasing the fruits because I was HIV positive. The whole ideas of injecting blood to the fruits were unbelievably ridiculous and inhuman. I can't imagine anybody doing that let alone seeing I do it".

She never forgets and burry the situation of that period, it was a time where there was no work to get money, no food at home for her children and no place to go. She indicated that, there is no one in the city who has a blood link (relative) with her husband or with her to ask any assistance for her children and herself. They came from

a remote woreda, (Gdane) in search of jobs when they were too young. Her husband was a daily laborer and died in 2005.

"I only had 300 birr on my hand to feed my children for three months. At this moment I consult the issue to my friend and became a member of Tesfa Mahaber. Sadly however the association couldn't solve my problems since it had no fund. Finally I became a host in a little café where the wage is hardly enough to cover the cost of food and rent and remained in the café since I had no other way to earn money."

In 2009 she was engaged in silk worm rising association after she got IGA training by experts from Woldiya Small Enterprise office and PADET. She thanks Woldiya city municipality because it was difficult for the association to start the project without the necessary farmland. As a result municipality allows them to use the free space near shelli river for their work. She stated that she earned satisfactory income from the silk worm production during the early stages but the income started to decline because the silk market was quite far. Now she sells coal and wood by taking credit from Labor and Social Affair office.

4.5. Community Based Organizations (CBO's) Response to Orphans Problems

Community responses to orphan problems were the fourth objective of the intended study. In the area, Community based organizations played a key role in organizing the community to providing care and support for orphans in a sustainable way. There are also group of people who organized themselves as a volunteers to protect children from any harm and to give support for orphan and vulnerable children. Generally the explored community response under the banner of CBO's like Idirs and volunteers association were presented in the following manner.

4.5.1. The Role of Idirs

According to informants from Labor and Social Affairs in Woldiya city Administration there are about 34 Idirs. Though the rate and amount of support varies from Idir to Idir they all are engaged in care and support activities. Some of the Idirs (like Addis Alem and Aba Michael) have been in work starting from 2005 and consolidated themselves through income generating activities to support orphans. The chairman of Addis Alem Idir notified:

At the beginning of 2005 we decided to collect 0.50 cents from each members of our Idir and we tried to support stationary and uniforms for few orphans. Since our act was pioneer for the city we got support from different government and nongovernmental organizations. Among the others PADET allocates 22,000 birr for us for care and support activities and we establish a grain mill for orphans by raising 26,000 from our capital. When our project succeeded HAPCO added one grain mill for us. Through such income generating activities we regularly support 150 birr for 20 double orphan children on regular bases. Now we developed a proposal which costs 280,000 birr to expand the existing grain mills to five and also the number of orphans to 37. The proposal gain acceptance in that our Idir will cover 80,000 birr from the total cost and the rest will be covered by PADET. Our entire act follows government financial system; we have a sheet to pay and internal auditor.

He also explained that the Idir additionally gives stationary materials and uniform for a number of orphans at the beginning of each year and members participate in target selection during their monthly meeting. Moreover, the Idir tried to stop the cause for the prevalence of orphans. In other words the Idir organizes awareness raising coffee ceremony programs for its members in every 15 days to prevent HIV/AIDS transmission. The informant finally mentioned that visitors from Copenhagen evaluated their act and promised to assist 10 computers for the Idir. The

chairman revealed that: *We aimed to train 6 other orphans and open computer center which employee the trained orphans and generate income for others.*

On a similar condition, the key informants from Aba Michael mentioned their experience that though it is little, the Idir bought teff at the harvest season for orphans using monthly collected money from each member (0.50). The Idir also fully engaged to screen beneficiary orphans for other service provider government and nongovernmental organizations.

4.5.2. Volunteers Association

Community members also engaged in care and support activities by organizing themselves as volunteers. Volunteer's responses towards orphans were also examined in this study. As it is stated by the chairman, age 47, the association had 24 members and gained legal acceptance to take part in child care and support for orphans and advocacy and protection activities for all children. He mentioned that the association was established in 2003 by the help of ANPPCAN and gained legal acceptance in 2005. However it was only starting from 2008 onwards that the association gave care and support for 11 orphans on a regular basis. The association opened DSTV (Discovery Satellite Cable TV) to generate income and make the assistance sustainable. Orphans have full right to enjoy and entertain themselves where as other individuals were asked entrance fee. The money collected from the members of the association (2 birr per month) is very small to facilitate activities thus the committee in particular and members in general devote much time in writing proposal and organizing the community to gain funds that were used for stationary, uniform and holiday festivity for orphans.

There are also individuals who were volunteers to raise orphan in their home when they were invited by OVC task forces. An informant from the NGO's, aged 36, clearly put community responses to orphans as,

The community has a great vision and their efforts should be acknowledged and supported by government and nongovernmental organization to strength them. We need to establish a referral linkage for our care and support activities because that is the only way to make it sustainable

4.6. The Contribution of Government, NGOs and FBO's in Alleviating Orphans Problems

In this section I present the contribution of government, NGO's and FBO's in reducing the problem of orphans and making the assistance sustainable. Government, nongovernmental and faith based organization are sources of external supports. Assistance from these organizations serves as a buffer for orphans against any forms of vulnerability. As it is indicated in the methodology part the organizations are selected purposively based on their mandate and engagement in care and support for orphans in the study area and the explored findings on the fifth objective of the intended study will be presented in the following manner.

4.6.1. Government Response

The Ethiopian government accepts and ratifies the UN child right convention (CRC) under the proclamation of 10/1984 E.C. Based on the article 19 of the CRC, it is compulsory for government who approve the convention to provide care and support for orphan and vulnerable children (UNCRC,1989). As a result, the Ethiopian government includes the issue of children in general and OVC in particular in various national policies. Basic principles of child rights have been included in the Ethiopian constitution under article 36 (EPRDF, 1995). The new criminal code of Ethiopia has also different articles which aimed to protect children from criminal act

(EPRDF, 2005). In addition to this, the Ministry of Labor and Social Affairs and Italian Development Aid develop an Alternative Childcare Guidelines in 2001. The Ethiopian government gives strong concern for orphans starting from 2003. In 2003 the Ethiopian government formed an OVC taskforce at Federal level to implement a multi disciplinary response for the existing problem. On the basis of this, government at all level, starting from kebele to region use the federal government as an example and formed their own OVC task force to coordinate care and support actions. These national and international policies and documents affect the lives of orphans' in particular and children in general. U. Bronfenbrenner (1986) mentioned that legal frameworks and documents at macrosystem level are among the factors that influence children's development.

In the study area OVC task force was formed both at woreda and kebele level. The woreda OVC task force has been led by the Woldiya City Administration Culture, Tourism, Labor and Social Affair Office and includes a range of organizations including City Administration Office, Women Affair Office, HAPCO, Youth Affairs Office, Educational Office, Police Office (CPU), Communication Office, ANPPCAN, PADET, Save Your Holy Land and leaders from the two dominant religion, Orthodox and Muslim. Labor and Social Affair Office are selected to chair the task force due to the fact that the office has a mandate to control child affairs under the proclamation of 10/84 E.C. The task force has annual plan of action and monthly meeting and the entire budget necessary for their action is covered by member NGO's. Among other things, the task force tried to collect funds from the community through proposals for immediate as well as sustainable support and actively monitor orphans and their caregivers who get revolving fund or any other assistance. As it is stated by key informant from the Women Affairs Office,

Members of the task force are responsible to follow up orphans who got revolving credit fund from UNCIEF through Zone Labor and Social Affair Office. I personally look after and council 6 caregivers, who are my neighbors, to use the money (2000 birr) properly. They all are involved in small scale trade in their home like selling Tella and Enjera.

The task force succeeded to persuade government officials and now (in time of study) each office by coordinating its officials started to give care and support on a regular base for one or two children depending on the number of staffs in the office. In addition to these members of the task force persuade there office to mainstream the problem of orphans and allocate budget.

On the other hand, there are also offices established to protect children in general and give care and support for orphans in particular. I can raise the contribution of HAPCO and police CPU as an example.

4.6.1.1 HIV/AIDS Prevention and Control Office (HAPCO)

Care and support for people living with HIV/AIDS and orphans is one out of the five programs implemented under the Woldiya City Administration HAPCO Office. Exploring the other programs, HIV/AIDS awareness, VCT, counseling and ART provision and coordination, of HAPCO is not the objective of the intended study thus the researcher simply overlook them and gave emphasis only for care and support program of the office.

As it is mentioned by the coordinator, the office engaged in care and support activities either by its budget and annual plan or by developing proposal and request fund from other generous donors.

Since their number is large, our budget is not adequate to solve the problem of orphans. As an alternative we tried to raise fund from the community, government

and nongovernmental organizations. For instance, we heard that World Food Program implement orphan food support project in other area and we develop a proposal for our city orphans and we received a positive response from the organization. Now World Food Program assists 10 kilograms of wheat and 1 liter for 873 orphans on a monthly base.

The office also gave financial assistance, uniform and stationary materials for orphans at the beginning and midyear based on the action plan that sent to it from the regional office. The informant also mentioned that on their care and support activities they had a network with organizations like PADET, WFP and Save Our Holy Land. This network helped them to manage and direct the resource for the appropriate beneficiaries. In other words, though it is late to begin, the network among organizations reduces duplication of resource for a limited number of orphans. Moreover the task force at kebele and woreda level involve in screening the beneficiaries

4.6.1.2. Child Protection Unit (CPU)

As the police officer points out, the child protection unit is mainly established to prevent children from all forms of abuse including rap and labor exploitation. Cases are reported for the unit from school child right clubs, kebele child right committees and the community at large and the unit in collaboration with NGO's mainly ANNPCAN tried to sort out the problem and develop a full flagged report for the prosecutors which helped them to decide appropriate punishment on the criminal. On top of this the unit tried to help orphan and street children to form an association and engaged in car washing and various service providers in the bus station. Moreover, the unit together with ANNPCAN tried to unify children who migrated from the surrounding rural kebeles and woredas to the city due to parental loss, early marriage and poverty. The officer mentioned,

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The child association around the bus station and Debregelela , which mainly constitute street children. We report for the unit when there are new comers and we try to search out the reason for their migration then we provide counseling and educate them about the problem of street life. If we get their consent we will return them to their home and counsel their parents or guardians to look after them.

Police office also gives a full care and support service for 3 orphans whose fathers were police officers and had gone due to HIV/AIDS. Volunteer female police officers became their guardians while their cost is covered by the money collected from each officer on a monthly base.

In the study area there are also community policing officers in each kebele who actively involved in the community to prevent any criminal activities. These officers are also members of the kebele OVC task force and had responsibilities to provide legal protection for orphans. As a result of their awareness creation activities now days the communities understand the consequence of child right violations.

4.6.2 Nongovernmental organization Response

In the study area there are many local and International NGO's working on the provision of care and support activities for orphans. The various care and support tasks of these NGO's were examined and I will be presented the finding in the nearest section of this study by taking PADET and Save Your Holly Land as an examples.

4.6.2.1. Professional Alliance for Development in Ethiopia (PADET)

As PADET document briefly indicates, professional Alliance for Development in Ethiopia (PADET) is an indigenous nongovernmental organization established in 1998. PADET in collaboration with ANPPCAN through the project, Children and HIV/AIDS in North Wollo

(CHAIN), has been involved in awareness raising activities since the beginning of its operation in the area in 2002. The informant, HIV/AIDS prevention, care and support coordinator indicated that their organization fully involved in care and support activities for people living with HIV/AIDS and orphans who mainly lose their parents due to HIV/AIDS since 2008. The care and support activities for the orphans mainly include provision of school materials like uniform and stationary materials and income generating activities for their caregivers. The activities are conducted in collaboration with the OVC task force at kebele and woreda level and with CBO's mainly Idirs. As it is mentioned by the informant age 32

Target orphans are selected by kebele OVC and rechecked by the woreda task force then those who are selected for income generating activities receive business training and counseling by appropriate experts to understand their potentials and start their own business. Some old age orphans (15-18) involve in poultry, animal husbandry and mini trade activities while others are selected to acquire computer training, Bajaj driving license and eventually start working.

The informant also stated that PADET also gave immense support for community based organizations which actively involved in providing care and support activities for orphans and people living with HIV/AIDS.

Our organization assists 22,000 birr in 2007 for Addis Alem Idir and now in 2011 we finished all the preparation to provide another 211,000 birr for the same Idir based on their proposal. On the basis of this assistance and their own money (a total of 106,000 birr) they established grain mills and proposed to expand it.

The organization also assists woreda and kebele OVC task force in finance and stationary materials. The informant said that in the area there is no fully developed data on orphans. Even no one is sure about the exact figure of orphans and in order to solve this problem the organization gave data base management training for members of OVC task force. It also aimed

to give computer for Labor and Social Affair office or for HAPCO to hold the information in one center.

4.6.2.1. Save Your Holly Land

Save Your Holly Land is an indigenous local nongovernmental organization established by two sociologists graduated in 2003. It has been involved in care and support activities since its beginning in 2004 in Lalibela and opens the same project, strengthening local orphan OVC program, in Woldiya and Mekete. The program is known as 1+6. The organization mainly aimed to strengthen family economy to help orphan and vulnerable children. The other six programs in which the organization aimed to give for orphans are health care, education, legal protection, psycho social support and food and shelter. As indicated by the key informant, it is difficult to fulfill these programs by one organization thus the organization tried to form a network with other office, organization and the community at large. The informant also brief that, all the effort is to create a referral linkage than expecting fund from outsiders. The organization follows family strengthening and community based approach to help orphan and vulnerable children. All our action is open for the community,

We recruited volunteers to follow up the day to day activities of orphans and their caregivers. These volunteers tried to create a good relationship with the orphans, visit their home and grasp their needs. On the basis of volunteers report the organization develop annual action plan. Then follow the progress of the program.

4.6.3. Religious Organizations Response

4.6.3.1. The Ethiopian Orthodox Church (EOC)

The church is undertaking some educational and HIV prevention activities within the church premises. It has its own HIV/AIDS prevention and support project which assist school materials and revolving credit fund for 28 orphans and their caregivers. On its work on the prevention aspect, it provides training for health professionals, social workers and community members on HIV/AIDS counseling. More than this, the church preaches its followers to provide care and support for orphans. The key informant, a priest, states,

We preach that God is both giver and taker; he became hungry by making himself a destitute and giver by expressing himself as a wealthy individual. Life in the other world is predestined by our generous act on earth. God reward and identify those who remember and support the destitute. Therefore, the more involved in care and support for the poor and destitute like orphans in this life, the more certain they were of being a member of God's selection. Any priest in his day to day act tried to convince the followers to remember orphans especially in holidays like Christmas and Ester.

The informant also mentioned that though they are living in poverty, the community gave positive response for their request and tried to assist orphans as their capital permits them.

4.6.3.2. Woldiya Islam Affairs Office

The mosque involves itself in care and support activities by coordinating its followers both in the area and outside Ethiopia. Based on the key informant, the mosque got a large sum of money from wealthy Arabian brothers and through this fund the mosque tried to collect and raise orphan children who are followers of the Islam religion. The assistance mainly focuses on basic needs of

the children and the mosque also aimed to hold orphan children in one center if the fund from the outsider could be formal and sustainable. The Islam affair office is also member of the woreda taskforce and involves in every woreda committee activities.

In general, a number of government, nongovernmental, community based and faith based organizations provide care and support activities for the orphans. Information from the key informants as well as from the FGD indicates that there are a number of orphans who never got any form of assistance from any organization. According to orphans who get assistance, among the others, the assistance mainly include, financial, material, counseling, medical and legal provision. Most organization came with school materials than food. In other word, they mainly focus on the third problem than on the first and second serious problems of orphans, food shortage and inadequate cloth. In the FGD, Orphans and their caregivers indicate that the assistance is not adequate in all terms. Both caregivers and orphans in one voice said that the assistance is not enough for a living. One care giver in the FGD explained the situation as: *“endew kemhon yeshalal”*- something is better than nothing. Another caregiver explained the situation as: *“We got 10 kilo gram of wheat and one litter oil for a month from the kebele. I couldn’t deny its significance, but do you think this is enough for the entire family which has four individuals?”*

4.6.4. Challenges in care and support activities

All government, NGO’s, FBO’s and CBO’s indicate that care and support for orphans is not an easy task. Some of the problems can be solved easily, if the various actors form a network, while others may require laborious effort. The explored challenges will be presented in the following manner.

All the informants indicate that in the study area the number of orphans outnumbered the resource available in the organizations hand. Selecting appropriate target to effectively use the scarce resource is difficult task. In other words, screening beneficiaries is a major challenge for those who involved in care and support activities. Screening is mainly made by kebele OVC task force which constitutes the chairman, school director in the kebele, kebele social affair officer, youth affairs officer, community policing officer, health extension officer, chairman of the orphan association at kebele level and focal persons from Idir, orthodox and Muslim. Though, the woreda task force also tried to check the list screened by kebeles, orphans who has relations to kebele officials or to the member of kebele OVC task force had a better chance to be included in the list. Key informant from PADET explained the situation by illustrating his own experience as:

We asked the kebele task force to screen orphans for school uniform assistance in June, 2010 and they sent a list. Again we asked them for other list in September, 2010 for the same uniform assistance and I identify the same name from the two lists because the name is unusual. In other occasion the kebele included a girl who was in university for assistance.

On the other way, weak network among service providers and dependency syndrome developed on a few orphans and their caregivers exacerbate the problem. Key informant from Labor and Social Affair stated, though recently efforts have been made to integrate service providers in the area, they are loosely interacted and work individually in most of the cases. This individual effort open the way for duplication of resources in a limited targets. On the other hand, there are few orphans and caregivers who always wait for assistance and puts pressure on the screening committee.

Little attention to the issue from the local government is also another problem raised as an obstacle for care and support activities. According to key informants, government offices which are responsible to look after the orphans in particular and children in general had no sufficient budget for care and support activities. Offices like Labor and Social Affair and Women Affair mainly focus in awareness raising tasks rather than care and support. Moreover they lack the capacity to coordinate and lead the OVC task force. Informants also indicate that the task force is dependent by the will of concerned NGO's.

Chapter Five

5. Summary of Findings, Conclusion and Recommendations

5.1. Summary of Findings and Conclusion

The numbers of orphans have been increasing sharply from time to time in Ethiopia, but the phenomenon is not fully addressed in terms of studies. There is no comprehensive and reliable data on the situation of orphans especially at a local level. Due to these this situational analysis of orphans and their vulnerability was conducted in Woldiya, the capital of North Wollo zone in Amhara region. The main objectives are explore the major factors for the presence of orphans, explore orphan's relation with their caregivers, identify the major problems faced by orphans, understand the efforts being made by the orphans and their care givers to become resilient, explore how the community is organized to provide care and mitigate the adverse impact of orphanage and investigate the various care arrangements provided by the government and nongovernmental organization for orphans.

In order to meet the objectives, data were collected through a survey of 110 orphans with caregivers (101), interview with 15 key informants, six focus group discussions with orphans, caregivers and officials, life history of 4 orphans and a caregiver and finally observation of orphans' houses. Accordingly, summary of findings and conclusion from the summary will be presented in the following manner.

1. According to the findings of the study, HIV/AIDS (40.9%), Tuberculosis, and other diseases such as malaria are the main reasons for the death of parents. Accidents such as personal conflict and death due to giving birth are also some of the other reasons for the

presence of orphans in the study. Although death because of AIDS is decreasing as a result of ART, the high prevalence of HIV/AIDS in the last decade before the Ethiopian millennium makes it number one reason for the presence of orphans. Tuberculosis is second followed by others such as malaria.

It is, therefore, clear that in the area to minimize the number of orphans; there is a need for programs against HIV/s AIDS, Tuberculosis and diseases such as malaria.

2. In the area grandparents, elder siblings and other relatives take prime custody for the double orphans. Single orphans on the other hand live with the remaining either a father or mother. The findings indicate that even though the income of most caregivers is barely sufficient to feed and fulfill the needs of orphans, they are companionable to orphans. Similarly most orphans prefer to live with the existing caregivers.

The conclusion that can be drawn from this research on the relationship between orphans and custody is that extended families regardless of their low economic status are at the heart of the care and support activities. Caregivers approach orphans on a companionable manner. This can be a counter argument for those who (Foster, 2000) claim that the extended family loses its orphan care and support role due to the high pressure of HIV/AIDS.

3. The findings identify that orphans face a range of problems including food shortage, lack of clothes and feet wear, inadequate access to school and school materials. In the area, orphans are also vulnerable to psychological and social problems, inadequate health, physical punishment, sexual abuse and inheritance problems. These problems are listed in terms of their severity. Most caregivers engaged in various activities; however their income is barely enough to nurture the family.

Therefore, it is possible to argue that poverty and lack of awareness on the consequence of child abuses and harmful traditional practices are the underlying reasons for most of the problems.

4. The outcome of the study shows that orphans and caregivers have their own strategies to cope the problems they face daily. Besides their role in the household labor, orphans try to create a source of income and food by engaging themselves in different activities or by establishing a good relationship with friends, neighborhoods, other relatives and their teachers. On top of playing a role in the household activities, orphans take part in shoe shining, petty trade and wage labor activities to get an income. On the other hand caregivers develop two strategies; one increasing their income by engaging themselves in different income generating activities or just by reducing the number and amount of daily meals.

There is another, probably unexpected, conclusion which this research work has uncovered, and that is; orphans' are active agent to solve problems. As Killian (2002:2) indicates "child is regarded as an active participant in his or her own growth and adaptation."

5. As indicated in the finding part of this study, the community organizes through CBO's like Idir and Volunteers association to reduce the problem of orphans.
 - a. There are about 34 Idirs in the study area. Even if the magnitude of assistances varies, these Idirs provide care and support for orphans. They are agreed and incorporate care and support activities for orphans as one rule in their legislation. The Idirs also collect money regularly from their members. There are also Idirs like Addis Alem which attempts to go above and beyond to meet the needs of orphans. Addis Alem Idir

established two grain mills (which will be five in the second quarter of 2011) for care and support purpose. In general the community effort through Idirs includes provision of financial assistance on a monthly base, supplying uniform and stationary materials, giving guidance and counseling, rising awareness on HIV/ AIDS and so on.

b. On the other hand, in the study area the community also gives response by establishing volunteers association. Volunteers mainly participate in provision of legal protection, counseling and provision of school materials. In addition, rising awareness on HIV/AIDS and educating the public about basic principles of child rights are some of the responsibilities of Volunteers.

6. From the study, it is clear that tremendous efforts are also made by government, NGO's and FBO's in order to provide support to orphans in a similar fashion as the local community.

a. Number of government offices together with NGO's and FBO's establish OVC task force but it is not as productive and functional as it is required to be. Government offices were only busy in awareness raising and counseling activities. They hardly focus on providing care and supports for orphans. Despite the lack of funds governmental organizations such as HAPCO provide Orphans; food, stationary materials and uniforms. Zone Labor and Social Affairs Office also involve in care and support task in a minimal level through revolving credit fund and material assistance such as clothes, uniforms and stationary materials. Some efforts have also been made by Woldiya police CPU to create work opportunity for orphans and street children around bus stations and the center of the city. Unfortunately, however most governmental organizations in the Woldiya Woreda were simply member of OVC task force which is not taking part in any practical process.

- b. Nongovernmental organizations such as PADET, Save Your Holly Land, ANPPCAN and Mekane Eyesus were found in the area. Most of these organizations provide care and support for orphans in regular basis. Among other things, these NGO's mainly PADET and Save Your Holly Land provide financial assistance in regularly. They also provide; school uniform, stationary materials, counseling, IGA training and finance to help orphans to start working.
- c. The two dominant religious institutions; the Ethiopian Orthodox Church and the Ethiopian Islam association involve in providing assistances. In the area, the Ethiopian Orthodox Church has two projects; one focusing on HIV/AIDS awareness and providing care and supports for orphans. The other one provides homes for a limited number of orphans who are in need. In addition to this, the church usually preaches its followers to give care and support for the orphans and destitute children. On the other hand, Woldiya Islam Affair provides care and support activities for orphans by collecting them in the mosque.

Overall, even though building resilience needs an integrative model, throughout the study, it is possible to learn that most government and nongovernmental activities were implemented in a purely top down manner without regarding the local realities; and in discounting the role of orphans and caregivers. Moreover, care and support by the local government, NGO's, CBO's and FBO's were implemented without coordination. On this ground, external support to build orphan resilience only touches the tips of the ice berg. Indeed, working on orphans without coordination is arguably neither effective nor sensible unless such activities are supported by policy changes that invite the community and harmonizes all stakeholders.

6.2. Recommendation

On the base of the above conclusion, the following points can be recommended.

1. Local government, nongovernmental, community and faith based organizations should strength their effort in reducing the prevalence of HIV/AIDS, tuberculosis and other diseases such as malaria.
2. Government and nongovernmental organization should have long term plan to reduce poverty in general and strengthening the livelihood of caregivers in particular. Development agents should support caregivers by involving them in income generating activities.
3. Immediate and temporary assistance is also essential especially on the most serious problems of orphans: shortage of food, clothes, feet wear and school materials.
4. There is still a lack of public awareness on the consequence of harmful traditional practices and child abuses; people don't know the existing law against it. Thus there is a need to raise public awareness on the problems.
5. Efforts should also be made to create/strength one data base for orphans support. Concerned government, NGO's, CBO's and FBO's should have to work in cooperation to prevent duplication of resources in one problem or in a limited number of orphans.
6. . Concerned government and nongovernmental organization should strength the effort made by the community based organizations and a referral linkage should be created/ strengthened in order to bring a sustainable response for the problem

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ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF SOCIOLOGY
QUESTIONNAIRE

Title: Situational Analysis of Orphan and Their Vulnerability: A Case Study in Woldiya, North Wollo

Confidentiality and consent

Dear respondents

I am conducting a study to get information on the cause, problem and individual and response strategies for orphan and vulnerability. Respected respondents your answer is very important to attain the objective of this study. Thus you are kindly requested to give reliable and accurate information. You do not need to express your name and I assure you that the information you give will be kept strictly confidential. You have also the write not to answer questions that you do not want to answer. The study will take half an hour on average.

Are you willing to participate on the study?

Yes-----

No-----

Thank you for your cooperation in advance

Identification

1. Identification number of respondents-----
2. Date of interview -----
3. Data collector's name ----- Signature -----
4. Supervisor who checks questionnaire for completeness and accuracy

Name----- Signature-----Date-----

Instruction: dear respondents for each of the following questions you are kindly requested to indicate or write your answer on the space provided.

1. Profile of the orphan

1. Sex? ----- ☐
1. Male 2. Female
2. How old are you? ----- ☐
3. Ethnicity? ----- ☐
1. Amhara 3. Oromo 5. Other/specify
2. Tigrie 4. Agew
4. What is your religion? ----- ☐
1. Orthodox 3. Protestant 5. Other / specify -----
2. Muslim 4. Catholic
5. Orphan type----- ☐
1. Maternal 2. Paternal 3. Double

2. Reason for the death of parents

6. What do you think the main reason for your parent/s death -----

7. Do you think it has relation with HIV/AIDS? ----- ☐
1. Yes 2. No
8. How long have you lived as an orphan ----- ☐
9. What special thing you miss from your parents?

3. Relation with Caregivers, Major problems and measures taken by orphans

3.1. Relation with caregivers

10. What is your relation to the head of the household? -----

☐

1. Grandparent 3. Sibling. 5. Not related
2. Parent 4. Self headed 6. Parent in law 7. Other relative

11. What changes do you observe between this and your previous house?

12. How do you feel about the new house? -----

☐

1. Very good 2. Good 3. Fair 4. Badly 5. Very Bad

13. How often do you respect your caregivers? -----

☐

1. All the times 2. Some times 3. Not at all

14. How often do you participate in household activities? -----

☐

1. All the times 2. Some times 3. Not at all

15. How often does your caregiver provide basic needs? -----

☐

1. Very good 2. Good 3. Fair 4. Bad 5. Very Bad

16. How often your caregiver is companionable for you? -----

☐

1. Very good 2. Good 3. Fair 4. Bad 5. Very Bad

17. How often do level your communication with caregiver? -----

☐

1. Very good 2. Good 3. Fair 4. Bad 5. Very Bad

18. Do you know an orphan who is mistreated by his/her caregiver-----

☐

1. Yes 2. No

19. If your answer for question number 18 is yes, how do caregivers miss treat the orphan?

3.2. Major problems and measures

3.2.1. On basic needs

20. How many meals do you have per day-----

☐

1. Only once 2. Twice 3. Three times 4. Uncertain

21. What are the regular meals? -----, -----, -----,

-----, -----, -----

22. How many times in a month do you get a quality of foods like meat, egg, fruit and the like? -----

☐

1. Never at all 1. One 2. Two 3. Three 4. Four 5. Uncertain

23. Do you get a quality of food like meat and egg in a holyday? -----

☐

1. Yes 2. No 3. Uncertain

24. Do you have a feet wear? -----

☐

1. Yes 2. No

25. How many sets of cloth do you have? -----

☐

1. One 2. Two 3. Three 4. Four 5. Five and above

26. Do you have a blanket for sleeping-----

☐

1. Yes 2. No

27. Do you have a sheet for sleeping? -----

☐

1. Yes 2. No

31. Do you engaged in school at a moment? (If your answer is No, skip to question39) -----

32. What grade are you? -----

33. Do you have uniform? -----

34. Do you have exercise book? -----

35. Do you have pen/pencil? -----

36. Do you regularly attend school? -----

1. Yes 2. No

37. If your answer for question number 36 is no, how do you stay out of school? _____

11

1. Once in a week 2. Once in a month 3. Once in a semester 4. Undetermined

38. What measures do you take to solve the problem you face in relation to your education?

[illegible]

39. Why you are not enrolled in school? -----

1. Finance
2. Health /ill parents/
3. Engaged in work
4. Absence of a nearby school
5. Little perception of education
6. Other/specify

3.2.3. On Health situation

40. Have you been ill in the past four months of this year, (from Meskerem- Tahesas

2003 E.C)?

1

1. Yes 2. No

41. If yes, how long it took in days?

42. What measures do you take?

3.2.4. On Emotional wellbeing

43. How often you feel happy in the last two weeks? -----

114

1. Not at all 2. Once in a while 3. Many times 4. All the time

44. How often do you feel sad in the last two weeks? -----

1

1. Not at all 2. Once in a while 3. Many times 4. All the time

45. How often do you feel loneliness in dealing with problems? -----

1. Not at all 2. Once in a while 3. Many times 4. All the time

☐

46. How often do you feel unsafe in the home? -----

1. Not at all 2. Once in a while 3. Many times 4. All the time

☐

47. How often do you feel angry when things are not going easy? -----

1. Not at all 2. Once in a while 3. Many times 4. All the time

☐

48. What other problems do you face after the death of your parents?

1. -----4. -----

2. -----5. -----

3. -----6. -----

49. Any special measures that you take to reduce the problem you listed?

1. ----- 3. -----

2. ----- 4. -----

50. What basic needs do you strive to meet? List them in priorities

1. ----- 3. -----

2. ----- 4. -----

4. Assistance

51. Have you received any external assistance? -----

1. Yes 2. No

☐

52. If yes what are they? -----

1. Financial 3. Medical 5. Psychological
2. Material 4. Training 6. Other/specify-----

☐

53. From whom did you get assistance? -----

1. Other relatives

3. CBOs'

5. Government

7. Other specify

2. Friends and neighbors'

4. NGOs'

6. FBOs'

☐

54. Is the assistance adequate? -----

1. Yes

2. No

☐

55. If your answer to question number 52 is no, then what do you think should be done by the government and other stakeholders involved in care and support in this town?

56. What kind of assistance do you need? -----

1. Financial

3. Counseling

4. Information

6. Medical

2. Material

5 Legal protection

7. Employment

8. Other/ specify--

☐

57. If there is any comment you want to add?

Annex 2. SURVEY INSTRUMENT FOR CAREGIVERS

1. Personal characteristics

1. Sex -----

2. Age -----

3. Educational status -----

4. Marital status ----- ☐

1. Married

2. Un married

3. Divorced

4. Separated

5. Ethnicity ----- ☐

1. Amhara

2. Tigrie

3. Oromo

4. Agew

5. Other

2. House situation and relation with the orphan

6. Who is the ownership of the house you live? ----- ☐

1. Their own

2. Kebele

3. Private renter

4. Other specify

7. How many rooms have the house? ----- ☐

1. Only one

2. Two

3. Three

4. Four

5. Five and above

8. Is the floor cemented? ----- ☐

1. Yes

2. No

9. Number of all members of the household ----- ☐

10. Number of children in the household

1. Biological -----

2. Orphan -----

11. Relation with the orphan ----- ☐

1. Grandson

3. Sibling.

5. Not related

2. Parent

4. Parent in law

6. Other relative

12. How do you consider the orphan? -----

☐

1. Burden 2. Symbol of bad luck 3. Economic asset 4. Other/specify

13. How do you treat the orphan? -----

☐

1. Very good 2. Good 3. Fair 4. Bad 5. Very bad

3. Cause, major problems and measures at the household level

14. What is the reason for the death of the child's parent?

15. What do you seen in the number families taking care of orphans in your community?

☐

1. Increasing 2. Decreasing 3. Remains the same

16. What are the major problems that the orphan/s you are taking care facings?

-----, -----, -----
-----, -----, -----
-----, -----, -----

17. What major problems do you face as a result of taking care of the orphans?

18. What measures do you take to solve the problems?

-----, -----, -----
-----, -----, -----
-----, -----, -----

4. Assistance

19. Do you get any assistance from the outsiders? -----

☐

1. Yes

2. No

20. If your answer for question number 20 is yes, where did the assistance emanates? -----

☐

1. Neighborhood

3. Government

5. FBO's

2. Friends

4. NGO's

6. CBO's

21. Did the assistance adequate to satisfy the need of the orphan you give care? -----

☐

1. Yes

2. No

22. If the assistance is not adequate, what do you suggest to improve the situation?

23. Is the assistance timely? -----

☐

1. Yes

2. No

24. If the assistance is not timely, what do you suggest for the government and other stake holders to improve the situation?

25. How regular is the assistance? -----

☐

1. Weekly

3. Every three months

5. Once in a year

2. Monthly

4. Every six months

6. Undetermined

26. What kind of assistance do you look for the orphan you give care?

27. From whom do you expect these assistances? -----



1. Neighborhood

3. Government

5. FBO's

2. Friends

4. NGO's

6. CBO's

Annex 3. GUIDELINE FOR KEY INFORMANT'S INTERVIEW IN THE OFFICE.

1. Name of the organization -----

2. Type of organization-----

3. Position of the key informant in the organization-----

4. Does your organization work related to orphan?

1. Yes

2. No

5. If yes, what kinds of activities are undertaken by your organization in relation to orphans?

6. What are the major factors for the presence of orphans in your area?

Probe: - about HIV/AIDS, malaria, famine, homicide.....

7. What do you observe in the rate and magnitude of the orphans?

Probe: - Increasing or decrease

8. What factors do you think aggravate the vulnerability orphans face?

9. What are the major problems that orphan's face in the study area?

Probe: - about

- Food and nutrition, Education, Health, physical and psychological abuse, discrimination, labor exploitation

10. What kind of care and support do you organization advocate for orphans?

Probe: - about institutional care, family, community

11. What are the selection criteria to be beneficiaries?

12. Do your organization/ office invite orphans to participate in planning and implementing tasks concerning them? Probe:- about

- how the program listen to the voice of orphan's
- orphan's involvement in planning the activities, selecting the beneficiaries and monitoring the activities

13. How many children are benefited from your organization?

14. How often do you compare the magnitude of the problem and the response your organization provide? **Probe**

- Whether the support is satisfactory
- whether the support is timely and needy

15. From whom does your organization collaborate in selection and giving support for orphans? **Probe:-** about

- community involvement
- coordination between different sectors and nongovernmental organization
- the method to mobilize the community

16. What are the major challenges faced by your organization to address care and support for orphans?

17. What are the suitable potentials in the community to provide care and support?

Probe: - about the social capital

1. Is mobilizing the people to participate in care and support?

2. Do you think that the existing care and support provided by the government, nongovernmental organization and the community is adequate?

Probe: the availability, access, reliability, sustainability

3. What are the important community potentials in the area to provide care and support for orphans?

Annex 4. GUIDELINE FOR KEY INFORMANTS IN THE COMMUNITY

1. What roles do you have in the community (tick the appropriate choice/s)

- Association leader -----
- Religious leader -----
- Political leader-----
- Other, please specify -----

2. Personal characteristics

Probe: - age, sex, educational status, religiosity

3. What are the main causes for the presence of orphan in the town?

Probe: - HIV/AIDS, tuberculosis, malaria, famine, homicide

4. What are the major problems orphan's faces in the area?

Probe: - food and nitraton, educational, health, discrimination

5. Do you think community representative participate in care and support plan and implementation activities in the area? yes/no

If yes, **Probe:** - how they participate and organize themselves

- in reducing the cause
- in selecting the needy orphans
- in mobilizing the people to participate in care and support

6. Do you think that the existing care and support provided by the government, nongovernmental organization and the community is adequate?

Probe: the availability, access suitability, sustainability

7. What are the important community potentials in the area to provide care and support for orphans?

8. What are the major challenges for the community to provide care and support for orphans?

9. What specific actions are you plan to undertake in the future to reduce the problem?

about

- Basic needs, food, cloth and shelter
- Education
- Health
- Discrimination

What things make you happy?

What things in life worry you?

What do you do when you have a problem?

- Do you try to tell to family, neighbours or staff
- Mourners you like

6. What kind of assistance do you get?

Probe: From who, type of assistance, frequency.

- Is it adequate

7. What kind of assistance do you need?

Probe: - on basic needs, education, mental and service, health service

Annex 5. FGD GUIDELINE FOR ORPHANS

1. What changes do you observe in your life after the death of your parents
2. What are the major problems you are facing?

Probe: - about

- Basic needs, food cloth and shelter
 - Education
 - Health
 - Discrimination
3. What things make you happy?
 4. What things in life worry you?
 5. What do you do when you face a problem?
 - Do you try to talk to friend, caregiver or cry?
 - Measures you take
 6. What kind of assistance do you get?

Probe: - from who, type of assistance, timeliness,

- Is it adequate
7. What kind of assistance do you need?

Probe: - on basic needs, education, moral and advice, health service

Annex 6. FGD GUIDELINE FOR OFICIALS AND COMMUNITY LEADERS

1. Compared to ten years before, now the number of orphan's become greater, stayed the same or less?
 - Why is it so?
 - What are the major causes for the presence of orphans
2. What are the major problems orphans are facing in the area?
 - How is big the problem
 - What factors aggravate the problem
3. What are the major care and support activities undertaken in the area?
 - By the community, organization, government
 - The type of activities: assistance, care, training
 - Approach used to address
 - How they are organized
4. Is the existing care and support arrangement adequate to reduce the problem?
 - Availability
 - Access
5. What are the limitations of the current care and support arrangement
6. What are the suitable opportunities in the community to provide care and support?
7. What factors hinder the community to involve in provision of care and support?
8. What should be done to change the existing situation?
 - By the government
 - Nongovernmental organization
 - Caregivers and the community

Annex 7. GUIDELINE FOR LIFE HISTORY INTERVIEW

1. Profile of the orphan

Probe: - name, sex, age, ethnicity, level of education

2. Family background

- Birth place
- About your parents:- legally married, occupation, education, resource, cause of death

3. Current situation and every day activities

- With whom are you living now
- How long you lived with your caregiver
- Education
- Health
- Problems faced
- Measures taken
- Do you work?
- How do you get food, cloth and shelter?
- Do you get any support from any organization?
- Do you have contact with peers, neighborhoods etc?

4. Future plan

- Plan to improve the life situation
- Anything you want to implement?
- Any comment

Annex 8. Checklist for observation

1. Observe the orphan house

- Construction material:- roof, wall
 - Observe whether the wall is cemented/or not
- Living and bed room:- availability of bed ,sheet, bed net, shoes, clothes

	Availability of	Yes	No
1	Bed		
2	Sheet		
3	Blanket		
4	Feet wear		

- Is the house has

	Availability of	Yes	No
1	A separate sleeping room		
2	Clean toilet		
3	Electric lamp		

Declaration

I the undersigned, declare that this thesis is my original work and it has not been presented for a degree in any other university and that all sources of material used for this thesis have been duly acknowledged.

 20/05/2011

Confirmed by

May, 2011