

Addis Ababa University
School of Graduate Studies
College of Development Studies
Institute of Regional and Local Development studies

**The Role of NGOs in alleviating the Problems of Children
Orphaned by HIV/AIDS: The Case of Mekdim Ethiopia National
Association (MENA).**

By
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Addis Ababa
June, 2009

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NATIONAL ASSOCIATION (MENA).**

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Mengesha Shibru**

**A thesis submitted to the School of Graduate Studies of Addis Ababa
University in partial fulfillment of the requirements for the degree
of Art in Regional and Local Development Studies**

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Acronyms

ABE	Alternative Basic Education
AIDS	Acquired Immunodeficiency Syndrome
CBOs	Community Based Organizations
CRDA	Christian Relief and Development Association
CSA	Central Statistics Agency
CSE	Commercial Sexual Exploitation
DFID	Department for International Development
DPPC	Disaster Prevention and Preparedness Commission
EDHS	Ethiopian Demographic and health survey
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
FHAPCO	Federal HIV / AIDS Prevention and Control Office
GER	Gross Enrolment Rate
GoE	Government of Ethiopia
HAPCO	HIV / AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization
MENA	Mekdim Ethiopia National Association
MoH	Ministry of Health
NGLS	United Nation Non-Governmental Liaison Services
NGOs	Non Governmental Organizations
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS
SPSS	Statistical Package for the Social Science
SSA	Sub Saharan Africa
UNAIDS	The Joint United Nation Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for Development
IE/BCC	Information, Education and Communication Services

Abstract

At present, HIV is an endemic that is causing millions of children Orphan. This study is mainly intended to investigate the role that NGOs are playing in alleviating the problem of children orphaned by HIV/AIDS. The research method adopted for the study is Descriptive and Analytical research, type and a survey method. An in-depth interview and focus group discussion were used as primary data collection techniques. Both open ended and closed ended questionnaires were employed as tools to collect primary data. The total sample size was 347, 187 orphans and 160 guardians and a stratified random sampling coupled with purposive sampling were employed. To describe the quantitative aspect of the study descriptive statistics were used, while the qualitative aspect was presented through discussion. The finding indicates that, children orphaned by HIV/AIDS have access to all types of supports to a varying degree except house rent support. Moreover, orphans have either complained or dissatisfied in most cases with the adequacy and significance of the supports they received, while for some orphans some supports are so crucial for their survival. On the other hand, the organization was unable to address the felt needs of orphans due to financial limitation and the donor driven nature of the projects. Furthermore, the growing number of destitute children that seriously need the support has forced the organization to cut in the types and amount of support such as educational support, health care, food aid and housing. However, to meet the growing demand the organization has established linkages with public schools, government hospitals and clinics and kebele officials to provide orphans with free access to services such as; educational support, health care, food aid and housing. In addition, the organization has initiated livelihood interventions to improve the ability of orphan households to remain self reliant. The recommendations of the study revolve around its finding aiming at improving how supports should be given by the organization by minimizing its limiting factors.

Chapter One

1. Introduction

1.1 Background

In present world there are many adverse events that disturb the social well-being of millions of children in developing countries. HIV/AIDS is an endemic that takes away the parents of many million children in developing countries of which Ethiopia is one.

Accordingly, millions of children that are born in the majority of the developing countries are vulnerable to all kinds of social chaos resulting from different causes. The number of children that fall in the category of orphan status, therefore, has continued increasing at an alarming rate more than ever before. The traditional causes of orphan children have been internal conflicts, floods, divorces, famine, drought (Renata, 2007) but, at present, HIV/AIDS is another endemic that is causing millions of children orphan.

According to UNICEF (2007), an estimated 15.2 million children worldwide had lost one or both parents to AIDS as of 2005 and the figure is estimated to reach 20 million in the year 2010. The report further stated that 80% of these children are found in Sub Saharan Africa. In the region the epidemic has reduced life expectancy, deepened poverty among vulnerable households and communities, skewed the size of population, undermined national systems, and weakened institutional structures (UNAIDS, 2008).

The crises of orphans in general are enormous in scope and complex in impact, where the complexity is even severe among children orphaned by HIV/AIDS. According to Hunter and Williamson (1998), in addition to the pain of losing one or both parents, being orphaned as a result of HIV/AIDS can increase

vulnerability in many ways; such as depression, increased malnutrition, lack of health care, increased demand for labor, lack of schooling, loss of inheritance, forced migration, homelessness, vagrancy, starvation, crime, and exposure to HIV infection. Therefore, the multifaceted affliction faced by children orphaned by AIDS calls for the importance of studying this particular group.

In combating this serious challenge to development, it was agreed in the declaration of commitment to develop strategies in 2003 and implement the strategies in 2005. The strategies are intended to create supportive environments for orphans, girls and boys infected and affected by HIV/AIDS. The supports include: counseling and psychosocial support; enrollment in school; access to shelter, a good nutrition, health; and protection from abuse, violence, exploitation, discrimination, trafficking and lose of inheritance (UNAIDS, 2002).

In assessing the progress towards this goal out of 33 countries with the generalized epidemics 91% of them were reported having a specific policy or strategy to address the HIV related needs of children orphaned or made vulnerable by HIV. And nearly 73% of them regarded their national efforts to address the needs of orphans and vulnerable children as above average (UNAIDS, 2008).

A number of views were forwarded by researchers in this area to explain how program should be launched to provide care and support to people infected and affected by HIV/AIDS. Currently, there are four approaches in delivering HIV/AIDS care and support; the first approach is a health care facility based program. Such programs are based within health facilities but extended their services into the broader community. The second approach is a work place based program. Such programs are based at work place and run HIV/AIDS education programs for all employees and offer medical and psychosocial services to employees with the virus and to their families. The third approach,

which is a program based at the regional or national level, calls for developing an integrated system of delivering care and support to people living with HIV/AIDS and their family. Finally, community based programs aim at providing reliable and accessible support to people living with HIV/AIDS (PLWHA) by allowing them to remain in their home (Schietinger and Sanei, 1998).

Therefore, it could be said that there is a significant contribution made by the community based programs in alleviating the problem of people affected by HIV/AIDS such as, children orphaned by HIV/AIDS. In relation to this view a number of researches have been done. For example, Bekunda R. et al. (2002), stated that community based initiatives in addressing the needs of orphans are much more sustainable and affordable. Because, such initiatives helps orphans grow up within the community and enables them to learn how to survive on their own in the long term. Similarly, it was stated in the DFID (2002:80), that: "Community level action and mobilization is one of the most robust and important response to evolve, with great potential to deliver effective care and support".

This is meant to say that community based programs are very crucial in alleviating the problems of people affected by HIV/AIDS such as, children orphaned by HIV/AIDS.

Therefore, it could be argued that there is a significant contribution made by the community based programs in alleviating the problem of children orphaned by HIV/AIDS. To this end this study attempts to investigate the access of children orphaned by HIV/AIDS to supports provided through community based program by MENA and the significance of the supports to their wellbeing.

1.2 Statement of the Problem

One of the most devastating challenges of HIV/AIDS pandemic is the vast and growing number of orphans and vulnerable children being left behind. Since, the detection of the first evidence of HIV in 1984 in Ethiopia (World Bank, 2005), AIDS has claimed many lives and left many children orphans.

The situation of orphans in general is very complex, where the complexity is even severe among children orphaned by HIV/AIDS. In addition, to the pain of losing one or both parents, being orphaned by HIV/AIDS increases suffering in many ways. For instance, depression, increased malnutrition, lack of immunization, loss of inheritance, and exposure to HIV infection are among the sufferings faced by children orphaned by HIV/AIDS (Hunter and Williamson, 1998). The multifaceted affliction faced by children orphaned by HIV/AIDS calls for the importance of studying this particular group.

Whether single or double, orphans have similar problems and needs. Their needs are as immediate as their next meal and as extended as access to education, guidance and care until the end of their adolescent years (Michael, 2001). In Ethiopia a number of NGOs are working to address such needs and problems. Most studies to date focused on assessing the efforts of NGOs in addressing the needs and problems of orphans and vulnerable children in general; for instance (Moltot, 2007). However, little is known about the efforts made by NGOs to address the needs and problems of children orphaned by HIV/AIDS in particular.

Therefore, the study at hand mainly intended to fill the gap by investigating the role played by MENA in alleviating the problem of children orphaned by HIV/AIDS.

1.3 Objective of the Study

General Objective: - The general objective of the study is to investigate the access of children orphaned by HIV/AIDS to the supports provided by MENA and the significance of the supports to their well-being.

Specific Objective: - The following are the specific objectives of the study, which the research tries to achieve in carrying out the study. The specific objectives intend to:-

1. Assess the types of supports and services children orphaned by HIV/AIDS have access to.
2. Assess the significance of the supports to children orphaned by HIV/AIDS.
3. Identify major problems faced by MENA in providing both adequate and quality services for children orphaned by HIV/AIDS.
4. Analyze the status of the beneficiaries of MENA.

1.4 Research Questions

The following are research questions which the study attempt to answer.

1. What are the services provided to children orphaned by HIV/AIDS by MENA?
2. Are there gaps between the needs of children orphaned by HIV/AIDS and the services provided by MENA?
3. Are there efforts taken by the organization to avoid unmet needs?
4. Are there challenges faced by MENA in providing adequate as well as quality services to children orphaned by HIV/AIDS?

1.5 Research Methodology

1.5.1 Rationale for Selecting the Organization

The selection of the organization was not random rather certain parameters were used. At present, according to CRDA (2008), there are 275 member organizations that are rendering HIV/AIDS related services in Ethiopia, where the majority are operating in Addis Ababa. Since, studying the role of these NGOs is difficult given the time span and cost, selection of a candidate case requires certain parameter. On the other hand, since, care and support program provided by organizations that are working in the areas of HIV/AIDS has a noticeable feature of similarity (Schietinger and Sanei, 1998), selection of a candidate NGO is crucial and sufficient. Moreover, since, the study is limited to find out exhaustively the access of orphans to services rendered by an NGO rather than comparing orphan's access in different NGOs, the researcher decided to select a candidate organization rather than two or more organizations.

Therefore, the researcher decided to select one NGO on the bases of three criteria. The criteria are adopted for their suitability to satisfy the study objective.

- A. The NGO should be engaged in care and support service.
- B. The NGO should be engaged in a community based program in delivering care and support to people infected/affected by HIV/AIDS.
- C. The NGO should be involved in supports to children orphaned by HIV/AIDS.

Hence, Mekdim Ethiopia National Association (MENA) is selected as a candidate case for the study at hand. MENA is the first legally registered and presently one of the major association of PLWHA's and children orphaned by HIV/AIDS in Ethiopia. MENA is also operating in all Sub cities of Addis Ababa.

Moreover, MENA is engaged in a community based program in alleviating the problem of its clients. To this end, the study attempts to investigate the role played by MENA in addressing the problems of children orphaned by HIV/AIDS.

1.5.2 Research Design

The research approach adopted for the study is Descriptive and Analytical research. The descriptive research is used because such design enables the researcher to describe and understand the context in which activities occur. Furthermore, it allows the investigator to describe the situation as it is (David, 2004). On the other hand, Analytical research is used because it enables the researcher to look beyond the facts and figures already collected. Since, the data description is factual and accurate it cannot describe what causes the situation and what is caused by the situation (Paul, 2005). Thus, in considering the significance of the support in the lives of the beneficiaries an analytical approach is used. Moreover, the approach aims at critical evaluation of a given phenomenon or problems expressed in facts, figures and narrative information

A survey method was employed to conduct the research. Such method enables the researcher to identify the amount and types of services provided to the beneficiaries. Therefore, information was gathered from the beneficiaries regarding the type and adequacy of services. In addition, their perception and expectations towards the service rendered by the NGO is collected. An in-depth interview was also conducted to serve the purpose of filling the gaps that the quantitative may not reach. Patton (1987), also supported this method could supplement the quantitative data with qualitative data.

1.5.3 Data Collection Method

To assure the quality of data, properly designed data collection instruments were used. The questionnaires were prepared after reviewing the operation of the organization. The questionnaires were then translated in to Amharic. Eight enumerators were recruited for the quantitative data collection. The enumerators were given the required and appropriate training for one day. Pre test was carried out on a total of twenty individuals (ten individuals on each instrument) and some corrections were made to the questioners. The pre test aimed at improving on the structure and content of the questionnaire and to determine the maximum time required to administer one questionnaire. The data collections were reported on a daily basis by the enumerators. On the other hand, the qualitative part was entirely collected by the researcher. Both in-depth interview and focus group discussion were used as a method to collect the qualitative data.

Primary Data Collection Techniques

In-depth Interview: The interviews involved unstructured questions. Such technique was adopted for it enables the researcher to probe realities and clarify ambiguous answers (Paul, 2005). Hence, interview was carried out with Project Manager, OVC project organizer and sub-city coordinators in order to understand the organization's profiles, programs and activities.

In addition, questionnaires were supplied to orphans and guardians to generate information regarding the type and adequacy of supports. Furthermore, their perception and expectations towards the supports provided by the NGO were also collected.

Focus Group Discussion: focus group discussions were carried out to generate additional qualitative data through interaction of group members. A total of 20 orphans were randomly selected from both age category i.e. 13-15 and 16-18 and were encouraged to explain social phenomena in their own term. This

technique enabled the researcher to explore the views and expectations of the beneficiaries in their own term.

Secondary Data Collection

In order to understand the approaches to care and support, policy environment, NGOs role in alleviating the problem of orphans, back ground information on the situation of orphans were obtained from different sources such as books, journals, internet and reports of different governmental and non-governmental departments.

Furthermore, statistical displays of past and current performance, number and profile of orphans were collected to supplement the quantitative aspect of the study. The qualitative investigation on the other hand involved collection of documents such as fliers, newsletters and official reports.

1.5.4 Sampling Design

Reasons such as time, cost and available resource make sampling useful rather than complete enumeration (Justus and Butte, 2001). Sampling also enables the researcher to make appropriate representation of the population. To this end, stratified random sampling and purposive sampling were used as a sampling technique. The fact that, children orphaned by HIV/AIDS belong to the age group between 1-18 years old, grouping into strata is necessary. Hence, orphans were categorized in to 1-12 and 13-18 age groups. Such categorization was also adopted by Moltotal (2007). In addition, the stratification of the groups was necessary because the types of services rendered are different for children in 1-12 and 13-18 age groups. For instance, Livelihood (IGA) is rarely rendered to children below the age 12. Likewise, the counseling that plays critical role in post trauma healing and provide emotional care to the orphans could not be applicable, for children below such age fails to fully capture the concept of death. In connection to this, Virginia and Maya (2007), stated that most children conceptualize death as a fundamentally biological event that

inevitably happens to all living things and is ultimately caused by an irreversible breakdown in the functioning of the body, by age 10. Therefore, orphans in 1-12 age category were purposively excluded, while orphans in 13-18 age category were included purposively. Meanwhile, 187 orphans were selected randomly from 13-18 age classification.

Sample Size

In conducting survey framing an appropriate sample size is important. In obtaining a sufficient sample size the basic rule is "the larger the sample the better". Therefore, the study at hand adopted the following guide lines offered by Paul (2005) for selecting a sample size.

- For smaller population (with fewer than 100 people or units), there is little point in sampling. Survey the whole population.
- If the population size is around 500, 50% of the population should be sampled.
- If the population size is around 1,500, 20% should be sampled.
- Beyond a certain point (at about 5,000 unit or more), the population size is almost irrelevant, a sample size of 400 should be adequate.

At present there are about 1,560 i.e. $(6000 \times 26\%)$ member children orphaned by HIV/AIDS throughout the operating regions of MENA (See also 3.1.1 Establishment and 3.1.3 Operational Area). Moreover, the organization is operating in all sub-cities of Addis Ababa, where the number of children orphaned by HIV/AIDS above age 12 are 935. Accordingly, the sample size would be $(935 \times 20\%) = 187$. In order to maintain heterogeneity among orphans' questionnaires were distributed to orphans in all sub cities. Meanwhile, orphans were randomly selected from each sub city.

Although the study is about orphan children, it is necessary to include the opinion of guardians to supplement the information gathered from orphans. One of the advantages of using multiple sources is that it enhances the validity

of the data (Yoseph, 2008). At present, there are 4,440 i.e. (6000*74%) member adults throughout the operating region of the association. In Addis Ababa the number of guardians with parenting responsibility is 800. Hence, the sample size would be $(800*20\%) = 160$. Therefore, questionnaires were employed to 160 guardians. Again to maintain heterogeneity among guardians' questionnaires were distributed in all sub cities.

1.5.5 Data Presentation and Analysis

The data gathered were coded and entered using SPSS. The quantitative data were presented and analyzed using tables, figures and descriptive statistics such as percentage and frequency. On the other hand, the qualitative data collected through in-depth interview and focus group discussions were presented and analyzed through discussion.

1.6 Scope of the Study

In Ethiopia, there are millions of children that have been orphaned as a result of different causes such as wars, divorces, famine, drought etc. However, this study is limited to children orphaned by HIV/AIDS. Therefore, the study is intended to investigate the role played by MENA to alleviate the problems of children orphaned by HIV/AIDS. In line to this, the study identifies the gap between the needs of orphans and the types of services provided by MENA. To meet this need the study further looks into the effects as a result of the support in the lives of the beneficiaries. Finally, it examines the major challenges faced by MENA in providing support services to the beneficiaries.

1.7 Significance of the study

In Ethiopia, the situation of orphans in general and orphans as a result of HIV/AIDS in particular are very crucial. NGOs have been operating and contributing in these areas. The studies conducted so far in this regard is not extensive as the problem of children orphaned by HIV/AIDS are complex. It is also difficult to say sufficient studies have been conducted in this aspect. Thus,

this study identifies the contribution of MENA in alleviating the problem of children orphaned by HIV/AIDS. The outcome of the study could be used by NGOs as well as by policy makers to address the identified problems.

1.8 Ethical Consideration

Necessary permission was obtained from MENA to carry out the investigation. After explaining the purpose, general content and confidentiality of the survey, verbal informed consent was obtained from each of the sampled orphan and parents/guardian prior to completing the questionnaires.

1.9 Organization of the paper

The study is organized in to five chapters. The first chapter starts by giving brief introduction on the problems children orphaned by AIDS and approaches to render care and support for them and followed by a brief statement of the problem, objectives and research question. The chapter also includes the methodologies used, significance, scope and ethical consideration of the study.

The second chapter focuses on exploring related literature on the problem under the study to provide definitions for basic concepts as well as explain the theoretical perspective and conceptual framework. It also presents different empirical studies conducted on children.

The third chapter focuses on the description of the organization and respondents and gives basic information about both the organization and the respondents.

The fourth chapter presents and discusses the access of orphans to the supports and services rendered by MENA and the significance of the support to their wellbeing, while the fifth chapter provides the conclusion of the study and suggest corrective recommendations.

Chapter Two

2. Literature Review

This chapter embarks on the pertinent works which the study at hand intends to tackle. It is divided into four sections, out of which the first section is focusing on the important concepts used in the body of this study. The theoretical framework is presented in the second section while the empirical works are discussed in the third section. The summary of the chapter will be presented in the last section.

2.1 Definition of Concepts

This section will tackle concepts such as child, orphan, vulnerable children and child orphaned by HIV/AIDS. It is very essential to explore the above concepts in order to grasp the basics of the study at hand, as the concerns of this paper revolve around the concepts now and again.

2.1.1 Defining Children

In most international and national instrument Smart (2003) stated that, children are defined as boys and girls up to the age of 18. Furthermore, Smart (2003) stated that, the age of 18 years relates primarily to the generally accepted age of majority, though in all countries there are legal exceptions, for instance, the age at which a child may be married, make a will, or consent to medical treatment. For example, in Ethiopia, a minor may make a will alone when he attains the age of 15 years. On the other hand, a South African child may consent to medical treatment, such as HIV/AIDS test, without parental consent from the age of 14 years.

Similarly, Heidi and Theresa (2001) defined a child as a person under the age of 18, unless by law majority is attained at an earlier age. In the context of HIV/AIDS, Smart (2003) states that the definition of a child has a particular

relevance in light of the age at which compulsory education ends, or legal capacity to inherit and to conduct other authority, or the ability to lodge complaints or seek or in any difference between girls and boys, for example, in relation to marriage and the age of sexual consent.

2.1.2 Defining Orphan Children

According to Smart (2003), the definition of orphan differs from country to country, though the main defining variables are age and parental loss. The age aspect refers to children up to 15 or 18 years, whereas, parental loss refers to a situation where mother, father or both parents are dead. For instance Heidi and Theresa (2001) defined orphan child as a child who has lost one or both of his or her parents. In Ethiopian context, an orphan is defined as a child less than 18 years of age who has lost both parents, regardless of how they died (Smart, 2003).

The report of UNAIDS (2004), on the other hand categorized and defined orphan children in the following ways. Thus, maternal orphans are children under age 18 whose mothers have died and paternal orphans are children under age 18 whose fathers have died while, double orphans are children under 18 whose mothers and fathers have died. Accordingly, children who are under 18 and have lost their parents in a period of less than one year are categorized as new orphans. These definitions have also been adopted by this study.

2.1.3 Defining Children Orphaned by HIV/AIDS and Vulnerable Children

According to Heidi and Theresa (2001), child orphaned by HIV/AIDS is defined as a child who has lost one or both of his or her parents because of AIDS. Similarly, Smart (2003) stated that a child orphaned by HIV/AIDS is defined as a child less than 15 years of age who has lost at least one parent because of AIDS. The earlier definition has been adopted by this study.

Meanwhile, in defining vulnerable children, UNAIDS (2004) report defined vulnerable children as those children whose survival, well-being, or development is threatened by HIV/AIDS. Whereas, HAPCO (2006), defined vulnerable child as a child who is less than 18 years of age and whose survival, care, protection and development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights. The latter definition has been adopted by this study.

2.2 Theoretical Framework

This section will discuss the views that were expressed by different researchers in this area, in order to investigate how programs that would provide effective care and support to people affected by HIV/AIDS should be launched. The first part of this section presents the current approaches to HIV/AIDS care and support Programs. The common characteristics of programs in delivering HIV/AIDS care and support is presented in the second part while the conceptual framework which this study will employ will be presented in the third part.

2.2.1 Current Approaches to HIV/AIDS Care and Support Programs

In this section the types of programs in delivering HIV/AIDS care and support to people affected by HIV/AIDS will be presented.

2.2.1.1 Community Based Programs

The first response to the problem caused by HIV/AIDS comes from the affected children, families and communities themselves, not from government agencies, NGOs, or donors (Hunter and Williamson, 1998). Similarly, DFID (2002) stated that community-level action has always played a major role in the global response to HIV, because the responses came before the official national response. Furthermore, DFID (2002) stated that community actions in response to specific needs and problems appear to have been more effective

than a concerted and organized top-down approach by the state health service.

HAPCO (2006), defined community-based care and support program as a continuum of care and support that people living with HIV and AIDS, OVC and affected families receive in their localities through the effort of the members of their communities outside conventional health facilities (hospital, clinic, and health centers) and social welfare systems but which may have links with the health and welfare sectors from the time of infection through to death and impact on survivors. Similarly, Schietinger and Sanei (1998), describe community based programs as programs that aim at providing reliable and accessible support to people living with HIV/AIDS by allowing them to remain in their home. Furthermore, the fact that such programs are deep rooted within a particular locality it helps decrease the stigma associated with HIV/AIDS by allowing the infected individual to feel safe enough to disclose their status within their families and communities. In addition, such programs inspire confidence among members of the community and the implementing agencies a clear and intimate understanding of the needs of the people they serve.

In most cases community base programs are developed by indigenous group such as women's group, religious organizations and PLWHAs. However, in some cases, such programs start with a vision of a single person. Community based programs are very decisive; however, they only reach a small percentage of the people in need. This is to say that, for each community that has an active HIV/AIDS care program there are many others that have none. Furthermore, such programs are faced with a chronic shortage of resources in meeting the growing demand of PLWHAs for support and care (Schietinger and Sanei 1998; DFID, 2002).

2.2.1.2 Program Based at Health Care Facilities

Schietinger and Sanei (1998) describe the health care facility based program as programs that are based within health facilities but extended their services into the broader community. DFID (2002), stated that outpatient and home-based care become a valuable alternative to care in hospitals for reasons such as, a prolonged hospital admission might expose the patient to a risk of acquiring new disease from other patients, the family might suffer from difficulty of visit and from the cost of hospital treatment as the patient stays long and finally death in hospital may also add extra expense for the release of the body and funeral arrangements. However, Schietinger and Sanei (1998) argued that such home based care should be examined more closely for cost-effectiveness. For instance, hospital outreach services, which usually delivered through vehicle by professional staff members, are costly compared to community-initiated home-based care programs. On the other hand, home care provided by volunteers in a community may actually provide basic and essential services to more people rather than highly technical services to fewer people (Ibid).

2.2.1.2 Program Based in the Work Place

A work place based program is a program that is based at work place and run HIV/AIDS education programs for all employees and offer medical and psychosocial services to employees with the virus and to their families. In addition, services such as pensions for disabled employees, assistance for burial cost, and time off for funerals and mourning is provided (Schietinger and Sanei, 1998). The paper, citing Leonard (1994), stated that one important lesson learned from the work place-based initiatives in Zambia is that, most companies were involved in the HIV/AIDS education and medical care. In addition, the companies were not focused solely on HIV/AIDS prevention; rather they have included some type of medical care and counseling. The paper further stated that the companies believed that such approach enables the HIV-positive individuals to come forward to seek the information and support

they need to understand their state and to live positive, responsible, and socially useful lives.

2.2.1.4 Integrated System

The final types of program in delivering HIV/AIDS care and support to people affected by HIV/AIDS is a program based at the regional or national level. Such program calls for developing an integrated system of delivering care and support to people living with HIV/AIDS and their families.

Schietinger and Sanei (1998) argued that the response from local communities to the needs of PLWHAs and their families has been both heroic and woefully insufficient in meeting the growing need for care and support. On the other hand, expanding HIV/AIDS services through public sector health care facilities is difficult because of the heavy burden the epidemic has already placed on the limited resources and capabilities of such facilities. Furthermore, the growing number of people with HIV places an immense burden on this system, for instance, when people infected with HIV become ill, they seek health care services, regardless of whether they know their HIV status. As a result, the utilization of hospital care by people infected with HIV is rising. On the other hand, the utilization of hospital care by people infected with HIV is reducing access to medical care for people with other diseases. Therefore, Schietinger and Sanei (1998:16) argued that "In order to provide all PLWHAs with health care, without overwhelming the health care system, HIV/AIDS-related services must be integrated with other health care services and decentralized to the local level, with appropriate drug and treatment services available in health local clinics, enabling people to be cared for at home". This is meant to say that such approach would provide access to HIV/AIDS care and support to the many families who can afford neither the time nor the cost of seeking care in higher level facilities (Ibid).

2.2.2 Common Characteristics of Current Programs to Deliver Care and Support

Care and support programs, which are now being delivered by many affected countries of industrialized or developing world, have a noticeable feature of similarity. Schietinger and Sanei (1998), outlined the following common characteristics that are shared by different care and support programs. The integration of prevention component into its care activities is one of the common characteristics of care and support programs. Prevention activities include: clients that are counseled about strategies to prevent further transmission through disclosing their HIV status to their sexual partners, referrals for partners to obtain HIV counseling and testing, and information about initiating protective sexual behaviors within their relationships. The other common characteristics of care and support programs is that such programs are developed in response to the needs and the sufferings of people who live in the communities hardest hit by HIV. Participation by PLWHAs is the other similarity of care and support programs. PLWHAs are playing increasingly an important role in HIV/AIDS programming of all types and at all levels, local to international. The involvement of PLWHAs at community level will enhance the prevention projects; at program level they participate as planning and advisory bodies; and at national level they contribute to national policy and programs (Ibid).

Voluntarism, which is the other similarity of care and support programs, is the backbone of HIV/AIDS care and support programs around the world. Owing to the fact that the task of care and support is enormous, most of the programs are carried out through voluntarism. Many communities have mobilized time and resources to respond in the effort of caring for people affected by HIV/AIDS. Another common characteristics of HIV/AIDS care and support programs is that, many of the programs are initiated to meet the needs of people who are infected or affected by HIV/AIDS. The fact that many programs

are HIV/AIDS-specific in nature; they enabled the health care providers, staff members and volunteer to build their expertise and increase their effectiveness in dealing with HIV/AIDS related issues. In addition, such programs encourage mutual support among PLWHAs, particularly in communities with a few people identified as having HIV/AIDS, where the sense of isolation is profound. Dependence on external fund is another characteristic of HIV/AIDS care and support programs. Care and support programs may survive solely through the support from the community in the form of donation. However, such programs, which are not generally self funding, either operate through fee-for service or through subsidies from the boarder health care systems (Schietinger and Sanei, 1998).

This study adopted a community based care and support program as an approach to develop the following conceptual framework. Since, care and supports provided to children affected by HIV/AIDS typically involve supports such as: counseling and psychosocial support; enrollment in school; access to shelter, a good nutrition and health; and protection from abuse, violence, exploitation, discrimination, trafficking and lose of inheritance (UNAIDS, 2002), the researcher made some modifications on the indicators only to incorporate the supports provided to orphans by the organization.

2.2.3 Conceptual Framework

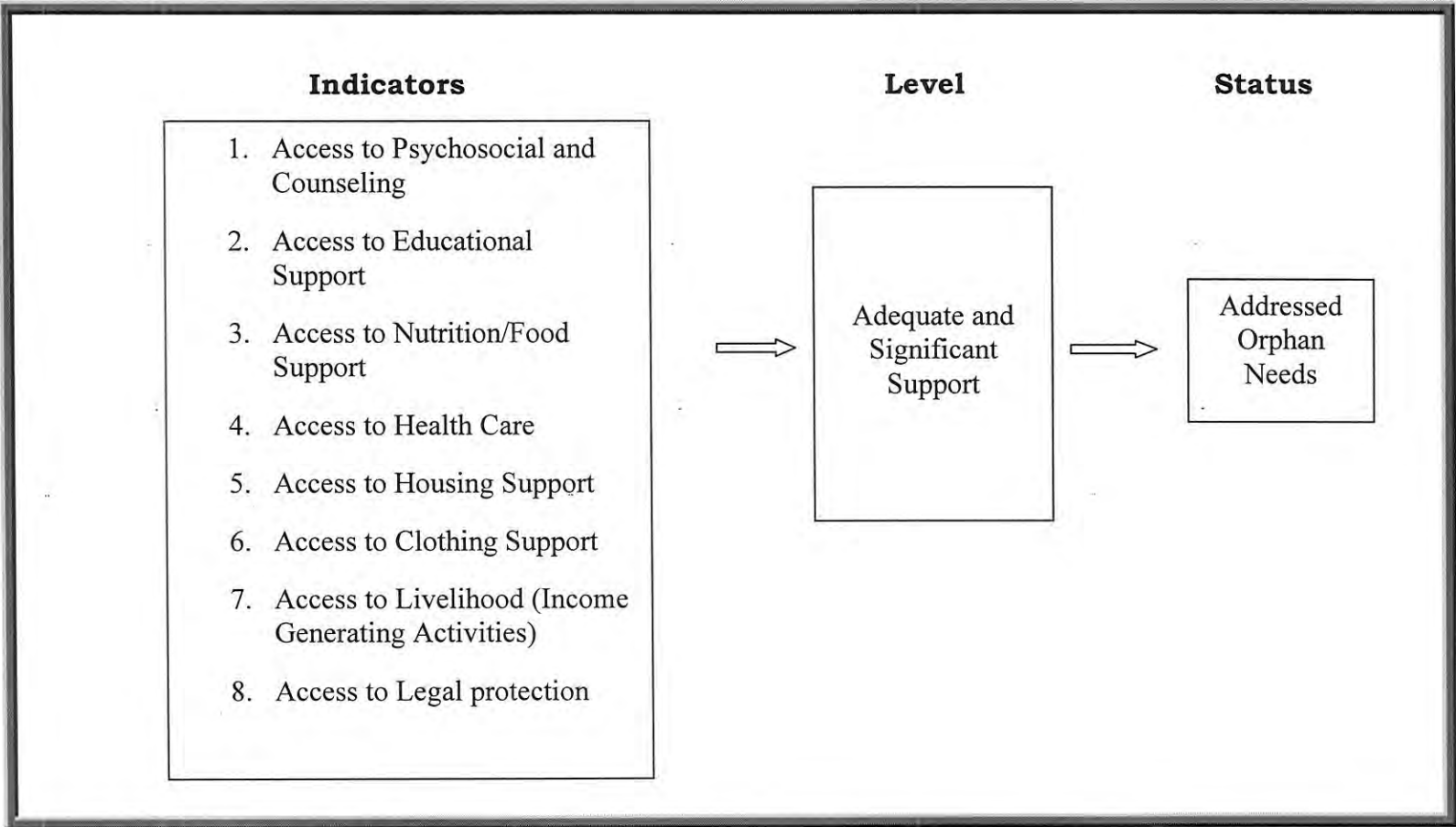


Figure 2.1 Conceptual Framework

Source: The Researcher

The above mentioned indicators assess whether a child is receiving a given service or not. Whereas, the level shows whether a child is satisfied or not with the services he/she is receiving. The level further indicates if the support has importance to the wellbeing of the recipient. The data collection tools were also designed on the basis of the indicators

The level of the first indicator i.e. access to counseling support, is determined through the type of counseling services received and orphan's perception towards its adequacy and significance. Similarly, the level of access to food support is assessed through the types of food items received and orphan's perception towards its adequacy and significance.

The level of educational support on the other hand is assessed through the types of educational materials, school uniform and school fee support a child receives and orphan's perception towards its adequacy and significance.

The level of access to health care is assessed by the types of health services received and child's perception towards its adequacy and significance. The level of access to clothing support is also assessed through types of clothing supports received, frequency and orphan's perception towards its adequacy and significance, while the level of housing support is assessed through accessibility, percent of house rent given and orphan's perception about its adequacy and significance.

The level of access to livelihood income generating is determined through the types of livelihood support received by orphans and their perception towards the adequacy and significance of livelihood (IGA) support. Similarly, the level of legal protection service is assessed through the type of legal service received by orphans and their perception towards its adequacy and significance.

2.3 Empirical Work

This section discusses empirical works that are related to this study. Its first part presents more or less the overall status of children in Ethiopia while the second part deals with statuses of orphan children in Ethiopia in particular. The historical background of NGOs and their role will be presented in the third part.

2.3.1 Status of Children in Ethiopia

Under this topic the status of children in Ethiopia are considered. Accordingly, secondary data are gathered on the status of child health, education and child abuse.

2.3.1.1 Child Health in Ethiopia

According to the EDHS (2005), over the 5-year period, IMR has declined by 20.6 percent from 97 deaths per 1000 live births (2000) to 77 (2005), while the U5MR has gone down by 25.9 percent from 166 deaths per 1000 live births (2000) to 123 (2005). Despite these improvements, GoE (2007) stated that, one in every 13 babies born in Ethiopia does not survive to celebrate its first birth day, and one in every eight children dies before its fifth birth day. Furthermore, the report stated that the following illnesses are responsible for the U5MR in Ethiopia: 28% of deaths are due to pneumonia, 25% due to neonatal conditions (e.g. sepsis and asphyxia), 20% due to malaria, 20% due to diarrhea, 4% due to measles and 1% due to AIDS. The report also underlined that, malnutrition is a major responsible factor for the cause of death in approximately 57% while HIV/AIDS is the cause for 11% of other deaths, particularly those due to pneumonia. In addition, it was also stated that the causes for the worsening of the levels of mortality are poverty, inadequate maternal education, deficiencies in water and sanitation and high fertility and inadequate birth spacing.

2.3.1.2 Nutritional Status of Children

According to the GoE (2007), malnutrition among children in Ethiopia is the highest in the world. The degree of malnutrition among children could be assessed by Anthropometric measurements (weight and height).

Stunting: That refers to condition for height-for-age, is an indicator of chronic malnutrition. It indicates long-term or accumulated nutritional deficiency resulting from lack of adequate dietary intake over a long period of time, or recurrent illness. The prevalence is much higher among rural children (40%) than urban (30%). Distribution of stunted children by gender also suggests that at country level and in rural areas male children are slightly more malnourished on average than female children (GoE, 2007). On the other hand EDHS (2005) stated that, 47% percent of children under-five are stunted and 24 percent are severely stunted. And as expected, the status of rural children is much worse than urban children (for severe stunting 48% versus 30%) as do children of uneducated versus well educated mothers (49.1% versus 4.7%). According to GoE (2007), stunting (chronic malnutrition) increases with the age of the child; this is evidenced by the increase in stunting from 27% among children 6-8 months to 62% among children age 18-23 months.

Wasting: That refers to a condition of low weight-for-height is a reflection of recent malnutrition, and may be caused by acute food shortage or serious infections. GoE (2007), citing Welfare Monitoring Survey (2004), stated that the prevalence of wasting at country level is about 8%. According to the above indicated survey when compared wasting is higher among rural children (8%) than urban (7%), and the prevalence of wasting for boys is higher by about 1% than that of girls in both urban and rural areas. On the other hand, GoE (2007), again citing DHS (2005), stated that 11% percent of children under-five are wasted and 2 percent are severely wasted. Similarly, rural children are

consistently more underweight (40% versus 23%) and wasted (11% versus 6%) than their urban counterparts.

Under Weight: Which refers to a condition for weight-for-age is based on the principle that a child has an expected weight for his/her age measures of the general nutritional status of children. GoE (2007), again citing Welfare Monitoring Survey (2004), asserted that the prevalence of underweight children in Ethiopia was 37% in 2004. The report also stated that, this considerable proportion of underweight children not only reflects both wasting and stunting but also signals the extensive distribution of malnutrition among young children of the country.

2.3.1.3 Educational Status of Children

According to GoE (2007), universal access to primary education is of fundamental importance for achieving the Government's strategic objective as education is a powerful instrument for reducing poverty and inequality, improving health and social well-being and laying the basis for sustained economic growth. Hence, enabling all children to enroll in schools opens up new opportunities for disadvantaged children including children orphaned by AIDS. Accordingly, in 2005/06 out of the estimated 6,959,935 children of the appropriate age group (4-6) only about 186,728 children have been reported to have access to pre-primary education in 1,794 kindergartens all over the country, which is negligible when compared to the appropriate age group.

Generally, Gross Enrolment Rate (GER) is used as a crude measure of coverage. Therefore, the Gross Enrollment Rate for kindergarten level was 2.7% in 2005/06 which is a little higher than the previous year's 2.3%. This means, 97.3 % of the eligible children at these levels could not have access to pre-primary education. However, although the primary school age population (grades 1-8) was estimated at 14,753,159 in 2005/06, the total enrollment both in the regular and evening programs was 12,657,342 excluding the

Alternative Basic Education (ABE) enrollment. Hence, the primary GER at national level has become 85.8% which when disaggregated by gender; it is 78.5% for girls and 92.9% for boys. The 2005/06 figures shows even an increase of 6.0 percentage points for both sexes, and 7.0 and 4.9 percentage points for girls and boys respectively compared to that of the 2004/05 (Ibid).

2.3.1.4 Child Abuse

According to GoE (2007), Article 36 of the Ethiopian Constitution ensures the legal protection of children. There are also other articles in the constitution which stands for children's rights i.e. Article 33-37, 29, 27 and stands for the right to humane treatment (Article 18). In addition, The Civil Code, the Penal Code and Criminal Code also contain provisions designed to protect the rights of children. On the other hand, the Revised Family Code purports to give "priority to the well-being, upbringing and protection of children in accordance with the Constitution and International Instruments which Ethiopia has ratified". Despite the provisions given in the constitution of the country and other laws and civil codes as well as the International Instruments that Ethiopia has accepted and ratified, the prevalence of child abuse is in abundance in different forms (Ibid).

a) Physical Violence

In Ethiopia, as it is stated in GoE (2007) report, Children are subjected to physical violence in private as well as in public life. For instance, even in families it is common to inflict corporal punishment as a way of disciplining their children. Furthermore, schools also consider physical punishment as a means of directing their students. GoE (2007), citing a study made by African Child Policy Forum (2005), indicated that children face different kinds of punishments at home. According to the study, out of 1,223 interviewed children, only 17 (1.4%) stated that they have never experienced corporal punishment at home. The study has also revealed that despite directives that ban corporal punishment, it is still administered in schools. Meanwhile, this

study indicated that the practice of corporal punishment in schools in Ethiopia has demonstrably reduced.

b) Sexual Violence

Sexual abuse is a common form of violence perpetrated on children (GoE, 2007). In addition, according to Renata (2007), child prostitution is growing in both urban and rural areas of Ethiopia. In the capital city, Addis Ababa, the report added that the number of children victimized in commercial sexual exploitation (CSE) is increasing at an alarming rate.

According to GoE (2007) report, for instance, out of 214 allegedly abused children under the age of 15, as reported to one government hospital (Yekatit Hospital) during a period of one year (from July 2001 to June 2002), 74% suffered from sexual abuse out of which 93% of these children were female. The report further disclosed that, sexual violence especially on children is under reported due to lack of awareness, taboos about sex and sexuality, a lack of faith in the justice system, and/or stigmatization of victims.

c) Child Labor

Child labor could be defined as an employment or work undertaken by children, whose ages do not conform to standards that are enshrined in the ILO Convention No.138 on the minimum age for employment and No.182 on the worst forms of child labor (GoE, 2007). Since, there are no comprehensive and adequate data to assess the situation, prevalence and magnitude of children involved in the worst forms of child labor, child labor in Ethiopia is not known. However, according to the 2001 Child Labor Survey Report as quoted in GoE (2007), working children between the ages of 5-17 years were 18.2 million accounting for 32% of the total population, out of which 15.5 million (85.4%) were reported to have been engaged in productive activities, housekeeping activities and both. Of this, 81.2% (12.6 million) were below the age of 15 years. With regard to gender 50.6% were boys while 49.4% were girls.

It was also reported that the majority (88%) reside in rural areas where access to basic social services is limited (Ibid).

With regard to child labor distribution GoE (2007), stated that about 57.2% of rural children were engaged in productive activities, while it was only 18.8% of children in urban areas that were engaged in productive activities. Besides, boys were concentrated more in primary activities while girls were mainly engaged in housekeeping activities. According to the report, an overall 92.3% of children engaged in unpaid productive family workers while it was only 7.7% of them work as paid laborers. The report further stated that, in urban areas, only about half of the children engaged in productive activities were unpaid, while 94.4% were unpaid in rural areas.

ILO Convention No. 182 identifies commercial sex work as one of the worst forms of labor open to children. The fact that, there are no concrete data that depict the scale of the problem makes it difficult to determine whether the problem is on the increase or not. However, some small scale and focused studies shed some light on the gravity of the problem (GoE, 2007).

2.3.2 Status of Children Orphaned by HIV/AIDS in Ethiopia

According to the FHAPCO (2008), report it was estimated that in the year 2007 there were 5.4 million orphan children of ages 0-17 years in the country, out of which 898,350 (16.5%) were those orphaned by HIV/AIDS. There is prediction that this number could rise in the years ahead according to MoH (2006) report that forecasted the total number of children orphaned by HIV/AIDS in Ethiopia could increase until 2010.

According to GoE (2007) and Fleming and Zeith (2005) deaths of parents result in emotional trauma, rejection and stigmatization which remains with little or no help. Hence children infected by HIV/AIDS suffer from socio-economic and psychological problems in addition to the medical problems they face. The

report added that, since, the social support system is weak; most of orphan children will drop out, of schools at early ages and end up in the streets, engage in anti-social activities, face child labor and abuse while girls in particular are exposed to commercial sex work.

GoE (2007), citing the OVC National Plan of Action (2004-2006) report further stated that HIV/AIDS pandemic has substantially increased the number of child headed families, changed cultural patterns of child care and put an incredible strain on social safety nets. As a result, orphan's vulnerability increases to all forms of abuse and exploitations, loss of inheritance rights, loss of opportunities for education, basic health care, normal growth, and development as well as shelter (Fleming and Zeitz, 2005). In this connection, GoE (2007) underlined that this group could be at risk for future waves of HIV/AIDS infection. Renata (2007) writes that one of the reasons is that such orphan children could be tempted to enter into commercial sex in order to survive.

Children orphaned by HIV/AIDS are profoundly affected as their parents fall sick and die. The illness and loss of one or both parents sets orphans on a long trail of painful experiences often characterized by: economic hardship, lack of love, attention and affection, withdrawal from school, psychological distress, loss of inheritance, increased abuse and risk of HIV infection, malnutrition and illness, stigma, discrimination and isolation (UNICEF, 2003).

Similarly, Fleming and Zeitz (2005) stated that the HIV/AIDS pandemic has substantially increased the number of child-headed families, changed cultural patterns of child care and put an incredible strain on the social safety nets. As a result orphan's vulnerability increases to all forms of abuse and exploitation, loss of inheritance rights, loss of opportunities for education, basic health care, normal growth and development as well as shelter. GoE (2007) also mentioned that this group is also at risk to the future waves of HIV infection. One of the

reasons could be these children find themselves at a very high risk of entering commercial sex to survive.

Furthermore, GoE (2007) affirmed that most of the families of children orphaned by AIDS are characterized by illiteracy, low family income and little access to safe water. It was also reported that about 50% of children orphaned by AIDS and 46% of children orphaned by other causes lack adequate food. Hence, securing their daily food is a major problem for most orphan children. it is reported that 6.1% of orphans are forced to beg in order to get their daily food and a large number of orphans also drop out of school due to lack of educational materials.

2.3.3 NGOs in Ethiopia

2.3.3.1 Historical background of NGOs in Ethiopia

According to CRDA and DPPC (2005) Non-Governmental Organizations (NGOs) have a long history of service to the people of Ethiopia. Their involvement in the areas of economic and social life of the country started back in the early 20th century, especially with the emergence of European missionaries that were engaged in the task of transforming both the economic and social lives of the people via building educational and health institutions. However, the report further stated that their vigorous involvement in the development effort started immediately after the outbreak of the drought and its attendant famine of 1973/74. Initially, they focused on relief operation that saved millions of lives and since then they became a permanent feature in the development process of the country. Furthermore, the reappearance of the 1984/85 drought gave a further increase to the growth of NGOs operation both in number and scale, particularly in the areas of emergency (Ibid).

CRDA and DPPC (2005), also stated that with the increasing involvement of NGOs in the development of the country, their role and areas of investment

changed through time. In the past two to three decades there was a dramatic growth of NGOs in Ethiopia. Especially, the number of indigenous NGOs has been rising and doubled in the last five years and so. For instance, in 1998 there were 240 national and international NGO's officially registered with the government. However, the number has doubled and at present there are about 500 NGOs operating in the areas of development across the country. Although, their capacity to play a discernable role in the country's development agenda is steadily growing, their contribution to the development process is obscured by the underlying poverty and the lack of quantitative data on their contribution. In brief, the sector remains very small in Ethiopia compared to other African countries for their operating environment is characterized with excessive control and bureaucratic requirement (Ibid).

2.3.3.2 Role of NGOs in Ethiopia

NGOs are one of the key development actors that step in to fill the relief services and social investment gaps (CRDA and DPPC, 2005). For instance, NGLS (2001) stated that for many years and in many countries of Africa governments were unable to tackle HIV either because of lack of resources or commitment. The study added that this has prompted NGOs to step in to take up the provision of HIV/AIDS related services.

According to Moltotal (2007), NGOs in Ethiopia do have four major roles. Welfare and provision of basic necessities is the prime role particularly for indigenous NGOs. Services provided by such organizations include: food aid, shelter, clothing, and so on. Such intervention is very active in emergency situations where government programs and services are unable to meet the demand on the ground. However, such role is criticized for it creates dependency syndrome on the beneficiaries for it fails to tackle the root cause of their problem i.e. poverty and its sustainability. The second role of NGOs is development oriented that involved in empowerment through education. Contrary to the above role, the benefits provided would remain beyond the

existence of the NGOs. The third area of intervention is emphasis on building the capacity of grass root community based institutions. Such services are where most international NGOs in Ethiopia are basically engaged. Finally, NGOs serving as networks of groups of NGOs is the other role, which is the least developed. For instance, CRDA is one big umbrella organization of NGOs in Ethiopia.

2.4 Summary

The chapter has briefly looked into concepts such as child, orphan and child orphaned by HIV/AIDS, which are vital for the study at hand. The various definitions for the above concepts have been explored and adopted as working definitions to be employed in this study. It also reviewed a number of views that were asserted by different researchers in this field, in order to explain as to how the programs that would enable provide effective care and support to people affected by HIV/AIDS should be launched and operated.

The conceptual framework, which the study adopted, was also presented in this chapter. The framework includes basic human needs and sufficiency of human development, whose absence or insufficiency illustrates unmet needs orphans. Empirical works on the overall status of children in Ethiopia, with particular focus on the statuses of orphan children is also reviewed in this chapter. The background history of NGOs and their role were also presented in the chapter.

Chapter Three

3. Description of the Organization and the Respondents

This chapter will focus on describing the organization and the situation of respondents. The chapter is divided into three sections, the first section that deals with the description of the organization and the second section that describes the socio-economic status of the respondents. The third section presents the summary of the chapter.

3.1 Description of Mekdim Ethiopia National Association (MENA) as Organization

3.1.1 Establishment

MENA of PLWHA and AIDS Orphans was established in 1996 by a group of three persons living with the virus and 9 AIDS orphans. MENA obtained a license from Addis Ababa City Government to work at regional level in 1997. Later, in August 1999, it earned a license from the Ministry of Justice of the Federal Democratic Republic of Ethiopia (FDRE) that gave it the status of NGO that enabled it to operate at National level.

The name MENA begins with the word Mekdim which means Pioneer. The founders gave it this name considering that it is the first Association of its kind that legally registered in Ethiopia. MENA presently is one of the major PLWHA's associations in Ethiopia. Currently it has a total of over 6000 members (26 % Children orphaned by HIV/AIDS & 74% PLWHAs). Since its founding, MENA has been undertaking various HIV/AIDS related projects and programs in six different areas in the country.

3.1.2 Vision, Mission and Goals

MENA as an organization has a stated clear vision, Mission and Goals with which it would be guided in the planning, monitoring, implementing and evaluating of the operation of its organization. Accordingly it's Vision, Mission and Goals are expressed as follows:

Vision: To see a society that cares and supports PLWHAs and AIDS orphans and a generation free of HIV/AIDS.

Mission: Addressing the prevention and control of HIV/AIDS and the protection of the basic needs and human rights of people living with HIV/AIDS, their families and dependants, through holistic care and support, education and advocacy.

Goals:

- Improve the quality of life of persons and communities infected and affected by HIV/AIDS in Ethiopia.
- Play a leading and exemplary role in the fight against the spread of HIV/AIDS.

3.1.3 Operational Area

The association presently operates in six areas under three regional States of Ethiopia including: Amhara Region in Dessie and Bahir Dar, Oromia Region in Jimma, Shashemenie and Nazareth (including four towns such as Dukem, Mojo, Matahara and Walanchiti) and Addis Ababa. The association is operating in all sub-cities of Addis Ababa and its head quarter is situated in Kebele, 13 of Arada Sub City Administration of Addis Ababa.

3.1.4 Staffing

MENA presently has a total of 133 employees out of which 40% are professionals who are graduated from higher educational institutions (universities and colleges) and mainly work on program activities while the remaining 60% are secondary school graduates who are supportive staff that mainly are involved in the administrative and general services.

3.1.5 Partnership and Networking

Owing to a demand for a cooperation with all supportive Government and Non Government Organization (NGO) in order to effectively accomplish its tasks, MENA, is closely working in cooperation with Regional & Federal Disaster Prevention and Preparedness Commission (DPPC), Ministry of Health (MoH), Regional & Federal HIV/AIDS Prevention and Control Offices, Concern Ethiopia, Save the Children Sweden, American Jewish World Service (AJWS), UNAIDS, Canada-Africa Partnership on AIDS (CAPAIDS), Christian Relief and Development Association (CRDA), Save the children USA, Care-Ethiopia, Pathfinder International, Interact Worldwide, International Training and Educational Center on HIV (I-TECH), Tulane University, Action Aid Ethiopia, and more than 30 CBOs and 200 PLWHA associations that are operating in different areas of the country. The association is also one of the founding members of a forum known as National Partners Forum (NPF) & International Coalition of Women (ICW), Network of Network of HIV Positive in Ethiopia (NAP+). MENA is also Founder & member of Addis Ababa Net Work of Care and Support provider organization.

3.1.6 Programmatic Areas

MENA as an organization is engaged in seven major programmatic activities. The activities intend to provide its target clients, (PLWHA and OVC) and members of their immediate families with Information, Education and Communication (IE/BCC), Counseling, Home Based Care, Medical and Nursing Care, Social Support, Legal support and OVC Support.

a) Information, Education and Communication (IE/BCC):

MENA believes information and education is vital instruments of change and development and thus it embarked on the dissemination of relevant information and education on HIV/AIDS to community members by using different methods that are mostly performed by PLWHA and OVC. Information for awareness raising and education is intended to bring about a change in the attitudes, behaviors and social lives of communities in order to help them protect themselves from infection and be of help also to their fellow HIV/AIDS infected. Some of the methods used for dissemination of information and education include: Print Media, Coffee ceremony and organizing music and drama shows, personal testimonies and sport festivals.

b) Counseling:

MENA also is actively involved in providing psychological support through counseling at different levels. The support in this regard include: pre-test, post-test/ongoing and adherence counseling services. The support is inclusive that it is delivered at individuals, couples, families and groups levels for people infected and affected by HIV/AIDS.

c) Home Based Care:

The components of home based care service provided by MENA consists of medical treatment, counseling, nutritional support, physical care, personal and environmental hygiene. Such service is provided to those critically sick and bedridden patients via trained volunteers (care givers) and health professionals.

d) Medical and Nursing Care:

Medical care is the other program component of MENA that is provided at the clinics that are found in all operational branches of MENA. At the branches, the treatment is offered by health professionals to PLWHA so as to diagnose opportunistic infections. Furthermore, ART treatment is given to some

members of the association at the clinics. Moreover, the medical care is given to immediate families of the clients and OVC.

e) Social Support:

In addition to other support, clients badly need basics for life. To meet this demand MENA provides its clients (PLWHA and OVC) and members of their immediate families with shelter (House rent), food, clothing, education (including Vocational Skill training) and Income generating activities/livelihood supports.

f) Legal Support:

With the aim of protecting an all round rights of the clients MENA also gives legal services to people living with HIV, OVC and their families to protect them from human rights' abuses faced by individuals affected by and infected with HIV.

g) Orphan and Vulnerable Children (OVC) Support:

MENA has been also implementing a separate OVC project namely Positive Change: children, Community and Care (PC3), which is currently the largest OVC program in Africa (Save the children USA, 2008). The program is implemented in partnership with CBOs and international NGOs. The program is also a community service and capacity building initiative designed to provide care and support for orphans and vulnerable children. Furthermore, it is intended to address the diversified needs of Orphans and other Vulnerable Children (OVC) and families and improve their wellbeing in partnership with CBOs and international NGOs.

3.2 Description of the Respondents

This section focuses on a detailed descriptions of socio-economic characteristics of respondents, their demographic, educational level, orphanage status and situation, guardian's status and marital situation, family size and, sources of income and occupation of parents (guardian).

3.2.1 Description of Orphans

3.2.1.1 Age and Sex of Orphans

According to the survey carried out by this study, out of the total surveyed respondents 47.7% were male, while 50.3% were female. As indicated in Figure 3.1 the number of female is slightly higher because the number of member beneficiaries of girls is greater than that of boys. However, since the disparity in percentages of both sexes is more or less small, it could be said the sexes are well represented.

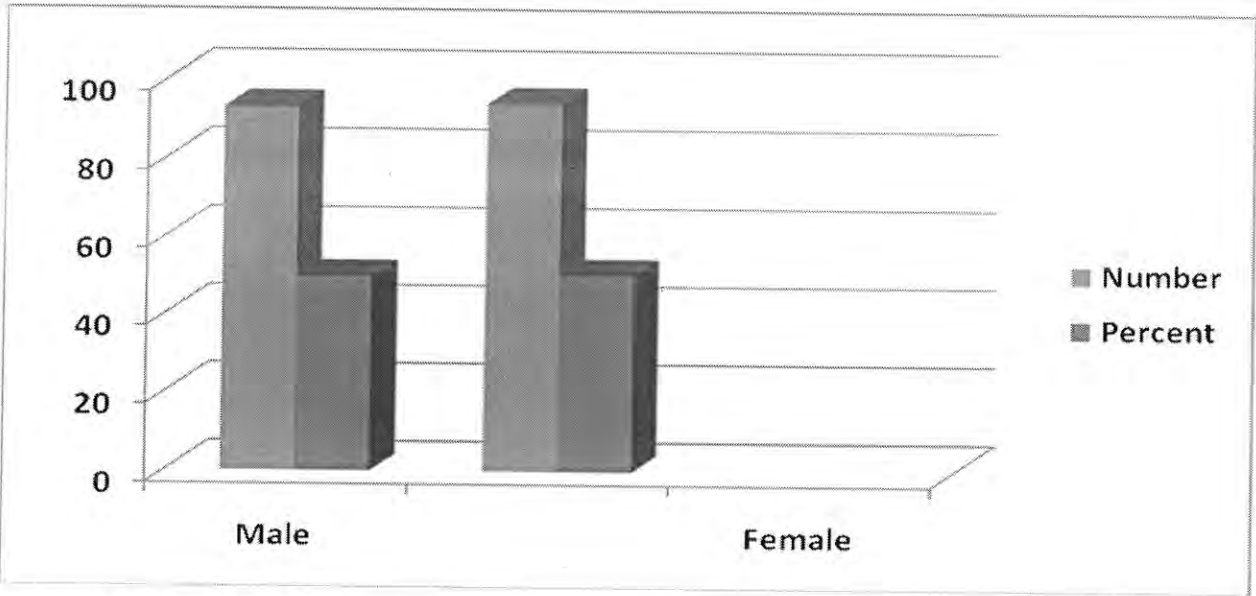


Figure: 3.1 Sex of Orphans

Own Survey, 2009

According to data analysis regarding age and sex distribution of the orphans understudy, the orphan children between the ages 13-15 accounts for 46% out of which 38% are male while 62% are female (Table 3.1). On the other hand, orphan children between 16-18 accounts for 54% out of which 59.5% were male while 40.6% were female. The percentage of females among children between the ages of 16-18 was only 40.6, while the percentage of female was greater by a larger percentage among children between the ages 13-15 accounting for 62.6%.

Table 3.1 Sex and Age of Orphans

Age of Respondents	No.	Percent	Sex of Respondents			
			Male		Female	
			No.	%	No.	%
13-15	86	46.0	33	38.4	53	62.6
16-18	101	54.0	60	59.4	41	40.6
Total	187	100.0	93	49.7	94	50.3

Source: Own Survey, 2009

3.2.1.2 Educational Level of Orphans

In the case of educational status of the respondents Figure 3.2 below indicates that 44.9 % of respondents are in the elementary school out of which 46.4% was male while 53.6% were female. 34.2% of respondents fall under the category of high school where, both sexes represent the same percentage. Although, the majority of the total children under study belong to the category between 16-18 ages, majority of them are at elementary school. This could relate mainly to their late age start or frequent withdrawal of school when their parent fall sick or die. The other two categories vocational school and college/university student account for 12% and 5.3% respectively, where in both cases the number of male is higher than the females. This may also agree with national figure that females are less likely to reach tertiary education level

due to various cultural barriers (Moltotal, 2007). Furthermore, 3.2% orphans were found to be never been to school even if Addis Ababa ranks first with 101.2% net enrollment rate (NER) (GoE, 2007). It is also important to note that all the children that have never been to school were female in coherence with the GoE (2007), report that in Addis Ababa there is a disparity in enrolment among boys and girls even though it is at its lowest level.

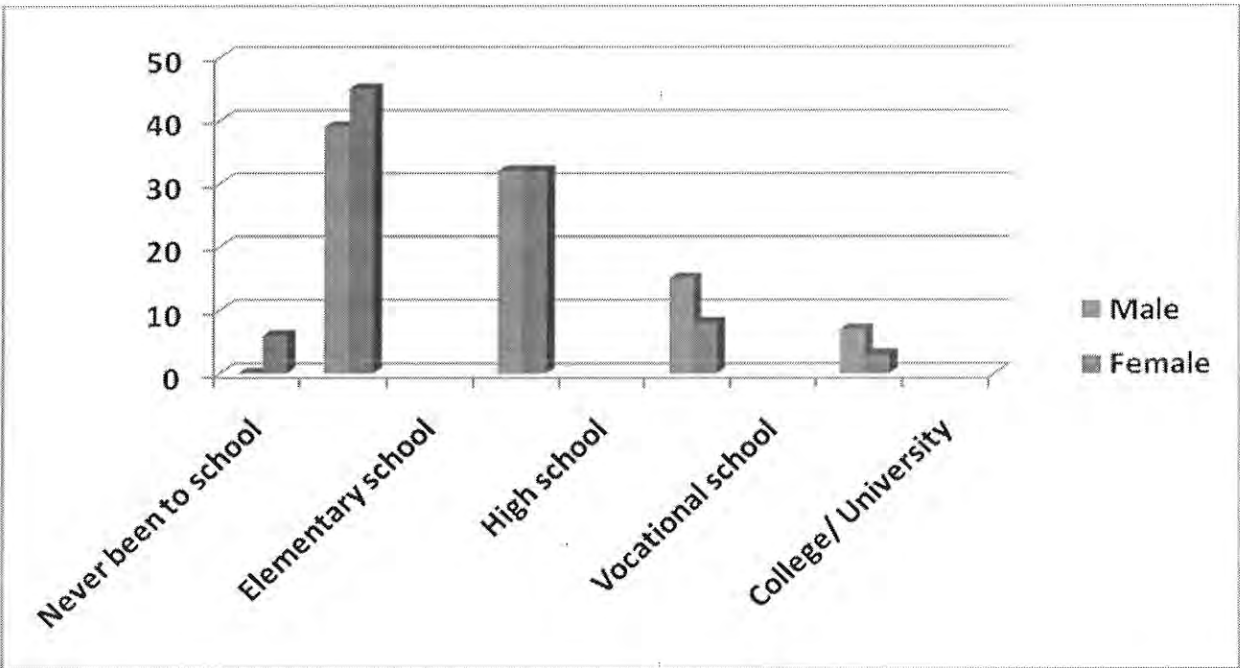


Figure 3.2 Educational Levels of Orphans
Source: Own Survey, 2009

3.2.1.3 Status of Orphanage Child

In this study, orphan type refers to which one of the parent has died. In the study both single (maternal or paternal) and double orphans are included. As it is depicted in Table 3.2, 59.9% were single orphans of which 39% were paternal, while 20.9% were maternal. On the other hand, 40.1% were double orphans out of which 52% are female while 48% are male.

Table 3.2 Orphan Type

Orphan Type	Total	Percent	Sex of Respondents			
			Male		Female	
			No.	%	No.	%
Single Orphan	112	59.9	57	50.9	55	49.1
Double Orphan	75	40.1	36	48	39	52
Total	187	100.0	93		94	

Source: Own Survey, 2009

Meanwhile, Figure 3.3 intends to show the status of the livelihood of single orphans (on whom single orphans depend to survive). Thus, 62.4% of single orphans replied that they are living with their mothers while 31.3% responded that they are living with their fathers. Therefore, the majority of single orphans which are 93.7% are living with their living parent. It is therefore, evident that the responsibility to feed and raise a child rests on the shoulder of single parents after their spouse deceased. Less than 7% of the respondents are either living with their grand-parents or uncle/aunt or elder sisters/brothers. Therefore, this indicates that most of single orphans were not living with their close relatives.

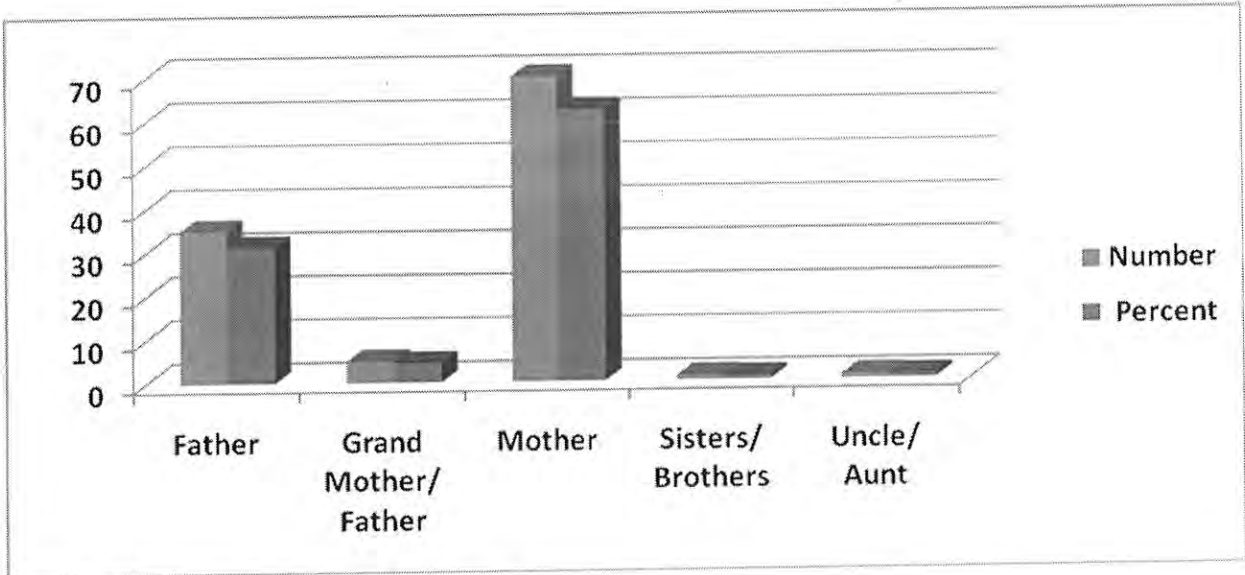


Figure 3.3 Living Situations of Orphans

Source: Own Survey, 2009

Similar to what has been stated in GoE (2007) report that the HIV/AIDS pandemic has substantially increased the number of child-headed families; the survey shows that, 32% of double orphans replied that they are living with their elder sisters/brothers. On the other hand, equal percentages of 22.7% orphans are living with their grand-parents and uncle/aunt. Moreover, 12% and 10.7% were living by themselves and with their step parents.

On the other hand, the survey carried out to investigate the working situation of the orphans indicated (Table 3.3) that nearly 87 % of the respondents are not working, while about 13% of the respondents were working. Therefore, the majority of orphans were not engaged in any income generating activity to contribute to household income. The table also shows that the majority of the working orphans are between the ages 16 to 18. This could relate mainly to their age. Because, this is the age at which most children start to take responsibilities both at home and out of home.

Table 3.3 Working Orphan

Sex of Respondents			Age of Respondents		Total
			13-15	16-18	
Male	Are you working	Yes	5	13	18
		No	28	47	75
	Total		33	60	93
Female	Are you working	Yes	4	3	7
		No	49	38	87
	Total		53	41	94

Source: Own Survey, 2009

The results of the survey to identify the length of the years of the beneficiaries disclosed that (Figure 3.4 below), 47.2% respondents became beneficiaries 3-5 years ago i.e. between the year 2004-2006. This could relate mainly to the implementation of the PC3 project, which was launched during the period of

Years 2004-2006, the time at which the organization secured fund from Care Ethiopia to launch a separate OVC program called PC3.

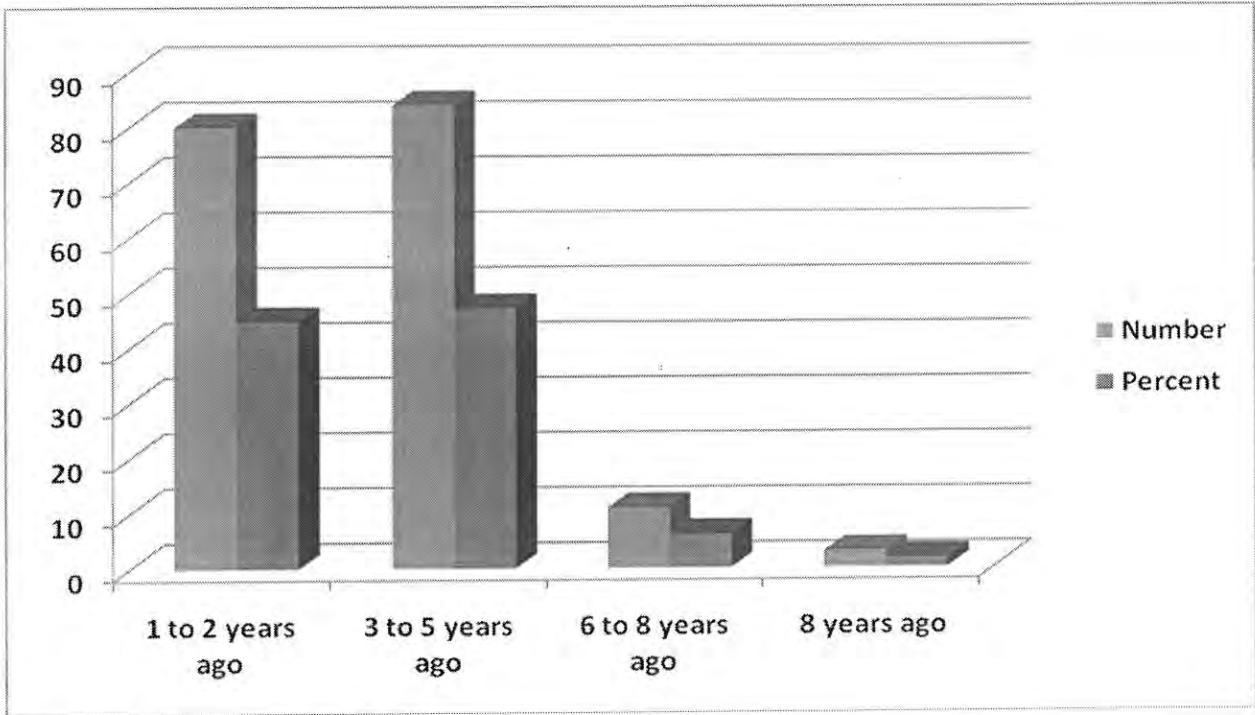


Figure 3.4 Years as Beneficiary

Source: Own Survey, 2009

3.2.2 Description of Parents (Guardians)

2.2.2.1. Age and sex of Parents (Guardians)

Out of the total surveyed respondents with the aim to investigate the situation of parents/guardians, (Table 3.4) 35.6% is male, while 64.4% are female. As we can see the number of female is higher than that of the male. This is particularly true because of the higher number of female beneficiaries. The table also shows that the age distribution of parents/guardians between the ages 15-29 accounted for 21.9% out of which 28.6 % are male while 71.4% are female. On the other hand parents/guardians between 30-45 age accounts for 60% out of which 35.4% are male while 64.6% are female. Furthermore, parents/guardians between 45-60 age accounts for 18.1% out of which 44.8%

are male while 55.2% were female. It is clear that the percentage of females is the highest in all age ranges, while the percentage of female is with greater percentage among parents/guardians between the ages 15-29 accounting for 71.4%.

Table 3.4 Sex and Age of Parents (Guardians)

Sex of Respondents	No.	Percent	Age of Respondents					
			15-29		30-45		46-60	
			No	%	No	%	No	%
Male	57	35.6	10	28.6	34	35.4	13	44.8
Female	103	64.4	25	71.4	62	64.6	16	55.2
Sub Total			35	100.0	96	100.0	29	100.0
Total	160	100.0	35	21.9	96	60.0	29	18.1

Source: Own Survey, 2009

2.2.2.2. Educational Level of Parents (Guardian)

The survey in connection with the education of parents/guardians indicated (Figure 3.5) that 37.5 % respondents are found in the elementary school out of which 35.1% were male while 38.8% were female. 29.4% respondent falls under the category of high school where, 31.7% were males while 28.8% are females. The percentages of parents/guardians in vocational school and college/university account for 3.1% and 1.9% respectively. The figure also shows that, 65.6% of parents/guardians are below or at elementary school level where, 23.1% of them have never been to school. This finding agrees with GoE (2007) report which stated that most of the families of children orphaned by AIDS are characterized by illiteracy.

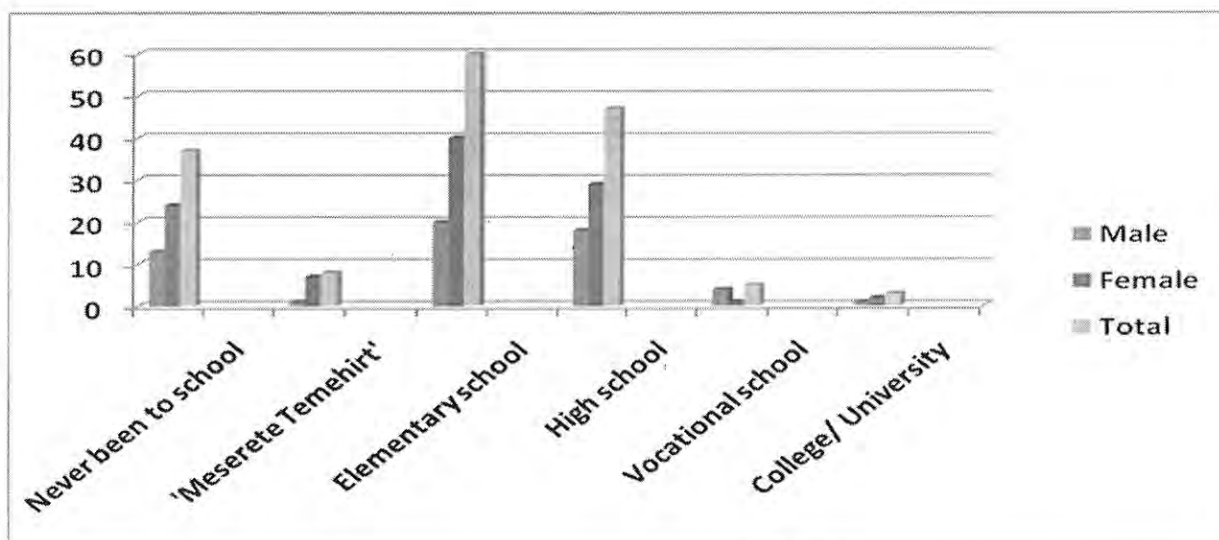


Figure 3.5 Educational Levels of Parents (Guardians)

Source: Own Survey, 2009

2.2.2.3. Martial Situation of Parents (Guardians)

As can be seen in the Table 3.5, majority of 67.6% were widowed out of which 65.8% are female while 34.2% are male. Hence, the majority of household is female headed. On the other hand, 15.6% were married. This percentage includes both parents that are living with the virus or remarried individuals after losing their first spouse to the disease. The percentages of divorced and unmarried parents/guardians account for 10.6% and 6.2% respectively. The guardians that belong to the category of unmarried are elderly brothers/sisters that are looking after their younger ones. Although, the pandemic has substantially increased the number of child-headed families (Fleming and Zeitz, 2005), the survey reveals that the percentage of child headed families is observed to be the lowest.

Table 3.5 Marital Status of Parents (Guardians)

Sex of Respondents	Marital Status								Total
	Married		Divorced		Unmarried		Widowed		
	No.	%	No.	%	No.	%	No.	%	
Male	11	44	4	23.5	5	50	37	34.2	57
Female	14	56	13	76.5	5	50	71	65.8	103
Sub Total	25	100.0	17	100.0	10	100.0	108	100.0	160
Total	25	15.6	17	10.6	10	6.2	108	67.6	160

Source: Own Survey, 2009

3.2.2.4. Economic Situation of Parents (Guardians)

As it is indicated in Table 3.6, out of the total surveyed parents/guardians 85% replied that they are the sole bread winner of the family, while 15% replied that they are not. The survey also reveals that out of the parents that were not the bread winners, 62.5% of them were fully dependant on support they get from relatives and close friends, while 20.8% and 16.7 said that they entirely depend on the support they get from MENA and their spouse respectively.

Table 3.6 Bread Winner Parents (Guardians)

	Total	Percent	Sex of Respondents			
			Male		Female	
			No.	%	No.	%
Yes	136	85.0	50	88.7	86	83.5
No	24	15.0	7	12.3	17	16.5
Sub Total	160	100.0	57	100.0	103	100.00

Source: Own Survey, 2009

2.2.2.5 Parents (Guardians) Income Level and Job Type

Results of investigation regarding parents/guardians type and level of income indicated (Table 3.7) that among the bread winner parents/guardians the majority 85.2% replied that their monthly income is less or equal to Birr 300.00, while less than 15% said they earn above Birr 300.00 per month. It is therefore, obvious that the majority of respondents have too low family income to fulfill their basic necessities. On the other hand, the majority of respondent 56% are self employed while individuals living by pension account for 24.4%. Moreover, parents/guardians working in private organization and government organizations accounts for 17.1% and 2.2% respectively.

Table 3.7 Income Level and Job type of Parents (Guardians)

Parents/Guardian Income level		No.	%	Valid %	Parents/Guardian Job type				Total
					Self Employed	Government Employed	Employee of private Organization	Pension	
Valid	Less than 100 br	44	27.5	32.6	22	0	0	22	44
	Between 101-200 br	32	20.0	23.7	25	0	2	5	32
	Between 201-300 br	39	24.4	28.9	24	2	8	5	39
	Above 300 br	20	12.5	14.8	5	1	13	1	20
	Total	135	84.4	100	76	3	23	33	135
No Response		25	15.6						
Total		160	100		56.3	2.2	17.1	24.4	100

Source: Own Survey, 2009

3.3 Summary

The chapter has briefly described the overall status of the organization and the respondents. In the case of the organization effort has been exerted to identify its establishments, vision, mission, goals, operational area, staffing, programmatic activities and the cooperation and networking it has with other related organizations for wider attention and experience. The chapter also attempted to explore the background information on the status of the respondents such as: - age, sex, educational level, orphanage status and situation, guardian's status and marital situation, source of income and type of job. This is with the aim of giving relevant information that would help members of communities understand the status of orphans and be attracted to join hands with such programs. The overall intention of the description in this chapter is to enable the reader to obtain at least a brief account of the basic information about both the organization and the respondents who are the clients of the organization.

Chapter Four

4. Orphans Access to Supports and Services

This chapter will focus on finding out the level of the access that orphans are having to supports and services that are rendered by MENA. It is divided into two sections. The first section that assesses the orphans' access to basic services such as: food, education, clothing, psychosocial, housing, medical care, income generating activities and legal protection while the second section presents the summary of the Chapter.

4.1 Access to Supports and Services

MENA is involved in the operation of a separate project for orphans namely Positive Change: Children, Community and Care (PC3). The program primarily is intended to address the diversified needs of orphans and their families with the aim of improving their livelihood and wellbeing through providing services and supports such as food, housing, clothing, health care, psychosocial, education, income generating activities and legal protection. However, owing to the growing number of children orphaned by AIDS, the organization is able to provide at least one service to orphans. The following figure summarizes the types and level of services received by the orphans.

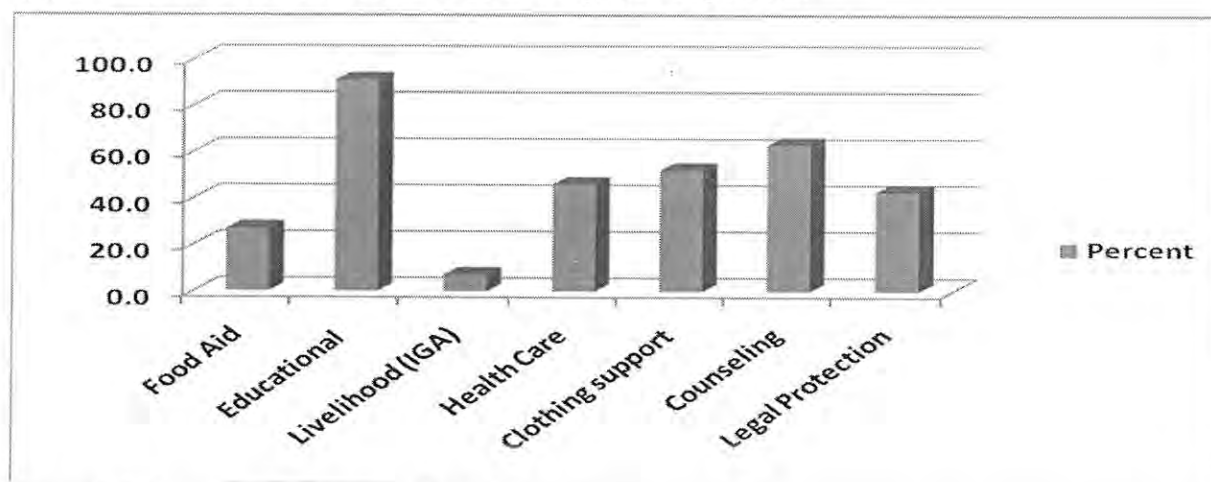


Figure 4.1 Accesses to Supports/Services

Source: Own Survey, 2009

*The total percent is greater than 100% because of multiple responses

As it is indicated in Figure 4.1, the majority of 91.2% orphans are receiving educational support, while the next majority accounting for 63.2% is receiving psychosocial and counseling services. Moreover, orphans are receiving at least one service, except the housing support which is nonexistent because of financial scarcity.

4.1.1 Access to Psychosocial and Counseling Services

Children orphaned by HIV/AIDS may experience a trauma when they lose either of their parents. Thus, counseling plays critical role in post trauma healing and in providing emotional care to the orphans.

Table 4.1 Access to Counseling

		No.	Percent	Sex of Respondents			
				Male		Female	
				No.	%	No.	%
	Yes	114	61.0	53	46.5	61	53.5
	No	73	39.0	40	54.8	33	45.2
Total		187	100.0	93	49.7	94	50.3

Source: Own Survey, 2009

As it is indicated in Table 4.1, out of 187 respondents, 61% said they are receiving counseling services. Further, according to same Table the percentage of female beneficiaries is higher than male beneficiaries which are 53%. In addition, the survey result shows that out of the total 112 single orphans the majority, 59% are receiving counseling. Similarly, out of the total 75 double orphans the majority 64% are receiving the service. The highest percentage of female orphans than male orphans and double orphans than single orphans is due to the organization effort to give priority to double orphans than single orphans and female orphans than male orphans.

On the other hand, during the focus group discussion, among orphans that were not receiving counseling, majority of them replied that they either don't go to counselor's office or they are out when volunteers visits them. Therefore, it could be said that majority of orphans were not receiving the service simply because they failed to go to the counselor's office or failed to meet volunteers during home visits. On the other hand, significant amount of orphans replied that they are receiving the service from their parents or guardians, while a few orphans said that they don't know why they are not receiving it.

In line with what has been stated by the focus group discussants, the survey shows out of 63 parents/guardians that responded their children do not receive counseling service, 50.8% parents/guardians replied that they either don't take their children to the counselor's office or give them counseling at home because they don't want to pressurize their children by disclosing their health status. The lack of conviction by parents to disclose their status to their children reveals that some parents need awareness raising Information, Education and Communication (IE/BCC) services. Furthermore, it could be concluded saying that orphans were not receiving the service simply because their parents/guardians didn't take them to the counselor's office or didn't give them counseling at home.

As can be seen in Figure 4.2 below, the highest percentage 67.5% orphans have access to family counseling, while the next highest percentage 59.6% have access to one to one counseling. On the other hand, orphans with access to peer group counseling accounts for 43% while, the two categories of spiritual counseling and phone counseling account for 9.6% and 7.9% respectively.

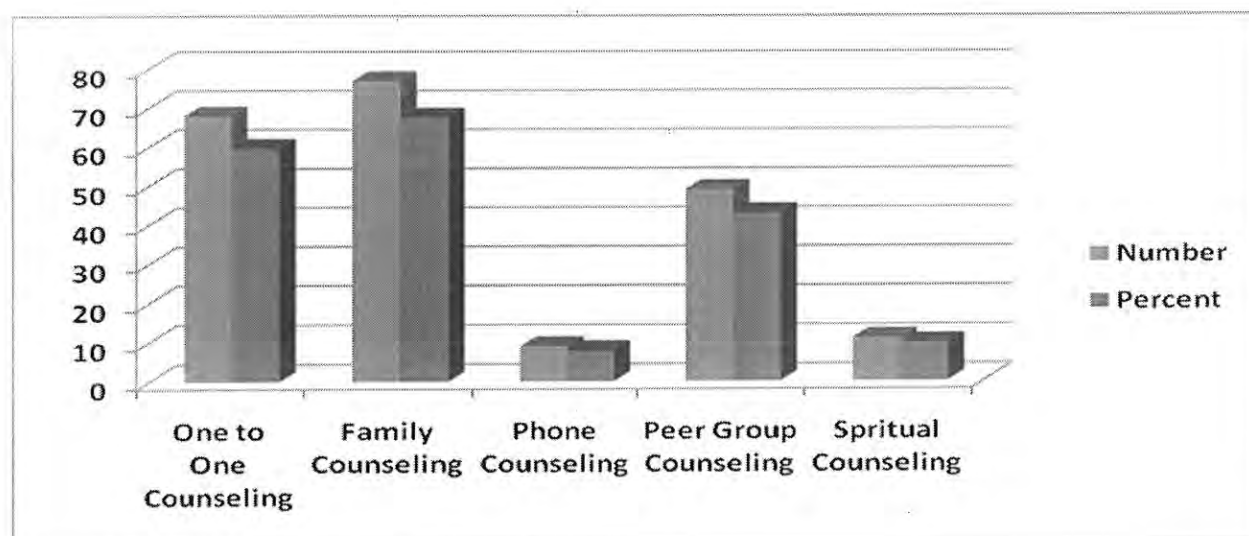


Figure 4.2 Types of counseling Orphans have accessed

Source: Own Survey, 2009

***The total percent is greater than 100% because of multiple responses**

The survey results in this case showed of the total 114 orphans that are receiving counseling services 97.4% stated that the counseling service is adequate, while 94.7% replied that the counseling service is significant in post trauma healing and in providing emotional care, where the proportional percentage of double orphans were the highest. This is mainly because most double orphans face more psychological distress than single orphans; thus they are given priority over single orphans.

Table 4.2 Significance of Counseling

		Responses		Percent of Cases
		No.	Percent	
	I feel relieved	85	34.4%	78.7%
	I feel less stressed	76	30.8%	70.4%
	I feel understood	46	18.6%	42.7%
	I feel accepted	40	16.2%	37.0%
Total		247*	100.0%	228.7%

Source: Own Survey, 2009

***The total number is greater than 187 because of multiple responses**

Table 4.2 also indicates that 34.4% of the respondents strongly agree that the counseling service they receive has significant contribution in making them more relieved. Whereas, 30.8% agree that the counseling has significant contribution in making them less stressed. Orphans that felt understood and accepted by others after the receipt of the service account for 18.6% and 16.2% respectively.

4.1.2 Access to Educational Support

MENA is also engaged in providing educational support to children orphaned by AIDS. Accordingly, educational items which are in the provision for children orphaned by AIDS include supports such as; school fee, educational materials and school uniform. The educational materials supports include; exercise books, pens, pencils, school bags and geometric tools. The school fee is given on a monthly basis while the educational materials and the school uniform are rendered on a yearly basis.

Table 4.3 Access to Educational Support

		No.	Percent	Sex of Respondents			
				Male		Female	
				No.	%	No.	%
	Yes	166	88.8	79	47.6	87	52.4
	No	21	11.2	14	66.7	7	33.3
Total		187	100.0	93		94	

Source: Own Survey, 2009

In Table 4.3, it is indicated that 88.8% orphans are receiving educational support, where the percentage of female beneficiaries is the highest accounting for 52.4%. The survey result in connection with this issue also disclosed that out of the total 112 single orphans the majority 86.6% are receiving the support. Similarly, out of the total 75 double orphans the majority 92% are receiving the service. As can be seen from the above facts the percentages of

double orphans is the highest and this is mainly because priority is given to double orphans than single orphans. The survey also shows that the highest percentages of orphans that are getting educational support belong to the 13-15 age categories and this mainly because of high emphasis given to orphans at primary level. This may be contributed to efforts made by MENA towards ensuring universal access to primary education. On the other hand 11.2% were not receiving educational support. The survey revealed that the 21 individuals that were not receiving the supports were either school dropouts or grade 12 complete. All dropout students replied that they left school to fulfill their basic needs.

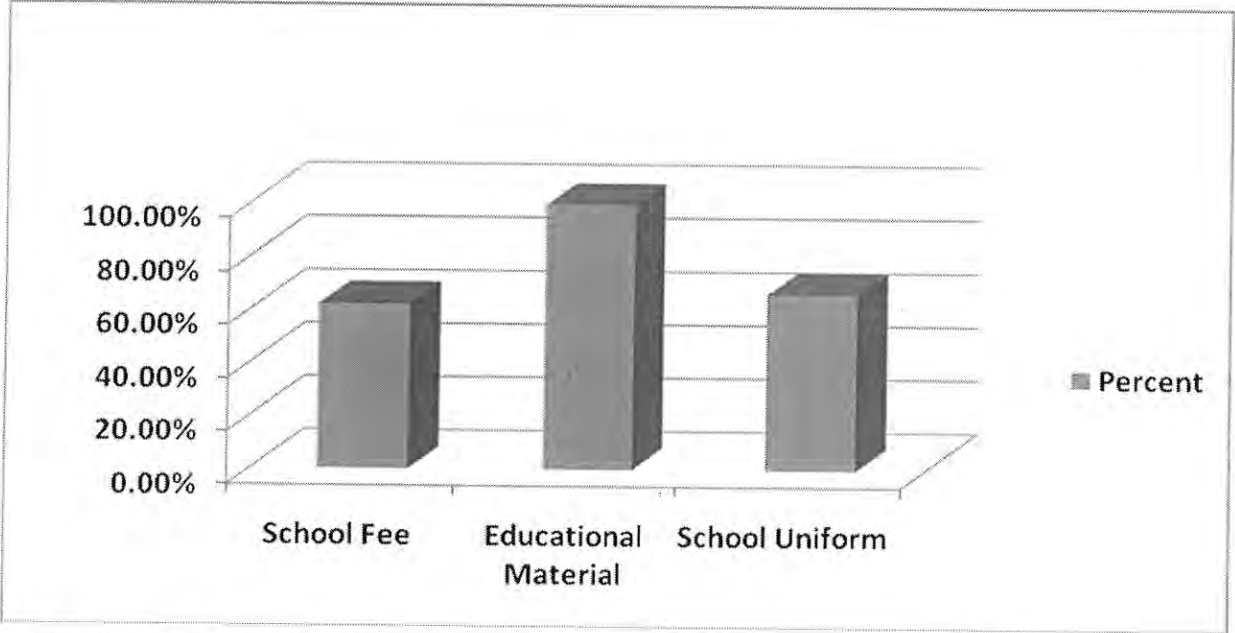


Figure 4.3 Types Educational Support

Source: Own Survey, 2009

***The total percent is greater than 100% because of multiple responses**

As can be seen in Figure 4.3, the highest percentage 99.4% of the respondents said they have access to educational materials while the next majority 66.3% said they have access to school uniform. Orphans with access to school fee accounts for 62% orphans. The survey also shows that out of the total 165

individuals that were getting educational materials all of them were receiving exercise books, pens and pencils.

Table 4.4 Adequacy of Educational Support

		Frequency	Percent	Cumulative Percent
	Yes	71	42.8	42.8
	No	95	57.2	100.0
Total		166	100.0	

Source: Own Survey, 2009

In the case of educational support, as it is indicated in Table 4.4, out of the total 166 orphans that were receiving educational support 57.2% replied that the educational support they receive is not sufficient because of the mismatch between the needs and the support. During the focus group discussion majority of discussants said that the number of exercise book they receive and the number of subjects they take is not the same. Besides, the educational materials they receive couldn't take them through the whole year.

Similarly, out of the total 149 parents/guardians that stated their children are receiving the support, 51% of them strongly agree that the educational support their children receive is inadequate because of the mismatch between the needs and the support. This is well recognized by the organization. However, due to the growing number of destitute children that seriously need the support, the organization is forced to cut the types and amount of educational support it gives to its beneficiaries. On the other hand, to meet the growing demand, the organization has established linkages with public schools and community based organizations (CBOs). The public schools provide scholarships and sponsorship for orphans, while CBOs provides the students with educational materials.

Table 4.5 Significance of Educational Support

		Frequency	Percent	Cumulative Percent
	Yes	128	77.1	77.1
	No	38	22.9	100.0
Total		166	100.0	

Source: Own Survey, 2009

Regarding the provision of educational support, as it is indicated in Table 4.5, the majority, 77.1% respondents strongly agree that the educational support they receive has significant contribution. The survey result on the other hand also shows that out of the total 128 orphans 43% commented that the support has saved them from worry to support themselves with educational materials. 34.4% respondents said that the support has either motivated them to study hard or increased their interest in education. According to UNICEF (2003), the illness and loss of one or both parents to AIDS forces orphans to withdraw from school. However, the survey result shows that 14.8% were able to continue their education as a result of the support. This shows the practical significance of the support. The remaining 7.8% on the other hand replied that the support is only better than nothing.

According to survey in this connection, with the parents/guardians, out of the total 160 parents/guardians 81.9% expresses the support their children received is significant. Out of which, 45.4% of them strongly believe that the support has saved them and their children from worry to obtain educational materials, while 31.1% believes that the support has either motivated their children to study hard or increased their interest in education. On the other hand, 13.4% believe that their children were able to continue their education as a result of the support, while the remaining 10.1% replied that the support is better than nothing. Therefore, it can be assumed that the educational

support that orphans receive has significant contribution in reducing pressure on both parents and orphans. Moreover, the support has reduced worry among parents/guardians to supply their children with their educational needs. On the other hand, the support has also helped orphans to focus only on their education.

4.1.3 Access to Health Service

Orphans were also asked questions in order to assess the level of access that they had to health care, the results obtained are presented as follows in Table 4.6.

Table 4.6 Access to Health Service

		No.	Percent	Sex of Respondents			
				Male		Female	
				No.	%	No.	%
	Yes	84	44.9	35	42.0	48	58.0
	No	103	55.1	58	56.3	46	43.7
Total		187	100.0	93		94	

Source: Own Survey, 2009

Accordingly, as it is indicated in Table 4.6, the majority 55.1% orphans expressed concern saying that they are not receiving health support. The survey result also shows that out of the total 112 single orphans the majority, 57.1% were not receiving the service. Similarly, out of the total 75 double orphans the majority of 52% were not receiving the service. Out of the total 103, orphans that are not receiving the support 44.7% respondents replied that they are not utilizing the service because they never faced any health problem. Therefore, it can be assumed that orphans were not utilizing their right to access the service simply because they have been healthy. However, the fact that 23.3% orphans reported that they were told the service is only for bed-

ridden, reveals that being healthy was not the only factor for not receiving the service. Besides, 32% orphans don't know why they are not receiving the service, shows that orphans lack basic information with regard to how to have access to the services.

This situation is well understood by the organization. However, the organization argues that due to the growing number of PLWHAs and bed-ridden, it is forced to give health care only for bed-ridden and orphans in an Anti-retroviral (ARV) treatment. Furthermore, to meet the growing demand, the organization is working in a referral system with government hospitals and clinics to provide health care to its clients. However, the survey shows that a small percentage of orphans accounting for 11.7% were only using the referral system.

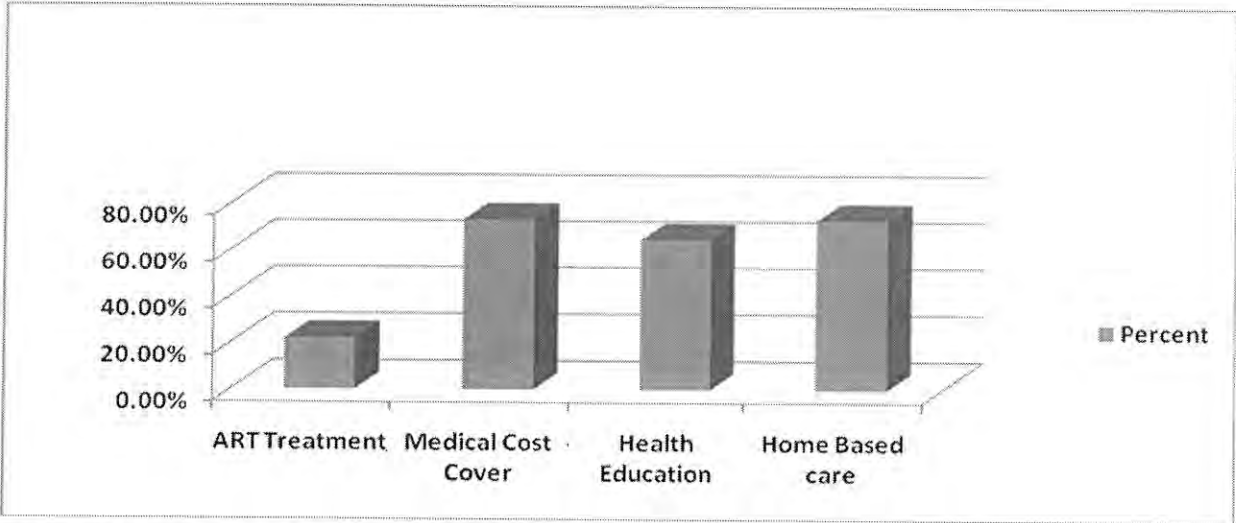


Figure 4.4 Types of Health Services obtained by orphans

Source: Own Survey, 2009

**The total percent is greater than 100% because of multiple responses*

In assessing the access to the different types of health care, orphans were also asked to which of the health services they have access. As their response discloses, out of the total 84 orphans that were receiving health service (Figure 4.4) the highest percentage 73.2% orphans have access to both

medical/laboratory cost coverage and home base care, while orphans that have access to health education and ART support accounts for 64.6% and 22% respectively.

Table 4.7 Adequacy of Health Services

		Frequency	Percent	Single Orphan		Double Orphan	
				No.	%	No.	%
	Yes	59	72.0	35	59.3	24	40.7
	No	23	28.0	13	56.5	10	43.5
Total		82	100.0	48	58.5	34	41.5
No Response		2					

Source: Own Survey, 2009

As indicated in Table 4.7, out of the total 82 orphans that are receiving health services, 72% replied that the services they receive are adequate where the majority of them were single orphans. On the other hand, 23 orphans said the health service they are receiving is inadequate. In this regard 56.5% respondents said that the refund of the cost of medicine and medical treatment is very small, while the remaining 43.5% said that there is insufficient provision of medicine. However, the organization justifies that the monthly cost of medicine that a patient needs does not exceed hundred birr and therefore an effort is only made by the organization to reimburse that amount.

Meanwhile, in Table 4.8, it is indicated that out of the total 82 orphans that are receiving the health care services, the majority 87.8% have strongly agree that the health care services they receive has significant contribution to their wellbeing, while 12.2% don't agree with this assumption.

Table 4.8 Significance of Health Services

		Frequency	Percent	Single Orphan		Double Orphan	
				No.	%	No.	%
	Yes	72	87.8	41	58.6	29	41.4
	No	10	12.2	6	60.0	4	40.0
Total		82	100.0	47		33	

Source: Own Survey, 2009

The result of the survey in this regard, indicated that out of the total 72 orphans 80.6% said they have access to health treatment including ART treatment. Hence, their health statuses are improving. Similarly, the remaining 19.4% said that the support has either reduced their health expenditure or reduced the cost of access to medical treatment. Even though the coverage of health service is limited to lesser percentage, the health service provided by the organization is the only means to the health treatment for most orphans.

According to the survey in this regard out of the total 72 parents/guardians that strongly believe that the health services their children receives have significant contribution in their well-being, 72.5% are from low income level earning families, that is a wage below 300 birr per month. It is apparent, that the support is important for parents from low income level. Besides, most parent's/guardian's income is too small to be used for medical care besides their daily food need.

4.1.4 Access to Food Aid

Orphaned children's problem to have access to food is existing crisis in most communities to which finding lasting solution is difficult. GoE (2007) reported that about 50% of children orphaned by AIDS and 46% of children orphaned by other causes lack adequate food. Hence, securing their daily food is a major problem for most orphan children. The report also stated that 6.1% of orphans are forced to beg in order to get their daily food. The following Table (4.9) presents responses of orphans with regard to their access to food aid.

Table 4.9 Access to Food Aid

		No.	Percent	Sex of Respondents			
				Male		Female	
				No.	%	No.	%
	Yes	49	26.2	21	42.9	28	57.1
	No	138	73.8	72	52.2	66	47.8
Total		187	100.0	93		94	

Source: Own Survey, 2009

As can be seen in Table 4.9, majority, 73.8% orphans said that they are not receiving food aid, whereas 26.2% orphans said they have access to food aid from the organization. In addition, the survey result indicated that the majority of single orphans 79.5% and the majority of double orphans which accounts for 65% were not receiving food aid service. Likewise, the survey also indicated that 44.2% are not receiving the support due to lack of budget. Therefore, it can be said significant number of orphans were not receiving food aid because the organization is facing financial scarcity to meet all the nutritional need of orphans. The organization on the other hand argued that the objective of food support is not to meet all nutritional need of an orphan rather it is to address the chronic need of orphans. Furthermore, through livelihood interventions

orphans will receive direct benefits from activities that improve the ability of households to remain food secure (see also Table 4.12).

The organization also argued that the donor driven nature of the projects has limited the organization in tackling problem of the local context. However, with its limited resource it gives priority to children born to HIV infected mothers where the nutritional support is essential for both the mother and the infant. The survey shows that the highest percentage of double orphans was receiving the service. This is mainly because most double orphans are more malnourished and are given priority over single orphans. Besides, double orphans are profoundly affected and left without support of any kind after the death of their parents.

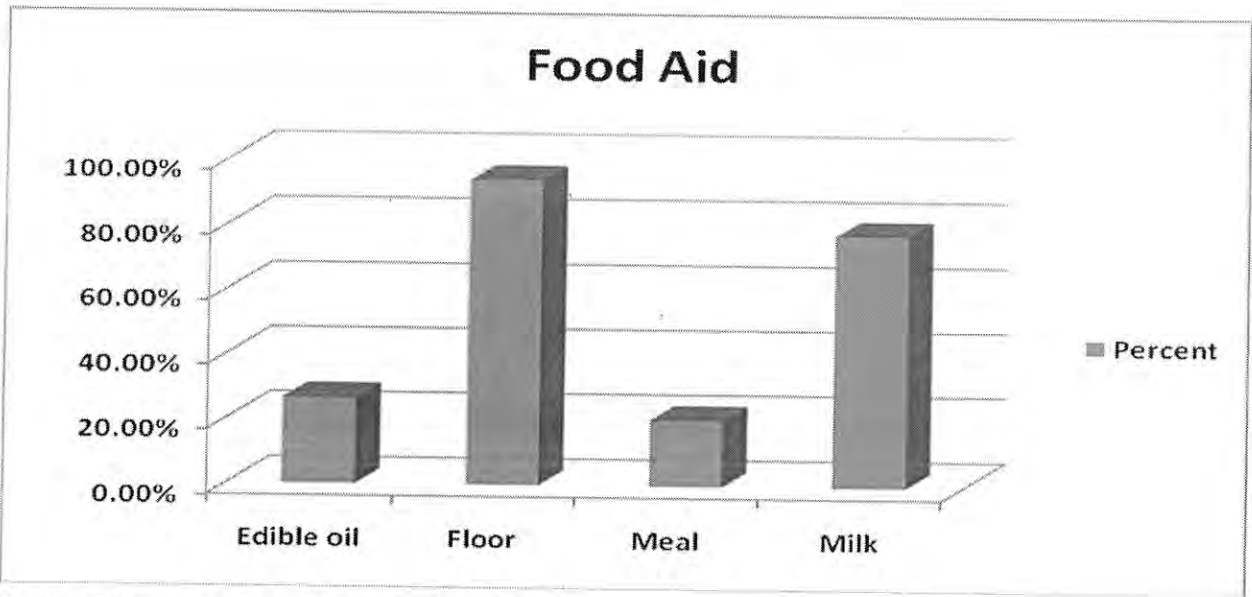


Figure 4.5 Types Food Aid obtained by orphans

Source: Own Survey, 2009

**The total percent is greater than 100% because of multiple responses*

In assessing the access to different types of food aid, the orphans are also asked to which of the food aid they have access. Their response is presented in the figure 4.5. Out of the total 49 orphans that are receiving food aid the highest percentage, 93.9% have access to four kilos of floor on a monthly basis,

while orphans that have access to milk accounts for 77.6%. Orphans that have access to edible oil account for 26.5%, while those that have access to meal account for 20.4%.

Table 4.10 Adequacy of Food Aid

		Frequency	Percent	Single Orphan		Double Orphan	
				No.	%	No.	%
	Yes	10	20.4	5	50.0	5	50.0
	No	39	79.6	18	45.2	21	53.8
Total		49	100.0	23		26	

Source: Own Survey, 2009

As indicated in Table 4.10, out of the total 49 orphans that were receiving food aid it was only 20.4% that believe the support is adequate where the percentages of single and double orphans were equal. On the other hand, the majority 79.6% orphans think the food aid is inadequate. The survey also revealed that out of the total 49 orphans, 78.9% said that there is a mismatch between the need and the supply of the service, while the remaining 21.1% said that the aid is inadequate for its irregular distribution. Furthermore, during the focus group discussion most orphans complained that the food aid given is too small to sustain a child for a month let alone when it is shared by the whole family. The organization is well aware of the situation and it has therefore, established a linkage with World Food Program to meet the growing demand to provide food items to its clients. However, the survey shows that small percentage of orphans accounting for 8.7% orphans are only benefiting from the linkage system.

Table 4.11 Significance of Food Aid

		Frequency	Percent	Single Orphan		Double Orphan	
				No.	%	No.	%
	Yes	19	38.8	9	47.4	10	52.6
	No	30	61.2	14	46.7	16	53.3
Total		49	100.0	23		26	

Source: Own Survey, 2009

As it is clearly presented in Table 4.11, out of the total 49 orphans that are receiving the food aid, the majority 61.2% strongly expressed concern indicating that the food aid does not have significant contribution to their wellbeing, while the remaining 38.8% believe the food aid they receive has contributed significantly to their wellbeing. On the other hand, the survey disclosed that majority of parents/guardians whose monthly income is below 300 birr strongly believed that the food aid is significantly contributed to the wellbeing of their children. Therefore, it can be said that the food aid is well appreciated by parents/guardians from low income family than those with relatively higher income.

The focus group discussion in this regard depicted that, significant number of orphans said the support is only better than nothing. For some orphans, however, the support is so crucial in that it is the sole means of access to food and its absence is attended by missing in one or two of their daily meal. Even though, there is a serious concern on the inadequacy as well as significance of the food aid, the aid provided by the organization is the sole access to food for some orphans.

4.1.5 Access to Livelihood or Income Generating Activities (IGA)

In assessing the access of orphan children to livelihood support, children were asked whether they are receiving the support or not. The following Table (4.12) summarizes their responses.

As stated in Table 4.12 below, some 93% orphans were not receiving livelihood (IGA) support, where the percentage of females was slightly higher than that of males. Consequently, it can be said that male orphans have more access to livelihood support than female orphans regardless of their small percentage as beneficiary. The Table also shows that, 7% orphans have access to IGA support

Table 4.12 Access to Livelihood (Income Generating Activities)

		No.	Percent	Sex of Respondents			
				Male		Female	
				No.	%	No.	%
	Yes	13	7.0	8	61.5	5	38.5
	No	174	93.0	85	48.9	89	51.1
Total		187	100.0	93		94	

Source: Own Survey, 2009

The survey result in this regard shows that out of the total 174 orphans the majority, 66.1% of the beneficiaries are not receiving the support because they are currently students or under age. Therefore, it can be said that majority of orphans were not utilizing the livelihood support because they are either students or too young for the support. Because, livelihood support (IGA) includes trainings such as driving license, hair dressing, computer maintenance, food preparation and so on that require the children should reach to a certain age of maturity. However, the fact that 8.6% orphans are once told that there is no budget, according to the survey, reveals that age was not the only factor for not receiving the service. Besides, since 25.3% didn't

know why they were not getting the service indicates that orphans lack basic information as how to get the support.

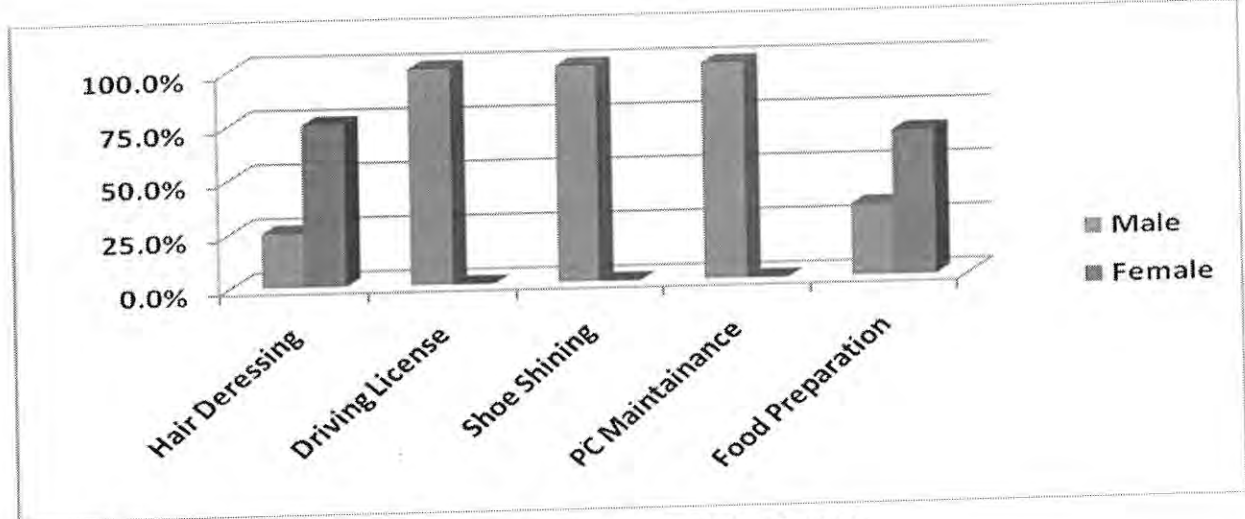


Figure 4.6 Types of Livelihood (Income Generating Activity) Support

Source: Own Survey, 2009

*The total percent is greater than 100% because of multiple responses

Out of the total 13 orphans that are receiving livelihood (IGA), Figure 4.6 shows that female orphans have more access to hair dressing and food preparation, while male orphans have more access to driving skill, shoe shining and PC maintenance. This could relate to cultural factors that dictate the choice of job males and females should engage in.

The survey also reveals that out of the 13 orphans, 11 of them believe the livelihood support is well facilitated, while 2 of them don't believe. On the other hand, out of the total 13 orphans that have access to livelihood support 9 of them believe the support has significant contribution on their wellbeing, of which 4 of them ensured self reliance, 4 of them earned certificate in the area they received training and 1 of them enabled to support his/her family through the intervention. Even though the coverage of livelihood/IGA is limited to lesser percentage, majority of the beneficiaries have either ensured self-reliance or earned skills in the area of their training.

4.1.6 Access to Clothing Support

Clothing is one of the aid services that MENA provides to its beneficiaries that include: second hand casual clothes, blankets, bed shirts and night clothes. The night clothes are normally given to beneficiaries that are bed-ridden. The following Table presents responses of orphans regarding the orphans’ access to clothing support.

Table 4.13 Access to Clothing Support

		Frequency	Percent	Single Orphan		Double Orphan	
				No.	%	No.	%
	Yes	95	50.8	49	48.0	46	52.0
	No	92	49.2	63	51.6	29	48.4
Total		187	100.0	112		75	

Source: Own Survey, 2009

As indicated in Table 4.13, 52% orphans are receiving clothing support, where the percentage of double orphans was higher than that of single. This is mainly due to precedence given to double orphans than that of single orphans because most double orphans are relatively more destitute. The Table also shows that, 49.2% orphans do not have access to clothing support.

Meanwhile, the survey result in this regard shows that the majority 57.1% said that they don’t even know if the service exists. Therefore, it could be assumed that the majority of the orphans do not utilized the clothing support, because they lack basic information to have access to the support. Meanwhile, 25.3% of the orphans said that their request for clothes was denied for lack of budget. This reveals that lack of information was not the only factor for not receiving the support. In this regard, the organization argued that the main objective of clothing support is not to meet all their clothing need rather it is only to

provide with a substitute. In addition, second hand clothes are provided only when the organization secures salvage clothes from donors. Whereas, clothing supports such as blankets, bed shirts and night clothes are provided on a yearly basis for PLWHAs. On the contrary, the survey indicated that 17.6% of the beneficiaries are not utilizing the service because they don't need it.

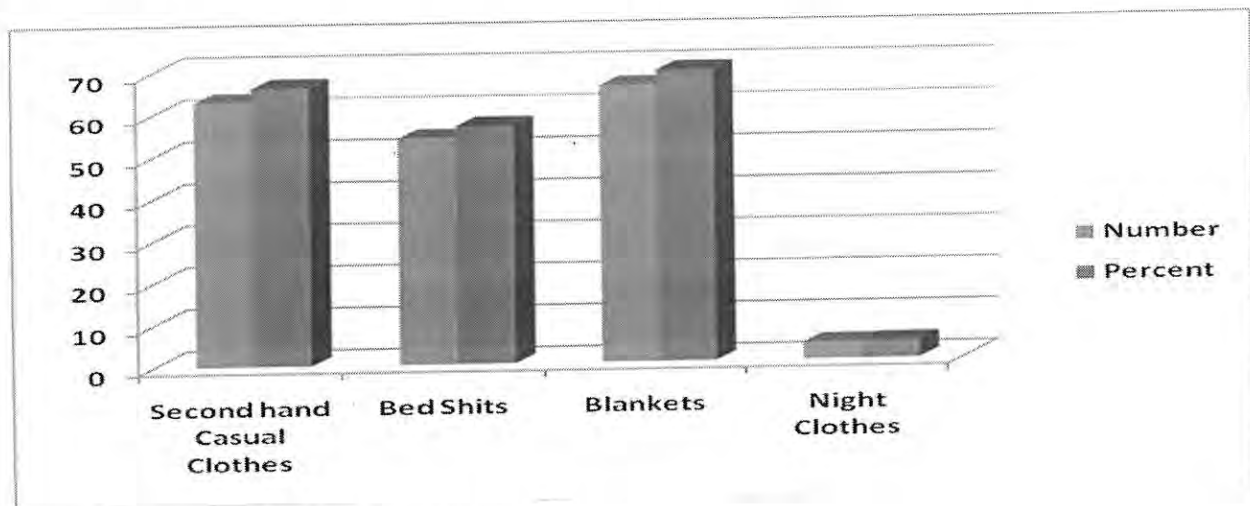


Figure 4.7 Types of Clothing Support
Source: Own Survey, 2009
 *The total percent is greater than 100% because of multiple responses

In assessing orphans access to the different types of clothing, they were asked to which of the clothing support they have accesses. Accordingly, out of the total 96 orphans that were receiving clothing service (Figure 4.7 above) shows that the highest percentage of 66.3% orphans have access to second hand casual clothes, while 56.8 and 69% orphans are having access to bed sheets and blankets respectively. Orphans that have access to nightclothes accounts for only 4.2%. Since, nightclothes are only given for bed-ridden this later groups are those orphans that have been either hospitalized or bed patients.

As can be seen in Table 4.14, out of the total 95 orphans that were receiving clothing support it was only 32.6% orphans that believe the support is adequate. On the other hand, the majority 67.4% orphans think the clothing support is inadequate, of which the percentage of double orphans is the

highest accounting for 54.7%. This is mainly because most double orphans are more in need of clothes.

Table 4.14 Adequacy of Clothing Support

		Frequency	Percent	Single Orphan		Double Orphan	
				No.	%	No.	%
	Yes	31	32.6	19	61.3	12	38.7
	No	64	67.4	29	45.3	35	54.7
Total		95	100.0	48		47	

Source: Own Survey, 2009

The survey also revealed that out of 64 orphans that think the support is inadequate 53.8% said that there is a mismatch between the need and the supply of the support, while the remaining 46.2% said that the support is inadequate because it's irregularly supplied. Furthermore, during the focus group discussion most orphans complained that the second hand clothes are only given when available and their distribution is arbitrary. The organization is well aware of the situation but given the financial as well as material limitation it has nothing better to offer. However, at least to minimize the growing need the organization has planned local mobilization to gather second hand clothes for the neediest

The survey in this regard further revealed that 64.5% of the orphans believe the clothing support they receive is insignificant, while 35.5% strongly believe the clothing support has contributed significantly to their wellbeing. Out of the total 35.5% orphans, 88.6% of them said that they have a substitute cloth as a result of the support. While the remaining said the support is only better than nothing. Even if, there is a serious concern on the quality of the clothes, the

support provided by the organization has enabled some orphans to have a substitute.

4.1.7 Access to Legal Protection

Orphans vulnerability prevails and increases in all forms of abuse and exploitations such as physical, sexual and labor exploitation as their parents fall sick and die (Fleming and Zeitz, 2005). According to GoE (2007) children in Ethiopia are subjected to physical, sexual and labor exploitation in their private as well as in their public life. However, the prevalence and magnitude of the abuses is either not known due to lack of comprehensive and adequate data or under reported due to lack of awareness, taboos about sex and sexuality, lack of faith in the justice system and stigmatization of victims.

In this section orphans’ access to legal protection is assessed and consequently their responses to the questions raised to them is summarized and presented in table 4.16 as follows.

Table 4.15 Access to Legal Protection

		No.	Percent	Sex of Respondents			
				Male		Female	
				No.	%	No.	%
	Yes	78	41.7	40	51.3	38	48.7
	No	109	58.3	53	48.6	56	51.4
Total		187	100.0	93		94	

Source: Own Survey, 2009

Table 4.15 shows that, 41.7% orphans have access to the legal protection service that in particular are rendered by the organization. On the other hand, the majority 58.3% orphans didn't have access to legal protection service

rendered by the organization where the percentage of females is higher than males. The fact that more female orphans did not have access to legal protection service may relate to the reality that females are more likely to hesitate to expose their status in fear of stigmatization.

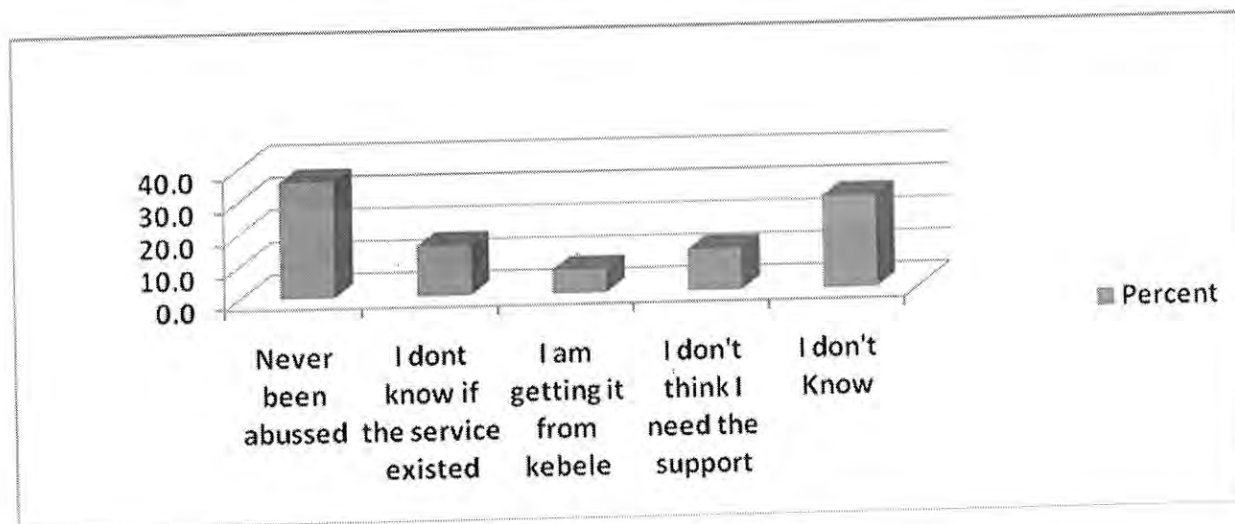


Figure 4.8 Why orphans did not have access to Legal Protection

Source: Own Survey, 2009

***The total percent is greater than 100% because of multiple responses**

On the other hand, Figure 4.8 shows that 35.8% orphans are not receiving legal protection because they have never been abused. Therefore, it could be assumed that the majority of orphans are not utilizing legal protection because they never experienced any of the abuses. However, 15.6% are not getting the service not because they have never been abused but simply because they didn't know if the service existed. This reveals that some orphans were not utilizing the service due to lack of information on how to have access to the support. Moreover, 12.8% orphans didn't think they need the service adds to the reality that orphans lack awareness about the basics of the legal protection service. On the other hand, the fact that 7.3% orphans were getting the service from their respective Kebele, asserts that some orphans have alternative source of legal protection other than MENA.

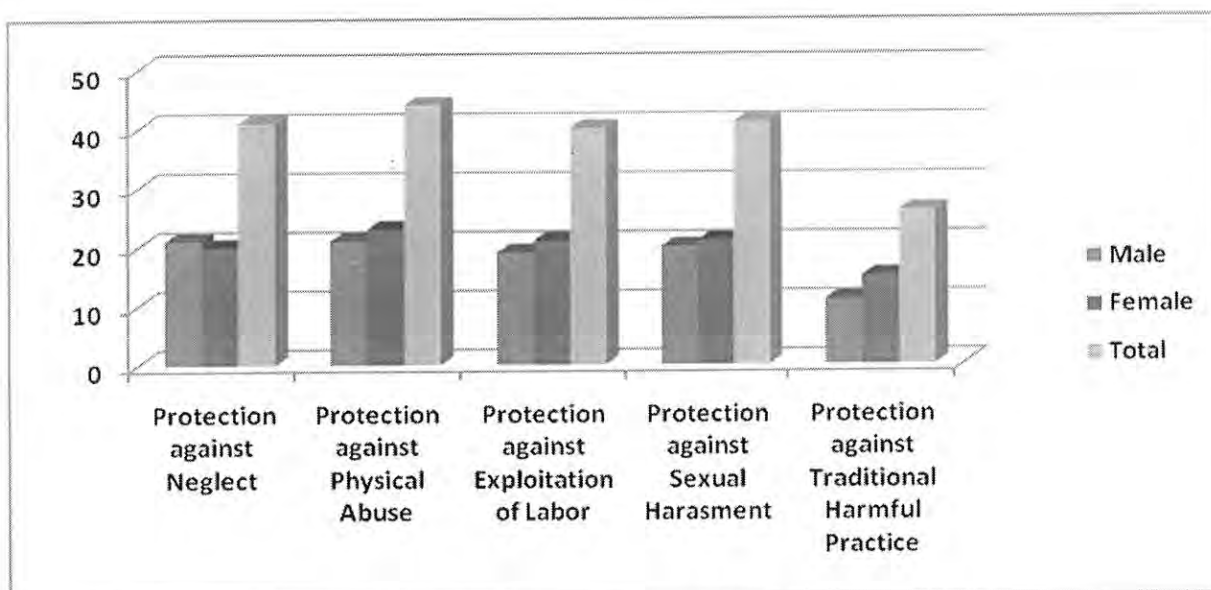


Figure 4.9 Number of orphans that accessed Legal Protection Service

Source: Own Survey, 2009

***The total percent is greater than 100% because of multiple responses**

According to display in Figure 4.9 out of the total 78 orphans that had access to legal protection, the majority 56.4% orphans have accessed protection against physical abuse while equal percentage of orphans have accessed protection against neglect and sexual abuse from the organization. On the other hand, except in the case of protection against neglect, the number of female orphans was the largest. Therefore, it could be said that females experience more abuses of all types than males. This finding is also in agreement with what has been reported in GoE (2007), where out of 214 allegedly abused children under the age of 15 reported to Yekatit Hospital during July 2001 to June 2002, 74% suffered from sexual abuse and 93% of these victimized children were female.

The survey also reveals that out of the total 78 orphans receiving the service, 65.4% orphans expressed their satisfaction with the legal protection service they received, while 34.6% orphans expressed dissatisfaction and disappointment. On the other hand, out of the total of 78 orphans that have accessed the legal services 94.9% of them believe the service is significant in

protecting them against abuses. Of this category, 51.4% orphans have obtained training on how to protect oneself from any posed threat and how to get legal protection in case of an abuse. Likewise, 36.5% orphans replied that their awareness is raised in the areas of abuses and legal protection.

4.1.8 Access to Housing Rent

In Ethiopia some 150,000 children live on the streets of which about 60,000 live in Addis Ababa the capital city of the country. Furthermore, the number of street children is increasing in major urban centers, particularly in Addis Ababa (GoE, 2007). Children could be out on the street for several reasons among which parental loss is the major one. As parents fall sick and die of AIDS children lose opportunities to normal growth and development as well as shelter (Ibid).

In this section orphans’ access to the provision of house rent support which is one of the areas of services by MENA is assessed. In line with this issue, orphan children in the program of the organization were asked whether they are obtaining house rent support or not. Table 4.17 presents the summary of the response of the beneficiaries.

Table 4.16 Access to House Rent Support

		No.	Percent	Sex of Respondents		Total
				Male	Female	
	Yes	nil	nil	nil	nil	nil
	No	187	100.0	93	94	187
Total		187	100.0	93	94	187

Source: Own Survey, 2009

As is presented in Table 4.16, 100% of the beneficiaries are not receiving house rent. Meanwhile, the study further disclosed the reasons why there has not been a provision for house rent support to all orphans. The summary of the study is presented in Figure 4.9.

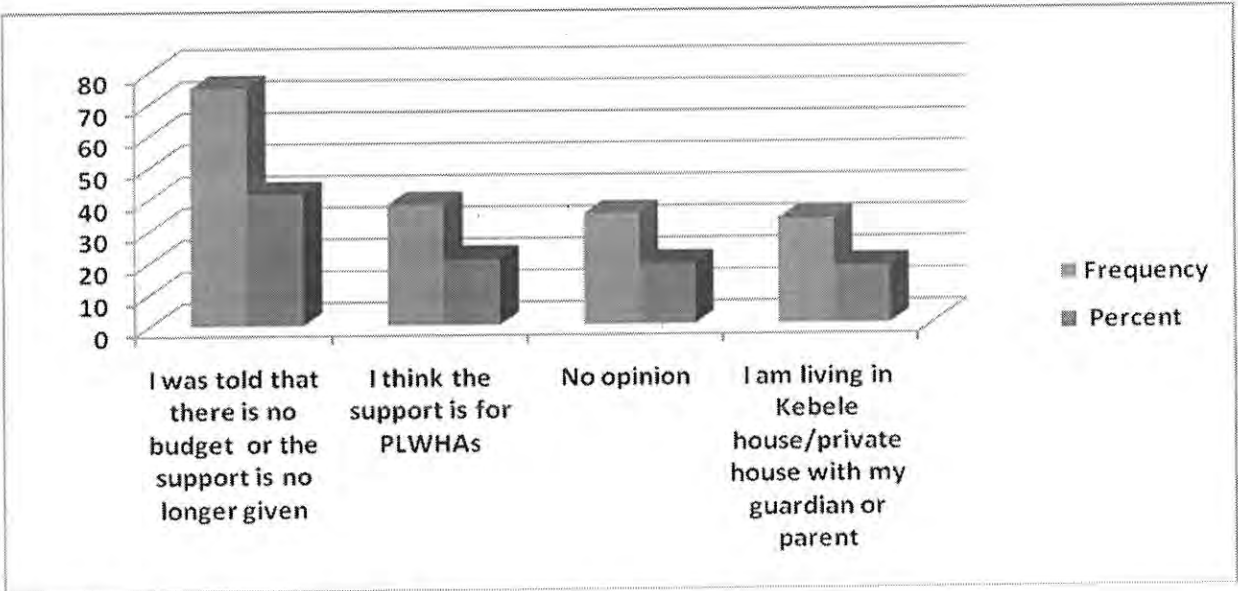


Figure 4.10 Why orphans did not have access to Housing Support

Source: Own Survey, 2009

***The total percent is greater than 100% because of multiple responses**

Figure 4.9 show that, 41.4% of orphans are not receiving the support because they were told that there is no budget. Therefore, it can be said that orphans were not receiving the support for house rent because the organization is facing financial scarcity to meet the shelter needs of the orphans under its program. Similarly, the organization disclosed that the housing rent service is no longer there due to financial limitation. However, the organization is working with Kebele representatives to provide orphans with Kebele houses for free. Even though no orphan is reported of such benefit such initiatives are so crucial in addressing shelter needs of the orphans.

4.2 Summary

The primary purpose of this chapter is to find out and describe the access of orphans to the multifaceted support that is provided by MENA, the organization that is initiated to alleviate the problems of people infected and affected by HIV/AIDS such as children orphaned by HIV/AIDS. In this regard, the perceptions of the orphans towards the overall provision of supports of MENA with the aim of finding out the level of the adequacy and significance of the support has been assessed and presented. Extensive effort has also been exerted to identify and report the gap between the needs of the orphans and the supply of the services that the organization is providing. Moreover, the Organization's effort to fill out the gaps between support supply and orphans demand has also been identified and reported. The chapter also looked into the opportunity for the access to the services in terms of sex and orphan type. The findings and descriptions presented in this chapter intend to enable the reader to have first hand information on the multifaceted support that MENA is presently providing to the children orphaned by HIV/AIDS.

Chapter Five

5. Summary, Conclusion and Recommendation

5.1 Summary

The study set out to investigate the access of children orphaned by HIV/AIDS to the supports provided by MENA and the significance of the supports to their well-being. The situation has been observed from various aspects which include relationships and difference between females and males and between single and double orphans. The findings of the study can be summarized as follows.

Majority of orphan's had access to educational support, where many of them accessed educational materials. However, orphans expressed discontent with the adequacy of the support, because of the mismatch between the need and the supply. In addition, the educational materials were insufficient because the number of exercise books does not match with the number of subjects and couldn't take them through the whole year.

Large number of orphans also has access to psychosocial and counseling services, where the majority had access to family counseling. To most recipients the service is adequate and has significant contribution in making them more relieved.

Clothing is the other support most orphans have access to. Most orphans that accessed the support have obtained second hand casual clothes. However, the support was both inadequate and insignificant because the supply mismatches their needs and its distribution is both irregular and arbitrary.

Health care is one of the services where majority of orphans didn't have access to. Most orphans were not utilizing health care simply because they didn't face any health problem, while others were not receiving because they were told the service is for bed-ridden patients only.

Legal protection is the other service where most orphans didn't have access to. Most orphans were not utilizing the service because they have never been abused, while others were getting the service from their respective kebele. To recipients the service was significant in equipping them with the necessary training on how to protect oneself from any posed threat. Moreover, orphans now know how to get legal protection in case of an abuse.

Access to food aid has also been found to be low, where most were not receiving due to lack of budget and donor driven nature of projects. On the other hand, orphans that have obtained floor and powder milk believe that the aid was inadequate because it was too small to sustain a child for a month let alone when shared by the whole family. In addition, its irregular distribution makes its significance even impractical. However, for very small number of orphans the food aid was crucial for their survival.

Access to livelihood is so low that it has been only utilized by 13 orphans. However, the utilization was so small simply because most orphans were students or they are too young for the intervention. On the other hand, housing support is nonexistent due to lack of budget. Despite the organizations effort to alleviate the problem through working with kebele representatives to provide orphans with kebele houses for free, the housing need was not addressed.

5.2 Conclusion

In general, orphans have access to all types of supports to a varying percentage except house rent support, where no orphans had an access. In addition, orphans have either complained or dissatisfied in most cases with the adequacy and significance of the supports they received. However, for some orphans some supports are the sole access to basic needs; hence the supports are crucial for their survival.

Due to the financial limitation and the donor driven nature of the projects, the organization was unable to address the felt needs of orphans. Furthermore, the growing number of destitute children that seriously need the support has forced the organization to cut in the types and amount of support such as educational support, health care, food aid and housing. However, to meet the growing demand the organization has established linkages with public schools, government hospitals and clinics and kebele officials to provide orphans with free access to services such as; educational support, health care, food aid and housing. In addition, the organization has initiated livelihood interventions to improve the ability of orphan households to remain self reliant.

5.3 Recommendation

The following recommendations are forwarded on the basis of a critical observation of the findings of the study and the various comments given by respondents of the study. The recommendations aim at improving how supports and services should be given to children orphaned by HIV/AIDS.

- With regard to access to supports and services an effort has been made by the organization to give priority to double orphans than single orphans and female orphans than male orphans. However, a household need assessment should be carried out to best identify the actual needs of orphans.
- The donor driven nature of the project might lead to the assumption of putting aside the crucial need of the targeted beneficiary. This, perhaps, can be phrased as "scratching where it doesn't itch". This also gradually steals the analytic confidence of the working staff and keeps them dependent. Therefore, it is wise to consider need based approach to provide quality service in context.
- Significant number of orphans was denied the access of some supports for lack of budget. This indicates the necessity to secure fund from both local and international donors.
- In most cases orphans were not receiving the services for lacking basic information on how to have access to the supports. This indicates the need for awareness raising sessions or orientations.

- To majority of respondents the psychosocial and counseling services is adequate and has significant contribution in making them more relieved. Therefore, such service should be encouraged.
- Some children were not receiving counseling because their parents didn't take them to the counselor's office or give them counseling at home because they didn't want to pressurize their children by disclosing their health status. This lack of conviction by parents to disclose their status to their children reveals that some parents needs Information, Education and Communication (IE/BCC) services.
- Majority of orphan's had access to educational materials. However, the supports were inadequate because the number of exercise books does not match the subjects. Therefore, the organization should create a mechanism to fill the gap.
- The effort of the organization to establish linkages with public schools, government hospitals and clinics to provide orphans with free access of the supports are promising and should be encouraged.
- The collaboration of the organization with World Food Program to provide supplementary food items to its clients was promising. Therefore, it should be encouraged.
- The absence of support for house rent is critical among orphans under study. The effort of the organization to establish a linkage with kebele officials is encouraging, however, serious initiatives in this regard is required. Because shelter need is basic.
- The organization's focus on livelihood interventions to improve the ability of orphan households to remain self reliant is promising and should be

encouraged. However, supportive services shouldn't be discarded because for some orphans the supports are the sole access to basic needs.

- The organization's effort to initiate local social mobilizations to gather second hand clothes to address clothing needs of orphans is promising and should be encouraged.
- The organization's effort to provide the children with all the basic needs might develop a sense of dependency among orphans. Therefore, it is wise if the organization work towards minimizing a sense of dependency syndrome.
- The lack of concentration by the organization on few supports might minimize the impact of the supports in the wellbeing of the children. Therefore, it is wise if the organization specializes on a few supports and services.

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Annexes

Annex 1: Consent Statement

Addis Ababa University
School of Graduate Studies
College of Developmental Studies
Department of Regional and Local development

General Instruction

The purpose of this study is to investigate the role of NGOs in alleviating the problems of children orphaned by HIV/AIDS. This questionnaire is aimed at collecting information from the beneficiaries regarding the type and adequacy of services. In addition, information regarding their perception and expectations towards the service rendered by the NGO is collected. The ultimate objective of collecting the information is purely for the academic purpose. The output of the study entirely depends on the accuracy of the information. So, you are kindly requested to fill this questionnaire accurately and truly.

Your participation in this study is absolutely voluntary; you have a right to refuse answering any of the questions as well as refuse to participate in the study in general. All of your responses to any of the question will be treated with highest confidentiality and no report of the study will ever expose your identity. I am hereby asking for a little of your time.

Put 'X' for the multiple choice questions and state your opinions briefly for the short answer questions.

Are you willing to participate in this study?

Yes	☐ (Thank you for your time; Go to the next page)
No	☐ (Thank you for your time)

Annex 2: Questioner for Orphans

Background Information on the beneficiary status

1. Age 13-15 ☐ 16-18 ☐
2. Sex Male ☐ Female ☐
3. Educational Level
- Never been to school ☐ Vocational School ☐
- Elementary School ☐ College/University ☐
- High School ☐
4. Parental situation/Status of Orphanage Child
- Single-orphan ☐ double-orphan ☐
5. If single-orphan who of the parent is alive?
- Mother ☐ Father ☐
6. If single orphaned with whom are you living now other than a parent alive?
- Grand-parents ☐ Brothers/Sisters ☐
- Uncle/Aunt ☐ Step-mother/father ☐
- Other ☐ if so specify _____
7. If double orphan with whom are you living now?
- Grand-parents ☐ Brothers/Sisters ☐
- Uncle/Aunt ☐ Step-mother/father ☐
- Other ☐ if so specify _____
8. What is family size altogether in case of single-orphan (Number of people you are living with)?
- 1-3 ☐ 4-6 ☐
- 7-9 ☐ 10 and above ☐

9. Who is the bread winner of the family in case of single-orphan?

Mother	☐	Father	☐
Grand-parents	☐	Elder brother	☐
Elder sister	☐	Uncle/Aunt	☐
Other	☐	specify _____	

10. In case of double orphan what is the family size altogether?

1-3	☐	4-6	☐
7-9	☐	10 and above	☐

11. Who is the bread winner in case of double orphan?

Grand-parents	☐	Brothers/Sisters	☐
Uncle/Aunt	☐	Step-mother/father	☐
Other	☐	if so specify _____	

12. What is the type of job you are engaged in?

Shoe shining	☐	Street vendor	☐
Daily laborer	☐	other	☐ specify _____

13. What is the type of job your guardian is engaged in?

Self employed	☐	privately employed	☐
Government employed	☐	other	☐ specify _____

14. How much is the monthly income of your guardian?

Less than 100	☐	101-200	☐
201-300	☐	301 and above	☐

15. For how long time have you been the beneficiary?

1-2 years ago	☐	3-5 years ago	☐
6-8 years ago	☐	8 and above	☐

Information on the service rendered by the NGO

16. What kind of service are you getting from MENA? (multiple response is possible)

Food aid ☐ Health Service ☐
Educational support ☐ Clothing ☐
House rent ☐ Psychosocial and Life Skills Support ☐
Livelihood/Income generating activity ☐

Psychosocial and Counseling services

17. Are you currently getting counseling service?

Yes ☐ No ☐

18. If your answer for question 17 is No, why? Please explain?

-
19. In which counseling service are you participating? (multiple response is possible)

One to one ☐ Peer group ☐
Family counseling ☐ Spiritual counseling ☐

20. How frequent are you getting counseling service?

Daily ☐ Monthly ☐
Weekly ☐ Quarterly ☐ Other ☐ specify _____

21. Do you think the counseling service you receive is helpful?

Yes ☐ No ☐

22. If your answer for question 21 is No, why? Please explain?

-
23. Do you agree the counseling service you receive has helped you to overcome from your trauma?

Yes ☐ No ☐

24. If your answer for question 23 is yes, in what ways? (multiple response is possible)

Feel accepted ☐ Feel relieved ☐

Less stress ☐ Feel understood ☐

Other ☐ specify _____

Food Support

25. Are you currently receiving food support?

Yes ☐ No ☐

26. If your answer for question 25 is No, why? Please explain?

27. How frequent are you getting food aid?

Weekly ☐ Monthly ☐

Quarterly ☐ Yearly ☐ Other ☐ specify _____

28. What are the food items you receive?

Grains (Teff, wheat, maize) ☐

Oil ☐ Milk ☐

Meal ☐ Other ☐ specify _____

29. Do you think the food aid you receive is enough?

Yes ☐ No ☐

30. If your answer for question 29 is No, why? Please explain?

31. Do you agree the food aid that you get has contributed to improve your feeding?

Yes ☐ No ☐

32. If your answer for question 31 is yes, how? Please explain?

Educational Support

33. Are you currently attending formal education?

Yes ☐ No ☐

34. If your answer for question 33 is No, why? Please explain?

35. What kind of educational support you receive from MENA?
(multiple response is possible)

School fee ☐ Tutorial support ☐
Educational materials ☐ Other ☐ specify _____

36. How frequent are you getting the educational support?

Monthly ☐ Quarterly ☐
Semi-annually ☐ Annually ☐

37. What kind of educational material you receive? (multiple response is possible)

Exercise books ☐ School bag ☐
Text books ☐ Pen and pencils ☐
Accessories (Compass) ☐ Other ☐ specify _____

38. Do you think the educational support you receive is enough?

Yes ☐ No ☐

39. If your answer for question 38 is No, Please explain?

40. Do you agree the educational support that you get has improved your educational performance?

Yes ☐ No ☐

41. If your answer for question 40 is yes, Please explain?

42. Are you currently receiving school uniform?

Yes ☐ No ☐

43. If your answer for question 42 is yes how often you receive it?

Semi annually ☐ Annually ☐

Health Support

44. Are you currently receiving health service?

Yes ☐ No ☐

45. If your answer for question 44 is No, why? Please explain?

46. What kind of health service you receive from MENA? (multiple response is possible)

Referral services ☐ Home based care ☐

Health education for children ☐ ART treatment ☐

Laboratory and Medicine refund ☐

Other ☐ specify _____

47. Does the health service support you are getting include your guardian?

Yes ☐ No ☐

48. Do you think the health service support you receive is enough?

Yes ☐ No ☐

49. If your answer for question 48 is No, Please explain?

50. Do you agree that the health service support you get has contributed to your healthiness?

Yes ☐ No ☐

51. If your answer for question 50 is yes, Please explain?
-

House Renting Support

52. Are you currently receiving house renting service?

Yes ☐ No ☐

53. If your answer for question 52 is No, why? Please explain?
-

54. Does the house renting service you are getting include your caretakers?

Yes ☐ No ☐

55. How frequent are you getting the house renting service?

Monthly ☐ Quarterly ☐

Semi-annually ☐ Annually ☐

56. Do you think the house renting service you receive is of your expectation?

Yes ☐ No ☐

57. If your answer for question 56 is No, why? Please explain?
-

58. Do you agree that the house renting service you get has contributed to your sheltering need?

Yes ☐ No ☐

59. If your answer for question 58 is yes, in what ways? Please explain?
-

Clothing Support

60. Are you currently receiving clothing support?

Yes ☐ No ☐

61. If your answer for question 60 is No, why? Please explain?

62. What kind of clothing support you receive from MENA? (multiple response is possible)

Casual clothes ☐ Blankets ☐

Bed shirts ☐ Night clothes ☐

Other ☐ specify _____

63. How frequent are you getting the clothing support?

Weekly ☐ Monthly ☐

Quarterly ☐ Yearly ☐ Other ☐ specify _____

64. Do you think the clothing support you receive is enough?

Yes ☐ No ☐

65. If your answer for question 64 is No, in what ways. Please explain?

66. Do you agree the clothing support that you get has improved your clothing need?

Yes ☐ No ☐

67. If your answer for question 66 is yes, in what ways? Please explain?

Livelihood/Income generating Support

68. Are you currently receiving livelihood support?

Yes ☐ No ☐

69. If your answer for question 68 is No, why? Please explain?

1 What kind of livelihood support you receive from MENA? (multiple response is possible)

Hair dressing ☐ Catering and Food preparation ☐

Driving skill ☐ Shoe shining ☐

Other ☐ specify _____

70. If your answer for question 69 is driving skill, which driving skill did you receive?

2nd grade ☐ Track driving ☐

3rd grade ☐ Other ☐ specify _____

71. Is the livelihood support you receive well facilitated?

Yes ☐ No ☐

72. If your answer for question 71 is No, why? Please explain?

73. Do you think the livelihood support you receive is enough?

Yes ☐ No ☐

74. If your answer for question 73 is No, in what ways. Please explain?

75. Do you agree the livelihood support that you get has contributed to your income generating effort?

Yes ☐ No ☐

76. If your answer for question 75 is yes, in what ways? Please explain? _____

Child Protection

77. Are you currently receiving protection support?

Yes ☐ No ☐

78. If your answer for question 77 is No, why? Please explain?

79. What kind of protection support you receive from MENA? (multiple response is possible)

Protection against Neglect ☐

Protection against sexual and physical abuse ☐

Protection against sexual harassment ☐

Protection against harmful traditional practices ☐

Protection against exploitative labor in and outside the home ☐

80. Do you think the protection support you receive is enough?

Yes ☐ No ☐

81. If your answer for question 80 is No, in what ways. Please explain?

82. Do you agree the protection support that you get have significant contribution?

Yes ☐ No ☐

83. If your answer for question 82 is yes, in what ways? Please explain?

Thank you for your time

Annex 3: Questioner for Parents (Guardians)

Background Information on the Parents (Guardians) status

- 2 Age 15-29 ☐ 30-45 ☐ 46-60 ☐
- 3 Sex Male ☐ Female ☐
- 4 Educational Level
- Never been to school ☐ Vocational School ☐
- Elementary School ☐ College/University ☐
- High School ☐ Other ☐ specify _____
- 5 Marital status
- Married ☐ Widowed ☐
- Divorced ☐ Other ☐ specify _____
- 6 If married, is your spouse alive? (if not married go to the next question)
- Yes ☐ No ☐
- 7 How many children of yours are supported by MENA?
- 1 ☐ 2 ☐
- 3 ☐ 3 and above ☐
- 8 Family size(Number of people under you are living with)
- 1-4 ☐ 4-6 ☐
- 7-9 ☐ 10 and above ☐
- 9 Are you the bread winner of the family?
- Yes ☐ No ☐
- 10 If your answer is No, specify your source of income
- _____

11 What kind of job are you engaged in?

Self employed ☐ Private employed ☐

Government employed ☐ Other ☐ specify _____

12 How much is your monthly income?

Less than 100 ☐ 101-200 ☐

201-300 ☐ 301 and above ☐

13 For how long your child has been a beneficiary?

1-2 years ☐ 3-5 years ☐

6-8 years ☐ 8 and above ☐

Information on the service rendered by the NGO

14 What kind of service does your child gets from MENA? (multiple response is possible)

Food aid ☐ Health Service ☐

Educational support ☐ Clothing ☐

House rent ☐ Psychosocial and Life Skills Support ☐

Livelihood/Income generating activity ☐

Psychosocial and Counseling Services

15 Is your child currently getting counseling service?

Yes ☐ No ☐

16 If your answer for question 15 is No, why? Please explain?

17 In which counseling service your child participates? (multiple response is possible)

One-to-one ☐ Peer-group ☐

Family counseling ☐ Spiritual counseling ☐

18 How frequent are your child gets counseling service?

Daily ☐ Monthly ☐

Weekly ☐ Quarterly ☐ Other ☐ specify _____

19 Do you think the counseling service your child receives is helpful?

Yes ☐ No ☐

20 If your answer for question 19 is No, why? Please explain?

21 Do you agree the counseling service your child receives has helped your child to overcome his/her trauma?

Yes ☐ No ☐

22 If your answer for question 21 is yes, in what ways? (multiple response is possible)

Feel accepted ☐ Feel relieved ☐

Less stress ☐ Feel understood ☐

Other ☐ specify _____

Food Support

23 Is your child currently receives food support?

Yes ☐ No ☐

24 If your answer for question 23 is No, why? Please explain?

25 How frequent is your child receives food aid?

Weekly ☐ Monthly ☐

Quarterly ☐ Yearly ☐

Other ☐ specify _____

26 What are the food items your child receives?

Grains (Teff, wheat, maize) ☐

Oil ☐ Milk ☐

Meal ☐ Other ☐ specify _____

27 Do you think the food aid your child receives is enough?

Yes ☐ No ☐

28 If your answer for question 27 is No, why? Please explain?

29 Do you agree the food aid your child receives has contributed to improve his/her feeding?

Yes ☐ No ☐

30 If your answer for question 29 is yes, how? Please explain?

Educational Support

31 Is your child currently attending formal education?

Yes ☐ No ☐

32 If your answer for question 31 is No, why? Please explain?

33 What kind of educational support your child receives from MENA?
(multiple response is possible)

School fee ☐ Tutorial support ☐

Educational materials ☐ Other ☐ specify _____

34 How frequent your child receives the educational support?

Monthly ☐ Quarterly ☐

Semi-annually ☐ Annually ☐

35 What kind of educational material your child receives? (multiple response is possible)

Exercise books	☐	School bag	☐
Text books	☐	Pen and pencils	☐
Accessories (Compass)	☐	Other ☐ specify	_____

36 Do you think the educational support your child receives is enough?

Yes ☐ No ☐

37 If your answer for question 36 is No, Please explain?

38 Do you agree the educational support that your child gets has improved your child's educational performance?

Yes ☐ No ☐

39 If your answer for question 38 is yes, Please explain?

40 Is your child currently receives school uniform?

Yes ☐ No ☐

41 If your answer for question 40 is yes how often you receive it?

Semi annually ☐ Annually ☐

Health/ Medical Support

42 Is your child currently receives health service?

Yes ☐ No ☐

43 If your answer for question 42 is No, why? Please explain?

44 What kind of health service your child receives from MENA? (multiple response is possible)

Referral services ☐ Home based care ☐
Health education for children ☐ ART treatment ☐
Laboratory and Medicine refund ☐ Other ☐ Specify _____

45 Does the health support your child receives include you?

Yes ☐ No ☐

46 Do you think the health support your child receives is enough?

Yes ☐ No ☐

47 If your answer for question 46 is No, Please explain?

48 Do you agree that the health support your child receives has contributed to his/her healthiness?

Yes ☐ No ☐

49 If your answer for question 48 is yes, Please explain?

House Renting Support

50 Is your child currently receives house renting service?

Yes ☐ No ☐

51 If your answer for question 52 is No, why? Please explain?

52 Does the house renting service your child gets include you?

Yes ☐ No ☐

53 How frequent your child gets the house renting service?

Monthly ☐ Quarterly ☐
Semi-annually ☐ Annually ☐

54 Do you think the house renting service your child receives is of your expectation?

Yes ☐ No ☐

55 If your answer for question 54 is No, Please explain?

56 Do you agree that the house renting service your child receives has contributed to his/her sheltering need?

Yes ☐ No ☐

57 If your answer for question 56 is yes, in what ways? Please explain?

Clothing Support

58 Is your child currently receives clothing support?

Yes ☐ No ☐

59 If your answer for question 58 is No, why? Please explain?

60 What kind of clothing support your child receives from MENA? (multiple response is possible)

Casual clothes ☐ Blankets ☐

Bed shirts ☐ Night clothes ☐

Other ☐ specify _____

61 How frequent your child receives the clothing support?

Weekly ☐ Monthly ☐

Quarterly ☐ Yearly ☐ Other ☐ specify _____

62 Do you think the clothing support your child receives is enough?

Yes ☐ No ☐

63 If your answer for question 62 is No, in what ways. Please explain?

64 Do you agree the clothing support that your child receives has improved his/her clothing need?

Yes ☐ No ☐

65 If your answer for question 64 is yes, in what ways? Please explain?

Livelihood/Income generating Support

66 Is your child currently receives livelihood support services?

Yes ☐ No ☐

67 If your answer for question 66 is No, why? Please explain?

68 What kind of livelihood support your child receives from MENA? (multiple response is possible)

Hair dressing ☐ Catering and Food preparation ☐

Driving skill ☐ Shoe shining ☐

Other ☐ specify _____

69 If your answer for question 68 is driving skill, which driving skill did your child receive?

2nd grade ☐ Track driving ☐

3rd grade ☐ Other ☐ specify _____

70 Is the livelihood support your child receives well facilitated?

Yes ☐ No ☐

71 If your answer for question 70 is No, why? Please explain?

72 Do you think the livelihood support your child receives is enough?

Yes ☐ No ☐

73 If your answer for question 72 is No, in what ways. Please explain?

Annex 4: Focus Group Discussion Guides

I. Psychosocial and Counseling Services

- a. Discuss your access to counseling and life skill services render by MENA.
- b. Discuss the adequacy of counseling and life skill services you receive.
- c. Discuss the observed change in you since you started receiving counseling and life skill services.
- d. Discuss the reasons why you are not receiving the counseling and life skill services.

II. Education

- a. Discuss your access to educational support.
- b. Discuss the adequacy of educational materials you receive.
- c. Discuss the significance of the support.
- d. Discuss the reasons why you are not receiving the support.

III. Health Care

- a. Discuss your access to health care.
- b. Discuss the adequacy of health care you receive.
- c. Discuss the significance of the service in your wellbeing.
- d. Discuss the reasons why you are not receiving the health care.

IV. Food Aid

- a. Discuss your access to Food Aid.
- b. Discuss the adequacy of food aid you receive.
- c. Discuss the significance of the food aid to your wellbeing.
- d. Why do you think you were not receiving the food aid?

V. Clothing Support

- a. Discuss your access to clothing support.
- b. Discuss the adequacy of clothing support you receive.
- c. Discuss the significance of the clothing support.
- d. Why do you think you were not receiving the clothing support?

74 Do you agree the livelihood support your child receives has contributed in his/her income generating effort?

Yes ☐ No ☐

75 If your answer for question 74 is yes, in what ways? Please explain?

Child Protection

76 Is your child currently receiving protection support?

Yes ☐ No ☐

77 If your answer for question 76 is No, why? Please explain?

78 What kind of protection support your child receives from MENA?
(multiple response is possible)

Protection against Neglect	☐
Protection against sexual and physical abuse	☐
Protection against sexual harassment	☐
Protection against harmful traditional practices	☐
Protection against exploitative labor in and outside the home	☐

79 Do you think the protection support your child receives is enough?

Yes ☐ No ☐

80 If your answer for question 79 is No, in what ways. Please explain?

81 Do you agree the protection support that your child gets have significant contribution?

Yes ☐ No ☐

82 If your answer for question 81 is yes, in what ways? Please explain?

Thank you for your time

Annex 5: Interview Question Guide

II. Psychosocial and Counseling Services

- a. Discuss the access of orphans to counseling and life skill services.
- b. Discuss the reasons why some orphans were not receiving the counseling and life skill services
- c. Discuss what has been done to deliver adequate counseling and life skill services.
- d. Discuss the limiting factors that faced by the organization in delivering counseling and life skill services.

III. Education

- a. Discuss the access of orphans to educational support.
- b. Discuss the reasons why some orphans were not receiving the counseling and life skill services.
- c. Discuss efforts that have been done to deliver adequate educational support.
- d. Discuss the challenges faced by the organization to deliver educational support.

IV. Health Care

- a. Discuss the access of orphans to health care services.
- b. Discuss the reasons why some orphans were not receiving the health care.
- c. Discuss efforts that have been done to deliver adequate health care.
- d. Discuss the challenges of the organization in delivering health care.

V. Food Aid

- a. Discuss the access of orphans to food aid.
- b. Discuss the reasons why some orphans were not receiving food aid.
- c. Discuss efforts that have been done to deliver adequate food aid.
- d. Discuss the challenges of the organization in delivering food aid.

VI. Clothing Support

- a. Discuss the access of orphans to clothing support.
- b. Discuss the reasons why some orphans were not receiving clothing support.
- c. Discuss efforts that have been done to deliver adequate clothing support.
- d. Discuss the challenges of the organization in delivering clothing support.

VII. Livelihood (IGA)

- a. Discuss the access of orphans to IGA intervention.
- b. Discuss the reasons why some orphans were not receiving IGA intervention.
- c. Discuss efforts that have been done to deliver adequate IGA intervention.
- d. Discuss the challenges of the organization in delivering IGA intervention.

VIII. Legal Protection Services

- a. Discuss the access of orphans to legal protection service.
- b. Discuss the reasons why some orphans were not receiving legal protection service.
- c. Discuss efforts that have been done to deliver adequate legal protection service.
- d. Discuss the challenges of the organization in delivering legal protection service.

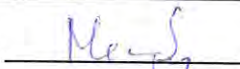
IX. House Rent Support

- a. Discuss the access of orphans to house rent support.
- b. Discuss the reasons why orphans were not receiving house rent support.
- c. Discuss efforts that have been done to provide house rent support.
- d. Discuss the challenges of the organization in delivering house rent support.

Declaration

I, Mengesha Shibru, declare that this thesis is my original work and has not been presented for a degree in any other University and that all sources of materials used for this thesis has been duly acknowledged.

Name: Mengesha Shibru

Signature 

Place: Addis Ababa

Date: June, 2009

This thesis has been submitted for examination with my approval as a university advisor.

Name: Woldeab Teshome (PhD)

Signature 

Place: Addis Ababa

Date: June, 2009

Dedication

I would like to dedicate this thesis to my parents, Shibru Galla and Bone Boneya, who are my heroes and my models. They are the one who taught me all the best of life and wanted to see the best of me. I Love you 'emaye' and 'abaye'.