

ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES

THE SOCIOECONOMIC SITUATION OF ORPHAN  
CHILDREN ENROLLED FOR CARE AND SUPPORT AND  
THE RESPONSE OF FOREIGN AND INDIGENOUS  
NON- GOVERNMENTAL ORGANIZATIONS  
THE CASE OF JIMMA CITY

BY  
BISRAT TESFA

JUNE 2011  
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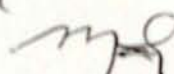
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AVTS: Aged Visual Interview Technique System

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## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBC	Community-Based Care
CBO	Community Based Organization
DFID	Department for International Development
EPHA	Ethiopian Public Health Association
HBC	Home Based Care
HIV	Human Immune Virus
FBO	Faith-Based Organizations
FDRE	Federal Democratic Republic of Ethiopia
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FHI	Family Health International
FMoWA	Federal Ministry of Women's Affairs
GTZ	German Agency for Technical Support
MoH	Ministry of Health
M & E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OBoFED	Oromia Bureau of Finance and Economic Development
OSSA	Organization for Social Services for AIDS
OVC	Orphan and Vulnerable Children
PCC	Population Census Commission
PLWHA	People Living With HIV/AIDS
SIDA	Sweden International Development Agency
TNCSWS	The Tanzania National Council of Social Welfare Services
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

## Abstract

*This research is aimed at assessing the socioeconomic situation of orphan children enrolled for care and support services in Jimma City and the response of foreign and indigenous non-governmental organizations engaged in the provision of orphan care and support programs in the city. The study specifically focuses on exploring the problems of orphans in relation to essential needs such as food, cloth, shelter, health, education psychosocial and legal protection services. In addition to this, it tries to identify the types of care and support provided to orphan children and the reliability of this care and support service.*

*The research strategy followed was purely qualitative and purposive sampling method was used to select the non-governmental organizations and the orphans who participated in the research. In-depth interview, focus group discussion, observation and taking life histories (case studies) were the techniques used to gather information. A total of 28 (twenty eight) orphan children were interviewed using semi-structured interview guide. The other sources of information were responsible persons from the non-governmental organizations including 3 (three) community-based organizations (Idirs) and Jimma City Women and Children Affairs Office. The data were collected from January 01 to March 31, 2010.*

*The results of the study revealed that the majority of the orphan children are living in a situation where most of their needs were unfulfilled. The majority of these orphans were living either with their mothers or grandparents who are living in poverty. Therefore, these children have faced all sorts of problems related to food shortage; lack of clothing including school uniform, school bags, shoes, money for house rent and purchase sanitary materials like soaps. Moreover, especially the older orphan children were found to be psychologically affected being preoccupied with thoughts about their current life and their futurity.*

*Though the orphans were enrolled for care and support services being considered, as highly vulnerable, the study does not show any significant contribution of the support provided in improving the life of orphans. The food support was discontinued for more than three months for a reason that is not clear for the beneficiaries. The only educational support available in this academic year was exercise books and pens. There was no economic support provided either to the orphan children or their caregivers to strengthen the families' income. The effort made by the care providers to psychologically rehabilitate the orphan children was minimal.*

*Generally, the care and support service provided to orphans lacked comprehensiveness in addressing the needs of orphans and its sustainability is questionable.*

## CHAPTER ONE: Introduction

### 1.1 Background of the Study

According to Indrias (2006: 1) and Varnis (2001: 144), Ethiopia counts one of the largest populations of orphans in the world. 13 per cent of the children throughout the country are missing one or both parents (Indrias 2006: 1). Though the proportion and number of orphans found in Ethiopia has been estimated differently in different reports, according to the Ethiopia's MoH (2006: 25) report a total of 4, 885, 000 children under the age of 17 years are estimated to be orphans for different reasons. Out of these 744, 100 are believed to be orphans due to AIDS.

The Federal Democratic Republic of Ethiopia and Federal HIV/AIDS Prevention and Control Office (2008: 32) single point estimate<sup>1</sup> for 2007 raises the total number of orphans in Ethiopia to about 5.4 million of which 898,350 (16.5) were orphaned by AIDS. It is also estimated that the number of orphans will increase until 2014 and it is unlikely for most of them to acquire services from the already meager care and support program (FHAPCO 2006: 3).

As stated in the MOH (2006) AIDS in Ethiopia report, there is significant variation between urban and rural proportion of orphan children (811,000 and 4,075,000 respectively). However, the proportion of AIDS orphans below 17 years of age is almost equal in rural and urban areas (360,064 and 384,000 respectively). Despite the prevailing high number of non-AIDS orphans compared to AIDS orphans (FHAPCO 2008:32 and Varnis 2001: 145), most literature speak about the latter group and give little attention to the former. That is, children who have been orphaned due to famine, (periodic draughts), malaria, war/conflict, food insecurity, etc. are not given due emphasis in their research. Indeed, it is true that Ethiopian families are highly affected by HIV/AIDS epidemic resulting in many parental deaths and AIDS orphans suffer more psychosocial problems.

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<sup>1</sup>Single point estimate is a technique used by FHAPCO to reconcile the findings of adult HIV Prevalence estimates (2005 by DHS (1.4%) and sentinel surveillance of pregnant women attending Antenatal Clinics (3.5%). FHAPCO organized a task force which conducted a single point estimate using intensive methodologies and came up with an adult HIV prevalence estimate of 2.1%. Then, FMoH and FHAPCO informed concerned bodies to relay on this figure until another official estimate is declared.

Several studies indicate (e.g., Goldberg 2008: 4, FHAPCO 2006: 3, EPHA 2005: 2 and MoLSA 2004: 23) that many orphan children are predisposed to serious socio-economic challenges. These include: lack of adequate food (about 50% of AIDS orphans and 46% of non-AIDS orphans were malnourished), less opportunity to education, health services, shelter, clothing and other material necessities. Moreover, they are in many cases economically abused and exploited by their care takers (loss of inheritance rights) and often females are sexually abused, or engage in activities like prostitution in their struggle to support themselves and their younger siblings. According to MoLSA (2004: 23), 6.1% (one out of every 16 AIDS orphans and one out of 50 non-AIDS orphans) are forced to beg in order to get their daily food and large number also drop out of school due to lack of educational materials (school uniform, notebooks, and textbooks). Though all orphans have substantial common problems, it is argued that AIDS orphans are more exposed to discrimination and stigmatization and do not get the necessary support and attention to their social and emotional need (FHAPCO 2006: 4). Furthermore, many people maltreat them by insulting, scolding, ignoring, withholding food, and not associating with them. The number of childhood households is rising (MoLSA 2004: 23).

Societies past and present have developed different care and support mechanisms with the aim of solving the problems of children who have lost their parents. Kinship systems and philanthropic institutions like churches and mosque were the major means of help and government's involvement is a recent phenomenon. Ethiopia, in addition to ratifying the convention on the Rights of Child (CRC) on December 9, 1991, has been producing successive National Plan of Action for Children (MOLSA 2004: i) with the principles and objectives of eradicating poverty, to care for and educate all children, to protect children from exploitation and abuse, to ensure children's participation in matters affecting them, and to protect the earth for children. These days NGOs are also common place as the forerunners and advocates of care and support for orphans and vulnerable children. Different approaches of orphan care are designed by government and NGOs (stakeholders).

Current approaches to dealing with orphanhood emphasize the role of families, communities, institutions and foster homes (Tatek: 2009: 7-12) as strategies for meeting their needs. In the same manner, FHAPCO (2006) has developed Comprehensive Community-Based Care and Support Guideline for People Living with HIV/AIDS (PLWHAS), Orphan and Vulnerable

Children (OVCs) and Affected Families. In the guideline, the key strategies for working with OVCs (FHAPCO 2006: 38-9) and the roles and responsibilities' of each actor such as government units and offices (GOs), Civil Society Organizations (CSOs) or Non-Governmental Organizations (NGOs), Donor Agencies at national, regional, zonal and woreda level are explicitly mentioned (pp. 54-6).

This study is conducted in Jimma City, which is the capital of Jimma Zone found in South-Western part of Oromia Regional State. According to MoH and FHAPCO Single Point Estimate (2007), Oromia region stands first in the country by the number of orphans. It is estimated that, 1,811,218 (urban = 266,297 & rural = 1,544,921) orphans aged 0-17 years are found in the region. Though, there was no official data on the number of orphan children found in Jimma City, officials from government and non-government organizations estimate for the presence of 3500-5000 orphans in the city.

The targets of the study are orphan children enrolled in care and support programs of selected NGOs working in the city. The main areas that are addressed in this study are the social, economic, psychosocial and legal aspects of orphan children, the responses of international and national non-governmental organizations working in the area of care and support for children, the types of care and support provided to orphans (care intervention for orphans), the contribution of community-based organizations and to what extent the traditional helping mechanisms such as care by extended families, adoption etc. are practical in the process of care and support provision.

## 1.2 Statement of the Problem

The problems of orphans and other vulnerable children (OVC) have been one of the major issues under discussion worldwide, especially since the era of HIV/AIDS. National and international agencies have been reporting about the continuous increase in the number of orphans in the country for many years. For instance, Ethiopia's MoH (2006: 25) estimate shows that the magnitude of orphanhood due to AIDS will increase to over 1.8 million by the year 2010.

As stated in the studies in on the situation of orphans in Ethiopia (FHAPCO 2006: 3, OVC National Plan of Action 2004-2006, MoLSA 2004: 23), the HIV/AIDS pandemic has

significantly increased the number of child-headed families, changed cultural patterns of child care and put an unbelievable strain on the social safety nets. As a result, OVC are very vulnerable to all forms of abuse and exploitation, loss of inheritance rights, loss of opportunities for education, basic health care, normal growth and development as well as shelter. They are also at risk to the future waves of HIV infection.

Moreover, the report of the OVC National Plan of Action (2004-2006), is questioning the quality and quantity of supports rendered to orphans by different non-governmental organizations in that they are not addressing the physical and psychological needs of these children. That is, the services rendered are not comprehensive to fulfill their food, shelter, cloth, and psychological as well as legal needs. In addition to this, the services lack regularity and sustainability after the projects phase out.

Despite the assumed high number of orphanhood in Ethiopia and depth of the problems of orphans, the studies conducted in the country are very limited. These studies were very general in that they are mostly national surveys lacking coverage of many regions (localities) of the country except perhaps the case of Addis Ababa. That is, in light of the seriousness of the problem an in-depth study which covers many parts of the country are necessary to identify the area specific problems of orphan children and the responses made by care and support providing organizations.

Therefore, with the purpose of filling the gap of information about the problems of orphans existing in Jimma City, this research tries to identify the kind and intensity of problems that orphan children enrolled in care and support programs have. Additionally, this study will have its own contribution in addressing the shortage of research based information on the prevailing problems of orphan children in the city. The findings of this study can also help those non-governmental organizations engaged in orphan care and support programs in Jimma City to evaluate their projects' success in addressing the needs of orphans and take corrective measures to improve their services by meeting the multiple needs of orphaned children.

## 1.3 Objectives of the Study

### 1.3.1 General Objective

The major objective of this study is to assess the socioeconomic problems of orphan children enrolled in care and support programs of non-governmental organizations, to investigate the type of care and support provided to orphan children and the views of these children towards these services.

### 1.3.2 Specific Objectives

The specific objectives of this study are:

1. Identifying the problems of 28 (twenty eight) orphan children registered for care and support by two non-governmental organizations working in Jimma City in relation to:
  - ☞ food, shelter and clothing,
  - ☞ access to education and health care,
  - ☞ emotional/psychological affairs, and
  - ☞ legal protection.
2. Exploring the existing care and support services to orphan children and identify the gaps that exist between the needs of the orphan children and the care and support provided to them. That is,
  - ☞ the types of orphan care and support services,
  - ☞ the comprehensiveness of their services to address the essential needs of the orphans,
  - ☞ Whether these services are provided regularly or not.
3. Identifying the types of community-based traditional orphan care and support mechanisms employed by care and support providers. For instance:
  - ☞ The role of Idirs in the process of care and support provision,
  - ☞ Extended family system,
  - ☞ Foster family care, and
  - ☞ Adoption

## 1.4 Organization of the Paper

This paper consists of six chapters. Chapter one introduces into the research topic by giving a background of the study. The statement of the problem, the general and specific objectives are defined and how the paper was organized are discussed.

Chapter two is the methodology part. This chapter describes selection of the study area and the study period, the research method designed to conduct the study, the information on the sources of data, selection of informants, the techniques used to gather information, data collection procedures, how the data was analyzed, the ethical issues, scope and limitations of the study and the problems encountered during the research.

Chapter three deals with the literature reviewed. The topics discussed under the literature review refer to overview of the historical background of orphan care and support services, the scope of needs and services for orphaned children, models of orphan care and support, the role differentiation among stakeholders in care and support for children and the key strategies to support orphans and other vulnerable children.

Chapter four is about data analysis and discussion of results. The findings of the study are presented thematically and include the general information about the orphan care and support providing non-governmental organizations and the orphaned children who participated in the study, the problems of orphan children related to education, food/nutrition, health, economic, psychosocial, shelter and legal protection. The analysis of the Community-Based Cultural Mechanisms of Orphan Care and Support is also part of this chapter. The analysis was carried out by taking into consideration the responses of orphans, care providers and the information from FGD participants.

Chapter five describes summary and conclusions made on the study.

## CHAPTER TWO: Methodology

### 2.1 Selection of the Study Area and the Study Period

As stated in the introduction, this study was conducted in Jimma City found in Oromia Region and is the capital of Jimma Zone. The City is situated in South-western part of Ethiopia, 352 Kilometer away from Addis Ababa. It has 20 Kebele Administrations (KAs).

Jimma City was selected for the study purposefully by the researcher. The main reason why Jimma City was preferred for a study site was that firstly, the researcher is working in the city and is familiar with the area. Secondly, the researcher has observed that many orphans and caregivers claiming that they were not getting enough support despite their enrollment for care and support by NGOs working in the city. Thirdly, the researcher heard the government and non-governmental organizations reporting for the presence of high number of orphan children in Jimma City and the problems associated to fulfilling the various needs of these children. They estimated for the presence of 3500 to 5000 orphans in the city depending on the reports from Kebeles and Idirs. Hence, the researcher became interested to support these informal encounters with research.

Concerning the study period, this study was carried out for three months (January 01 to March 31, 2010).

### 2.2 Research Design

The research design employed in this study is qualitative research strategy. The main reason why the researcher preferred purely qualitative method is that firstly, it is an approach that is conventionally used in social researches by anthropologists. Secondly, the researcher believes that qualitative methods suited best to explore the life experiences, feelings and emotions of orphaned children, which cannot be understood through quantitative methods (Strauss and Corbin 1998: 11).

### 2.3 Sources of Data

Both primary and secondary data sources were used in order to meet the objective of this study. Hence, first hand information was gathered through interviews, FGDs and observation. Secondary data were collected from documents of care and support providing organizations and pertinent government offices. The documents include amendments, quarterly and annual reports on OVC projects.

### 2.4 Selection of Informants

As the research method used in this study is qualitative, the informants were selected purposively. The primary sources of information were orphan children that have been enrolled in two orphan care and support providing organizations in Jimma City. Moreover, officials from government offices care and support providing organizations, heads of community-based organizations and some trained volunteer caregivers<sup>2</sup> were used as key-informants about the problems of orphan children and the care and support services provided to these children.

A total of twenty eight (28) orphan children were studied by taking into consideration their age and sex composition. The organizations from which the informant orphans were selected were, 1) Organization for Social Services for AIDS and 2) Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS. Twenty (20) orphans were selected from the former organization while the remaining eight (8) were from the latter. This selection was done on quota basis by taking into consideration the number of beneficiaries each organization had.

The orphan children for the study were selected from 3 Idirs that are partners with the stated NGOs. Then, 28 (fourteen female and fourteen male) orphans were selected from the lists of 3 volunteer caregivers by giving equal chance for the two sex groups.

As it is too difficult to conduct interviews with very young orphans, the orphans that participated in this study were those from five up to eighteen (5-18) years of age. Focus Group Discussions were conducted with orphans of 10-14 and 15-18 age categories assuming that their problems

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<sup>2</sup> Trained volunteer caregivers are volunteer persons selected by Idirs or Kebeles and given different trainings by NGOs on OVC care.

and interests may vary accordingly. For instance, Ruland and Finger (2005: 5) state that children in the two age categories may face key challenges associated with their physical and sexual maturity. That is, at their earlier ages during which they approach puberty they develop the need to understand relationships, including intimacy and peer pressure. At their latter ages, moving towards adulthood there is clash with challenging rules, testing cultural norms, finding a means of economic support and navigating risky behaviors.

## 2.5 Data Collection Techniques

Different data collection techniques were employed in this study to get rich information on the problems of orphan children. These were interviews, observation, focus group discussion and taking life histories (case study) of some orphan children.

### 2.5.1 Interview

In-depth interviews were conducted with 28 (twenty eight) orphan children using semi-structured interview guide (see Appendix I). All of them were individually interviewed by the researcher with the aim of ensuring that the intended information was acquired from the informants and make the observations simultaneously. The orphan children were visited three times to the minimum and were interviewed at least for 1 to 1 and 1/2 hour per day. The interview session for each child took four hours on average.

The interviews with these children focused on:

- their problems to fulfill their basic needs such as food, shelter, and clothes as well as health care, educational, psychosocial, legal and legal protection needs.
- the types of care and support they are provided by non-governmental organizations, the components missing and their satisfaction from these services,
- the types of orphan caregivers. That is, extended families, neighbors, foster family or their adopters.

Though the orphans are best key-informants about their way of life, interviews with other key-informants were conducted after identifying persons who are working closely with service providers (NGOs) in order to enrich the data on the study.

Six officials from different care and support providing organizations were interviewed. The questions forwarded to them were about their roles in care and support for orphans, the type of support provided to the orphans by their organizations. Moreover, they were inquired about their access to orphans for support and to the extent to which their service has improved the problems of orphans. Furthermore, these informants were made to explain the problems they encountered in the process of care and support providing and their view about the sustainability of care and support for orphans (see Appendix II).

The third categories of key-informants were two persons from local government offices. These were representatives from Jimma City Women and Children Affairs Office and Police Stations since the latter office is working especially on the legal protection of orphan and other vulnerable children.

Fourthly, 3 persons from Community-Based Organizations like Idir leaders and 2 trained volunteer caregivers were used as a source of information. Though the questions forwarded to them varied slightly depending on the information needed, the focus was on the social and economic problems of orphans, the attitude of the community towards orphans, the types of care and support provided by the community, government organizations, NGOs and CBOs and the sustainability of the care and support provided to them (see Appendix III).

### **2.5.2 Observation**

Some limited observation was done during home visits and during the interview sessions. Observation notes were taken in relation to the children's relationship with their families, neighbors and peers in the family environment. This include: greetings, talking and playing together, visiting neighbor's home, etc. Moreover, the housing, clothing and hygienic conditions of the interviewed orphans were observed.

### **2.5.3 Focus Group Discussion (FGD)**

Two (2) FGD sessions were arranged with the orphan children. The first was conducted with orphans of both sexes that are 10 – 18 years. The second was with female orphans of 10 – 18 years. The reason why the FGD was done with female orphans separately was with the assumption that the female orphans may be embarrassed to talk about some sensitive issues such

as sexual abuse. However, the researcher thought that those orphans below 10 years and the male orphans would not be afraid to express their feelings openly as adolescents. The number of FGD participants was 6 – 8 orphans per group. Though the points raised in the process of the FGD may vary depending on their sex and age, the main topics of the FGDs are summarized as follows (see Appendix IV):

- The major problems of orphan children in Jimma city,
- The types of care and support provided to orphan children,
- Sufficiency of the care and support provided to orphan children by different organizations,
- With who (whom) orphaned children live,
- The attitude of community towards orphan children,
- The practice of traditional mechanisms of orphan care such as extended family care.

#### 2.5.4 Case study (Life histories)

Eight case studies were done in order to understand better the problems of orphan children in respect to basic necessities such as food, cloth, shelter and other essential problems related to education, health, psychosocial and legal protection. These individual cases were selected through the consultation of the trained volunteer caregivers so that they can be used as examples to show the living conditions of the studied orphans.

**Table 1: Summary of the category of informants and the data collection techniques used**

S. No	Category of informants	No	Techniques used	Remark
1	Orphan children	28	In-depth interview, 8 case studies and 2 FGDs	Using semi-structured interview guide
2	Indigenous NGO leaders	9	Interview	>>
3	Idir leaders	3	>>	>>
4	Trained volunteer caregivers	2	>>	>>
5	Officials from government offices	2	>>	>>

## 2.6 Data Collection Procedures

The first step that the researcher took was consulting officials from Jimma City Women and Children's Affairs Office. The reason was that this office is more responsible to follow the affairs of children including the type of care and support services provided by non-governmental organizations that are implementing orphan care and support projects in Jimma city. Stating that only few of these organizations had a project directly related to children, the office provided me the name of six non-governmental organizations which were considered to be relevant to the study. However, among these NGOs one was working mainly on legal assistance to children of all types. The other NGO was mainly focusing on street children. The third NGO was targeting on the strengthening of the income of mothers through income generating schemes so that children can benefit indirectly. The fourth one was a religious organization and was providing only educational and financial support for orphans and vulnerable children between 9 to 22 years. Therefore, the researcher selected his informant orphans from only two NGOs that their project had relatively diverse orphan care and support services and were more focused on OVC up to 18 years and their families. The heads of other NGOs were used as key-informants and to show the overall services provided by orphan care and support providing NGOs in Jimma City.

The next step that the researcher took was visiting each organization and asking their cooperation in facilitating the access of orphan children that the researcher needed for the study and the information needed from the NGO leaders. Accordingly, the organization leaders or other responsible staffs were interviewed on appointment basis and arrangement was made on how to get the orphan children for interview. The available documents such as project amendments, quarterly and annual reports were also secured both in hardcopy and softcopy form.

The trained volunteer caregivers working in the two selected orphan care and support providing organization facilitated the condition for the researcher to meet the orphans for interview. The interviews with the orphans were conducted in a place where they preferred. Hence most of them were interviewed in their home while some of them were interviewed in the compounds of Idirs. However, home visits were done for the latter group with the help of trained volunteer caregivers in order to observe their home situation. In-depth interviews were conducted with the children after the researcher got the full consent of their parents or caretakers to involve the orphans in the study.

## 2.7 Data Analysis

As noted earlier only qualitative method was used in this study. The researcher mainly used detailed field notes to record the response of the informants as it was not manageable to tape record all the in-depth interviews conducted with twenty eight orphan children. However, the interviews of some informant orphans at the beginning of the field visit were tape recorded. The field notes taken during the in-depth interview and focus group discussion were developed in to full fledged notes without delay. Then, those interviews tape recorded were transcribed and prepared in summary form for analysis.

In the analysis of the responses of the informants, the Federal HIV/AIDS Prevention and Control Office's (FHAPCO 2006) Comprehensive Community-Based Care & Support Guideline for PLWHAs, OVCs and Affected Families was used as a bench mark to show the gap between the needs of orphans studied and the support provided by care and support providing organizations (see p.21-22).

Finally, the data were analyzed by being summarized into key thematic areas and the data from different sources were triangulated to produce valid information.

## 2.8 Ethical Consideration

The copies of the official letter from Addis Ababa University were submitted to all organizations addressed in this research. The interviews with orphan children, and focus group discussion were also conducted after explaining the purpose of the study and getting their permission to be part of the study. Verbal consent was obtained beforehand from participants of the in-depth interview and focus group discussion including orphan caregivers. The same is done for tape recording of some informants. The informants were assured that their personal information and names will be confidential. False (pseudo) names were used for the case studies so as to protect and respect the privacy of the informants.

## 2.9 Scope and Limitation of the Study

This study was conducted on orphans enrolled in care and support projects of two non-governmental organizations in Jimma City with the aim of exploring the socioeconomic

problems of these children identify the gaps that existed between the needs of the informant orphans and the support provided to them.

The method used in this study was purely qualitative since its focus was on identifying the needs of orphan children from their own perspective. This approach enables the researcher have deep understanding of the life situations of a few individuals rather than adding another superficial survey to the already existing ones.

The researcher's observation of the studied orphans was limited to the period of repeated interviews. It was too difficult to reach the children as they were studying in different schools, and passed their after school time moving to football fields or other areas that were not accessible to the researcher.

## 2.10 Problems Encountered During Research

The other main problems faced by the researcher were:

- A prolonged and repeated appointment by some NGO leaders to provide the necessary information and give orders to other staffs to provide the needed information and documents and facilitate access to orphans. The researcher had to wait for days or weeks especially when the heads of the NGOs were out of the city.
- Difficulty to acquire the specific data on orphan children from NGO leaders during the interview period or from their documents. For example, getting the exact number of the orphan children enrolled to their service and age and sex category was challenging. It was also difficult to identify between the children whose parents died due to AIDS and those due to other reasons (non-AIDS) in those who are supported by Organization for Social Services for AIDS (OSSA). The reason was that most of the orphan children are registered as orphan and vulnerable children (OVC) regardless of their parents' sero-status.
- It was also a difficult to conduct interviews with the orphans during working hours since most of them are students. Thus, the researcher was forced to use the evenings and weekends. This was time consuming and discomforting specially for my assistants/facilitators.

## Operational Definition of Terms

In this document, the researcher used the definitions given by international, national and local agencies especially in association to care and support to orphan children. The reason why I preferred to use these definitions in my study was that most of the orphan care and support providing organizations working in Ethiopia depend on these definitions to select the orphan beneficiaries.

- **Child:** The Convention on the Rights of the Child defines a child as every human being below the age of 18 year. This definition is also adopted by Ethiopian law, (FHAPCO: 2006: 37) WHO and UNICEF (in Belay and Abebaw 2007:10) and local government offices such as Jimma Zone Finance and Economic Development Office and Jimma City Women and Children Affairs Office that are the prime coordinators of care and support services to orphaned and other vulnerable children (OBoFED 2009).

- **Orphan and Vulnerable Children (OVC)**

As mentioned in many literatures (e.g. Richter, Foster and Sherri 2006) the concepts of orphan and vulnerable children are social constructs that vary from one culture to the other. That is, only some of the meanings attached to orphanhood coincide with the death of the Child's biological parent and those who lost only one of the parents may not be called an orphan at the community level. The above writers argue that the same holds true for vulnerable children in that there is no agreement at the national and international level on who are vulnerable children. Believing that the children called orphans and vulnerable children are relative varying from community to community, the Ethiopia Federal HIV/AIDS Prevention and Control Office (2006: 24) give the following definitions:

- **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.
- **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/her rights.

## CHAPTER THREE: Review of Related Literature

### 3.1 Historical Background of Care and Support Services to Orphans

Under normal circumstances, the family is the social institution with the obligation to provide the child the protection he needs (Friedlander 1968: 74 and Grazia, et al. 1961: 1-2) and is believed as the best place for children's rights and wellbeing to be secured (Tatek 2009: 7, Friedlander 1968: 346)<sup>1</sup>. However, at times when the family fails to fulfill its obligation due to economic stress or parental death, children will be in danger of being neglected, exploited, abandoned, or abused (Vasey 1964: 192, MoLSA 2004: 23; FHAPCO 2006: 3).

According to Friedlander (1968: 367) and Grazia, et al. (1961: 3-4), providing care and support for orphans and abandoned children out of the family sphere is one of the oldest forms of charity. Originally, helpless orphans were the object of ancient religious charity and the governments' involvement in the form of child welfare is only a recent development. This was started in the Western World to overcome the consequences of nineteenth and twentieth century industrialization, which created many social problems that the older human institutions – family/extended family, neighborhood, church and, local community could not afford (Friedlander 1968: 3).

In Kadushin's (1980: 5) explanation, child welfare (in broad terms) refers to those social service activities that have to do with the general wellbeing of all children and with any and all measures designed to promote the optimal development of the child's bio-psycho-social potential in harmony with the need of the community. According to Holman (2001: iv), in UK for instance, the 1940s to 1960s could be called a golden age of child care in that the 1940s witnessed public concern about children 'deprived of a normal home life', which led to the government establishing the first local authority service, the child departments, to offer specialized help to such children.

The involvement of many international UN agencies in the care and support of orphans and other vulnerable children was increased in the form of welfare or emergency relief agencies, eventually being 'converted' to development agencies late in the 1960s and 1970s after the launching of the development era by president Truman in 1949 with the aim of eradicating

poverty (Eade 2000: 9). Currently, most of these agencies and their extensions are serving as fund raising organizations or "Channels for aid to the poorest" to child care support programs implemented in developing countries.

Theoretically, care of orphans and other vulnerable children is becoming part of this development agenda understanding that the cause of poverty and vulnerability were structural, and not 'natural'. Hence, the problem of children can be solved through measures beyond the humanitarian service. That is, a shift from basic needs approach to structural change approach through development. Christiansen (2009: 4) argues the notions of care entail immediate as well as developmental aspects. For her, care for orphans in the immediate sense is about providing assets such as food, schooling and access to health facilities while in the broader developmental perspective such care taking is about enabling children to assume their future adult responsibility within the local reality.

After the independence from the colonial rule, many African countries have attempted to develop social welfare programs for disadvantaged social groups (orphans, street children, abandoned children, etc.) based on the Western, modern, welfare-state model. However, their plans failed to attain their goal due to a host of problems such as resource constraint or recurrent war. The outcome was the emergence of charitable non-governmental organizations (NGOs) to serve as 'alternative actors' in welfare and development and to 'save' the failed role of the state in child protection (Tatek: 2009: 8, Indrias 2006: 2).

### **3.2 History of Care and Support Services to Orphans in Ethiopia**

Historically, the experience of Ethiopia was not different from that of the Global practice. That is, the primary coping strategy for communities has been the help of the extended family in that children were getting care and support within their family circle followed by the extended family system and the community at large (Andargachew 1973: 10-11). He also wrote that organized social (child) welfare is of recent phenomena and was started after the establishment of The Ministry of Community Development and Social Affairs during The Haile Sillassie I regimen. The Emperor's Foundation has been practicing family sponsorships or adoptions within the country. In Ethiopia, as well as in many other African societies, the traditional patterns of care above all rest on kinship and until recently. The kinship based support mechanisms have had the

capacity to absorb most orphans and other vulnerable children (Christiansen 2009: 3; Tatek 2009: 7; UNAIDS 2006: 2 and EPHA 2005: 1). Other alternative traditional methods of caring within the community are also functionally important. For instance, the study conducted by EPHA (2005) in Addis Ababa and four woredas of rural Ethiopia confirmed that indigenous traditional practices such as 'Gudifecha' /'Madego'<sup>3</sup>, god-fatherhood or motherhood, and others) are playing a major role in supporting orphans and vulnerable children. However, these traditional mechanisms of childcare are heavily strained by the rapidly increasing number of orphans in Africa (Tatek, 2009: 7 Indrias 2006: 2).

Nowadays, as O' Kane (2006: 16 citing Mary Robson in CRIN 2005: 4), and Gready and Ensor (2005: 50) mentioned, a "rights-based approach" has gained a widespread acceptance (common understanding) among UN agencies and other donor agencies. It refers to describing situations not in terms of human needs, or areas for development, but in terms of obligation to respond to the rights of individuals with a belief that this approach empowers people to demand justice as a right and not as a charity. However this approach is not to undermine the provision of basic supplies and services that are important to livelihood preservation and recovery as well as long-term development. Nevertheless, such support envisions the engagement of marginalized and vulnerable people in the realization of their rights (Gready and Ensor 2005: 79). The following statement made by Ethiopian delegates on the Seminar in Dare Salaam, Tanzania (1970/71) in relation to the roles of social welfare services in East and Central Africa can indicate how such an approach has been recognized by the Ethiopian Government three decades earlier.

Social welfare services in Ethiopia should be development oriented with emphasis on felt needs of the people – Man should be the center of all development – Any development made at the expense of man should not be accepted – social welfare services should be treated as basic human rights and not as a favor (TNCSWS: p.84).

It is with the same principle that orphan care and support guidelines (for instance, The Federal HAPCO 2004 guideline) are developed in Ethiopia.

<sup>3</sup> 'Gudifecha' in Oromo and 'Madego' in Amharic languages are related to the English term adoption and the adopted child has equal legal right with the biological children of the adopters. However, currently with the aim of tackling the devastating effect of HIV/AIDS on orphan children Informal Adoption is in practice. This is a type of placement where children are adopted voluntarily by neighbors, god fathers/mothers, or by kind people in the community. This type of arrangement does not necessarily consider the adopted children as inheritance beneficiaries following the death of the adopters (HAPCO 2004: 48).

Some of the key components of rights-based approach are: Focus on children, Holistic view of children (considering all aspects of child), accountability (e. g. by local and central government), participation of children, advocacy, non-discrimination, etc.

### 3.3 The Scope of Needs and Services for Orphaned Children

In general terms people have many needs – social, biological, emotional, and spiritual and the level of wants are socially as well as individually determined. These are in turn dependent on the development level of a particular society. Vasey (1964: 6-7) uses the concept of 'minimum adequacy' when relating needs to social services. That is, "needs are said to exist when what the individual family is able to provide through the efforts of its members fails to meet an implicit or explicit standard considered to be a minimum for health and decency."

It is clear that the needs of orphan children are not different from children who are living with their parents. Yet, the loss of their parents makes them seek help from their communities and other social agencies to fulfill their basic necessities. Most literatures including The Comprehensive Community-Based Care and Support guideline for PLWHAS, OVCs and AFs (Affected Families) prepared by FHAPCO (2006: 36-8) stick to the United Nations Convention on the Rights of the Child (CRC) when dealing with the types of care and services needed by orphans and other vulnerable children. As stipulated in the convention (CRC), access to primary education, access to adequate health care services and program and the right to survival, protection, development and participation are the basic right of every child. The FHAPCO Guideline (2006: 39) describes nine areas where Community-based care and support are practiced in the country. They are known as The Need Package for OVC. These include: Education; Food/Nutrition; Economic support; Health/Medical care; Shelter; Living arrangements; Psychosocial support; Legal support and IEC/BCC support.

This guideline was developed by the Federal HAPCO in response to recommendations by delegates to a national consultation on OVC affected by HIV/AIDS ((ERAAAP Report 2003: 16). This guideline also recommends the Cost Estimation for OVCs and Affected Families indicated in Table 1. This, outline will be used to compare the types and amount of orphan care and support provided to orphans studied.

**Table 2: Care and Support Program Package and Cost Estimation for OVCs and Affected Families**

The cost estimate for the program package was done based on the experience of different NGOs, FBOs, donor organization and professional consultations

No	Care and Support Package	Unit Cost	Remark
I	<b>Economic Support</b>		
	Cash hand out for all services (shelter, food, and sanitary supplies)	Minimum Birr 150/month	50% for next beneficiaries in same premises.
	Income Generating Activity (IGA) coverage for training	Birr 300-1600/training	The cost will depend on the type of training and the cost in the locality.
	Income Generating Activity (IGA) for seed money	Birr 300-2000	The cost will depend on the type of training and the cost in the locality
	Clothing (night, day)	Birr 200/year	Depending on the local cost
II	<b>Food Support In Kind</b>	<ul style="list-style-type: none"> <li>• Fafa (famex) 6 Kg/month</li> <li>• Wheat 30kg/month</li> <li>• Oil 2kg/month</li> <li>• Sugar 2kg/month</li> <li>• Preparation cost for fuel Birr 30/month</li> </ul>	Depends on the local cost 50% for next beneficiaries in same premises.
III	<b>Educational Support</b>		
	School Uniform/year	Birr 70/year	
	School Bag/year	Birr 35-40/year	
	School fee/month	Birr 20-30/month	If the child attends a private school he/she has already started.
	Stationery/semester depending on grade	Birr 20-40/Semester	
	Technical vocational training (10 <sup>1,2,3</sup> )	Birr 270-300/year	Information of the technical school.
	Technical vocational training (10 <sup>1,2,3</sup> )	Birr 300/year for school fees Birr 200/month for living expenses	When the technical school is out of the locality.
	(10 <sup>1</sup> , and 2) preparatory	60 birr/year school fees <50Birr/month for transportation	If necessary.
V	<b>Alternative Care</b>		
	Subsidy to extended family/month	Birr 150/month	50% for next beneficiaries in same premises.
	Foster home/month	Birr 150/month	50% for next beneficiaries in same premises.
	Sponsorship/month	Birr 200/month	50% for next beneficiaries in same premises.
I	<b>Medical Expense</b>		
Medicine	Average Birr 50/month	Does not include ART.	
I	<b>Shelter aid (rent, maintenance)</b>		
	House rent (Kebele)	<Birr 20/month	Depending on the local cost.
	House rent (Private)	<Birr 70/month	Depending on the local cost.

*Source: FHAPCO (2006) Comprehensive Community-Based Care & Support Guideline for PLWHAs, OVCs and Affected Families.*

As stated earlier, care and support providing organizations are expected to meet the educational, food/nutrition, economic, health/medical care, Shelter, living arrangements, psychosocial and legal protection needs of orphan children. The importance of providing such diverse services to orphans and children in general is well summarized by Richter, Foster and Sherr (2006) as follows:

All young children require protection and nurture that meets their nutritional needs and ensures their health, affectionate relationships with stable caregivers that support their developing psychological and social capacities, and ongoing interactions with encouraging adults that promote their language and cognitive development. As they grow, children need friendships with same-aged peers and to be members of formal cultural institutions, including educational, play, social and/or religious groups. These associations help them learn the behavior and moral values expected of people in their society. The psychological, social and material needs of young children during their development are best met by a constant group of dedicated people, related to one another, in lifelong family-type groups.

Ruland and Finger et al. (2005: 3) in their youth issues paper emphasized the importance of giving attention to adolescent orphans (children between ages 10-19 years as identified by WHO). For the fact that adolescence is the period of transition from childhood to adulthood that is marked by biological, cognitive, and socio-cultural changes accompanied by physical and psychological development during puberty, their needs are more complex than the needs of younger orphans and require different kinds of assistance than the latter group.

According to these writers estimate 55 percent of all orphans under age 18 are adolescents. Despite this demographic situation most programs working with orphans do not focus on the particular needs of adolescents: secondary education or livelihood training, sexual and reproductive health education and services, psychosocial support for the difficult transition to adulthood, and adult mentors as roles models.

The findings of their study in a Cambodian village showed that educational and vocational training needs are challenging to adolescent orphans. Many of the village children lack resources to purchase school uniforms and pay fees for tutorial classes and shortage of vocational training centers.

### 3.3.1 Health and Nutritional Needs

Many research findings suggest that orphans and other vulnerable children are less likely to have access to health care services. According to World Vision's (2005: 15-16) report, there is pronounced difference in Ethiopia in access to health between OVC and non-OVC. That is, a far smaller percentage (61%) OVC receiving medical treatment compared to non-OVC (84%). The proportion of OVC receiving normal meals is also 73% while that of non-OVC is 98%.

Another study conducted on AIDS orphans in two sub-cities of Addis Ababa (Assefash in Belay and Abebaw 2007:12) revealed that securing needs like food and medical service are among the major problems of orphans. Ethiopia's OVC National Plan of Action (2003: 19) Report, many of the caregivers for orphans are living in extreme poverty and are unable to cover medical costs and many orphans lacked medical treatment when they get sick. The report states that though health care service in government institutions is generally provided free of charge there is a problem of acquiring some essential drugs from their pharmacies.

A number of studies (e.g. EPHA 2005 and USAID 2004: 13) indicate that orphans are more likely to become malnourished than other children. In a study done in Zimbabwe the degree of being underweight and stunted was much higher on orphans than children with both parents (USAID 2004: 13). In another studies it is found that the prevalence of underweight increased with the number of parents deceased. For instance, in Lesotho the prevalence rate of underweight for young orphans doubled compared to those single orphans and non-orphans. Numerically, 38 percent of double orphans were underweight compared to 21 percent for single orphans and 16 percent for children with both parents alive.

In Ethiopia, though there is lack of such comparative study, the Demographic Health Survey report (2005: 10) indicated that almost half (47%) of Ethiopian under five children are stunted or too short to their age and 11% percent are wasted or too thin to their age.

### 3.3.2 Educational Needs

The Convention on the Rights of the Child (Article 28) states that access to primary education should be compulsory and available free to all (children). Additionally, it calls for availability and accessibility of secondary education (general and vocational) to states parties to take

appropriate measures as the introduction of free education and offering financial assistance in case of need.

Despite these recommendations many studies revised in this regard found wider gaps in the fulfillment of educational needs of orphans and other vulnerable children. The educational problem of orphans is not different from their health problems discussed above. That is, the school attendance rate of orphans is low compared to non-orphans and is the worst for double orphans (OVC National Plan of Action Report 2003: 11). UNICEF'S analysis of DHS surveys in 10 sub-Saharan countries between 1992 and 2000 (USAID 2004: 19) also indicates that orphans are less likely to be enrolled in school than non-orphans and is the greatest for double orphans. Similarly, double orphans have the greatest risk of dropping out of school. As Ruland and Fingers, et al. (2005: 19) wrote, the household survey in Tanzania the school attendance rate for non-orphans and single orphans is 71 percent while that of double orphans is 52 percent. They assumed that it would have been even more than this if orphans living on street and institutions have been included.

Though education is free at government schools in Ethiopia many orphans and vulnerable children are hindered from attending schools being forced to pay registration fees and financial shortage to purchase uniforms (Belay and Abebaw 2007: 11 and OVC National Plan of Action Report 2003: 15). The information from these sources ascertained that the effect is high on double orphans in that the school attendance rate among children of 10-14 ages is 34% for single orphans, 26 for double orphans and 43% for non-orphans.

### **3.3.3 Economic Needs**

In poor countries like Ethiopia where the source of family income is mainly the father, his death results in a profound financial crisis to concerned families. The situation of orphans who lose their parents due to AIDS is even worse as families assets are drained prior to parents' death. That is, there is high expenditures on health care, funerals and memorials (Mushati et al. 2003, Yamano and Joyne 2004 in USAID 2004: 7). Though the vast majority of orphans are living with their surviving parents or their extended families (grand parents), such caregivers will be ill themselves or too old to generate economic income for the family (UNICEF, USAID, et al. 2004:15).

Therefore, different strategies of strengthening the families' financial income need to be designed. These include cash handout for all services such as shelter, food, sanitary supplies, day and night cloths etc. In addition to this, older orphans and able-bodied caregivers must have access to trainings on income generating activities, seed money and technical vocational training (FHAPCO 2006: 52). There are attempts to provide regular financial support by NGOs, FBOs and some GOs. However, it is stated that the number of programs supporting income generating support are small (OVC National Plan of Action Report 2003: 16).

### 3.3.4 Psychosocial Needs

In addition to the economic hardship orphans face they can suffer from the lack of love, attention and affection after the death of their parents. This also causes extreme psychological distress and their interpersonal relationship (in home, with neighbors, in school and community may be affected. Furthermore, they will become victims of stigma attached to HIV/AIDS and being an orphan (UNICEF, UNAIDS, USAID, et al. 2004: 9). Therefore, providing psychosocial support is basic to orphans and other vulnerable children according to their age, sex and socio-cultural background to minimize their psychological distress.

Psychosocial support is defined as an ongoing process of meeting emotional social mental, and spiritual needs all of which are considered essential elements of meaningful and positive human development (UNICEF, UNAIDS, USAID, et al. 2004). The objective of psychosocial support is to help orphan cope with emotional trauma and stress they experience in their life. That is, an emotional condition experienced or felt in overcoming with unsettling, harmful situations like disturbing sense of helplessness, uncertainty and self-doubt in life (stress) and an emotional shock that produces long-lasting harmful effect (trauma) on orphans Source (UNICEF, UNAIDS, USAID, et al. 2004: 16 and Ruland, Finger, et al.2005: 5).

Writers on the need of psychological support to orphans (e.g. Richter' Foster and sherry, 2006) argue that activities to protect support and promote the psychosocial wellbeing of orphaned children and families are advantageous for two reasons:

Firstly, children are most resilient. That is, able to bear and recover from significant suffering when they are accompanied by people who love and care for them. The sense of belonging and hope that they develop in the process enables the children who lost their parents to cope better

even the underlying hardship such as hunger, discomfort and poverty. Secondly, such efforts are key investments in human capital development. An affectionate and supportive social environment has remarkable contribution to lay the ground for the future growth and development of orphan children and become ethical and constructive citizens.

However studies done in Ethiopia and other African countries asserted that only few orphan care and support projects are incorporating the psychosocial component (FHAPCO 2006: 46, UNICEF, UNAIDS, USAID et al. 2004: 16)

### 3.3.5 The Need for Legal Protection

The Report by the Government of Ethiopian (2007: 52 – 60) states that though the available data are limited and restricted to specific areas like Addis Ababa and some towns they shade light on the magnitude of child right violation in Ethiopia. Moreover, these studies lack disaggregation by parental status. That is, whether these children are orphans or non-orphans is not stated.

For instance, as mentioned in this report in a study undertaken in Shasemene and Dilla, of the 46 female street children covered by the study, 13 were engaged in commercial sex work that is considered as the worst form child labor by ILO Convention No 182. A small scale study conducted in these two towns revealed that out of the 198 respondents 93 were sexually abused. However, only 36 cases have reported the incidence to the police, parents, friends and school teachers. The reason for the under reporting was lack of awareness, taboos about sex and sexuality, a lack of faith in justice system, and/or stigmatization of victims (Government of Ethiopia 2007: 54 and MoLSA 2005: 13).

The above mentioned studies and other studies related to orphans and vulnerable children enable us to realize that orphan children are more exposed to various forms of human rights violation – legal, economic, political and social rights. They are liable to forceful eviction from their parents house (private or kebele), property inheritance problem, physical and sexual abuse child rafficking, child labor, stigma and discrimination (especially) from families affected by HIV/AIDS (FHAPCO 2006: 50).

Though Ethiopia labor proclamation (42/93) prohibits children below 14 years from employment and puts preconditions for those between 14-18 years old, in practice large number of children are engaged in hazardous working environments (MoLSA 2004: 9). According to UNICEF, UNAIDS, USAID, et al. (2004: 9), 75% of child domestic workers in Addis Ababa are orphans. In addition to the occupational safety they lack, these children work for long hours to their age, and very low payment.

Therefore, the need for legal protection is fundamental to orphans as they are liable to all forms of child abuse that is aggravated by the loss of their prime protectors (parents).

### **3.3.6 The Need for Shelter and Living Arrangement**

As stated earlier, many orphans face the danger of losing inherited properties such as parent's houses at the hands of unsympathetic relatives or other caregivers. The outcome will be street life unless proper living arrangement is in place. The types of orphan placement needed are discussed under the topic Models of Orphan care.

## **3.4 Models of Orphan Care**

According to Tatek (2009: 7), current approaches to care and support for orphans give weight to Familial/Extended family Care, Community-Based Care (CBC), Institutional and rights-based Care. The community-based approaches including the extended family care are referred as Models for Placing orphans and other vulnerable children<sup>4</sup> at Community Level in the FHAPCO'S (2004: 32 and 48) Guideline.

It is assumed by different agencies working on child services and UN Convention on Children Rights the family is the ideal place or children's rights and well-being to be secured. As stated earlier, in times of parental death the role of social net-works of families in looking after parentless children is immense especially in many African communities. (Tatek 2009: 7) gives as evidence many studies done in Sub-Saharan African countries in that the extended family system has for generations met most of the basic needs of children on the death of the biological parents

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<sup>4</sup> Other vulnerable children refer to children who are under special problem such as street children, the disabled, etc. while both parents are alive.

and vulnerability due to other factors. As Christiansen (2009) vividly puts it “there were orphans but no orphanages.”

However, due to the HIV/AIDS epidemic, which resulted in a rapid increase in the number of orphans the family/extended family failed to address the needs of the victim children. Indrias (2006: 1) quotes Björn Ljungqvist, the UNICEF Representative in Ethiopia to clarify the situation.

As more and more parents die, the capacity of the extended family to take care of orphans becomes smaller and smaller,” thus says, “In all countries where you have a big HIV/AIDS epidemic, at first you don’t see any orphans at all, as they are absorbed by the traditional systems. And then all of a sudden you seem to reach some type of breaking point and you start finding these children in the streets, you start finding them working in difficult conditions, you start finding even child-headed households.

Therefore, in this regard there are two perspectives: one proposes for external interventions of care while the other focuses on the empowerment of families. International organizations like UNICEF support the former idea depending on the “social rupture thesis”, a theory which views the traditional family as being either overstretched or collapsed and unable to cope with the burden of caring for orphans. The theory even questions the sustainability of the traditional African systems of care, claiming that contemporary orphanhood has outstripped their capacity to offer any form of alternative care for the latter. The supporters of the second perspective argue that even in the context of extreme poverty, care and support by family networks is still in a position to advance orphans’ well-being. In other words, there are complex ways in which families pull resources together and continue to ensure the security of orphans (Tatek 2009: 8, Indrias 2006: 2).

With this in mind, let us see the types of orphan care approaches practiced in Ethiopia.

### **3.4.1 Community-Based Care**

Community-based childcare program is a childcare service planned and implemented within the community setting, in order to cater for the needs/rights of orphans and vulnerable children with the full involvement of and ownership of the community (FMoWA 2009). In a community-based approach care and support is given to the orphans and other vulnerable children (OVCs) by living either with their parents and extended families, or volunteers in the community

(FHAPCO 2006: 47). This approach emerged in the mid-1980s as an alternative for caring for orphans as the role of the state in the care of orphans in many parts of the world declined (Ansell and Young 2004; Sanuo et al. 2009 in Tatek 2009: 8). The rationale behind such services is 'empowerment' of the community with financial, material, technical or other resources and 'participation' of families and the community so that orphans can get service (e. g. food, education, health care, etc.) through the use of already existing traditional community institutions, and religious-based and village-based committees by mobilizing communities' resources (FMoWA 2009).

According to the Comprehensive Community-Based Care and Support guideline of Federal HAPCO (2004: 48) the models of care and support for orphan and other vulnerable children include:

- **Extended family systems:** a system where the nearest kin (grand mother or closer kinship) is identified to care for the orphans after the death of parents.
- **Child headed households:** this is a system where the orphaned children are supported in their home in order to keep the family together. Here, the older sibling (15 years or older) takes care of the younger siblings under the periodic supervision of volunteers and staffs from the supporting organizations.
- **Foster family care (creating family):** is a method of creating transitory home arrangement for unaccompanied children until an alternative placement is in order.
- **Children's home:** this is a method of care and support whereby 6-8 children are placed under one roof with adults (usually older women) or under the supervision occasional visitors (community volunteers, NGOs, CBOs, FBOs, local government officials, etc.)
- **Formal and Informal adoption:** these are types of placement in substitutive family care within the community setting. In the former type of adoption there is a legal permanent substitutive family care which provides the adopted children a right to inheritance beneficiaries after the death of the adopters while the latter types have no necessarily the right to such claim (FHAPCO 2004: 48).
- **Sponsorship programs:** is a way of securing financial and material support from foreign or native interested individuals, private organizations, NGOs for the maintenance and educational expenses of OVCs.

The guideline (p.47) forwarded these living arrangements<sup>5</sup> based on the UN Convention on the rights of the Child, which recognizes that for the full and harmonious development of the child's personality it is better the child grows up in his/her familiar family environment, in an atmosphere of happiness, love and understanding. Nonetheless, the convention warns that priority should be given for the best interest of the child at all times.

### 3.4.2 Institutional Care

These are services designed to substitute for family/extended family and community-based care. The orphans are contained in Children's institutions largely financed through charitable donations (Ennew 2005 in Tatek 2009: 10 and Kadushin 1980: 20). This approach is criticized on the grounds of its sociological and psychological impact on orphans. For instance, in Ethiopia, Jerusalem Children and Community Development Organization (JeCCDO) resorted to deinstitutionalization and shifted to community-based approach understanding that the former approach is too costly and orphans in its care had a difficulty in adjusting themselves to the external world (Save the Children Canada 2007: 45 & 46 and Gebru, Atnafu in Varnis 2001)

Hence, the community-based care is preferred to institutional care for the reasons mentioned earlier and for the good opportunity it opens for the children to easily integrate with the extended family system, culture, and support network. Moreover, the former approach invites the community in general and its leaders in particular take on the responsibility of caring and supporting the OVCs in their setting. It also minimizes the emotional instability that is usually experienced with institutionally brought up children (FHAPCO 2004: 47 and Belay and Abebaw 2007: 37 & 38).

### 3.5 Key Strategies to Support Orphans and Other Vulnerable Children

The Global Strategic Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS (UNICEF, UNAIDS and USAID et. al, 2004) which is adopted by Federal HIV/AIDS Prevention and Control Office (FHAPCO 2004: 38-9) and cited by different researchers such as Tatek (2009: 7), O'kane et al. (2006: 26) and

<sup>5</sup> For the purpose of this guideline, a living arrangement means an OVC placement within the community but outside the biological parents owing to the parent's inability to support them as a result of abject poverty, ill health or death (FHAPCO 2004: 47).

Rose 2003: 11) outline five key strategies to assist orphans and other vulnerable children. These strategies that are widely accepted for intervention (Rose 2003: 11; International HIV/AIDS Alliance and FHI 2004) and used by the Ethiopia FHAPCO to develop the *Comprehensive Community-Based Care & Support Guideline*, with their respective breakdowns include:

1. Strengthening and supporting the capacity of families to protect and care for their children;
  - Improve household economic activity - interventions that meet immediate needs and that enhance long-term family income. Establishing self-managed saving groups, facilitating access to financial services offered by micro-finance institutions supported by entrepreneurial trainings are examples of long-term interventions.
  - Provide psychosocial support to affected children - group and individual counseling, peer and spiritual support and other existing structures with the potential to reach orphans and vulnerable children and their caregivers.
  - Strengthen and support child-care capacities; establishing mechanisms of relieving the child care burden on elderly caregivers and child-headed households. Examples are community child care/day-care initiatives and caregiver support groups that provide much needed relief and the opportunity to share experiences and learn from one another.
  - Strengthen young people's skills – premature death of parents prevents children from learning their parent's skill. So orphans need support on skills in the area of household management, caring for younger siblings, budgeting and assessing services, social and interpersonal relationships. Vocational training and apprenticeship are key inputs in enhancing the ability to generate income.
2. Mobilize and strengthen community-based responses;
  - Engage local leaders in responding to the needs of vulnerable community members;
  - Organize cooperative support activities - Community group that provide direct help to orphans. For instance, volunteers those provide psychosocial support financial, labor and material support. Others are community monitoring and visiting of orphans, youth club and recreation programs.
  - Strengthen local planning and action: building the capacity of district and local authorities in identifying OVC assess their needs collaborate with different

stakeholders and service providers to train staff and extend services and monitoring and evaluation of the services.

- Promote and support community care for children without family support - expand fostering, adoption and other types of non-institutional care at least temporarily for orphans' family-based care is not accessible within their communities.

### 3. Ensure Access to Essential Services

- increase school enrollment and attendance;
- ensure birth registration for all children;
- provide basic health and nutrition services;
- ensure that societal norms and judicial systems protect OVCs;
- ensure placement services for children without family care;
- strengthen local planning and action

### 4. Ensure that governments protect the most vulnerable children and provide essential services;

- Adopt national policies, strategies and action plans;
- Ensure that resources reach beneficiaries in the community;
- Develop and enforce a supportive legislative framework that ensures the care and protection of orphans and vulnerable children.

### 5. Create an enabling environment for poor children and families through advocacy and social mobilization at all levels.

- Conduct a collaborative situational analysis.
- Mobilize influential leaders to reduce stigma, silence and discrimination
- Strengthen and support social mobilization activities at the community level.

However, Tatek (2009:7) claimed that these strategies are interrelated and are highly donor-driven development projects as observed in their implementation in various social, economic, cultural and ideological systems. Therefore, he suggested that donors need to take into consideration the views of beneficiary children and families since they may have their own expectation different from that of the donors.

## CHAPTER FOUR: Data Analysis and Discussion of Results

### 4.1 Background Information on the Study Area, Selected NGOs and Informant Orphans

#### 4.1.1 Description of the Study Area

This study was conducted in Jimma City which is situated in South-western part of Ethiopia, 352 Kilometer away from Addis Ababa. Jimma City is the capital of Jimma Zone of Oromiya Regional State and is one of the largest cities constituting 20 Kebele Administrations (KAs).

The then Jimma Village/town was founded in the late 1830s by Aba Jiffar I and strengthened by his successor the famous King Aba Jiffar II (1875-1933) who constructed his palace in a place known as Jirren. The town got a modern form during the Italian invasion as it was the seat of the military commanders, and it continued to expand since then. Now it covers an area of 102 square kilometers or 10,200 hectares (City Profile 2009).

Geographically, the city has a latitude and longitude of 7°40' 36'50"E 7.667°N 36.833°E. Its climate is 'Woina Dega' (tropical rainy climate zone) and the mean annual rainfall is 1450-1800 millimeter (City Profile 2009). It is strategically important city in that it serves as a transition route for people moving in and out of Addis Ababa and neighboring zones such as Illu Ababora zone, Gambela region, Bench Maji zone and Wollega zones.

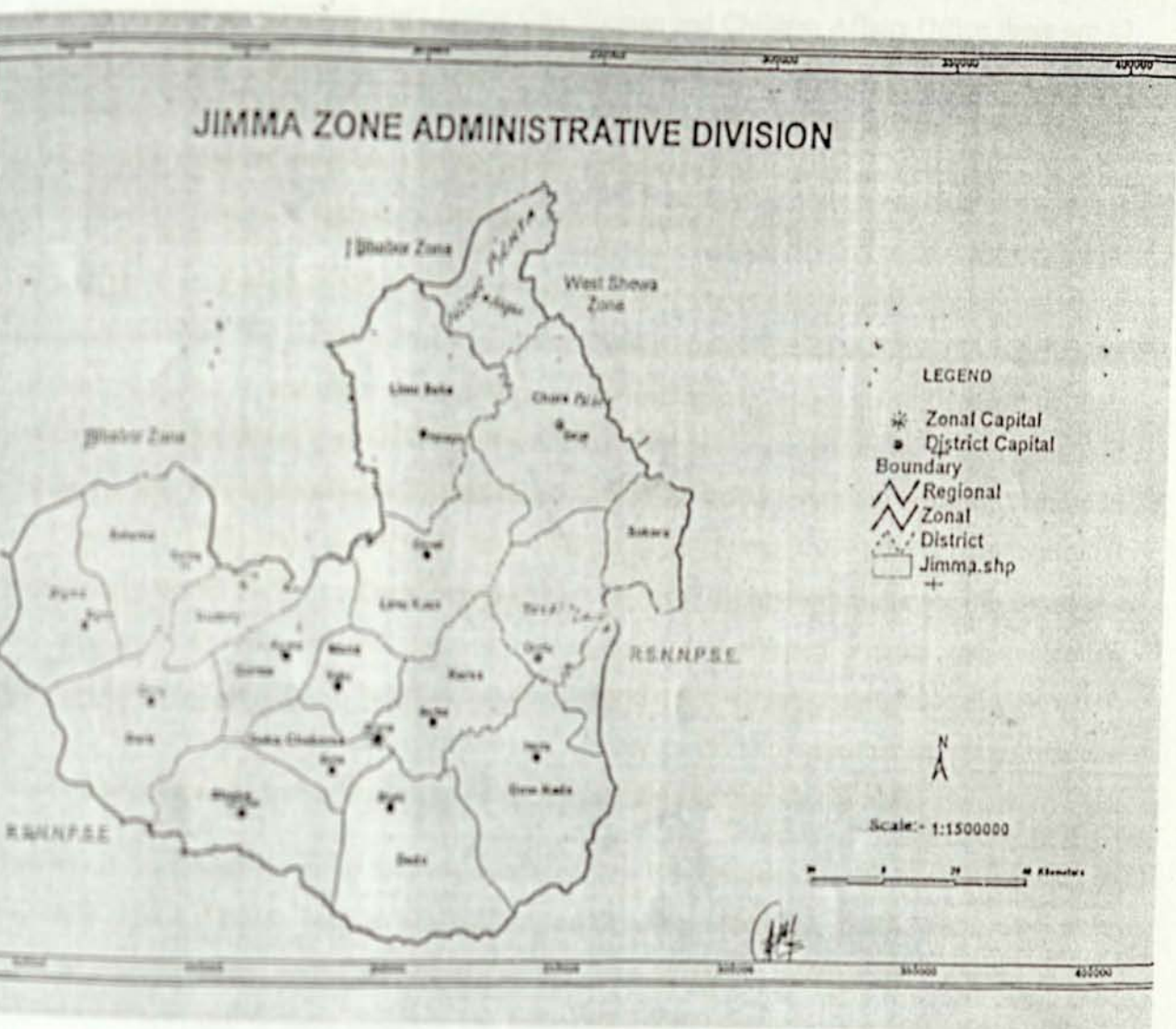
The population size of Jimma zone is estimated to be 2,495,795 (Population Census Commission 2008: 99) and as indicated in the City Profile (2009), 120,600 (M = 60,590 and F = 60,010) people are residing in Jimma City. This city is a home for many ethnic groups (Oromo, Amhara, Kaffa, Dawro, Yem, Gurage, Tigre, etc.). Religion wise, various forms of Christianity (Orthodox, Protestant, and Catholic) and Islam are commonly practiced in the city.

The dominant economic activity in Jimma City is trading and catering (food preparation) and small-scale cottage industries like grain mills, wood and metal workshops, hollow block manufacturing and bakeries. Its location at the midst of cash crops, especially coffee producing areas enabled the city to be a center of business. Additionally, Jimma City is a center for education with one big university, many private colleges and schools.

As a result, there is high population migration (rural-urban or urban-urban) in the form of family visit, search for jobs, education and business activities. That is, people migrate as students, daily laborers, house maids, bar attendants, etc. The hydroelectric power construction (e. g. Gilgel Gibe 1 & 2) and the long distance road construction (Addis Ababa to Mizan-Aman town) have also attracted people from different directions. Therefore, such population movement to the city and the surrounding areas coupled with the relatively high population size makes Jimma City one of the potential areas for HIV/AIDS spread and eventual increase in the number of orphans in the city.

Though, the researcher's attempt to obtain the actual number of orphans found in Jimma City is not materialized the statistical information at the regional level, the anticipation of responsible city's government officials and the findings of different small-scale surveys are indicative of high magnitude of orphanhood in the city. For example, Oromia Region is the first in the number of orphans aged 0-17 years in the country. The informants from the government offices and the NGO representatives consulted on the magnitude of orphan children in Jimma City estimated to be 3500 to 5000.

Figure 1: Map of Jimma Zone Administration



Source: Jimma Zone Administration Office

#### 4.1.2 Major NGOs Working on Children Support in Jimma City

According to the information from Jimma City Women and Children Affairs Office there are 23 non-governmental organizations in the city working on different projects. From these, only few organizations have projects that take children's issues as their priority agenda. Those who are dealing with children focus on specific groups of children such as street children, abandoned children and on violence against children and legal protection issues.

Though there are few other NGOs who are dealing in one way or another with orphans, by taking into consideration the above information from Women and Children Affairs, the investigator selected two NGOs and their stakeholders as key-informants based on the degree of their involvement in providing care and support services to orphans and to ensure the manageability of the study, which is qualitative that needs data collected from few informant orphans. These are: 1) Organization for Social Services for AIDS and 2) Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS. Both these organizations are focusing on improving the wellbeing of HIV infected and affected orphans and vulnerable children and their families in the sense that orphanhood is mainly the consequence of HIV/AIDS that killed many parents. However, OSSA was running an OVC project that integrates orphans from other causes of parental death and vulnerable children due to other factors.

Leaders and staffs of the other four organizations who have projects related to children such as on street children, family support for children and those who focus on specific age groups were used as key-informants on the socioeconomic problems of orphan children and the types of care and support provided to these children. The following information about the background of the 6 NGOs was also obtained from the interviews made with responsible officials from respective organizations.

##### 4.1.2.1. Organization for Social Services for AIDS

OSSA Jimma Branch was opened in 1994 as a humanitarian indigenous organization. The organization began its mission of advocating, coordinating and promoting responses aiming at reducing the spread of HIV/AIDS, providing care and support for AIDS orphans and PLWHAS and mitigating the psychical impacts of the virus on the household and on community.

The branch office has broadened its community-based service by implementing care and support

to Orphans and Vulnerable Children since 2006 side by side with its Community and Home-Based Care (CHBC) to seriously sick and bed-ridden patients more of as a result of HIV/ AIDS.

Currently the organization is providing community-based care and support service to OVC in collaboration with 14 Idirs (CBOs) funded by UNAIDS.<sup>6</sup>

The number of Orphans and Vulnerable Children enrolled in this project is 2681 out of which 1454 (M = 690 and F= 764) are orphans below 17 years of age. Concerning parental death 895 (M = 444 and F= 451) are paternal (death of father) and 190 (M = 82 and F = 108) are maternal (death of mother) while 369 (M = 164 and F = 205) are double orphans

#### **4.1.2.2 Jimma City Idirs Union and Family Health International (FHI) Community-Based Palliative Care Project Center for HIV/AIDS**

FHI is an International organization and is a pioneer in starting Home and Community Based Care (HCBC) service in collaboration with the Organization for Social Services for AIDS and local Idirs to bed-ridden patients (AIDS and non AIDS) in Jimma city. It is also the prime initiator of the idea of capacity building for CBOS (such as Idirs) through material provision and trainings on leadership and management.

Currently FHI has been working with Jimma city Idirs Union for the last 2 years. The project's focus groups are people living with HIV/AIDS and their families. According to the project coordinator, there are 73 children living with HIV/AIDS enrolled to the project. The coordinator believes that many of the children are orphans. However, as the coordinator stated there were no data on the actual number of the orphans.

#### **4.1.2.3 Facilitator for Change Ethiopia/FCE/**

FCE is a child focused national, non political, non profit seeking non- governmental organization. The Jimma branch office is opened in 2001 and has been implementing a project known as *Family for Children* in three phases. In the first phase /2001-2004/ the project was

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<sup>6</sup> Idirs are traditional neighborhood associations primarily established to facilitate burial ceremonies and comforting the bereaved (Save the Chidden Canada 2007:56).

mainly working in the area of capacity building of poor mothers through income generating schemes with the aim of addressing problems of children indirectly. In the second phase /2005-2008/ the organization introduced a component known as *Opportunities for Children under Difficult circumstances*. Under this component, care and support was provided to a total of 142 vulnerable children (sexually abused/exploited children, street children, and orphans with the principle of community-based care and support to children. In the third phase (2009), it is providing care and support for 120 children out of which 70 are orphans. Among these, 60 of the children (35 orphans and 25 vulnerable are getting basic needs support such as food, cloth and shelter). Moreover, 25 of them are getting marketable-skill training like on wood work, hair making, sewing and tailoring. The remaining 35 children were abandoned and street children. Psychological rehabilitatin and family reunification was made for most of the street children while adoption and foster care was arranged for the abandoned children.

The organization secures its financial support from three international organizations known as Save the Children Denmark, (SCD), and two German Aid Agencies - Kinder Not Hilfe (KNH) and Kinder Unserer Welt (KUW). The local stakeholders are CBOs (Idirs), GOs, NGOs at every level.

#### 4.1.2.4 Jimma Kale Hiwot Church (KHC) Child Development Center

KHC child Development center is a faith-Based humanitarian organization which secures financial support from an International Faith Based Organization Called Compassion International. According to the project director, kale Hiwot Church is the first of other churches in the city by starting care and support service to children. The project was started in 1996 with the aim of contributing something to the community other than religious service.

The reason why the church focused on child development is with a belief that the cause of poverty in the community is lack of knowledge. Hence, if children are assisted in getting access to education there is a possibility of reducing the poverty situation of the country and enhancing the wellbeing of children and the society at large.

The child care approach the church follows is community-based and the source of material and financial support is sponsorship from foreign philanthropic individuals. From the total of two hundred twenty four (224) children getting assistance, 142 are orphans. The eligibility criteria for

support is being very poor, presence of caretaker/guardian, being healthy, living within 20 minutes radius (walking distance), and being in the age range of 9 and 22 years. The age limit is associated with the project's goal of success on education. That is, they believe that if the child is below 9 years he cannot complete his college education at the age of 22. The distance is limited in order to supervise the condition of the children effectively.

#### **4.1.2.5 Children's Legal Protection Center of African Child Policy Forum, Jimma Branch Office**

The center started its service in Jimma city before ten months. According to the project coordinator and legal officer, what necessitated the opening of the center is the increasing prevalence of child abuse in Ethiopia. Moreover, most abuses remain unreported or unchecked due to the high cost of litigation, fear of intimidation by the perpetrators and the unfriendly environment to children. Hence, by responding to the prevailing financial and social problems in respect to child legal protection, the office aims at improving the protection and access to justice of children whose human rights have been violated.

#### **4.1.2.6. Semaria Street Children Center**

According to the center's coordinator, the center is an indigenous NGO established in 2007. It was opened with the aim of reducing the increasing number of street children and beggary in Jimma city. Therefore, the center was providing food, shelter, cloth, and school materials for the last two years in collaboration with a funding organization known as Life in Abundance Ethiopia.

However, the project coordinator said that the project is in problem after the phasing out of the two years project at the end of 2009 since the funding organization failed to renew its agreement. As a result only 65 OVC are getting some kind of assistance. The coordinator stated that project proposal is submitted to other donor agencies and the response is being waited.

This paper doesn't attempt to describe the vision, mission, goal and objectives of each organization assuming that it has no basic significance for the study's intent that is not aimed at evaluating the organizations' accomplishment. In general terms, these variables are dependent on the views of each organization about the major causes of orphanhood and the strategy they follow to address their problems. To substantiate their objectives from this angle:

- KHC believes that poverty is the sole factor for parental death. This poverty is the result of lack of knowledge. Accordingly, the church emphasizes assisting children under difficult circumstances to have access to education.
- FCE shares the same idea in that its projects are targeted on combating poverty in the community. This is, by enabling the communities to overcome the problems of poverty including orphanhood by assisting the disadvantaged groups with particular focus on women and children
- As stated earlier, in the case of OSSA and FHI the focus is on improving the wellbeing of HIV infected and affected orphans and vulnerable children and their families.
- Children Legal Protection Center is specific in its concern in that the center is striving towards increasing access to justice to all children (orphan and non-orphan) whose rights have been abused and violated.

#### **4.1.3 Summary of the Type of Care and Support Services Provided to Orphans in Jimma City**

As has already been explained one of the objectives of this study is to find out the types of care and support available as a response to the socioeconomic problems of orphans. Considered from different dimensions, there is much similarity on the types of services the aforementioned non-governmental organizations are rendering to orphan children. Nevertheless, some organizations emphasize specific components of child care and support services. Children's Legal Protection Center (CLPC) focuses exclusively on legal protection services. There is no any form of food item support given by Kale Hiwot Church and no economic support component is found in Idirs' Union and FHI project. KHC has no legal support component and food support components.

There was also no uniformity on the amount and types of financial and material support each NGO gives. That is, some NGOs are focusing only on one or two types of support while others include many components of orphan care and support in their programs. Based on the revision of the available document and interview made with the organization leaders the types of care and support provided to orphans by the above stated NGOs can be summarized as follows:

1. **Educational support:** to improve the school enrollment attendance and completion rate of orphans and other vulnerable children by providing educational material, school uniforms, registration fee and tutorial education.

2. **Economic support:** to strengthen orphan households through income generating activity (IGA) support, vocational skill training, community self saving and support groups (CSSG), etc
3. **Psychosocial support:** to improve orphans self confidence, self esteem, hope and interpersonal relationship.
4. **Food and Nutrition support and training on nutrition:** to improve the nutritional status of orphans and other vulnerable children.
5. **Legal protection support:** to protect legal, economic, political and social rights of orphans. These services are realized through advocacy workshops, and trainings to government administrators at each level, law enforcement bodies, and media and child right activists. Besides, Children Legal Protection Center/CLPC provides free professional legal services such as legal counseling for children and their families, judicial representation for children and identification of gaps and problems in policy, law and enforcement mechanisms to advocate, for solutions that promote the best interest of children.
6. **Health services:** Idirs' Union and FHI project provides treatment and nursing care through its nurse staff. Others have established only referral linkage with health sectors (health institutions) for free health service. Kale Hiwot Church is exceptional in that it covers medical cost even if the child is referred to foreign countries for further investigation and treatment.
7. **Shelter and Care:** to improve the housing and clothing condition of orphans. Organizations like OSSA and FCE reported that they give renovation service in collaboration with kebele administrations. For instance, OSSA's one year report indicates that 14 damaged houses were renovated. FCE has been renting houses for street children to live in group homes. CLCP is also making transitional living arrangement to children whose rights are violated.
8. **EC/BCC:** the six organizations claimed that they are preparing, publishing and distributing Information, Education and Communication (IEC) materials like brochures and posters on child rights, HIV/AIDS and other topics.

In addition to the stated care and support services rendered to orphans directly, capacity building support was given to community-based organizations such as Idirs with the aim of strengthening community-based support for orphans and other venerable children. Hence, Idir leaders have got training on leadership and management and offered office materials/furniture and stationary and financial support.

#### **4.1.4 Community-Based Organizations in the Process of Orphan Care and Support**

Among the objectives of this study, was identification of the types of traditional orphan care and support organizations involved in orphan care and support services rendered by the selected NGOs. Therefore, the officials of the two care and support providing organizations were interviewed about the types of community-based organizations working with them. Both of them replied that Idirs are their main partners and each organization was working with 13 Idirs. Asked about the reason why they preferred these community-based organizations, they stated that it was from the experience that they have got from Idirs in other towns such as Addis Ababa. They further explained that Idirs were found to be very effective facilitators of care and support for orphans and families affected by HIV/AIDS early in the era of HIV/AIDS. The reason they gave for their effectiveness were, the Idirs' closeness to the community and the relationship of orphan care and support to the objective of the Idirs.

According to the interview made by the researcher with Idirs Union Chairman and heads of three Idirs, there are 74 (seventy four) Idirs that are members of the Idirs Union. The Chairperson of Idirs Union stated that 23 Idirs are participating in orphan care and support programs.

As the informants from the NGOs elaborated the role of Idirs in the process of care and support was selection of orphans for care and support; participation in the distribution of educational materials, food items, etc., providing financial and material support by mobilizing their members to make money contribution, and monitoring the activities of trained volunteer caregivers. They also mentioned that members' of Idirs are contributing 0.50 to 1 birr per month in order to give financial support and purchase educational materials for orphan children conditionally and prepare get together programs on holidays by preparing food and soft drinks to these children .

The heads were also inquired about the attitude of the community towards orphans and to what extent people participate in solving the problems of orphans. They reacted that though there is sympathy from the peoples side, support is limited due to the poverty prevailing in the community. Of course they believed that lack of effective community mobilization also has its limitation in soliciting community resources to improve the problem of orphans.

The other question raised to the Idir leaders was about whether they are getting support from non-governmental organizations (NGOs). As they have expressed the Idir leaders have benefited a lot from the capacity building trainings and supports of office furniture and stationary. As both NGO and Idir leaders mentioned, the types of training include: training on community mobilization, leadership skills, project management, monitoring and evaluation, book keeping, etc. Besides, the inter-idirs other organizations experience sharing arrangements within the town and other regions have helped them to learn more from other's experience.

The above information about Idirs signifies the central role these CBOs are playing in the process of orphan care and support services. They are key facilitators in the identification of orphans, selection of orphans for assistance and supervision of orphans and the trained volunteer caregivers. Moreover, these traditional institutions were thriving to mobilize their members to support orphan children through money contribution, facilitating foster care and adoption within the community. Therefore, the General assembly of the Idirs decided to contribute from 0.50 cents up to Birr1.50 per month to support orphan and other vulnerable children.

#### **4.1.5 Characteristics of Orphan Children Selected for the Study**

##### **4.1.5.1 Sex, Age and Ethnic Composition as well as the Educational Status of Informant Orphans**

As noted earlier, a total of twenty eight orphans were interviewed using semi-structured interview guide. The informant orphans were not representing all the orphans enrolled for care and support since the study is qualitative and were not based on a representative sample. Despite

this, analysis of the sex, age range, ethnicity as well as the educational characteristics of the informant orphans was considered (see Table 3 below).

**Table 3: Distribution of Orphan Respondents by Sex, Age, Ethnicity, Educational Status and Parental Death**

S. No	Characteristics	No
1	Sex	
	Female	14
	Male	14
2	Age	
	5 - 9	10
	10 - 14	14
	15 - 18	4
3	Ethnicity	
	Oromo	8
	Amhara	4
	Kafa	7
	Yem	4
	Dawro	3
	Gurage	2
4	Education	
	Kindergarten (KG)	2
	1-4	7
	5-8	12
	9-10	5
	11-12	-
	>12	-
	Dropout	2 (Dropped out from grades 3 & 6)

Age wise, the majority of the informant orphans were found to be in the age range from 5 to 14 years and only 4 of them were 15-18 years old.

The ethnic composition was mixed type and this was consistent with ethnic diversity of the population of Jimma City.

With respect to education, the greatest numbers (20) of the interviewed orphans were attending grades 1-8 (elementary education). Only 1 school dropout was reported. The data analysis doesn't indicate any orphan attending grades 11 and 12 or above (preparatory or college education) and even those in grades 9 and 10 are few in number.

#### 4.1.5.2 Parental Death and Living Arrangements of Orphaned Children

Concerning the death of parents, 20 of the studied orphans have lost only their father (paternal) while 1 of them has lost only her mother (maternal). The number of double orphans was 7. Focus group discussion participants, key informants and organization leaders (NGO, GO & CBO) and volunteer caregivers pointed out that the cause for parental death is mainly HIV/AIDS. Some orphans also mentioned that they have lost their parents due to HIV/AIDS.

Table 4: Parental Status and Relationship of Orphans with Their Caregivers

S. No		No of Orphans
1	<b>Parental Status</b>	
	Maternal (death of mother)	1
	Paternal (death father)	20
	Both (Double orphans)	7
2	<b>Caregivers of orphans</b>	
	Mother	14
	Father	2
	Grand parents	7
	Other relative	2
	Non-relatives	2
	Alone	1
<b>Total</b>		<b>28</b>

As pointed out earlier, one of the objectives of this study is to understand with who/where the orphans are living. The relationships of orphans to their caregivers and the environment they live in have wide-ranging effect on the socio-economic and psychological condition of orphans.

Focusing on the stated objective also helps to appreciate the role of the traditional mechanisms of caring for orphan children among others.

The analysis of responses from the orphan children in this study revealed that the caregivers for the majority of orphans are either surviving parents or close relatives. As indicated in the above table, out of the orphans that participated in the study 14 were living with their mothers followed by 7 orphans who live with their grandparents. Only 2 of these orphans are living with their fathers. Those who live with aunts are 2. The other 2 are living with volunteer caregivers (non-relatives) while 1 orphan is living alone.

#### 4.1.6 Housing Ownership and Source of Income for Orphan Caregivers

The orphan children selected for the study were asked about the ownership of the houses they live in. As illustrated in the next Table, most of the orphans responded that they are living in private houses of their caregivers. The four houses among the private ones were constructed through the assistance of Catholic Mission. The land was freely provided to the caregivers by Jimma City Administration Office. Nine orphans reported that they are living in Kebele houses. Five of the orphans claimed that they are living in rented houses. The problems of orphans related to shelter will be discussed in chapter five.

The interviewed orphans and the FGD participants also pointed out that living in kebele houses is cheaper compared to houses rented from individuals. However, these orphans claimed that most of the Kebele houses are too old and in need of urgent maintenance. They added that the cost of maintenance was unaffordable since the orphans and caretakers are living in poverty.

**Table 5: Ownership Situation of Houses in Which Orphans Live**

S. No	Housing Ownership	No
1	Privately owned	14
2	Rented from kebele	9
3	Rented from individuals	5
Total		28

Though from the outset this study is targeted to orphans who are already enrolled for care and support programs and the problems they are facing, having knowledge of their source of income can enable someone to understand the current economic situation of orphaned children and their future challenges. Accordingly, an effort was made to investigate the major sources of family/caregivers income on which the orphans live. As reported by most of the orphans, the major sources of their family income were petty trade such as selling onion, potato, wood charcoal, employment as a daily laborer, house maid, guard, etc. and income from pension. The orphan children interviewed and those FGD participants 10-18 considered these activities as very low income generating activities. Some orphan children who are living with HIV positive caregivers/parents pointed out that their caregivers are jobless being physically unfit to work as daily laborer or any other job since they are becoming sick or as they are too old.

**Table 6: Major Sources of Family Income**

S. No	Source of family income	No
1	Petty trade	6
2	Daily laborer	7
3	Pension	5
4	House maid	5
5	Guard	3
<b>Total</b>		<b>26</b>

***NB:** two of the mother caregivers were unable to work due to their illness (HIV positive) and depend on their children who are daily laborers.*

## **4.2 Socioeconomic Problems of Orphans Enrolled in Care and Support Programs**

As stated earlier, one of the objectives of this study is to explore what type of problems orphan children encounter despite their enrollment in care and support programs. Hence, in-depth interviews were conducted with 28 (twenty eight) orphan children and informants from two orphan care and support providing NGOs. In addition to this, two Focus Group Discussions (FGDs) were undertaken with the orphan children based on different age and sex categories. The life histories of 08 (eight) cases were also involved in the analysis. The information from other key-informants is included especially in the cultural mechanisms of orphan care and support. The results of the informant orphans and their care providers as well as other key-informants are thematically analyzed below.

In analyzing the information on the problems of orphaned children enrolled for care and support and the responses of care providing organizations, the Federal HIV/AIDS Prevention and Control Office's (FHAPCO 2006) Comprehensive Community-Based Care & Support Guideline for PLWHAs, OVCs and Affected Families was used as a bench mark to show the gap between the needs of orphans and the support provided.

The topics for analysis such as education, food, health care, economic, psychosocial, legal protection and shelter were selected based on the OVC Needs Package (Care and Support Program Package) and recommended in this guideline and the types of services provided by orphan care and support organizations. This guideline also recommends the Cost Estimation for OVCs and Affected Families indicated in Table 1 (P.21).

### **4.2.1 Educational Problems**

The United Nations Convention on the Rights of the Child (Article 28) states that access to primary education should be compulsory and available free to all (children). Additionally, it calls for availability and accessibility of secondary education (general and vocational) to states parties to take appropriate measures as the introduction of free education and offering financial assistance in case of need.

The Federal HAPCO Guideline (2006) also recommends that orphan and other vulnerable children (OVC) get school uniform, school bags and other supports from care and support

providing organizations at least on yearly basis. The financial estimate for school uniform is birr 70 per year, for school bag birr 35-40 per year and school fee birr 20-30 per month if the children have already started to attend a private school. This implies that education in government school is free from any charge.

When the orphans were inquired whether they are getting educational support from the care and support providing NGOs, all reacted that the educational support provided to them in this academic year were only stationary materials such as exercise books, pens and pencils. However, these orphans reported that they were supported school uniform last year in addition to stationary materials. They additionally stated that though they have been requesting their respective care provider NGOs at least for school uniforms the organizations failed to respond to their needs claiming that *"We have no budget for uniforms, school bags and shoes."* As a result, each of the interviewed orphans and all the FGD members expressed their dissatisfaction with the care and support providing organizations (NGOs).

Moreover, though some orphans have mentioned that their caregivers have bought them school uniforms the majority of the interviewed and the FGD participant orphans pointed out that their caregivers were unable to buy for them. Furthermore, more than half of the orphan children described that the school uniforms they have are too old and worn out. Most of these children also complained that the shoes they are wearing are of poor quality like sandals. These children have also mentioned as they have shortage of sanitary materials such as soap to keep their personal hygiene. For instance, one female double orphan pointed out her problem in relation to shortage of school uniform as follows:

I am 14 years old. My educational status is 9<sup>th</sup> grade. My father died when I was 6 years old and my mother died 2 years later after my father's death. I am living with my grand parents in a kebele house. We have no income except the pension of my male grandparent and the food items support provided to me by Organization for Social services for AIDS (OSSA). However, the food support was discontinued three months ago. Though, I was supported with exercise book and pens by the same organization in this academic year I have never been supported with school uniform and school bags. My grandparents were unable to buy me a school uniform. Therefore, I am wearing an old school uniform lent from my friends. I am also wearing shoes that were bought to me by my grandparents three years ago. I have also shortage of soap to wash my clothes.

Additionally, many of the individually interviewed orphaned children and all FGD participants said that they were forced by school officials to pay school registration fees and other contributions needed by the schools refusing to accept the letters of cooperation for free registration from concerned bodies such as local government educational offices. For instance, the case of Woinshet, which was the victim of such problem, is presented underneath.

### Case 1

Woinshet is a 12 years old orphan living with her mother and her little sister. Her father died during her childhood and do not remember him. Her mother is living with HIV/AIDS and is taking the treatment for the virus. Woinshet's mother was a member of groups working in Cobblestone production and road construction organized as micro-enterprise. However, she discontinued her work being unable to proceed due to her health problem.

This orphan's family is living in a house constructed by missionaries from the Catholic Church. The City Administration co-operated them by giving the land freely. Woinshet explained how she was forced to drop out her schooling by the school administration's unfair treatment as follows:

I was attending 3<sup>rd</sup> grade in one of the government schools until my dropped out before two months. The main reason for my drop out was inability to pay the school registration fee and shortage of school uniform. Though I have reported to the school administration that my father has died and my mother is unable to work due to the health problem she had and presented a letter requesting for free education from kebele, the officials were threatening me to pay the school fee several times and finally they dismissed me from the list.

She also talked about her life after school drop out saying,

After my drop out from school, I have started to work in Cobblestone road construction replacing my mother since she was unable to continue the work being sick repeatedly. I am planning to continue my education in the evenings next year by working for my income during the day times.

Below is what she stated in respect to the care and support services she was provided by NGOs.

I was given stationary material support from the supporting NGO in this academic year. I was also getting food support with the net-work established between the care and support providing organization and World Food Organization (WFP) for 6 months until it is discontinued 3 months ago. However, this food support was not enough for the family's monthly consumption. Because my two younger siblings were not provided food support since this support is given only to one member of the family.

The history of this orphan shows how some schools are reluctant to help the orphans under difficult living conditions. Moreover, it indicates that these schools are violating the right that the children have to attend at least primary school freely in government schools.

The studied orphans also stated that lack of school bags makes them to feel inferior to their school mates. One male informant orphan of 7<sup>th</sup> grade student said:

I am 13 years old. My father died due to HIV/AIDS when I was six months old. My mother is HIV positive and is taking the drug for the virus. Though I am working as a shoe polisher, I could not afford to buy school bag. My mother was also unable to buy for me. Hence, I do not feel happy in school since all my friends have good quality school bags. The other problem I have in the school is difficulty to pay the school fee. The school administrators are warning me to pay the money repeatedly. My mother is afraid to ask for free paper from the kebele fearing to disclose her sero-status since we may face stigma and discrimination.

The majority of the orphans used as case studies reported that their educational performance was lowered due to inappropriate follow up of their education by being absent from school and shortage of time to study. A case in point is Teramaj who claimed that his educational performance was affected due to his engagement in petty trading to support himself.

### Case II

Teramaj is a 17 years old orphan and is a student in one of the high schools found in Jimma City. He lost his father at the age of three years. His father was a driver who died due to car accident. This orphan is living with his mother. The younger brother was taken by his uncle soon after the death of his father. The reason why his uncle took the younger brother was to help the mother in education and fearing the child will develop bad behavior.

Teramaj and his mother are living in a private house. The mother was selling onion, potato, tomato and other vegetables in front of their home in a shelter covered with plastic. The son also supports himself by selling used clothes. However, this business was not reliable and there were times when he stayed without work for weeks or months.

Let us see what he has reported about his educational performance below.

I am a 9<sup>th</sup> grade student in one of the schools found in Jimma City. However, my school performance is low since I am trading used clothes to run my living. I am becoming absent from school many times since this business requires me to work the whole day. As a result, I am not studying properly.

He also stated the problems associated with the provision of care and support by NGOs as follows:

I am not satisfied with the care and support that was provided to me by NGOs. The support is decreasing from year to year and is almost absent this year. The only support I received in this academic year was stationary materials such as exercise books, pen and pencil. I did not get support for school uniform, school bag and registration fee. The school uniform that I am using was given to last year and is too old and worn out. I am also not satisfied with the follow up of care and support providing organizations since it was minimal.

Teramaj was also having psychological problem as it can be understood from his next explanation.

I am highly worried about my inability to attend my education properly. My educational performance would have been better if my father was alive. Moreover, I am thinking very much about my future life and that of my mother since we are not leading secured life. Because, we are leading routine life that did not brought change in our living standard and being unable to save money.

The following history of Teramaj can be demonstrative of how some orphan's educational performance is affected in their effort to support themselves being engaged in some income generating activities. It also indicates that how the orphan's life prospect is affected due to the loss of their parents. The reason is that, as this child pointed out his father was getting enough income from his driving profession to support his families and was even able to have his own house let alone fulfilling the other basic needs for his family. However, his families were in big problem since the father was the only source of income and the mother was simply a housewife.

As a result, both the mother and the orphan are making their life hardly and the impact of such life was manifested on the educational achievement of the orphan.

As it is stated in their life history, most of the case studies were having problem in their educational performance. Most of the orphans interviewed also reported as their elder brothers and sisters had discontinued their education from elementary education and are working as a daily laborer to support their families.

The researcher also has attempted to see the clothing conditions of the informant orphans when they come from school and by asking them to show him their school uniforms and school bags. The problem was not different from what the orphans mentioned in that the most of the children were wearing very old and worn out uniforms and even some of them wearing different trousers and were going to school bare footed.

In regard to the care and support providers view about the educational problems of orphan children, the informants from the two care and support providing organizations and Idirs Union unanimously stated that the orphan children were not provided with school uniforms and other educational materials except stationary materials. The NGO officials also confirmed that these children are often forced to pay school registration fee and other contributions (school construction or maintenance) even if they have the right to get free education from government schools. They additionally explained that even those schools which free the children from registration fees require these children to pay other payments like contributions for school construction.

The two NGO officials also claimed that they are striving to provide educational support services either directly from their programs or through referral linkage with other NGOs or government institutions with the objective of improving the school enrollment, attendance and completion rate of orphans and other vulnerable children by providing educational material, school uniforms and by writing letters to schools requesting for free educational service. Moreover, a member of the management committee of the Organization for Social Services for AIDS pointed out that tutorial education sessions were organized during the summer seasons with the aim of improving the educational performance of orphans and other vulnerable children. However, the NGO informants reported that they have acute budget problem to provide school uniform and other materials support to the orphans registered in their programs.

When asked about the number of Orphan children that are getting educational support in each organization, the informant from Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS responded saying "only for limited number of orphans" (from the 73 orphan beneficiaries). The official from Organization for Social Services for AIDS replied that out of 2681 orphan and vulnerable children registered for care and support in the organization's OVC project, stationary materials were provided to all of these OVC at the beginning of this academic year. However, he was unable to indicate the number of orphan children supported claiming that the data is not yet disaggregated.

To conclude, all the information from the interviewed orphans, FGD participants and the case studies and the NGO officials indicates that the orphans are getting very limited support from what was expected by the Federal HAPCO. As a result these orphans are attending their classes with great difficulty.

What the researcher understood from the interviews with orphan children, NGO officials and the life histories of these cases was that the impact of the problems of most of the orphans is mainly manifested on their educational performance. Because, there are also other cases than those presented above who reported that they were not promoted to the next class failing to pass examinations. Moreover, as one trained volunteer caregiver informed the researcher, the number of orphans and other vulnerable children who go to school without wearing uniforms was high. She added that the city's Education Bureau has written a letter to schools so that they can permit them to attend classes without uniforms. However, it is simple to understand the psychological impact it has on these children and the high possibility of dropping out from school.

The report from one of the NGO officials that many orphans and vulnerable children are participating in tutorial classes in summer seasons may not be a guarantee for the improvement of the educational status of these children unless it is accompanied by other supports such as enough food and educational support.

## 4.2.2 Food /Nutrition Problem

The FHAPCO Comprehensive Community-Based Care and Support Guideline for PLWHAs, OVCs and Affected Families (2006) recommends that Fafa (Famix) 6 Kg, Wheat 30 Kg, oil 2 Kg and preparation cost for fuel Birr 30 each per month. Furthermore, it prescribes 50% increase for the next beneficiaries in same premises.

All the orphan children that participated in this study expressed that they were not getting enough food. Most of them responded saying "we are eating whatever we get." Some orphans in the focus group discussion, especially those of 5 – 9 years, and some of the interviewed orphans reported that they were not getting either their breakfast or lunch and dinner on time. In addition to this, the orphans interviewed and all the FGD participants were not satisfied with the food support provided to them by the orphan care and support providing NGOs. Even those who got the chance for food support by these organizations complained that the amount of food they receive is not enough for monthly consumption. The reasons they gave were, firstly, the food support is given only to one member of the family neglecting the remaining orphans found in the household. Secondly, they pointed out that the support was not given to them timely and was even discontinued for months. One male child of 8 years who was living with HIV/AIDS reported the problem of food shortage in a family of 4 members saying:

My father died due to HIV/AIDS 5 years back. I have one brother and sister who are older than me and both of them are below 18 years. My mother and me are living with the virus and are taking the drug for the virus. I was getting food support from the World Food Program's support. However, my elder siblings are not getting the support since food support is provided only to one member of the family. The food support that was provided to me was discontinued for the last three months. My mother gets 10 Kg of wheat from that of FHI and Idirs Union project. As a result my sister started to wash the clothes of individuals using her after school times and during the week ends. My mother becomes sick many times and has no work. As a result, we do not have enough income. Therefore, my brothers give their food share to me and my mother rather than eating for themselves so that we can cope up with the disease.

The key informants from the two orphan care and support NGOs were asked about the current problems of orphans they support. They asserted that the entire orphan children registered for care and support were having serious food problem. The reasons they gave was that the caregivers of these orphans are very poor to fulfill the basic needs of orphan children including

food. They also added that most of the caregivers of these children are mothers living with HIV/AIDS or old grandparents who have no monthly income to support the family. However, they stated that we did not get adequate fund to supply all these orphans with food support. The two officials from the NGOs underlined that though there is high demand for food support from the orphans that were enrolled to their programs; food support is provided only for few orphans either directly from our project or by referring to other partner organizations. They also confirmed that the available food support is given to only one member of the family what ever the size of the orphans in a single household is. According to these informants the remaining orphans are provided supports such as psychological rehabilitation and tutorial education.

The other question forwarded to the officials was about the amount of food item provided to the orphan children and the regularity of its distribution. They replied that the project is providing only 10 (ten) Kilogram of wheat per month for each beneficiary. Furthermore, they mentioned that some orphans were getting additional food items from that of WFP through the network established with one faith-based organization that is responsible for the food distribution. The informant from Organization for Social Services for AIDS claimed that food support is given only for 122 OVC through the net-work established with WFP and 151 OVC from the UNAIDS fund. However, the two officials asked for excuse in that the actual number of orphans benefited is not yet identified. They estimated the amount of food support from WFP was 15 kilogram of wheat, 3 kilogram of Famix<sup>1</sup>, 1.5 kilogram of white bean ("Boloke" as the respondents name it) and 1 liter of oil per month. According to these informants the food support from World Food Program (WFP) was discontinued for more than three months due to the reason they do not know. They added that many of their client orphans are not beneficiaries of the food support since it is on quota basis and the budget problem they have. That is, each orphan care and support providing organization was referring for the support on the basis of the number of children decided by the net-work committee of these organizations.

The researcher confirmed the amount and type of food items provided for orphan children by asking the warehouse manager of WFP. He witnessed as there was no food distribution for three months. He also clarified that the gap was created due to problems associated with the delay of

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<sup>1</sup> Famix is a nutritious powder made up of cereals and other nutrients.

signing the agreement between WFP and the Regional Health Bureau which is responsible for the issue.

The findings of this study are suggestive of the presence of high food shortage in the families where the orphan children live. All the information gained from the studied orphans, NGO representatives and all orphan FGD participants were indicative of the presence of acute food shortage both at the family and the care providing NGOs level. Though the informants from the NGO reported for the presence of high demand for food from the beneficiaries, the food support from WFP was discontinued since three months before the study period. This situation is threatening to the proper growth of the orphan children and on their educational performance.

The number of orphans supported with food from different sources was also very low compared to the high number of orphans registered in Organization for Social Services for AIDS.

Additionally, the food support provided for the orphan households was not in conformity with the guideline of the Federal HAPCO in that support was not given to other orphans in the family. That is, there was no a 50% increase of food support for the next beneficiaries in same premises.

#### **4.2.3 Health Care Problem**

The FHAPCO Comprehensive Community-Based Care and Support Guideline for PLWHAs, OVCs and Affected Families (2006) recommended an average of Birr 50 per month for the purchase of medicine that is not available in government institutions for free dispensing.

Most of the orphans studied were not reporting for serious health problem. However, some of them expressed as they were visiting health institutions whenever they become sick. Those who are from HIV positive caregivers were more concerned about their surviving parents' health than themselves. One female orphan girl who is 12 years old and other 2 children of 7 and 8 years mentioned that they are taking Anti-Retroviral Treatment (ART), the drug for HIV/AIDS treatment freely.

The orphans were asked if they were getting any health care service support by non-governmental organizations, only those who are enrolled in Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS reflected that they are getting treatment by nurses for minor illness. On the other hand, those who are from Organization for

Social Services for AIDS replied that they are getting only referral service to government health institutions. Most of the interviewed orphans and the FGD participants that have visited government health institutions for treatment replied that they are getting free health service but are obliged to buy some costly medicine from selling pharmacies. Some others said that their caregivers cover the cost even by borrowing money from neighbors fearing to disclose the cause of the death of their parents, HIV/AIDS.

For instance, Diribe (Case IV) was a female orphan who was suffering from eye problem for many years and she did operation six months before the study period. She was under follow up on monthly basis since the date of her eye operation. This orphan explained what she was encountered in one of the government hospital saying,

I am having follow up for my eye problem in one of the government hospitals. I was not able to get most of the expensive eye medicines from the hospital pharmacies that were ordered to me prior to and after my eye operation. The price of these medicines was unaffordable for my poor families. Though the doctors were insisting me to use the medicines immediately after their order, I was required to wait for days or weeks until I get the money to purchase by the help of my neighbors and contribution of my school mates. As a result, my eye treatment was problematic for the doctors and delayed the improvement of my illness.

This orphan is a good example to understand the problem that orphan children are facing failing to get costly medicines in free pharmacies of government health institutions. The researcher has observed the types of eye medicines she was using and the receipts. The eye drops she was using were costing her up to birr 150 in a single visit of the hospital. The researcher has also observed that the girl feared to see sun light during the interview period and was making the local drink 'Araki' though she claimed that the doctors were ordering her to avoid exposure to smoke.

The NGO officials also indicated that many orphans enrolled to their projects have health problems. They further clarified that most of these orphan children are from families who are affected by HIV/AIDS. As to them, though a number of these children and most of their families are taking drugs for the virus some of them are becoming sick frequently.

In respect to health support information, the respondents from the two NGOs stated that they are mostly giving referral service to government health institutions. However, the informant from Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for

HIV/AIDS reported for the presence of health care service by nurses for the orphan children for minor types of illnesses.

To summarize, the findings of this study showed that most of the orphan children are getting free health service in government health institutions. Though, some orphans have claimed that their HIV positive mothers are becoming sick repeatedly they did not report for lack of health care access. Yet, getting the medicines that are not available in these institutions is their major problem. The case of Diribe is also indicates the impact of not getting all the drugs ordered in government health institutions in prolonging the improvement of orphans from their diseases.

The researcher also tried to see if there are orphans or their care givers who are bed-ridden or have any visible health problems. However, none of them were found bed-ridden. Indeed, the sanitary condition of the clothes of some orphans and the home environment was not good looking.

For that matter, some HIV positive mothers were complaining about the drug they use for treatment. They said, "the drug is hiding our real health problem by making us fat and healthy looking." They pointed out that the care and support providers graduate us from food support by monitoring our weight despite our inability to work for our income. Hence, they said that the same is true for our children in that the drug makes them look healthy though they are suffering from different health problems such as diarrhea and cough.

#### **4.2.4 Economic Problem**

The FHAPCO Comprehensive Community-Based Care and Support Guideline for PLWHAs, OVCs and Affected Families (2006) recommended a minimum of Birr 150 per month and 50% increase for the next beneficiaries in same premises for all services such as shelter, food and sanitary supplies. Additionally, the guideline prescribes birr 200 per year depending on the local cost for clothing (night, day) for families affected by HIV/AIDS and OVCs. Furthermore, it indicates the financial assistance needed for income generating activities including trainings for these households.

Since the problems associated with school uniform and food were discussed earlier, let us see the economic problems related to day and night clothing problems. The majority of the interviewed

orphans and FGD participants of all ages and sexes claimed that they are suffering from financial problem to fulfill their day and night clothing. What they reported here is not different from their problem of purchasing school uniforms. For instance, in the FGD with female orphans and male orphans of 10-18 years, they mentioned that their caregivers are unable to buy day clothes whenever the previous one becomes worn out. Furthermore, these orphans stated that the types of cloths their caregivers buy for them are of poor quality and of shorter duration. Hence, they complained that they have serious clothing problem that makes them dirty looking and inferior to their colleagues.

One of the interviewed orphans whose mother was living with HIV/AIDS and was unable to work due to her health problem explained her mother's condition and the resulted economic problem this way:

My mother is living with the virus. Her hands are paralyzed due to the disease and are unable to do any work. She is getting the treatment for the virus and other medicines ordered for her freely from a government hospital. I have two brothers. We are living in Kebele house. However, we do not have enough income. Our family's income is only from what my two elder brothers get by working as a daily laborer. In addition to this, I was provided food support from an NGO until it was stopped three months back. I did not get any other support. I was not also supported with exercise books since the supporting organization told me that it was finished. However, my brothers bought me with difficulty.

I have no shoes and my school uniform is very old. We are also having problem of day and night clothes. Hence, I am wearing unclean and poor quality clothes. Though my mother's disease needs good food she is not getting that. Generally we are leading miserable life due to shortage of enough food, cloth and other problems.

The views of the majority of the interviewed orphans and that of the FGD participants about night clothes were not different from what is mentioned above. The orphans expressed that they have shortage of blankets and linens and pass the night by wearing what ever type of cloth they get. Even those who have blankets pointed out that they wear very old blankets and feel cold when they sleep. Some orphans reported that they are sharing a single blanket with two or three members of the households.

Let us look at the history of one of these orphans who are suffering due to clothing (day and night and school uniform).

### Case III

Bezuyeyhu is a 12 years old male child born in Kaffa Zone at a place called Gojeb. Bezuyeyhu's father was married to his mother after the death of his father's previous wife. This orphan's father has been a guard in a state farm and died when the child was five years old.

Bezuyeyhu is living with his mother and two elder brothers. The family started to live in Jimma City before six years just one year after the death of the father. The reason why the family left Kaffa was due to the conflict created between Bezuyeyhu's mother and his brothers born from the deceased woman. His father's children claimed that the house they live in belonged to their mother and asked Bezuyeyhu's mother to leave the house. This orphan's mother left the house being afraid for her life and taking the case to court.

This orphan described the overall economic situation of his families and the associated financial problem as stated below.

My family suffered a lot after our arrival to Jimma City. My mother was working as a house maid and daily laborer and trading besides a street for many years. One of my elder brothers was hired as a cart driver. He has repeated in one class many times since he was unable to follow his education properly. The other one is supporting our mother in her petty trading. Recently, our mother is selling vegetables and fruits in a room that she rented for birr 100 per month. However, the place is not suitable for trading to get enough income that supports our family. As a result, our mother is not affording to buy day and night clothes for us before they become very old. The blankets I have is very old and meshed since it was bought many years ago. I am also sharing the same night cloth with my brother. Hence I am passing the night feeling cold.

I am a 5<sup>th</sup> grade student. I am going to school bare footed many times since my shoes are damaged and. I am also using my elder brother's old school uniform.

He also expressed his dissatisfaction with the care and support provided to him by NGOs saying, "I was supported with exercise books and pen only. They are not responding to my request for help despite my application clarifying my problems."

The case of Bezuyeyhu was a typical example for the problem of clothing and shoe that most orphans have and how the life of the family members is affected due to financial problem.

The field observation of Bezuyeyhu's condition revealed that he was walking barefooted and was wearing very old and dirty clothes. His hair was big and unclean. This child was

also passing most of his time wandering in the village and on streets after school and goes to his home only late evenings. How, this child developed this behavior was related to his mother's economic activity. That is, she was mostly working besides streets with out any shelter and the child was passing in the same place since childhood.

Orphan children were interviewed whether they have got financial support from their respective care and support providing organizations. Except one all orphans who participated in this study were not getting any financial support. The life history of the following orphan is more illustrative of the impact of lack of financial support in every aspect of the life of female orphans.

#### Case IV

Diribe is 15 years old female orphan who lives with her mother. Her father was a police who died due to car accident before 11 years. She has three brothers and two sisters. She does not remember her father as she was only 3 years during his death. Diribe's mother is a house wife. Her mother did not marry since her husband's death despite her being too young. The reason why Diribe's mother never remarried is her decision to grow the children alone fearing that the husband to be will not be good to her children.

My families have passed hard times since the death of my fater. The pension we got was too small to support the family. So, my mother and elder sister were engaged in selling local drinks such as 'Araki' and 'Tella'. After my elder sister left the house for marriage, I replaced her by helping our mother in making 'Tella' and 'Araki'. My elder brothers were also engaged in different activities to support the family. One became assistant driver dropping out his education from grade 6 while the other is working as a daily laborer.

This orphan also stated the problem they were having in relation to shelter as follows:

We are living in Kabele house which has only two small rooms. It was too narrow for a family of seven. My brothers were sleeping in the room where we use to sell the drinks. Therefore, they were obliged to stay until all the people who come to drink leave the room for sleeping. Though, we are living in the same house, now the family size has decreased as three of my siblings left being a driver, police and for marriage.

As I have observed, the rooms of the houses are too narrow and there are no chairs in the guest house. People were sitting on a seat that surrounds the walls and is made up of soil.

Diribe reported that her educational performance was highly affected in her struggle to solve the economic problem of the family. Below are the details.

My educational status is 6<sup>th</sup> grade. I have repeated 6<sup>th</sup> grade two times. I have discontinued it this year becoming frustrated. The reason for my low educational performance was lack of time for study. Because I was assisting my mother by selling the local drinks we prepare in the evenings and even some times up to the mid-night and I have no time for study. I was also becoming absent from school several times for the same business. However, I am planning to continue my education in the evenings next year.

Diribe was complaining that the NGOs were not providing enough support to the house despite their suffering from many problems since the death of their father. She was also blaming the government hospitals for their failure to supply her with all medicines ordered to her by her eye doctors [see under the topic Health Care Problem (4.2.3)].

The researcher's observation of this girl's life situation was not different from what was mentioned in her life history. She was selling local drinks in the evenings. Moreover, there were no chairs in the selling room and people were drinking on a seat made up of soil. Though the compound is clean the latrine was full and it seems difficult to get extra place for further digging. The roofs of the house were also old enough and are meshed in some places. There would have been improvement in their income if they were provided financial support in the form of loan.

Her relationship with her families and neighbors was good during my observation. I saw her chatting with her friends and many female peers are visiting her to pass their time with her. However, she is not happy with her educational performance and is afraid she may not pass to 7<sup>th</sup> grade next year. Life is also expensive to her. She is also thinking about her mother remembering her hard time that she passed to support the family. What worries her is absence of change in their life so that their mother gets rest.

The orphan children were also interviewed whether there is change in their life situation after the death of their parents. Some of them responded that their life is negatively affected since then. On the other hand, most of the older orphans expressed their fear about their future life in that it will be affected due to economic and social reasons. For instance, these children predicted that absence of enough educational and food support will make them discontinue their education.

For example, a female double orphan from the case studies, and whose life history was presented below feels that her life situation was much affected after the death of her parents who have been teachers.

#### Case V

Bäilitu is a 12 years old female double orphan. Her mother died when she was six years old while her father died three years back. The orphan does not know the cause of her parents' death and reacted that they died due to illness. Both her parents were teachers in government schools found in Jimma City. This orphan is living with her grandmother in a private house owned by the latter. Her parents were also living in the same house.

Bäilitu articulated the change in her life after the death of her parents as follows:

I am a 6<sup>th</sup> grade student learning in one of the government schools. I was attending my education in private KG and school before my being transferred to the present government school. The reason for my transfer was not affording to pay school fee in private school. I feel very much about the death of my parents because I lost a lot in my life. I was eating better quality food, dressed well and my educational materials were fulfilled for me properly. There is radical decline in my life situation after the death of my parents. I am living in a terrible condition since even the minimal food support is stopped. I am also highly obsessed thinking about my futurity anticipating that I will suffer hardships in my future life.

She was not getting enough care and support by the care and support providing NGOs as was pointed out by her in the following manner:

My grandmother is the one who pays the fee for school registration and other contributions needed by the school. I was supported by one of the NGOs with stationary materials and school uniform last year. However, I did not get any form of educational support in this academic year. Though my grandmother purchased me exercise book and pen, I am having problem of school uniform, school bag and shoe. I am wearing the old uniform that was given to me her last year. The only support that I was provided was food support before it was discontinued 3 months ago.

Our source of income is the small amount of money from my parents' pension. My grandmother also sells 'Akenbulos'<sup>4</sup> as a source of additional income. We have problem of food shortage after the food support was discontinued.

<sup>4</sup> 'Akenbulos' is a traditional material made up of mud and used as a cover when making 'Injera'. Injera is a food made of bread and is commonly eaten in Ethiopia.

The life of this orphan is unique in that she was born from parents who were having good income. Bikiltu was also nurtured in a relatively good standard of living. However, after her parents' death she was obliged to lead a strange life in that the only supporter she had was her grandmother who makes her living from a routine and very low incoming activity. Despite this, the orphan was not getting any support from her care providing NGO including proper psychological support. Even though the FHAPCO guideline recommends school fee payment for those children who are already attending private schools before the death of their parents, she was not provided with such support and shifted her schooling to government school.

The management members of Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS and Organization for Social Services for AIDS stated that all the orphans and other vulnerable children enrolled for care and support to their respective programs have economic problem. They explained that these children are leading hard life failing to fulfill their basic needs such as food, cloth, and educational materials. In addition to this, these informants from the Care and Support Providing Organizations suggested as there is high request from the orphan caregivers side for financial support such as money for house rent, purchase of school uniform, etc.

These officials also clarified that the objective of financial support is mainly to strengthen orphan households through income generating activity (IGA) support, vocational skill training, Community Self-Saving and Support Groups (CSSG), etc. so that the orphan children can benefit indirectly. Hence, they mentioned as there is no direct financial support given to orphans. However, the informant from Organization for Social Services for AIDS reported that the organization is giving house renovation service in collaboration with kebele administrations.

The findings on the economic situation of orphans showed that all the households in which the orphans live are poverty-ridden. Some caregivers are old grandparents who earn pension or without any income. Yet, there was no any financial support provided by the responsible NGOs to improve the income of sick mothers and old grandparents. As a result the orphans were suffering due to lack of money to fulfill their essential needs such as food, clothing, shelter and their educational needs.

## **4.2.5 Problem of Shelter**

As stated under the economic problems of orphan children, The FHAPCO Comprehensive Community-Based Care and Support Guideline for PLWHAs, OVCs and Affected Families (2006) recommended a minimum of Birr 150 per month and 50% increase for the next beneficiaries in same premises for all services such as shelter, food and sanitary supplies.

All the interviewed orphans and the older FGD participant orphans stated that families that are living in houses rented from individuals have a problem of paying the house rent. These children also confirmed that there was no financial support provided by NGOs for house rent. The orphans who are living in kabele houses complained that the houses are very old and the roofs let water during rainy seasons. However, members of the FGD witnessed that the care providing organizations are providing house maintenance service for limited number of families in which orphan live.

Below is the history of one female orphan and who lives alone in a house in which was under construction when her father dies.

### **Case VI**

Fetya is a 13 years old female single orphan living alone in her parent's house. Her mother left the family before five years due to disagreement with Fetya's father. The mother never visited her child since then and the orphan doesn't know her address. Fetya's father was suffering from health problems for many years and died before two months from the time of this study. Her father was not having permanent work and was working whatever type of job he got. Hence, he was supporting the family by working as a guard in private houses, daily laborer and from the sell of vegetables that he grew on small plot of land he had. Later on he became bed-ridden due to his illness and was supported by an NGO with food on monthly basis. The orphan passed hard times by taking care of her sick father.

The following was what Fetysa stated about the financial and other associated problems she encountered in relation to shelter.

The house I am living in was under construction when my father dies. Though the house has two narrow rooms and the roofs are covered with tin, the walls are made up of wood and are bare letting small animals such as dogs to enter. As a result, I was afraid to pass the night in this home. Hence, I used two options during the night. The first one was begging my neighbor's children to pass the night with me. The second was passing the night in my neighbor's house and this was the option that I was using most of the time.

I had no money to finish the construction of the house. The construction of the house took a long time even to get its current stage before the death of my father. Therefore, I have reported to NGOs through the trained volunteer caregiver of our Kebele. Though responsible persons from the NGO came and saw my problem they did nothing claiming that they are busy.

I have no body to support me. The only relative around me is my old grand mother who is very poor. My grandmother asked me to live with her leaving her parent's house. However, I refused her invitation fearing that I will miss my family's compound if I live in another area. My grandmother is also old and poor to support me. So, I am planning to live in the same house working as daily laborer and what ever job I can get.

Fetysa also narrated the food and educational problem she had as follows:

My neighbors are the ones who provide me with food after the death of my father because I am getting only 10 Kg of wheat that was supported by NGOs for my father. Though I am attending grade three I did not follow my education properly especially after my father's sickness. Therefore, I feel as if I do not have the knowledge that a student of third grade should have. I am highly worried about my future life. However, I am optimistic in that I can make my living by working as a daily laborer or creating any other means of living by attending my education in the evenings. I am also planning to restart my education from grade two next year.

The history of the above orphan is indicative of how some orphans are suffering from shelter problem. That is, she was not given immediate support from the responsible NGO to complete the house construction so that the orphan could live safely. As a result, this orphan was living in stress thinking about her families' loss and her future life.

A mother of 6 years female orphan also reported the problem she has faced to run her petty trade and her problem related to shelter as follows:

I am 32 years old. I am living with the virus taking its treatment from a government hospital. I have one child whose father died 2 years ago. The child is also taking the drug for the virus. I have married to another man himself living with the virus. My new husband has no permanent job and is passing even up to months being out of job.

I was having problem of shelter before 5 months. The reason was that I failed to pay the rent and the owners forced me to leave the house. The only alternative I had was reporting my problem to Jimma City Women and Children Affair Office. The officials helped me to get the current house that is located in the Kebele compound on temporary basis. I am making my life by selling onion, potato, tomato and other vegetables in front of the gate to Kebele. However, the Kebele persons are threatening me to live the compound. They have also discontinued the electric power and I am using kerosene lamp at night. Moreover, the kebele guards are putting off the light in front of the gate and it becomes dark hindering me to trade in the early evenings.

My child is not getting any support except stationary materials for school. We are getting only 20 Kg of wheat from an NGO in the name of me and my husband (10 Kg each). Therefore, we are suffering a lot since the income we get through trading and my husband's job is not reliable.

The life situation of the above stated families is suggestive of the hardship orphans and their caregivers face to make their living. It also indicates that the support they are provided from NGOs was highly limited and lacks continuity. Though she was provided the house from the Mrs themselves, the lenders were making the family to suffer from shortage of electric power and being obstacles to the family's petty trade. Therefore, the families are leading in unsecured way and their future seems pessimistic.

In the FGD discussion with male orphans of 10-18 years, they declared that many orphan caregivers are obliged to move to the border of the town in search of cheaper houses. The orphans explained that the impact of this movement is changing schools repeatedly and problem of settling in one area.

The researcher also observed that the houses that were constructed by the missionaries were found at the border of the town. The houses of some interviewed orphans who lived in rented

houses were also found in the same area. As these children explained, the reason was that getting relatively cheaper houses was difficult for their caregivers at the middle of the city where most of the schools are located.

Both NGO leaders believed that the houses in which the majority of orphans live are either old or damaged houses and need maintenance. They informed the researcher that there is high request from the orphan caregivers for house maintenance. However, they claimed that the budget they have for house maintenance was limited and were unable to respond to the needs of many orphans and other vulnerable children.

From the above discussion it is clear that all the studied children have problem of shelter in one way or another. That is, most of the private houses and Kebele houses in which the studied orphans live in were old and need maintenance. Moreover, the response of the care providers was also weak firstly, in providing financial support for house rent and secondly, in providing timely reply for the needs of orphans as it can be understood from Fetya's case above.

#### **4.2.6 Psychosocial problem**

Provision of psychosocial support to OVC is one of the Needs Package in FHAPCO (2006) care and support guideline. The strategies include, individual counseling, peer and spiritual support and other existing structures with the potential to reach orphans and vulnerable children and their caregivers.

The orphans were asked about their memory of parental death. Nearly all of these children replied that they were too small and do not remember their deceased parents. These orphan children also informed the researcher that they have no serious psychological disturbance in this regard. The views of the orphans from the in-depth interview and the FGD participants' of all ages and sexes regarding the presence of psychological problem on the orphans' side did not show marked difference. Those children between the ages of 5 – 9 years did not talk for the presence of psychological problem. They also stated that their caregivers are treating them properly. However, those orphans aged 10 – 18 years are much concerned about their current and future life. For example, one female paternal orphan who is 13 years old and living with HIV said "I feel very much sorry about my being positive while my friends are healthy." Most of the

orphan children above 10 years suggested that they are having inferiority complex due to their physical appearance. That is, inequalities in clothing, and preserving their personal hygiene. Moreover they expressed their dissatisfaction with their living condition since their basic needs such as food, cloth, and educational needs are not fulfilled to them. The other problem the orphan spelled out was the problem of taking part in recreational programs organized by schools since they are unable to contribute the money needed for the occasion. The female FGD participants also raised the problem of under wear, hair and body lotion. Generally, the older groups believed as they are inferior in many respects from those children whose parents are alive.

Though the interview with orphans and the FGD were not indicative of serious psychological disturbance, the life history of the following orphan shows how these children can suffer from psychological problem.

#### Case VII

Tigist is a female double orphan and is fourteen years old. The orphan lost both of her parents before ten years. She was living with her God-Mother since her mother gave her to the latter in 'Adra' form when she approached to death. The house they live in was belonging to the God-Mother. The daughter of her God-mother and her husband and their two kids are also living in the same compound in a separate room. Her God-Mother gets her husband's pension who died at a rank of Corporal. Moreover she was renting two rooms at a total price of birr 175.

Tigist stated the psychological problem she had as follows:

I am suffering from an eye problem for many years. My God-Mother refused to take me to health institutions claiming that she could not afford the cost for eye surgery or if eye glass is ordered. As a result, I am attending my education with great difficulty being unable to read from the black board.

I am also overworking at home. I am the one who works the domestic work such as cleaning the house including that of my God-Mother's daughter class. I am ordered to wash clothes, prepare food and take care of the two kids of my God-Mother's daughters. This has an impact on my education in that I was not having study time even in the late evenings. The only free time I had was after the family members became asleep. However, I could not study much becoming exhausted.

Therefore, my educational performance was not good. I could have discontinued my education if my friends were not encouraged me not to do so.

I am also anxious thinking about my future life. I am suspicious of the daughter of my God-Mother in that she will abandon me if the God-Mother who is 70 years old dies. I believe that the daughter of my caregiver is not considering me as a real family of the household. What aggravated my anxiety was absence of relative that I know. So, I am asking myself where am I going if I left this family for some reason.

The history of Tigist suggests that orphans living with non-relatives are physically exploited (suffer from child labor exploitation). Moreover the caretaker of this orphan was reluctant to help this orphan in her health problem though she is serving the house hold in domestic activities. It also implies that though this orphan is spiritual child of her caregiver, she was not concerned for her as real (biological) child.

In respect to the attitude of the community to orphan children, the majority of the participants of the FGD viewed the community as sympathetic and supportive to them. They believed that their peers and neighbors love them. However, few members of the FGD participant orphans reported that some neighbors prevent their children not to play with them. The reason they gave was these persons consider them as rude or 'Durye' (a behavior that is associated with delinquent children) since they are wearing old, worn out clothes and their unhygienic situation. The FGD participants also believed that the problem of stigma associated to HIV/AIDS is decreasing from time to time.

Most of the orphans inquired if they are given psychosocial support responded that they were not getting any psycho-social support. Moreover, the orphans articulated that they were not visited by the trained volunteer caregivers as such. Many of the interviewed children claimed that the trained volunteer caregivers come to their home only to inform them the day for support distribution such as stationary and food items. However, the orphans claimed that these caregivers were supposed to visit them once per week. The information gained from the above orphan who lives with her God-Mother was indicative of a poor psychosocial support to the orphan in that she was benefiting from her friend's encouragement than that of the trained volunteer care givers to overcome her educational and other problems.

The management members of the NGOs and the Idirs believed that many orphan children are having psychosocial problem due to their parental loss, lack of basic necessities such as food, shelter, clothing, and shortage of school uniform, school bags and shoe. The two officials underscored that psychosocial support is one of the components of their care and support services with the objective of improving orphans self confidence, self esteem, hope and interpersonal relationship. As to them, these organizations are using trained volunteer caregivers as counselors to orphan children. The informant from Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS said that the organization is using nurse supervisors as psychosocial support providers for OVC in addition to the trained volunteer caregivers.

As observed by the researcher, the orphans were not having problem of interpersonal relationship during the field visits. For example, they were observed playing with their peers, exchanging good greetings with the neighbors and even many of them were called from their neighbors' home for interviews.

To summarize, though the orphan children were not getting adequate psychosocial support, the majority of the orphans interviewed and the FGD participants were not having major psychosocial problem. However, the history of the above case is indicative of the presence of serious psychological problem among the orphan children. The NGO representatives' claim that many orphans were provided psychosocial support was not more than a strategy to increase the number of orphans they are supporting in the name of psychosocial support while most of these children are not getting other essential services.

#### **4.2.7 Legal Protection Problem**

Legal protection is one of the requirements as specified in need packages of OVC in FHAPCO's (2006) Comprehensive Community-Based Care and Support Guideline for PLWHAs, OVCs and Affected Families.

Legal protection was one of the topics in the interview with the orphaned children and during the FGD sessions. All the children responded as they have never faced legal problem due to their orphanhood status. The interviews conducted with the orphans under this component were

whether they have been victims of child right abuse such as physical, sexual and emotional abuse, inheritance problem, etc. They never gave different response for the researcher's probing by giving examples such as physical and sexual abuse, insulting due to their parent's death and stigma and discrimination. Only Tigist who lives with her God-Mother and whose life history was presented under psychosocial problem above replied as she was overworking in home. All the children did not consider the labor service that they give to their parents as a problem.

During the FGD session with orphans, one of the FGD participants reported as he knows the case of two orphans (brother and sister) who have been dispossessed their family's house by their relative caregivers. He stated that the children were able to get their inheritance through the court's decision helped by the legal assistance of the Children's Legal Protection Center of African Child Policy Forum, Jimma Branch Office.

As stated earlier the orphan children considered what ever type of labor service they provide to their caregivers as a normal doings. The life history of one of the studied cases is presented below with the assumption that his much part taking in cart driving might have affected his educational performance since he has repeated in one class twice. Moreover, the life situation of this orphan could be a manifestation for child labor exploitation though the orphan was not aware of it.

### Case VIII

*Abate is a 13 years old male child. His father died when he was one year old and has no the memory of his father. His father was a construction worker as a daily laborer. Soon after his father's death, unable to grow him, his mother gave the child to her mother. Since then he was living with his grandmother's family. The family size is seven, composed of his grand mother, her husband, three children one relative and the orphan child. His mother was working as a daily laborer and house maid before her flight to one of the Arab countries two years back.*

*The house in which Abate's family lives in is rented from Kebele. It has three narrow rooms. All the children are sleeping in one room on a mattress stretched on the ground. The sleeping class is too narrow to accommodate these children. This orphan's family is economically weak. The source of family income is from cart service and by selling local drinks such as 'Tella' and 'Araki'.*

*Abate is learning in one of the elementary schools found in Jimma City. His educational status is grade three which is too low for his age. The factor for his lower grade educational level is his failure to pass examinations to be promoted to the higher grades on yearly basis. The main hindrance to his educational performance was not studying well giving priority to assisting his grandmother's husband in cart driving and playing with his peer groups.*

*The child is not aware of what child right and child abuse means. He considered every treatment by his family including beating and insulting as something normal. He never encountered legal problem*

The researcher has seen the orphan giving cart driving service mostly in the evenings and being absent from school sometimes. He is having problem of school uniform and school bag. He has no problem of exercise book and pen since he is getting support from one of the protestant churches in the city.

The findings on this study in respect to child right violation such as stigma and discrimination, physical and sexual violence, inheritance problem resulted in two contrasting views. That is, the interviewed orphans did not report for overt stigma and discrimination by the community and in schools though these children claimed that they were not disclosing the death of their parents in schools. Moreover, these orphans did not complain for any physical or sexual abuses and inheritance problem.

However, some mother caregivers, key informants and organization leaders (government & non-government) declare the presence of stigma and discrimination in the community although it has declined compared to the previous years. For instance, the official from Jimma City Administration Women and Children Affairs stated the following:

There is problem of government kindergarten (KG) in the city. Then, we have tried to get the cooperation of private kindergartens to admit orphans who have no support. When parents of other children heard the case, they warned the KG owners that they will transfer their children to other KGS. When they were asked why they do this they complained that their children will contract HIV/AIDS while playing with these orphans through their contact with bleeding and saliva.

Three caregivers mentioned some extreme forms of stigma and discrimination. The first one talked about a woman who uses her personal cup by bringing from her home during coffee ceremonies with neighbors. The second is a mother of 6 years orphan who said, "I have attempted suicide when I see that the children of the village discriminate my child preventing her from playing with them." The third was a grandmother of 6 years orphan. She informally shared me her problem as follows.

My daughter died due to HIV/AIDS before four months. I am taking care of my daughter's child since her father was abandoned leaving the child with me. I have faced a problem from some of my neighbors since they are not happy when my child plays with their children. I feel sad very much when I hear them insulting the child saying 'AIDSAM.'<sup>9</sup>

Assuming that most of child abuse practices especially the sensitive ones may not be simply disclosed (Government of Ethiopia 2007: 54 and MoLSA 2005: 13), the researcher tried to get information on the issue from a non-governmental organization known as Children's Legal Protection Center of the African Child Policy Forum and one of the two police stations found in the city.

According to the Children's Legal Protection Center Coordinator, there are many child abuse practices reported to their office. However, he claimed that the center does not handle documents by their parental status (orphan/Non-orphan) as it has no relation to their purpose. Nevertheless, he believed that some of the cases could be orphans.

The Children's Legal Protection Center, ten months (March to December 2009) report indicates that 42 cases of physical abuse and 19 cases of sexual abuse were provided with judicial representation service by the center.

The data from the police station also shows reports of all forms of child abuse practices. For instance, 8 cases of sexual abuse and 24 cases of physical abuse and 6 cases of emotional abuse (insulting and threatening) were reported in the years 1998-2000 E.C. Among the sexually abused, two of them were children of 5 and 8 years.

<sup>9</sup> AIDSAM is a level given by Amharic speaking people to insult people living with HIV/AIDS. It literally means you have AIDS and is offending to the victim.

In the interview with the management committees of Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS and Organization for Social Services for AIDS, they stated that many orphan children are facing human right violation. They explained as many children report to them for stigma and discrimination though they believe its degree has decreased at the community level. Furthermore, these organization officials mentioned that orphan children have problems of inheritance, and are sexually exploited as a means of securing money for their living.

In respect to legal protection support to orphan children, the above informants from the orphan care and support reported that they are working on child right protection. According to these officials, these services are realized through advocacy workshops, and trainings to government administrators at each level, law enforcement bodies, and media and child right activists.

To summarize, all the orphans interviewed did not suggest for the presence of legal problems. However, the points mentioned in the FGD sessions and the information gained from concerned organizations were strongly suggestive of the practice of child right abuse in the community. The information from some of the care givers and the organization leaders were also indicative of the presence of stigma and discrimination in the community. Therefore, it is not the absence of stigma and discrimination that favored for the studied orphans' good interpersonal relationship in schools but their not disclosing theirs and families' status.

### **4.3 Traditional Orphan Care and Support Mechanisms**

One of the objectives of this study is to understand with who/where the orphans are living and their relationships with their caregivers. This is aimed at understanding to what extent the traditional mechanisms of caring for orphan are practiced in the process of orphan care and support.

#### **4.3.1 Extended Family System**

As indicated in Table 4, 9 children out of the total 28 orphans participated in this study were accommodated by the extended family system. The NGO officials, key-informants from Idirs, and Jimma City Women and Children Affair office believed that the burden of nurturing children who have lost their parents mainly falls on close relatives especially on grandparents. Richter,

Foster and Sherr (2006) also wrote that the vast majority of vulnerable children including orphans are cared for by extended families.

The findings of this study showed that the traditional kinship safety-net system is still active or functional in Jimma City. This finding is also consistent with the survey study done in Addis Ababa on 228 AIDS orphans in that 65% of them are accommodated by the extended family system (Selamawit 2005: 40). However, the field experience shows that many families are struggling to carry out their social responsibility being highly strained with their poor economic status.

Some informants also indicated as such familial care is not without problems. The coordinator of Semaria Street Children Center stated that one of the reasons why orphan children are joining street life is quarreling with their relative caretakers due to mistreatment such as hard work, not being sent to school, and Poverty.

Though the orphans who lived with grandparents are double orphans, there is an indication of responsibility shift by father caregivers. The reason could be many fathers often like to transfer their caring responsibility to grand parents or other relatives. The grand mother of one of the interviewed orphans said "the father abandoned leaving the child with me" This fact is also confirmed in the USAID (2004: 5) working draft document. That is, children who lose their mother have less chance of living with their surviving father. They are more likely to live with more distant relatives than with their fathers.

#### **4.3.2 Adoption and Foster Family Care**

The other question raised to NGO officials including the Chairman of Idirs Union was whether there is orphan living arrangement practiced other than the extended family system. In this regard the member of a management committee of Organization for Social Service for AIDS replied that his organization is not working on adoption. However, the informants from Jimma City Idirs Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS mentioned as adoption was tried and failed due to individuals' refusal to adopt orphans who live with HIV/AIDS.

On the other hand, the Idir Union Chairman and other Idir committee members consulted on the subject declared that giving orphans for persons who are living in Jimma City in the form of adoption and foster care is commonly practiced. However, as these informants' from Idirs reported, people are not willing to adopt orphans that are living with HIV/AIDS. The Idir committees explained that Idirs are participating in the adoption of orphans by informing to their members and the community so that they can adopt the children who have no supporter. One Idir committee member affirmed that 16 (sixteen) orphans and abandoned children are given for adoption for adopters who are living in Jimma City. She further pointed out as there is high demand from the community to adopt children. The Idir committee members stressed that the process of adopting children is formal in that it is based on signing of agreement on legal basis and after notifying local government offices such as Jimma City Women and Children Affairs Office and local government offices (Kebeles). Asked about the orphan children living with HIV/AIDS who have no caretaker, they replied that these children are given to a charity home which belongs to the Catholic Church.

The Idir informants also explained that Foster family care arrangement in the form of 'Adera'<sup>10</sup> is common in Jimma City. Therefore, according to these informants, many orphan children are nurtured by their neighbors and other volunteer persons. The Idir committee members also stated that Idirs are following the conditions of orphan children living in foster families.

Regarding the adoption of children, the official from Facilitator for Change Ethiopia project said that their organization is facilitating adoption of abandoned and orphan children by Jimma community. He also noted that children are given to adopters after fulfilling the necessary legal requirements. Another responsible person with whom the researcher did interview on the traditional mechanisms of orphan care and support was an official from Jimma City Women and Children Affairs Office and the Chairman of Idirs Union. The two informants pointed out that they were facilitating adoption with in the community. They also stated that adoption to the foreigners was being processed until it was stopped a few months before fearing the bad outcomes of such practice and until efficient system is put in place.

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<sup>10</sup> 'Adera' is an Amharic term which means keeping something (in this sense child) with non-relative families either to grow them or until permanent living arrangement such as adoption is arranged.

It should be noted here that adoption and foster family care were used as alternatives whenever the orphan children have no relatives that support them. Otherwise, all the interviewed children and the FGD participants and key-informants from government and non-government organizations were favoring living arrangements within the extended family system than foster care and adoption. All of them viewed institutional care as a last resort.

The problems associated with foster family care were raised by the trained volunteer care givers and from an informal discussion with some government office staffs. This include inappropriate placement of orphans and poor follow up supervision by kebele representatives and other concerned bodies. They complained that children are given to poor volunteers who have the motive of benefiting themselves at the expense of the orphans. As a result, many children who are living in foster homes are not benefiting form the care and support provided as the care givers are misusing it for themselves.

This study revealed that traditional orphan care and support mechanisms such as adoption and foster family care are working side by side to the extended family system. The discussion with Idir representatives and trained volunteer caregivers confirmed that many orphaned children are living with their foster families and adopters.

Another study conducted by EPHA (2005) in Addis Ababa and four Woredas of rural Ethiopia confirmed that indigenous traditional practices such as '*Gudifecha*' ('*Madego*' God-Fatherhood or Motherhood, and others) are major alternative traditional mechanisms of orphan care and support.

As stated earlier, all the informants of this study considered the extended family living arrangement as the best one followed by foster family care and adoption at the community level. However, they proposed careful selection of foster families before placing the orphans and strong supervision of the condition of these orphans by kebeles and other concerned government offices. The informants prescribed institutional care only when these options are not possible.

Their views in respect to institutional care were consistent with the findings of some studies done concerning the preferred orphan care approach in Ethiopia. For instance, Jerusalem Children and Community Development Organization shifted its program to community-based care through deinstitutionalization process. As a result only 160 children remained out of 785 who were in its

three orphanages (Mohammed, Yimer 2008). Tsege (in Belay and Abebaw 2007: 39) in her study of SOS Addis Ababa found that despite the available high class facilities the orphanage provides, the children were suffering from problems in their personality and academic achievements. Therefore, she recommended that the children stay more integrated in the community than in institutions as the former helps the children to know their social ties and backgrounds.

## CHAPTER FIVE: Summary and Conclusion

### 5.1 Summary

The major objective of this study is to assess the socioeconomic situation of orphan children and the responses of care and support providing organizations especially NGOs and CBOs to address the needs of these children. To this end, information was gathered from orphan children, NGO and CBO leaders, and key informants through interviews and focus groups discussions (FGDs).

The findings of these study revealed that the essential needs of the majority of the studied orphans were not fulfilled by the care and support providing organizations. These include:

#### 5.1.1 Problems related to the needs of orphan children

**Unmet educational needs:** the majority of the studied orphans were suffering from shortage of educational materials such as school uniform, school bags, and problem of school fee. Hence, most of the orphans were going to school wearing worn out uniforms. Some of them were not having the trousers of the uniforms and were bare footed when they go to school. The educational performances of many of the informant orphans were low and even some of them were repeating in one class twice or more. The orphans were also being harassed by the school officials to pay school registration fees and other contributions though primary education in government schools is considered free.

**Lack of adequate food:** shortage of food was a burning problem of all orphans studied in that all of them were not getting adequate food during the study period. The reasons were that their caregivers were unable to fulfill their needs due to their poverty. In addition to this, the food support provided to the orphans was discontinued three months ago. Hence, many orphans were going to school empty stomach and were becoming hungry in schools. Moreover, the food support was given only to one member of the family what ever the number of orphans living in the household.

**Unmet financial needs:** the assessment of the living arrangement of interviewed orphans showed that the highest numbers of orphans are living either with their mothers or old grandparents. These caregivers were also found to be economically weak associated with either their unemployment or very low income. The studied orphans and their caregivers were suffering

from financial problems to cover their clothing (day and night cloths), payment of house rent, house maintenance, purchase sanitary materials, etc. Most of the caregivers of the studied orphans were not given money for income generating activities. The old grandparents and mothers who were unable to work were not also provided with financial support. As a result, the majority of the families were living without their economic needs being fulfilled.

**Problem of getting costly medicines:** Though most of the orphans were getting free medical services from government health institutions, they were having problem of getting some essential medicines from these institutions

**Absence of quality psychosocial support:** most of the older orphans (10-18 years) were having psychological problems related to their living conditions and thinking about their futurity. However, there was no psychosocial service provided to them.

**Low awareness on human right violation by the orphans:** though most of the informant orphans were not reporting for problems of child right violation, the information from the caregivers of the orphans and key informants was suggestive of the presence of stigma and discrimination in the community.

### 5.1.2 Problems related to care and support

Almost all of the non-governmental organizations addressed in this study are not providing comprehensive care and support to orphan children. That is, one or more components are lacking.

Some organizations are enrolling only children of certain age group to their programs. Examples are Kale Hiwot Church Child Development Center and Semaria Street Children Center. For the first, the age limit is 9-22 years and for the second it is below 14 years.

The support provided to orphans was not holistic in that only one or two types of supports were provided to the orphans.

The effort made by the care and support to ensure the sustainability of the care and support were minimal. Hence, the orphan children were found to suffer a lot when ever the support provided from the NGOs stops.

The amount of support given for different services was not consistent with the national cost estimate recommended by the Federal HAPCO guideline and different NGOs follow their way of estimating the amount of support they are providing.

## 5.2 Conclusion

The findings of this study are not indicative of the proper implementation of the five (5) key-strategies designed to Support Orphans and Other Vulnerable Children by the Federal HAPCO of Ethiopia and by international donor agencies such as UNICEF and UNAIDS (FHAPCO 2006 and UNICEF, UNAIDS et al. 2004). Though these strategies call for the concerted effort of the government, community and foreign and indigenous NGOs, to solve the social, economic, psychosocial and legal problems of orphans and vulnerable children, the study showed that most of the needs of children that were selected for the study were not met.

It was also difficult to assume that NGOs are addressing the needs of food support for the OVC. Because the number of orphans provided with some kind of support are very few compared to the size of orphan children registered in their programmes. For instance, Organization for Social Services for AIDS was providing food support only for 273 OVC among 2681 children registered for help. Moreover, the amount of support provided was not as recommended by the Federal HIV/AIDS Prevention and Control Office guideline that was developed 6 years ago. The case in point was Jimma City Idirs' Union and FHI Community-Based Palliative Care Project Center for HIV/AIDS that was providing only 10 Kgs of wheat for one individual that is recipient of support.

The orphan care and support was mainly dependent on external funds and the effort made to participate the community in the care and support of orphans through strong community mobilization was minimal. That is, there seems a possibility of getting organized support from other civic organizations and philanthropic individuals as it is observed from the experience of community-based organizations such as Idirs.

Generally, the study is suggestive of the need for a better response to the needs of orphan children by the government, non-government organizations and the community at large.

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# APPENDICES

## Appendix I: Interview Guide for Orphans

### 1. Background Information

- Age
- Sex
- Educational level
- Parental death (Mother, Father, or Both)
- The age of the child during parental death
- Who is your caregiver?
- The size of the family
- Presence of additional orphan in the family/number of siblings

### 2. Information on the Problems of orphan

#### 2.1 Educational Problem

- the problems the orphan has in relation to education: Educational material problem such as exercise book, pen, school bag, school Uniform and shoe
- Whether the orphan is attending school or not and reasons for his dropout
- Problem of school fee coverage

#### 2.2 Health care problem

- Whether the orphan ever been sick
- From where he/she got treatment and
- Problem of health cost coverage
- Problem of getting costly medicines

#### 2.3 Food/Nutrition Problem

- whether the orphan is getting adequate food or not

#### 2.4 Economic Problems (in Addition to Educational and Health Costs)

- Means of living/source of family income
- living condition before and after the death of parent/s
- What he/she missed do you to parent/s loss
- type of work in which the orphan engaged to support himself

#### 2.5 Psychosocial Problems

- Any problem in the child's Interpersonal relationship: with the family, with neighbors, in school, etc.
- Any psychological disturbance/stress in orphan's life
- The reasons for psychological disturbance (parental death, educational performance, stigma and discrimination, etc.)
- the attitude of the community towards orphan children

#### 2.6. Problem of Legal Protection

- whether the orphan is having legal protection problem
- The types of legal problem he/she faced: inheritance problem, abuse, etc.

#### 2.7 Shelter Problem

- Do you have shelter problem?
- Ownership of the in which the child lives

### 3. Information about care and support services

- Whether the orphan is getting care and support
- Type of support
- Source of support
- adequacy of the support

#### Other information

- major problems of the orphan
- orphan's suggestion about the measures needed to alleviate the problems of orphans.

## **Appendix II: Interview Guide for Care and Support Organization Leaders**

### **I. Background Information about the Organization**

1. Name of the organization or institution
2. Position of the informant
3. Is your organization an international or indigenous organization?
4. What is your source of fund?
5. What is the duration of the project?
6. What motivated you to propose care and support program for orphans in Jimma city?
7. What is your view about the magnitude of orphaanhood in Jimma City?
8. Please do you have the data on the size of orphans in the city?
9. What method (process) of data gathering have you used before designing the project?
10. To what extent did the organization involved the orphans to give their opinions in the data gathering process?
11. What were the problems of orphans identified before the implementation of your care and support project?

### **II. Information on Stakeholders and Their Roles**

12. Who are your stakeholders (GOs, CBOs, and FBOs)?
13. Why do you prefer these GOs, CBOs/FBOs to be your partners?
14. What is the role of each stakeholder (including your organization) in providing care and support service for orphans?
15. Do you think that community-based organizations are playing a significant role in the process of assisting orphan children?
16. If yes to Question No 31, which CBOs are most relevant? Why?
17. What is the role of traditional care and support methods (extended families/kinship systems, adoption and others if any) in the process of assisting or raising the orphans in the community?
18. How effective are they?

### **III. Information About the characteristics Orphans Enrolled for The Care and Support Programme**

19. How many orphans are enrolled in your care and support service program?
20. What do you think was the cause of death to the parents of the orphan children?
21. How many of them are paternal, maternal, and double orphans? (Please I need copy of such data including their socio demographic data).
22. With whom do orphan children enrolled in project live?
23. What is the attitude of the community towards orphan children?
24. Is there attitudinal difference by the community between AIDs orphans and non-AIDS orphans?
25. If yes to Question 37, what are they?
26. Is there any orphan/child abuse practices observed in the community? What types of abuses are more prevalent?
27. Who are the abusers? How?

#### **I. Information on the Approaches and The Types of Care and Support Provided to Orphans by The Organization and Selection Criteria Used**

28. What are the models/approaches you follow for orphan care?
  - Familial/extended family care
  - Community-based care: foster family, adoption (formal/informal), sponsorship
  - Institutional care
29. How does your organization get access to orphan children for care and support services?
30. What are the criteria for selecting orphans for care and support services?
31. Which Guideline are you following in selecting orphans for care and support?
  32. What are the types of care and support services provided to orphans through your organization?
33. Do you think the care and support provided to orphans is enough to solve the problems of orphans? For example in respect to:
  - Education: school related fees, supplying materials such as uniforms, stationary, etc.

- Food/Nutrition;
- Economic support:
  - protecting the inheritance right of orphan children,
  - strengthening the household income by participating orphans, family members (caretakers/siblings),
  - establish community safety nets (contribution of money, labor, etc., promoting fund raising and
  - income generating (IGA) activities, skill training and small loans or grants to start up small businesses.
- Health and Medical support;
- Shelter;
- Living arrangements: orphan placement within the community (extended family systems, child headed house holds, children's home, adoption, foster family and sponsorship program).
- psychosocial support;
- Legal support: child abuse in the area of physical, sexual and emotional.
- IEC/BCC).

34. If you think the care and support is not enough, which components are lacking and to what extent?
35. Do you think all orphan children residing in Jimma city are getting care and support service?
36. If your response is no to Question No 20, what are the reasons?
37. How do you think those orphans who are not enrolled to care and support services manage to lead their life?
38. What measures are needed to address all orphans with care and support services?
39. Are the orphans getting sustainable care and support service?
40. If yes to Question No 25, what are the methods designed for the sustainability of care and support service for orphans?
41. What do you think about the future life situation of orphan children in Jimma City?
42. What are the problems your organization encountered in the process of care and support providing to orphan children?

## Appendix III: Interview Guide for Key informants

### I. Personal data of the Interviewee

- Age
- Sex
- Occupation and Position
- Address

### II. Information About the Characteristics and Problems of Orphans in Jimma City

1. What is your view about the magnitude of orphaanhood in your kebele and Jimma City in general?
2. What do you think was the death of the parents of the orphan children?
3. In your kebele, with who do orphan children live?
4. What are the main problems of orphans in Jimma City?
5. What is the attitude of the community towards orphan children?
6. How is the extent of child abuse (physical, sexual and emotional) practices in Jimma city?
7. Is there attitudinal difference by the community between AIDs orphans and non-AIDS orphans?
8. If yes to Question 24, what are they?
9. Is there any orphan/child abuse practices observed in the community?
10. If yes to Question No 26, what types of abuses are more prevalent?
11. Who are the abusers? How?

### III. Information on the Problems and Types of Care and Support Provided to Orphans

12. From where do orphans get care and support services (NGOs (International/Indigenous, CBOs, and others if any)?
13. What types of care and support services are available for orphan children?
14. Do you think the care and support provided to orphans is enough to solve the problems of orphans? For example in respect to:
  - Education: school related fees, supplying materials such as uniforms, stationary, etc.
  - Food/Nutrition;
  - Economic support:
    - Protecting the inheritance right of orphan children,
    - strengthening the household income by participating orphans, family members (caretakers/siblings),
    - establish community safety nets (contribution of money, labor, etc., promoting fund raising and,

- income generating (IGA) activities, skill training and small loans or grants to start up small businesses.
  - Health and Medical support;
  - Shelter;
  - Living arrangements: orphan placement within the community (extended family systems, child headed house holds, children's home, adoption, foster family and sponsorship program).
  - psychosocial support;
  - Legal support: child abuse in the area of physical, sexual and emotional.
  - IEC/BCC).
15. If you think the care and support is not enough, which components are lacking and to what extent?
  16. Are the orphans getting sustainable Care and support?
  17. If yes to Question No 19, what methods are designed for the sustainability of care and support service for orphans?
  18. Who is responsible in the living arrangement of orphaned children?
  19. Who should be responsible in the living arrangement of orphaned children? Why?
  20. Which approaches/models of orphan care do you think are appropriate?
    - Familial/extended family care
    - Community-based care: foster family, adoption (formal/informal), sponsorship
    - Institutional care
  21. Why do you accept one and reject the other?
  22. Are there orphan children who are not getting any care and support service?
  23. What are the factors for this?
  24. How do those without assistance manage to lead their life?
  25. How do you see the contribution of community-based organizations in the process of assisting orphan children?
  26. Which CBOs are most relevant?
  27. What is your reason for preferring such CBO/s?
  28. How do the care and support service providing organizations get access to orphan children?
  29. What are the criteria for selecting the orphans for care and support programs?
  30. Are there any traditional methods (extended family/kinship system, adoption, and others if any) that are used to assist or raise the orphans in the community? How effective are they?
  31. Please describe ways of alleviating the problem of orphanhood in Jimma City as well as country wide?

#### **Appendix IV: Topics for Focus Group Discussion**

- The main problems of orphan children in Jimma city,
- The attitude of community towards orphan children,
- The sources of orphan care and support,
- The types of care and support provided to orphan children,
- Whether the care and support provided to orphan children is sufficient or not,
- Whether the orphans are getting sustainable care and support,
- With who/whom orphaned children live,
- The extent of child abuse in Jimma city and the common type of child abuse practiced,
- The type of orphan care approach (model) they think appropriate,
- Measures to be taken to alleviate the problem of orphan children.

## Declaration

I, the undersigned, student declare that this thesis is my original work in partial fulfillment for the requirements for the degree of master of social anthropology. This thesis has not been presented for a degree in any university.

Name: Bisrat Tesfa

Signature: .....

Place of Submission: Department of Social Anthropology  
College of social sciences

Date of submission: .....