

Exploring Community Based Care and Support Efforts in Promoting the Well Being of
AIDS Orphan:

A Case in Zenebework Village, Woreda 01 .Kolfe Keranyo Sub City

Zewdie Bekele

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This is to certify that the thesis prepared by Zewdie Bekele entitled Exploring Community Based Organizations Efforts, Opportunities and Challenges in promoting the Well Being of AIDS orphans : a case in Zenebework Village ,Woreda 01,Kolfe Keranyo Sub City : Reception and practice and submitted in partial fulfillment of the requirements for the degree of Master Arts (School of Social work) complies with the regulation of university &meets to accepted standards with respect to originality & quality .

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ACRONYMS

AIDS	Acquired Immunity Deficiency Syndromes
ALERT	All Africa Leprosy Rehabilitation and Training Center
CBC	Community Based Care
CSW	Commercial Sex Worker
CBOs	Community Based Organizations
FBOs	Faith Based Organization
FGD	Focus Group Discussion
FHAPCO	Federal HIV Prevention & Control Office
FHI	Family Health International
GO	Governmental Organization
HAPCO	HIV Prevention & Control Office
HIDA	Hiwot Integrated Development Association
HBC	Home Base Care
HIV	Human Immunity Deficiency Various
HSDP	Health Sector Development Program
IGA	Income Generated Activities
KII	key Informant Interview
MOFED	Ministry of Finance Economic Development
MOWCA	Ministry of Women and Children Affairs
MOH	Ministry of Health
MOLSA	Ministry of Labor and Social Affairs
MOWCYA	Ministry of Women, Children and Youth Affairs
NGO	None Governmental Organization
OVC	Orphans and Vulnerable Children
PLHWA	People Living with HIV & AIDS Associations

UN	United Nation
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children Emergency Fund
USAID	United States Aids for HIV/AIDS
VCT	Voluntary Counseling Service

Abstract

In Ethiopia, community based organizations, like idirs, play a great role in conducting care and support services to HIV/AIDS orphans. But little is known about how well the needs of HIV/AIDS orphans addressed and less has been documented about how effective their care and support programs . This study has explored how CBOS established in the study area carry out care and support services to HIV/AIDS orphans and dealt with the challenges they encountered. The study was conducted in Kolfe Keranyo Sub-city Woreda 01, locally known as Zenebework area. Qualitative research design, Purposive and Convenience Sampling techniques with Phenomenological approaches were used to conduct the study. The qualitative data collection methods like FGD and KII and participant observation were employed to collect data from HIV/AIDS orphans, non-orphaned children, care givers, governmental and non-governmental employees, school teachers .The findings of the study revealed that, communities can get involved in responding to HIV/AIDS orphans and development issues to sustain the care and support activities However ,the study showed that the program could not fulfill the needs of all categories of HIV/AIDS orphans due to limited resources of the community . The major conclusion of the study is that CBOS have an important role to play in the response to HIV/AIDS orphans if capacitated, and supported with sufficient resources. The study also recommends alternative care and support arrangements, utilizing local resources efficiently and effectively, building the capacity of idir leaders and creating networks among stakeholders engaged in the care and support activities in order to alleviate the problems of HIV/AIDS orphans.

Key Words: care, support, HIV/AIDS orphan, maternal orphans, paternal orphans, caregivers

1. Introduction

1.1. Background of the Study

Ethiopia is located in East Africa commonly recognized as The Horn of Africa. It is the tenth largest country in Africa. The population of Ethiopia in 2007 was estimated at 74 million. Currently, based on projections from the national census of 2007, it is estimated at 83 million, making the nation the second most populous country in Africa. (UN Country Data, 2011). The majority (83.9%) reside in rural areas. The average household size is 4.7. The average life expectancy is 51 years for males and 53 years for females. Population distribution by age group shows a pyramidal age structure, with 44% less than 15 years. While the sex ratio between male and female is almost equal, women in the reproductive age group constitute 24% of the population (UN Country Data, 2011).

When families cannot meet the basic needs of children, the community is a safety net in providing essential support. In practice, care of orphaned children comes from families surviving with community assistance to cater for increased numbers children (UNICEF, 2004). In extreme cases, communities caring for children in child-headed households or with no family involvement needs reinforcing the capacity of communities to provide support, protection and care to match long-term impact of the HIV/AIDS crisis for children (UNICEF, 2004).

Although much has been done in the last decades in improving the capacity of the public sector in the provision of community based care services to Orphans and Vulnerable the government still faces difficulties in putting in place the right organizations that can reach the local people, particularly the poor and the neglected segment of the community (FHAPCO, 2009).

As the government could not handle and solve all OVC problems alone, the need to involve other actors to diversify the efforts in mobilizing resources, to increase access, improve quality, and utilization of services has been the major policy issue in the Health Sector Development Program (Tassew, Reta, Yisak & Pankhurst, 2011). To this end, the government has incorporated a 20-year rolling HSDP in its national development plan i.e. Growth and Transformation Plan, (Tassew, et al. 2011).

Even though they were largely neglected in the past, idirs in Ethiopia, popular form of indigenous voluntary CBOs, have recently attracted researchers, policy makers, and development actors in the country as a partners in the country's development efforts((Pankhurst.& Haile Mariam,2000;Foster, 2004).Despite this renewed interest, to involve idirs in developmental activities including health and HIV/AIDS response, both by the government and NGOs, there is little interest on how to translate this into action. Potential entry points and methodologies for more acceptable partnerships between idirs, the government as well as NGOs have not been identified well (Pankhurst & Haile Mariam 2000)

This study was conducted at Zenebework area located eight kms south west from Addis Ababa city on the way to Jimma. The area is traditionally called Zenbework ALERT area where the ex-leprosy community settles before 70 years. These community members had developed self-care and support program due to the nature of leprosy that required the support of other persons. Even though they were in the right track to overcome the leprosy burden, HIV/AIDS has weakened the traditional care and support activities since the area was stricken by HIV/AIDS. But due to their coping mechanisms practices developed for many years, they have made great efforts to overcome the effect of the HIV/AIDS through conducting care and support to children who lost their parents due to HIV/AIDS. Therefore this study explores the

various methods of care and support activities conducted by CBOs established to meet the needs of their HIV/AIDS orphans.

1.2. Statement of the Problem

One of the impacts of HIV/AIDS in Ethiopia is the growing number of children whom either one or two parents have died from the epidemic. According to HAPCO annual report there were nearly 789,900 people living with HIV/AIDS (607,700 adults and 182,200 children aged 0-14 years), and 952,700 AIDS orphans in Ethiopia in 2011. (HAPCO & World Bank, 2008). By 2010 the number of AIDS orphans under the age of 17 years were, 804,184 (FHAPCO, 2007).

The Addis Ababa City Government Health Bureau and the Organization for Social Services for AIDS puts the number of AIDS orphans in Addis Ababa City at 20,000- 30,000 for the year 2000 and this number is estimated to grow to 145,000 in 2014 (AACGHB ,1999).

As HIV/AIDS epidemic progresses, orphaned children suffer from death of their parents, malnutrition, poor physical and mental health, risk for stigmatization, prostitution. Many orphans are forced to drop out of school for financial reasons (Brown & Sittitrai, 2005; UNICEF, 2006). The effects of malnutrition and poor health are far reaching. In addition to potentially causing early death, they can lead to low educational achievement and productivity because malnutrition can lead to delayed intellectual development (Brown and Sittitrai, 2005; UNICEF, 2006).

On the other hand it can lead to many negative emotional states such as helplessness, hopelessness, decreasing self-esteem, depression, anxiety (Townsend & Dawes, 2004), fear of the future and psychosocial distress caused by stigma and discrimination (Richter, Manegold, & Pather, 2004).

In Ethiopia several attempts have been carried out to respond to the HIV/AIDS Pandemic to meet the basic needs of children orphaned due to HIV/AIDS. According to the Alternative Child Care Guideline document issued by Ministry of Women Affairs in 2009, the care and support services required for HIV/AIDS orphans constitute education, food, shelter, health, legal, psychological and economic support, and parental education (MOWA, 2009).

To alleviate the problems faced by orphans and vulnerable children, the government continues to provide financial and material support. But due to huge and increasing number of orphans the care and support programs could not reach all HIV/AIDS orphans (FHAPCO, 2011). For example In 2010/11, out of a total of 952,700 orphans only 354,660 OVC (37%) received educational support even though the orphaned children got the support was more than double the number during 2006/2007 (FHAPCO, 2011). In 2012/13, 287,350(30%) got food support and 426,225 (44%) orphaned children was provided with Psychological support. This shows that only 37 % of AIDS orphans on average have got the opportunity to benefit from the care and support programs in 2012/13(FHAPCO, 2011).

Even though many CBOs like idirs have demonstrated a great role in the care and support services to HIV/AIDS orphans, yet their contribution, successes and challenges are less studied and usually overshadowed by large NGOs and government programs .Even if there are studies on orphans and working children (Tatek, 2008), and most available researches on orphans are conducted by the Federal government organizations (Ashenafi, 2005, little attention has been given to realize the efforts of the CBOs to provide the needs of HIV/AIDS orphan in Ethiopia.

Therefore this study explores the care and support services being conducted by community based organizations established at Zenebework area. The information gathered and recommendations given in this study will be useful to motivate researchers to further investigate the problems of HIV/AIDS orphans and their care takers .It also helps to provide relevant

information for practitioners how to utilize limited local resources to benefit the most needy children ,caregivers, and disadvantaged community members. .

1.3. Overall Objective of the Study

The overall objective of the study was to explore the roles and practices of community Based Organizations (idirs) in the provision of care and support for HIV/AIDS orphans.

1.4. Specific Objectives

- To investigate the care and support services provided to HIV/AIDS orphans by Community based organizations.
- To assess and review the perception and feeling of the community on the care and support program to HIV/AIDS orphans.
- To explore opportunities related to the provision of care and support and challenges that limit CBOs efforts in the care and support program.
- To explore the level of collaboration and linkage of idirs with other stakeholders and community mobilization efforts.

1.5. Research Questions

- How do CBOs organize themselves to conduct the care and support program?
- What kinds of care and support services are provided to AIDS orphans?
- What are the challenges CBOs encountered in providing the care and support services?
- What are the opportunities to enhance the care and support activities?
- How do the CBOs mobilize resources to mitigate the problems of HIV/AIDS orphans?

1.6. Significance of the Study

The impact of HIV/AIDS on orphan and vulnerable children and community members is so great that it cannot be left to the state alone and few welfare organizations. The efforts to solve the children's problem, it requires the involvement of communities by developing partnerships among CBOs and communities, the state, civil society organizations, and other institutions. This study will show that HIV/AIDS has stimulated people to work together for the greater good of their communities.

Community based organizations, like idirs', involvement in promoting the well being of the HIV/AIDS orphaned children especially those who need care and support is a new undertaking that has to be studied and promoted. It is known that limited studies have been conducted on the contribution of idirs towards caring and supporting HIV/AIDS orphans and mitigating the spread of HIV/AIDS. Since there are many unrevealed achievements and successes achieved by these grassroots organizations, this study contributes to show their practical action. The research is crucial to explore innovative activities, lessons learned, challenges, and knowledge and information gaps created in the process of care and support services.

1.7. Assumptions of the Study

Based on the fact that HIV/AIDS is a one of the main concerns and affects all sectors of the community, there is a need to involve local people to develop locally appropriate strategies to deal with the epidemic. Based on this fact the researcher has developed two assumptions to guide the objectives and methodology of the study including the articulation of results and recommendation. These assumptions are:

- Although CBO members lack adequate resources, they can make remarkable contributions to fight HIV/AIDS in high prevalence are like the study area.

- CBOs are appropriate entities at community level to confront community challenges such as coping with HIV/AIDS and other development concerns.

1.8. Limitation of the Study

Although this research has made some valuable contributions to future interventions regarding the efforts of the community in care and support to HIV/AIDS orphans, number of limitations does need to be considered. Firstly, the sample size was small, focusing on the perspectives of only nine HIV/AIDS orphans and eight caregivers. The findings are therefore not necessarily representative of all children orphaned by HIV/AIDS living in the community. Secondly, the convenience sampling technique used in this study has influences in which as many research participants could not participate due to the complex nature of the study.

2. Research Methodology

2.1. Research Design

This study employed qualitative research design to explore the care and support conducted by CBOs in the study area. Qualitative research is appropriate for the study in which descriptions and explanations are sought when it is difficult to manipulate the causes of behavior, when variables are not easily identified or in the phenomenon to be extracted for study (Pope and Mays, 1999). Thus qualitative research is well suited to understand and examine complex social phenomena like that of AIDS induced orphanhood.

According to Fouche and Delport (2002), qualitative research aims to understand social life and the meaning of people attached to everyday life. It deals with meanings, experiences and perceptions. It involves the participants' beliefs and values that underline the phenomena. Statuss & Corbin (1998) share this idea in the definition of the qualitative research. They state that qualitative research is about people's live experiences, behaviors, emotions and feeling and that it is often chosen by researchers as it attempts to understand the nature of experiences of persons in problems. (Statuss & Corbin, 1998).

On the other hand, Qualitative research is undertaken when the topic understudy needs to be explored. In this study the researcher explored the needs of orphaned children involved in the care and support program. (Berhane, Gossaye, Emmelin, 2001.).

In this study, qualitative data collection method was employed using different interview techniques such as in-depth interview, focus group discussions, key informant interviews and direct observation to gather first hand information.

2.2. Research Approach

A phenomenological approach was chosen for this study, as it allowed the researcher to gain insight into the private, subjective understandings and experiences of caregivers (Kopala &

Suzuki, 1999). In the human sphere phenomenological research normally translates into gathering 'deep' information and perceptions (Maree, & Pietersen, 2010). Creswell (1999) characterized this form of research as gaining access to individuals' world experience through methods such as interviews, discussions and participant observation, and representing the information gained from the perspective of the research participant(s). Phenomenological and associated approaches are frequently applied to single cases or deliberately selected samples. (Creswell, 1999).

2.3. Description of the Study Area

The study was conducted in Addis Ababa, capital city of Ethiopia, Kolfe Keranyo Sub City, Woreda 01 which is known as Zenebework area. The area is located about eight kilometers south west of the capital city on the road to Jima town. The area is one of the fastest growing villages in population due to the expansion of new settlements in the area and the migration of young people from different parts of the country seeking medical treatment at ALERT hospital and many of them stay for the long time or start living in the area. According to the information obtained from the Woreda 01, Administration the total population is about 84,192 with 19,500 houses.

Responses from idir leaders indicated that many migrant young women come from different parts of the country use the area as a temporary or permanent stay until they move to other parts of the city. Because of these factors, the area is known with social, economic, health, HIV/AIDS epidemic and unemployment problems.

On the other hand, the coalition idir leader reported that due to these and other factors, HIV/AIDS was widely spread in the community especially since early 90's. At the moment the number of HIV/AIDS orphans are estimated about 2500 who needs care and support by the community, local and international NGO and faith based organizations. There are about 32 idirs,

13 NGOs and FBOs have been engaged to conduct care and support services to HIV/AIDS orphaned children and their families.

2.4. Sampling Techniques and Sample Size

In this study, non-probability sampling method was used to select key informants and focus group discussion participants. In this regard, the selection of the research participants was done using purposive sampling method because of the need to obtain information about the HIV/AIDS Orphans from people who have interaction with the care and support.

Creswell (2005) describes purposive sampling as a method in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult-to-reach population. Purposive sampling is the dominant sampling strategy in qualitative research because qualitative research seeks to understand the meaning of phenomena from the perspective of the participants (Cohen, Manion & Morrison, 2000).

Besides, purposive sampling illustrates features or processes that are of interest for a particular study. This technique deliberately selected to include HIV/AIDs orphaned children, care givers, CBOS, GOs and NGOs who had different views on the care and support program (De Vos, *et al.*, 2005).

Initially the study was intended to be conducted with selected HIV/AIDS orphaned children and their care takers drawn from volunteer participants from CBOs, NGOs and school children who knew about the care and support program. Unfortunately, due to the stigma and discrimination directed to AIDS orphaned children and caretakers including surviving parents, very small number of them showed their interest to participate in the study. As a result the researcher was forced to approach the coalition idir leaders and social worker assigned to facilitate the care and support program in order to conduct the study.

Therefore, convenience sampling was used to conduct the study. (Durrheim & Painter, 2006). This category of sample relies on available research participants – those who are close at hand or easily available. The limitation of this sampling was addressed in this study by ensuring that some of the caregivers who participated in the study had extensive working experience as they have been working with children orphaned by HIV/AIDS for many years. The participants in this research were thus chosen because they were readily and conveniently accessible (Maree & Pietersen, 2010). In general the study was conducted with 14 HIV/AIDS orphans, seven non-orphaned children, five idir leaders, eight employees selected from governmental and non-governmental organizations and eight care givers. The detail of the research participants is as follows.

AIDS orphans: Nine HIV/AIDS orphaned children supported by CBOs and HIDA's care and support program were participated in the study. The orphaned children age between 7-18 years old was considered as selection criteria for the purpose of obtaining reliable data, thus children in this age category are considered to be knowledgeable and they can express their views regarding the issues and problems induced due to HIV/AIDS. FGD data collection instrument was utilized in order to explore the contribution of idirs and the change observed in the life of HIV AIDS orphans. In the process of the study high ethical standards have been maintained in order to not to do harm to the children.

This is because study participants may experience psychological, social, physical or economical harm during the process of data collection or afterwards. By considering this during data collection, the study was undertaken with informed consent obtained from the participants.

Care givers and idir leaders: Eight caregivers and five idir leaders were participated in the study. They were also members of idirs and assigned to conduct care and support to the children. The purpose of including them in the study was to identify the nature of the

arrangements of the care and support program, housing and socioeconomic vulnerability of AIDS orphans in the study site. In addition, data on the relationship between the current caregiver and the AIDS orphans, school attendance was collected using FGD instrument.

Employees from GO and NGO Sectors: Two Key informants from Woreda One Health and Education Offices , four experts from HIDA and Medhin Social Service and two school directors were selected in the study based on their knowledge and experience about the issue under investigation. In addition the interviews were carried out with the intention to collect information on the community, government and nongovernmental response to the needs and problems of HIV/AIDS orphaned children.

Non-orphaned Children: These are students who came from schools established in Zenebework village .These schools were established to benefit children grow in Zenebework village. Most non-orphan students learn either with low costs or payments they get from idir and other NGOS .Focus group participants are friends of AIDS orphans.

In general, the lists of all research participants is presented in Table 1

Table 1

List of Research Participants

Respondents	Age	Gender	Grade	Parental status
FGD participants of AIDS orphans				
Respondent 1	10	Male	KG	Paternal orphan
Respondent 2	12	Male	3	Double orphan
Respondent 3	15	Male	4	Double orphan
Respondent 4	15	Male	6	Paternal orphan
Respondent 5	15	Female	6	Maternal orphan
Respondent 6	13	Female	6	Double orphan
Respondent 7	14	Female	6	Double orphan
Respondent 8	11	Female	6	Paternal orphan
Respondent 9	10	Female	6	Paternal orphan
Respondent 10	15	Male	4	Paternal orphan
Respondent 11	17	Female	5	Paternal orphan
Respondent 12	17	Female	5	Maternal orphan
Respondent 13	16	Male	10	Maternal orphan
Respondent 14	15	Male	7	Paternal orphan
FGD with non-orphaned children				
Respondent 15	10	Male	4	Live with both
Respondent 16	13	female	5	Live with both parents
Respondent 17	13	Female	6	Live with both parents
Respondent 18	17	Male	6	Live with both parents
Respondent 19	15	Male	7	Live with both parents
Respondent 20	17	Female	7	Live with both parents
Respondent 21	16	Female	8	Live with both

KII with Idir leaders

Respondent 22	57	Male	4	Married
Respondent 23	53	Male	6	Married
Respondent 24	65	Male	Writing & reading	Married
Respondent 25	63	Male	Writing & reading	Married
Respondent 26	65	Male	Writing & reading	Married

KII with GO and NGO experts

Respondent 27	34	Male	Degree	Married
Respondent 28	27	Male	Diploma	Married
Respondent 29	30	Male	Not Available	Single
Respondent 30	32	Male	Not Available	Not married
Respondent 31	31	Female	Not available	Married
Respondent 32	39	Female	Not available	Single
Respondent 33	59	Male	Degree	Married
Respondent 34	51	Female	Degree	Married

KII with care givers

Respondent 35	39	Male	6	Widower
Respondent 36	32	Female	6	Widow
Respondent 37	35	Female	6	Widow
Respondent 38	35	Female	6	Widow
Respondent 39	31	Female	6	Widow
Respondent 40	37	Female	6	Widow
Respondent 41	34	Female	Can't read and write	Widow
Respondent 42	42	Female	Can't read and write	Widow

Note: Non-orphaned children are students who were selected from two schools to participate in the study to give information about their friends and the care and support program.

2.5. Data Collection

This study employed Focus Group Discussion, Key Informant Interview methods and Participant Observation data collection methods to gather information on the current situations of HIV/AIDS orphans, community awareness to the problems, and types of care and support provided, , challenges and opportunities observed in the community care and support activities.. Information was also collected on selection criteria employed to include HIV/AIDS orphans and their caregivers.

2.6. Data Analysis

The data was analyzed using qualitative data analysis techniques .These are description, explanation and exploration of ideas identified in the discussion .One interview with the chairman of the coalition idir leader was done using a tape recorder and all interviews and participant observation data was collected using hand written notes. All information collected at the field were sorted into the discussions points and organized for report writing. Finally the analysis was done using recorded sounds and field notes. All ambiguous information was checked by data obtained from key informant interviewee, focus group respondent, and the social worker and the coalition idir leader. Then writing the report started using information obtained in each category.

2.7. Data Quality Assurance

To ensure that the information gathered was accurate and that this study is credible and valid the researcher used a variety of data sources and collection methods as a way of triangulating the data to ensure the accuracy of my investigation (Mingers, 2003). Therefore to ensure that the study was valid and conformed the researcher compared the findings with available literature on the subject. In addition discussions and briefings were conducted with idir leaders, government, non-government organization employees and school directors. Participant

Observation was also conducted to cross checking the data collected there by ascertaining conformability.

2.8. Ethical Considerations

Before the study began, the researcher has got permission from the coalition idir leaders and HIDA office to conduct focus group discussions interviews with research participants. Concerning the children below 18 years old, informed consent from the children and their care givers was obtained to conduct the study. Before the data collection started detail clarification was given to all participants. The right of the participants to discontinue the discussion was maintained if they feel that interview was inconvenient to them.

In addition measures were taken to ensure the respect, dignity and freedom of each individual participating and to assure confidentiality in the study. Participants were informed that the information they provide would be kept confidential and would not be disclosed to anyone else including to idir leaders, NGO workers and school teachers and directors.

3. Literature Review

3.1. Varying Definition of AIDS Orphans

In many literatures an AIDS orphan is most commonly defined as a child who has lost one or both parents to HIV/AIDS (UNAIDS & UNICEF, 2004; Foster & Williamson, 2000).

However, various definitions will emerge when taking into account whether one or both parents have died and at what age childhood ends. Thus, since the beginning of the orphan crisis in sub-Saharan Africa in the early 90s, the definition of an AIDS orphan raises a problem of consistency

For example according to the Convention for the Rights of Children of 1992 (Lealem, 2004), HIV/AIDS orphans refer to children who lost their mother to AIDS-related causes before the child has reached the age of 18 years. Further definition of AIDS orphans mentioned by Theile that the term AIDS-orphan is defined as referring to "un infected children and youth up to the age of eighteen that have lost either or both parents to AIDS" (Thiele, 2005).

Further and broader definition of AIDS orphan was expressed by some authors that distinctions can be made between children whose mothers have died (maternal orphans), children whose fathers have died (paternal orphans) or children of whom both parents have died (double orphans). "AIDS orphan" is a term that specifies the reason for parental death. (UNAIDS & UNICEF, 2004).

3.2. The Potential Impact of HIV/AIDS on Children

HIV infection and AIDS-related causes have become the leading cause of death worldwide for people aged 15- to 49- years (Orne-Gliemann et al, 2008). The pandemic is also having a dramatic impact on child mortality, which is increasing in parts of Sub-Saharan Africa most affected by HIV/AIDS (Orne-Gliemann et al, 2008).

In Ethiopia, according to the national HIV prevalence estimate of ministry of health 2007, the estimated number of children (under the age of 17 years) who had lost their mother or father

or both parents to AIDS and non-AIDS-related causes at the end of 2010 were 5,423,459 total orphans (FHAPCO, 2007). Of these there were 2,637,359 maternal orphans who comprised 569,032 AIDS orphans and 2,068,327 non-AIDS orphans and 3,497,501 paternal orphans, who included 509,214 AIDS orphans and 2,988,287 non-AIDS orphans, and 711,401 double orphans who consists 274,062 AIDS related causes orphans and 437,339 non-AIDS related causes' orphans. Hence the total AIDS orphans in the estimated period were 804,184 (FHPCO, 2007b), which 38.1% of Ethiopian orphans are maternal, 64.5% paternal, and the remains 13.1% were doubles orphans (FHPCO, 2007).

According to Foster, Levine and Williamson (2005) the impacts of HIV/AIDS on children include psychosocial distress; death of parents and young children, stigma, problems with inheritance, orphans left without adult care, discrimination, exploitative child labor, sexual exploitation, withdrawal from school and reduced access to health services. These orphans and other vulnerable children face serious problems that affect their growth and development, including the lack of or limited access to health, food, education, love and affection, and safety. (Foster, et al, 2005) For the purpose of this study the impacts are presented in detail as follows

Economic impact: In communities devastated by HIV/AIDS families are increasingly unable to provide the basic financial necessities and care giving time children need for healthy development (Heymann & Kidman, 2008). Lack of access to basic necessities such as shelter, food, clothing, health benefits and education can have serious consequences for the child's survival when they have lost a parent(s) to HIV and AIDS (Avert, 2007). As a result of their loss many AIDS orphans depend on surviving family members for financial support to allow them access to these necessities.

AIDS mortality results in the addition of people to the surviving members' households. This leads to financial resources being strained and extra pressure being put on the orphans to

contribute financially to the household. In some cases HIV/AIDS orphans are driven to the streets to work, beg or seek food in order to contribute to the household (Subbarao & Coury, 2004). As a result of these circumstances the child's needs for vital growth, freedom, and interaction are denied.

Freeman and Nkomo (2006) characterized the extended family in Africa as the traditional social security system, where members protect the vulnerable, care for the poor and transmit traditional social values and education to the children. In many communities affected by AIDS the mechanisms that keep families and households from destitution consist of material relief, labor, and emotional support from community members. People living in communities overburdened by AIDS recognize this principle of community support, with some community members volunteering their time and skills to care for orphaned children (Foster & Williamson, 2000).

In rural communities where traditional values are maintained the extended family safety net is usually fairly well preserved. However, in countries that is more urbanized extended Family safety nets are weakened (Foster & Williamson, 2000). In addition, in many countries in sub-Saharan Africa where many people live below the poverty line additional pressure on the family substantially strains the family's financial, social and emotional resources (Freeman & Nkomo, 2006; Foster, 2000).

Within extended family systems the surviving family members also often have to cope with the alarming loss of their own support as a result of HIV, thus further eroding resources to absorb to care for family members (Freeman & Nkomo, 2006). As a result of these factors and the increasing number of orphans needing care and support, the traditional safety nets are inevitably being weakened (Foster, 2000).

Changes in caregiver and family composition: As a result of death and migration, family members, including dependent children, often move in and out of households. Caregivers change and siblings may be split up. Separation from siblings has not only been found to be a predictor of emotional distress in children and adolescents (Nampanya-Serpell 1998) but children become more vulnerable when they are cared for by very aged relatives due to the conditions of mutual dependency that often exist between adult and child. Death and migration may also result in the creation of child-headed households (Foster, Makufa, Drew & Kralovec, 1997). These are most likely to form when there is a teenage girl who can provide care for younger children, when there are relatives nearby to provide supervision, and siblings either wish to stay together or are requested to do so by a dying parent. (Foster, et al, 1997).

New responsibilities and work for children: Several studies have shown that responsibilities and work, both within and outside of the household, increase dramatically when parents or caregivers become ill or die. In such circumstances, instances of work and responsibility being given to children (UNICEF, 2000). Responsibilities and work in the household include domestic chores, subsistence agriculture and provision of care giving to very young, old and sick members of the household. (Hunter & Donahue, 1997).

Education: In households affected by HIV/AIDS, children drop off from school because their labor is required for subsistence activities, and in the face of reduced income and increased expenditure, the money earmarked for school expenses is used for basic necessities, and health services (UNICEF, 2000). Even where children are not withdrawn from school, education often begins to compete with many other duties that affected children have to assume. Besides, stigmatization may prompt affected children to stay away from school, rather than endure exclusion or ridicule by teachers and peer (UNICEF, 2000).

Health and nutrition: Another study in Ethiopia conducted by the Central Statistics Authority (2005) found that children and women are most vulnerable to malnutrition in developing countries because of low dietary intakes, infectious diseases, and lack of appropriate or suitable care and equitable distribution of food within the household. The study by Tekle (2007) in Ethiopia illustrated that the health and nutritional status of orphans were lower compared with non-orphans. Furthermore, the study by MOLSA (2003) in Ethiopia showed that almost a quarter (25%), and 6, 5% of orphan children below ten years reported illness, abuse and neglect respectively. Thus, these negative effects on the health status of children may be due to poor economic and health conditions and lack of proper care by care-givers(MOLSA,2003). According to another study, as HIV-infection as an illness progresses, parents are less able to care for their children and themselves (Kamili *et al* 1996). Generally, serious illness and thereafter the death of parents negatively affect the social, intellectual and physical development of children.

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Psychosocial impact: The psychosocial impact of HIV/AIDS on children includes the pain and suffering associated with the death of a parent, serving as a caregiver to ill parents, seeking employment to support the family financially, raising younger siblings in place of their parents and depending on the resources and goodwill of extended family, friends and neighbors to take them in when they are finally orphaned by AIDS (Foster, G., Levine, C. & Williamson, J. 2005).

According to Richter et al. (2004) other psychosocial impacts of HIV/AIDS on children include decreased affection and encouragement, harsh treatment, stigma and social isolation, sexual abuse and exploitation, abandonment, institutionalization, grief, depression and antisocial and difficult behavior. Foster et al. (2005) describe similar psychosocial impacts on children, such as anxiety, mistrust, fear, depression, anger and guilt and the impact of the stigma of HIV/AIDS and how it encompasses their lives.

Long-term psychological effects of emotional deprivation: children who grow up without the love and care of adults devoted to their wellbeing are at higher risk of developing psychological problems. A lack of positive emotional care is associated with a subsequent lack of empathy with others and such children may develop antisocial behaviors. Not all children are, however, affected or affected to the same degree. Protective factors—in the form of compensating care from other people; including teachers, as well as personality predisposition—may lessen the impact on children of reduced care in the home environment. (Wild, 2002)).

3.3. Community-Based Care for Orphans in Ethiopia

In Ethiopia, the movement toward community-based care for orphans has emerged from two quite different contexts, with different though converging rationales. First, CBC has been identified as an alternative to institutional care and to practice deinstitutionalization that included parent and family reunification, fostering, and support of independent living (Gebru and Atnafou 2000).

A second context for the emergence of CBC in Ethiopia is the growth in the number of AIDS orphans. This is clearly evident in the responses of many organizations serving orphans in Bahir Dar, where the children could not get the love and affection that a family provides to a child. (Segu & Wolde-Yohannes 2000).

In Ethiopia, idirs are one of the several CBO and support network systems that are established as support resources. Supporting each other, claiming support, and accepting support from the family system, friends, neighbors, and the larger community is profoundly embedded within the socio-cultural settings of most Ethiopian communities (Bevan, 2006; Newton, 2007). Idir refers to an indigenous voluntary association established primarily to provide mutual aid in burial matters but also to address other community concerns such as HIV/AIDS issues including orphans and vulnerable children (Pankhurst & Mariam, 2000). Idirs may serve as a key support mechanism at times of stressful life events through the provision food, as well as allowing sick members to use their post death payouts for health related services (Bevan, 2006; Newton, 2007). These informal social networks and associations are sources of social support that most Ethiopian use in times of social and economic difficulties including the HIV/AIDS epidemic (Pankhurst & Mariam, 2002).

3.4. Care and Support Arrangements to HIV/AIDS Orphans in Ethiopia

In 2010, Ethiopia's Ministry of Women's Affairs and Federal HAPCO developed a guideline on care and support arrangements for orphans and vulnerable children. In this guideline the definition of HIV/AIDS orphan is stated under the clarification given to OVC stating that An orphan is a child who is less than 18 years old and who has lost one or both parents, regardless of the cause of the loss (MOWA, FHAPCO, 2010). A vulnerable child is a child who is less than 18 years of age and whose survival, care, protection or 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". Therefore all issues mentioned for orphan and vulnerable children also serve for HIV/AIDS orphaned children (MOWA, FHAPCO 2010).

According to this guideline, the seven areas of service targeting vulnerable children including HIV/AIDS orphans are: Shelter and Care: Economic strengthening, legal Protection, health care, Psychosocial Support, education, food and Nutrition. (MOWA, FHAPCO 2010)

On the other hand, considering that children should grow up in the family environment where they get love, happiness and appropriate development, the Ministry of Women's Affairs launched Alternative Child Care Guideline that helps CBOS and other organizations to conduct standardized care and support services to orphaned and vulnerable children (MOWA, 2010)

The main objectives of the guideline is similar to the above guideline but defines the types of care and support services that include but not limited to food, education, health, economic support, psychological support and counseling, parenting education, legal protection(MOWA, 2010).

In addition the ministry puts alternative settings of placements that are included in the care and support program implemented by community based organizations depending on the extent of vulnerability of children as defined by the community. These settings are: kinship care, sponsorship care, child-headed household, group home, foster family care.

Finally the guideline emphasized the importance of keeping records in conducting baseline and periodic reports on the progress of the services. The records should include Health status, nutritional status, physical development; psychological status, educational status, social development, and Emotional and spiritual development of the children (MOWA, 2010)

3.5. Conceptual Definition

Single orphan: single orphan refers to a child who lost one of his/her biological parent/s regardless of the cause of the loss.

Double orphan: For the purpose of these Guidelines, double orphan refers to a child who lost both of his/her biological parent/

Maternal orphan is a child who has lost his/her mother through death A double orphan is defined as a child whose parents have both died

Paternal orphan is a child who has lost his/her father as a result of death.

Household: a social unit of people (not necessarily related) living together in the same house or compound, sharing the same food or cooking facilities. Not all households contain families.

Orphan and vulnerable children: a child 0-17 years old, who is either orphaned or made vulnerable because of HIV/AIDS.

Child: A child is any boy or girl under the age of 18.. Also Child: In the case of Ethiopia, a child is legally recognized as a male or female under the age of 18.

Abuse: Is a deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity, and development. Abuse includes all forms of physical, sexual, psychological, or emotional ill treatment. Child abuse is committed regardless of any justification or reason that may be provided for the ill treatment including discipline, legal

Sexual abuse: All forms of sexual violence including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery. Child sexual abuse also includes indecent touching or exposure, using sexually explicit language toward a child, and showing children pornographic material.

Caregiver: A caregiver is any person other than a parent or guardian, who actually cares for a child and includes: a foster parent; a person who cares for a child with the implied or express consent of a parent or guardian of the child; a person who cares for a child whilst the child is in temporary

Family: A social unit created by blood, marriage, adoption, or common line of kinship – whether paternal or maternal. The family can be nuclear (husband, wife and children) or extended (including relatives of the husband and/or wife)

Vulnerable child: A child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfillment of his or her rights.

Child care institution: An organization founded by a governmental, faith-based organization, on-governmental or to give care to unaccompanied children. A child care institution may also be referred to as an orphanage, children's home, or children's village. A typical characteristic of an institution is that it is a group living arrangement with paid caregivers.

Family-based care: a form of care arranged for a child that involves living with a family other than his/her birth parents. The term encompasses fostering, kinship care, child-headed households, and adoption.

Foster family: a family selected by an organization or government institution to temporarily provide an unaccompanied child with physical care, emotional support, and protection for a specified period of time.

Foster family care: A planned, goal-directed, alternative family care arrangement, where an unaccompanied child is temporarily placed until a permanent placement may be secured, including reunification with his/her biological parent, kinship care, or adoption.

Idir: Traditional, socio-cultural, community-based, mutual organizations established in Ethiopia to support its members with funeral needs and arrangements.

Care is defined as "the process of caring and providing guidance and protection in order to nurture fully developed adults in the future.

Support is defined as "a comprehensive approach that ensures the following components are incorporated in the lives of children, social support (providing welfare services), spiritual support and providing information and referrals such as facilitating peer support"

3.6. Theoretical Perspective

In this study the ecological systems perspective will be used to gain a better understanding of how various factors interact on various levels to ultimately have an impact on the life of an AIDS orphan. According to Bronfenbrenner's model there are four systems in which the AIDS orphan interacts.

Microsystem can be defined as a pattern of activities, roles, and interpersonal relations experienced by the person in a given setting with particular physical and material characteristics (Bronfenbrenner 1979). In the study, the Microsystem included the individual AIDS orphaned children involved in the care and support system and their interactions with the immediate settings like family and care givers (Bronfenbrenner, 1986).

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

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

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

3.7. Conceptual Framework

The United Nations Convention on the Rights of the Child and other relevant human rights instruments guide all actions in support of AIDS orphans, in the recognition that development is the realization of a set of universally applicable, inalienable rights. This approach recognizes that children are both rights holders and participants; they are not merely the recipients of services or the beneficiaries of protective measures (UNCRC, 1990).

The Convention on the Rights of the Child affirms that the family has primary responsibility to protect and care for the child, and that governments have the responsibility to protect, preserve and support the child-family relationship. The Convention also specifies the responsibility of the State to provide special protection for a child who is deprived of his or her family environment.

Best interests of the child: The Convention on the Rights of the Child states that in each and every decision affecting the child, the various possible solutions must be considered and due weight given to the child's best interests. This principle is immediately relevant to orphans and vulnerable children where decisions are being made regarding their caretakers, property and futures, but extends further to all matters that concern children, including development policies and programmes and allocation of public resources (UNCRC, 1990).

Non-discrimination: All children should be given the opportunity to enjoy the rights recognized by the Convention on the Rights of the Child. States must identify the most vulnerable and disadvantaged children and take affirmative action to ensure that the rights of these children are realized and protected. Orphans and vulnerable children are at risk of discrimination in all aspects of their lives and, therefore, this principle is essential in guiding all efforts to address HIV/AIDS (UNCRC, 1990).

Right to survival, well-being and development: The CRC is grounded in the recognition of the right to child survival, well-being and development. This principle is in no way limited to a physical perspective; rather, it further emphasizes the need to ensure full and harmonious development of the child, including, spiritual, moral, psychological, and social levels. States are obliged to undertake strategies to assist the most disadvantaged children, including those affected by HIV and AIDS (UNCRC, 1990).

Respect for the view of the child: This principle affirms that children are entitled to express their views in all matters affecting them and requires that those views be given due weight in accordance with the child's age and maturity. It recognizes the potential of children to enrich decision-making processes and to participate as citizens and actors of change. This principle underscores the importance of ensuring that orphans and vulnerable children participate in decisions that affect them, such as those concerning their care and inheritance, and that they have important contributions to make in the fight against HIV/AIDS.

Following these frameworks the following five strategies are to be implemented hand in hand with efforts to prevent the further spread of HIV.

- Strengthen the capacity of families to protect and care for orphans and vulnerable children Mobilize and support community-based responses.
- Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others.
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

4. Results of the Study

This chapter looks at the findings of the research based on the recorded transcriptions and notes from the interviews and focus group discussions as well as the observations made during the study. The research tried to answer research questions to deal with the challenges faced by the AIDS orphans CBOs, caregivers and other organizations.

This section contains two parts .The first part provides findings of the study that express views, perception of respondents' .The second part reveals the role and function of CBOs in the care and support activities to HIV/AIDS orphans.

The study was carried out with AIDS orphaned children, caregivers, idir leaders, government workers, school community members and other members of the community. Field visit/observation was concentrated at five Idirs income generating sites, school garden program, construction of spiritual sites where children play great role in the construction activities and libraries serve the children that include AIDS orphans.

As explained above, the respondents were selected using purposive sampling techniques and interviewed using a semi-structured questionnaire. In the following table the age and educational status of the respondent is presented.

Table 2:**Research Participants in Age, Sex and Educational Status**

Participants by category and age	Sex			Educational status
	M	F	T	
FGD with AIDS orphans				
10-15	4	5	9	1KG,1 grade 3,1 grade 4,6 in grade 6
16-18	2	3	5	1 grade 4,2 grade 5,1 grade 10,1grade 7
FGD with non-orphaned				
10-15	1	2	3	1 grade 4,1 grade 5,1 grade 6
16-18	2	2	4	1 grade 6,2 grade 7,1 grade 8
KII with idir leaders				
50-60	2	-	2	1 grade 4,1 grade 6
Above 60	3	-	3	Writing and reading
KII with GO and NGO experts				
Woreda 1 Women & Child Affairs Office				
30-40	1	-	1	Degree
Woreda 1 Health Office				
20-30	1	-	1	Diploma
HIDA and Medhin NGO				
30-40	2	2	4	Not available
School director				
50-60	2		2	Degree
Care givers participants in FGD				
30-40	1	7	8	6 grade 6, 2 can't read & write
Total	21	21	42	

According to table 2, 42 research participants, 21 female (50%) and 21 male (50%) took part in various data collection methods using purposive sampling, convenience and snowball techniques (FGD, KII and participant observation). The total number of children participated in the FGD were 21 (12 female). Out of these 14 children (67%) are HIV/AIDS orphans. Seven non-orphaned children (33%) were also involved in the study. Five idir leaders (all are male) participated in KII interview. Concerning the educational status of the respondent only one person cannot read and write. Care givers participated in the study were eight (19%) that two of them (25%) could not read and write. Out of 42 participants, eight of them (two female) were from governmental, non-governmental including school directors.

In order to conduct the study, the coalition idir chairman was assigned with the researcher in order to facilitate the data collection, interview and participant observation activities. He was nominated by HIDA program coordinators for his many years of experience in coordinating such activities. In addition the researcher has conducted many face-to-face discussions with him in order to understand the basic features of the care and support program.

4.1. Historical Background to Care and Support Program

According to idir leaders report before the care and support program started, the problem of children affected by HIV/AIDS was severe. The children were living in poverty, and were stigmatized and discriminated by the community, neighbors. They were also harassed and abused by relatives and friends. As the coalition idir chairman mentioned, the community have observed that as number of orphans grew dramatically due to the death of their parents, the problems of the children became one of the major concerns of the community.

According to KII Idir leaders reported their overall care and support practice have begun by the community as to the urgent need of respond to challenges notable to all members of the

community. As most participants agreed, the initiation of the care and support program was the unreserved effort of individuals like the current coalition leader who had taken the leading role to enhance the participation of the community in the care and support program. Such commitment was practiced ever since these marginalized people settled in the area for leprosy medication before 70 years.

As all KII idir leaders explained, the nature and treatment of the leprosy has made each member of the community to form mutual relationships to support each other since the long lasting treatment of leprosy was essential to get the support of others. Several days of healing processes such as cleaning and bandaging wound needs to be conducted by relatives or friends. However, such shared tradition of helping each other developed through generations has been challenged by the prevalence HIV/AIDS killing the productive members of the community. Due to frightening the transmission of the disease and the resulting consequence of stigma this practice weakened due to HIV/AIDS .Therefore this situation has created an opportunity that the community should establish care and support eservices to children affected by HIV/AIDS.

4.2. KII interview with the Idir Coalition Leaders

Key Informant Interview was conducted with five members of the Coalition of Idir, and according to the participants, the number of CBOs engaged in care and support before the prevalence of HIV/AIDS in the study area were very few. But later on 32 idirs were established to mitigate the effect of HIV/AIDS and support the HIV/AIDS orphans .Initially, the main purpose of establishing new idirs had been to facilitate the burial services at the time when idir members or one of their family members died due to HIV/AIDS or others causes . As they mentioned, the number of people dying every day reached about ten in the early 1990's as a result of HIV/AIDS. Due to this, some idirs were in great problems to cover the cost of funeral services and mourning

expenses. Therefore, the financial resources of the idirs became at the point when no more service would be given to the members.

The increasing number of death did not only diminish the resources but also affects the idir members' day to day life. Idir members frequently became absent from their jobs to attend the daily burial services when their idir members died and this severely began to affect their daily income which most of them were engaged in the informal economic sector. As children became orphaned after the death of their parents, they began to face hunger, malnutrition, illness, early school termination, and subject to different form of abuses. As the coalition idir leader expressed, such critical problems has forced most idirs to look for solutions and finally decided to begin care and support services for children affected by HIV/AIDS.

According to the coalition idir leaders report, 32 Idirs were established at different times to help children orphaned by HIV/AIDS. At this time, the program was conducted in unorganized ways since the disease has been considered to be the problem of a certain members of the community who committed sex with many people. Later on, when the problem affected the lives of every member of the community, the attitude towards the pandemic started to be changed and the community members began to respond to the challenges caused by HIV/AIDS.

Finally, 22 idirs established a coalition of idir in order to strengthen and facilitate the care and support program in organized ways. The first measure taken by idir members was revising their bylaws that had an effect on each member of the idir to pay an additional three up to twelve birr in addition to the monthly regular payment. To do this, each coalition idir member discussed the issue with their members and reached consensus that the coordination of efforts through a coalition was vital to enhance the care and support to HIV/AIDS orphans.

According idir leaders indicated, the formation of the coalition has benefited idir members' to participate in capacity building training, coordinating resources, and building

mutual support among coalition members in order to change the lives of the children. The actions of idirs that began in this way have now reached to think about establishing income generating activities to sustain and strengthen the program.

As idir leaders highlighted during KII, another reason to form the coalition and engaged in various IGA activities was due to the increasing number of orphaned children and limited capacity of NGOs working in the area. Even though there are about 13 local and international NGOs engaged in the care and support services, their support to the children was not as expected by the community.

However, idir leaders participants appreciated that even though HIV/AIDS injured the community especially the orphaned children, the previous care and support program have been strengthened by NGOs like HIDA working in the area .The main support was conducting capacity building programs, experience sharing visits, and other interventions that enabled the community to take the responsibility to reach the children with basic needs.

4.3. Focus Group Discussion with Caregivers

Out of eight care givers, seven of them (86%) were women and one (14%) male were participated in FGD .As the participants mentioned the selection of care givers to care for HIV/AIDS orphans was based on voluntary basis and done in collaboration of coalition idir leaders. Even though the care givers themselves are very poor, they are working very hard to care the children. As idir leaders expressed the care and support activities enabled the orphaned children to stay in the community, enrolled in schools and avoided to send the children to orphanage. In addition, skill training on prevention of HIV/AIDS enabled them to decrease stigma and discrimination.

However, they also expressed their disappointment that out of school children were neglected by CBOs due to priority was given to children who enrolled in schools. Due to this

most out of school children were engaged in activities inappropriate for them like collecting discarded materials from locally known area called Koshe (a place where the city's waste is dumped). These young boys were those engaged in violence against school girls before the community and idirs controlled the situation. Finally the care givers were asked their current challenge that limited the care and support activities .All participants replied that they did not have enough income to fulfill their households' basic needs such as food and clothes. In addition the current increasing cost of food items was the main problem they faced in order to conduct the care and support program properly.

Other care and support services given were provision of school materials, medical support and prevention of children from sexual abuse. Again they mentioned food shortage was mentioned as critical problem as there are many orphaned children seek nutritional and food support. Due to the support given to large number of children many children come to the study area hoping that they would get food support. As the respondent reported this situation has forced CBOs to decrease the quality of care and support and limit the services given to a certain category of HIV/AIDS orphans .Therefore financial support is the major support being given by idirs engaged in the care and support activities.

As five caregivers (63%) mentioned due to these factors single orphaned children could not get proper care and support since priority is given to double orphaned children with the assumption that these children are the most deprived of other categories of orphaned children. That means maternal and paternal orphan children got support after the demand of the double orphaned children need was satisfied. Again they reported that the situation of maternal orphaned children was the worst of all orphaned children due to men were less involved than women in taking in and protecting orphans from various hazards. After the death of the mother, the children took the burden of the household.

In addition, older children especially girls are forced to take over the duties of mothers like, cooking, cleaning the house and feeding the family. The workloads at home sometimes forced the girls to frequently leave school and later on quit their enrollment. In addition, when a father can no more go to work and become bed ridden these children are most likely expected to care for their sick father.

Therefore, these care single orphaned children mentioned that they did various activities like baking injera and selling at the small market locally known “gulit”, selling charcoal, washing clothes in order to earn additional income to support the orphaned children. Two respondents said that they lack adequate information about organizations engaged in the care and support activities. Sometimes they were forced to be engaged in begging travelling to other areas where their relatives and neighbors could not watch them. Whenever these caregivers suffer from health problems, no one looks for their children. They mentioned that even if they get a chance to apply for assistance to NGOs engaged in care and support activities, they were told that priority was given to double orphaned children due to limited resources allocated for the care and support activities by these organizations and other institutions.

4.4. Response of Non-Orphaned Children

FGD was conducted with seven children (four females) who are residents in the study area and live with their parents. All the children have at least one HIV/AIDS orphan friend in the school or in neighborhood. The researcher conducted discussions with these children in order to understand their attitude and perception towards AIDS orphans. All of them responded positively that they did not isolate their friends due to their parents' death by HIV/AIDS. As they mentioned, however, there are few students who showed negative view.

They reported that they knew the orphaned children have experience of anger, depression, isolation and other emotional effects resulting from the feeling of losing their parents.

On the other hand, they mentioned that understanding the impact of HIV/AIDS on their friends, they give them love, care, play and study with them. They also mentioned that they provided the children with financial and material support when the orphaned children lack educational materials like pens, exercise books and so on. Three students (47%) expressed their view that still there are students and some members of the community that show stigma and discrimination towards to these orphaned children. Therefore, they commented that CBOs and NGOs working in the community should strengthen awareness activities to the community and school members in order to reduce stigma and discrimination.

4.5. FGD with AIDS Orphaned Children

Concerning the views of HIV/AIDS orphans on the care and support services, the researcher collected data from three groups of children who were getting care and support from the community and institutions. During the FGD conducted with three categories of children, the views and perception of the children differs according to care given to each category of HIV/AIDS orphans. The respondents were asked about why they became orphaned. All the respondents replied that HIV/AIDS was the main cause for their being orphanhood. As the respondents reported, the CBOs conduct care and support services to them due to the decision made by the community to give priority to double orphaned children.

Regarding the discussion conducted with one of the categories of orphaned children on the care and support program, five double orphaned children (36%) were participated in FGD. All respondents reported their positive experiences towards community care and support services to HIV/AIDS orphans.

They also appreciated HIDA for its interventions in the study area to solve the multi-dimensional problems of HIV/AIDS orphans. As they mentioned they were only supported by the idirs care and support system when they were single orphaned children. But when both parents died they transferred to caregivers selected by the community. They told the researcher that due to the severe problems they faced after their parents death, both idirs and HIDA takes the responsibility of the care and support program. As care givers indicated, double orphaned children come together every day for lunch to the feeding center established and financed by HIDA. They also mentioned idir members helped them with school uniforms, paying house rents, schools fees, and covering medical expenses.

However, nine single orphaned children (64%) who participated in FGD conducted with care givers did show negative views on the care and support program. As the children reported that priority was given to double orphaned children and they were forced to look for other welfare organizations, and faith based institutions for food and medical assistance. All participants agreed that just like educational materials have been fulfilled by idirs and other organizations, the provision of food, health and other support provided to double orphaned children must be given to single orphaned children.

4.6. KII with Non-governmental and Governmental Organizations

KII was conducted with eight participants (two female) from three government sector offices and non-governmental representatives (see table 2). As participants mentioned that they had adequate knowledge on the care and support services given by CBOs established in the study area. Most of the time idir leaders contact Woreda one Women and Children Affairs Office and Social and Labor Office when the problems they face become beyond their capacity. For example when there is a report of high incidence of sexual abuse like rape and abduction, idir leaders report to these offices in order to bring the perpetrators to the law. On the other

hand these government offices facilitate the legalization of idirs that enabled them to conduct the care and support activities.

On the other hand government sector respondents appreciated the care and support activities conducted by various NGOs like providing lunch, school materials and refunding medical expenses for HIV/AIDS orphans. But they felt saddened by their unorganized services and methods of care and support activities. As they mentioned they had little information on the situation of the orphans and the care and support activities conducted in the area due to lack of follow up from the woreda office. They also observed that due to inconsistent and uneven distribution of care and support activities it is common that many children and care givers shift from one organization to the other to get material and financial support. As few respondents pointed out there are number community members who became “rich” in receiving aid from different organizations and institutions.

As four representatives from the NGO sector reported, the Woreda Administration Office has shown its commitment to support idirs in granting land that income generating activities like establishing recreational areas and constructing kindergarten. There is also good relationship among idirs and government health sector offices in providing home to home visits and providing family planning services to young married caregivers and their families.

Respondents from two local NGOs described that they served the community more than ten years and saved many children going to the street. Concerning the care and support program, however, their services entirely follow the donors care and support policies and procedures. For example one social worker and a manager mentioned that they were forced to conduct the care and support activities working directly with families rather than channeling through idirs. They chose these methods because they support not only the AIDS orphans, but also the whole family whom the orphaned children live with. Their relationship with idir is

practical when they select children who need care and support .As they mentioned they did not isolate children in different categories like double orphaned, parental or maternal orphan and vulnerable children.

4.7. Activities and Types of Care and Support Services Conducted by CBOs

One of the key areas of this study as reflected in the objective of the study is to explore the role of CBOs in the care support program to HIV/AIDS orphans. According to discussions conducted with various research participants CBOs have shown their commitment and responsibility to care and support orphaned children in many aspects: shelter, protection, food and nutrition, psychosocial, educational, and health services. The study identified that the community has demonstrated a great role in preventing the separation of children from their community or other close family members .According to the study findings the effectiveness and sustainability of community support to AIDS orphans depend on voluntary participation of care givers, innovative activities of CBOs organized under the umbrella of the coalition idir, and various strategies designed by NGOs working in the area. The detail of roles CBOs played to alleviate the problems of HIV/AIDS orphans are as follows.

Capacity building: All KII coalition idir leaders emphasized that HIDA played a great role in strengthening the capacity of idir members in order to lay ground work for enhancing the care and support program. The role of HIDA was to support the re-establishment of the previous care and support activities began at the leprosy era.

Even though the community has developed many years of traditional care and support practices, the participants mentioned that the level of management capacity of idir leaders differs from idir to idir. Most of them, have limited formal education with inadequate skills in management and finance. Because of their limited literacy skills, the volunteers were not able to

get assistance in order to conduct the care and support activities .They also had limited skills in documenting their activities and reporting to the standards expected by partners and donors.

Besides, the reason mentioned for their skill limitation was frequent change of members from time to time. Therefore different capacity building programs have been conducted to improve the level of idir leaders in coordinating and utilizing locally available resources. Some of the areas that were covered during these capacity building program included basic facts on HIV/AIDS, community mobilization, leadership, basic financial management, sexual harassment, child right and government policy on care and support programs, legal and ethical considerations of HIV/AIDS including communication skills.

Due to these efforts, about five coalition idirs members have been engaged in development activities like constructing kindergarten, shops, establishing recreational parks in order to establish the income generating activities.

In order to strength the psycho-social, cognitive and physical competences of the children, scout clubs were established and started operation in order to strengthen the care and support activities in the study area.

Providing shelter to HIV/AIDS orphaned children: It was observed that members of the idir coalition have made achievements that AIDS orphans have got shelter in the care and support program. They have established a home base care program in collaboration with HIDA to ensure that each orphan has got a safe place to live with a care giver. Since CBOs have created a sense ownership on care and support activities in the community, the mutual help and sharing resources among the community enabled HIV/AIDS orphans to get support from the community.

However, one participant reported that since destitute mother care givers like herself find it difficult to respond to the psychological, legal, economic and basic needs of the children, AIDS

orphans who live with surviving mothers often passed from one relative or care givers to another. Due to this, orphaned children face problems like shortage food, clothing and bedding .

Promoting community participation: Each idir has two community participation forums: the regular monthly meeting and six month members meeting. According to the coalition idir leader indicated, the coalition idir members conduct review meeting every six month where all idirs members participate in order to be aware of the progress and challenges encountered in the care and support program. If there are issues beyond their capacity like sexual abuse and disasters that affect the children, they make decisions that the issue should be formally reported to the woreda offices in order to get solutions. Whenever critical issues raised, emergency meeting will be conducted which decisions are made soon before the issue gets out of control. For example if resources for the care and support program is diminished or extra money is needed for income generating schemes, all members discuss on the issue and decide on the amount of money to contribute. All FGD and KII respondents mentioned that whenever idirs requested for the contribution of labor, for example, for rehabilitating destitute houses, all members of the community voluntarily participate in the activities.

Resource mobilization: Most idir leaders reported that idirs organized under the umbrella of the coalition were trying to overcome shortage of resources by mobilizing locally available resources .They usually invite educated persons like engineers, nurses doctors who have been once member of the community .The most efficient resource utilized up to now is volunteers who are the cornerstone the care and support program, .As the leaders mentioned care givers serve the community in child protection , labor contribution to construction activities and participate in school committee to follow the situation of the orphaned children. Though idirs still have shortage of financial resources, they share assets available in hand in order to accomplish activities like construction of buildings to enhance income generating

activities. For example if one idir has got an opportunity to build a kindergarten or wants to buy a house from residents of the community, it borrows money from the coalition members and return the money to the lender idir when the kindergarten brings income. This enabled the idirs to establish partnerships among themselves. As the idir leaders highlighted, the contributions from local residents come in the form of labor, money, food, clothing which disadvantaged orphans get benefit. As the coalition leader noted during KII and the researcher observed during participant observation, five idirs have already started their own income generating activities.

Protection of school girls from sexual abuse: Due to the expansion of the city, many new residents have begun to settle to the research area. Besides many migrating young women use the area as a “transit” until they travelled to other part of the country. According to idir leaders reported during KII, many young people migrate to this area due to availability cheaper house rents. Due to these, many local drink houses have been expanding in the study even around schools and kindergartens. Besides, the area is one of the waste disposal area of the city which attracts unemployed people from different parts to collect discarded materials brought from different parts of the city. Therefore huge number of people is one of the challenges to school girls. As idir leaders highlighted, in past many young girls could not go school due harassment from perpetrators. In order to avoid this problem, idir members has conducted various meeting with the community and the local government bodies. Finally they have made decisions to employ volunteers from the community who have got training on child protection and assigned them as guardians to protect the school girls from sexual abuse.

Responses to the health problems of the children: According to the KII conducted with government respondents and people living with HIV/AIDS, the health situation of children and their families have been improved from time to time with the efforts made by

coordinated effort among the coalition idir leaders, health centers, ALERT hospital and NGOS working in the area. . Each idir has developed strong referral system especially with the ALERT hospital and the nearby government health centers. And with the efforts made by the coalition idir, a health station is under construction due to the increasing population in the area. According to idir leaders', medication is free to AIDS orphans or care givers are funded after treatment. Despite these efforts, women participants expressed that there is still malnutrition problems due to inadequate food supply to single orphaned children and care givers.

Access to education: According to FGD with care givers, two schools were established for these disadvantaged community members during the leprosy era. In addition the school enrollment programs have been carried out with feeding program to encourage children to come to school. All FGD and KII participants appreciated this program. There is lunch program for 400 school children who could not get enough food at home. Despite all these efforts, single orphaned care givers mentioned that the school feeding program could not reach all children at a time due to shortage of resources. As care givers indicated, whenever schools face shortage of food, priority is given to double orphan children.

Spiritual service to children: As idir leaders expressed, one of the strength of the care and support program was that they had strong linkage to religious institutions. Whenever a church or a mosque is constructed in the study area both religious community members participate on the construction work. During the participant observation, the researcher observed that school boys and girls were actively engaged in the construction of one newly established church. According to coalition idir leaders, the care and support program was started inside the nearby church that served as a meeting place. Such relationship was created during the leprosy era and still continued which both religious leaders play a great role in teaching the community about HIV/AIDS.

5. Discussion on the Findings of the Study

In this study, the views, perceptions and opinions of the community, idir leaders, volunteer care givers, government and non-government respondents was explored on the efforts being made by CBOs. All key informants and focus group discussion participants indicated that the community based care and support program has created a strong, stable living environment to HIV/AIDS orphaned children in the community.

The findings of the study indicated that as many as initially 32 idirs were established serve the orphaned children but 22 of them established a coalition that enabled them to bring together resources to solve the problems of the increasing number of HIV/AIDS orphans in the community .

Therefore the establishment of idirs in the community has played an important role in creating favorable conditions for active participation of community in responding to the needs of HIV/AIDS orphans and keeping these children out of street. Also the CBOs have created a strong sense of ownership for their orphaned children and started care and support programs on their own resources. It was realized that due to death of one or both parents, all children could not get support from their extended families due to stigma, discrimination and severe poverty existed in the community.

As the findings of the study indicated orphaned children were not treated before the care and support program got foundation and this had affected the children emotional well-being. But due to intensive awareness creating and capacity building activities conducted by local NGOs like HIDA that played a great to strengthen the traditional care and support practices existed in the community many years before.

According to this study, research participants from different members of the community, NGOs and government sector offices had both positive and negative opinions on

the community based care and support program. Those participants satisfied with CBOs activities reflected their positive view that CBOs (idirs) established for the purpose of conducting care and support has brought a positive impact on the lives of AIDS orphans and achieved their objectives. Especially after CBOs (Idirs) are organized under Coalition of idir, the efforts made by these local institutions could be regarded as a model to others as a result of their achievements in mobilizing resources from their own community.

On the other hand FGD participants strongly argued that the care and support given to orphan and vulnerable children is lacking integration and networking. As a result, there is duplication of efforts. lack of follow up .Due to this, most vulnerable children affected by HIV/AIDS could not get appropriate care and support.

The result of the finding indicates that that due to limited resources, CBOs were forced to manage the care and support activities setting criteria that the AIDS orphans are categorized in to either double orphan or single orphaned children .

As the study investigated , due to such a criteria designed by CBOs, double orphaned children have relatively been getting better care and support services like provision of health care, educational material support , shelter, legal protection , food and nutritional support than paternal and maternal orphaned children. As mentioned by all care givers priority was given to these orphaned children due to the death of both parents and with the assumption that nobody looks for these children.

As the study finding further indicates, voluntary care givers are the major actors in the provision of care and support services by their freewill and interest. Care givers selected by idirs have taken the responsibility of the care and support activities for double orphaned children with the financial and material support obtained from idirs engaged in the program. That does not mean that no care and support service is given to single orphaned children.

According to caregivers mentioned, single orphaned children who lost one of their parents became more vulnerable to various social and economic problems than double orphaned children. For example paternal children whose father died due to HIV/AIDS, the household income shrink and due to this the orphaned children exposed to hunger, severe malnutrition, inability to buy school materials, and pay school fees and house rents.

On the other hand the study revealed that maternal orphans suffer more severely than both paternal and double orphaned children. They usually suffer from inadequate supply of food aggravated by lack of somebody to cook food and provide to them. Moreover, young children especially girls are forced to take the responsibilities of the mother working in the household. The workload at home sometimes even force them to be absent and later on quiet from school. Some of these children are supported by neighbors and relatives or exposed to child labor and sexual abuses. Whenever their fathers become sick and staying in medication for a long time, the orphaned children exposed to serious social, economic and psychological problems.

Also the findings of the study discovered that these single orphaned children and care givers are forced to look for other humanitarian organizations, faith-based institutions and individuals' in order to fulfill their unmet needs. Even if they had choices to satisfy their immediate needs from these organizations, the support will not be reliable and remains only for short period of time. Due to these factors the study identified that single orphaned children have been exposed to various forms of abuse, unwanted marriage and pregnancy and dropout from schools.

Therefore the study shows that there is disparity among orphaned children in the care and support program in the study area. The majority of the respondents mentioned that most care givers who have taken responsibility for AIDS orphaned children were poor and engaged

in the informal economic activities like, washing clothes ,selling small items in the local "Guilt "market, selling local drinks and sometimes in begging. But due to unorganized interventions of care and support by various organization, duplication of efforts that benefited only a small portion of orphaned children.

This study revealed that idirs care and support program has a regular meeting which is conducted every six months to discuss on the progress of the care and support activities .and whenever urgent situation exists the coalition idir calls the whole community for meeting in before the crisis reached beyond the control of the community . Thus, six month meeting and monthly regular meeting were employed to supervise and monitor the performance of the program.

5.1. Challenges Encountered in the Care and Support Program

Even though the establishment of care and support activities in the area prevents children from going to the street and sending to institutional care and, still the extreme poverty stretched in the community is challenging to the efforts of CBOs. Since most idir members are destitute and engaged in informal economic sectors, their income to support the increasing number of orphaned children could not enable them to fulfill the needs of all categories of AIDS orphaned children. In addition the increasing number of new HIV/AIDS orphan seeking care and support over-stretched the limited resources that the coalition idir members allocated for the care and support program.

The other challenge identified in program was that CBOs members lack formal skills like financial management, writing skills. This further limits the extent to which they can bring in resources, particularly finances to deliver their services.

Lack of integration among the CBO and local and international NGOs HIV/AIDS hampered the quality of care and support services .If these actors coordinated their resources and efforts; they could reach more orphaned children than they serve now.

The migration of young men and women from different parts of the country is another big problem for idirs and other aid organizations to handle the current care and support activities properly .The new arrivals threaten the community have weakened the existing care and support program in which the newly arrived orphaned children share the limited resources of the community.

The expansion of local drink houses which attract migrant women to be engaged in prostitutions, have become a great treat to young girls cared by the community.

5.2. Opportunities to Enhance the Care and Support Programs

Even though the network among aid organizations working in the area is weak, the cooperation and mutual support among CBOs organized under the coalition of idir is regarded as an opportunity for the future sustainable development of the care and support program. As mentioned above wherever an idir needs money to establish income generating activities, other partner idirs lend money so that the one that borrowed could buy a house that will be maintained and rented with better prices. Therefore the establishments of the coalition that involve 22 idirs are a good opportunity to bring quality life for orphaned children.

In addition the occurrence of 13 registered local and international NGOs, FBO, and, women self-help groups working in the study area are also an opportunity to utilize resources efficiently and to avoid duplication of efforts.

The expansion of clubs such as scout clubs, HIV/AIDS clubs, and girls clubs is a good opportunity to build the self-esteem, leadership skill, self-confidence and social support of the

youth. The participation of the children also helps to play great roles in child protection and fighting harmful cultural practice.

5.3. Implications for Future Research

Due to the increasing number of orphaned children in the community and coming from other areas, CBO engaged in care and support should scale- up their programs to reach as many vulnerable children as possible. Developing and scaling up appropriate interventions requires research guided by the input of community members and stakeholders to ensure that programs are sustainable and bring long term impact on the lives of the children. There is also a need for further research to understand the role CBOs can play in mainstreaming sustainable development with a care and support program .For this purpose, more studies should be conducted to promote best practices CBOs developed through years and how these lessons learnt can be used at national level.

5.4. The Implication to Social Work Practice

Social workers provide a wide range of services to orphans and vulnerable children. They are at the forefront for the efforts being made to provide effective care, counseling and support to those affected HIV/AIDS.

Some of the roles social workers perform include; the role of broker of human services, the role of a teacher, counsellor, an advocate, a case manager, facilitator, enabler and the role of an activist Sheafor et al (1994:17).

- The social worker as a teacher prepares the children orphaned by HIV/AIDS with knowledge and skills necessary to prevent problems or enhance social functioning.
- Social worker as a counsellor helps orphans to improve their social functioning by helping them better understand their attitudes and feelings modify behaviours and learn to cope with problematic situations.

- Social workers as an advocator, speak on behalf of the children by presenting the orphaned children problems to the concerned government and non-government originations in order to bring solutions. To bring quality life for the HIV/AIDS orphans social work in work with other professions to promote the needs of the orphans.
- Social workers participate in planning programs and organize services for such problems as child abuse, rape and high risk infants. In this case social workers can play preventive as well as therapeutic roles.

In general, Social workers as a broker link HIV/AIDS orphans and caregivers to appropriate human services and other resources. In order to achieve such goals , social worker must be knowledgeable about the various services and programs available, maintain an up to date assessment of services provided to these children .

6. Conclusion

This study was made to understand the efforts CBOs to mitigate the problems of HIV/AIDS orphans in the study area located in Kolfe Keranyo Sub-City, Woreda 01, and Zenebework area. It also has an important contribution to supplement to the specific literature available to the previous few studies conducted in the areas of care and support services.

Based on Bronfenbrenner's Ecological System of Human Development, the individuals, the community, institutions and government level interventions discussed in detail .The qualitative research approach with purposive sampling methods was proved to be appropriate in this study.

Also a Phenomenological Approach was chosen for this study, as it allowed us to gain insight into the private and subjective understandings and experiences of care givers and AIDS orphans .In this study semi-structured interview methods were utilized in order to get first hand information. FGD and KII was conducted with HIV/AIDS orphans , idir leaders ,care givers, NGO and GO employees working on care and support program in the study areas. Therefore the research question was answered as the respondents revealed their opinion on the intensity, quality, equity and effectiveness of the care and support, the challenges CBOs face and future prospects of the program and come up with opportunities and recommendations to strengthen the future care and support services.

The major findings of this study indicated that CBOs do have an important role in the response to needs of HIV/AIDS orphans engaged in the community based care and support system. The communities organized under CBOs were identified as a significant partner in the care and support to create favorable environment for children orphaned by HIV/AIDS.

In the study, the formation of coalition of idirs was necessary to transform AIDS orphans problems through learning from each other, share resources among the idir members

and broaden their participation to address the increasing number of AIDS orphans in the study area. To get this voluntary involvement of the community well, the state, local governments and stakeholders need to support these coalitions and networks.

This doesn't mean that the care and support program was run without problems. The study indicated that high poverty levels observed among the study population is a great challenge against efforts made to support AIDS orphans. The most frequently mentioned challenge of was not having sufficient resources to cover the costs of nutrition and medical services.

In this study AIDS orphans and their care givers to a large extent depend on subsistence income with little or no external support. It was also observed that NGOs and CBOs that provided support to AIDS were not able to sufficiently care for the alarmingly increasing number of AIDS orphans.

Therefore based on the findings, this study achieved its objectives in investigating the strengths, weaknesses, challenges and opportunities of CBOs established to mitigate the multi-dimensional problems of children orphaned due to HIV/AIDS. And it can be suggested that instead of focusing mostly on weaknesses, deficiencies and gaps of CBOs, development practitioners and stakeholders must look out for the available strengths and priorities of CBOs.

Finally based on the findings of the study the following recommendations were made for future interventions. The recommendations are focusing on both strengthening the existing coping mechanisms of CBOs as well as mentioning the gaps to be fill the identified gaps.

7. Recommendations

Strengthening CBOs leadership: According to the findings of the study community leader have been the ones who played a major role in the care and support program. CBOs determine, manage, and lead project activities. It is the local CBOs that have day-to-day contact with HIV/AIDS orphans and their care givers. CBO leaders play a leading role in selecting new orphaned children, referring the children to clinics and hospitals and supervising the care and support activities. But the study revealed most idir leaders educational level is very low to conduct and take responsibilities that need professional knowledge. Poor documentation which was observed during data collection was the result of limited literacy skill of idir leaders.

Therefore it is very important to develop the skills of CBO leaders that enable the leaders to coordinate and supervise the care and support program.

Food and nutritional support: According to caregivers and service giving organizations reported the major problems of AIDS orphaned children were shortage of food. Therefore CBOs should utilize a variety of methods to deliver food and nutritional support for the children supported in their program. The methods may include establishing food storage donated from individuals, local community groups, and NGOs. These local CBOs should try also to avoid the duplication of care and support activities practiced in the study area.

In addition, the woreda administration should coordinate the care and support program which many resources wasted due to lack of cooperation among organizations and institutions working in the area.

Need Assessment: Regular assessment on services provided and the situation of AIDS orphaned children should be conducted with full participation of the children and care givers. Technical support should also be given to them so that they can identify problems, analyze and recommend appropriate solutions that are fully accepted and supported by the community. This will highly create a sense of responsibility while at the same time building the problem solving capacity of the community. NGOs and the local government staff could support CBOs in facilitating e training on need assessment. The assessment must be must consider the situation of economic and nutritional status, stigmatization, access to health care facilities and treatment, access to schooling and the role of the care givers in providing care for HIV/AIDS orphans and other. It must also consider factors related to culture, gender, urbanization and migration that affect the ability of families and communities to respond effectively.

Strengthening child-to-child support: Close friends and classmates of HIV/AIDS orphans in the community can help children affected by HIV/AIDS in many ways. CBOs in collaboration with schools can recruit and prepare volunteer school children to how they can positively support AIDS orphans in reducing stigma and discrimination. Therefore a number of programs could be set up on like establishing and strengthening various youth and girls clubs enrolled in the schools. These efforts will create opportunities to share the feelings of AIDS orphaned children. . Activities like sport in the school for children of different ages creates an opportunity for HIV/AIDS orphans to sit down, talk, and share information relevant for them that enabled them to develop self-esteem, self-respect and competence.

Scaling-up CBO services: CBOs response to HIV/AIDS have remained local and small-scale This has been one of the common criticisms on CBOs, that they have a limited support to specific category of AIDS orphans. Therefore CBOs must be supported by other partners to reach

many more AIDS orphaned children Especially the capacity of CBOs should be enhanced to address the issues of highly vulnerable children like the problems of teenage girls.

Strengthening the care and support activities: In the study area, out of 32 Idirs established to conduct the care and support activities, only 22 have been organized under the umbrella of the coalition if idirs that is regarded as the vehicle to transform social problems to development .This cooperation among different stakeholders help to strengthen the resource mobilization activities to higher level in order to reach more children. The formation of coalition is also important in building assets which helps them to leverage the local resources and knowledge. Therefore the current care and support program should be revised in such a way that both double orphaned children and orphans who lost either of their parents should be treated equally .The study revealed that sometimes the situation double orphan is less severe than the ones who lost either of their parents.

Reducing the migration of people from other areas: As the study revealed, the study area is one of the stay places for migrant people until they travelled to other parts of the country.

According to the research participants, there are about 1000 young women who work in local drink houses in the study area. Therefore the government should take measures to reduce the migrants which otherwise become a threat to the efforts being made by CBOs.

Promoting alternative care and support arrangements: Strengthening the extended family is a preferred option for children who have lost their parents, but if relatives or community members are not available or could not able to provide care for the AIDS orphans, then other options such as fostering or adoption should be practiced according to the guideline issued by the Ethiopian Government.

Coordinating networking among all stakeholders: According to findings of the study there is little integration among various stakeholders that work around the problems of

HIV/AIDS orphans. This has hindered to scale up best practiced activities in order to support the increasing number of needy children. Therefore, efforts should be made in this regard by all sections of the society who claim that they have a stake in the HIV/AIDS issues. The local and Zonal government concerned offices ,like Women and Children and Labor and Social affairs Offices, should support CBOs working in the area in identifying stakeholders ,classifying roles of stakeholders and avoiding duplication and helping in creating a strong network among all stakeholders to provide adequate support to all categories of HIV/AIDS orphans.

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Appendix A

Interview Guide to Conduct Key Informant Interview with Community Leaders

- a. When did this community settle in this area?
- b. Why did this community choose to settle near the this area?
- c. What are the main boundaries of your village?
- d. How the community could get its name?
- e. Have there been significant changes or transitions in the community? (size, ethnicity ,race)
- f. Are there identifiable groups among the community? How did the groups organized? Describe the inter-group relations?
- g. Are there identifiable groups of “old timers” and “new comers”? What are their Perspective on community problems and goals?
- h. Have physical layout or transportation routes played significant role in the community development?
- i. What type of transport methods you use?
- j. Are there agencies or community organizations that are active in care and support program?
- k. Are there influential leaders outside the community that play a major role in care and support program?
- l. Are all segments of the community involved in social and economic development of the community?

Key Informant Interview with Woreda Labor and Social Affairs Office

- a. How do people in your study area make a living?
- b. How CBOs organized themselves to conduct care and support activities?

- c. What kind of relationships do you have with CBOs?
- d. What kinds of support do give to these community groups?
- e. What are the challenges of CBOs?

Woreda Women and Children Affairs Office

- a. Do you know the activities of CBOS engaged in care and support?
- b. How do you support CBO in order to achieve their goals?
- c. Do they come to work with you ?
- d. Do you conduct follow up /monitor their activities?
- e. Do you belief that the community can sustain the care and support program by itself?
- f. Are there children who denied their right in the area?

Guiding Questions of Key informal Interview with NGOs Head and Staffs.

- a. How did you select beneficitation among the community?
- b. What was the main objective of organizing IGA beneficiaries?
- c. How did you select the income generating activities?
- d. What kind of criteria did you use to select CBOs?
- e. How did you observe the heterogeneity (homogeneity) of the groups?
- f. What are the major problems the organization face?

Key Informant Interview with School Director

- a. What schools are located in the community?
- b. How far are schools from the children households?
- c. How many HIV/AIDS orphaned children attend the school?
- d. Do the schools meet the needs orphaned children?

- e. How HIV/AIDS do orphaned children treated in the schools?
- f. What recreational activities are available to vulnerable children?
- g. What measure do you take to avoid stigma and discrimination in the school?
- h. What are your relationships with CBOS engaged in care and support?

Other Non-governmental Organizations Involved in the Care and Support Program?

- a. How do you start helping these children?
- b. Do you work with HIDA to strengthen the care and support program?
- c. Do you belief that the community can take full responsibility to conduct the care and support program?
- d. What do you suggest for the future support to HVC?

Participant Observation

General observation on housing, house hold furniture, children clothing, physical appearance, Infrastructure, transport, business situation,

Appendix B. Consent Form

I, who put my signature below fully, agree to be part of the field assessment group to give information through interview. I also agree that my name could be mentioned on the report.

Site _____

Name _____

Signature _____

Date _____