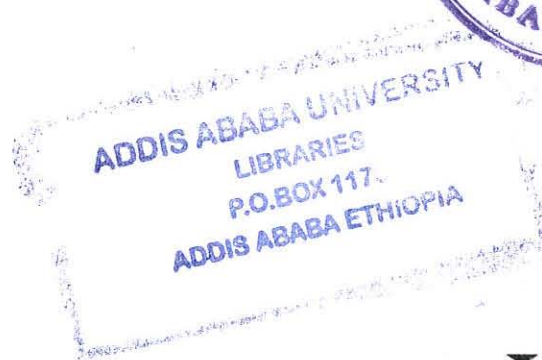
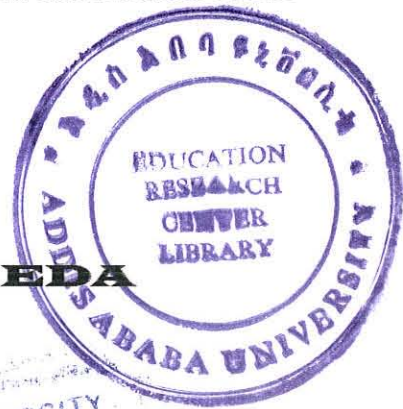


**Addis Ababa University**  
**School of Graduate Studies**

**Roles of Civil Society Organizations in Nurturing the Social Psychological Makeup of AIDS Orphans:  
The Cases of 22 Selected CSOs in Asella, Adama and Awassa Towns**

**BY**  
**KEBEDE CHEMEDA**



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**BY  
KEBEDE CHEMEDA**



**A Thesis Submitted to the Department of Psychology in Partial Fulfillment  
of the Requirements for the Degree of Masters of Arts in Social Psychology**

**Addis Ababa University  
School of Graduate Studies  
Dept. of Psychology  
June 2007**


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By  
Kebede Chemed

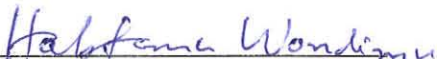
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## **Abbreviations**

- AIDS-** Acquired Immunodeficiency Syndrome
- CBO-** Community Based Organizations
- CSOs-** Civil Society Organizations
- CRC-** Convention on the Rights of the Child
- DPPD-** Disaster Prevention and Preparedness Department
- EMSAP-** Ethiopia Multi-Sectoral HIV/AIDS Program
- ESFNH-** Ethiopian Strategic Framework for National Response to HIV/AIDS
- FACT-** Family AIDS Caring Trust
- FGD-** Focus Group Discussion
- FBO-** Faith Based Organizations
- HAPCO-** HIV/AIDS Prevention & Control Office
- HIV-** Human Immunodeficiency Virus
- MOH-** Ministry of Health
- MOLSA-** Ministry of Labor and Social Affairs
- MOWA-** Ministry of Women's Affairs
- NAC-** National AIDS Council
- NACP-** National AIDS Control Program
- NGO-** Non Governmental Organizations
- OVC-** Orphan and Vulnerable Children
- PLWHA-** People Living with HIV/AIDS
- UNAIDS-** Joint United Nations Program on HIV/AIDS
- UNGASS-** United Nations General Assembly Special Session

## *Abstract*

*This study is concerned with the roles of civil society organizations (CSOs) in nurturing the social psychological makeup of AIDS orphaned children. Two CSO groups, representing secular NGOs and Faith Based Organizations (FBOs) that are implementing orphans-focused programs in Asella, Adama, and Awassa towns were involved. Two main instruments, namely, a questionnaire and Focus Group Discussion (FGD) guiding keys and discussion issues that were believed to generate the required data were constructed and utilized. The obtained data were analyzed by employing descriptive/qualitative and quantitative procedures.*

*This study disclosed that the responding CSOs recognized the need to play key roles related to fostering the social psychological wellbeing of AIDS orphaned children. The study also revealed that not all of the targeted CSOs have actively undertaken the required roles through their orphans-focused programs to optimize the wellbeing of children orphaned due to AIDS.*

*In relation to the organizational role taking initiatives of the responding CSOs towards cultivating the essential social psychological attributes (aspects of personality development, issues of promoting good sense of identity, issues of orphans socialization, and issues of fostering orphans interpersonal needs), the study mapped out three scenarios of organizational competencies. The first scenario presents roles that the responding CSOs have undertaken at great organizational competencies in cultivating these essential attributes, which entails positive qualities in the role taking initiatives of a small number of targeted CSOs, towards fostering the social psychological makeup of AIDS orphaned children.*

*Likewise, the second scenario introduces roles that have been undertaken by the targeted CSOs at mediocre organizational competencies in enhancing the aforementioned attributes, presenting promising qualities, but insufficient, in the role taking initiatives of greater proportion of the targeted CSOs towards fostering the wellbeing of AIDS orphaned children. However, the third scenario illustrates roles that the responding CSOs have undertaken at scarcity organizational competencies in cultivating the four essential social psychological attributes, revealing awful/frustrating situations in the role taking initiatives of few of the targeted CSOs in their responses to curb the long standing devastating situations of the HIV/AIDS pandemic, which kept on shattering the lives of millions of Ethiopian children (our future), as long as the very existence of our society and nation is concerned.*

*The study found that such important HIV/AIDS intervention policy issues as strategic & operational planning, community mobilization/participation, and advocacy/popularization of orphans support and protection that are believed to guide some practical actions towards promoting the psychosocial wellbeing of orphaned children remained the concern of only about half of the responding CSOs. Conversely, it depicted unexpected setback among some of the targeted CSOs in reconciling observable gaps in their HIV/AIDS interventions policy and strategic issues that seem to be insufficient for stipulating eminent constituents to fostering the social and psychological wellbeing of AIDS orphaned children.*

*The study also disclosed the yearnings for in-built, strong & unifying system through which to build collaborative relationship/partnership among CSOs operating in the three study sites. The existence of unifying system is believed to enhance the capacities of these institutions in expanding comprehensive psychosocial services to transform the status of long standing crises and adversities of the HIV/AIDS pandemic that the ever increasing numbers of AIDS orphaned children suffer.*

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# **CHAPTER ONE**

## **I. INTRODUCTION**

### **1.1 Background**

The problem of HIV/AIDS is currently a top global concern. As compared to other parts of Sub-Sahara and East Africa it appears the problem of HIV/AIDS is a latecomer to Ethiopia. On contrary, the Ethiopian Strategic Framework for the National Response to HIV/AIDS (ESFNH) policy document has indicated that Ethiopia has become one of the worst affected countries in the world as the spread of the disease and its tragic effects is very severe in the country than anywhere else in the globe next to South Africa and India (ESFNH, 2001). HIV was first detected in Ethiopia in 1984 in stored sera, and the situation of AIDS has become evident in 1986 from two reported AIDS cases (MOH, 2004).

The ESFNH data appear to imply that since the start of the HIV/AIDS pandemic in the country, the spread of the virus has been very fast. According to the Ministry of Health, Disease Control and Prevention Department "AIDS in Ethiopia" report, since 1986 the situation of HIV/AIDS has evolved from two reported AIDS cases to a cumulative total of 147,000 cases by mid of the year 2003. This report has also disclosed that this figure is not inclusive of the vast majority of unreported cases and many more who have died unnoticed and unaided (MOH,2004).

In addition, the report has mentioned that the estimated number of people living with HIV/AIDS (PLWHA) in the country by the year 2004 was about 1.5 million out of which about 96, 000 were children under 15 years. In the report it was stressed that this is a staggering number to cope with for a poor country. This 5<sup>th</sup> edition report in the "AIDS in Ethiopia" series of the Ministry of Health of the Government of Ethiopia has also documented that the estimated national adult HIV infection rate in 2003 is 4.4%. In urban centers the level of infection rate is 12.6%, while in rural areas it is 2.6% (MOH, 2004).

It is a well-known fact that, in Ethiopia, the problem of HIV/AIDS has become part of the socio-economic, psycho-social, and demographic problems beyond that of health. If the steady rise of the HIV/AIDS epidemic prevalence pattern, observed in the above cited official document, at national level continues its progression with consistent increase in the rate of infection in both urban and rural settings, it will become a threat for the very existence of the nation. This argument could be further substantiated by ESFNH policy instrument that the spread of the disease and its tragic effects in Ethiopia is very severe as compared to other countries in the world. Even, in terms of absolute

figure of HIV/AIDS victims, Ethiopia stood third in the world next to South Africa and India (ESFNH, 2001).

Doubling-up the number of PLWHA at national level declared in the 5<sup>th</sup> edition of MOH report, the ESFNH source (issued in June 2001) stated that the impact of HIV/AIDS in Ethiopia is devastating as already an estimated 2.9 million Ethiopian adults and more than 250,000 children are living with HIV/AIDS. In the document, it has been approximated that nearly 750,000 Ethiopian children are thought to have been orphaned by AIDS, and 90% of reported AIDS cases are among adults between the ages of 15-49 years, the most important ages from both productive and reproductive standpoint. Among this group, explains the document, AIDS is the leading causes of death even then. Moreover, in the Ethiopia Multi-Sectoral HIV/AIDS Program (EMSAP) document it was estimated that by the year 2014, the number of AIDS related death each year will be about 525, 000, more than twice the 230,000 that will be expected with out AIDS (EMSAP, 2000).

In relation to the high rate of reported HIV/AIDS infection among adults between the ages of 15-49 years being stated in ESFNH document, the "AIDS in Ethiopia" report series issued by the Ministry of Health in October 2002 confirmed that the highest prevalence of HIV is seen in the age group of 15-24 years, even representing new infections. In this report, it was further stated that in view of the prevailing AIDS related general and age specific death rates, the number of AIDS orphans in Ethiopia would increase from 1.2 million in the year 2001 to 1.8 million by 2007, and to 2.5 million in 2014, other things being equal (MOH, 2002).

The Ministry of Health data referred here above explicitly acknowledged that the estimated number of AIDS orphans in the country in 2001 was about 1.2 million. This estimate, however, like all other estimates in relation to HIV/AIDS appear to understate the actual figure as yet there are many more unidentified and unreported cases. Even so, the figure is quite alarming. Moreover, as the effect of the pandemic in terms of the number of death yet to come at high tempo, it is sensible to expect a steady increase in the number of AIDS orphans all over the country in the near future.

Noticeably, such pattern of sharp increase in the number of AIDS orphans is likely to aggravate the already sever problem of homeless children who seek to make a living out of working and living in towns' streets nationwide. This scenario, apart from the possibilities of increasing numbers of street children in Ethiopia, it inevitably subjects the orphaned children themselves to multitudes of economic, social, and psychological crises that threaten their lives.

Comparable to this indication, Family AIDS Caring Trust (FACT) and International HIV/AIDS Alliance (2002) have revealed that rising numbers of children

orphaned due to AIDS or other causes are being affected economically, socially and psychologically as a result of the epidemic. According to the description of these organizations, economic and social impacts include malnutrition, reduced access to education and health care, child labor, migration and homelessness whilst the psychological impacts include depression, guilt, anger and fear caused by parental illness and death. In their co-produced report, FACT and Alliance further elaborated that the economic, social, and psychological impacts of AIDS on children combine to increase their vulnerability to a range of consequences including HIV infection, lack of education, poverty, child labor, exploitation and unemployment.

Similarly a study conducted by Fox (2001) on issues of psychosocial support for children affected by HIV/AIDS has depicted that in the world, 13.2 million children younger than 15 years of age have lost either their mother or both parents to AIDS, with 95% of these children living in Sub-Saharan Africa including Ethiopia. In addition to this, Fox has pointed out that coping with the cumulative impact of over 17 million worldwide AIDS deaths on orphans and other survivors is an enormous challenge, especially in African countries where social and health services have already overwhelmed from lack of human and financial resources.

The implication of the aforementioned study appears to put Fox in the position of sharing the concerns of FACT and Alliance, cited above, as it underscores that in spite of all hardships and stigma attached to the epidemic, AIDS orphaned children have also a right to education, affection and cultural identity, as well as to other social services. In magnifying this concern, Fox (2001) has embarked on ascertaining that children orphaned due to AIDS have the usual needs of children, including economic, social, educational, medical and psychosocial needs, and a right to be heard and to be protected from abuse, neglect, maltreatment and exploitation.

As it could be noted from the works cited above, the HIV/AIDS pandemic has a wide range of social, cultural, economic, educational, psychological effects on children and young people. Besides, since these effects persist as long as the history of the pandemic, they are overwhelming the lives of these children at all levels. Although these evidences depict the truism that the HIV/AIDS epidemic escalated unveiling its tragic effects on human adults and their offspring in a period of about 25 years, it seems just about a decade ago that the world community began taking initiatives towards alleviating these effects. Relatable to this argument, a comprehensive study conducted by Smart (2003) on policies for orphans and other vulnerable children found the situation of extended setback on the part of the world community in responding to the unusual upshot of the pandemic on human beings. Moreover, Smart believed that the

initiatives taken, in this regard, after a decade of stoppage were inadequate to effectively mitigate the multitude impacts of the pandemic.

Furthermore, Smart (2003) has also argued that following more than a decade of inadequate actions, there should be a supreme imperative that the global community and every individual nation right away mount large-scale, multifaceted responses to secure the future of all orphan and vulnerable children. In relation to such intention, research indicates OVC related global strategic event was started only about a decade ago in 1998 with a UN General Discussion on an issue entitled “children living in a world with AIDS”.

As already stated here, Smart (2003) disclosed that such global dealings as the 1998 UN General Discussion on “children living in a world with AIDS”, the June 2001 UN General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, and the September 2002 Africa Leadership Consultation entitled “urgent action for children on the brink” have come into view after the myriad effects of the epidemic became visible in most regions of the world. All the way through these events, concluded Smart, it was acknowledged that children orphaned and affected by HIV/AIDS need special assistance, and that nations must understand the proliferation of OVC initiatives throughout the world. Correspondingly, added Smart, directions were set on as to how governments and civil society structures could expand the impact and coverage of OVC programs in their respective realms.

On the other hand, Williamson et al., (2004) described that in the year 2001, the UNGASS was assembled to appraise and deal with the problem of HIV/AIDS in all its aspects as well as to secure a universal commitment to enhancing coordination and intensifying efforts in responding to the epidemic. More importantly, added the authors, the UNGASS in recognition of the state of affairs that children orphaned and affected by HIV/AIDS need special support set a declaration of commitment on HIV/AIDS for all signatory nations. An excerpt from the UNGASS declaration of commitment on HIV/AIDS, paragraphs 65-67. “Children Orphaned and Affected by HIV/AIDS Need Special Assistance” (Quoted by Williamson et al., 2004) states that nations must:

*65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of*

*abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;*

66. *Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;*
67. *Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programs to support programs for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa (Williamson, et al, 2004:27).*

At national level, when we look at the Ethiopian government's provision in responding to the situation of the HIV/AIDS in the country, cognizant of the fact that the epidemic is threatening the nation with a disaster unforeseen even during the Great Famine of the 1980s, the government endorsed a National HIV/AIDS policy in 1998 (NACP, 2003). In addition to this, states the NACP manuscript, a National Council and Secretariat (NAC), which subsequently transformed to HIV/AIDS Programs Coordinating Office (HAPCO) were established in the year 2000, and all regions established Regional Council and Secretariat since February 2001 with comprehensive strategies, plans, priority actions and financing plans representing expanded multi-sectoral approach to address the pandemic at nationwide.

Regarding the issue of how readily Ethiopia has committed to the UNGASS declaration of commitment on HIV/AIDS that principally recognized children orphaned and affected by HIV/AIDS need special assistance, the ESFNH document clearly indicates that Ethiopia has developed a National Strategic Framework (2001-2005) encompassing important policy and strategic instruments to curb the devastating impact of HIV/AIDS on its human and social capital development. Moreover, the national AIDS council had been launched under the leadership of the president of the Federal Democratic Republic; the UN Theme Group had evolved strategy, and an Ethiopian Multi-sectoral HIV/AIDS Project had been completed through international credit facilities (ESFNH, 2001).

In the ESFNH document, it has been broadly stated that the fundamental objective of the national strategic framework is to minimize the fastest spread of HIV/AIDS in the general population essentially children, youth, women and vulnerable segments of the community. Besides, mitigating the consequences of HIV/AIDS on individuals, families and communities, through the provision of appropriate care and psychosocial support was set as one of the five major priority areas to be addressed by the national strategic framework (ESFNH, 2001 and ENAP, 2003).

In general, Ethiopia has claimed that through the development of the national strategic framework, the country has committed to the UNGASS declaration of commitment on HIV/AIDS. Furthermore, the country has declared that the strategic framework and other national policy instruments on HIV/AIDS by themselves stand as testimonies to the nation's call to international and bilateral organizations, government agencies, civil society organizations and private sector to contribute to the ongoing concerted action in curbing the adverse consequences of the epidemic on human and social capital in the country ((ESFNH, 2001).

This study is, therefore, envisaged from a general understanding of the catastrophic effects of the HIV/AIDS epidemic on human adults and their offspring, and the existence of such universal declaration on HIV/AIDS for all signatory nations of the world to:

- a) develop and implement national policies, strategies and programs to build and reinforce governmental, community and family capacities to create comprehensive service provisions, and to provide conducive and supportive environment for children orphaned and affected by HIV/AIDS, and
- b) call up on local and international donor agencies, civil society structures, and the private sector to join hands in the implementation of nationally set policies, strategies and programs to support children orphaned and made vulnerable by HIV/AIDS.

Accordingly, this study was initiated to assess the roles of civil society organizations (CSOs), who are implementing programs for supporting OVC, in fostering the social and psychological wellbeing of AIDS orphans in three selected towns of the country.

## **1.2 Conceptual Frameworks**

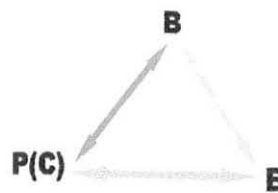
From the outset, the researcher felt that the undertaking of this study needs to be equipped with relevant perspectives and instruments which are hoped to guide its enquiry process towards the desired pathway. Moreover, the researcher held a conviction that, on the basis of relevant paradigms, if an adequate grasp of facts on issues of nurturing children's social psychological makeup, and their determinants is gained, then it's possible to set the target of the study towards probing answers to questions that are at the heart of this study.

In light of such presumption, this study was designed on the bedrocks of renowned theoretical model and international legal instrument, namely the Social Learning Theory and the Convention on the Rights the Child (CRC). Based on these frameworks, attributes of the issue under consideration (nurturance of children's social and psychological makeup) were explained as follows:

### 1.2.1 Social Learning Theory: Model of Reciprocal Influence

The architect of this model, Bandura, (cited in Santrock, 2000) has generated an insight into what the concept of reciprocal influence denotes in view of patterns of human development. As to the indication of Bandura, human development reflects the interaction of a person (**P**), i.e. cognitive abilities, physical characteristics, personality, beliefs, attitude, etc. and the person's behavior (**B**), i.e., motor response, social interactions, language, etc, and the environment (**E**), i.e., physical surroundings, family & friends, other social influences). In signifying the underlying notion of this model, Bandura clearly underscored that learning and development involve the reciprocal interplay between personal, behavioral, and environmental factors, i.e. behavior can influence personal factors and vice versa; the person's cognitive activities can influence the environment, the environment can change the person's cognition, and so on.

According to this model, children learn and develop basic social psychological attributes that are essential to their healthy development in a scenario where their personal factors (cognitive abilities-intelligence and skills, self-control, physical characteristics, personality, beliefs, attitude, etc), their behavior (motor response, social interactions, language, etc), and environmental factors (physical surroundings, family & friends, other social influences) operate interactively. Bandura's theoretical model that emphasizes the reciprocal influence of behavior, personal and cognitive factors, and environment as the key factors in development as illustrated in Santrock (2000) is presented as follows:



**P(C)** stands for personal and cognitive factors, **B** for behavior, and **E** for environment. The arrows indicate how relationships between these factors are reciprocal rather than unidirectional (Santrock, 2000: 41).

In short, as a more relevant paradigm to this study, the Reciprocal Model of Influence is found to enlighten best the issue of nurturance of children's social and psychological makeup where most of the vigorously influencing factors are in consideration.

### 1.2.2 International Legal Instrument: The CRC

The Convention on the Rights of the Child (CRC), being adopted in November 1989 by the United Nations General Assembly, marked the UN's moves beyond the great effort for child survival to a right based approach. The CRC had been ratified by 191 countries including Ethiopia by the end of 1997, and is reported the most universally

accepted instrument that guides every program for all children, including children orphaned due to AIDS (UNICEF, 1997).

The main pillars underlying CRC are the right to survival, development, and protection from abuse and neglect; the right to freedom from discrimination; the right to have a voice and be listened to, and that the best interests of the child should be of primary consideration. Although all of these fundamental principles of the convention were considered in this study, a heavy emphasis was rendered to two of the four principles. The first one is "*the right to have a voice and be listened to*". In view of the central theme of the present study, this pillar stresses the promising side of today's reality for nurturing the social psychological makeup of AIDS orphans. It represents an enduring reality, dealing with the voice of human spirit which is full of hope and intelligence, resilient by nature, boundless in its potential. In support of such an argument, Covey (2004) has reflected that human voice is a unique personal significance that lays at the nexus of one's talent, passion, need, and conscience-small voice within that assures him/her of what is right and that prompts him/her to actually do it.

The second principle is "*in the best interests of the child*". This principle is given a due consideration based on the understanding that children have full and equal worth, and that their vulnerability requires special support in order to enable them to enjoy full human dignity. In addition to the aforementioned principles, there are about 41 articles in CRC dealing with the rights of children. However, the rights most relevant to consider with the situation of AIDS orphans are found to be the right of a child to: affection, love and understanding; learning to be a useful member of society and to develop individual abilities; a name, nationality and sense of identity; be brought up in a spirit of peace and universal brotherhood; preserve his or her identity, including name and family relations, and the responsibility of members of the extended family, community, or legal guardians to provide for the child in a manner consistent with his or her evolving capacities that is recognized under article five. Further explanations of these rights as related to nurturing the social psychological makeup of AIDS orphans are made under sub-sections of the literature review part.

### **1.3 Statement of the Problem**

Globally, the HIV/AIDS epidemic is affecting the reproductive and productive age groups with a negative impact on the demography, health and socio-economic situation of each nation. The epidemic has become one of the major diseases affecting all segments of the population across the globe. According to UNAIDS (2000) report, out of estimated 40 million people living with HIV in the world, 2.5 million are children. Moreover, a joint report released by the UNAIDS has disclosed that at present an estimated 14 million children worldwide, with 80% of these or 11 million in Sub-Saharan Africa are AIDS orphans. Similarly, MOLSA (2004) has reported that in

Ethiopia about 750,000 children, 15.6% these being under the age of 15, have lost one or both parents to AIDS, and this number is estimated to increase to 43% (2.1 million) by 2014.

The HIV/AIDS epidemic is hitting hard particularly children, and reversing many hard won children's rights by undermining the gains made in child survival programs such as immunization, ORT, management of ARI, nutrition and family planning (MOLSA, 2004; Smart, 2003). Children orphaned by HIV/AIDS, in addition to the medical problems they face, suffer socio-economic and psychological problems. If this situation remains unchecked, it smoothly progresses forward exerting destructive effects that shatter children's lives and also adjoin devastating effect to their parents or their care providers.

The vulnerability of children orphaned by AIDS starts right before the death of their parents as they get emotionally distressed, become caretakers of ill parents and bread winners. Death of parents in turn subject their children to emotional trauma, rejection, stigmatization, and leave them with little or no support; as the support system gets weaker, children could not go to school or dropout of school early, end up in streets, engage in anti-social activities, face exploitative situations and abuse. In addition to these, what is most distressing of the effect of the epidemic on children is that matters related to parental transfer of identity, values, love, affection, aims in life, wishes, advice, spiritual guidance and will of parents; nurturance of recognition of self, indoctrination and implanting of bright hope and vision onto their children remain vacuum as a result of the early death of parents due to AIDS.

Hence, if the nationally existing services that are targeted towards the alleviation of HIV/AIDS impacts on children deal only with satisfying the immediate material and basic needs of orphaned children, just ignoring to consider the social and psychological crises that are threatening their lives, these children will not only enter a situation of ultimate despair, helplessness, lack of ideas and vision for their future, become unproductive and burden to the country, but also end up in the streets thereby becoming a potential risk for the peace and security of the society.

This argument can be validated by the existing multi-faceted problems related to the current enormous number of street children and the increasing trend of young juveniles in the country. This condition necessitates that every civil society organization working in the area of orphans' support has to have the role and responsibility to develop comprehensive intervention mechanisms depending on its priority area of involvement. Comprehensive interventions, in this regard, do not only signify focus on meeting orphans' physical needs, but also denote dealing with their psychological needs and needs for social interaction (all of these being essential elements for their

meaningful and healthy development), in combating the looming threats of the HIV/AIDS pandemic on the lives of AIDS orphans in particular and the society at large.

In sum, the selected research areas: Asella, Adama and Awassa towns are located in the southern and south eastern regions, which are among the highly affected parts of the country. Undoubtedly, these towns are also ravaged by the effects of HIV/AIDS experiencing an increase in the number of AIDS orphans and affected families which challenge the care and support schemes of the government, communities and other CSOs. Hence, on the basis of evidences presented thus far, this study attempts to investigate the research questions described here below. That is, the study tries to answer the following questions:

- ◆ What are the basic attributes of service provisions that CSOs in the study areas currently focus on to promote the social and psychological wellbeing of AIDS Orphans?
- ◆ Is there a significant difference in the role taking initiatives of CSO groups in nurturing the social psychological makeup (*personality, identity, socialization, and interpersonal need affairs*) of AIDS Orphans?
- ◆ Is there a significant relationship between the organizational nature of CSOs currently in action in the study sites and their tendencies in selecting a specific approach to their orphans' welfare programs?
- ◆ Is there a significant preference among CSOs under consideration in prioritizing one of the three leading elements (*basic& material needs, social & psychological needs, and spiritual needs*) in designing their orphans-focused programs?
- ◆ Does the organizational HIV/AIDS intervention policy and procedures of CSOs currently under consideration embody clear indications for the roles they undertake in the care, support and protection of AIDS orphaned children?
- ◆ Is there a common concern among CSOs currently under study (*as reflected through their leadership*) with respect to their roles in expanding psychosocial services for AIDS orphans through intensifying coordination of efforts and partnership among stakeholders in their localities?

## **1.4 Objectives of the Study**

### **1.4.1 General Objective**

The main objective of this study is to investigate the role of Civil Society Organizations, who responded to the call of the nation to join hands in the fight against the HIV/AIDS epidemic, in addressing the social and psychological wellbeing of AIDS orphaned children in Asella, Adama and Awassa towns.

### 1.4.2 Specific Objectives

The specific objectives of this study are:

- a) To identify the essential features of CSOs' service provisions that are just under implementation with the aim of enhancing the social and psychological wellbeing of AIDS Orphans.
- b) To investigate the roles of CSOs operating in the study areas in facilitating conditions to inculcate such essential social psychological attributes as personality, identity, socialization and relational needs into AIDS orphans.
- c) To investigate if there is an early welfare intervention executed by CSOs targeting children of HIV infected parents before and after the death of their parents that scaffolds to fill the gap in the transfer of identity, value, love, affection, and wills of parents onto their children so as to help these children prevail over the psychological distresses to be caused by parental illness and death.
- d) To examine if the organizational HIV/AIDS intervention policies and guidelines of CSOs currently under consideration embody clear indications for cultivating the social psychological makeup of AIDS orphans.
- e) To find out whether there is common concern among Senior Officers of the targeted CSOs with respect to expanding welfare services to AIDS orphans.
- f) To make some recommendations in light of the main findings of the study that would be helpful to turn around problems related to addressing the social and psychological needs of AIDS orphaned children.

### 1.5 Significance of the Study

Prior to stating the envisaged benefits of conducting this study, the researcher would like to call attention on an excerpt taken from the *World Declaration on the Survival, Protection, and Development of Children (Quoted by Smart, 2003:1)*

The children of the world are innocent, vulnerable, and dependant. They are also curious, active, and full of hope. Their time should be one of joy and peace, of playing, learning, and growing. Their future should be shaped in harmony and co-operation. Their lives should mature, as they broaden their perspectives and gain new experiences.

As it's clearly stated in this excerpt, apart from their innocence, vulnerability and neediness, children of the world are curious, full of hope and dynamic, resilient by nature with tremendous in their potential that will grow into its fullest maturity. Correspondingly, to attain such maturity, children need to have vision, values, and guiding principles that naturally energize, excite, motivate and inspire them to broaden their perspectives as they develop into adulthood. As a product of human learning, children primarily get such social, psychological and spiritual makeup from their parents and families. AIDS orphan, however, are unfortunate in this aspect

owing to the early death of their parents. Inline with this fact, undertaking this study is believed to have the following significances:

- a) It may provide valuable information on problems associated with addressing the social and psychological needs of AIDS orphans for governmental and non-governmental bodies who are concerned with promoting orphans' wellbeing.
- b) It may also encourage interested stakeholders and orphans' caretakers to find some ways in filling observable gaps in the transfer of identity, matters of origin/kinship, value, love, affection, vision, and wills of parents onto AIDS orphans, and
- c) It may serve as preliminary reference for researchers who might be interested to conduct a large-scale research analogous to the current study.

### **1.6 Delimitation of the Study**

Studies have pointed out that problems associated to addressing the social and psychological needs of AIDS orphans have already come into view in every principal towns, especially in the eastern and southern parts of the country. In view of such tribulation, the researcher holds firm conviction that the study would be more inclusive and better if it considers the experiences of several CSOs concerned with promoting the wellbeing of AIDS orphans in all major towns of the country that are still being ravaged by the effects of HIV/AIDS.

Nevertheless, the researcher embraced a belief that, it is impractical to conduct such research in all principal towns of the country owing to the limited financial and time basis of the current study. Therefore, this study is limited to investigate the roles of 22 CSOs working with AIDS orphans towards promoting their wellbeing. Besides, the researcher favored to draw up the frontier of the study to only three main towns that are located in southern and southeastern parts of the country, namely, Asella, Adama and Awassa towns.

### **1.7 Operational Definition of Terms**

The definitions of the first six key terms, herein below were functionally applied in this study so as to draw attention to the typical metaphorical usage that the study has derived from the subject matters of Social Psychology. However, the definition of other terms was considered as it was defined in the international and national legal/policy instruments referred to in the study.

**Social Psychological Makeup:** refers to such basic attributes as personality, identity, socialization, and relational needs issues-a healthy development of each helps to realize children's psychological needs, and their needs for social interaction which are likewise considered essential elements of positive and healthy human development.

**Nurturance:** refers to providing and sustaining appropriate assistance to orphaned children in addressing their social and psychological wellbeing, and encouraging them to contribute to their own welfare and not just expect all their needs to be met by the other people.

**Personality Issue:** refers to matters of improving children self-efficacy/self-worth, assisting them develop values/guiding principles, and influencing children's level of aspiration/implanting bright hope, vision, sense of competence that help them to become successful in their lives.

**Identity Issue:** refers to matters of origin/ family tree, grand parents, kinship/relatives; leaving a legacy/preserving inheritable morale will, history, identities and interests of the deceased parents for their children, and matters of identity formation/recognition of self, and overcoming poor sense of identity.

**Socialization issue:** refers to matters of promoting children pro-social behavior/teach children by emulating good manners and behavior, minimizing delinquent behavior to create peaceful society; promoting social skills/minimizing streetism, creating positive environment for AIDS orphans; playing the roles of parent-child relationship/fostering children freedom& responsibility, opportunity for personal growth, protection from abuse, neglect, maltreatment, and exploitation.

**Relational Needs Issue:** refers to matters of regaining loss of interpersonal needs with significant others/parents such as need for affection/intimacy-filling gaps in the transfer of love, affection, basic emotional need of parents; need for belonging/affiliation-facilitating relatedness with grand parents, kin, relatives, close friends, adopters as children need to feel part of a caring and supportive family/relative/community.

**Child:** refers to a boy or a girl who is up to the age of 18 years. The age of 18 years relates, primarily to the generally accepted age of majority, as indicated in most international and national instruments, though in all countries there are legal exceptions, for example, the age at which a child may be married, make a will, or consent to medical treatment (Smart, 2003).

**AIDS Orphan:** refers to a child less than 18 years of age who has lost one or both parents as a result of the AIDS pandemic.

**Vulnerable Children:** refers to orphaned children, unaccompanied children, members of child-headed households, children with disabilities, refugee children, internally displaced children, children in extremely poor households, children infected/affected by HIV/AIDS and street children.

## **CHAPTER TWO**

### **II. LITERATURE REVIEW**

#### **2.1 AIDS Orphaned Children-the Brighter Side of Their Situations**

Human scientific knowledge of the promising disposition of children as it symbolizes the perpetuation of human life can be reasonably said to have started in the fourth century B.C. when the great Greek Philosopher, Aristotle become a pioneer in such scientific studies. Seemingly, Aristotle was the first to earn an enduring reputation for his philosophical view of children as "*the legacy we live in the future*". Aristotle's notion (cited in Santrock, 2000) states that children are the legacy we leave for the time we will not live to see.

After Aristotle, it was in the 20<sup>th</sup> century A.D. that Swiss Psychoanalyst, Jung and American writer, Agee came to recognize that children are icons of the vitality of human life that grows and matures through continuous renewal. According to Jung (cited in Santrock, 2000), we reach backward to our parents and forward to our children and through their children to a future we will never see, but about which we need to care. Likewise, Agee stipulated that in every child who is born, under no matter what circumstances and of no matter what parents, the potentiality of the human race is born again (Santrock, 2000).

Lending closer connection to the above views, Zigler, et al. (1999) declared that through history, what experts are discovering important dimensions of children's lives such as their health and wellbeing, families and parenting, and education have direct and significant consequences for understanding them and for improving their lives. Despite the understanding of these qualities, the overall well-being of children in many countries around the globe is raising serious concerns. Instances of such consternations are poor quality of health care, inadequate nutrition and exercise, alcohol and drug abuses, the HIV/AIDS epidemic, inability to cope with major life events, such as the death of a parent or their parents' divorce, and the tragedy of poverty that invades too many children lives are included on the virtually unending list of issues that affect them.

Among the aforementioned issues affecting children's wellbeing, Smart (2003) asserted that in countries around the world, the situation of HIV/AIDS epidemic can be observed in a succession of three waves. In analyzing the influences of this situation, Smart claimed that the first wave of HIV infections is followed some years later by the second wave of AIDS illness and death. This, in turn, is followed by the third wave of children who have been orphaned by HIV/AIDS, with the associated impacts at multiple levels.

As it could be noted from Smart's inspection of the condition of HIV/AIDS into a progression of influences, the epidemic is producing orphans on an unrivaled scale. Historically, large-scale orphaning has been a casual, short-term problem associated with war, famine, or disease. However, orphaning caused by HIV/AIDS is and increasingly will be a long-term, chronic problem, affecting developing countries throughout the world. In rendering a due impression to the growing numbers of AIDS orphans worldwide, Ramphele, the Managing Director of World Bank (cited in Levine, 2001) reminded the participants of a workshop organized by the Bank in collaboration with partner agencies that orphans and vulnerable children need help, and the importance of addressing both the immediate and long term needs of these children, and the unprecedented challenges of caring for a generation of children who will be raised without parents.

In support of the concern expressed by the World Bank Director for the nurturance of orphans' well-being, Levine (2001) ascribed that societies have always had to find homes for children without parents, as the absolute scale of the HIV/AIDS pandemic and the number of orphans being left in its strike appears to be unmatched. Even if data are incomplete and often difficult to compare in such instance, added Levine, the best available estimates speak to an extraordinary human catastrophe. To entirely dwell on Levine's stance, though it needs to undertake further research on the impact of AIDS on children who become orphans, some studies show that it affects their education and health outcomes; their rights to survive, grow and develop are threatened when the adults in their lives are too ill or exhausted due to AIDS.

In sum, it's in such dismal places that attention to orphans is needed most, because they are most vulnerable when families and societies are distressed. Besides, as orphaned children grow older, they also become vulnerable to sexual abuse and possible HIV infection. These risks and other vulnerabilities are also likely to harm their future livelihoods as well. Though it does not cost much to hold up optimism in cultivating orphan's wellbeing, obviously, there are no quick solutions in bringing hope to the despairing situation of orphaned children. In consequence, it's in such desperate situations that innovative and proactive care and support interventions should be developed and enacted so as to shine a ray of hope for orphaned children since it entails about the future. This, in other words, is meant to emphasize the need to focus attention on the orphaned children, by holding out the promise that the next generation can break the cycles of disease, violence, and poverty that have held their families and communities hostage.

Nonetheless, the act of giving orphaned children a good start in their lives helps to weed out all suffering that are unpleasant to human development. But, what is needed, in this regard, is a renewed commitment to the rights of the child, a vision of

how the world can be safer for orphaned children and the courage to do whatever it takes to loosen the ropes that bind generations to misery. Such improved commitment as coupled with timely care intervention could also serve as a kind of social immunization against the stresses that these children may face in their later lives. Thus, a sustained commitment to protect and improve the lives of AIDS orphaned children needs to link local actions with those at the national and global level, so that early and appropriate care interventions can achieve the widest-possible investment in our future, as “children are the legacy we leave for the time we will not live to see”.

## **.2.2 Children Orphaned by AIDS – the Scale of the Problem**

### **a) The Global Context**

In commenting about the extent of orphans' crisis worldwide, Kelly (2002) stressed that HIV/AIDS is an epidemic with many faces. In such assertion, Kelly remarked that there is the silent epidemic of HIV which, for the greater part, is spread by sexual activity; there is the epidemic of the illness of AIDS which has led to more than 20 million deaths over the past two decades; there is the third epidemic of the adverse social reactions, stigma and discrimination that attached to persons infected with or affected by the disease, and there is the fourth epidemic, the one we are concerned with here, of the vast number of children that the disease has plunged and continues to plunge into orphan-hood, poverty and untold human desolation.

Holding up Kelly's assertion, UNICEF (2002) reported that the number of orphans in the world is almost unbelievably large. In this report, it was further stated that though all the number of orphans in the world today are not as a result of AIDS, the proportion of children who have been orphaned by AIDS is increasing, while the proportions who have been orphaned by other causes is decreasing. According to the estimate of this report, there are over 14 million children aged 15 or less in the world who have lost one or both parents to AIDS, and that number is expected to balloon to 25 million by 2010.

In recognition of the multifaceted impact of HIV/AIDS on orphans, Williamson (2000) stated that relentless growth in the size of the population of orphans and vulnerable children has precipitated a multifaceted care burden that too will grow for the next 20 years. According to Williamson, children whose parents die work more, attend school less, fall sick more often, and suffer higher tendencies toward social pathology since AIDS has left these children unable to partake in both the direct and indirect benefits of development.

In line with Williamson's contention, UNICEF (2002) has indicated that caring for the ever increasing number of orphans as result of AIDS increases the vulnerability of families and communities that take them in, reduces household income and food

security, widens social services, and undermines community cohesion. Moreover, UNICEF implied that the greater damage to these children, who would grow up without the adequate support of grandparents, is as yet not documented. For these reasons, it's imperative that the global community must awake to curb the human suffering and social dislodgment that the AIDS crisis in general and the condition of OVC in particular, is inflicting on many countries around the globe.

### **b) The Sub-Saharan Africa Context**

Under the global context, stated herein above, it was clearly demonstrated that the HIV/AIDS epidemic has already registered its deadly impact, not only in the spread of the disease itself, with growing illness and death in many countries, but also on the lives of families and communities across the world. However, when such situation is observed in the part of the world called Sub-Saharan Africa, the percentage of children who have lost one or both parents is as high as 20 percent and predicted to be over 20 percent in countries where AIDS hit hard, by 2010 (UNICE, 2002).

Comparable to this indication, Kelly (2002) in his paper presented at Ireland Aid Education Forum confirmed that Sub-Saharan Africa has the greatest share of children who are orphans and the prime concentration in the world of children orphaned by the AIDS pandemic. In 2001, added the author, it was anticipated that almost one in every eight children across the continent has lost one or both parents, and eleven million of these children had been orphaned by AIDS. In his presentation, Kelly has exemplified that Ireland Aid has concentrated much of its resources and activity in six countries of Sub-Saharan Africa namely; Ethiopia, Lesotho, Mozambique, Tanzania, Uganda and Zambia, where it was estimated that in these six countries alone, almost four million children—more or less the same as the population of Ireland—have been orphaned by AIDS, and this number is expected to rise abruptly to more than five million by 2005 and over six million in 2010.

According to Kelly's verification, such rise in the number of orphans would be even greater were it not for three things: the death of children born to mothers who are HIV positive, the death through AIDS of a large number of women of child-bearing age that there are fewer women to bear children, and the reduced fertility of women who are HIV positive (Kelly, 2002). Hence, on the basis of these facts, it is sensible to presume that as orphaned children face increased vulnerability, the response to HIV/AIDS moves increasingly into a long term, challenge efforts of poverty reduction, human development and social protection in the continent in general and the sub-Saharan region in particular.

### **c) The Ethiopian Context**

As a general frame to mount the platform of AIDS orphans' situations in Ethiopia, SOS Children, a child aid charity organization working in 44 African countries

has profiled the nation, as one of Africa's poorest countries, with a very low income per capita - less than £6 per month - and a population that is almost two-thirds illiterate. According to the indication of this organization, the continuing food and water shortages are causing high levels of malnutrition, and the incidence of communicable diseases is rising in Ethiopia. These menacing situations in the country have been followed by an increase in the incidence of HIV/AIDS as an estimated of 4.4% of the population was affected; 720,000 children were orphaned as a result of HIV/AIDS, 18% of all orphans, and 200,000 children are living with HIV/AIDS ([http:// www.soschildren.org](http://www.soschildren.org)).

Surprisingly enough, this diagnostic portrayal of the nation oblige us to admit the truism that despite all the international co-operation, peace agreements and economic growth, the country is still being overwhelmed by the effects of HIV/AIDS. The available meager studies depicting the situation of orphans in Ethiopia indicate that the context of orphans' crisis in the country, as also observed by SOS Children, is worsening.

Even more recently, the fifth edition report of the "AIDS in Ethiopia" series of the Ministry of Health indicated that there were an estimated of 539,000 AIDS orphans in 2003 (MOH, 2004). According to this report, the increase in the number of AIDS orphans was also largely due to past high level of HIV prevalence, AIDS death in the past, and partly to population growth. In responding to the issue of "hòw to reconcile" the rising number of AIDS orphans in the country, it suggested that the full ART coverage would lead to 332,000 fewer AIDS orphans by 2008.

Likewise, the 6<sup>th</sup> edition report of the "AIDS in Ethiopia" series that was issued in 2006 estimated that in 2005, there were a total of 744,100 AIDS orphans ages 0-17; 529,800 were maternal, 464,500 paternal, and 250,200 dual orphans (MOH, 2006). As a result of the steady increase in their number, many AIDS orphans in Ethiopia are living out of their family environment and face adverse physical and social hazards. Moreover, AIDS orphans unable to sustain their livelihood are expelled from their familial residence following the death of their parents; most of them live with poor relatives with low educational backgrounds, who are usually unable to offer for the physical, educational, health needs of the child (MOLSA, 2004). In sum, if this devastating situation remains unchecked, it poses a big challenge both on the governance system, and the local community & other CSOs.

### **2.3 Socio-economic and Psychological Impact of HIV/AIDS on Children, Families and Communities**

As it could be noted from literature, though the HIV infection rates level off now, the number of orphans will continue to rise until 2030. On the basis of this premise, Hunter (cited in Levine, 2001) has pointed that such tendency in the number of orphans tends to increase household poverty and food insecurity, as the fostering family must share its resources more widely, and increasing the vulnerability of all children. In his

assertion, the author further indicated that children also suffer from weakened caregivers, increased societal pathologies associated with a high rate of HIV and AIDS, and adverse environmental conditions, and face the threat of reduced social services.

Similar to the assertion of Hunt, several studies also revealed that children have become the base of the iceberg of the HIV/AIDS epidemic. According to UNICEF (2002), for every child affected by war and natural disasters in the world, there are seven children affected and/or orphaned by AIDS. Likewise, UNICEF has found that orphans and vulnerable children face a myriad of problems including educational discontinuity, compromised nutritional status and discrimination. Besides, caring for dying parents imposes both physical and emotional burden on many children who are further damaged emotionally by sibling dispersion (UNICEF, 2002).

Likewise, World Vision International (WVI) (2005) has pin pointed the major impacts of HIV/AIDS on children. Under the psychological impact of the pandemic on children, WVI has listed such issues as loss of family, loss of identity, low self-esteem & confidence, self-rejection, distress and depression that draw key concerns. Besides, WVI indicated that the socio-economic impact of the pandemic on children encompass loss of health care, increased malnutrition, increased workload, loss of inheritance, fewer opportunities for schooling & education, and increased risk of abuse and exploitation.

In short, the economic costs of being an orphan play out through reduced education, health and nutrition; the alienation and stigmatization of orphans. And the reduced labor-force participation of their caregivers, on the other hand, constitutes severe social costs. For this reason, reducing the vulnerability of orphaned children must be a crucial component of any national development strategy in the context of the HIV/AIDS pandemic. Even more, affected children, families and communities are carrying out the most important responses to the impact of HIV/AIDS. Hence, the significance and effectiveness of interventions by governments, NGOs, faith based bodies and donors will be determined by how well they support these responses.

In similar manner, USAID (2001) laid out five strategies for assisting AIDS-affected children and families with the first three dealing with issues of strengthening the capacity of families to cope with their problems, mobilizing community-based responses, and strengthening the capacity of children and young people to meet their own needs. Moreover, this report endorsed two additional strategies focusing on ensuring that governments protect the most vulnerable children and provide essential services, and creating an enabling environment for affected children, families and communities.

From the above presented evidences, it could be learned that in many cases, traditional mechanisms for assisting children orphaned by AIDS have been overwhelmed by the scale and scope of problems posed by the pandemic. In commenting

on the issue of AIDS impact mitigation, Webb et al (2001) indicated that communities have coped with children who have lost their parents in past generations, but the expanding scale of the problem and the weakening of community mechanisms and the undermining of social capital make external intervention essential. In their commentary, the authors showed that many agencies are responding with a range of interventions, but yet there is no as such intelligible model of a national intervention strategy to effectively tackle the problem. On the basis of this contention, the authors concluded that combined responses of different agencies, which could help to cope with the social, economic and psychological strain of the HIV/AIDS epidemic, need to pay attention to innovations, advocacy and difficult policy trade off.

In sum, since roughly all AIDS orphaned and other vulnerable children live in communities, the welfare of those communities is a paramount determinant in nurturing the wellbeing of these children. This also implies that HIV/AIDS affects these children almost in the same ways it affects other community members. Hence, improving the basic material conditions and economic viability of the community members who are concerned with orphans' situation is crucial. Nevertheless, improving community health, through the care of opportunistic infections and HIV/AIDS prevention, could lengthen the time during which adults can care for their children and prepare for the care these children after their parents' death. To this effect, as much as the concern due to orphaned children, families and communities also require non-material support, such as education and psycho-social care to effectively hold out the challenges posed by the HIV/AIDS pandemic.

#### **2.4 Global and Regional OVC Related Proceedings**

According to Doryan, World Bank Vice President (cited in Levine, 2001) the issue of orphans and vulnerable children in the context of the AIDS pandemic is not an emerging issue, but an emergency issue. However, the international community has not necessarily done all it should to deal with this crisis, that is not only about human development and national economic development, but also about people and an extended emergency.

Following the contention of Doryan, Smart (2003) reported that even if the situation of orphans in the conception of the HIV/AIDS pandemic is an emergency agenda, OVC related globally intended event was set in only about a decade ago after the epidemic escalated unveiling its tragic effects on children of the world. As to the indication of Smart, since the adoption of the Lusaka Declaration on support to children and families affected by HIV/AIDS in 1994, there have been several international and regional events that have shaped global thinking and planning around OVC support systems.

In view of the 1994 regional event, Smart resonated that concerns such as the need to assess the enormity of the problem, the place of institutional care, the need for material and financial support for affected families, basic skills and vocational training for OVC, and their right to basic education were all reflected in the Declaration. The other significant global and regional OVC related events (as quoted by Smart, 2003: 13) are cited as follows:

- a) In **1998**, a UN General Discussion on “Children living in a world with AIDS” was held. The committee stressed the relevance of the rights contained in the Convention on the Rights of the Child to prevention and care efforts, recalling that HIV/AIDS was often seen primarily as a medical problem, while the holistic, rights-centered approach required to implement the convention was more appropriate to the much broader range of issues that must be addressed,
- b) In June **1998**, a regional CINDI conference was held in Pietermaritzburg, South Africa, at which country representatives committed to setting up OVC Task Teams in their countries,
- c) In November **2000**, an African regional meeting on OVC was held in Lusaka, Zambia, at which countries made commitments and plans to address the issue of the growing numbers of OVC in their countries,
- d) In June **2001**, the UNGASS was convened to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensifying efforts. The resulting Declaration of Commitment on HIV/AIDS includes a specific section and set of policy and strategy actions on OVC for signatory states,
- e) In **2002**, the UN Special Session on Children resulted in the World Fit for Children Declaration, Cote D’Ivoire,
- f) In April **2002**, in the spirit of the Pietermaritzburg and Lusaka meetings, a regional workshop on OVC was held in Yamoussoukro, Cote D’Ivoire for Central and West African countries with representatives from 21 countries. Country representatives committed to setting up task teams in their countries to develop action plans to ensure the realization of the targets pertaining to OVC set forth in the UNGASS declaration,
- g) In September **2002**, an Africa Leadership Consultation entitled “Urgent action for children on the brink” aimed at developing consensus on priorities for a scaled-up response to the OVC crisis and proposed actions to mobilize the leadership, partnerships, and resources required to deliver on the UNGASS commitments, and
- h) In November **2002**, an Eastern and Southern Africa workshop on OVC (with representation from 20 countries) was held in Windhoek, Namibia, to assess the progress of countries toward meeting the UNGASS goals.

As it could be noted from all the nine global and regional proceedings, cited herein above, even though organized in differing circumstances these events appeared to have a shared custody of a distinguishing theme. This distinctive theme interestingly signified that each event emerged to urge the international community, particularly donor nations, civil society organs, and the private sector to build, support and strengthen state, community and family capacities in providing a supportive environment for children orphaned or made vulnerable by HIV/AIDS that could help them thrive on the multitude impacts of the pandemic.

### **2.5 Features of Orphans' Social and Psychological Wellbeing Nurturance**

In the preceding sections, studies have pointed out that near the end of 2001, about 40 million people worldwide had been infected with HIV and more than 20 million had died due to AIDS. Likewise, several literary works noted that contrary to other regions of the world, in Sub-Saharan Africa alone, an estimated 6,000 people are dying every day due to AIDS, which is more than ten times the number of people dying from wars in Africa. As a result of the pandemic, the number of orphans is actually increasing year-by-year in this region, collapsing previously hard won gains in maternal and child health and survival.

Likewise, SOS Children has rendered a confirmation that whilst at the end of the year 2001 more than 16 million of Sub-Saharan Africa's children had lost their mother or both parents, this figure is expected to rise above 21 million by 2010. As to the conviction of this organization such orphan crisis brought about by HIV/AIDS certainly represents an enormous challenge to the global community. However, SOS Children maintained the belief that while the main challenge presently lies in Sub-Saharan Africa, which has so far been the hardest hit part of the world, it is indispensable that experiences acquired and lessons drawn within African context should be shared across nations of this region so as to provide a clear frame for effective responses to the orphans' crisis ([http:// www.soschildren.org](http://www.soschildren.org)).

In its genuine sense, SOS Children's notion intriguingly clicks a warning signal from nations, CSOs activists and communities of the Sub-Saharan Africa notifying that the orphans crisis in the region challenges them to build on their experiences in orphans care and to reach beyond their conventional thinking, for the sake of making a meaningful difference in the lives of those children and young people who are being affected by HIV/AIDS. To come more to the point, such advanced conception undoubtedly pioneer in enriching all concerned bodies' common understanding of tasks required & putting them into actions, provide a stronger foundation for shared efforts, and give direction for additional work that promotes and protects the wellbeing of OVC.

Drawing further fascination, the impression of SOS Children was reflected in Haque's (cited in Levine, 2001) plan of human development interventions for protecting the welfare of OVC and promoting their healthy development. This plan noticeably indicated that nurturance of OVC wellbeing involve strengthening children's capacity to meet their own needs, i.e., welfare programs that are designed to assist orphaned children should actively involve these children in planning and implementing solutions.

Hence, seeing this conceptual plan as a more relevant approach to the nurturance of OVC wellbeing, it's sensible to urge all child welfare aid agencies to consider it while developing effective responses to orphans crisis. Such consideration, however, needs to be connected to inclusive modes of intervention in which children experiencing adversities can be protected from exploitation and abuse, empowered through securing their education, and helped to contribute their levels best into child welfare programs aiming at fostering their social psychological makeup. Conversely, holding up to inclusive mode of child welfare interventions inevitably challenges every actor, in this regard, to build on the varying features of promoting orphans' wellbeing, instances of which are intensively discussed in the proceeding sections. The thorough analysis of such features in turn is hoped to help go beyond the conventional/traditional intervention modes and achieve the renovation required in an endeavor to make positive and meaningful difference in the lives of children orphaned and affected by AIDS.

#### **2.5.1 Streams of Actions in Responding to Increasing Needs of AIDS Orphaned Children**

So long as the deliberation to expedite responses to curve the situations of orphans crisis remains a prime concern, advancements in determining which programs or actions are most appropriate to the prevailing conditions are needed as the nature of the crisis by itself is unprecedented. In support of such need for further innovations, studies have also revealed that much remains to be done in developing evidences to effective responses with many estimates of AIDS orphans or children in communities heavily affected by AIDS.

Correspondingly, the International HIV/AIDS Alliance (2003) reflected that beyond any immediate interventions and targeting, there is a larger and difficult question of innovation on how to balance actions that specifically target orphans or other vulnerable children, especially in the communities of most affected countries. According to Alliance, at each level of operation, in order to maximize the positive effects on OVC and the community, successful improvement in intervention efforts must give attention to issues surrounding focus, coverage, quality and sustainability of programs.

In view of such advancement, Alliance termed the conceptualizing of these four issues in the light of a progression into substantial action that yields positive effects as 'tributaries of action that bring in impact'. With regard to what each issue designates, it

was stated that *Focus* stresses ensuring that program work most closely with individuals or groups that have the most significant effect on the epidemic's dynamic or consequences; *Coverage* highlights ensuring that as many needy beneficiaries are reached as possible; *Quality* gives emphasis to ensuring that programs are appropriate to local context, the target group and are of consistently high standard, and *Sustainability* put emphasis on ensuring that the organization, program and its effects last and strengthen over time ([http:// www.aidsalliance.org](http://www.aidsalliance.org)).

In sum, each of the four streams of action is considered important if a program is to be effective and have lasting effect in addressing the increasing needs of OVC. For instance, many programs are well focused, of high quality and have a sustainable base but may pay little attention to issues of coverage. In consequence, they have limited influence on addressing orphans needs, yet it is difficult for the programs to be expanded. Similarly, same concerns may exist in extending a program that overlook focus, quality or sustainability. At a particular point in such advancement process, a community group may concentrate on increasing the focus or quality of their orphan support work, at the cost of escalating coverage.

Likewise, a CSO support provider may deliberate on increasing coverage, without necessarily also seeking to improve the quality of the support it delivers. However, over time, each must be embarked on to enhance impact since focus, coverage, quality and sustainability are all essential features of any continuing advancement plan for addressing the ever increasing needs of AIDS orphans.

### **2.5.2 Roles & Responsibilities of Concerned Bodies in Caring for Children Orphaned and affected by HIV/AIDS**

As it could be noted from several literary works, in the world with HIV/AIDS there are high levels of orphan-hood, discrimination, abuse, exploitation, displacement and conflict that leave millions of children vulnerable. In view of this fact, several studies confirm that regardless of multitude records of Governments' policies and programs worldwide, which aimed at improving the wellbeing of these children, a significant number are still not able to fully access, participate in & benefit from these initiatives on sustainable basis.

As to the indication of WVI (2005), the vulnerability of children orphaned and affected by the HIV/AIDS pandemic achieve lasting solution only when the Governments' OVC policies and strategies outwardly signify responsibilities of other stakeholders towards the care & protection of vulnerable children. As well, WVI recommended, given the roles of government ministries to formulate all involving policies on OVC in such critical era of the HIV/AIDS crisis, it's a historical and national obligation of all other institutions and

individuals at various levels of the society to play roles in identifying, outlining and undertaking practical and of high value interventions to care for, support and protect OVC.

Hence, on the basis of this recommendation and other suggestions put forth by various authors & agents (Williamson, 2000; Smart, 2003; UNICEF, 2002; Williamson, et al., 2004; International HIV/AIDS Alliance, 2003; MOLSA, 2004) a concise summary of roles that should be undertaken by key stakeholders (parents, guardian & caretakers; the community; local authorities; CSOs, and the private sectors) in the care and support of OVC is presented in Table 1 herein, below.

**Table 1- Roles of Key Stakeholders in the Care and Support of OVC**

List of Key Stakeholders	Roles to Undertake in the Care and Support of OVC*
<p><b>Parents, Guardian and Other caretakers</b></p>	<ul style="list-style-type: none"> <li>• Participate in OVC policy development and review</li> <li>• Identify orphans and other vulnerable children</li> <li>• Plan for the welfare of vulnerable children</li> <li>• Provide care and support services for OVC</li> <li>• Offering child focused psychosocial counseling and guidance services</li> <li>• Ensure birth &amp; death registration in every household</li> <li>• Protect children from abuse and exploitation</li> <li>• Identify resourceful persons within the community to support OVC</li> </ul>
<p><b>The Community:</b></p> <ul style="list-style-type: none"> <li>✓ Local community group</li> <li>✓ Traditional leaders</li> <li>✓ Cultural leaders</li> <li>✓ Religious leaders, etc</li> </ul>	<ul style="list-style-type: none"> <li>• Identify OVC and their households</li> <li>• Lobby relevant bodies for OVC support</li> <li>• Link service providers with OVC</li> <li>• Advocate for child support &amp; protection, by forming child protection coalition</li> <li>• Organize &amp; strengthen social support networks for OVC and their families</li> <li>• Identify appropriate strategies &amp; participate in program implementation</li> <li>• Facilitate the process of identifying and changing cultural and religious norms &amp; practices that negatively affect OVC</li> <li>• Create awareness on the plight of OVC</li> <li>• Provide care &amp; psychosocial support to OVC and their families/caretakers</li> <li>• Advocate for birth and death registration</li> <li>• Facilitate succession planning and will writing</li> <li>• Protect property rights of orphans and vulnerable children</li> </ul>
<p><b>Local Authorities</b></p>	<ul style="list-style-type: none"> <li>• Incorporate OVC concerns in the local government plans and budgets</li> <li>• Ensure data on OVC is collected, organized and disseminated for targeting and OVC service delivery</li> <li>• Mobilize, allocate and utilize funds for implementation of OVC welfare programs</li> <li>• Coordinate activities of OVC stakeholders at local and community levels</li> <li>• Ensure the protection of children from abuse and exploitation by making certain that child protection laws are upheld</li> </ul>

<p><b>CSOs:</b></p> <ul style="list-style-type: none"> <li>✓ FBOs</li> <li>✓ CBOs</li> <li>✓ NGOs</li> </ul>	<ul style="list-style-type: none"> <li>• Lobby and advocate for OVC issues and concerns</li> <li>• Promote OVC-friendly policies</li> <li>• Implement OVC interventions and scale-up programs</li> <li>• Promote and facilitate networking and coordination among OVC service providers</li> <li>• Undertake resource mobilization and allocation</li> <li>• Build partnership with government and other agencies in support of OVC</li> <li>• Build the capacity of existing community groups and individuals</li> <li>• Mobilize the community for OVC support related needs assessment</li> <li>• Provide psychosocial support and counseling for OVC and their families</li> <li>• Advocate for child care, support and protection, and create child-safe mechanisms for the reporting of abuse and exploitation</li> <li>• Develop working policies and procedures that guide actions to support OVC and protect them from various abuses and exploitation</li> <li>• Create awareness and promote succession planning and the writing of wills</li> <li>• Support supervision, monitoring and evaluation of OVC welfare interventions</li> </ul>
<p><b>Private Sector, or Businesses</b></p>	<ul style="list-style-type: none"> <li>• Collaborate with government and CSOs to deliver social services for vulnerable children</li> <li>• Contribute resources and job opportunities to support OVC &amp; affected families</li> <li>• Develop working policies that protect OVC from various abuses</li> <li>• Publicize and popularize OVC policies</li> <li>• Participate in welfare initiatives for improved care and protection of OVC</li> <li>• Provide health insurance for workers and their families</li> <li>• Provide social insurance and security scheme for workers</li> </ul>

*\*Summary of roles to be played by selected key stakeholders in the care, support and protection of children orphaned and made vulnerable by the HIV/AIDS pandemic as suggested by several authors & agents (Williamson, 2000; Smart, 2003; UNICEF, 2002; Williamson, et al., 2000; international HIV/AIDS Alliance, 2000; WVI, 2005, and MOLSA, 2004).*

## **2.6 Early Intervention Approaches in Fostering the Wellbeing of AIDS Orphaned Children**

As already illustrated under the preceding sub-sections of this chapter, children of AIDS sufferers (those who are orphaned & born infected and those with parents with AIDS) face many problems before the death of their parents that progress to worse after their death. This fact, coupled with the projected magnitude of HIV/AIDS incidence and a need to empower affected families and communities deal with the impact of AIDS to their levels best, demands an early intervention to avoid a future scenario where children are constantly ravaged by the effects of the pandemic.

In congruence to this indication, several studies suggested that early interventions constituting succession planning and early childhood development are important to identify children with psychosocial needs before they develop problems and can prevent adverse effects of the HIV/AIDS pandemic on these children's longer-term development (UNAIDS, 2001; Levine, 2001; International HIV/AIDS Alliance, 2003 & 2006; Population Council Horizons, 2000; Fox, 2001, and UNICEF, 2002).

### **2.6.1 Succession Planning**

As an important aspect of early intervention to the situation of orphans, succession planning entails helping parents write wills and appoint guardians, child counseling, creation of family "memory books," and other services through which children are reached before the death of their parents so as to promote their long-term wellbeing (Population Council Horizons, 2000). Moreover, it fosters community resilience and strengthens the care and coping capacity of families & communities by working with parents, stand-by guardians and children, to enhance the capacity of parents with AIDS to make meaningful plans for their children's future (HIV/AIDS Alliance, 2003; UNAIDS, 2001).

Memory-book writing, as a key facet of succession planning, is a good process for initiating communication, disclosing personal information and sharing family history (Levine, 2001; Fox 2001); it gives parents the opportunity to plan for the future with their children (International HIV/AIDS Alliance, 2006).

Likewise, UNAIDS (2001) account on the care & support of children affected by HIV/AIDS witnessed that memory book includes important information about where the child grew up, family events & traditions, and a family tree to show who is who and where they live. If the parent goes through this process with their children, explained the UNAIDS report, it strengthen a child's sense of belonging and to know about their roots, allows the child to ask questions about his/her history and future, especially if he or she moves to live in another area or with a different family.

Traditionally, whereas the dying Ethiopian parents use the 'Nuzaze' and 'Adera' systems to help their children before their death to make decisions about where the

children would like to live and how they will make use of their property, it became unlikely to get any contemporary research works dealing with the significance of making a memory book in Ethiopian context during the compilation of these literary works. Even so, studies show that the use of memory book in some African countries helped orphans to cope with their problems.

As a good example, case reports (UNAIDS, 2001; International HIAV/AIDS Alliance, 2003) of projects in Malawi, Zimbabwe, and Tanzania indicated that some parents wrote memory books which include information about their memories of the child, the child's health, education and favorite things to help orphans talk about their situations, and to know about their origins.

Similarly, through counseling sessions, orphans could be helped to share with other about experiences and feelings associated with the death of their parent as it evokes usually negative and painful situations. According to the assertion of International HIV/AIDS Alliance (2003), children should receive counseling before a parent dies and should have the opportunity to talk about dying with their parents. As to this argument, once children understand that a parent is going to die, they need practical information about what is going to happen to them: for example, who will care for them, where they will live, where they will go to school. Moreover, UNAIDS (2001) contended that through offering bereavement counseling services, it could be possible to explore the future options for children with parents before they die and counsel children before and after death of parents.

### **2.6.2 Early Childhood Development**

As it could be noted from literature, most young children born to HIV positive parents spend their first few years with ill and tired caregivers who also suffer conditions of poverty, ill-health and stress in the struggle to meet nutritional, health and psychosocial needs of their young children. Nevertheless, within such scenario, young children also serve as caregivers themselves, either to ill parents or other siblings. Unquestionably, such situation will have devastating impact on the quality of these children's current and future lives, where less attention is given to children living with ill and dying mothers and fathers (<http://www.healthcomms.org>).

On the other hand, the UN Convention on CRC (1989) gained universal application that all children are rights holders; where all signatory states are morally and legally obliged to fulfill the rights set forth in the convention with all key areas of provision, protection and participation. In accordance, all children have a right to quality early childhood care that include access to health, nutrition, education, water and environmental sanitation in homes and communities, freedom from abuse and violence as well as enjoying growth and psychosocial development.

In support of such consideration, International HIV/AIDS Alliance (2003) has embarked on suggesting that the HIV/AIDS and development strategies of concerned organizations should recognize the lasting impact of both positive and negative experiences in the early years, thereby including services provision for both younger and older children in attempt to address the impact of HIV/AIDS on children in these years. As it can be noted from this evidence and other theories of child development, early years are critical stage in any child's development since it embodies a tremendous effect on the future health, cognitive development, cultural competencies and productivity of every individual child.

In view of this fact, young children who lost either one or both parents to AIDS experience the traumatic illness and death of their parents that in turn bereave and stigmatize them, cause them be absorbed into extended families, grandmothers whose situation is also greatly affected by the pandemic. As to the assertion of Health Link Worldwide (2004) such exposure to external environment has an impact upon the wellbeing and development of the child that balancing the needs and rights to survival and development should be a key element of early intervention in supporting very young children. This fact also necessitates that these children are at a crucial stage of development and need holistic care and support from caregivers, older children and other community members in general through such form of early intervention.

## **CHAPTER THREE**

### **III. METHODOLOGY**

This part presents the highlights of the general description of the research sites, instruments used for data collection, the research participants, sample size and selection technique, data collection procedure, and methods employed in data analysis.

#### **3.1 The Study Sites**

As it was initially proposed, this study was conducted in three principal towns that are geographically located in Southern and Southeastern parts of the country. These are Asella and Adama towns of the Oromia Regional State, and Awassa town of the Southern Nations, Nationalities and Peoples Regional State. As information obtained from the town counties of Asella, Adama and Awassa towns indicated, since the year 2004 the towns were governmentally structured into City Administrative Councils being under the ruling of Mayors. Based on information gained from these counties, a brief description of the geographical location, population mobility, infrastructure availability and the relative HIV/AIDS risk exposure of these towns were made herein, below.

Asella is the capital of the Arsi Zone. It is divided into 7 newly structured kebele administrations, and is found 175 km to Southeast of Addis Ababa. Asella, as the principal of the zone, is characterized by increasing high rate of population mobility as a result of growing new development ventures such as the Adama-Asella newly under construction road project, the subsequent high rate of rural-urban migration from the surrounding areas, and the emerging busiest highway connecting the town to other towns in the southern and southeastern parts of the country. Apparently, this situation has resulted in frequent travel of traders, high influx of female commercial sex workers, and other people in search of job opportunities from various regions of the country into the town. This actually situates the town to have high exposure to the risk of the HIV/AIDS pandemic relative to other similar towns in the Arsi Zone.

Adama, once the would-be capital of the Oromia Regional State, is found 99 km to Southeast of Addis Ababa. But, currently it's structured into special administrative council that is comparable to Zonal structure. Adama, divided into 20 kebeles, is a home for an estimated total population of 171,841 (CSA, 1993). It's the most populous and busiest business town next to the Capital City, Addis Ababa. Adama, being the business town of the Oromia Regional State, among others is characterized by increasing investment and construction, high urban migration from the surrounding rural areas, a stop over for the country's only railway and the busiest highway both connecting the country to Djibouti and the rest of the world.

These situations have contributed inadvertently for the increase in number of hotels, bars and brothels that inhabit large number of commercial sex workers, serve as centers for purchase of sex, and create high havoc with normal social cohesion. These facts increase the relative risk exposure of the town residents to HIV/AIDS that is followed by such devastating impact of the pandemic as the increasing number of dying persons due to AIDS coupled with the ever increasing number of children growing without parents at alarming rate.

On the other hand, Awassa, being the capital of the Southern Nations, Nationalities and Peoples Regional State, is divided into 7 newly structured kebele administrations. It's found 275 km to South of Addis Ababa. Awassa, as highly populous and busiest business town of the region, happens to have the lion's share of a number of such pressing problems as high incidence of the HIV/AIDS epidemic.

Awassa, among others is characterized by increasing high rate of population mobility as a result of increasing investment and construction, high rate of rural-urban migration from the surrounding areas, and the busiest highway connecting the country to Kenya, frequent travel by relatively high income groups from different parts of the country to the nearby recreational centers such as Wondogenet and Langano. This state of affairs has likely contributed for the increase of a large number of bars and brothels serving as a hub for purchase of casual sex. These facts increase the implicit risk of exposure of the town residents to HIV/AIDS as compared to other similar towns in the region.

### **3.2 The Research Design**

This study is both descriptive and analytic in its design. It is descriptive since it describes the basic features of CSOs' service programs and maps out the roles of CSOs operating in the study areas in promoting the social & psychological wellbeing of AIDS orphans. Moreover, the study is analytic for its investigative endeavor to confirm/disconfirm if the research data generates statistically significant mean difference in the role taking initiatives of two CSO groups towards nurturing the social psychological makeup of AIDS orphans.

#### **3.2.1 Instrument for Data Collection**

The main instruments used to collect the required data for the study were a questionnaire and Focus Group Discussion (FGD). In the first place, a questionnaire with 81 items and having 4 parts where both open and close-ended item types are included was constructed in English and translated to the Amharic language-a version used in the field to collect the research data. The items were designed to gather data from participants (administrative staff/program officers of two CSO groups-FBOs & secular NGOs) on their organizations' general profile, service provisions for AIDS orphans, roles in nurturing orphans' social and psychological wellbeing, and HIV/AIDS

intervention policies and guidelines in relation to promoting the wellbeing of AIDS orphaned children. Besides, Likert like 4-point scale comprising 49 items was used to measure the extents of role taking initiatives among these CSOs towards fostering the social psychological makeup of AIDS orphans.

Moreover, FGD guiding keys and format encompassing discussion issues was utilized so as to generate data from Senior Officers of the targeted CSOs, in each research site, as to see the tendencies of shared concerns and its maintenance with respect to expanding inclusive psychosocial services for AIDS orphans through intensifying coordination of efforts and partnership among concerned bodies in their respective program areas.

### **3.2.2 Item Quality**

All the 81 items used to collect the data were constructed by the researcher after carefully consulting relevant journals, literary materials on organizational competence in community program development, and on the basis of comments put forth by the advisor. The researcher was able to get locally designed item scales that are suitable to issues under study. However, online journal articles of Mason (1993) that is available at [http:// www.rtc.pdx.edu/ pdf/pbcul tcompselfassessmentquest.pdf](http://www.rtc.pdx.edu/pdf/pbcultcompselfassessmentquest.pdf) was found helpful in hinting the construction of the items scale.

In order to test out the tendency of each item constructed by the researcher, as to see whether it leans towards ambiguity or not, a trial questionnaire was initially administered to 10 participants, who were staff of CSOs working with AIDS orphans, in Addis Ababa. To this end, items that were found flawed to call the forethought of respondents because of its order of presentation and/or it touches confidential issues were readily meditated. Accordingly, one item under part one was completely amended along its order of presentation. Moreover, modifications were made to four items in part three that were prone to double-barrelness.

### **3.3 The Research Participants**

This study included 22 Administrative staff/Senior Officers (managing directors, program managers, officers and coordinators) of the selected 9 FBOs and 13 secular NGOs that were running orphans-focused programs in the three research areas. The rationale behind this was that these officers are believed to be well acquainted with the organizational setup, management, strategic directions, policies, and programs of CSOs included in the study, as reflected in their organizations' role taking initiatives towards fostering the wellbeing of AIDS orphans in their respective duty stations. Besides, these officers are believed to be the immediate responsible persons in initiating, designing, implanting and monitoring their organizations orphans-focused programs. Thus, the fact that these officers, on behalf of their organization, become the focal participants of

the study is believed to strengthen the validity of the data obtained from these participants.

### **3.4 Coverage and Sample Size**

Initially this study was proposed to be conducted in Asella, Adama and Awassa towns, where in each site, CSOs that are running programs for the enhancement of AIDS orphans' wellbeing were primarily targeted for the study. In the case of sample size, because of resource constraints, the study intended to incorporate small number of CSOs, totaling to only 22, five to nine CSOs in each site that are directly involving in orphans support program.

### **3.5 Sampling Method**

In order to collect the research data as conveniently as possible, a multi-grade sampling technique was employed. At the outset, a list of the general population of 85 CSOs (comprising three independent CSO groups: 48 NGOs, 26 FBOs and 11 CBOs) officially operating in each of the three research areas along their fields of involvement was obtained from the respective municipality's CSOs Programs Coordination Desk. Secondly, in view of the main objective of the study, CSOs that are implementing orphans-focused programs were particularly identified from the obtained general list. Accordingly, a total of 53 sample populations from two CSO groups (30 secular NGOs and 23 FBOs) that are running on-going programs targeting at promoting the wellbeing of AIDS orphans were screened wittingly. Finally, from the screened two CSO groups running orphans welfare programs, 22 of them i.e., 13 secular NGOs and 9 Faith Based Organizations (FBOs) were selected through random sampling method. In doing so, the simple random sampling technique of "lottery system" was employed through which each of the 30 CSOs from the secular group and 23 CSOs from the faith based group that are running orphans' welfare program in the research sites has got equal chance of being selected into the study.

### **3.6 Data Collection Procedures**

During the pre-data collection field visit, the researcher recruited three research assistants (one in each research town) who have a minimum of college diploma, residing for a longer period in their respective towns. The recruited research assistants were provided a one day briefing/orientation held separately at each research site. Issues discussed in each briefing session, among others include things like the nature, purpose & method of the study, and how to establish rapport with the Senior Officers of targeted CSOs who are believed to generate relatively genuine response, as some CSOs often keep sensitive issues and trends involved in program implementation confidential.

#### **3.6.1 Procedures for Administering the Questionnaire**

Above all, rapport was established with each of the program leaders of the selected CSOs through which their consents to participate in the study, on behalf of their

organizations, was obtained. Next, the participants were briefed about the purpose of the study as it completely differs from program evaluation, and the merits & demerits of filling the questionnaire. Thereafter, the research assistants, under a close supervision of the main researcher, distributed the questionnaire to participants informing them that the completed questionnaire will be collected within three days. Finally, all of the distributed questionnaire were collected back, and was checked for completeness.

### **3.6.2 Procedures for Focus Group Discussion**

As the prime procedural step to gather data from participants of the FGD, the researcher has discoursed with the program leaders of the selected CSOs to assign one of their Senior Officers (upon ensuring his/her willingness) who is knowledgeable on the issue under expected discussion. Based on the achieved consensus, the researcher fixed the date and time of the discussion, but to communicate later about the venue upon its arrangement. Succeeding this milestone, the researcher in collaboration with the research assistants searched appropriate venues to host the FGD. Subsequently, it was decided that the discussion be held at the meeting points of Ras Hotel in Asella, Yamare Hotel in Awassa and at OSSA project office in Adama.

Upon launching the FGD at each study site, the researcher established rapport with the participants by introducing himself & the research assistants who served as sound recorders, and by clarifying the purpose of the study. Besides, the researcher elaborated the guiding principles of the discussion for the participants as to generate genuine responses, thereby ensuring voluntary participation and consents of the participants to tape their voices. In accordance, by forwarding the readily available discussion issues to the participants, the researcher has led the FGD and guided the discussion to elicit useful information.

### **3.7 Method of Data Analysis**

The obtained data was organized on the basis of the nature and contents of the items/issues employed in the questionnaire and FGD. Accordingly, the analysis of research data was done using both qualitative and quantitative models. The qualitative method was employed for the treatment of data obtained through FGD with representative officers of the selected CSOs. On the other hand, data obtained through questionnaire was approached quantitatively at three stages.

Primarily, percentages, frequencies and mean were used with variables that better suit for such forms of analyses. Secondly, chi-square ( $\chi^2$ ) test was used to analyze items constructed in the form of nominal-categorical variable, and to see the relationship between variables. Thirdly, t-test was used so as to compare the mean differences of the two independent CSO groups, namely FBOs and secular NGOs. In undertaking such forms of analyses, the level of significance was set at  $\alpha=0.05$ .

## CHAPTER FOUR

### IV. FINDINGS

This part deals with the presentation of major findings of the study by scrutinizing data obtained from the participants pertinent to issues of nurturing the social psychological makeup of AIDS orphans. In view of the purpose of this study, 22 CSOs that are running orphans-focused programs in Asella, Adama & Awassa towns were selected, and responses were made by administering a questionnaire containing both close and open-ended items, and by conducting FGD with the Senior Officers of the selected CSOs. Accordingly, the findings of the study are categorized and presented as follows.

#### 4.1 Attributes of the Targeted CSOs in the Three Research Sites

This sub-section presents two tables depicting the attributes of the targeted CSOs, facts & figures with respect to beneficiary targeting, and program costing of the orphans-focused programs that are under implementation in each study site.

*Table 2- Status Attributes of the Targeted CSOs*

Variables	N	%
Type of CSOs:		
NGOs	13	59.1
FBOs	9	40.9
CBOs	-	-
Total	22	100
Level of operation:		
Local	16	72.7
International	6	27.3
Total	22	100
Operational years in the duty station:		
2-4 years	6	27.3
5-10 years	13	59.1
> 10 years	3	13.6
Total	22	100

As indicated in Table 2, this study mainly dealt with the cases of two CSO groups; namely secular NGOs and FBOs. Even though it was initially intended to consider CBOs in this study, it became unlikely to identify any CBO undertaking orphans focused on-going welfare programs during the screening process of eligible CSOs sample population that are running on-going programs promoting the

wellbeing of AIDS orphans in each site. Nevertheless, the typological mix ratio between the represented CSO groups is somehow unbalanced, considering more secular NGOs (59.1%) over FBOs (40.9).

Regarding the operational scope, Table 2 shows that 16 CSOs (72.7%) are state actors, implementing orphans-focused programs only at local level while 6 CSOs (27.3%) are non-state actors, running orphans-focused welfare interventions at international level. As to involvement in welfare interventions in terms of program years, 6 CSOs (27.3%) reported to have 2-4 years operational history in implementing such welfare interventions at project level. However, 13 CSOs (59.1%) were found implementing their orphans-focused interventions for 5-10 years, and the rest 3 CSOs (13.6%) reported to have more than 10 years operational history in implementing orphans-focused programs in their current program areas. This indicates that the majority of the targeted CSOs (72.7%) are running orphans-focused welfare interventions at program levels that seem to suit the overall needs of AIDS orphaned children by adopting functional intervention approaches that stress the need for welfare programs to be instrumental in fostering orphans' wellbeing on sustainable basis.

*Table 3- Direct Beneficiaries and Estimated Annual Program Budget by Research sites*

Study Site	<i>N. of CSOs considered</i>	<i>N. of AIDS orphans addressed in programs</i>	<i>Estimated annual budget (in Birr) to run programs</i>
Asella	5	820	918, 000.00
Adama	8	1,733	4, 039, 000.00
Awassa	9	548	3, 696, 223.00
Total	22	3, 101	8, 653, 223.00

As can be seen from Table 3, of the total of 22 CSOs considered in the study, 5 CSOs (22.7%) are operating in Asella town, 8 CSOs (36.4%) are in service in Adama town, and the rest 9 CSOs (40.9%) are running orphans-focused programs in Awassa town. In all the three sites, it was reported that these 22 CSOs are rendering various services to a total of 3,101 AIDS orphaned children with an estimated total annual programs budget of 8,653, 223.00 Birr.

Of a total ADIS orphans of 3,101 who were benefiting from the orphans-focused programs of the 22 targeted CSOs, 820 orphans were incorporated under the programs of 5 CSOs in Asella town, with a total annual programs budget of 918,000.00 Birr while 1, 733 orphans were accommodated by the programs of 8 CSOs in Adama town, with a total annual budget of 4,039,000.00 Birr. The rest 548 AIDS orphans were addressed through the programs of 9 CSOs in Awassa town,

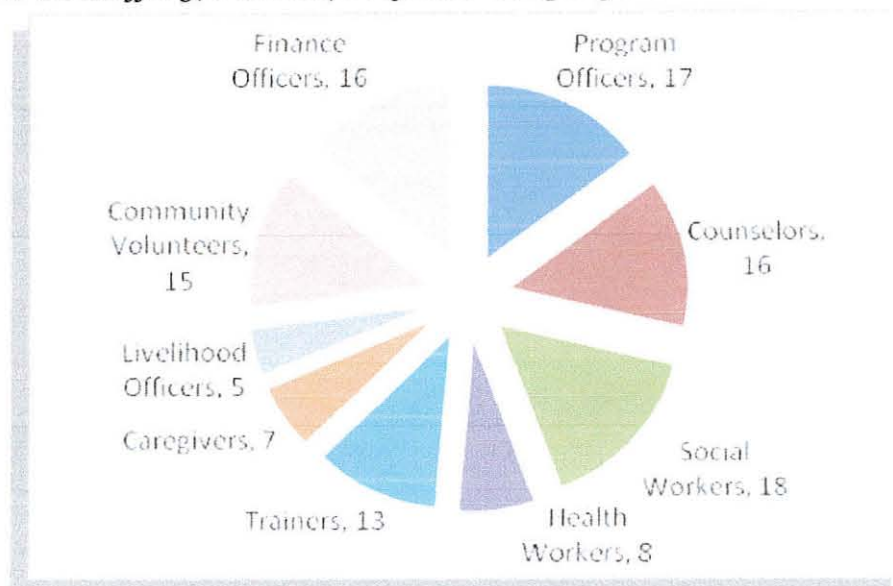
with a total annual budget of 3, 696, 223.00 Birr. Thus, from this observation, it could be deduced that the end product of the annual investment of about 8.6 million birr on these orphaned children is hoped to produce self-sufficient, strong, contributing citizens and tomorrow's care takers of Ethiopia.

#### 4.2 Features of the Targeted CSOs' Service Provisions

This sub-section presents the basic attributes of service provisions that the targeted CSOs in the study areas focus on in attempt to promote the social and psychological wellbeing of AIDS Orphans. These features were categorized & presented under the following four sub-headings:

##### 4.2.1 Program Staffing

Figure 1-Staffing, Position/Professional Specification



As figure 1 shows, the targeted CSOs operating in the three research sites reported that a number of program staff with differing qualifications were responsible for the implementation of their orphan's welfare intervention programs. The 22 orphans-focused programs were staffed with a total of 144 program employees comprising of Program Officers (17), Counselors (16), Social Workers (18), Health Workers (8), Trainers (13), Caregivers (7), Finance Officers (16), and Livelihood Officers (5) that are working full time; however, it was reported that 15 Community Volunteers were contributing their shares into the orphans-focused programs of five CSOs (2 at Adama site, and 3 in Awassa town). Generally speaking, it appears that the orphans-focused programs of the responding CSOs were staffed with professionals of varying qualifications that seem to address the capacity requirements, in this regard, to run these programs as it suits the overall needs of orphaned children.

#### 4.2.2 Assortment of Services in the Ongoing Programs

This sub-heading presents three issues dealing with matters of beneficiary segmentation, kinds of welfare services already underway, and deliberation on early intervention in responding to orphans situations.

As an aspect to welfare service provisions, the targeted CSOs were asked to indicate whether their programs embody mechanisms featuring segmentation of the under 18 years AIDS orphaned children into different developmental stages or not, so as to address their differing needs. In this case, only 7 (31.8%) of the respondents replied that their programs address the needs of orphaned children by segmenting them into varying categories (refer to Table 4, below) while 15 (68.2%) of the respondents, representing the majority, reported that they didn't undertake such categorization of orphaned children in their programs.

*Table 4- Segmentation of Beneficiaries into Various Categories*

Label	Reference	Category	Observation
Younger OVC: -Maternal/Paternal -Dual orphans -Vulnerable	Orphan-hood and Vulnerability	Below 15 years	Three CSOs adopted such categorization to provide psychosocial support based on children's orphan-hood & vulnerability status
Older OVC	Vulnerability	15-18 years	
Younger Children Older Children Adolescents	Age strata	6-8 years 9-12 years 13-18 years	Two CSOs adopted such categorization to provide psychosocial support based on children age strata
Very Young Children Young Children Youth	Age strata	1-8 years 9-14 years 15-18 years	
ECE attendants PSSE attendants	Age & educational status	Below 5 years 6-18 years	
Young Children Youth	Age strata	10-14 years 15-18 years	Two CSOs adopted such categorization to provide educational & life skills training services based on children age strata

As presented in Table 4 above, five CSOs reported that the rationale behind the segmentation of target beneficiaries into different categories is to render psychosocial services to orphaned children in accordance with their developmental & other vulnerability situations where as the rest, 2 CSOs responded that the segmentations of children into age strata was conducted for providing them educational/training services as per their developmental stages. This implies that only few of the targeted CSOs became perceptive to matters of addressing the differing needs of AIDS orphaned children according to their developmental stages and other vulnerability issues.

Likewise, the respondents were asked to indicate whether they run early intervention schemes or not, to help children of HIV infected parents before and after the death of their parents cope with internalizing psychological problems associated with parental illness and death that could possibly shatter children's lives in the long-term. As regards this issue, 17 targeted CSOs (72.7%) replied that their programs entail such an intervention whilst the rest 5 CSOs reacted against this notion.

Taking each of the typical early intervention schemes mentioned by 17 of the targeted CSOs into account, 10 of them (66.7%) reported to undertake child counseling; 7 of them (46.7%) replied to engage in memory works; 5 of them (33.33%) indicated that they provide life skills training; 2 of them (13.3%) responded that they initiate discourse between ill-parents and their children, and 4 of them (26.7%) reported that they situate rehabilitation/drop-in centers for orphaned children. In general, from these findings, it could be indicated that greater numbers (72.7%) of CSOs considered in the study are proactively running their own typical early welfare interventions to address the situations of children of HIV infected parents before and after parental death.

Moreover, the respondents were inquired to record the kinds of services that their organizations offer to AIDS orphans in attempt to address their social and psychological needs. Accordingly, the respondents listed numerous services that were available to orphaned children through their programs, and these were categorized into six categories, as indicated in Table 5, herein below.

*Table 5-Types of Services Available to AIDS Orphans in the Research Sites*

<b>Basic needs &amp; Material Support</b>	<b>Social Support</b>	<b>Psychological Support</b>	<b>Health Care Support</b>	<b>Educational Support</b>	<b>Boarding Facilities</b>
-Nutritious food -Financial support -educational materials: -school fee, -uniform, -school materials -Ordinary clothes & shoes	-Child to child forum -Peer education -Family guidance -Recreational visit -Sporting & games	-Counseling -life skills training -Memory book making -Visionary citizens promotion	-Medication service -Medication financing -HBC service - CD <sub>4</sub> count & ART provision -Sanitation & hygiene services	-Tutorial service -Provision of ABE -Training on CRC -Question & Answer contest -Vocational training -School follow-up	-Family home, with all services -Compassion cottage, place to adjust orphans with adopters -Rehabilitation & drop-in centers, with all facilities

Of the 6 categories of services presented in Table 5, which the targeted CSOs reported to provide orphaned children, those listed under basic needs & material support, psychological support, and educational support were found most mentioned whilst those listed under the social support, health care support, and boarding facilities categories were found rarely mentioned by these agencies. Particularly,

nearly the entire targeted CSOs responded that they provide basic needs & immediate material support to orphaned children incorporated under their programs.

On the other hand, 16 CSOs reported providing counseling services to these children where as only 7 CSOs reported that they undertake memory works such as writing wills and making memory books. Similarly, merely 3 of the targeted CSOs reported providing boarding facilities to orphaned children through their programs. Apart those services presented in the above table, 4 of the targeted CSOs exclusively reported that they provide child-focused weekly spiritual services to orphans accommodated by their welfare programs. In general, from the obtained data, it could be asserted that the welfare services the targeted CSOs provide to AIDS orphaned children under their programs entail provision for basic needs & immediate material support; social & psychological support; health care support; educational support; boarding facilities, and child focused-spiritual services that seem to be appropriate for addressing the various needs of AIDS orphaned children.

**4.2.3 Need Prioritization and Intervention Approaches**

This sub-section presents findings pertinent to tendencies of the targeted CSOs in prioritizing important needs of orphaned children, and the relationship between the targeted CSOs’ modes of organizational setup and approaches tailored to their orphans-focused programs.

*Table 6- Response Preference to Prioritize Important Needs in Designing Orphans-focused Program*

		<i>Basic &amp; Material Needs</i>	<i>Social &amp; Psychological Needs</i>	<i>Spiritual Needs</i>
Observed	N	13	5	4
Expected	N	7.3	7.3	7.3

*Critical*  $\chi^2 (2, n=22) = 5.99, p < .05$

As Table 4 indicates, attempt was made to identify which of the three leading needs; namely, basic and material needs, social and psychological needs, and spiritual needs is most important to the targeted CSOs in designing their orphans-focused programs. Accordingly, the targeted CSOs showed a significant response preference to the item asking about needs to be given a leading priority in designing orphans' welfare program,  $\chi^2 (2, n=22) = 6.67, p < .05$ . The above table shows that the majority of targeted CSOs (13) have identified basic and material needs as the most important priority element in planning their orphans-focused programs.

Table-7 Relationship between CSOs Organizational Nature and Their Tendencies in Selecting Specific Approach to Orphans-focused programs

Approach to orphans' welfare program			Mode of Organizational Setup		Total
			<i>Secular</i>	<i>Faith Based</i>	
<b>Focused</b>	N		6	6	12
	Expected	N	6.55	5.45	12
<b>Integrated</b>	N		6	4	10
	Expected	N	5.45	4.55	10
Total	N		12	10	22
	Expected	N	12	10	22

Critical  $\chi^2 (1, n=22) = 3.84, p < .05$

As it can be observed from the above table, the organizational mode/setup of two CSO groups was related with the typical approach tailored to their orphans-focused programs. Accordingly, using Yates correction, the result of chi-square test shows that there is no significant relation between CSOs' organizational nature and their tendencies in selecting a specific approach in designing their orphans-focused programs ( $p > .05$ ). As the observed frequencies in Table 5 depict, secular CSOs were more likely to have a tendency of selecting an integrated approach than Faith Based CSOs in designing orphans' welfare program.

#### 4.2.4 Alertness to Dynamics of Program Implementation Processes

Table 8- CSOs' Alertness to Their Organization's Competencies in Gauging Programs Strength, Resources, and Ways of Service Provision

Statement	VW	FW	B	NA	VW+FW		B+NA		Mean*
	N	N	N	N	N	%	N	%	
How well has your organization been able to use existing local resources while designing its welfare services to AIDS orphaned children?	3	15	4	0	18	81.8	4	18.2	2.95
How well has your organization been able to clearly define and identify its direct project beneficiaries (AIDS orphans) in its current operational area?	14	5	3	0	19	86.4	3	13.6	3.5
How well has your organization been able to assure that the project area residing community members are aware of the services and resources it offers to AIDS orphans?	14	6	2	0	20	90.9	2	9.1	3.6
How well has your organization's plan of welfare services for AIDS orphans been able to illustrate considerable suggestions for sustainable orphans care and protection within their extended families and communities?	6	12	4	0	18	81.8	4	18.2	3.1

\*weighted mean

The targeted CSOs were inquired to indicate how well their organization have been able to use existing local resources while designing their welfare services to AIDS orphaned children. In accordance, 81.8% of these organizations confirmed

that their agencies are well acquainted with the extent to which they make use of existing local resources while 18.2% of the targeted CSOs rated their vigilance in using these resources scantily. Concerning their acquaintance to how well their organization have been able to clearly define and identify AIDS orphaned children who are benefiting from their program, 86.4% of the targeted CSOs agreeably indicated their competencies in clearly identifying the direct program beneficiaries whereas 13.6% of these organizations reported their organizational incapacity in this regard.

Similarly, the targeted CSOs were asked to rate how well their organizations ascertain that the program area community is aware of the services they render to AIDS orphaned children. In this case, 90.9% of these organizations confirmed that their organizations assure that program area residing community members are well aware of their service provisions whilst only 9.1% admitted their organizations ineptitude to arrive at such declaration. Regarding the question that inquires the participants to identify the extent to which their organization's plan of welfare services for AIDS orphans have been able to illustrate considerable suggestions for sustainable orphans care and protection within their extended families and communities, 81.8% of these organizations indicated that their welfare programs better exemplify such practical sustainability concern. However, 18.2% of the targeted CSOs questioned the fitness of their orphans-focused programs in outlining issues of orphans care within their extended families and communities.

Generally speaking, the majority of targeted CSOs appear to have full attentiveness to the dynamics of their orphans-focused programs implementation processes, and adoption of locally relevant sustainability models in their ways of service delivery to better meet the needs of AIDS orphaned children. On the other hand, few of these CSOs seem to acknowledge that their organizational system appear to lack the capacity to assess their practices in resource mobilization, in gauging strength/weakness in the way they provide services to program beneficiaries, and program sustainability model.

#### **4.3 Roles Undertaken by Targeted CSOs towards Nurturing the Social Psychological Makeup of AIDS Orphans**

In order to investigate the extents of organizational competencies among the targeted CSOs in their role taking initiatives towards fostering the social psychological makeup of AIDS orphans, 49 close-ended items being structured into four categories were employed. All of the items in each category were followed by a Likert-like scale of four alternatives: Very Well, Fairly Well, Barley, and Not At All. The most positive end of the scale is indicated by "Very Well" whilst the most negative end of the scale is marked by "Not At All". Each of the items were constructed in such away that they can



- ◆ Nurturing aspects of orphans' personality development; namely, in relation to enhancing their self-worth, inculcation of core values, and influencing of orphan's aspiration levels,
- ◆ Fostering orphans' sense of identity; namely, in relation to matters of origin/kinship, facilitating transfer of parental legacies onto orphans, and facilitating self-recognition,
- ◆ Promoting orphans' socialization issues; namely, in relation to promoting orphans' pro-social behavior, enhancing their social skills, and upholding the roles of deceased parents in parent-child relationship,
- ◆ And fostering orphans' interpersonal need issues; namely, in relation to reinforcing the restoration of lost relational needs, such as need for affection/intimacy with significant others, especially transfer of love, affection, basic emotional need of parents, and need for belonging/affiliation, i.e. facilitating relatedness with extended families, relatives and close friends.

#### 4.3.1 Nurturing Aspects of Personality Development:

##### A. In Relation to Enhancing Orphans' Self-efficacy/Self-worth

Table 9- Excerpt from Annex 1: Matters of Enhancing Orphans' self-worth

S. No.	Statement	V W N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
19.1	We have services that facilitate conditions for orphans and encourage them to express their opinions and experience a feeling of mastery of situation surrounding them.	11	9	1	1	20	90.9	2	9.1	3.4
19.2	Our services have clear indication for fostering orphans right to seek assistance according to their own understanding and expectations.	6	11	3	2	17	77.2	5	22.8	2.1
19.3	We have service provision that helps to maintain orphans' confidence, self-respect, and self-worth not to be destroyed by other people's negative suggestion towards them.	7	10	4	1	17	77.2	5	22.8	3.0
19.4	Our services help AIDS orphans to cope with such problems as depression, withdrawing and lose of interest in life, insecurity and little sense of worth that could result following parental death.	7	11	3	1	18	81.8	4	18.2	3.2
19.5	We do undertake extensive monitoring to identify and assist orphans who seem to be worried or feel uncomfortable about anything that some one said or do to them.	8	7	7	0	15	68.2	7	31.8	3.0

\*weighted mean

The general reaction of the responding institutions about their undertakings in promoting the self-worth of AIDS orphaned children appears positive. The great majority (90.0%) of these organizations reported that they have service provisions

that encourage orphans to express their opinion & experience feelings of mastery, and 77.2% of them replied that they help orphans maintain their confidence, self-respect, and self-worth not to be shattered by negative reactions from others. Similarly, 81.8% of these CSOs reported that they help orphans overcome such internalizing psychological problems as lose of interest in life, insecurity and little sense of worth that could be resulted due to parental death. However, 31.8 % of the targeted CSOs replied they almost didn't undertake extensive monitoring to identify and assist orphans who seem to be worried or feel uncomfortable about anything around them while 68.2% of them affirmed their responsiveness in this regard.

**B. In Relation to Inculcation of Core Values**

*Table 10-Excerpt from Annex 1: Inculcation of fundamental values into Orphans*

S. No.	Statement	V W N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
19.6	We have a peer learning forum for orphans through which, they could come to know from each other and others about what is important in one's life and how to set goals towards its attainment.	10	7	3	2	17	77.2	5	22.8	3.2
19.7	We have service provision for orphans that teaches and models the importance of standing up for one's own ideas, morals and beliefs in the face of conflicting ideas and practices from other people.	5	7	9	1	12	54.5	10	45.5	2.7
19.8	We have a means to help dying parents to write up their values, and moral wills that they wish to pass on to their children and communicate them with their children.	6	4	5	7	10	45.5	12	54.5	2.4
19.9	We have service provision through which we teach and encourage orphans develop such social values of respect, cooperation, responsibility, self-control, hard work and achievement that could meet needs of dying parents who wish better future for their children.	4	11	6	1	15	68.2	7	31.8	2.8

The above items were designed to evoke reactions from the targeted CSOs about their roles in facilitating the inculcation of core values onto AIDS orphans. Accordingly, these agencies replied about the existence of peer learning forum (77.2%), and that of other service provisions (68.2%) that could help AIDS orphaned children to learn about what is important in one's life and how to set goals towards its attainment from one another and others, and to develop such social values of respect, cooperation, responsibility, self-control, hard work and achievement that could meet needs of dying parents who wish better future for their children.

Likewise, positive reactions were elicited regarding teaching orphans the importance of standing up for one's own ideas, morals and beliefs in the face of

conflicting ideas and practices (54.5%) whereas 45.5% of the targeted CSOs responded in opposing direction. However, same proportion of these respondents conversely replied to the statement that inquires whether these organizations have inbuilt-systems to help dying parents to write up their values, and moral wills that they wish to pass onto their children and communicate later with them.

### C. In Relation to Influencing Aspirations of Orphans

Table 11-Excerpt from Annex 1: Issues of Influencing Orphans' Aspirations

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
19.10	We have a means to monitor and help orphans who are doing less at school, with feeling of failure or those who avoid going to school.	9	6	6	1	15	68.2	7	31.8	3.0
19.11	We have a system by which we identify orphans who seem to lose interest and energy to do their things, and create a supportive atmosphere in which they get encouraged and regard themselves as doers and achievers.	7	9	6	0	16	72.7	6	27.3	3.0
19.12	We have learning experiences for orphans in which they teach each other how to cope with social stigma & marginalization and learn to develop a sense of purpose & success in their lives in the face of adversities.	5	11	6	0	16	72.7	6	27.3	2.9
19.13	We have counseling services through which orphans are helped to understand that they have immense potential abilities to attain their aspirations in their future lives.	5	9	7	1	14	63.6	8	36.6	2.8

As to see the roles of the targeted CSOs in influencing the aspiration levels of AIDS orphaned children, the above items were put forth. In this case, significant proportion (72.7%) of these CSOs disclosed to have systems through which they identify orphans who seem to lose interest and energy to do their things; create a supportive environment in which they get encouraged & regard themselves as doers and achievers, and situated learning experiences for orphans through which they teach each other how to cope with social stigma & marginalization and learn to develop a sense of purpose & success in their lives in the face of adversities.

As well, 68.2% of the respondents confirmed their involvement in monitoring & helping orphans who are doing less at school, and with feeling of failure or those who avoid going to school; when 31.8% reacted against this notion. Similarly, more than half (63.6%) of the targeted CSOs confirmed that they provide counseling services to

AIDS orphans in order to help them understand that they have immense potentialities to attain their aspirations in their future lives while 36.6% of them invalidated the intent of their programs for such service provision. Trace

### 4.3.2 Fostering Orphans' Sense of Identity

#### A. In Relation to Matters of Origin/Family Tree

Table 12-Excerpt from Annex 2: Matters of Tracing Family Tree

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
20.1	We have ways to keep important records on the history of orphans, to help them know important background information about where they come from and about their family.	9	5	6	2	14	63.6	8	36.4	2.9
20.2	We have service provision that help orphans to trace their relatives as they include a family tree of parents and grand parents.	3	6	1	12	9	40.9	13	59.1	2.0
20.3	We have systems to record and keep names of the parents, where and how they grew up including their childhood experience, and how they used to look, etc for later use by their children.	4	5	3	10	9	40.9	13	59.1	2.1
20.4	We have counseling services for ill-parents through which we help them to pass on crucial information and knowledge about extended family members and kinship to their children before they die	5	4	3	10	9	40.9	13	59.1	2.1

The respondents were inquired about their undertakings focusing on issues of promoting orphans sense of identity by dealing with matters of origin/kinship. Accordingly, 63.6 % of the respondents indicated that through their programs they keep important records on the history of orphans, to help them know important background information about where they come from and about their families while 36.4% of them reported the non existence of such accomplishments in their programs.

However, as regards service provisions that help orphans to trace their relatives such as, ways to keep names of the parents, where and how they grew up including their childhood experience, etc. for later use by their children, and provision of counseling services for ill-parents in which to help them pass on crucial information about extended family members and kinship to their children before they die, only 40.9% of the respondents confirmed their involvement; while the majority of them (59.1%) reported that they don't have program activities dealing with these issues.

**B. In Relation to Transfer of Parental Legacies onto Orphans**

*Table13-Excerpt from Annex 2: Transfer of Parental Legacies onto Orphans*

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
20.5	We provide succession planning services for ill-parents to help them make decisions about who will care for their children, about inheritance rights and making appropriate legal arrangements before they die.	7	4	2	9	11	50	11	50	2.4
20.6	We help the dying parents to record and keep their children’s early experiences and memorable things about their lives to be used later by the orphaned children.	5	1	7	9	6	27.3	16	72.7	2.0
20.7	We help ill-parents to record and keep for their children what they like and dislike their education, talents, work skill & jobs, religious background and beliefs, and their health history including any illness.	4	4	1	13	8	36.4	14	63.6	1.9
20.8	We provide counseling services for dying parent to help them leave special messages for their children that are helpful for their future lives.	5	2	5	10	7	31.8	15	68.2	2.0

The respondents were asked to further indicate how their programs facilitate conditions to fill gaps in the transfer of parental legacies onto AIDS orphaned children. Considering this, only an item that emphasizes the need to provide succession planning services for ill-parents to help them make decisions about who will care for their children, about inheritance rights and making appropriate legal arrangements before they die, attained balanced(50%) affirmative and negative reactions of the targeted CSOs.

On the other hand, as to have the respondents’ reactions to matters of helping the ill & dying parents to record and keep-their children’s early experiences and memorable things about their lives, what they like & dislike, their education, talents, work skills, religious background etc. for later usage by their children, and providing counseling services for dying parent to help them leave special messages for their children that are helpful for their future lives, greater proportion of the participants ( 72.7%, 63.6% & 68.2%) responded against the three issues respectively. But, the remaining 27.2%, 36.4% and 31.8% of the respondents showed positive reactions to these items in similar order.

### C. In Relation to Facilitating Matters of Self-Recognition

Table 14-Excerpt from Annex 2: Issues of Facilitating Recognition of Self

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
20.9	We used to collect and keep personal items such as photos, identification book, letters, etc that dying parents leave for their children, which could foster healthy identity formation among the orphaned children.	8	3	4	7	11	50	11	50	2.5
20.10	We have a forum to involve relatives, neighbors, teachers and community members in our orphans' welfare project to have a role in providing them a sense of meaning, belongingness, and significance.	7	6	3	6	13	59	9	41	2.6
20.11	We have ways to help dying parents to write and keep their wishes, desires and expectations of who their children will become, to communicate it later with the orphaned children.	4	5	1	12	9	40.9	13	59	2.0

As to see the targeted CSOs roles in fostering recognition of self among ADIS orphaned children, the above three key items were posed. In accordance, as stipulated by the first two items, good numbers (50% & 59%) of the respondents found pulling together the personal items such as photos, identification book, letters, etc that dying parents leave for their children, which could foster healthy identity formation among the orphaned children, and initiating joint forum that involve relatives, neighbors, teachers and community members in orphans' welfare project to have a role in inculcating a sense of meaning, belongingness, and significance among these children. However, some of the responding CSOs (50% & 41% in same direction) seized doubts about their programs input towards promoting these issues.

In contrast, good proportion of the respondents (59%) replied that, hitherto, their programs didn't devise ways through which to assist dying parents to write and keep their wishes, desires and expectations of who their children would become that will be communicated later with orphaned children. Even so, some of the respondents (40.9%) confirmed that they have ways to help these parents to leave such vital legacies that could help their children develop self-knowledge, which is also paramount to children's identity formation.

### 4.3.3 Fostering Aspects of Orphans' Socialization

#### A. In Relation to Promoting Pro-social Behavior

Table 15-Excerpt from Annex 3: Matters of Fostering Pro-social Behavior

S. No.	Statement	V W N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
21.1	We have service provision for orphaned children that models pro-social behaviors in an environment free of win-lose situations which could evoke the expression of violent feelings to one another.	5	11	4	2	16	72.7	6	27.3	2.8
21.2	We have mechanisms to identify and provide proper care for orphans who feel treated badly and who become hostile to other children in our welfare program.	3	4	11	4	7	31.8	15	68.2	2.2
21.3	We have learning experiences for orphans in which they learn how to communicate their feelings when they feel tense or upset to reduce their tendency to become aggressive or destructive to others.	5	9	3	5	14	63.6	8	36.4	2.6
21.4	We have counseling services by which we help orphans express themselves appropriately during interaction with others and to solve conflicts without violence by encouraging learning to remain calm and avoid use of emotional blackmail.	3	9	7	3	12	54.5	10	45.5	2.5
21.5	We have ways to monitor and teach orphaned children who easily get into fights with others to become peacemakers through building their skills in the use of confrontation, dialogue and negotiation.	5	5	10	2	10	45.5	12	54.5	2.5

Regarding the engagements of institutions being considered in this study in fostering orphans pro-social behavior, the above items catch mixed reactions on the extent to which these agencies teach AIDS orphans by emulating good manners and behaviors, envisaging minimized delinquent behavior among these children, thereby create peaceful community in their respective program areas. In such instance, significant proportion of the respondents reacted positively to three items, which entail service provisions that integrate learning experiences & counseling services to model pro-social behavior in an environment free of conflicting situations (72.7%); to help orphans express their feelings when get upset to reduce aggressive advances (63.6%), and to help these children solve conflicts during interpersonal transaction through appropriate self-expression & by learning to remain calm (54.5%). Nonetheless, some of the targeted CSOs (27.3%, 36.4% % 45.5%, in same direction) expressed the extent of their involvements by favoring almost the negative end of the items scale.

In contrast, a large proportion of the respondents reacted negatively to two items, which inquire about employing practical procedures to identify and provide proper care for orphans who feel treated badly and become hostile to others (68.2%), and to monitor and teach orphaned children who easily get into fights with others to

become arbitrators by building their skills in the use of confrontation, dialogue and negotiation (54.5%). But, few of these CSOs (31.8% & 45.5%, in respective order) upheld their conceit in undertaking such activities by favoring nearly the positive end of the items scale.

### **B. In Relation to Promoting Social Skills**

*Table 16-Excerpt from Annex 3: Matters of Promoting the Social Skills of Orphans*

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
21.6	We have service provision through which we provide life skills training for orphans to develop their competencies, express feelings, build & maintain relationship with others, and overcome situations that are harmful to their development.	4	7	8	3	11	50	11	50	2.5
21.7	We have services which focus on developing the social skills of orphans in the areas of communication, relating with others, and identifying and finding solution to challenging situations	6	6	7	3	12	54.5	10	45.5	2.6
21.8	We have systems through which we identify orphaned children who feel afraid of new situations in such social settings as school, playground, etc and teach them to become open and perceptive to such experiences.	1	6	8	7	7	31.8	15	68.2	2.0
21.9	We have service provision for orphans which focuses on helping them to develop their individual abilities and learn to be a useful member of the society.	5	8	8	1	13	59	9	41	2.7
21.10	We have peer learning forum for orphans that encourage them to participate in decision-making, help them learn about co-operation, mutual understanding and social responsibilities.	6	7	7	2	13	59	9	41	2.7

Concerning the roles of targeted CSOs in promoting orphans' social skills that could provide these children with opportunities for personal growth, help them maintain relationship with close relatives & friends, and that could also minimize their tendencies of going out to street, four of the above items gained promising responses from greater proportion of the respondents. Accordingly, the respondents affirmed their engagement in providing life skills training to enhance orphans' competencies, expression of feelings & help them cope with hurtful situations (50%); building their skills in the areas of communication, relationship & dealing with challenging circumstances (54.5%); assisting them develop individual abilities & learn to become useful members of their community (59%), and in situating peer learning opportunities to assist orphaned children participate in decision making, learn about cooperation & other social responsibilities (59%); when the rest proportion of the respondents reacted against the notion of the respective items.

Moreover, the vivid mean difference between the four items and the one dealing with adjustment of orphans to new situations indicates that the majority of the respondents (68.2%) didn't set up mechanisms through which they identify and help children with feelings of apprehension to become perceptive to new experiences in various social settings.

**C. In Relation to Recouping Roles of Deceased Parents**

*Table 17-Excerpt from Annex 3: Issues of Restoring Roles of Deceased parents*

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
21.11	Our orphans' welfare program clearly signifies the importance fostering, guardianship and adoption system that serve the role of good parents to protect orphans from various forms of abuses, and exploitation.	3	4	12	3	7	31.8	15	68.2	1.2
21.12	Our orphans' welfare program clearly deals with matters of providing orphans with basic necessities of life, love and affection, education, and adequate supervision.	7	9	4	2	16	72.7	6	27.3	2.9
21.13	Our orphans' welfare program embodies clear indication to protect orphans from abandonment, neglect, and discrimination related to AIDS & their orphan hood.	7	4	9	2	11	50	11	50	2.6
21.14	We emphasize orphans education to provide them an opportunity to learn to respect and understand others view, to give them positive and meaningful activities that prepare them for future lives.	8	7	5	2	15	68.2	7	31.8	2.9
21.15	We have empowering service provisions for orphaned children that emphasize giving them opportunities to experience their own competences and develop skills by doing their own things.	9	3	8	2	12	54.5	10	45.5	2.8

The moderate mean values on four of the above items appear to indicate that good proportion (61.35%) of the respondents, to some extent, are playing the roles in parent-child relationship towards fostering orphans' freedom, responsibility, opportunity for expression of feelings & personal growth, and protecting these children from abuse, maltreatment, exploitation, etc.

However, the observed lower mean value on the fist item tends to indicate that greater proportion of the respondents (68.2%) admitted their organizational incapacity in role taking initiative in taking the importance of fostering, guardianship and adoption system into account in welfare programs, which could serve the roles of good parents to protect orphaned children from various forms of abuses and exploitation.

### 4.3.4 Nurturing Interpersonal Need Issues of Orphans

#### A. In Relation to Orphans Need for Affection/Intimacy

Table 18-Excerpt from Annex 4: Addressing Orphans Need for Affection

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
22.1	We have service provision that embodies affection; love and understanding for children who find it difficult to cope with parental death that help them learn to manage their own grief and sadness.	8	7	5	2	15	68.1	7	31.9	2.9
22.2	We have child counseling services through which we help orphaned children cope with the eventual death of their parent(s), and reassure them that their education, protection and care will continue.	11	4	7	0	15	68.1	7	31.9	3.1
22.3	In our service provision, we are concerned with orphans, right to be listened to/having unique personal significance, and work towards its achievement.	10	5	4	3	15	68.1	7	31.9	3.0
22.4	Our orphan welfare program usually addresses orphans' need for comfort, reassurance and to be provided with loving care and a safe place to express themselves.	10	5	5	2	15	68.1	7	31.9	3.0
22.5	We have child counseling services through which we deal with orphans who do not feel loved by showing affection and paying attention to them	9	5	4	4	14	63.6	8	36.4	2.8

The above items were set with the intention to gain reactions from the respondents in relation to promoting the relational needs issues of AIDS orphans. As a result, each of the first four items, achieved positive reactions from the majority of the respondents (68.1%) in relation to reinforcing the restoration of lost relational needs, such as need for affection with significant others, especially transfer of love, affection, basic emotional need of parents; when only 31.9% of the respondents reacted against these issues.

In response to the last item that looks into involvement of the respondents in child counseling services through which to pay due attention to orphans cases, 63.6% of them declared that they provide such services in order to address orphans need for affection while 36.4% of them reacted against the notion of this item. In general, from the observable mean values of the above items, it seems sensible to state that the targeted CSOs, in mediocre, are concerned with promoting orphans need for affection/intimacy, though they didn't achieved full competences in such undertakings.

## B. In Relation to Orphans Need for Belonging/Affiliation

Table 19-Excerpt from Annex 4: Fostering Orphans Need for Belonging

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
22.6	Our orphan welfare program has a practical approach to rehabilitate orphans who look sad, experience loneliness, lose trust in other children/people.	8	3	2	9	11	50	11	50	2.5
22.7	We facilitate favorable social atmosphere for orphans where they learn to relate to and share experiences with their peers and other people.	5	6	7	4	11	50	11	50	2.5
22.8	We help orphans to learn to appreciate a social setting they live in and the people they share it with so as to inspire the inculcation of a sense friendship and social integration into them.	6	7	5	4	13	59	9	41	2.6
22.9	We have mechanisms to monitor and help orphaned children who have difficulty of making friends with whom to work and play in their social setting.	6	5	6	5	11	50	11	50	2.5
22.10	We have services provisions for orphaned children that give them an opportunity to talk about their feelings and experiences with other children out of our services and help them realize that other also face adversities.	8	6	5	3	14	63.6	8	36.6	2.8

As aspects of fostering the interpersonal needs of AIDS orphans, the above five items were designed to obtain the respondents reactions in relation to their involvements in the endeavor to address orphans needs for belonging/affiliation, i.e. facilitating relatedness with extended families, and the like. In this case, although the observed percentage in each of the items reveals some disparities in the interventions of the respondents on these issues, the obtained intermediate mean values confirm for the respondents role taking initiatives, to an average, in facilitating orphans relatedness with grand parents, kin, relatives, close friends, adopters as these children need to feel part of a caring and supportive relative/community.

However, such initiatives, which didn't achieve full/active involvements on the part of the targeted CSOs do not grant for active organizational competencies of these agencies in addressing such pressing needs of AIDS orphaned children. This indication was derived from the negative reactions that the respondents generated to each of the items, in which an average of 45.5% of the respondents reacted against the notion of each of the items.

#### 4.4 CSO groups Differences in Role Taking Initiatives towards Fostering the Social psychological Makeup of AIDS Orphans

Table20- T-test for Statistical Significance of the Difference between the Means of Secular & Faith Based CSOs for Nurturing AIDS Orphans' Personality Development

Class of Item	Statistical Symbol	Secular CSOs	Faith Based CSOs	Sig. (2-tailed)
Extent of role taking initiative in nurturing AIDS orphans' personality development	N	13	9	0.538
	X	2.86	2.92	
	SD	0.43	0.33	

Table 8 shows that the test of significance between the means of secular CSOs ( $x=2.86$ ) and faith based CSOs ( $x=2.92$ ) on issues of fostering the personality development of AIDS orphans by the use of t-test revealed that the difference between the means on issues of fostering orphans' personality development is statistically insignificant  $t(20) = -0.538$ ;  $p > 0.05$ . Hence, this implies that the extent of role taking initiatives towards nurturing issues of orphan's personality development is somewhat similar for both secular and faith based CSOs.

Table21- T-test for Statistical Significance of the Difference between the Means of Secular & Faith Based CSOs for Fostering AIDS Orphans' Sense of Identity

Class of Item	Statistical Symbol	Secular CSOs	Faith Based CSOs	Sig. (2-tailed)
Extent of role taking initiative in fostering AIDS orphans' better sense of identity	N	13	9	3.978*
	X	2.74	1.44	
	SD	0.89	0.49	

\* $p < .05$ ,  $t(20) = 2.086$

The identity variable has showed a significant outcome with the target CSO groups level of role taking initiatives towards fostering good sense of identity among AIDS orphaned children  $t(20) = 3.978$ ;  $p < 0.05$ . Significant difference was obtained between the means of secular CSOs ( $x=2.74$ ) and faith based CSOs ( $x=1.44$ ). Hence, it appears that there is a tendency of improved role taking initiatives among secular CSOs, as it could be reflected through their organizational concern and involvement towards fostering better sense of identity among AIDS orphans, than that of faith based CSOs.

Table 22- T-test for Statistical Significance of the Difference between the Means of Secular & Faith Based CSOs for Fostering Issues of AIDS orphans' Socialization

Class of Item	Statistical Symbol	Secular CSOs	Faith Based CSOs	Sig. (2-tailed)
Extent of role taking initiative in fostering AIDS orphans' socialization issues	N	13	9	0.109
	X	2.60	2.57	
	SD	0.64	0.65	

Table 10 indicates that the socialization variable has not showed a significant effect with the targeted CSOs extent of role taking initiatives towards nurturing the socialization issues of AIDS orphans  $t(20) = 0.109; p > 0.05$ . The test of significance between the means of secular CSOs ( $x=2.60$ ) and faith based CSOs ( $x=2.57$ ) on fostering issues of orphans' socialization by the use of t-test disclosed that the difference between the means on issues of fostering the socialization of AIDS orphans is not statistically significant. This implies that the extent of role taking initiative towards nurturing the socialization issues of AIDS orphans is more or less similar for both secular and faith based Civil Society Organizations.

Table 23- T-test for Statistical Significance of the Difference between the Means of Secular & Faith Based CSOs for Nurturing Interpersonal Needs Issues of AIDS Orphans

Class of Item	Statistical Symbol	Secular CSOs	Faith Based CSOs	Sig. (2-tailed)
Extent of role taking initiative in fostering AIDS orphans' interpersonal needs issues	N	13	9	5.635*
	X	2.1	3.36	
	SD	0.54	0.48	

\* $p < 0.05, t(20) = 2.086$

The interpersonal needs variable showed a significant result with the target CSO groups extent of role taking initiatives towards nurturing the relational needs issues of AIDS orphaned children  $t(20) = 5.635; p < 0.05$ . Faith based CSOs had higher mean score ( $x=3.36$ ) as compared to secular CSO groups ( $x=2.1$ ). Thus, it seems that there is a tendency of better organizational involvement among faith based CSOs than secular CSOs in playing active roles towards fostering the interpersonal needs issues of AIDS orphaned children.

## 4.5 Targeted CSOs' Organizational HIV/AIDS Intervention Policies & Procedures

### A. Strategic & Operational Planning for Orphans Care & Support

Table 24-Excerpt from Annex 5: Strategic Issues of Orphans' Welfare Interventions

S. No.	Statement	Yes	NO	Uncertain
23.1	Establish in-built mechanisms for defining, identifying, and supporting children most affected by the problem of HIV/AIDS	14	6	2
23.4	Envision orphan empowerment through strengthening the capacity of children to meet their own needs	13	7	2
23.7	Facilitate the full involvement of young people as part of the solution to the problems of children orphaned by AIDS	11	8	3
23.8	Provide training and support for individual counseling and succession planning for children affected by HIV/AIDS	10	12	0
23.11	Strive for the recognition of AIDS orphans as an important priority within its organizational HIV/AIDS intervention initiative	13	9	0

The above items were set to gain the reactions of the targeted CSOs in relation to some practical actions that are supposed to move their organizational HIV/AIDS policy processes towards addressing the social & psychological wellbeing of AIDS orphans. Accordingly, as indicated in the above excerpt, some of the respondents (14) confirmed that their organizations have already set mechanisms for defining and identifying the orphaned and vulnerable children in their operational; when 6 of these CSOs indicated that they didn't establish such mechanism with the rest 2 CSOs doubting about their agencies readiness for such operational planning.

On the other hand, the other four items dealing with the realization of rights-based approaches to planning for orphans support received a mixture of positive & negative confirmations with only two items entertaining uncertain responses from five of the targeted CSOs. In this case, some of the targeted CSOs (13) replied that their organizations considered the empowerment of orphaned children through strengthening their capacities to meet their own needs (13), and strive for the recognition of AIDS orphans as an important priority within their organizational HIV/AIDS intervention initiatives. Nevertheless, half of the respondents replied that, in their programs, they facilitate for the involvement of young people as part of solutions to the problems of children orphaned by AIDS while 12 of the targeted CSOs replied that they didn't envisaged support for individual counseling and succession planning for children orphaned & affected by HIV/AIDS through their interventions.

In general, whereas it would be anticipated that the entire targeted CSOs put the strategic & operational planning for orphans support in place, which is supposed

to guide their practical actions towards establishing mechanisms for defining & identifying the orphaned and vulnerable children, and realization of rights-based approaches to programming for orphans-focused support, it was found that only the strategic processes of some of these targeted CSOs seemingly embody indication for such undertaking.

### **B. Community Mobilization and Participation**

*Table 25-Expert from Annex 5: Community Mobilization for Orphans Care & Support*

S. No.	Statement	Yes	NO	Uncertain
23.3	Organize community mobilization to increase the capacity of local community to identify orphaned children and design, implement, and monitor their own orphans support activities	12	7	3
23.5	Conduct outreach program to raise awareness within community members to create an enabling environment for children affected by HIV/AIDS	16	5	1
23.6	Enhance the capacity of communities to respond to both the psychosocial needs of orphans and their caregivers	10	9	3

As an important aspect that moves the targeted CSOs organizational HIV/AIDS policy processes towards signifying the scale-up of comprehensive responses to the situations of orphaned & vulnerable children, issues of community mobilization/participation were presented to the respondents via the above items. As regards issue of organizing community mobilization to increase the capacity of local community to identify orphaned children and design, implement, and monitor their own orphans support activities, 12 of the respondents confirmed their involvement; 7 of the respondents declined their involvement with the rest 3 respondents maintaining uncertainty in this regard.

Similarly, some of these participants (16) declared that they accomplish outreach programs to raise awareness of the community members in relation to creating an enabling environment for children affected by HIV/AIDS; when 10 of the targeted CSOs disagreed to conduct such program with only a respondent maintaining uncertainty on this issue. On the other hand, 9 negative and 3 uncertain responses were obtained from the respondents regarding enhancement of community capacities in relation to addressing both the psychosocial needs of orphans and their caregivers whilst 10 of the targeted CSOs replied affirmatively to this concern. Generally speaking, of the entire CSOs considered here, simply above half of them certainly indicated that their organizations course of actions in mobilizing and sustaining scale-up of orphans-focused responses through promoting

community capacity and participation for long-term management of orphans-focused programs at their respective localities.

### **C. Advocacy/Popularization of Orphans Support Schemes**

*Table 26-Expert from Annex 5: Advocacy for Orphans Care, Support & Protection*

S. No.	Statement	Yes	NO	Uncertain
23.2	Support and advocate for the protection and care of AIDS orphans within their extended families and communities	18	3	1
23.9	Advocate for comprehensive, and culturally appropriate psychosocial interventions for children orphaned due to AIDS	18	2	2
23.10	Call up and sustain orphans' welfare service scaling-up effort in its current constituency	10	12	0
23.12	Advocate for the care and protection of orphans must comply with the CRC, and commit itself for identifying the rights of orphans that are being unfulfilled or violated in this regard	10	5	7

The above four items were posed to obtain responses from the respondents with the conviction that policy issues pertinent to advocacy of orphans support could possibly have a strong impact on the roles of the targeted CSOs in carrying out their programs to effectively address the needs of orphaned children. In this instance, each of the first two items gained the affirmation of significant number of respondents (18), dealing with popularization of comprehensive & culturally appropriate psychosocial interventions for children orphaned due to AIDS, and advocating for the care and protection of these children within their extended families and communities. Conversely, below average number of the respondents (10) declared their tendencies to involve in the advocacy of issues that call for the care and protection of orphans must comply with the CRC, and commitment to sustain orphans' welfare services scaling-up effort in their respective operational areas.

Unexpectedly, it was observed that greater number (12) of the targeted CSOs declined their involvement in advocating for a crucial issue, which is a key element of any orphans-focused responses entailing commitment to sustain orphans' welfare services scaling-up efforts, and that 7 of these CSOs, being concerned with the wellbeing of orphaned children, maintained uncertainty about an issue that entails dedication to popularize that the care and protection of AIDS orphaned children should comply with the CRC.

#### **4.6 Analysis of Data Obtained through Focus Group Discussion**

This sub-section deals with the analysis of data gathered through the Focus Group Discussions held with 16 Senior Officers (5 each in Asella & Adama towns, and 6 in Awassa) of the targeted CSOs who are believed to generate relatively genuine responses, on behalf of their organizations, on four captioned issues entailing concern for the scale-up of orphans responses. The discussion issues were designed in a manner that each issue probes tendencies of the FGD participants in expressing common/shared concerns on roles to be undertaken in expanding comprehensive psychosocial services for AIDS orphaned children through amplifying collaborative efforts and partnership among concerned bodies in their program areas.

**Ques.1.** *In your current duty station, what are your general observations concerning the relationship/networking among Civil Society Organizations?*

In response to this question, participants of the focus group in Asella town replied that there is no clearly defined and institutionalized form of networking among CSOs in services in the town. The participants explained that although in the fall of the year 1999 the Zonal DPPD had initiated networking forum among CSOs, which was hoped to foster a sense of working together to better meet needs of orphaned children, it gradually became nonfunctional. Apart the informal interagency collaboration among few CSOs, added the members, there is no as such strong relationship or networking among CSOs operating in the town.

Similarly, the focus group in Adama revealed the nonexistence of strong system that brings all CSOs in the town to a joint forum that is supposed to promote a sense of collaboration and partnership among them. However, stressed the participants, few CSOs dealing with similar concerns have established informal collaborative relationships that later grew into such formal forums as the Adama Child Focused Coalition and Ethio-Child Focused Network of CSOs working with OVC. The participants added that these forums did not involve CSOs working in other sectors, which is a good indicator for the absence of strong network forum that addresses the partnership concerns of all CSOs operating in the town.

On the other hand, the focus group in Awassa described that even if the relationship among CSOs operating in the town generally appears good, it does not result in collaboration, joint action and resource sharing among them. Additionally, the participants stated that whilst the Awassa Town Transitional Governance once initiated networking among CSOs working in the town, yet it's not put into practice. However, members of the focus group witnessed that about 35 CSOs dealing with the issues of OVC are recently in action to establish all-encompassing Orphans-focused Network in the town. The group members altogether asserted that the existence of such integral

forum is hoped to enhance partnership among CSOs, strengthen efforts in resource mobilization, and to avert duplication of resources in their undertakings.

In short, participants of the discussion group in all of the three study towns disclosed that despite the existence of informal interagency collaboration among few CSOs, and the on- and-off efforts of few concerned bodies to head out networking among CSOs, there is no visible indication for the existence of strong, organized, and institutionalized systems that could foster better relations, collaborations and partnerships among CSOs functioning in their respective towns.

**Ques.2.** *What factors do you think promote effective relations and collaboration among CSOs operating in your program area in planning and implementing welfare programs for AIDS orphans? Discuss.*

The members of the focus group in Asella pointed out that the existence of networking and partnership among CSOs working with AIDS orphans is crucial to enhance joint planning of programs, establish referral linkages, and to improve performances in the course of addressing various needs of OVC. Mounting on this rationale, the group members argued that among many other factors, things like trust among CSOs to build mutual relations, upholding firm conviction on the importance of networking, and optimism in the power of many to bring about desired result play crucial roles in fostering partnership among these agencies. Besides, they asserted that transparency in OVC focused welfare initiatives of CSOs and existence of strong coordination task force in the town possibly help to initiate and foster team spirit and sense of collaboration among CSOs running orphans-focused programs in the town.

Likewise, members of the focus group in Adama mentioned some instances of inconveniencies created by absence of well-built networking forum that involve all CSOs working in the town towards addressing the needs of OVC in integrated manner. Based on this premise, the participants offered some suggestions that are believed to foster better partnership among all CSOs implementing orphans' welfare projects in the town. The two most influencing factors that the participants mentioned, in this case, were the existence of shared concern among CSOs for working together towards meeting common target, and sustained discourses among CSOs' leadership on the 'how' of coming into partnership so as to address the needs of OVC to the required level. Moreover, the participants identified that the commitment of CSOs' leaders and the local authorities to enter a joint venture of bringing informal relations among CSOs into official, strong and vibrant OVC-focused Network plays key role in promoting synergy among CSOs to join hands in the care, protection and support of AIDS orphaned children.

As opposed to the viewpoint of focus groups in Asella and Adama towns, members of the discussion group in Awassa favored an external-control direction to look

at things that are supposed to enhance cooperation among CSOs running OVC-focused programs. Accordingly, the group stressed that at the outset the decisive signatories of CSOs' programs, especially donor agencies and government organs coordinating CSOs activities, for instance the DPPC, MOLSA, MOJ, etc should set the issue of networking and partnership as prerequisite to fund and allow official operation of CSOs in OVC related interventions. In such scenario, asserted the participants, a concern for networking and collaboration will be created among CSOs, right at the moment they are planning to design and engage in such welfare interventions.

Nevertheless, the group members indicated that CSOs need to scan their working environments in relation unmeet needs of OVC, limitations in resource mobilization, population of OVC not yet reached out, etc. as the endeavor to probe solutions to such challenges in turn intimidate CSOs to come together, thereby develop collaborative relations. On the other hand, a participant insisted (though not achieved group consensus) that above all, the admittance of periodic awareness creation forums, which advocate for the values that teamwork/collaboration adds to CSOs' endeavors in designing and implementing orphans-focused programs, plays most important role in fostering concerted efforts among agencies working with AIDS orphans.

To put in nut shell, the fact that members of the three focus groups are implementing their orphans focused programs in differing working environment did not deter them to bring out their concerns on the nonexistence of synergetic relations among CSOs implementing OVC programs, to the forefront of the discussions. Envisaging the devastating effects that such shared apprehension would bear, the groups deliberated on several factors they deemed influential to bringing a required transformation in the status-quo (existing collaborative and strategic relations among CSOs in working towards promoting the wellbeing of AIDS orphans at their respective duty stations).

**Ques.3.** *What strategies should be in place in order to foster diverse CSOs partnership in developing collaborative programs that better meet needs of the ever increasing number of AIDS orphaned children?*

Upholding heated discussion on this question, members of the focus groups devotedly generated several strategic themes that are presumed to equip CSOs with the courage to face the challenges of OVC in collaboration with all stakeholders in their respective program areas. Accordingly, the Asella focus group members were unanimously devoted to call upon five thematic issues:

- ◆ In-built system for cooperation, which will help to officially pursue a common understanding between governmental and civil organizations to create conducive atmosphere for nurturance of orphans' wellbeing.

- ◆ Designing community and family based OVC programs that will invite all concerned bodies to have stake in the course of implementing the programs.
- ◆ Commitment to integration and diversification of orphans' welfare interventions that call for the inputs of all stakeholders.
- ◆ Setting clear procedures to building the capacities of the community and related agents to care for orphaned children on a sustainable basis, and
- ◆ Devising systems to promote community volunteerism- create conducive atmosphere to catch the attention of several volunteers to perpetuate the on-going orphans' welfare initiatives in wider constituencies.

On the other hand, participants of the discussion session held in Adama town marked out that the strategic concern of every initiative, which deals with the situation of AIDS orphans, should be guided by existing laws in the land. As an instance, the group explained that the Ethiopian Family Law embodies clear indication for the fortification of orphans' wellbeing as it outwardly declares the right of such children to have families. Based on this assertion, they outlined three core strategic affairs:

- ◆ Initiating advocacy programs to highlight human rights and care of OVC to grow into wider range of services such as boarding, feeding, clothing, personal care, educational supplies, religious education, recreation and other necessary supports through family and family type homes, foster families, etc.
- ◆ Establishing mechanisms through which CSOs' best practices in implementing orphans-focused programs could be documented and disseminated among all actors dealing with the alleviation of orphans crises, and
- ◆ Cultivation of cost effective practices by primarily focusing on capacity building in areas of local resource mobilization that could minimize the greatest extent of dependency up on donor organizations ( which may induce conflict of interests among CSOs) and help to make the cost of caring for orphaned children accessible within the frontier of domestic resources.

Moreover, members of the focus group in Awassa town over emphasized the institutionalization of integrated approach to OVC programs that increases the involvement of several partners, for instance through referral linkages, to address diverse needs of orphans and vulnerable children. Besides, the group outlined four important strategic elements. These are:

- ◆ Focus on proactivity to establish common understanding of OVC problems that require immediate actions and for proposing acceptable solutions to solve the problems.
- ◆ Fostering cooperation between government and CSOs on issues of resource mobilization so as to address the needs of OVC on sustainable basis.

- ◆ Creating strong community network of comprehensive services to empower extended families and communities to support the orphaned children.
- ◆ Institutionalizing well developed reporting systems for OVC-focused interventions that can be disseminated among all stakeholders to serve as a reference to supports available to children orphaned and made vulnerable by HIV/AIDS.

To sum up, expression of great concern was observed among members of the three focus groups in identifying what they regarded as feasible strategic directions to guide the efforts of CSOs in initiating diverse social network and collaborative relationship among all stakeholders so as to address the social and psychological needs of AIDS orphans through a joint venture.

**Ques.4.** *In a social milieu that is free of AIDS, parents take the responsibility for fulfilling their own children's needs and foster their healthy development. In a condition where children lost their parents due to AIDS, who should take over the responsibility to address the unmet needs of orphaned children, and to nurture their wellbeing? Discuss.*

In responding to the last question, the participants by and large indicated that nothing affects orphaned children more than the loss of mothers and fathers due to AIDS. Moreover, they stressed that these children not only have unmet basic needs, but also have markedly increased problems related to internalizing psychosocial affects, social inclusion, educational opportunities and livelihood issues that jeopardize the fulfillment of their proper development in the long term. In view of this, they referred to the responsibilities of several agents in curbing such orphans' crises through sustained intervention programs that are hoped to promote their wholesome development.

In accordance, participants of the focus group in Asella identified some agents to bear such responsibility on the basis of key roles they could play in orphans care and support. As a result, three of the 5 participants strongly argued that the government should bear the prime responsibility through initiating guidelines that model and standardize national OVC care initiatives. Succeeding such favorable situations to be set by the government, added the participants, CSOs and extended families should enter into an obligation of responding to the situations of children who are struggling to grow up without the support of their parents.

However, it was found interesting to see the other two members of the group challenging the views of their counterparts stressing that such responsibility shouldn't be put in discrete; rather it should be seen as a unified obligation. In crystallizing this argument, one of the participants affirmed that as the problem of HIV/AIDS is affecting

every segment of the society, every capable citizen should be concerned on the issue; we shouldn't transfer the responsibility to deal with our own problems onto second or third party. In conclusion, the group members agreed that through their facilitation roles, the government and CSOs should empower members of the extended families and community members to take over the prime responsibility to care, support and protect orphaned children in their localities.

In response to this question, unlike members of the Asella focus group, participants of the discussion group in Adama jointly set a guiding principle that states "*Lejoch yekulum nachew*", meaning a concern for children shouldn't be limited to their parents, but should be shared by all members of the society. The group members then intensively discussed on the issue under consideration in light of this principle. Remarkably, it didn't take them too much to blend their discourses into a consensus that states citizens at all levels: individuals, families, communities, civil and political figures ought to take over the responsibility to address the unmet needs and wellbeing of children who lost their parents due to AIDS.

Regarding the reaction of the Awassa discussion group, even if the participants were observed lending general convergence to the accounts of the former groups on the responsibilities of extended families, communities, CSOs and government authorities to foster the wellbeing of orphans, they exceptionally called up on the responsibilities of parents living with HIV/AIDS to explore all possibilities to shorten their children's orphan-hood, and that of dying parents to proactively plan for the overall future lives of their children.

In short, the members of each focus group willfully identified several agents who are supposed to take over the responsibility to address the unmet needs of orphaned children, thereby lay a strong foundation to foster their healthy development. Among others, parents who are living with HIV/AIDS and/or dying due to AIDS were identified to take primary responsibility to plan ahead to meet their children's needs and enhance their healthy development in the time they will not live to do so. Furthermore, such second groups as every capable citizen, extended families, community members, CSOs and the government were mentioned to contribute their levels best towards addressing the unmet needs of orphaned children, thereby nurture their wholesome wellbeing.

## CHAPTER FIVE

### V. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Discussion

##### *5.1.1 Discussion of Basic Attributes of CSOs' Service Provisions*

With the ever increasing multi-faceted crises of orphans and vulnerable children in the context of the HIV/AIDS epidemic, it's imperative that all civil society organs who are concerned with the situations of these children have to undertake all they should to deal with these crises, which are not only about plights of certain segment of a given community, but also about the very existence of the society and nation as a whole. In this study, two CSO groups comprising of 13 secular NGOs and 9 FBOs recognized the need to play key roles related to fostering the social psychological wellbeing of AIDS orphans, but not all of these CSOs had actively undertaken the required roles in their orphans-focused intervention programs to optimize the wellbeing of these children.

Regarding the implementation of orphans-focused interventions, some variations in the operational scope and years of involvement in such interventions were observed among the targeted CSOs. The disparities in the operational scope of the responding CSOs, with the six non-state actors' global involvements accounting to 27.3% of the differences do not seem to impede the attempts to effectively foster orphans' wellbeing. However, the fact that the majority (72.7%) of the responding CSOs were running orphans-focused interventions at program levels found to have far reaching implication to address the overall needs of AIDS orphaned children by integrating diverse services that will be instrumental in promoting the wellbeing of these children in wholesome.

With regard to coverage of the orphans-focused programs in each of the study sites, in the sense that as many needy beneficiaries are reached as possible, responses indicating the number of AIDS orphans addressed in the sites range from 548 to 1,733 children were provided by the targeted CSOs. Moreover, the annual estimated costs which range from 918, 000.00 to 4, 039, 000.00 Eth. Birr were reported to support the implementation of the orphans' intervention programs in the three sites. Wider variations were also observed among programs of the responding CSOs in ensuring coverage and matching program costs with coverage. These variations became evident in the scenario where the programs of 9 CSOs in Awassa town addressed 548 AIDS orphans with a total annual budget of 3, 696, 223.00 Birr whilst the programs of 5 CSOs in Asella town accommodated 820 orphaned children with the total annual program cost of 918,000.00 Birr.

If conceived as per the scale of the Asella area programs, it could be possible for the targeted CSOs functioning in Awassa town to reach out about 3, 301 additional orphaned

children, more than the number of orphans already addressed in the three sites, with the budget currently in hand. At any rate, the efforts of these organizations can not be underestimated as the end product of their investments on a total of 3, 101 orphaned children is essentially hoped to produce self-sufficient and strong citizens who will become tomorrow's care takers of the country.

As regards the segmentation of the under 18 years orphaned children into various developmental stages in the way it fits their differing needs, only few (7) of the targeted CSOs confirmed that their programs address the needs of orphaned children by segmenting them into varying categories in reference to children's developmental stages and other vulnerability situations. From responses made in this case, it was observed that these few CSOs considered both the needs of younger and older orphaned children by segmenting them into different categories. The most promising feature of such categorization was that very young orphans (1-9 years), younger orphans (9-14 years), and adolescents/youth (15-18 years) were grouped into their own respective categories and provided with psychosocial, and other educational/ training services that are supposed to meet their developmental needs.

Besides, it was found that three of the 7 CSOs responded to the situation of orphans by segmenting them into younger & older OVC groups. Younger OVC (below 15 years) were considered in reference to their typical vulnerability issues and their orphanhood-maternal/paternal & dual orphans, and provided with typical psychosocial services that are believed to empower them cope with their situations. On the other hand, the older OVC (15 -18 years) were considered in reference to only their vulnerability situations (the fact they are children without parents, the situation of their developmental stage, their weakened economic status, and the risk of exposure to HIV infection) and provided with such services as life skill training, vocational training, and financial support to engage them in income generating activities that are supposed to substantially reduce their vulnerabilities.

However, the majority (68.2%) of the responding CSOs reported that they don't have mechanisms to undertake such categorization in their programs. These tendencies may be explained by the fact that these organizations do not put much emphasis on the truism that children under 18 years have different developmental characteristics requiring differing needs. Such missing element might indicate that these programs are not needs sensitive interventions- considering the situations of all younger & older orphans in a single package, which in turn may diminish the values of such efforts in yielding positive differences in the lives of the orphaned children. Moreover, the insensitivity of such intervention to the differing needs of orphans might undermine the fact that AIDS orphans also require the usual needs of children, including economic, social, educational, medical and other psychosocial needs.

As to engagement in early interventions to address the situations of children of HIV infected parents before and after parental death, interestingly the majority (77.2%) of the responding CSOs generated positive responses while 22.8% of these CSOs reported that their programs do not entail plans for such early engagements. Of the affirmative responses made by the majority of targeted CSOs, among others, engagement in such activities as child counseling, memory works, life skills training, initiation of discussion between ill-parents & their children, and situating places to rehabilitate children who would loss their parents were mentioned. To this end, several agents (Levine, 2001; International HIV/AIDS Alliance, 2003; Population Council Horizons, 2000, and UNICEF, 2002) reported that the provision for such early interventions in the situations of children of HIV infected parents could help them cope with various internalizing psychological problems and stresses associated with parental illness & death, which may create a sense of helplessness, uncertainty and self-doubt in these children.

When the types of services presently available to AIDS orphans in the study sites are in focus (Table 5), it was found that the provision for addressing the basic and immediate material needs of orphaned children was the prominent feature of programs run by the entire responding CSOs. Such particularized focus on immediate material needs could possibly create a gap in addressing other important needs of AIDS orphaned children such as psychological/emotional, social and spiritual needs that would have never been fully/sufficiently addressed.

Orphans' needs for psychological and educational support were also recognized by some of the targeted CSOs, just next to that of basic needs & material support. Typically 16 respondents reported providing child counseling services while 7 of the responding CSOs replied to undertake memory works that are believed to promote good sense of identity among AIDS orphaned children. The importance of memory works in giving ill parents the opportunity to plan for the future of their children and the importance of *bereavement counseling to explore future options for children with ill parents before they die* was reported by International HIAV/AIDS Alliance (2003) and UNAIDS (2001).

Apart the provision for basic needs and psychological supports such services as social support, health care support, boarding facilities and child-focused spirituals services were rarely mentioned to be rendered by the targeted CSOs. Particularly 4 of the responding CSOs exclusively reported that they provide child-focused weekly spiritual services to orphans under their welfare programs whilst only 3 of these CSOs confirmed that their services include boarding facilities of family home program, compassion cottage and drop-in center types. Of these boarding facilities, family home program, which is run by a non-state actor responding CSO functioning in Asella town,

was mentioned to address all the usual needs of orphaned children in a comprehensive package. Such type of comprehensive service provisions also recommended by Fox (2001) to help promote the wellbeing of AIDS orphaned children in wholesome.

In relation to the findings discussed here above, it was attempted to identify tendencies of the targeted CSOs in prioritizing important needs of orphaned children (including basic & material needs, social & psychological needs, and spiritual needs) in designing their orphans-focused programs. Accordingly, the targeted CSOs showed a significant response preference to needs to be given a leading priority in designing orphans' welfare programs ( $p < .05$ ). In this case, greater proportion (59.1%) of the responding CSOs have identified basic and material needs as the most important priority element in planning their orphans' welfare programs. This result was substantiated by the previous finding that identified the provision for addressing the basic & immediate material needs of orphaned children as the essential feature of programs run by the targeted CSOs. Hence, such heavy emphasis on immediate material needs might not be conducive to effectively foster the social psychological makeup of AIDS orphaned children.

Besides, even though significant relation was not achieved, the mode of organizational setup (secular/faith-based) of the responding CSO groups was related to typical approaches (focused/integrated) tailored to their orphans' welfare programs. It was observed in Table 7 that equal proportion (27.3%) of the targeted CSOs identified focused approach while 27.2% of secular CSOs and 18.2% of Faith Based CSOs indicated to have a tendency of selecting an integrated approach in designing their orphans' welfare programs.

Concerning the targeted CSOs' alertness to the dynamics of their programs, the majority (85.2%) of these CSOs appear to have full attentiveness to the implementation processes of their orphans' welfare programs, and adoption of locally relevant sustainability models in their ways of service delivery to better meet the needs of orphaned children. However, few (14.8%) of these CSOs acknowledged that their organizational system appear to lack the capacity to assess its practices in resource mobilization, in gauging weaknesses in their ways of service delivery, and the program sustainability model. This limitation, though appeared to prevail among few of the responding CSOs, it may critically impinge on the efforts of these organizations in designing effective orphans-focused intervention programs, and to scale-up the existing programs in wider constituencies.

In general, both positive qualities and limitations were reported to characterize roles of the responding CSOs' in perceiving the long standing crises of AIDS orphaned children, in designing operational responses to deal with such crises, and in mobilizing resources to extend service provisions in the endeavor to promote the social &

psychological wellbeing of AIDS orphaned children. Thus, the fact that these CSOs are concerned with orphaned children who are surrounded by complex adversities of the HIV/AIDS epidemic, which demand more capacities than they can presently deliver, oblige them to curb the observed incapacities/limitations and improve their capacities in the course of beneficiaries targeting, budget allocation, ensuring adequacy of service delivery, and acquaintance to the dynamics of program implementation processes.

### ***5.1.2 Social Psychological Variables vis-à-vis CSOs' Competencies in Role Taking Initiatives***

As to the issue of working on the four essential social psychological attributes (aspects of personality development, issues of promoting good sense of identity, issues of orphans socialization, and issues of fostering orphans interpersonal needs), which footholds the efforts to foster orphans' social and psychological wellbeing, the observed response variations among the targeted CSOs can be discussed in light of the organizational competencies of these agencies in their role taking initiatives towards cultivating these elements. Accordingly, this particular sub-section principally entertains the discussion of key findings of the study under three distinctive scenarios.

The first scenario presents the research findings that map out the roles that the responding CSOs have undertaken at *great organizational competencies* in cultivating the above stated essential attributes. It also entails the observed positive qualities in the role taking initiatives of a small number of targeted CSOs towards fostering the social psychological makeup of AIDS orphaned children. Likewise, the second scenario introduces the findings that reveal roles that have been undertaken by the targeted CSOs at *mediocre organizational competencies* in enhancing the aforementioned attributes. Besides, it presents observed promising qualities in the role taking initiatives of greater proportion of the targeted CSOs towards fostering the wellbeing of AIDS orphaned children.

On the other hand, the third scenario devotes itself to the presentation of the research findings that reveal the roles that the responding CSOs have undertaken at *scarcity organizational competencies* in cultivating the above mentioned four essential social psychological attributes. It also discloses the reported awful/frustrating situations in the role taking initiatives of few of the responding CSOs in their responses to curb the long standing devastating situations of the HIV/AIDS pandemic that kept on shattering the lives of millions of Ethiopian children (our future), as long as the very existence of our society and nation is concerned.

### ***5.1.2.1 Discussion of Attributes of Personality Development***

Analysis of nurturance of aspects of orphans' personality development brought in hopeful results. In relation to enhancement of the self-worth of AIDS orphaned children, the majority (79.1%) of the responding CSOs seem to be in consensus that they provide various services to these children that encourage them to express their opinions & experience feelings of mastery, maintain their confidence, and self-respect not to be shattered by negative reactions from others; overcome such internalizing psychological problems as lose of interest in life, insecurity and little sense of worth that could be resulted due to parental death where as 20.9% of the targeted CSOs conversely replied to have such service provisions ( $x = 2.94$ ).

Concerning the inculcation of core values into AIDS orphaned children, some proportion (61.35) of the targeted CSOs confirmed to situate learning opportunities and other services for orphaned children to help them learn about important things in one's life and how to set goals towards its attainment from one another and others; teach them the importance of standing up for one's own ideas, morals and beliefs in the face of conflicting ideas and practices, and develop such social values of respect, cooperation, responsibility, self-control, hard work and achievement that could meet needs of dying parents who wish better future for their children, when about 38.65 % of the respondents declined to provide these services ( $x = 2.8$ ).

Regarding the target CSOs' roles in influencing the aspiration levels of AIDS orphaned children, good proportion (69.3) of the participants disclosed their engagement in identifying orphans who seem to lose interest and energy to do their things & create a supportive environment to encourage them regard themselves as doers and achievers; in helping them understand that they have immense potentialities to attain their aspirations, and to teach each other how to cope with social stigma & marginalization & develop a sense of purpose & success in their lives in the face of adversities whilst about 30.7% of the responding questioned their readiness to provide these services ( $x = 2.93$ ).

On the other hand, the comparisons of the two CSO groups (secular NGOs & FBOs) in the extent to which they cultivate the above three attributes of orphans personality development didn't result diverse out come. Both the secular ( $x=2.86$ ) and faith-based ( $x=2.92$ ) CSOs did not differ in their role taking initiatives towards nurturing issues of orphan's personality development.

In view of the purpose of this study, the above findings are observed to be viable to argumentation. In comparing the two CSO groups it was observed that the extent of role taking initiatives towards nurturing issues of orphans' personality development is

somewhat similar for both secular and faith based CSOs. This finding also seem to confirm the fact that the majority of the responding CSOs ( $x=2.89$ ) have undertaken their roles at mediocre organizational competencies embodying promising situations towards enhancing the personality development of AIDS orphaned children. Besides, roles that have been undertaken at active organizational competencies signifying positive qualities ( $x=3.2$ ), and at scarcity organizational competencies ( $x=2.25$ ) were also reported, implying some distressing situations in fostering the personality development issues of AIDS orphaned children. To this end, the implication of positive personal factors/qualities has been reported by Bandura (in Santrock, 2000) in reciprocally interacting with other behavioral and environmental factors to enhance children's healthy development.

### **5.1.2.2 Discussion of Identity Issues**

Analysis of aspects of fostering good sense of identity among AIDS orphaned children yielded distressing results. In relation to dealing with matters of origin/kinship, about (46.6%) of the responding CSOs reported to engage in keeping important records on the history of orphans, to help them know important background information about where they come from and about their families, trace their relatives, and providing counseling services for ill-parents through which to help them pass on crucial information about extended family members and kinship to their children before they die while greater proportion (53.4%) of the respondents replied quite the reverse to provide these services ( $x = 2.3$ ).

Regarding the responding CSOs roles in facilitating the transfer of parental legacies onto orphans, lesser proportion (36.4%) of the respondents affirmed that they help ill-parents to make decisions about who will care for their children, about inheritance rights and making appropriate legal arrangements before they die, encourage ill & dying parents to leave special messages and record & keep their children's early experiences and memorable things about their lives, what they like & dislike, their education, talents, work skills, religious background etc. that are helpful for the future lives of their children, when greater proportion (63.6%) of the targeted CSOs declined to provide such services ( $x = 2.27$ ).

As regards the facilitation of self-recognition among AIDS orphaned children, an average proportion (50%) of the targeted CSOs confirmed that they assemble the personal items such as photos, identification book, letters, etc that dying parents leave for their children, which could foster healthy identity formation among them, and initiate joint discourses that involve relatives, neighbors, teachers and community members in orphans-focused projects to have roles in inculcating a sense of meaning,

belongingness, and significance among orphaned children whilst same proportion of the respondents conversely replied to engage in these activities ( $x=2.4$ ).

In this case, comparisons of the two CSO groups (secular NGOs & FBOs) in the extent to which they promote the above three feature of fostering good sense of identity among AIDS orphans resulted in significant difference. The secular NGOs ( $x=2.74$ ) and FBOs ( $x=1.44$ ) differ in their role taking initiatives towards nurturing issues of orphan's personality development. This implies that there is a tendency of improved role taking initiatives among secular CSOs towards fostering better sense of identity among AIDS orphans than that of faith based CSOs.

As related to the aim of the study, these findings are observed to rate the roles played, in this case, by the majority of targeted CSOs far below of what would be anticipated. Even if the secular CSOs seem to play better roles in fostering good sense of identity among AIDS orphans than that of faith based CSOs, the main finding appeared to confirm the fact that the majority of the responding CSOs ( $x=2.27$ ) have undertaken their roles at scarcity organizational competencies, implying some awful situations in fostering sense of identity among AIDS orphaned children. Although there was no reported case of roles that has been undertaken at active organizational competencies, few cases of roles that have been played at mediocre organizational competencies ( $x=2.7$ ) was observed, implying hopeful situations towards enhancing better sense of identity among AIDS orphaned children. Despite the fact the majority of these CSOs became indifferent to enhancing orphans sense of identity as stipulated by the above attributes, the UN through CRC (1989) urges all agencies dealing with children's wellbeing to ensure & materialize a child's rights to nationality, sense of identity, to preserve his or her identity, including name and family relations.

### ***5.1.2.3 Discussion of Socialization Issues***

The investigation into issues of fostering the socialization of AIDS orphaned children uncovered mediocre results. In relation to promoting orphans' pro-social behavior- envisaging minimized delinquent behavior among these children, and peaceful community, some proportion (53.62%) of the participants seem to be in consensus in rating their organizational involvements, in this regard, at intermediate level. In accordance, these participants appear to reach at agreement of situating learning experiences & counseling services to model good manners and behavior in an environment free of conflicting situations. Besides, they accorded to helping orphans express their feelings when they get upset to reduce aggressive advances, and to help these children solve conflicts during interpersonal transactions through appropriate self-expression & by learning to remain calm, when about 46.38 % of the respondents questioned their engagements in rendering these services ( $x=2.52$ ).

Regarding the engagements of the responding CSOs in enhancing the social skills of AIDS orphaned children, which could provide them with opportunities for personal growth, help them maintain relationship with close relatives & friends, and minimize their tendencies of going out to street, nearly half (50.86) of the respondents confirmed running such an intervention. In view of this, the participants reported providing life skills training to enhance orphans' competencies, expression of feelings & help them cope with hurtful situations; building their skills in the areas of communication, relationship & dealing with challenging circumstances. In addition, these participants affirmed that in their programs they situate peer learning opportunities to assist orphaned children participate in decision making, learn about cooperation & other social responsibilities, while 49.14% suspected their programs to have such service provisions ( $x=2.5$ ).

Concerning the roles of the participants in perpetuating the roles of deceased parents in parent-child relationship so as to foster orphans freedom, responsibility, opportunity for expression of feelings & personal growth, to protect these children from various abuses & maltreatment, some proportion (55.44%) of the targeted CSOs affirmed that they render required services to orphans so as to reconcile observable gaps in such form of relationship. These participants also reported addressing the basic necessities of life, love and affection, education, and adequate supervision; encouraging fostering, guardianship and adoption systems, which serve the role of good parents to protect orphans from abuses and exploitation. Moreover, the participants confirmed that they help orphans learn to respect and understand others views, and facilitates situations in which orphaned children experience their own competencies & develop their skills by doing their own things where as about 44.56% of the participants declined to undertake such key roles ( $x=2.48$ ).

With aspects of socialization, comparisons of the two CSO groups (secular NGOs & FBOs) in the extent to which they promote the socialization issues of AIDS orphaned children didn't result in significant difference. The secular NGOs ( $x=2.6$ ) and FBOs ( $x=2.57$ ) didn't differ in their role taking initiatives towards fostering the socialization issues orphaned children. This implies that the extent of role taking initiative towards fostering the socialization issues of AIDS orphans is more or less similar for both secular and faith based Civil Society Organizations.

In connection to the intent of the study, the observed findings do not seem to match with the roles expected to result in what is desired to the situations of AIDS orphans. The core finding, here, appeared to confirm the fact that the majority of the responding CSOs ( $x=2.5$ ) have undertaken their roles at mediocre organizational competencies, implying somewhat optimistic situations in fostering the socialization issues of AIDS orphaned children. Although there was no reported case of roles that

has been undertaken at active organizational competencies, few cases of roles that have been played at scarcity organizational competencies ( $x=1.6$ ) was observed, implying terrible situations towards fostering of the socialization of AIDS orphaned children.

In line with the observed average performance of the responding CSOs in fostering the socialization process of the orphaned children, Bandura (in Santrock, 2000) indicated the importance of social transactions, and the roles of physical surroundings, family & friends, other social influences in fostering children's needs for social interaction. Besides, the UN through CRC (1989) also calls upon all significant figures to help children have unique personal significance (the right to have a voice and be listened to), and understand that children have full & equal worth, and enquires special support in order to enjoy full human dignity (in the best interests of the child); understand that all children have the rights to: learn to be a useful member of society & to develop individual abilities; be brought up in a spirit of peace & universal brotherhood, and the responsibilities of members of the extended family, community, and all concerned bodies to help children in a manner consistent with their evolving capacities.

#### ***5.1.2.4 Discussion of Interpersonal Needs Issues***

The analysis of issues of fostering the relational needs affairs of AIDS orphaned children yielded promising results. In relation to reinforcing the restoration of lost relational needs, such as need for affection/intimacy with significant other, especially transfer of love, affection, basic emotional need of parents, about (67.2%) of the targeted CSOs affirmed that through their programs they facilitate for the transfer of such essential attributes onto AIDS orphans. As these participants asserted, they help orphaned children cope with the eventual death of their parents, show affection, and understanding for children who find it difficult to cope with parental death & to overcome their own grief and sadness. In adding more to these points, the participants reported dealing with orphans' need for comfort, reassurance and provided them a loving care & a safe place to express themselves while lesser proportion (32.8%) of the respondents reacted against these issues ( $x = 2.96$ ).

Concerning the targeted CSOs roles in enhancing orphans need for belonging/affiliation, i.e. facilitating relatedness with extended families, relatives, close friends etc., about good proportion (54.52%) of the responding CSOs confirmed that they engaged with the rehabilitation of orphans who look sad, experience loneliness, lose trust in other children/people. Moreover, these CSOs reported facilitating favorable social atmosphere for orphans where they learn to relate to and share experiences with their peers and other people, and helping them learn to appreciate a social setting they live in & the people they share it with so as to inspire the inculcation of a sense

friendship and social integration into them, when some proportion (45.48%) of them declined their engagement in delivering such services ( $x=2.58$ ).

Here, comparisons of the two CSO groups (secular NGOs & FBOs) in the extent to which they foster aspects of the interpersonal needs of AIDS orphans resulted in significant difference. In this case, the FBOs ( $x=3.36$ ) and secular NGOs ( $x=2.1$ ) differ in their role taking initiatives towards nurturing the relational needs issues of orphaned children. Hence, it seems that there is a tendency of better organizational involvement among faith based CSOs than secular CSOs in playing active roles towards fostering the interpersonal needs issues of AIDS orphaned children.

In reference to the main objective of this study, these findings are observed to be of significant value to the roles played by the majority of targeted CSOs in addressing orphans relational needs affairs. The fact that the faith based CSOs seem to play better roles in fostering the interpersonal needs of AIDS orphans than that of secular CSOs appear to reflect a sort of humanistic approach to their orphans responses that might embody spiritual services, acts of benevolence, and expression of companionship. The main finding with respect to this attribute appeared to confirm the fact that the majority of the responding CSOs ( $x=2.77$ ) have undertaken their roles at mediocre organizational competencies, embodying some promising situations in fostering the relational needs issues of AIDS orphaned children.

However, there was no as such reported case of roles that has been undertaken at great or scarcity organizational competencies towards enhancing the relational needs issues of AIDS orphaned children. In congruence to the roles undertaken by significant number of the target CSOs, the Un through CRC (1989) outwardly urges all concerned bodies to commit themselves in materializing children's (including orphans) rights to: affection, love and understanding; learn to be a useful member of society and the responsibility of members of the extended family, community, or legal guardians to provide for the child in a manner consistent with his or her evolving capacities.

### ***5.1.3 Discussion of CSO' Organizational Intervention Policies***

As regards the tendencies of the organizational HIV/AIDS policies of the targeted CSOs in facilitating efforts to promote the psychosocial wellbeing of orphaned children, responses that call for the attention of all agencies dealing with the situations orphans were obtained. In this case, all the three main policy issues: strategic & operational planning for orphans support, community mobilization/participation, and advocacy/popularization of orphans support schemes remained the concerns of only the average number of the responding CSOs.

Whereas one anticipates the entire targeted CSOs to put the strategic & operational planning for orphans support in place, it was found that only the strategic processes of nearly half of the responding CSOs seemingly embody indication for such undertaking. Similarly, about half of the respondents certainly indicated that their organizations course of actions address the issue of sustaining the orphans-focused responses through promoting community capacity and participation for long-term management of orphans' welfare programs in wider constituencies.

To the surprise of anyone holding up a concern for orphaned children, it was observed that greater number (12) of the targeted CSOs declined their involvement in rendering such essential psychosocial services as succession planning & counseling service; advocating for such crucial issues as commitment to sustain orphans' welfare services scaling-up efforts, and dedication to popularize that the care and protection of AIDS orphaned children should comply with the CRC. Despite such indifference on the part of these institutions, in Table 1 several authors and agents suggested that CSOs should undertake active roles in promoting OVC-friendly policies, advocating for OVC issues and concerns, building the capacity of existing community groups & mobilizing the community for improved care, support & protection of OVC, and in providing individual counseling, succession planning & will writing services for OVC and their families.

Given the important orphans' intervention policy milestones reported by a few responding CSOs, it could be sensible to assert that such promising policy atmospheres due specially recognition for its meaningful contribution to the endeavors of these CSOs in igniting the scale-up of welfare responses for the care, support & protection of AIDS orphaned children in their respective program areas. However, based on the unexpected setback on the part of some of the targeted CSOs in reconciling the observed wide-ranging gap in their HIV/AIDS interventions policies and strategic issues, it could be plausibly explained that their programmatic planning for such interventions don't outwardly signify their responsibilities for exhaustive and sustained efforts in the care, support & protection of AIDS orphaned & other vulnerable children within their respective constituencies.

This conceivable account then is inherently presumed to ascertain the insufficiency of the orphans' intervention programs of some of the responding CSOs as to stipulating eminent constituents to fostering the social and psychological wellbeing of AIDS orphaned children. In connection with this observation, Smart (2003), Doyan (in Levine, 2001), Williamson (2000) and WVI (2005) have also identified similar policies and strategies challenges in numerous OVC related interventions that were reported to hinder the practical responses/ actions of several agencies towards addressing the unmet

psychosocial needs of orphans and vulnerable children, the realization these being regarded as a foothold to the healthy development of these children.

#### **5.1.4 Discussion of FGD Results**

Unlike the mixed responses observed among the main research participants, the FGDs participants consistently generated comparable responses with minor deviations in the perspectives some of them adopted during the discussion sessions. In the discussion sessions, some of the participants held upon inside-out/inner-directed perspective to improve the patterns of collaboration and relationship among CSOs dealing with the situations of orphaned children in their program areas. They primarily pronounced on what their roles should be in the efforts to improve the situations, which was followed by suggestions on what their counter parts should contribute. On the other hand, significant proportions of the FGD participants choose to adopt the outside-in/others-directed perspective to get the existing modes of partnership & networking among all concerned stakeholders improved. In this case, they called up on the roles & responsibilities of such outer groups as the government authorities, and donor agencies to pave pathways in the course of changing the situations while suggesting new roles that their organizations have to establish on their way forward to entering the ways to be situated by these agencies.

The central theme of the FGD was to gain an insight into the tendencies of the targeted CSOs in sharing concerns, as reflected through their leadership, in expanding comprehensive psychosocial services towards fostering the wellbeing of orphaned children through intensifying coordination of efforts, partnership and networks among concerned stakeholders in their localities.

Accordingly, the responses made by the FGD participants emerged to take us to the forth scenario of the research findings. It's the situation in which this study has identified a need for paradigm shift to bring changes in the reported self-centered mode of relationships (informal interagency relationship) that exist among CSOs operating in the three study sites. Through their discourses on the four discussion issues, all of the FGD participants committed to upholding common concerns/intentions for the emergency of new systems to integrate the diverging efforts of all stakeholders to result in synergy. Despite the differences observed in the roles taking initiatives of their organizations, the FGD participants unanimously called upon the adoption of new approaches to transform the self-centered mode of relations among CSOs operating in their respective duty stations into collaborative relationship or partnership. Through such relationship, suggested the participants, it would be possible to bring about the desired changes and improvement in the situations of children orphaned & affected by the HIV/AIDS pandemic.

Similarly, the fact that some of the FGD participants are implementing their programs in different working environment didn't hinder them to explicitly identify the nonexistence of synergetic relations among CSOs implementing OVC programs as their prime concerns, which affects their efforts to scale-up responses to orphans situations to the required level. Envisaging the devastating effects that such common apprehension would bear, the groups deliberated on several factors they deemed influential to bring about the required transformation in the collaborative and strategic relations among CSOs in working towards promoting the wellbeing of AIDS orphans although some the participants choose to adopt the outside-in perspective in identifying these factors.

Interestingly, expression of great concerns were also observed among the FGD participants in identifying what they regarded as feasible strategic directions to guide the efforts of CSOs in initiating diverse social network and collaborative relationship among all stakeholders so as to address the social and psychological needs of AIDS orphans through a joint venture. Likewise, the members FGD deliberated on distinguishing several agents who are supposed to take over the responsibility to address the unmet needs of orphaned children, thereby lay a strong foundation to foster their healthy development. Among the marked agents, parents who are living with HIV/AIDS and/or dying due to AIDS were mainly identified to take the prime responsibility to plan ahead of time to meet their children's needs and enhance their healthy development in the time they will not live to do so. Moreover, the participants mentioned some second groups, namely, every capable citizen, extended families, community members, CSOs and the government to enter into a collaborative campaign to address the unmet needs of orphaned children, thereby nurture their overall wellbeing.

Despite all the variations in the perspectives adopted to discuss on issues under consideration, and roles played by the targeted CSOs in fostering the social psychological makeup of AIDS orphans, as observed in the first three scenarios of the research findings, the FGD participants intriguingly established a shared concern in relation to set outside disempowering old relationships, and to establish new ones. The participants aptly yearned for unifying system through which to build collaborative relationship that could improve the capacities of all stakeholders in expanding comprehensive psychosocial services to transform the status of long standing crises and adversities of the HIV/AIDS pandemic that the ever increasing numbers of AIDS orphaned children suffer. Thus, it can be indicated that these target CSOs can achieve full competencies in coordinating their efforts & in building partnership through their interventions when they tackle the challenges of translating their organizational roles and responses into such drives of achievement as, commitment, transformation, synergy, transparency and accountability.

## 5.2 Concluding Remarks

As stated thus far, the HIV/AIDS epidemic is hitting hard particularly children, and reversing many hard won children's rights by undermining the gains made in several child survival programs. Children orphaned by HIV/AIDS in addition to the medical problems they face, suffer numerous socio-economic and psychological problems. The vulnerability of AIDS orphaned children also starts right before the death of their parents as they get emotionally distressed, become caretakers of ill parents and bread winners. Death of parents subject their children to emotional trauma, rejection, stigmatization, and leave them with little or no support as a result children could not go to school or dropout of school early, end up in streets, engage in anti-social activities, face exploitative situations and abuse. Moreover, what is most heartbreaking of the effect of the pandemic on orphaned children is that matters of parental transfer of identity, values, love, affection, aims in life, wishes, advice, spiritual guidance and will of parents; nurturance of recognition of self, indoctrination and implanting of bright hope and vision onto their children remain vacuum as a result of the early death of parents due to AIDS.

In view of such painful effects of the HIV/AIDS epidemic on children, this study was initiated to assess the roles of civil society organizations that are implementing programs for supporting OVC in fostering the social psychological makeup of AIDS orphans in three selected towns of the country. The rhetoric captioned 'nurturance of orphans' social psychological makeup' became the central theme of this study as to investigating the roles of the targeted CSOs in cultivating the personality development, sense of identity, socialization issues, and relational needs of AIDS orphans-a healthy development of each helps to realize children's psychological needs, and their needs for social interaction.

In view of this, the study identified three distinctive scenarios representing positive qualities, promising features, and limitations in the role taking initiatives of the responding CSOs. Accordingly, both positive qualities and limitations were reported to characterize roles of the responding CSOs' in perceiving the long standing crises of AIDS orphaned children; building competencies for designing operational responses to deal with such crises, and in mobilizing resources to extend service provisions in the endeavor to promote the social psychological wellbeing of AIDS orphaned children. Since all of these CSOs are serving as potential change agents with the roles to improve the situations of AIDS orphaned children, it's imperative that they strive to navigate some of the observed promising qualities achieved through roles undertaken at mediocre competencies towards the required standards.

On top of this, as the situations of children orphaned due to AIDS still is progressing from bad to the worst, it's very important that some of the targeted CSOs who appeared to achieve positive qualities through roles undertaken at great organizational competencies maintain the status-quo and shine out further remarkable results. However, since the maintenance of their own current achievements & practices alone does not guarantee for the envisaged positive changes at wider scope, it's crucial that these organizations keep bringing innovative disciplines to their current roles. In undertaking such enhanced roles, it's also necessary that they should grow in integrity to inspire, encourage and create synergy among other CSOs with limited or scarcity capacities to undergo similar transformation in their programs and bring the desired positive differences in the lives of AIDS orphaned children.

It was found that such important HIV/AIDS intervention policy issues as strategic and operational planning, community mobilization, and advocacy for orphans care, support and protection, which are believed to guide practical actions towards promoting the psychosocial wellbeing of orphaned children, remained the concerns of only half of the responding CSOs. Even so, such promising policy atmosphere seemingly embody visible indication for the roles these CSOs undertake in igniting comprehensive responses for the care, support & protection of the ever increasing numbers of AIDS orphaned children.

In contrast, unpredictable setback was identified among some of the targeted CSOs in reconciling observable gaps in their HIV/AIDS interventions policy and strategic issues that seem to be insufficient for stipulating eminent constituents to fostering the social and psychological wellbeing of AIDS orphaned children. Hence, being trapped by myriad challenges, the policy and strategic procedures of these CSOs don't seem to clearly signify their roles & responsibilities for exhaustive and sustained efforts in the care, support & protection of AIDS orphaned children.

In addition, a call for paradigm shift in the patterns of disempowering relationship and partnership that currently prevail among the targeted CSOs was reported. This situation was found calling for shifts in the existing paradigm of relationship, collaboration, and networking among CSOs and other stakeholders undertaking OVC responses in each of the study sites, which could stimulate discourses on common concern, brings learning moments & creative insight, and increase sense of integrity among them. At this juncture, having a new paradigm doesn't merely entail about bringing informal relations among these CSOs into formal transactions, but it also necessitates the integration of previously diverged efforts and contradictory relations among CSOs' responses to orphans situations into create cooperation.

Hence, a strong adherence to transforming the existing challenges of relationship and collaboration in the programs of the responding CSOs into such principles of accomplishments as commitment, synergy, transparency and accountability is believed to endow these organizations a sense of enlightenment and strength to meet the myriad challenges they face in addressing the needs of AIDS orphaned children, and to improve their performances in nurturing the wellbeing of these children in wholesome.

### 5.3 Recommendations

In line with the core findings of this study, the following recommendations were made:

- ◆ In view of the long standing adversities of the HIV/AIDS epidemic, CSOs dealing with OVC situations should periodically assess their capacities in areas of beneficiary targeting, budget allocation, ensuring adequacy of service delivery, and acquaintance to dynamics of program implementation processes, to take timely corrective measures if limitations become evident in their OVC-focused programs.
- ◆ It's important that some of the targeted CSOs maintain their great organizational competencies in responding to the crises of OVC, and also keep on bringing innovative themes to their roles, and grows in integrity to inspire, encourage and create synergy among others CSOs so as to help them follow their foot prints.
- ◆ It's high time that some of the targeted CSOs should make transformational changes in their roles undertaken at mediocre & scarcity organizational competencies, that otherwise lead to slow death as the problem of the HIV/AIDS has already become the issue of the very existence of our future, both as a society and nation.
- ◆ The menacing situations of relationship & collaboration reported to exist among CSOs being in service in the three study sites should be tackled through materializing the yearnings for paradigm shift, in this regard.
- ◆ Above all, given all the myriad challenges of the HIV/AIDS epidemic, there should be a separate department in the concerned Government Ministries/Structures, especially MOLSA, HAPCO and MOWA which exclusively be concerned with the appraisal, monitoring, and evaluation of any OVC-focused programs & related affaires, to take early corrective measures, incase of inconveniences, and establish strong systems that model national response to OVC care, support and protection, there by sustain our future.

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**Annex 1: Frequency, Percentage and Weighted Mean of Items Measuring CSOs Role Taking Initiative towards Nurturing AIDS Orphans' Personality Development**

S. No.	Statement	VW N	FW N	B N	N A N	VW+FW		B+NA		Mean *
						N	%	N	%	
19.1	We have services that facilitate conditions for orphans and encourage them to express their opinions and experience a feeling of mastery of situation surrounding them.	11	9	1	1	20	90.9	2	9.1	3.4
19.2	Our services have clear indication for fostering orphans right to seek assistance according to their own understanding and expectations.	6	11	3	2	17	77.2	5	22.8	2.1
19.3	We have service provision that helps to maintain orphans' confidence, self-respect, and self-worth not to be destroyed by other people's negative suggestion towards them.	7	10	4	1	17	77.2	5	22.8	3.0
19.4	Our services help AIDS orphans to cope with such problems as depression, withdrawing and lose of interest in life, insecurity and little sense of worth that could result following parental death.	7	11	3	1	18	81.8	4	18.2	3.2
19.5	We do undertake extensive monitoring to identify and assist orphans who seem to be worried or feel uncomfortable about anything that some one said or do to them.	8	7	7	0	15	68.2	7	31.8	3.0
19.6	We have a peer learning forum for orphans through which they could come to know from each other and others about what is important in one's life and how to set goals towards its attainment.	10	7	3	2	17	77.2	5	22.8	3.2
19.7	We have service provision for orphans that teaches and models the importance of standing up for one's own ideas, morals and beliefs in the face of conflicting ideas and practices from other people.	5	7	9	1	12	54.5	10	45.5	2.7
19.8	We have a means to help dying parents to write up their values, and moral wills that they wish to pass on to their children and communicate them with their children.	6	4	5	7	10	45.5	12	54.5	2.4
19.9	We have service provision through which we teach and encourage orphans develop such social values of respect, cooperation, responsibility, self-control, hard work and achievement that could meet needs of dying parents who wish better future for their children.	4	11	6	1	15	68.2	7	31.8	2.8
19.10	We have a means to monitor and help orphans who are doing less at school, with feeling of failure or those who avoid going to school.	9	6	6	1	15	68.2	7	31.8	3.0
19.11	We have a system by which we identify orphans who seem to lose interest and energy to do their things, and create a supportive atmosphere in which they get encouraged and regard themselves as doers and achievers.	7	9	6	0	16	72.7		27.3	3.0
19.12	We have learning experiences for orphans in which they teach each other how to cope with social stigma & marginalization and learn to develop a sense of purpose & success in their lives in the face of adversities.	5	11	6	0	16	72.7	6	27.3	2.9
19.13	We have counseling services through which orphans are helped to understand that they have immense potential abilities to attain their aspirations in their future lives.	5	9	7	1	14	63.6	8	36.6	2.8

**Annex 2: Frequency, Percentage and Weighted Mean of Items Measuring CSOs Role Taking Initiative towards Fostering AIDS Orphans' Sense of Identity**

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
20.1	We have ways to keep important records on the history of orphans, to help them know important background information about where they come from and about their family.	9	5	6	2	14	63.6	8	36.4	2.9
20.2	We have service provision that help orphans to trace their relatives as they include a family tree of parents and grand parents.	3	6	1	12	9	40.9	13	59.1	2.0
20.3	We have systems to record and keep names of the parents, where and how they grew up including their childhood experience, and how they used to look, etc for later use by their children.	4	5	3	10	9	40.9	13	59.1	2.1
20.4	We have counseling services for ill-parents through which we help them to pass on crucial information and knowledge about extended family members and kinship to their children before they die	5	4	3	10	9	40.9	13	59.1	2.1
20.5	We provide succession planning services for ill-parents to help them make decisions about who will care for their children, about inheritance rights and making appropriate legal arrangements before they die.	7	4	2	9	11	50	11	50	2.4
20.6	We help the dying parents to record and keep their children's early experiences and memorable things about their lives to be used later by the orphaned children.	5	1	7	9	6	27.3	16	72.7	2.0
20.7	We help ill-parents to record and keep for their children what they like and dislike their education, talents, work skill & jobs, religious background and beliefs, and their health history including any illness.	4	4	1	13	8	36.4	14	63.6	1.9
20.8	We provide counseling services for dying parent to help them leave special messages for their children that are helpful for their future lives.	5	2	5	10	7	31.8	15	68.2	2.0
20.9	We used to collect and keep personal items such as photos, identification book, letters, etc that dying parents leave for their children, which could foster healthy identity formation among the orphaned children.	8	3	4	7	11	50	11	50	2.5
20.10	We have a forum to involve relatives, neighbors, teachers and community members in our orphans' welfare project to have a role in providing them a sense of meaning, belongingness, and significance.	7	6	3	6	13	59	9	41	2.6
20.11	We have ways to help dying parents to write and keep their wishes, desires and expectations of who their children will become, to communicate it later with the orphaned children.	4	5	1	12	9	40.9	13	59	2.0

**Annex 3: Frequency, Percentage and Weighted Mean of Items Measuring CSOs Role Taking Initiative towards Fostering Socialization Issues of AIDS Orphans**

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Mean *
						N	%	N	%	
21.1	We have service provision for orphaned children that models pro-social behaviors in an environment free of win-lose situations which could evoke the expression of violent feelings to one another.	5	11	4	2	16	72.7	6	27.3	2.8
21.2	We have mechanisms to identify and provide proper care for orphans who feel treated badly and who become hostile to other children in our welfare program.	3	4	11	4	7	31.8	15	68.2	2.2
21.3	We have learning experiences for orphans in which they learn how to communicate their feelings when they feel tense or upset to reduce their tendency to become aggressive or destructive to others.	5	9	3	5	14	63.6	8	36.4	2.6
21.4	We have counseling services by which we help orphans express themselves appropriately during interaction with others and to solve conflicts without violence by encouraging learning to remain calm and avoid use of emotional blackmail.	3	9	7	3	12	54.5	10	45.5	2.5
21.5	We have ways to monitor and teach orphaned children who easily get into fights with others to become peacemakers through building their skills in the use of confrontation, dialogue and negotiation.	5	5	10	2	10	45.5	12	54.5	2.5
21.6	We have service provision through which we provide life skills training for orphans to develop their competencies, express feelings, build & maintain relationship with others, and overcome situations that are harmful to their development.	4	7	8	3	11	50	11	50	2.5
21.7	We have services which focus on developing the social skills of orphans in the areas of communication, relating with others, and identifying and finding solution to challenging situations	6	6	7	3	12	54.5	10	45.5	2.6
21.8	We have systems through which we identify orphaned children who feel afraid of new situations in such social settings as school, playground, etc and teach them to become open and perceptive to such experiences.	1	6	8	7	7	31.8	15	68.2	2.0
21.9	We have service provision for orphans which focuses on helping them to develop their individual abilities and learn to be a useful member of the society.	5	8	8	1	13	59	9	41	2.7
21.10	We have peer learning forum for orphans that encourage them to participate in decision-making, help them learn about co-operation, mutual understanding and social responsibilities.	6	7	7	2	13	59	9	41	2.7
21.11	Our orphans' welfare program clearly signifies the importance fostering, guardianship and adoption system that serve the role of good parents to protect orphans from various forms of abuses, and exploitation.	3	4	12	3	7	31.8	15	68.2	2.3
21.12	Our orphans' welfare program clearly deals with matters of providing orphans with basic necessities of life, love and affection, education, and adequate supervision.	7	9	4	2	16	72.7	6	27.3	2.9
21.13	Our orphans' welfare program embodies clear indication to protect orphans from abandonment, neglect, and discrimination related to AIDS & their orphan hood.	7	4	9	2	11	50	11	50	2.6
21.14	We emphasize orphans education to provide them an opportunity to learn to respect and understand others view, to give them positive and meaningful activities that prepare them for future lives.	8	7	5	2	15	68.2	7	31.8	2.9
21.15	We have empowering service provisions for orphaned children that emphasize giving them opportunities to experience their own competences and develop skills by doing thing for themselves.	9	3	8	2	12	54.5	10	45.5	2.8

**Annex 4: Frequency, Percentage and Weighted Mean of Items Measuring CSOs Role Taking Initiative towards Nurturing Interpersonal Needs Issues of AIDS Orphans**

S. No.	Statement	VW N	FW N	B N	NA N	VW+FW		B+NA		Me an*
						N	%	N	%	
22.1	We have service provision that embodies affection, love and understanding for children who find it difficult to cope with parental death that help them learn to manage their own grief and sadness.	8	7	5	2	15	68.1	7	31.9	2.9
22.2	We have child counseling services through which we help orphaned children cope with the eventual death of their parent(s), and reassure them that their education, protection and care will continue.	11	4	7	0	15	68.1	7	31.9	3.1
22.3	In our service provision, we are concerned with orphans, right to be listened to/having unique personal significance, and work towards its achievement.	10	5	4	3	15	68.1	7	31.9	3.0
22.4	Our orphan welfare program usually addresses orphans' need for comfort, reassurance and to be provided with loving care and a safe place to express themselves.	10	5	5	2	15	68.1	7	31.9	3.0
22.5	We have child counseling services through which we deal with orphans who do not feel loved by showing affection and paying attention to them	9	5	4	4	14	63.6	8	36.4	2.8
22.6	Our orphan welfare program has a practical approach to rehabilitate orphans who look sad, experience loneliness, lose trust in other children/people.	8	3	2	9	11	50	11	50	2.5
22.7	We facilitate favorable social atmosphere for orphans where they learn to relate to and share experiences with their peers and other people.	5	6	7	4	11	50	11	50	2.5
22.8	We help orphans to learn to appreciate a social setting they live in and the people they share it with so as to inspire the inculcation of a sense friendship and social integration into them.	6	7	5	4	13	59	9	41	2.6
22.9	We have mechanisms to monitor and help orphaned children who have difficulty of making friends with whom to work and play in their social setting.	6	5	6	5	11	50	11	50	2.5
22.10	We have services provisions for orphaned children that give them an opportunity to talk about their feelings and experiences with other children out of our services and help them realize that other also face adversities.	8	6	5	3	14	63.6	8	36.6	2.8

**Annex 5: CSOs HIV/AIDS Intervention Policies and Procedures: Number of CSOs that Reported their Policies & Procedures entail issues of promoting Orphans' Wellbeing**

S. No.	Statement	Yes	NO	Uncertain
23.1	Establish in-built mechanisms for defining, identifying, and supporting children most affected by the problem of HIV/AIDS	14	6	2
23.2	Support and advocate for the protection and care of AIDS orphans within their extended families and communities	18	3	1
23.3	Organize community mobilization to increase the capacity of local community to identify orphaned children and design, implement, and monitor their own orphans support activities	12	7	3
23.4	Envision orphan empowerment through strengthening the capacity of children to meet their own needs	13	7	2
23.5	Conduct outreach program to raise awareness within community members to create an enabling environment for children affected by HIV/AIDS	16	5	1
23.6	Enhance the capacity of communities to respond to both the psychosocial needs of orphans and their caregivers	10	9	3
23.7	Facilitate the full involvement of young people as part of the solution to the problems of children orphaned by AIDS	11	8	3
23.8	Provide training and support for individual counseling and succession planning for children affected by HIV/AIDS	10	12	0
23.9	Advocate for comprehensive, and culturally appropriate psychosocial interventions for children orphaned due to AIDS	18	2	2
23.10	Call up and sustain orphans' welfare service scaling-up effort in its current constituency	10	12	0
23.11	Strive for the recognition of AIDS orphans as an important priority within its organizational HIV/AIDS intervention initiative	13	9	0
23.12	Advocate for the care and protection of orphans must comply with the CRC, and commit itself for identifying the rights of orphans that are being unfulfilled or violated in this regard	10	5	7

## በኤዲስ አበባ ዩኒቨርሲቲ ድህረ-ምረቃ ትምህርት ቤት

### የሳይኮሎጂ ትምህርት ክፍል

ይህ መጠይቅ በኤዲስ ሳቢያ ወላጆቻቸውን ያጡ ልጆች የማህበራዊ እና ሥነ-ልቦናዊ ባህሪያት እድገትን ለማበረታታትና ለመንከባከብ የሚረዱ የኤችአይቪ/ኤዲስ ፕሮግራሞችን እቅድ በማውጣትና በማስፈጸም ረገድ የሲቪል ማህበረሰብ ድርጅቶች በሚያከናውኑት ተግባር ላይ መረጃዎችን ለመሰብሰብ ታቅዶ የተዘጋጀ ነው። ጥናቱም እነዚህ ድርጅቶች የእነዚህን ልጆች ደህንነት ለማሻሻል ፕሮግራማዊ ሃሳቦችን፣ ደንቦችን፣ ፖሊሲዎችን እና መዋቅሮችን የሚያስፋፋበት የማህበረሰባዊ ሥነ-ልቦና ደህንነት የሚያበረታቱ አቀራረብን/አካሄድን በመከተል በኤዲስ ወላጆቻቸውን ካጡ ልጆች ጋር የሚሰሩ የሲቪል ማህበረሰብ ድርጅቶችን ተግባራትና ሚናዎች ይመረምራል። ለዚህ ጥናት እርስዎ የሚሰጡን መልሶች በጥብቅ ሚስጥራዊ የሆኑ እና በኤዲስ ወላጆቻቸውን ያጡ ሕፃናትን ማህበራዊ እና ሥነ-ልቦናዊ ደህንነት ለማሻሻል ዓላማ የሚውል ነው። ለጥያቄዎቹ መልስ ለመስጠት ፍቃደኛ በመሆንዎ በቅድሚያ ምስጋና ማቅረብ እወዳለሁ።

አጠቃላይ መመሪያ:- በኤዲስ ሳቢያ ወላጆቻቸውን ሳጡ ሕፃናት የሚደረገውን አገልግሎት አሰጣጥ አስመልክቶ የድርጅትዎን ሁኔታ እንዲሁም ልምዱን/ተሞክሮውን፣ አሠራሮቹን፣ ፖሊሲዎቹን፣ መመሪያዎቹን እና መዋቅሮቹን በይበልጥ በትክክል የሚያንጸባርቀውን መልስ ያክብቡ ወይም ይፃፉ። መጠይቁን ሲሞሉ አንድን ጥያቄ ለመረዳት አስቸጋሪ ሆኖ ካገኙት የተረዱትን ያህል መልስ ይስጡ። ተጨማሪ ማብራሪያ ለመስጠት ከፈለጉ መልስዎችዎን በገፃቹ በስተጀርባ አስፋፍተው መጻፍ ይችላሉ። እርስዎ የሚሰጡን ትክክለኛ መልሶች ለምርምሩ ውጤት ተገቢነት ጉልህ አስተዋፅዖ እንደሚኖራቸው እንዲረዱልን ይሁን።

### ክፍል አንድ: የድርጅቱ አጠቃላይ መግለጫ

1. የድርጅትዎን ዓይነት ይጥቀሱ:
  - ሀ. መንግስታዊ ያልሆነ ግብረ ሠናይ ድርጅት (NGO)
  - ለ. ማህበረሰብ አቀፍ ድርጅት (CBO)
  - ሐ. ሃይማኖትን መሠረት ያደረገ ድረጅት (FBO)
  - መ. ሌሎች፣ ይግለጹ \_\_\_\_\_
2. የድርጅቱ የሥራ ሽፋን መጠን፣ ሀ) ሀገር በቀል      ለ) ዓለምአቀፍ
3. መጠይቁን የሞለው ሰው የሥራ ድርሻ \_\_\_\_\_
4. በአሁኑ ወቅት በመጠናት ላይ የሚገኛውን የድርጅትዎን የሥራ መስክ/ቦታ ይጥቀሱ:  
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5. ድርጅትዎ በዚህ የሥራ መስክ/ቦታ ለምን ያህል ጊዜ ሰርቷል? \_\_\_\_\_

6. ድርጅትዎ በአሁኑ ወቅት እየተገበረ ያለውን የሙት ልጆችን ደህንነት የማጎልበት ፕሮግራም በምን መልኩ አቅዶ ጀመረ?

ሀ. ትኩረት በሚሰጥ መልኩ (የሙት ልጆችን ደህንነት ማጎልበት ብቻ ላይ አትኩሮ)

ለ. በተዋሃደ መልኩ (የሙት ልጆችንና ሌሎች ተጠቃሚዎችን በፕሮግራሙ ውስጥ በማቀፍ)

ሐ. ሌሎች ካሉ፣ ያብራሩ \_\_\_\_\_

7. ድርጅትዎ በአሁኑ ወቅት እያከናወነ ካለው የሙት ልጆችን ደህንነት የማጎልበት ፕሮግራም በትክክል ተጠቃሚ የሆኑትን በኤድስ ሳቢያ ወላጆቻቸውን ያጡ ሕፃናት ብዛት ይግለጹ። \_\_\_\_\_

8. ድርጅትዎ በአሁኑ ወቅት የሙት ልጆችን ደህንነት የማጎልበት ፕሮግራም የሚያካሄድበትን አማካይ ዓመታዊ በጀት ግምት ይግለጹ። \_\_\_\_\_

9. በአሁኑ ወቅት የድርጅቱን የሙት ልጆች የደህንነት ፕሮግራም የሚያስፈፅሙ ባለሙያ ሠራተኞችን ብዛት ይግለጹ (እባክዎን የታቸውንና የሙያ ግንኙነታቸውን ይጥቀሱ) \_\_\_\_\_

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10. ደርጅትዎ የሙት ልጆችን ደህንነት የማጎልበት ፕሮግራሙን በአሁኑ የሥራ ቦታ/መስክ ውስጥ በማከናወን ረገድ ተባባሪ አጋርቻችሁ ማን ማን ናቸው?(ይዘርዝሩልን) \_\_\_\_\_

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**ክፍል ሁለት: የሲቪል ማህበረሰብ ድርጅቶች በኤድስ ሳቢያ ወላጆቻቸውን ሳጡ ሕፃናት ስለሚያቀርቡት የሕገግብት ገጽታዎች**

11. ብሔራዊ የኤችይቪ/ኤድስ ፖሊሲ ሰነዶች፣ በኤድስ ወላጅ ያጠ ልጅ የሚለውን ስያሜ ዕድሜው ከ18 በታች ሆኖ በኤችይቪ/ኤድስ በሽታ የተነሳ አንዱን ወይም ሁለቱንም ወላጁን/ጆቹን ያጠ ልጅ በማለት ያብራራል። ድርጅታችሁ፣ ከ18 በታች የሆኑ የሙት ልጆችን የተለያዩ ፍላጎቶች ትኩረት ለመስጠት ሲባል በፕሮጀክታችሁ ውስጥ እነዚህን ልጆች በተለያዩ የዕድገት ደረጃዎች የምትከፋፍሉበት የአሠራር ዘዴ አለ?

አዎን  የለውም

11.1 ለጥያቄ ቁጥር 11 መልስዎ «አዎን» ከሆነ፣ ድርጅታችሁ እነዚህን ልጆች በምን የዕድገት ደረጃዎች ውስጥ እንደከፋፈለ እና ለልጆቹ የተለያዩ የዕድገት ፍላጎቶች ትኩረት በመስጠት በእያንዳንዱ የዕድገት ደረጃ ለሚገኙ ልጆች የተሰጡት የአገልግሎት ዓይነቶች ምን ምን እንደሆኑ ያብራሩ። \_\_\_\_\_

12. ድርጅትዎ በኤድስ ምክንያት ወላጆቻቸውን ላጡ ሕፃናት/ልጆች ማህበራዊና ሥነ-ልቦናዊ ፍላጎቶቻቸውን ለማሟላት ሲባል በአሁኑ ወቅት በፕሮጀክታችሁ ሥር ለታቀፉት ልጆች ምን ዓይነት አገልግሎቶች ይሰጣል? (አባክዎ አገልግሎቶቹን ይዘርዝሩ) \_\_\_\_\_

13. ድርጅትዎ ወላጆቻቸው በኤችአይቪ ለተያዙ ልጆች ከወላጆቻቸው ሞት በፊትና በኋላ፣ ከወላጅ ህመም፣ ሲቃይ እና ሞት የተነሰ ሊያጋጥማቸው የምችሉ እንደ ረዳት ማጣት፣ የመጠራጠርና ለወደፊት ተስፋ የማጣት ሁኔታዎችን የሚያስከትሉ እንደ ሀዘን፣ መለያየት እና የሚወዱትን ማጣት የመሳሰሉ የስሜት ጉዳዮችን እንዲቋቋሙ ለመርዳት በአሁኑ ወቅት የሚያካሄዳው ዓይነተኛ የሆነ የሕፃናት/ልጆች ደህንነት የሚያጎለብት ተግባር አለው?

አዎን  የለውም

13.1 ለጥያቄ ቁጥር 13 የሰጡት መልስ «አዎን» ከሆነ፣ ድርጅታችሁ በአሁኑ የአገልግሎት አካባቢ ውስጥ የሚካሄዳቸውን ዓይነተኛ የሆኑ የሕፃናት/ልጆች ደህንነት የሚያጎለብቱ ተግባራትን ይዘርዝሩ። \_\_\_\_\_

14. ድርጅታችሁ በኤድስ ሳቢያ ወላጆቻቸውን ላጡ ልጆች ደህንነታቸውን የሚያጎሱበቱ አገልግሎቶችን በሚያቅድበት ወቅት ምን ያህል በአካባቢው የሚገኙትን ሃብቶች በሚገባ መጠቀም ችሏል?

ሀ. በጣም በጥሩ ሁኔታ

ለ. በመጠነኛ ሁኔታ

ሐ. በጥቂቱ

መ. ምንም አልተጠቀማም

15. ድርጅታችሁ በአሁኑ የሥራ አካባቢ የሚገኙ ቀጥተኛ የፕሮጀክት ተጠቃሚዎች የሆኑትን በኤድስ ምክንያት ወላጆቻቸውን ያጡ ልጆች ምን ያህል በሚገባ ለይቶ ለማወቅና ለመለየት ችሏል?

ሀ. በጣም በጥሩ ሁኔታ

ለ. በመጠነኛ ሁኔታ

ሐ. በጥቂቱ

መ. ምንም መለየት አልቻለም

16. ድርጅታችሁ በኤድስ ምክንያት ወላጆቻቸውን ላጡ ልጆች ስለሚሰጣቸው አገልግሎቶችና ድጋፎች በፕሮጀክቱ አካባቢ የሚኖሩ የማህበረሰብ አባላት በቂ ግንዛቤ እንዳላቸው ምን ያህል ለማረጋገጥ ችሏል?

ሀ. በጣም በጥሩ ሁኔታ

ለ. በመጠነኛ ሁኔታ

ሐ. በጥቂቱ

መ. ምንም ማረጋገጥ አልቻለም

17. በድርጅታችሁ ለሙት ልጆች የሚሰጡት የደህንነት ማህበረሰብ አገልግሎቶች ዕቅድ ምን ያህል በኤድስ ሳቢያ ወላጆቻቸውን ያጡ ልጆች በዘመድ አዝማድና በማህበረሰባቸው ውስጥ ዘላቂነት ያለው እንክብካቤ እና ጥበቃ የሚያገኙበት ሁኔታ ማመላከት/መግለፅ ችሏል?

ሀ. በጣም በጥሩ ሁኔታ

ለ. በመጠነኛ ሁኔታ

ሐ. በጥቂቱ

መ. ምንም ማመላከት አልቻለም

18. ከድርጅታችሁ ሁኔታ እና መሠረታዊ ዓላማው አንጻር፣ ድርጅታችሁ በኤድስ ምክንያት ወላጆቻቸውን ላጡ ልጆች ደህንነታቸውን የማህበረሰብ ፕሮግራም አቅድ በሚያወጠበት ወቅት ከሚከተሉት የልጆች ፍላጎቶች ውስጥ ለየትኛው ነው የቅድሚያ ትኩረት የሚሰጠው? (በዋናነት የቅድሚያ ትኩረት እንሰጠዋለን የሚሉትን አንዱን ብቻ ይምረጡ)

ሀ. መሠረታዊና ቁሳቁሳዊ ፍላጎቶችን ማሟላት

ለ. ማህበራዊና ሥነ-ልቦናዊ ፍላጎቶችን ማሟላት

ሐ. መንፈሳዊ ፍላጎታቸውን ማሟላት

መ. ሌላ ካለ፣ ይግለጹ \_\_\_\_\_

**ክፍል ሦስት: የሙት ልጆችን ማህበራዊና ሥነ-ልቦናዊ ደህንነት በማገልበት ረገድ የሲቪል**

**ማህበረሰብ ድርጅቶች ስላላቸው ሚና/ተግባር**

ከተረ ቁጥር 19 እስከ 22 ባሉት ጥያቄዎች ሥር ያሉትን እያንዳንዱን መግለጫ/ዐረፍተ ነገር በማንበብ ይህንን «✓» ምልክት ከእያንዳንዱ መግለጫ ትይይዩ ባለው ክፍት ቦታ ላይ በማድረግ፣ «በጣም በጥሩ ሁኔታ»፣ «በመጠነኛ ሁኔታ»፣ «በጥቂቱ»፣ «ምንም ሚና አይጫወትም» በማለት ከተሰጡት አራት አማራጮች ውስጥ የራስዎን ምርጫ ይፃፉ/ያመልክቱ።

**19. ድርጅታችሁ የሚከተሉትን በኤድስ ሳቢያ ወላጆቻቸውን ላጡ ልጆች የስብዕና ዕድገት ጉዳዮች ትኩረት ሰጥቶ በመስራት ረገድ ምን ያህል ንቃት ያለው ሚና ይጫወታል?**

ቁ	መግለጫ	በጣም ሁኔታ	በመጠነኛ ሁኔታ	በጥቂቱ	ምንም ሚና አይጫወትም
19.1	ለሙት ልጆች ሁኔታዎችን የሚያመቻቹና አስተያየቶቻቸውን ለመግለፅ እና በአካባቢያቸው ባሉት ሁኔታዎች ላይ የመቆጣጠር ስሜት እንዲኖራቸው የሚያበረታቱ አገልግሎቶችን እንሰጣለን።				
19.2	አገልግሎቶቻችንን የሙት ልጆች በራሳቸው ግንዛቤና ግምቶች መሠረት እገዛ የመፈለግ መብታቸውን የሚያበረታታ ግልፅ ዘዴዎች አላቸው።				
19.3	የሙት ልጆች ሌሎች ሰዎች በእነርሱ ላይ በሚሰነዘሩት አሉታዊ አስተያየቶች እንዳይጎዱ በራስ የመተማመን ስሜታቸውን፣ የራስ-ክበሬታቸውን እና ለራሳቸው ትክክለኛ ግምት ለመስጠት የሚችሉበትን ሁኔታ የሚረዳ የአገልግሎት አቅርቦት አለን።				
19.4	አገልግሎቶቻችንን፣ በኤድስ ወላጆቻቸውን ያጡ ልጆች በወላጆቻቸው ሞት የተነሳ የሚያጋጥሟቸው እንደ ጭንቀት፣ መገለልና በህይወት ውስጥ ፍላጎት ማጣት እንዲሁም ዋስትና ማጣትና ለራስ አነስተኛ ዋጋ መስጠት የመሳሰሉ ችግሮችን እንዲቋቋሙ ይረዳል።				
19.5	ሌሎች ሰዎች ስለተናገሩአቸው ወይም ስለሌፀሙባቸው ማንኛውም ነገሮች ምክንያት ሀዘን የተሰማቸው ወይም ያልተደሰቱ የሙት ልጆችን ለይቶ ለማወቅና እገዛ ለመስጠት ሰፊ የክትትል ሥራዎችን እንሰራለን።				
19.6	የሙት ልጆች በአንድ ሰው ህይወት ውስጥ አስፈላጊና ጠቃሚ ስለሆኑ ነገሮች የሚያውቁበት እና ይህንን ለማሳካት እንዴት ግቦችን መወጠን እንደሚቻል እርስ በእርሳቸውና ከሌሎች ሰዎች ሊማሩ የሚችሉበት የአቻ-ዕድሜ የመማማሪ መድረክ አለን።				
19.7	ከሌሎች ሰዎች ምንም ያህል የቅራኔ አስተሳሰቦችና ድርጊቶች ብሰነዘሩባቸው እንኳ የሙት ልጆች ለራሳቸው ሃሳብ፣ ሞራል እና እምነት የመቆምን ጠቀሜታ የሚያስተምርና በአርአያነት የሚያሳይ የአገልግሎት አቅርቦት አለን።				
19.8	በኤድስ በሽታ የታመሙ ወላጆች ከመሞታቸው በፊት ለልጆቻቸው ማስተላለፍና ማሳወቅ የሚፈልጓቸውን እሴቶችና ሞራላዊ ምኞቶች/ፍላጎቶች እንዲፀፉ የምንረዳበት መንገዶች አሉን።				
19.9	በኤድስ በሽታ ምክንያት የሚሞቱ ወላጆች ለልጆቻቸው የወደፊት ህይወት የሚመኙትን ፍላጎት የሚያሟሉ እንደክበሬታ፣ ትብብር፣ ኃላፊነት፣ እራስን መግዛት፣ ታታሪነት እና ስኬት የመሳሰሉ ማህበራዊ እሴቶችን የሙት ልጆች እንዲያዳብሩ የምናስተምርበትና የምናበረታታበት የአገልግሎት አቅርቦት አለን።				
19.10	በትምህርታቸው ዝቅተኛ ውጤት የሚያመጡ፣ የውድቀት ስሜት የምንፀባርቅባቸው ወይም ወደ ት/ቤት መሄድ የማይፈልጉትን የሙት ልጆች የምንከታተልበት እና እገዛ/ድጋፍ የምንሰጥበት መንገድ አለን።				
19.11	የራሳቸውን ነገሮች ለመስራት ፍላጎትና ኃይል ያጡ የሚመስሉ የሙት ልጆችን ለይተን የምናውቅበትና እነዚህ ልጆች ተበረታተው እራሳቸውን እንደ ታታሪና ስኬታማ ሰው ለማየት እንድችሉ ደጋፊ/አጋዥ ሁኔታዎችን የምንፈጥርበት ሥርዓት አለን።				
19.12	የሙት ልጆች ማህበራዊ አድልዎንና መገለልን እንዴት መቋቋም እንደሚችሉ እርስ በእርሳቸው የሚማማሩበትና በችግር ጊዜ ውስጥ የዓላማና የስኬት ስሜት ማዳበርን የሚያውቁበት የመማማሪያ ልምዶች አሉን።				
19.13	የሙት ልጆች በወደፊት ህይወታቸው ውስጥ ምኞታቸው ላይ ለመድረስ የሚያስችላቸው ጥልቅና እምቅ ችሎታዎች እንዳሉአቸው እንዲያውቁና እንዲረዱ የሚያስችል የምክክር አገልግሎቶች አሉን።				

20. ድርጅታችሁ የሚከተሉትን በማድረግ በኤድስ ምክንያት ወላጆቻቸውን ያጡ ልጆችን የማንነት ጉዳዮች በማጎልበት ረገድ ምን ያህል ገብ ሚና ይጫወታል?

ቁ	መግለጫ	በጣም ሁኔታ	በመካከኛ ሁኔታ	ታችኛቱ	ምንጫውም ካይደለም
20.1	ስለሙት ልጆች ታሪክ እንዲሁም ከየት እንደመጡና ስለቤተሰቦቻቸው ጠቃሚ የታሪክ መረጃ እንዲያውቁ ለመርዳት አስፈላጊ ርክርዶችን የምንይዝባቸው መንገዶች አሉን።				
20.2	የሙት ልጆች የወላጆቻቸውንና የአያቶቻቸውን የቤተሰብ ዘር ሃረግ ፈልገው እንዲያገኙ የሚረዳ አገልግሎት እንሰጣለን።				
20.3	በኤድስ የሞቱትን ወላጆች ስም፣ እንዲሁም የልጅነት ጊዜ ገጠመኞቻቸውንና ተሞክሮአቸውን ጨምሮ የትና እንዴት እንዳደጉ መዝግቦን በማስቀመጥ ልጆቻቸው እዚህን መዛግብት ወደፊት የሚጠቀሙበትን ሁኔታ የሚያመቻች ሥርዓት አለን።				
20.4	የታመሙ ወላጆች ከመሞታቸው በፊት ለልጆቻቸው፣ ስለዘመዶችና ዘመድ አዝማድ ጠቃሚ መረጃ እና አውቀት ማስተላለፍ እንዲችሉ የምንረዳባቸው የምክክር አገልግሎቶች አሉን።				
20.5	በኤድስ የታመሙ ወላጆች ከመሞታቸው በፊት ወደፊት ለልጆቻቸው ማን እንክብካቤ እንደሚያደርጉ እንዲወስኑ፣ እንዲሁም ስለውርስ መብቶችና ተገቢ ሕጋዊ ውክልና እንዲኖራቸው ለመርዳት የውርስ/ኅዘቤ ዕቅድ አወጣጥ አገልግሎቶች እንሰጣለን።				
20.6	በኤድስ ምክንያት የሚሞቱ ወላጆች ወደፊት ለልጆቻቸው እንዲጠቀሙባቸው የልጆቹን የሕፃንነት ጊዜ ገጠመኞችና ትዝታዎች መዝግቦው እንዲያስቀምጡ እንረዳቸዋለን።				
20.7	በኤድስ የታመሙ ወላጆች በህይወት ዘመናቸው የሚወዱትንና የማይወዱትን ነገሮች፣ ትምህርታቸውን፣ ችሎታቸውን፣ የኃይማኖታቸው አዝማሚዎች... ወዘተ ለልጆቻቸው መዝግቦው እንዲያስቀምጡ እንረዳቸዋለን።				
20.8	በኤድስ ሳቢያ የሚሞቱ ወላጆች ለልጆቻቸው የወደፊት ህይወት ጠቃሚ የሆኑ ልዩ መልዕክቶችን እንዲያስቀምጡ የምክክር አገልግሎቶች እንሰጣቸዋለን።				
20.9	በኤድስ ምክንያት የሚሞቱ ወላጆች ለልጆቻቸው የሚተውትንና በሙት ልጆቹ መካከል ጤናማ የማንነት ዕድገት የሚያበረታቱ እንደ ፎቶግራፍ፣ የመለያ መዛግብት፣ ደብዳቤዎች... ወዘተ የመሳሰሉ የግል ዕቃዎች/ማህደሮችን ሰብስቦ እናስቀምጥላቸዋለን።				
20.10	ዘመዶች፣ ጎረቤቶች፣ አስተማሪዎችና የማህበረሰብ አባላት በኤድስ ወላጆቻቸውን ላጡ ልጆች ትርጉም ያለው ነገር እንዲሁም ብቸኝነትን የሚያላቅቅና ጉልህ ጠቀሜታ ያለው ነገር በማበርከት ሚናቸውን እንዲወጡ በሙት ልጆች የደህንነት ፕሮጀክቶችን ውስጥ የምናሳተፍበት መድረክ አለን።				
20.11	በኤድስ ሳቢያ የሚሞቱ ወላጆች ወደፊት ለሙት ልጆቻቸው እንዲገለጹ የሚፈልጉአቸውን ምኞቶች፣ ፍላጎቶችና ተስፋዎች ዕፈው እንዲያስቀምጡ የምንረዳበት መንገዶች አሉን።				

21. ድርጅታችሁ የሚከተሉትን በማድረግ በኤድስ ምክንያት ወላጆቻቸውን ያጡ ልጆችን የማህበራዊ መግባባት ዕድገት ጉዳዮች በማጎልበት ረገድ ምን ያህል ንቁ ሚና ይጫወታሉ?

ቁ	መግለጫ	በጣም ስህተት	በመካከለኛ ስህተት	በጣም ተስማሚ	አይጫወቱም
21.1	ለሙት ልጆች የእርስ በእርስ ጥቃት ስሜት መግለጫን ከሚያነሳሱ የማሸነፍ-መሸነፍ ሁኔታዎች ነፃ በሆነ አካባቢ ውስጥ የመልካም ማህበራዊ ባህሪያትን ለማጎልበት ተምሳሌት ሊሆኑ የሚችሉ ሁኔታዎችን ያቀፈ የአገልግሎት አቅርቦት አለን።				
21.2	ጥሩ አያያዝ እንዳልተደረገላቸው የሚያምኑትንና በደህንነት ፕሮግራሞችን ውስጥ በሌሎች ልጆች ላይ ጥላቻ ያደረገባቸውን የሙት ልጆችን ለይተን ለማወቅና ትክክለኛ እንክብካቤ የምንሰጥባቸው የአሰራር ዘዴዎች አሉን።				
21.3	የሙት ልጆች ሲጨነቁ ወይም ሲናደዱ በሌሎች ላይ ጠብ ጫሪና ጉዳት አድራሽ የሚሆኑበትን ዝንባሌዎችን ለመቀነስ ስሜቶቻቸውን እንዴት መግለፅ እንደሚችሉ የሚማሩበት የማስተማሪያ ሥራዎች አሉን።				
21.4	የሙት ልጆች ከሌሎች ጋር በሚኖራቸው ግንኙነት ራሳቸውን በትክክል እንዲገልፁና ተረጋግተው በመቆየት የማስፈራሪያ ስሜትን እንዲያስወግዱ በማበረታታት ያለምንም ጥቃት ግጭቶችን እንዲፈቱ የምንረዳባቸው የምክክር አገልግሎቶች አሉን።				
21.5	በቀላሉ ከሌሎች ልጆች ጋር ጠብ ውስጥ የሚገቡ የሙት ልጆችን የምንከታተልበት እና የልጆቹን የተቃዋሞ መግለጫ፣ የንግግርና የውይይት ክህሎታቸውን በመገንባት በጠብ ጊዜ እነሱ አራሳቸው አስታራቂዎች እንዲሆኑ የምናስተምርበት መንገዶች አሉን።				
21.6	የሙት ልጆች ብቃታቸውን እንዲያሻሽሉ፣ ስሜታቸውን እንዲገልፁ፣ ከሌሎች ጋር ግንኙነት እንዲመሰርቱና ለእድገታቸው ጎጂ የሆኑ ሁኔታዎችን እንዲያሸንፉ የህይወት ክህሎት ሥልጠና የምንሰጥበት የአገልግሎት አቅርቦት አለን።				
21.7	የሙት ልጆች ከሌሎች ጋር በመገናኘት፣ በመዛመድ እንዲሁም ፈታኝ ሁኔታዎችን ለይተው በማወቅ መፍትሄ ማግኘት በሚችሉባቸው መስኮች ላይ ማህበራዊ ክህሎታቸውን ለማዳበር ትኩረት የሚሰጡ አገልግሎቶች አሉን።				
21.8	እንደ ት/ቤት፣ የመጫወቻ ሜዳ...ወዘተ በመሳሰሉ ማህበራዊ ድባቦች ውስጥ አዳዲስ ሁኔታዎችን የሚፈሩ የሙት ልጆችን ለይተን የምናወቅበትን እንዲህ ዓይነት ገጠመኞችን በግልፅ እንዲያስተውሉ የምናስተምርበት የአሰራር ሥርዓቶች አሉን።				
21.9	የሙት ልጆች የራሳቸውን ችሎታ እንዲያዳብሩ እና የማህበረሰባቸው ጠቃሚ አባላት ለመሆን እንዲማሩ በመርዳት ላይ ትኩረት የሚያደርግ አገልግሎቶችን እንሰጣለን።				
21.10	የሙት ልጆች በውጣኔ አሰጣጥ ሂደት ውስጥ እንዲሳተፉ የሚያበረታታ፣ ስለትብብር፣ ስለመረዳዳት እና መግባባት እንዲሁም ስለማህበራዊ ኃላፊነቶች እንዲያውቁ የምንረዳበት የአቻ-ዕድሜ የመማማሪያ መድረክ አለን።				
21.11	የሙት ልጆች የደህንነት ፕሮግራሞችን፣ የሙት ልጆቹን ከተለያዩ ጥቃቶችና የጉልበት ብዝበዛ ለመጠበቅ የመልካም ወላጆችን ሚና የሚጫወት የማደገን፣ የሞግዚትነትን እና የጉዳፊቻ ሥርዓትን በግልፅ ያሳያል።				
21.12	የሙት ልጆች የደህንነት ፕሮግራሞችን ለሙት ልጆቹ መሠረታዊ የህይወት ፍላጎቶችን፣ ፍቅርና መውደድን፣ ትምህርትንና በቂ ክትትልን በመስጠት ረገድ ጉልህ አስተዋጽኦ ያደርጋል።				
21.13	የሙት ልጆች የደህንነት ፕሮግራሞችን የሙት ልጆች ከሚደርስባቸው የክህደት፣ ቸልተኝነትና ከሙት ልጅነታቸው ጋር በተያያዘ ከሚደርስባቸው አድልዎ ለመጠበቅ ያለውን ትኩረት በግልፅ ያሳያል።				
21.14	የሙት ልጆች የሌሎች ሰዎችን አስተሳሰብ ማክበርና መገንዘብ፣ እንዲማሩ እድሎችን በመስጠትና ለወደፊት ህይወታቸው የሚያዘጋጃቸውን መልካም ባህሪያትን ለማዳበር እንዲረዳቸው ለሙት ልጆቹ ትምህረት ቀጣይነት ጉልህ ትኩረት እንሰጣለን።				
21.15	የሙት ልጆች የራሳቸውን ችሎታዎች በማውጣት እንዲለማመዱና ነገሮችን ራሳቸው በመስራት እነዚህን ችሎታዎቻቸውን እንዲያዳብሩ ምቹ እድሎችን በመስጠት ላይ ያተኮሩና አቅማቸውን የሚገነቡ አገልግሎቶችን እንሰጣለን።				

22. ድርጅታችሁ የሚከተሉትን በማድረግ በኤድስ ሳቢያ ወላጆቻቸውን ያጡ ልጆችን የእርስ በእርስ ግንኙነት ፍላጎቶችን በማሟላት ረገድ ምን ያህል ንቁ ሚና ይጫወታል?

ቁ	መግለጫ	ኃይህ ሁኔታ	በመመዘኛ ሁኔታ	በጥቅም	ሌላውም ሁኔታ
22.1	ወላጆቻቸው በሞት መለየትን ለመቋቋም ከባድ የሚሆንባቸው ልጆች ከሀዘናቸውና ስቃያቸው እንዲያገግሙ የሚረዳቸው፣ ፍቅርን የመስጠት እና መረዳትን ያካተተ የአገልግሎት አቅርቦት አለን።				
22.2	የሙት ልጆች በወላጆቻቸው መሞት የተነሳ የሚሰማቸውን ጥልቅ ሀዘን እንዲቋቋሙ የምንረዳበት እና ትምህርታቸው፣ የሚደረግላቸው ጥበቃና እንክብካቤ እንደሚቀጥል የምናረጋግጥላቸው የምክክር አገልግሎት አለን።				
22.3	በአገልግሎት አቅርቦታችን ውስጥ የሙት ልጆች የመደመጥ መብታቸውና ልዩ የግል ቁምነገረኝነታቸው እንዲረጋገጥ ትኩረት በመስጠት ይህንኑን ለማሳካት እንቅስቃሴዎችን እናደርጋለን።				
22.4	የሙት ልጆች የደህንነት ፕሮግራሞችን አብዛኛውን ጊዜ ልጆቹ ችግራቸውን አስመልክቶ መፅናናትን፣ መረጋገጥን፣ ፍቅር እና እንክብካቤን የሚያገኙበት እንዲሁም ራሳቸውን የሚገልፁበት ሚቹ ሁኔታዎችን ለመፍጠር ትኩረት ያደርጋል።				
22.5	እንዳልተወደዱ ሆኖ ለሚሰማቸው የሙት ልጆች ፍቅርን በማሰየትና ትኩረትን በመስጠት የምንረደበት የልጆች የምክክር አገልግሎት አለን ።				
22.6	የሙት ልጆች የደህንነት ፕሮግራሞችን ሀዘንተኛ ለሚመስሉ፣ ብቸኝነት ለሚሰማቸው፣ በሌሎች ልጆች/ሰዎች ላይ እምነት ላጡ የሙት ልጆች የአስተሳሰብ ተሃድሶ እንዲያገኙ የሚያደርግበት ተግባራዊ አቀራረብ አለው።				
22.7	የሙት ልጆች ከአቻ ጓደኞቻቸውና ከሌሎች ሰዎች ጋር መዛመድና ልምድን መካፈል የሚማሩበት አመቺ ማህበራዊ ሁኔታዎችን እናመቻችላቸዋለን።				
22.8	የወዳጅነትና የማህበራዊ ውህደትን ጠቃሚነት በሙት ልጆች ላይ ለማስረጽ ልጆቹ የሚኖሩበትን ማህበራዊ ድባብ እና አብረዋቸው ያሉ ሰዎችን ማድነቅ እንዲማሩ እንረዳቸዋለን ።				
22.9	በማህበራዊ ድባቦች ውስጥ አብረዋቸው የሚሠሩና የሚጫወቱ ጓደኞችን የማፍራት ችግር ያለባቸውን የሙት ልጆች የምንክታተልበትና እገባ የምንሰጥበት የአሠራር ዘዴዎች አሉን።				
22.10	በፕሮጀክታችን የታቀፉ የሙት ልጆች ከፕሮጀክቱ አገልግሎት ውጭ ካሉት ሌሎች ልጆች ጋር ስለስሜቶቻቸውና ገጠመኞቻቸው እንዲያወሩ እድል የሚሰጡ እና ሌሎች ልጆችም ችግሮችን እንደሚጋፈጡ እንዲረዱ የሚያስችላቸው አገልግሎቶችን እንሰጣለን ።				

**ክፍል አራት፡ ስለ ሲቪል ማህበረሰብ ድርጅቶች የክንውን ፖሊሲዎች እና መመሪያዎች**

በጥያቄ ቁጥር 23 ሥር ያሉትን እያንዳንዱን መግለጫ/ጥያቄ በማንበብ ይህንን «✓» ምልክት ከእያንዳንዱ ጥያቄ ትይይዩ ባለው ክፍት ቦታ ላይ በማድረግ፣ «አዎ»፣ «አይ»፣ «አልተረጋገጠም» በማለት ከተሰጡት ሦስት አማራጮች ውስጥ የራሰዎን ምርጫ ይፃፉ/ያመልክቱ።

23. ድርጅታችሁ መደበኛ የኤችአይቪ/ኤድስ ችግር መከላከያና ማቃለያ ፖሊሲዎቹን፣ የአሠራር ደንቦቹንና መመሪያዎቹን መሠረት በማድረግ የሚከተሉትን ያከናውናል?

ቁ	መግለጫ	አዎ	አይ	አልተረጋገጠም
23.1	በኤችአይቪ/ኤድስ ችግር ይበልጥ የተጎዱ ልጆችን ለመረዳት፣ ለመለየትና እገዛ ለመስጠት የሚያስችሉ ግልፅነት ያላቸው የአሠራር ደንቦችን አውጥቶአል?			
23.2	በኤድስ ወላጆቻቸውን ያጡ ልጆች በቤተሰባቸው፣ በዘመድ አዝማሪቸው እና በማህበረሰባቸው ውስጥ ጥበቃና እንክብካቤ የሚያገኙበት ሁኔታ እንዲመቻች የአቡካቶ (advocacy) ሥራ ይሠራል?			
23.3	የአካባቢው ማህበረሰብ የሙት ልጆችን ለይቶ ለማወቅ እና የራሳቸውን የድጋፍ ተግባራት የማቀድ፣ የማስፈጸምና የመከታተል አቅማቸውን ከፍ ለማድረግ ማህበረሰቡን የማንቀሳቀስ ሥራ ያካሄዳል?			
23.4	ለሙት ልጆች መብትና ጥቅማቸውን ከማጎናጸፍ ረገድ ልጆች የራሳቸውን ፍላጎት በራሳቸው እንዲያሟሉ አቅማቸውን ለመገንባት ያቅዳል?			
23.5	በኤችአይቪ/ኤድስ ለተጎዱ ልጆች ደህንነት አመቺ የሆነ አካባቢን ለመፍጠር በማህበረሰቡ ውስጥ የግንዛቤ ማዳበሪያ ፕሮግራም/ሥራዎችን ያካሄዳል?			
23.6	የፕሮጀክታችሁ አካባቢ ማህበረሰብ ለሙት ልጆችና ለተንከባካቢያቸው ሥነ-ልቦናዊና ማህበራዊ ፍላጎቶች ምላሽ እንዲሰጡ አቅማቸውን ያዳበራል?			
23.7	በኤድስ ምክንያት ወላጆቻቸውን ያጡ ልጆች ችግሮችን ለማስወገድ/ለመፍታት ሲባል እንደአንድ የመፍትሄ አካል አድርጎ የታዳጊ ወጣቶችን ሙሉ ተሳትፎ ያመቻቻል?			
23.8	በፕሮጀክታችሁ ውስጥ በኤችአይቪ/ኤድስ ለተጎዱ ልጆች ግለሰብ ተኮር የምክክር አገልግሎት እና የኑዛቤ/ውርስ አያያዝና ዕቅድ አወጣጥ ሥልጠና ይሰጣል?			
23.9	በኤድስ ምክንያት ወላጆቻቸውን ላጡ ልጆች የተቀናጀ እና ከአካባቢው ባህላዊ እሴቶች ጋር ተስማሚ የሆኑ ሥነ-ልቦናዊና ማህበራዊ ፍላጎቶችን የሚያሟሉ ክንውኖች እንዲፈጸሙ የአቡካቶ (advocacy) ሥራ ያካሄዳል?			
23.10	በፕሮጀክታችሁ አካባቢ በሚኖሩ ማህበረሰብ ውስጥ የሙት ልጆችን ደህንነት የሚያጎለብቱ የአገልግሎት ጥረቶች ተስፋፍቶ እንዲቀጥሉ ጉዳዩ ለሚመለከታቸው ወገኖች ጥሪ የሚያደርግበት የአሠራር ሥርዓት ዘርግቷል?			
23.11	ድርጅታችሁ የኤችአይቪ/ኤድስ ችግር መከላከያና ማቃለያ ጥረቱ ውስጥ በኤድስ ሳቢያ ወላጆቻቸውን ያጡ ልጆች ተገቢው ቅድሚያ ሊሰጣቸው የሚገቡ የህብረተሰብ አካል አድርጎ ያቅዳል?			
23.12	ለሙት ልጆች የሚደረግ ጥበቃና እንክብካቤ የህፃናት መብት ኮንሼንሽን መሠረት ማድረግ እንዳለበት በመደገፍ በዚህ ረገድ ያልተሟሉ/የተጣሱ የእነዚህ ልጆች መብቶችን ለይቶ ለማወቅ በቁርጠኝነት ይሠራል?			

## ክፍል አምስት: የትኩረት ቡድን ውይይት (FGD) መመሪያ ቅጽ

ይህ ክፍል በኤድስ ምክንያት ወላጆቻቸውን ያጡ ልጆችን ደህንነት ለማሻሻል በመስራት ረገድ የሲቪል ማህበረሰብ ድርጅቶች የትብብር/አጋርነት ስልቶችንና የአሠራር ደንቦችን እቅድ በመንደፍ ረገድ ያላቸውን ተግባር የሚመረምር ነው። በዚህ መሠረት በሦስቱም የጥናቱ ቦታዎች፣ ማለትም በአሰላ፣ በአዳማ እና በአዋሳ ከተሞች በፕሮግራም/ፕሮጀክት አመራር ደረጃ ላይ ካሉ የሲቪል ማህበረሰብ ድርጅት ሠራተኞች መረጃን ለመሰብሰብ የታቀደ ነው።

የአወያይ ስም \_\_\_\_\_ የድምጽ ቀራጺ ስም \_\_\_\_\_  
 ቀን \_\_\_\_\_ ውይይቱ የወሰደው ጊዜ \_\_\_\_\_

**የውይይቱ መክፈቻ:** እኛ እዚህ የተገኘነው ለሁለተኛ ዲግሪ ማሟያ ጥናት የሚረዳ መረጃ በመሰብሰብ ጠቃሚ የሆነ ጥናታዊ ጽሁፍ ለአዲስ አበባ ዩኒቨርሲቲ ለማቅረብ ነው። ውይይቱ የሚያተኩረው በኤድስ ወላጆቻቸውን ላጡ ልጆች ማህበራዊና ሥነ-ልቦናዊ ፍላጎቶችን ለማሟላት ትኩረት በመስጠት በሚሰሩ ድርጅቶች መካከል ስላለው ግንኙነቶችን ለመረዳት/ለማወቅ ነው። በዚህ መሠረት የሚከተሉት ነጥቦች ውይይታችንን የሚመሩ ይሆናሉ:-

1. ውይይቱ ለአንድ ሰዓት ከሰላሳ ደቂቃዎች ይቆያል።
2. የተወያየንባቸው ጉዳዮች በሙሉ በሚስጥርነት የሚቆዩና የጥናቱን ዓላማ ለማገልገል ብቻ ጥቅም ላይ የሚወሉ ይሆናሉ።
3. ስማችሁ የትም ቦታ አይነገርም/አይጻፍም።
4. ተሳትፏችሁ በፈቃደኝነት ስለሆነ በፈለገችሁ ጊዜ መውጣት ትችላላችሁ።
5. የተቀረፀው ድምፅ ለአሁኑ መረጃ መሰብሰቢያ ብቻ ሲሆን ጥቅም ላይ ከዋለ በኋላ ይደመሰሳል።

### የተሳታፊዎች ባህርያት

ተ.ቁ	መለያ ቁጥር	ተሳታፊዎች የመጡበት ድርጅት	የውይይቱ ተሳታፊዎች የግል መረጃ	
			በድርጅቱ ውስጥ የሎት የሥራ ድርሻ	በድርጅቱ ውስጥ የአገልግሎት ዘመን
1				
2				
3				
4				
5				
6				
7				
8				

**ዋና ዋና የመወያያ ነጥቦች**

1. በፕሮጀክታችሁ የሥራ አካባቢ ባሉት የሲቪል ማህበረሰብ ድርጅቶች መካከል ያለውን ግንኙነት/አጠቃላይ ሁኔታ/ብትገልጹልን፤
2. በኤድስ ወላጆቻቸውን ላጡ ልጆች የደህንነት ፕሮግራሞችን እቅድ በማውጣትና በማስፈፀም ረገድ በሲቪል ማህበረሰብ ድርጅቶች መካከል የተሳካ ግንኙነትንና ትብብርን ያጎለብታል ብለው የሚያስቧቸው ነገሮች/ሁኔታዎች ምን ምንድን ናቸው?
3. በየጊዜው ቁጥራቸው እየጨመረ የመጣውን በኤድስ ወላጆቻቸውን ያጡ ልጆች ፍላጎቶች ለማሟላት፣ የአገልግሎት ጥረቶችን ለማስፋፋትና የትብብር ፕሮግራሞችን በማዘጋጀት ረገድ የተለያዩ የሲቪል ማህበረሰብ ድርጅቶችን አጋርነት ለማሻሻል ምን ዓይነት ስልቶች መነደፍ/ መዘጋጀት አለባቸው?
4. ከኤድስ ነፃ በሆነ የማህበረሰብ ህይወት ውስጥ ወላጆች የራሳቸውን ልጆች ፍላጎቶች ለማሟላትና ጤናማ ዕድገታቸውን ለማበረታታት ተቀዳሚ ኃላፊነት ይወስዳሉ። ልጆቹ በኤድስ የተነሰ ወላጆቻቸውን በሚያጡበት ሁኔታ ውስጥ፣ የሙት ልጆቹን ደህንነት ለመጎልበት፣ ያልተሟሉ ፍላጎቶች ትኩረት ለመስጠት እና ለልጆቹ እንክብካቤ ለማድረግ ኃላፊነቱን መውሰድ ያለበት ማን ነው/እነማን ናቸው?

**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**DEPARTMENT OF PSYCHOLOGY**

This is a questionnaire designed to collect data on the roles of Civil Society Organizations (CSOs) in planning and implementing HIV/AIDS programs involving AIDS orphaned children, which are hoped to nurture their social psychological makeup. The study assesses the roles of CSOs working with AIDS orphans in social and psychological welfare provision that is viewed as a social psychological intervention perspective through which these organizations develop programmatic ideas, practices, policies, and structures to promote the wellbeing of these children. Your responses are strictly confidential and will solely be used to identify and examine factors that promote organizational competence in developing agency-specific social psychological intervention strategies, with the goal of enhancing the social and psychological well-being of AIDS Orphans. I would like to thank in advance for your voluntary participation.

**General Instruction:** Please circle or write the response that most accurately reflects your organization and its experiences, practices, policies, guidelines and structures concerning service delivery to AIDS orphans. If you have trouble understanding a question, answer to the best of your ability. Feel free to expand your responses on the backs of the pages. Please keep in mind that your genuine responses significantly contribute to the validity of the research outcome.

**PART ONE: General Profile of the Organization**

1. Indicate the type of your organization:
  - a) NGO
  - b) CBO
  - c) FBO
  - d) Others, specify \_\_\_\_\_
2. Indicate your organization's level of operation:    a) Local            b) International
3. Specify position of a person filled this questionnaire \_\_\_\_\_
4. Indicate your organization's operational area that is currently under consideration:  
\_\_\_\_\_
5. How long your organization functioned in this area \_\_\_\_\_
6. How did your organization undertake the programming of its current orphan welfare intervention?
  - a) In focused manner (*concerned with the wellbeing of orphaned children only*)
  - b) In integrated manner (*incorporated orphaned children and other beneficiaries in its intervention*)
  - c) Others, specify \_\_\_\_\_
7. State number of AIDS orphans actually benefiting from your current orphans welfare program \_\_\_\_\_

8. State an estimated average annual budget of your organization for running its current orphans welfare program \_\_\_\_\_
9. State number of professional staff responsible for the implementation of the organization's current orphans welfare program (Indicate their gender and professional connections) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Who are the collaborative partners of your organization in implementing its orphan welfare program in current duty station? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART TWO: About Features of CSOs Service Provision for AIDS Orphans**

11. Our National HIV/AIDS policy document defines an AIDS orphan as a child less than 18 years of age who has lost one or both parents as a result of HIV/AIDS epidemic. Does your organization have a mechanism to segment the under 18 years orphaned children in your project into different developmental stages so as to address the differing needs of these children? YES  NO
- 11.1 If your answer to Q.11 is YES, please specify into what developmental stages your organization segmented these children and the type of services provided to each segment so as to address their differing developmental needs \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. What kinds of services does your organization offer to children orphaned due to AIDS in your current project area in attempt to address their social and psychological needs? (Please list your current services available to AIDS orphans) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Is there any typical child welfare interventions that your organization is currently running to help children of HIV infected parents before and after the death of their parents cope with such emotional trauma as grief, separation and loss associated with parental illness and death that could possibly create a sense of helplessness, uncertainty and loss of hope in the future among these children? YES  NO

13.1 If your answer to Q13 is YES, please specify the type of typical intervention modalities that you organization is running in its current service area. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How well has your organization been able to use existing local resources while designing its welfare services to AIDS orphaned children?

- a) Very well                      b) Fairly well                      c) Barely                      d) Not at all

15. How well has your organization been able to clearly define and identify its direct project beneficiaries (AIDS orphans) in its current operational area?

- a) Very well                      b) Fairly well                      c) Barely                      d) Not at all

16. How well has your organization been able to assure that the project area residing community members are aware of the services and resources it offers to AIDS orphans?

- a) Very well                      b) Fairly well                      c) Barely                      d) Not at all

17. How well has your organization's plan of welfare services for AIDS orphans been able to illustrate considerable suggestions for sustainable orphans care and protection within their extended families and communities?

- a) Very well                      b) Fairly well                      c) Barely                      d) Not at all

18. Given the nature and fundamental objective of your organization, to which of the following children needs does your organization give a prime consideration during its orphans' welfare program planning? (Choose the one most likely regarded as your key priority area)

- a) Basic and material needs  
b) Social and psychological needs  
c) Spiritual needs  
d) Others, specify \_\_\_\_\_

### PART THREE: About Role of CSOs in Nurturing Orphans' Social and Psychological Wellbeing

Read questions 19 to 22 and the statements that followed each question, and write your choice from the given four alternatives: "Very Well", "Fairly Well", "Barely" and "Not at All" by putting a tick mark "✓" on the space provided corresponding to each statement.

**19. To what extent does your organization plays active role in addressing the following issues of AIDS orphans' personality development?**

No.	Statement	VERY WELL	FAIRLY WELL	BARELY	NOT AT ALL
19.1	We have services that facilitate conditions for orphans and encourage them to express their opinions and experience a feeling of mastery of situation surrounding them.				
19.2	Our services have clear indication for fostering orphans right to seek assistance according to their own understanding and expectations.				
19.3	We have service provision that helps to maintain orphans' confidence, self-respect, and self-worth not to be destroyed by other people's negative suggestion towards them.				
19.4	Our services help AIDS orphans to cope with such problems as depression, withdrawing and lose of interest in life, insecurity and little sense of worth that could result following parental death.				
19.5	We do undertake extensive monitoring to identify and assist orphans who seem to be worried or feel uncomfortable about anything that some one said or do to them.				
19.6	We have a peer learning forum for orphans through which they could come to know from each other and others about what is important in one's life and how to set goals towards its attainment.				
19.7	We have service provision for orphans that teaches and models the importance of standing up for one's own ideas, morals and beliefs in the face of conflicting ideas and practices from other people.				
19.8	We have a means to help dying parents to write up their values, and moral wills that they wish to pass on to their children and communicate them with their children.				
19.9	We have service provision through which we teach and encourage orphans develop such social values of respect, cooperation, responsibility, self-control, hard work and achievement that could meet needs of dying parents who wish better future for their children.				
19.10	We have a means to monitor and help orphans who are doing less at school, with feeling of failure or those who avoid going to school.				
19.11	We have a system by which we identify orphans who seem to lose interest and energy to do their things, and create a supportive atmosphere in which they get encouraged and regard themselves as doers and achievers.				
19.12	We have learning experiences for orphans in which they teach each other how to cope with social stigma & marginalization and learn to develop a sense of purpose & success in their lives in the face of adversities.				
19.13	We have counseling services through which orphans are helped to understand that they have immense potential abilities to attain their aspirations in their future lives.				

20. To what extent your organization plays active role in fostering the following identity issues of AIDS orphan)?

No.	Statement	VERY WELL	FAIRLY WELL	BARELY	NOT AT ALL
20.1	We have ways to keep important records on the history of orphans, to help them know important background information about where they come from and about their family.				
20.2	We have service provision that help orphans to trace their relatives as they include a family tree of parents and grand parents.				
20.3	We have systems to record and keep names of the parents, where and how they grew up including their childhood experience, and how they used to look, etc for later use by their children.				
20.4	We have counseling services for ill-parents through which we help them to pass on crucial information and knowledge about extended family members and kinship to their children before they die				
20.5	We provide succession planning services for ill-parents to help them make decisions about who will care for their children, about inheritance rights and making appropriate legal arrangements before they die.				
20.6	We help the dying parents to record and keep their children's early experiences and memorable things about their lives to be used later by the orphaned children.				
20.7	We help ill-parents to record and keep for their children what they like and dislike their education, talents, work skill & jobs, religious background and beliefs, and their health history including any illness.				
20.8	We provide counseling services for dying parent to help them leave special messages for their children that are helpful for their future lives.				
20.9	We used to collect and keep personal items such as photos, identification book, letters, etc that dying parents leave for their children, which could foster healthy identity formation among the orphaned children.				
20.10	We have a forum to involve relatives, neighbors, teachers and community members in our orphans' welfare project to have a role in providing them a sense of meaning, belongingness, and significance.				
20.11	We have ways to help dying parents to write and keep their wishes, desires and expectations of who their children will become, to communicate it later with the orphaned children.				

**21. To what extent your organization plays active role in fostering the following issues of socialization of AIDS orphan?**

No.	Statement	VERY WELL	FAIRLY WELL	BARELY	NOT AT ALL
21.1	We have service provision for orphaned children that models prosocial behaviors in an environment free of win-lose situations which could evoke the expression of violent feelings to one another.				
21.2	We have mechanisms to identify and provide proper care for orphans who feel treated badly and who become hostile to other children in our welfare program.				
21.3	We have learning experiences for orphans in which they learn how to communicate their feelings when they feel tense or upset to reduce their tendency to become aggressive or destructive to others.				
21.4	We have counseling services by which we help orphans express themselves appropriately during interaction with others and to solve conflicts without violence by encouraging learning to remain calm and avoid use of emotional blackmail.				
21.5	We have ways to monitor and teach orphaned children who easily get into fights with others to become peacemakers through building their skills in the use of confrontation, dialogue and negotiation.				
21.6	We have service provision through which we provide life skills training for orphans to develop their competencies, express feelings, build & maintain relationship with others, and overcome situations that are harmful to their development.				
21.7	We have services which focus on developing the social skills of orphans in the areas of communication, relating with others, and identifying and finding solution to challenging situations				
21.8	We have systems through which we identify orphaned children who feel afraid of new situations in such social settings as school, playground, etc and teach them to become open and perceptive to such experiences.				
21.9	We have service provision for orphans which focuses on helping them to develop their individual abilities and learn to be a useful member of the society.				
21.10	We have peer learning forum for orphans that encourage them to participate in decision-making, help them learn about co-operation, mutual understanding and social responsibilities.				
21.11	Our orphans' welfare program clearly signifies the importance fostering, guardianship and adoption system that serve the role of good parents to protect orphans from various forms of abuses, and exploitation.				
21.12	Our orphans' welfare program clearly deals with matters of providing orphans with basic necessities of life, love and affection, education, and adequate supervision.				
21.13	Our orphans' welfare program embodies clear indication to protect orphans from abandonment, neglect, and discrimination related to AIDS & their orphan hood.				
21.14	We emphasize orphans education to provide them an opportunity to learn to respect and understand others view, to give them positive and meaningful activities that prepare them for future lives.				
21.15	We have empowering service provisions for orphaned children that emphasize giving them opportunities to experience their own competences and develop skills by doing thing for themselves.				

**22. To what extent your organization plays active role in nurturing the following interpersonal needs issues of AIDS orphan?**

No.	Statement	VERY WELL	FAIRLY WELL	BARELY	NOT AT ALL
22.1	We have service provision that embodies affection, love and understanding for children who find it difficult to cope with parental death that help them learn to manage their own grief and sadness.				
22.2	We have child counseling services through which we help orphaned children cope with the eventual death of their parent(s), and reassure them that their education, protection and care will continue.				
22.3	In our service provision, we are concerned with orphans, right to be listened to/having unique personal significance, and work towards its achievement.				
22.4	Our orphan welfare program usually addresses orphans' need for comfort, reassurance and to be provided with loving care and a safe place to express themselves.				
22.5	We have child counseling services through which we deal with orphans who do not feel loved by showing affection and paying attention to them				
22.6	Our orphan welfare program has a practical approach to rehabilitate orphans who look sad, experience loneliness, lose trust in other children/people.				
22.7	We facilitate favorable social atmosphere for orphans where they learn to relate to and share experiences with their peers and other people.				
22.8	We help orphans to learn to appreciate a social setting they live in and the people they share it with so as to inspire the inculcation of a sense friendship and social integration into them.				
22.9	We have mechanisms to monitor and help orphaned children who have difficulty of making friends with whom to work and play in their social setting.				
22.10	We have services provisions for orphaned children that give them an opportunity to talk about their feelings and experiences with other children out of our services and help them realize that other also face adversities.				

**PART FOUR: About CSOs Intervention Polices and Guidelines**

**23. As a matter of its formal HIV/AIDS intervention polices, procedures and guidelines, does your organization:**

No.	Statement	Yes	No	Uncertain
23.1	establish in-built mechanisms for defining, identifying, and supporting children most affected by the problem of HIV/AIDS?			
23.2	support and advocate for the protection and care of AIDS orphans within their extended families and communities?			
23.3	organize community mobilization to increase the capacity of local community to identify orphaned children and design, implement, and monitor their own orphans support activities?			
23.4	envision orphan empowerment through strengthening the capacity of children to meet their own needs?			
23.5	conduct outreach program to raise awareness within community members to create an enabling environment for children affected by HIV/AIDS?			
23.6	enhance the capacity of communities to respond to both the psychosocial needs of orphans and their caregivers?			
23.7	facilitate the full involvement of young people as part of the solution to the problems of children orphaned by AIDS?			
23.8	provide training and support for individual counseling and succession planning for children affected by HIV/AIDS?			
23.9	advocate for comprehensive, and culturally appropriate psychosocial interventions for children orphaned due to AIDS?			
23.10	call up and sustain orphans' welfare service scaling-up effort in its current constituency?			
23.11	strive for the recognition of AIDS orphans as an important priority within its organizational HIV/AIDS intervention initiative?			
23.12	advocate for the care and protection of orphans must comply with the CRC. and commit itself for identifying the rights of orphans that are being unfulfilled or violated in this regard?			

## **PART FIVE: Focus Group Discussion Guiding Format**

This section examines the concerns of CSOs in designing collaborative strategies and procedures in working towards promoting the wellbeing of AIDS orphans. Accordingly, it was designed to collect data from CSOs' staff who are in key leadership position in the three research sites: Asella, Adama and Awassa towns.

Name of Moderator \_\_\_\_\_ Name of Recorder \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

***Rapport Establishment:*** We are here to learn some important experiences from you as representing your respective organizations and write a thesis and present it to Addis Ababa University in partial fulfillment of Master of Arts Degree. The discussion concentrates on matters of establishing networks and partnerships among agencies working towards addressing the social and psychological needs of AIDS orphans. The following guiding principles govern our discussion.

### ***Focus Group discussion Guiding Principles:***

- 1) The discussion lasts for one hour and thirty minutes.
- 2) Issues raised here are strictly confidential and solely be used to serve the purpose of the study
- 3) Your name will remain anonymous
- 4) Voluntary withdrawal from the discussion is allowed, and
- 5) The recorded audio will be deleted after usage.

### **Group Characteristics**

<i>S. No.</i>	<i>Code No.</i>	<i>CSOs Group</i>	<i>Personal Data of the FGD Participants</i>	
			<i>Current position in the organization</i>	<i>Years of service in the organization</i>
1				
2				
3				
4				
5				
6				
7				
8				

## **Key Discussion Issues**

1. In your current duty station, what are your general observations concerning the relationship/networking among Civil Society Organizations?
2. What factors do you think promote effective relations and collaboration among CSOs operating in your program area in planning and implementing welfare programs for AIDS orphans? Discuss.
3. What strategies should be in place in order to foster diverse CSOs partnership in developing collaborative programs that better meet needs of the ever increasing number of AIDS orphaned children?
4. In a social milieu that is free of AIDS, parents take the responsibility for fulfilling their own children's needs and foster their healthy development. In a condition where children lost their parents due to AIDS, who should take over the responsibility to address the unmet needs of orphaned children, and to nurture their wellbeing? Discuss.

DECLARATION

I, the undersigned, declare that this thesis is my original work and all sources of materials used for the thesis are duly acknowledged.

Name Kebede Chemedo

Signature 

Date July 17, 2007

Confirmed by (Advisor) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_