

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

**THE INTERVENTION PRACTICES AND CHALLENGES OF
ORPHAN CHILDREN:
THE CASE OF MARKATO CHILD AND FAMILY
CHARITABLE SOCIETY**

BY:

Alem Bekele

December, 2014

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**This thesis is submitted to the Department of Special Needs
Education in partial fulfillment of the requirements for MA Degree
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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BOFED	Bureau of Finance and Economic Development
CBO	Community Based organization
CCF	Christian Children's Fund
CSA	Central Statistics agency
DHS	Demographic health survey
DFID	Department for International Development
ESSSWA	Ethiopian Society of Sociologists, Social Workers and Anthropologists
FBO	Faith Based Organization
FGD	Focus Group Discussion
PEPFAR	President's Emergency Plan for AIDS Relief
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activities
MCFCS	Marketo Children and Family Charitable Society
MOLSA	Ministry of Labor and Social Affairs
MoWA	Ministry of Women's affairs
NGO	Non-Government Organization
OVCs	Orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
RAAAPR	Rapid Assessment Analysis Action Plan Report
SPSS	Statistical Package for Social Scientists

UNAIDS	United Nations Program for AIDS
UNESCO	United Nations Education, Science and Culture Organization
UNICEF	United Nations International Education Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Abstract

The study attempts to explore the intervention practices of Merkato Child and Family Charitable Society (MCFCS) and the challenges of the orphan children supported by the charitable society in Woreda 6 and 7 of Addis Ketema Sub-city. It also assesses the major benefits provided by the MCFCS and the roles and responses of various stakeholders on the major challenges that the orphans are facing. To understand the research problem, the target populations of the study are double orphan children supported by MCFCS. Stratified, lottery and purposive sampling techniques were employed to determine the study sample sizes. In-depth interviews, focus group discussions and key informant interviews were used for the qualitative where as survey questionnaires for the quantitative were employed to gather data. The qualitative methods was analyzed through thematic analysis where as the data collected by the survey questionnaires were analyzed based on research questions and with Statistical Package for Social Science (SPSS). The findings of this study indicate that orphan children have faced psychological problems, lack of food, inability to cover expenses of health care, shelter are the major economic challenges for the orphan children and their caregivers in the study area. Physical, emotional, and sexual abuses are the major social challenges where female orphan children are more vulnerable to social challenges. There is weak coordination, networking and partnership m in the organization and among the stakeholders. The organization should opt for additional fund raising strategies to address the needs of orphan children. It should alternatively need to provide the psychosocial support services to address the problems of orphan children and there should be an effort to arrange family economic strengthening initiatives or income generating schemes. An integrated coordination has to be in place for adequate, quality and sustainable service provisions.

CHAPTER ONE

Introduction

1.1. Background of the Study

The definition of orphan and vulnerable children vary depending on various factors and contexts. However, in the Standard Service Guidelines for Orphans and Vulnerable Children Care and Support programs, Ministry of Women's Affairs and HAPCO (2010) defined Orphan as children whose age is less than 18 and those who have lost one or both of their parents despite the nature and type of the causes. The term vulnerable child is defined as "a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights.

Globally the number of orphans is estimated to be as high as 133 million (Kolker, 2008). UNAIDS (2008) reported that by the end of 2007 the number of orphan and vulnerable children (OVC) had increased to 30 million, where the orphans living with AIDS is constituting 60% of the total number in Sub-Sahara Africa. Of these number, 33% were children under the age of 15 years.

In the Ethiopian situation, the prevalence rate of orphan in 2009 was estimated to be as high as 5,459,139 (Ministry of Women's Affairs, 2010). According to the Central Statistics Authority (2008), 55% of the Ethiopian population is under the age of 18, where this group is highly affected in one or another way as a consequence of HIV/AIDS and estimated that 2.3% of the population is living with HIV/AIDS. In a developing country's reality, this group of population and their family are assumed to live in a challenging condition. The United Nations Children's Fund (2007) estimated that in Ethiopia there are 4.6 million orphan children, out of which

200,000 children are allegedly live on the streets of Addis Ababa. Like many other African countries, Ethiopia will continue to see increasing number of children orphan in the future.

Ethiopia has the second highest population of orphans among the sub-Saharan African countries. HIV/AIDS is not the only contributing factor for the rapidly increasing number of orphans and vulnerable children in the country but also war, famine, drought, disease and political instability have contributed a lot. The high prevalence of HIV/AIDS in the country worsens the situation of children in general and orphans in particular (MOLSA, 2004). According to MOLSA (2004), the population structure with high level of dependency ratio by itself is a challenge for development. The profound social, economic, political, cultural and natural factors of the country force a large number of children in general and orphan in particular to live in difficult circumstances. Generally, the effects have placed an overwhelming burden on children, families, communities, and the country as a whole.

The studies conducted by the Ministry of Labor and Social Affairs (MOLSA 2003 & 2004) indicate that orphan children in Ethiopia face severe social, economic, legal and psychological problems. According to this study, they have poor nutrition and health status. They lack love, emotional support and educational opportunities that likely drive them to school dropout. Lack of care and attention, stigma, discrimination, various exploitations, abuse, long-term psychological problem experiences to use illegal drugs and other substances and consequently become involved in crime and vulnerable to HIV- infection.

The situations are severe in developing country like Ethiopia where low socio economic condition and HIV/AIDS expose family members to poor health, malnutrition and death. Moreover, children under 18 are highly affected in such house-holds and live as orphan and

exposed to vulnerable conditions. According to the assessment on the situation of women and girls in Addis Ababa it was estimated that there were 50,000-60,000 street children and 182,217 orphan children in the city (BOFED, 2002).

Kalanidhi, S. and Diane, C. (2004) stated that a variety of interventions have been put in place by communities, nongovernmental organizations (NGOs), and governments to address a range of risks and vulnerabilities faced by orphan children in Sub-Saharan Africa. The interventions vary by the scope (i.e., how many children are assisted) and the type of care or assistance provided (such as school and nutrition support, tracing the extended family, or group home), and its quality.

Orphans and vulnerable children are generally exposed to lack of food and shelter. They lack opportunity for schooling and face abuse and violation of their right. In addition, their psychosocial development and well-being are negatively influenced. To reduce the impact of being vulnerable, the Government of Ethiopia and various national and international non-governmental organizations are providing various services at the community level.

Child Fund, the former Christian Children Fund (CCF), is an international Non-profitable and Humanitarian Organization where the head quarter is based in Richmond Virginia, USA. Child Fund is inspired by the vision to see all children live and grow up in a situation where their basic needs are met and become productive adults and ensure the growth and development of successive generation through person to person sponsorship program, in the context of the family and community using developmental approaches (CCF-E operation policy manual,2004).

ChildFund has a number of partners working to achieve similar goals. Merkato Child and Family Charitable Society (MCFCS) is one of the partners which is a Child focus community based

organization established by the community members of the two werdas namely werda 6 and 7 administration within the Addis Ketema Sub-city of Addis Ababa city administration. The charitable society is working in partnership with child Fund Ethiopia (formerly Christian Children's fund Inc.) which has more than 20years' experience working with vulnerable children. The organization is assisting diversified group of vulnerable children such as orphans, labour exploited, living with HIV/AIDs, who lack access to basic needs, children from chronically sick families, and children with disability who are considered as vulnerable groups.

Merkato area, particularly wereda 6 and 7 of Addis Ketema Sub-City, which is located in one of the informal typical slum/informal settlement area of Addis Ababa is well known with its largest open market center and a big bus terminal station. The area is known by its densely populated communities who live in highly overcrowded shanty houses. According to the Central Statistics Authority (CSA) (2007), the total population of Addis Ketema Sub-city is about 254,972 out of which 124,673 are male and 130,299 are female with an annual growth rate of 3.79, which is estimated to be 64,648 per kilometer. In addition, there is a high rate of HIV/AIDS, poverty, poor sanitation and children out of school.

Poverty and HIV/AIDS are the major concerns and important issues of Ethiopia in general and in Addis Ababa City in particular. Addis Ketema Sub-city is one of the slum areas where highly poverty stricken live. In this area children due to poverty and more other factors are exposed to many problems (CCF-E Operation Policy Manual, 2004). Many children in Addis Ketema Sub-city are forced to work, live on the streets at an early age. Large number of orphan live with guardians due to parental death and others live with child-headed house hold. Orphan children with disability in particular are suffering due to multiple needs as compared to other children.

According to Addis Ketema Sub-city Social and Civil Affairs Department Annual Report of, many of the NGOs which are operating in these areas are engaged in different activities. Some of them work on child right protection, rehabilitation of street children, capacity building, protection of child from sexual exploitation, child sponsorship, education and community based issues. In this particular Sub-city, more than 40 NGOs are running different programs in relation with child care and development (Labour and Social Affairs Office, Addis Ketema Sub-city administration, 2010).

Currently, the organization (MCFCS) is providing services as a partner of ChildFund. It is one of the child focused local non-profitable NGOs working in wereda 6 and 7 since 1985. The main aim of MCFCS is to achieve child wellbeing by improving health status of children, enhancing productive and self-reliance of vulnerable children. These vulnerable children are orphans living in difficult situations and children in need of external assistance. The major program areas of this charitable society are Early Childhood Care and Development, Basic Education and Youth development based on the following three core intents:

- Safe and secure children,
- Educated and confident children, and
- Productive youth

Even though MCFCS is operating in this area for more than 20 years, recently it is realized that its intervention is challenged due to various unstudied reasons and the organization is raising the issues that related with orphans and those who are in need of support is increasing from time to time in the area. As per the organization report indicated that such incidence is becoming the major problems of MCFCS. Therefore, this study will examine the intervention practices; benefits and challenge of orphan children supported by MCFCS.

1.2 Statement of the problem

MCFCS operates its intervention in Addis Ketema Sub-city which is densely populated and slum area of Addis Ababa to address the needs of the orphan and vulnerable children. There are high rate of HIV/AIDS, poverty, poor sanitation and lack of education and orphans in this area face several problems. Many children are forced to work /being abused/, and/or live on the streets at their early age. The main purpose that MCFCS wants to intervene in these areas is to support the wellbeing of vulnerable children such as orphans, abused, labour exploited, living with HIV/AIDS, children from chronically sick families and children with disability are considered as vulnerable groups. Currently, the organization is providing services to 2507 vulnerable children and as direct beneficiaries within the two weredas.

Among the different interventions of MCFCS, Early Childhood Care and Development, Basic Education and Youth development activities are major the interventions programs, In spite of the different supports offered by the selected non-government organization (MCFCS) in the area, it is currently challenged in implementing different activities for orphan children. Orphans are among the vulnerable children who face multiple problems in the community. The problem associated with orphans is the challenge in the case of MCFCS. Therefore, this study is designed to assess the intervention practice of MCFCS, benefits and the challenges of orphan children.

The study is focused to address the following basic research questions.

1. What are the intervention practices of MCFCS to address the needs of orphan children?
2. What are the benefits of orphan children from MCFCS intervention practices?
3. What are the major challenges faced by orphan children at MCFCS?

4. What should be done to improve the intervention practices, and the benefits of orphan children in the project site?

1.3. Objectives of the study

1.3.1. General objective

The overall objective of this study is to examine the intervention practice of MCFCS, benefits and the challenges of orphan children facing in the study areas.

1.3.2. Specific Objectives

The specific objectives of the study are:

- To examine the intervention practices of MCFCS,
- To identify the benefits orphan children get from the intervention practices of MCFCS,
- To investigate the challenges of Orphan children in the selected area, and
- To provide suggestions, improve the type of intervention and wellbeing of Orphan Children.

1.4 Significance of the study

MCFCS is working for vulnerable children in these areas for more than 20 years. The study may help concerned organizations in the area to be effective and develop sustainable solutions for the problems. The study may also contribute much to improving the strategies and service delivered for orphan children in the area. In addition, the selected and other NGOs working with orphan children may use the findings of this study as an input to develop comprehensive strategic plan to put effective mechanism to reduce vulnerability of orphan children.

1.5 Scope of the Study

The researcher conducted the study in one of the Childfund's partner, MCFCS, which works in two weredas namely wereda6 and 7 of Addis Ketema Sub-city. The study considered only orphan children who have lost both parents (double orphan) children between the age of 7 - 18 years and living in vulnerable situation. The data was collected from the manager of the selected NGO Program experts, Orphan children, Child-headed Households, Caregivers, Women, Children & Youth Affairs, Education and Health offices of wereda 6 and 7.

1.6 Limitations of the research study

The researcher has learned that the study needs more issues and special approaches to spell out the complex multifaceted problems of orphan children, specifically the challenges and problems associated with orphan children living with HIV/AIDS and disabilities. The burdens of Child headed households and guardians who take care of the orphan children are intermixed that leads to further studies. Because of time and financial constraints the study has focused only on double orphan children in general without considering other problems associated with orphan children.

1.7 Definitions of Terms

Benefit: services provided to promote wellbeing of children.

Care: is defined as the process of looking after somebody, providing what someone needs for his health or protection.

Caregiver/Guardian: is people (such as a grandparent, foster parent or relatives etc.,) who look the responsibility of looking after a child who lost both parents belong to high-risk groups

Challenge: difficulty in accessing basic services such as health, education, food, legal, financial and psycho social services

Child: a child is defined as any person below 18 years of age.

Child headed house-hold: is a child responsible in taking care of his/her sibling after the death parents

Double orphan: is a child who has lost both parents

Intervention: is considered as critical components of a set of services for programming in targeting vulnerable or defined as a core of services that addresses the need to improve health, wellbeing and development of orphan and vulnerable children.

Orphans: In Ethiopia, according to the Ministry of Women Affairs, orphan is a child under 18 years of age whose mother, father or both parents have died due to any cause. **For the purpose of this study orphan is a child between 7 - 18 years old who has lost both parents and living in vulnerable situations.**

Orphan and vulnerable children: is defined as a child who is below 18 years old and who has lost parents; and their survival, care, protection or development might be jeopardized due to a particular condition.

Vulnerable child: is defined as a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights.

Support: This is described as enabling people to physically, emotionally and spiritually cope with their situation and become independent, by providing them with material, financial, psycho-social support and other needed resources.

CHAPTER TWO

2. Review of Literature

2.1 Definition and concepts of Orphan children

Globally, an orphan is defined by international organizations based on age and parental status. (UNAIDS, 2002) has for long defined an orphan as a child less than 15 years of age who has lost his/her mother. Recently, however, it changed its definition to cover the loss of both parents and to include children below 18 years of age (UNAIDS, 2004).

According to Ethiopian Context, different NGOs in Ethiopia reflects that an orphan is a 'child who is less than 18 years and who have lost one or both parents. In Ethiopia, although different NGOs given their own definitions for orphan, the Standard Service Delivery Guideline for OVC Care and Support Program defined the word orphan as, a child who is less than 18 years old and who has lost one or both parents regardless of the cause of the loss (MOWA & HAPCO, 2010).

According to the 2011 Ethiopian Demographic and Health Survey, Seventy-two per cent of children under the age of 18 live with both parents; 14 per cent live with their mothers but not their fathers; 3 per cent live with their fathers alone; and 11 per cent live with neither of their natural parents and also 18 per cent of households are cared by an orphan (EDHS, 2005). Thus, orphan children are not only those children whose mother or father or both died regardless of the cause of the death but also those children whose parents are alive but unable to support their children due to different reasons. These include two groups of children (i.e., orphan children and children separated from their parents. According to Tatek (2008), children are becoming parentless, due to death of parents in any causes, abandonment of children due to poverty, early age migration of children to urban areas, desertion of family, divorce, corporal punishment, insufficient resources to support all the children, impact of stigma, excessive exploitation of

their labor, limited access to and control over inheritance (land) and abuse by relatives/care givers, negative role model of teenagers, drug addiction, children who experienced rape by their own parents and lack of support from government (Tatek, 2008).

Vulnerable children in other words are those children who are in need of external assistance. These include; children whose parents are chronically ill, living in a household that have taken orphans, children with physical or intellectual disabilities (World Vision, 2005). In addition, PEPFAR defined child vulnerability as a child 0-17 years old and who is either orphan or made vulnerable because of any or all of the following factors: those who live with HIV /AIDS without adequate support (children with chronically ill parents, households that has experienced recent deaths from chronic illness, households headed by grandparents or children), and those children who live outside of family care, marginalized, stigmatized or discriminated.

Children are under higher risk of vulnerability when there is loss of family/ parental care and protection, extreme poverty, food insecurity, economic shocks, conflict/instability, natural disaster, harmful cultural norms/ traditions, disability and lack of access to essential services including education, health care, shelter, food & nutrition, livelihood opportunities and psychological support (USG, 2007).

In Ethiopia vulnerable child is defined as a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights (MOWA & HAPCO, 2010). This shows that children are not only vulnerable due to the death of one or both parents but also due to poverty, failure of the family or guardian to take care of the children due to illness, natural disaster, incarceration, addiction, disability or other causes. Tatek (2008) has revealed that there is a strong correlation between widespread poverty, child

destitution and orphan hood that leave children in distressful predicaments which is rather worse in situations of orphan hood.

2.2 Overall Situations of Orphan Children in Ethiopia

Ethiopia's population is young and over 50 per cent of the population was under 18 years in 2009 (UNICEF, 2011). The report of CSA in 2008 indicated that more than half (54 million) of the total population of Ethiopia is below the age of 18 years. Many of these children live in terrible conditions and are unable to realize their full growth and development potential. This is largely due to because of HIV/AIDS epidemic and high level of poverty. It is estimated that there are a total number of 4, 885,337 orphans aged 0-17 years of whom 744,100 are orphans who live with HIV/AIDS. The challenges and needs faced by orphans and other children made vulnerable by HIV/AIDS are diverse. The major ones include lack of resource for education (books, uniforms and other supplies), psychosocial distress mainly associated with anxiety, loss of parental love and nurture, burden of caring for the sick, impact of family dissolution, depression, stigma, discrimination, grief and frustration, physical and sexual abuse and inadequate access to basic needs.

2.3 Care and Support Services for Orphan Children

Despite the loss experienced by orphan children, it is still possible to live well, as long as the extended families, communities, community-based organizations (CBOs), faith-based organizations (FBOs), non-government organizations (NGOs) and the government are playing their role in supporting orphan children. The wellbeing of orphan children depends on the extent that the children who lost their parents adjust to and cope with the loss and changes they

experience where the roles of extended families, the community and its CBOs, FBOs, NGOs and the government become critical.

In Sub-Saharan Africa, 1 family in 6 households is taking care of an OVC. Although most caretakers are blood relatives, a study of extended family networks in Ethiopia by Abebe and Asase (2007) found that close friends and “fictive kinsmen” are gradually taking on care giving duties at the request of the child’s parent, usually the mother. Nevertheless, not all extended family support structures have the capacity to adequately care for these children. Abebe and Asase (2007) note that “rupturing families “characterized by chronic poverty and “transient families,” which lack a principal breadwinner, are unable to provide for the physical, medical, and educational needs of the OVC, and often rely on the child to supplement the household income.

In Ethiopia there are a number of policies, plans of action and guidelines that define the framework for action for children and create enabling environment for partners involving in program implementation, some of which are important for orphan children. These outlined in (ESSWA, 2007) as follow: Developmental Social welfare policy; National Plans of Action for Children; National OVC Plans of Action; and Guide line on Alternative Child Care program.

The Standard Service Delivery Guidelines for orphan and vulnerable children was developed by Ministry of Women Affairs and Federal HIV/AIDS prevention and control office in (2010). The document contains seven core service areas which are considered critical components of a set of services for programming targeting vulnerable children. The seven service areas include the following: shelter and care, economic strengthening, legal protection, health care, education, psychosocial support, food and nutrition. Nevertheless, food, shelter, health care and education are basic issues to be considered for the survival of and development of children. Psychosocial

play therapy and counseling are other essential areas of for orphan children physical, social, emotional and psychosocial rehabilitation. Life skill training and recreational services are areas that should not be ignored in searching for alternative intervention for orphan children (ESSWA, 2007).

2.4 The Main Components of Services for Orphan Children

The Ethiopian Standard Service Delivery Guidelines document and PEPFAR OVC and Global AIDS program contains major core service areas which are considered critical components of a set of services for programming targeting orphans and vulnerable children.

Shelter and Care Services

Delivery guidelines document (2010) shows that shelter and care services strive to prevent children from going without shelter and work to ensure sufficient clothing and access to clean safe water or basic personal hygiene. An additional focus is ensuring that vulnerable children have at least one adult who provides them with love and support.

Children and youth affected by HIV/AIDS often face an immediate crisis in the home. Meeting their immediate needs is vital to their current well-being but is also critical to their future. Basic or “core” needs include food/nutrition, shelter and care, protection, health care, psychosocial support, and education. Illness in the family or the loss of a parent or parents is extremely disruptive for children, and often seriously disadvantages their chances for obtaining basic living needs as well as for securing a place in school or future employment. According to PEPFAR OVC program the HIV/AIDS epidemic overloads impoverished communities to the point where many children are left without suitable shelter or care. Those children who find themselves without a caregiver become highly vulnerable to abuse and stunted development.

Food and Nutritional Support

These services aim to ensure that orphan children have access to similar nutritional resources as other children in their communities. According to PEPFAR OVC and Global AIDS program 2006, food and nutrition are important components of OVC support. Malnutrition underlies more than half of the deaths in children under five in developing countries. The Emergency Plan works in many communities broadly affected by food insecurity. Food-security issues are extremely complex, and other organizations and international partners have strong comparative advantages in providing food assistance.

Protection Services

The core values of this OVC guidance are rooted in the principles of child protection - developing and implementing programs that place the best interests of the child and his or her family above all else. Thus, programs should include efforts to confront and minimize the reality of stigma and social neglect faced by OVCs, as well as abuse and exploitation, including trafficking, the taking of inherited property, and land tenure (PEPFAR OVC program 2006).

On the Standard Service Delivery Guidelines, legal protection services aim to reduce stigma, discrimination and social neglect while ensuring access to basic rights and services protecting children from violence, abuse and exploitation. However, these legal protections lack consistence and adequate services for orphans and vulnerable children in Ethiopia.

Psychosocial Support

Document of PEPFAR OVC program and Global AIDS (2006) showed that healthy child development depends a great deal on the continuity of social relationships and the development of a sense of competence. However, HIV/AIDS can undermine the fundamental human

attachments essential to normal family life and child development. Children affected by HIV/AIDS suffer anxiety and fear during the years of parental illness, followed by grief and trauma with the death of a parent. Cultural taboos surrounding the discussion of AIDS and death often compound these problems. Children and their caregivers need love and emotional support, and the opportunity to express their feelings without fear of stigma and discrimination. Programs should provide children with support that is appropriate for their age and situation, and recognize that children often respond differently to trauma and loss. OVCs sometimes turn to drugs and alcohol as a means of coping with this trauma. Programs must provide support to avoid these counterproductive activities.

Education and Training

These services seek to ensure that orphans and vulnerable children receive educational, vocational and occupational opportunities needed for them to be productive adults. Research on children and AIDS demonstrates that education can leverage significant improvements in the lives of orphans and other vulnerable children. Schools not only benefit the individual child, but can also serve as important resource centers to meet the broader needs of communities. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks. An education is the key to employability and can also foster a child's developmentally important sense of competence.

In addition to, education is an important area for leveraging additional resources at both national and local levels. Partnerships with education programs sponsored by external donors and governments often provide resources that can help to ensure that children affected by HIV/AIDS and other problems have access to education.

Economic Strength

The loss of a parent or family member and the requirements of caring for the ill often result in OVCs and their caretakers experiencing diminished productive capacity and economic hardship. Economic strengthening is often needed for the family/caregivers to meet expanding responsibilities for ill family members or to welcome OVCs into the household (PEPFAR OVC program, 2006) and also, maturing children and adolescents need to learn how to provide for themselves and gain sustainable livelihoods. Linking OVCs and their families with programs providing economic opportunities is important. Look for programs that base their economic-strengthening activities on market assessments and undertake joint efforts with organizations that have strong experience and a high level of expertise in this area.

2.5 Basic Needs of Orphan Children

The psychologist Abraham Maslow developed a theory called hierarchy of needs. The hierarchy extends from the basic needs for survival through the search for self-actualization. Accordingly all human beings have a basic survival needs that is the needs of food, warmth, and shelter. Once these needs are satisfied we will be motivated by the needs for safety and strive for an environment in which we feel physically and emotionally safe and secure. At the next we seek experiences that feel loved, cared for and accepted by others. Beyond this we seek to feel over self-esteemed and reach at higher order needs, self-actualization. The theory is applicable at all ages from early childhood to children who achieve goals and fulfill these potential as adults (Thomas, R.M., 2005). No two children are alike. Some children have impairment and others may not have. However, all children regardless of individual differences have needs (UNESCO, 2001). The needs of children are categorized as physical, emotional, spiritual, mental and social. According to PEPFAR (2006), these needs are concluded as physical needs which incorporates

the needs of food, shelter, clothing, school uniforms, and fees and basic health care; emotional needs which are the needs for love, security, encouragement, motivation, care, self-esteem, confidence, sense of belonging, understanding, etc.. The mental needs incorporate the formal and informal education and skill development; Social needs are essential for integration in to the community without feeling stigmatized or difference. Spiritual needs are beliefs in a higher being, which enables them to develop a hope for their future (PEPFAR, 2006).

Many children in Ethiopia do not have their needs met, partly because people are not aware enough about the issues that could be presenting huge challenges for orphan children. Training of community volunteers helps to raise awareness of various psychosocial issues faced by orphan and vulnerable children in the communities.

Physical Needs of Children

According to Killian (2003), children have many physical needs which include material/financial needs for clothing, shelter, school basic survival needs such as food, health care and hygiene. The simple provision of financial and physical needs is simply not sufficient enough for children to grow into healthy and well-adjusted adults in future. The physical needs often appear to be the most urgent basic need. But the emotional needs of children who have lost a parent or both should not be forgotten. Having a parent becomes sick and die is clearly a major trauma for any child, and may affect them for the rest of their lives (Madorin, 1999).

Emotional Needs of Children

Children need to love and be loved and a sense of belonging to society. Children are also viewed as needing a voice to be heard and to feel that they are important and valued in their

communities. The basic sense of being a worthy individual who is important to those who love you, is an essential part of being a human being (Killian, 2003).

Psychosocial support has been defined as an ongoing process of meeting emotional, social, and mental and spiritual needs of vulnerable children, all of which are considered essential elements of a meaningful and positive human development. It goes beyond meeting children's physical needs (Killian, 2003; Madorin, 1999). It places great emphasis on children's psychosocial and emotional needs, and their need for social interaction. Orphans and other vulnerable children require psychosocial support because of the trauma and stress they have experienced in their lives because of parental illness and death, poverty and violence. When children are distressed in any way, their emotional needs become critically important and the basic sense of being a worthy individual who is important to those who love them is an essential part of a human being (Killian, 2003).

Social Needs of Children

In African culture, the individual exists in relation to other people in the community. Social needs-on the social learning theory is viewed as a child was a blank slate on which experience writes on. He held that a child learns to be what he/she becomes, usually in a social context (Killian, 2003). He believed that with the correct techniques anything could be learned by almost anyone.

Cognitive Needs of Children

The cognitive theory of Piaget focuses more on the development of thought processes (reasoning) and stresses the child's active role in determining his/her developmental level. Each stage is associated with the development of certain kinds of behaviors and reasoning strategies

(Wood, 1981). According to (Killian, 2003), there are three main categories of cognitive needs: (i) formal education where we are taught from infancy what we need to know and then attend school to help us to survive within an industrialized society; (ii) informal education where we learn by observing others, their reactions and also learning what it takes to be part of particular community setting; (iii) general life skills and general knowledge. Each stage is associated with the development of certain kinds of behaviors and reasoning strategies.

Spiritual Needs of Children

It is through our belief in the Higher Being that we develop a sense of hope in the future. Being able to pray in times of hardship enables us to cope and deal better with life's challenges. It gives us a sense of purpose and also enables us to think beyond the hardships of the present life circumstances to a life hereafter (Killian, 2003). This aspect is seen as more crucial in the context of the present study of evaluation of a psychosocial support programs for vulnerable children. Without spiritual support most of the children would have ended up not being able to cope with challenging circumstances, poverty and violence (Madorin, 1999).

2.6 Major Problems and Challenges

Orphan children may face many hardships during childhood including a decline in health, nutrition, and psychological well-being. The impacts of parental death on children are complex and affect the child's psychological and social development. Fredriksan and Kandours (2004) cited in Afework Tsegaye (2013) that, orphan children might have stunted development of emotional intelligence, and life skills such as communications, decision making, negotiation skills etc. Moreover, they often show lack of hope for futures and have low self-esteem (Kedija, 2006). Majority of orphans are living with surviving parents or extended family, many of them

are being cared for by a remaining parent who is sick or dying, elderly grandparents who themselves are often in need of care and support, or impoverished relatives struggling to meet the needs of their own children. Increasing numbers of children are living in child-headed households, with minimal or no adult supervision or support (Smart, 2003). Orphans are at increased risk of losing opportunities for school, healthcare, growth, development, nutrition, and shelter. Moreover, with the death of a parent, children experience profound loss, grief, anxiety, fear, and hopelessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem, learning disabilities, and disturbed social behavior. This is frequently compounded by “self-stigma” children blaming themselves for their parents’ illness and death and for the family’s misfortune (Smart, 2003). Fewer School Opportunities: Faced with limited resources, foster households might be expected to favor their biological children over foster ones, and so deny orphans proper access to basic needs such as education, health care, and nutrition. For orphans living with their remaining parent, income shortfalls after the death of one parent may induce children to leave school. A study using data collected by the Demographic and Health Surveys and Living Standards Surveys for 22 countries in Sub-Saharan Africa in the 1990s shows much diversity in the relationship among orphan status, household wealth, and child school enrolment (Ainsworth and Filmer, 2002). According to Case et al., (2002) orphans of any type were less likely to be in school than the non-orphans with whom they lived. The largest effect was for double orphans, who were 10–30 per cent less likely to go to school than the children with whom they lived. The authors also note that the schooling outcome is very much predicted by the degree of relatedness to the household head the more distant the relationship of the household head to the orphan, the less likely it is that the orphan will be

enrolled in school (UNAIDS, 2008). In general, the large numbers of studies documenting the detrimental effects of parental loss on the education of orphan children.

Mums for Mums (2011), indicates that the challenges and needs faced by orphans and other children made vulnerable by HIV/AIDS are diverse. The major ones include lack of resource for education (books, uniforms and other supplies), psychosocial distress (mainly associated with anxiety, loss of parental love and nurture, burden of caring for the sick, impact of family dissolution, depression, stigma, discrimination, grief and frustration), physical and sexual abuse and inadequate access to basic needs. In addition, the study reveals that the OVCs are not always getting the kind of help and support they need. It is therefore imperative that a close follow-up is conducted by the charity organizations involved to ensure that what takes place actually meets the needs of the OVC. Another report by Andrews et al. (2006) indicated that orphans in sub-Saharan countries are more vulnerable than non-orphans on a series of health indicators and are at a disadvantage in obtaining essential services necessary to their welfare.

In sum, researches presented major challenges and problems that seriously affect orphans and vulnerable children and the most problems and challenges are indicated below, namely food and nutrition, education, healthcare, shelter, protection and psychosocial support.

Food and Nutrition Related Challenges and Problems

According to Ethiopian Central Statistics Authority (CSA, 2005), Children in Ethiopia also suffered from poor health due to inadequate access to clean water, sanitation facilities and nutrition. For every 1,000 children born in Ethiopia, 77 die before they reach their first year (one in every twenty three children) and 123 (one in every eight children) before they turn five years of age. The nutritional state of children shows that 47% of children are under-weight, 24% are severely stunted and 47% are stunted (CSA, 2005).

The loss of parents has far-reaching and lasting consequences, because orphans are more likely to suffer from malnutrition (UNICEF, 2002). Furthermore, orphans' needs are often unmet as a result of a lack of available care-givers in many communities and many orphans live on their own, or are cared for in child-headed households or by grandparents, who, because of their own health problems, are unable to provide adequate care and support.

Shelter and Related Challenges and Problems

Researches show that the HIV/AIDS epidemic overloads impoverished communities to the point where many children are left without suitable shelter or care. Those children who find themselves without a caregiver become highly vulnerable to abuse and stunted development.

Children, including orphans are part and parcel of the household and their welfare is inextricably linked to that of the household and their caretakers. The capacity of households to provide for children depends on their ability to maintain or earn income and to stabilize livelihoods which has a lot of implications on the household capacity to provide the needed shelter and the basic necessities such as clothing, bedding and sanitation.

International HIV/AIDS (Alliance) (2003) further asserts that when parents do not make a will, children can lose their inheritance (money, land, property and livestock), especially when they do not have any legal rights, title deeds or access to legal support. There is often no support to enable children to claim their rights. Grandparents and widows, in particular, may lack the resources or capacity to pursue a legal case on behalf of the children under their care. Denial of access to property for orphans can take different dimensions. While relatives of the dead parent, usually men, are the most cited culprits there is also another dimension where property is grabbed by the new spouses of the surviving parent if he/she remarries.

Besides physical assets left by deceased parents, orphans also often get dispossessed of basic items such as clothes, shoes, books and other scholastic materials that may be provided outside the family, mainly from formal institutions. It was noted that the support targeted at orphans and vulnerable children at the household level does not always reach them. For instance the support provided to orphans to support initiation of income generating activities (IGAs) is often withheld or sold off by caregivers. Assistance such as books and clothing may also be distributed among other children who are not orphan but also facing vulnerability. In such cases the orphans suffer double loss, their parents and the assistance that would have improved their livelihood. This signals the need for a more holistic approach in addressing the needs of orphans in poverty affected households. As clearly pointed out by Abebe and Asase (2007), the programs need to shift to focus towards strengthening families to build their resilience rather than implementing programs that target individual orphans.

Within some caretaker homes, orphans have to endure different and often difficult situations. Studies have documented situations where orphans are treated harshly; they are sexually abused often by the caretakers themselves, face overt and covert discrimination and are given roles that do not match their age and cognitive capacity (Abebe and Asase, 2007).

However, these services strive to prevent children from going without shelter and work to ensure sufficient clothing and access to clean and safe water or basic personal hygiene. An additional focus is ensuring that vulnerable children have at least one adult who provides them with love and support (MOWA and HAPCO, 2010).

Education Related Problems and Challenges

Every child has the right to a primary education. It is vital for children's futures that they attend school and take full advantage of this right. Beyond academic learning, education is also important for their psychosocial development. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks. Education can also reduce children's risk of HIV infection by increasing knowledge, awareness, skills and opportunities. In addition, the MOWA and HAPCO (2010) document contains seven core service areas which considered critical components of a set of services for programming targeting vulnerable children although the program is not free of cost, where the government waived tuition fees, parents/guardians continue to provide all other essential costs such as uniform, feeding, books, and fees for infrastructure development and other related issues.

Economically and socially disadvantage children such as from low income families, single parents working children, orphan as well as female students are at risk of failure in general educational setting for various reasons (Tirussew, 2005). According to DFID (2012-13) the cost of education, both monetary and non-monetary, continues to be a burden on households and a barrier to education. It is argued that the barriers of uniforms as well as indirect costs in accessing education makes households opt not to send their children to school, and stated that "orphans are the most unlikely to be schooled.

Besides cost limitations, in families which are struggling to meet basic needs, education may be perceived to be secondary to food, shelter, clothing and medical care. This may translate into preferential treatment amongst children as families strive to balance needs with resources and to optimize long term returns. International HIV/AIDS Alliance (2003) in other instances, points

out issues of equity in access to education especially in poverty stricken households that older children often drop out of school early to help pay for the education of their younger siblings, and many more drop out to earn money to support themselves and their families.

Some children become vulnerable by living in households where one or both parents are sick; others become vulnerable because care-givers are too sick to provide care; and others end up leaving school to take care of their sick parents. The Rapid Assessment Analysis Action Plan Report (RAAAPR, 2005) of the national situational analysis of OVCs indicated that 42% of OVCs were living in female-headed households and that the school attendance rate for those 10 to 14 years of age was only 34% for single orphans and 26% for double orphans, whereas the rate for non-orphans was 43%. Nationally representative data on other aspects of the well-being of orphans has not been studied, but a national situation analysis revealed that significant proportions of orphans were facing shortages in daily meals, clothing, school uniforms and supplies, and were also experiencing elevated school drop-out rates, morbidity as well as abuse and neglect.

Health Care and Support Related Challenges

Access to good health care and support remains a challenge in many urban areas due to lack of money to pay medication costs and the needed services at the health units substantially increase the opportunity cost of seeking health care. International HIV/AIDS Alliance (2003) noted that sometimes, because of lack of money, guardians and families delaying in taking a child for health care services until the child gets ill seriously are key challenges for health care.

The challenges with healthcare are compounded by the apparent limitations within the public health facilities primarily due to the poor who cannot access private services, with no resources

available, and with no guaranteed access to government health services, healthcare for orphans' remains in jeopardy and will continue to be a daunting challenge to caretakers.

According to the data indicated by CSA (2005) and research conducted by Alelign (2004), most children in Ethiopia were engaged in various productive and household chores and activities which are characterized by poor occupational safety, long working hours, very low wages, and a work environment which is hazardous to their health. As orphans have traditionally been absorbed by their extended family networks, many households are struggling to meet the needs of the orphans in their care (Kidman et al 2007).

Psychosocial Care and Support Related Challenges

It cannot be assumed that orphan children and their caregivers are always able to cope without support. They need plenty of opportunity to express their feelings without fear of stigma, discrimination and exclusion. Furthermore, provision of psychosocial support is a key challenge to caretakers and it fraught with complex issues. First, unlike physical needs such as food, clothing or medical care, it is difficult to diagnose even at personal level. Therefore, as noted by the International HIV/AIDS Alliance (2003), at household level, psychosocial symptoms for orphans are less likely to be recognized and acknowledged and they are more likely to be isolated with their problems, without easy access to anyone who can help them find solutions or relief. Even when the needs are identified, there is a dearth of skills both in households and whole communities to address them. Poor access to psychosocial support similarly affects caretakers. Orphan Children with HIV who are aware of their status have unique psychological and emotional needs, and require special and targeted help to come to terms with HIV and live positively, manage illness, deal with stigma and discrimination and prepare for the future

(International HIV/AIDS Alliance, 2003). This ideally requires special skills to ensure that support is given in a manner that does not separate them from other children.

The conditions of children orphan by HIV/AIDS are worse since they are more likely to experience various psycho-social problems and are less likely to be adopted by other members of the community (UNICEF, 2002).

In the studies conducted by the MOLSA (2004), it was indicated that the psycho-social and socio-economic situations of OVCs are more likely to be multifaceted and worse in Ethiopia as compared to other countries. The studies indicated that OVCs face severe social, economic, legal and psychological problems. They have poor nutrition, poor health status, lack educational opportunities and are likely to drop out of school. They lack love, care, attention and experience stigma, discrimination, exploitation and abuse. They also lack emotional support to deal with grief and trauma, experience long-term psychological problems, take illegal drugs and other substances and become involved in crime and are vulnerable to HIV-infection (MOLSA, 2004).

2.7 Sex Differences in Experiencing Challenges

During childhood, the prevalence of psychiatric disorders is significantly higher in boys, while in adulthood, women have twice the risk of depression compared to men (Strunk, et al, 2006). In Africa gender plays an important role in the socio-cultural set up of families and societies. It is often understood as the culture of interpretation of sexual bodies, embedded in the whole apparent of the society's role and norms. It is usually seen as operating hierarchically (Tirussew, 2005). Parenting practices, socialization, roles and expectations differ according to the sex of the child. The gender difference among orphans on psychological distress is critical (Dahlback, 2008). Compared to girls, orphan boys were found to show lower self-awareness and to perform

more poorly at school (Rutter, 2008). This gender difference may be in part due to the way in which boys and girls react to stressful periods and traumatic events. A study among US college samples showed that gender difference in depression scores, with women reporting more frequent experience of depression. Boys are more likely to externalize their behaviors by acting up, whereas girls tend to internalize their problems, leading to depression, anxiety and other psychological problems (Gutman, et al., 2010).

Orphans and vulnerable children experience frequent interruptions in learning and their school fees often unpaid (UNAIDS, 2004). Children who drop out of school lose the benefit of education as well as school friends.

2.8 Major Challenges in Care and Support Activities of Orphans

All government organizations, NGOs, FBOs and CBOs indicate that care and support for orphans is not an easy task. Some of the problems can be solved easily, if the various actors form a network, while others may require laborious effort. As per RAAAP Report (2005) mentions that in Ethiopia, NGOs and faith-based organizations (FBOs) are significantly involved in providing different types of support to OVCs and advocating for their rights, but their role is constrained by their partial reach, low capacity in terms of funds and human resources, lack of guidelines on the support of OVCs, lack of forums and networks among them, and considerable deficits in the areas of psycho-social care and supports. Limited community awareness and institutional capacity with respect to OVC-related issues are also important obstacles to current and future interventions in this area. Therefore, the prevalent social and economic conditions that orphans find themselves in are significant contextual factors that influence the welfare and effectiveness of the national response to OVCs. Widespread poverty and the lack of resources to

be allocated for OVCs seriously compromise their welfare and efforts to alleviate it (UNICEF, 2004).

2.9 Implications of Multifaceted Challenges to Orphan Children's Life

According to, the available data orphans performed relatively poorly on indicators of well-being such as school attendance, satisfaction of basic needs, health and psycho-social support. For instance 42% of households with orphans are female-headed and possess an average of 1.6 orphans per household (CSA, 2005). The school attendance rate for children aged 10 to 14 years is 34% for orphans and 26% for double orphans as compared to 43% for non-orphans (UNICEF, UNAIDS & USAIDS. 2004). Although national level data comparing orphans with other children on the basis of indicators of welfare such as the satisfaction of basic material needs by their families, malnutrition, food-insecurity, psychological health, the incidence of early sexual involvement, connection with adult care-giver, property dispossession and others are not present; a situation analysis carried out nationally in 2002, indicated that many orphan children had great difficulty in securing daily meals, proper clothing, school uniforms, school supplies and school fees which led to higher drop-outs rates (MOLSA, 2003).

Parents (father and mother) of a child have irreplaceable role for their children. Parents serve as teacher, moral leader, emotional supporters and advocates. They provide children's physical, social, emotional, spiritual and mental needs. Both father and mother are very important for healthy development of children. However, the death or separation of parents is one of the most severe traumas that a child can suffer.

Orphan children are those children who lost or separate from their parent or parents. Children lose their parents due to death, separation of parents, HIV/AIDS, war, accidents, disasters etc. Distress and deprive the orphan child of love, nurturing, values, information and discipline. The loss of productive household members also diminishes the financial resources available for investment in child health, education and other basic necessities.

CHAPTER THREE

3. Research Methodology

3.1 Research Approach

To understand the intervention practices, benefits and challenges of orphan children supported by MCFCS, the researcher has employed both qualitative and quantitative research methods to attain the stated objectives.

3.2 Research Design

Descriptive study design was used to undertake the research study. The study participants were orphan children and their guardians, Merkato Child and Family Charitable Society (MCFCS) staff and officers from wereda 6 and 7 education, health and Women, Children & Youth Affairs offices of Addis Ketama Sub-city. The aim of the quantitative approach is to assess the organization's intervention practices for orphan children, benefits and major challenges they are facing in their day to day lives. For the quantitative approach, structured and open-ended questionnaires were employed to collect the required information from orphan children and their guardians. On the other hand, the qualitative approach explores detail information on conditions or situations of orphan children through semi-structured interview, FGD and observations.

3.3 Study Area and Target Population

The study was conducted in Addis Ketema Sub-city of Addis Ababa City Government Administration at Marketo area. For both quantitative and qualitative study approaches, the target population consists of orphan children whose ages range between 7 and 18 years old, their guardians, government officials from two weredas 6 & 7 and MCFSC technical and program

management's staff. This Sub-city was selected based on the fact that there is large number of orphan children. The area is known by its dense population which is 64,648 per square kilometer. In addition, there is a high rate of HIV/AIDS incidence, poor sanitation and lack of educational opportunity in the area. Addis Ketema Sub-city of wereda 6 & 7 is one of the slum areas where highly poverty stricken people live. Due to poverty and more other factors orphan children are exposed to many problems (CCF-E Operation Policy Manual, 2004).

3.4 Sampling Techniques and Sample Size

The sampling techniques for the intended research approach employed were purposive, stratified and lottery samplings. The total target population that is involved in MCFCS intervention program is 2507 and these are considered as high vulnerable children living under difficult circumstances which are the direct beneficiaries of the intervention through sponsorship program. Out of 2507 beneficiaries, the charitable society is providing special support to 148 double orphan children. Thus, based on the suggestion of MCFCS and adequate data availability, the study focused only on double orphan children whose age ranges from 7 -18 purposely. Out of 148 double orphan children, 126 sampled orphans were selected and the rest who are below 7 years old and above 18 years old are not considered in the study. To frame the sampling technique, the list of orphan children was obtained from the organization and then, stratified sampling technique was employed to identify orphan children participants by using grade level as a stratum. The reason to use the stratified technique was to identify representatives of orphan from sampled population. After taking strata of orphan children by using grade levels (1-4; 5-8; 9-10; 11-12 & TVETs) which are 30% of the participants from each stratum who were selected by using a lottery sampling technique with a total number of 38 orphan children and their respective guardians were contacted through questionnaires for quantitative method. For

qualitative methods 4 FGDs with a total number of 32 from orphan children and caregivers were selected using lottery sampling technique; 6 caregivers or child headed house-holds and 5 orphan children were selected by using lottery sampling technique for interview, whereas 6 concerned government officials and 3 MCFCS staffs were purposely selected for interview. The idea of purposive sampling is to select participants that will best answer the research questions and to meet the objective of the proposed study.

In addition, purposive sampling technique was employed to selected program management and technical staff of MCFSC, wereda government officials from Education, Health and Women Children & Youth Affairs offices for the qualitative study

Table 1: Sampled Study Participants

Orphan children				
Strata	Total	30% Sampled Population		
		Male	Female	Total
1-4 grade	18	3	3	6
5-8 grade	62	7	11	18
9-10 grade	36	7	4	11
TVET and Preparatory	10	2	1	3
Total	126	19	19	38
Guardians				
1-4 grade	18	-	6	6
5-8 grade	62	4	14	18
9-10 grade	36	9	2	11
TVET and Preparatory	10	1	2	3
Total	126	14	24	38

3.5 Data Sources

A total of 38 questionnaires were distributed to gather data from orphan children based on the list of information collected from MCFSC using different sampling techniques, and in parallel 38 questioners were distributed to respective care givers. Moreover, four FGDs (2 for orphans and 2 for guardians or caregivers) that consisted 8 participants for each FGD with a total number of 32 individuals were administered. The Association Manager and two technical staffs of MCFSC were contacted through in-depth interview, and one representative from each wereda 6 and 7 government Education, Health and Women Children & Youth Affairs offices have participated in the key informant interviews. In addition, a total of 6 guardians and 5 double orphan children were contacted through interview to complement the quantitative information.

Table 2: Summary of participants, sampling technique and data collection tool

Participant types	Sampled study participants	Actual number of study participants	Sampling technique	Data collection tool
Double orphan children	38 questionnaires distributed	35 (92.1%) of questionnaires returned	Stratified sampling & lottery sampling	Questionnaires
Care givers and/or child-headed HHs	38 questionnaires distributed	37 (97.4%) of questionnaires returned	Lottery sampling	Questionnaires
Association Manager and 2 technical staff of MCFSC	Association Manager, and 2 technical staffs of MCFSC	3 Individuals	Purposive sampling	In-depth interview
Wereda 6 &7 women, children and youth affairs, Education and Health Offices	6 government officials from Wereda 6 &7 women, children and youth affairs, Education and Health offices	6 Individuals	Purposive sampling	Key informant interview
Orphan guardians and double orphans	6 orphan guardians and 5 double orphan children	11 Individuals	Purposive sampling	Interview guide
Orphans and Guardians	8 (2 Orphans' and 2 orphan guardians) FGDs done	4 FGDs done (32 individuals)	Lottery sampling	FGDs
Total	128	124		

3.6 Data Collection Methods and Tools

The data collection activity was ensured by using various data collection methods and tools developed for both qualitative and quantitative approaches. Questionnaire, in-depth interview, key informant interview, FGD and observation guides were the data collection methods employed in this study. All the data collection tools were developed in line with the research questions to get the required data from the study participants.

- A. Questionnaire: A structured questionnaire was considered as a major data collection tool and administered to the sample double orphan children and their guardians. The questionnaire was preferred, because it enabled the researcher to gather information from the sample size of the required data from large number of people which is assumed to be appropriate to conduct the study. In this case the number of orphan children and their guardians participated in the study were 76. The researcher oriented the sample study participants about the objective and as how to fill the required information before the distribution of the questionnaires.
- B. In-depth interview guide has been developed based on the purpose of the study. The main reason for the in-depth interview was to seek additional and in depth information from the management member (Association Manager and technical staffs) through semi-structured questionnaire.
- C. Key informant interview: This data collection tool was employed to gather qualitative information from government representatives of both Woreda 6 &7 women, children and youth affairs, Education and Health Offices.

- D. Focus group discussion (FGD): It was employed as a supplementing and helpful tool to cross check the data collected through other method of data collection. Information from orphan children and caregivers and/or child-headed households was gathered through FGD.
- E. Observation: The researcher used the observation to check orphan children's house conditions.
- F. Desk review: The researcher reviewed various publications and research papers to enrich the study.

3.7 Data Collection Procedures

Before embarking on the data collection, the researcher developed and designed necessary data collection tools and checklists for all of the target groups of the study both in English and Amharic versions. These tools were submitted to the research advisor and professional experts to seek comments, suggestions and then after their comments were incorporated and finalized the tools for field data collection activities. After the approval of the data collection tools, the researcher contacted the selected organization and selected study participants based on appropriate sampling techniques through the support and collaboration of MCFCS. In order to commence the data collection process in every data collection sessions, first willingness of the selected participants was made by informing the purpose of the study. The first data collection process was started by distributing the questionnaires to the study participants. The second task was conducting the qualitative information gathering through various tools such as in-depth interview; key informant interview and FGDs by developing the convenient schedule to study participants'. Finally, the distributed survey questionnaires to orphan children and their guardians were collected.

3.8 Ethical consideration

The researcher recognized and respected the consents of the study participants and applied Addis Ababa University ethical consideration principles for research. Ethical concerns informed all stages of the research process, both quantitative and qualitative. Informed consent required at all stages, so participants were regularly checked for their willingness to participate and were free to withdraw at any time. The informed consent of all the research participants took a verbal form and was preceded by explanation of the kind of research that the researcher has intended to do. The researcher has promised the study participants that throughout the research process and in any of publications, the identity of research participants to be anonymous.

3.9 Data Interpretation and Analysis

Various techniques of data analysis were employed to analyze data. The qualitative data collected through interviews, FGDs and observations were organized and interpreted. Then the data were analyzed by the theme of the research questions and also compared and contrasted using narrative quotes. Whereas the data collected using the quantitative methods were analyzed on the theme of research questions and using SPSS. All these approaches have been helpful to verify the validity of the data. In addition, the findings of the research were substantiated with related review of literatures.

Chapter Four

4. Findings and Discussion

The overall objective of this study was to examine the intervention practices and challenges that affect the outcome of MCFCS in reducing vulnerability of Double Orphan Children. Two weredas (6 &7) were selected for the study.

Under this chapter, therefore, the major findings obtained through different data collection tools from the participants are discussed, presented and analyzed in relation to the research questions.

The discussion part of the study presented background characteristics and information of study participants, intervention practices of MCFCS to support orphans, major benefits gained by orphan children and MCFCS from intervention practices, major challenges faced by the double orphan children and sex differences in experiencing challenges.

4.1 Background Characteristics and Information of Study Participants

In this section, the socio-demographic characteristics of the study participants were presented. The analysis of socio-demographic characteristics of study participants include variables such as age, sex, religion, source of income and grade level for guardians depicted on table 3.

For the in-depth and key informant interview participants of the concerned stakeholders, their experiences in dealing with orphan children's were the key points taken into considerations. Based on the justification, 3 individuals were contacted for in-depth interviews held, 6 individuals for key informant interviews, 11 individuals for interview guides and 32 individuals for 4 focus group discussions (FGDs) were administered.

Table 3: Demographic Characteristics of Study Participants- Orphans

Study participants (Orphans)			
Variables	Choices	Number	Percentage
Age	7-10 years	4	10.5%
	11-14 years	20	52.6%
	15-18 years	11	29%
Sex	Male	11	29%
	Female	24	63.2
Religion	Christians	21	55.3%
	Muslim	14	36.8
Grade level	1-4 grades	4	10.5%
	5-8 grades	19	50%
	9-12 grades	11	29%
	TVET	1	2.6%
School type they are learning	Government	30	78.9%
	Private	2	5.3%
	Public	3	7.9%
Current living status	Aunt	5	13.2%
	Uncle	5	13.2%
	Grand Mother	12	31.6%
	Guardian	9	23.7%
	Sister	2	5.3%
	Brother	2	5.3%
Guardians source of income	Daily labor	13	34.2%
	Petty trade	7	18.4%
	Pension	2	5.3%
	Bed rent	12	31.6%
	Others	1	2.6%

Table 4: Demographic Characteristics of Study Participants- Guardians

Study participants (Guardians)			
Variables	Choices	Number	Percentage
Age	Below 30 years	14	36.8%
	31-40 years	3	7.9%
	41-50 years	4	10.5
	51-60 years	11	29%
	61 and above years	5	13.2%
Sex	Male	14	36.8%
	Female	23	60.5%
Religion	Christians	28	73.7%
	Muslim	9	23.7%
Grade level	1-4 grades	4	10.5%
	5-8 grades	7	18.4%
	9-12 grades	3	7.9%
	Grade 12 complete	3	7.9%
	Can write & read	7	18.4%
	Non-educated	13	34.2%
Guardians source of income	Daily labor	17	44.7%
	Petty trade	8	21.1%
	Pension	1	2.6%
	Bed rent	9	23.7%

As it is shown on table 3, the age category of orphan children ranges from 7-18 years. From the total sampled orphan children (38), majority (52.6%) of them are in the age category of 11-14 years and among them 63.2% are females whereas 29% are males.

Concerning the educational status of orphans, the study indicated that the orphan children are attending in first cycle primary, second cycle primary, secondary schools and TVET. Majority (50%) of them are learning in second cycle primary schools followed by secondary schools (29%). Regarding the type of schools they are learning, their response revealed that majority (78.9%) of them are learning in government schools.

In addition, questions such as with whom orphan children are currently living and guardians' source of income were presented to them. As per their response, majority (31.6%) of them are currently living with grandmothers followed by guardians/care givers (23.7%) and in this study caregivers/guardians are relatives, neighbors and friends of orphan children parents. This notion hence indicates that these days' grandmothers are shouldering out and burdened in caring extended families of orphan children. This is a situation which indicated extra burdens of guardians apart from their own children and may be led to the orphans to be more susceptible to socio-economic challenges. The findings of Williamson (1995), asserted this finding by stating that many foster families are poor and have to draw out already scarce resource to provide both orphans and their own children.

In addition, although most caretakers are blood relatives, a study of extended family networks in Ethiopia by Abebe and Asase (2007) reaffirmed the aforementioned duties and responsibilities of guardians' by saying that close friends and "fictive kinsmen" are gradually taking on care giving duties at the request of the child's parent, usually the mother.

Regarding the guardians' source of income, both orphan children and guardians themselves responded that daily labor and bed rent are major source of income, (34.2% & 31.6%) and (44.7% & 23.7%), respectively followed by other sources as depicted on table 3 & 4. Therefore, in relation to their source of income, guardians are mainly engaged in daily labor, petty trades and housemaid service provisions in order to nurture their children and orphans. In most cases guardians' income is minimal due to the fact that their source of income is not beyond of daily labor, petty trade and low level of employment.

Furthermore, grandmothers, grandfathers, uncles and aunts have carried out the responsibilities of fostering orphan children in the study areas. This is, therefore, an implication in which the extended families played vital roles in caring and looking after orphan children. Vis-à-vis this finding, other researches and studies explained that orphan siblings are forced to send out to different households and experience a second profound loss due to loss of their biological parents. In due course, extended families took care of the majority of orphans who lost both parents (Williamson, 1995).

As it can be depicted from table 4, orphan guardians' or caregivers demographic characteristics have been shown by considering various variables. The age category of guardians' ranged from below 30 years to 60 and above years. From guardians, majority (36.8%) are under age category below 30 years and 29% are from 51-60 years followed by 61 and above years old (13.2%). This finding implies that orphanage has created early ages especially child-headed households and imposed the burdens to late ages of guardians in caring and fostering of orphan children. In other words, though a parent may be formally the head of a household, if s/he is too sick or dead, the burden of care and responsibility often falls to the eldest children.

In addition, the question of education level of guardians was presented and choices including 1-4 grades, 5-8 grades, 9-12 grades, grade 12 complete, can write and read, and non-educated were given to them. From the respondents, majority (32.4%) of guardians are non-educated and only 7.9% of them reached secondary school. Educational background of guardians may have a greater influence on children's participation in education. In other words, the educational attainment of the head of the household predicted school attendance in that the lower the attainment, the less likely children are to be in school and children from poor households are less likely to attend school than others.

4.2 Intervention Practices of MCFCS to Support Orphans

Although orphan children experienced challenges in their day to day lives, various stakeholders such as the extended families, community, community-based organizations (CBOs), faith-based organizations (FBOs), non-government organizations (NGOs) and the government are playing a major role in supporting them.

In this regard, the in-depth interviews with MCFCS staff showed that incomes raised through sponsorship are useful. MCFCS staffs' thus reported that sponsorship in collaboration with ChildFund Ethiopia became a viable alternative funding source to support orphan children. However, the support of marginalized groups such as orphan children, child headed and the elderly is still minimal and efforts should be adhered to those households. Concerning the care and support provisions to orphans, the in-depth interview respondents explained that they are providing various types of services which include educational material support, monthly financial support, health education, legal protection education and school enrollment as well. However, they underlined that care and supports provided to orphans don not that much solve the

prevailing problems, instead, they confirmed that the supports are meager. They elucidated the reasons for this are as follows:

Firstly, because programs are donor driven and end without building capacities among the communities as how to mobilize the local resources in order to solve the problems of orphans. Secondly, though development programs started at community level, they are not based on the needs and magnitude of existing problems.

In relation to care and supports of orphan children, the Standard Service Delivery Guidelines for orphan and vulnerable children was developed by Ministry of Women, Children and Youth Affairs and Federal HIV/AIDS prevention and control office (HAPCO) in (2010).It contains seven core service areas which are considered critical components of a set of services for programming targeting orphan and vulnerable children. The seven service areas include the following: shelter and care, economic strengthening, legal protection, health care, education, psychosocial support, food and nutrition. Nevertheless, food, shelter, health care and education are basic issues to be considered for the survival and development of children.

Moreover, to understand types of intervention practices by MCFCS in supporting orphan children, semi-structured questions were posed to study participants for both orphan children and orphan's guardians.

Table 5: Care and Support Provisions to Orphan children by MCFCS

S/N	Items	Respondents				
		Orphan Children			Orphans guardians	
		Choices	Number	Percentage	Number	Percentage
1	Types of care and supports provided by MCFCS to orphan children	Education materials support	20	52.6%	17	44.7%
		Medical expense coverage	4	10.5%	6	15.8%
		Monthly financial support	8	21.1%	10	26.3%
		Vocational skills training	3	7.9%	2	5.3%
		Psycho-social support	-	-	-	-
		No supports at all	-	-	2	5.3%
2	Adequacy of Supports by MCFCS to orphans	Yes	2	5.3%	-	-
		No	29	76.3%	34	89.5%
		Don't know	4	10.5%	3	7.9%
3	Priority areas of orphans but not addressed by MCFCS	Child protection	3	7.9%	5	13.2%
		Food and nutrition	3	7.9%	3	7.9%
		Educational opportunity	1	2.6%	-	-
		Family IGA	12	31.6%	15	39.5%
		Medical expense coverage	2	5.3%	3	7.9%
		Psycho-social support	14	36.8%	11	30%
4	Care and Support by MCFCS to orphans are need based	Yes	7	18.4%	-	-
		No	21	55.3%	24	63.2%
		Don't know	7	18.4%	13	34.2%

As presented on table 5 regarding the types of care and supports provided by MCFCS to orphan children, majority (52.6 % orphan children and 44.7% guardians) responded education materials support, and 21.1% orphan children and 26.3% guardians for monthly financial support. From sampled orphan guardians, 5.3% have reported that orphan children are getting not enough support from MCFCS. Surprisingly, the psycho-social support component has been ignored by the intervention practices of the organization in spite of its great importance for orphan children as both of the study participants did not mark it as one service component. However, life skill training, psycho-social support and recreational services are areas that should not be ignored in searching for alternative intervention for orphan children (ESSSWA, 2007).

Though Killian (2003); Madorin (1999) emphasized that the psychosocial support as an ongoing process of meeting emotional, social, mental and spiritual needs of orphan and vulnerable children, where all of them are considered as essential elements of a meaningful and positive human development, in this research, to the contrary, it was found that the Psycho-social support is not totally addressed by MCFCS. The information gained from qualitative approach through in-depth interview with MCFCS staffs and FGDs and structured interviews with orphan children complemented this findings as well.

Although the Standard Service Delivery Guidelines for orphan and vulnerable children developed by Ministry of Women, Children & Youth Affairs and Federal HIV/AIDS Prevention and Control Office in (2010) proposed seven core service areas for orphan children, MCFCS's management and program technical staffs during in-depth interview reported that the organization is not on working service areas which include family economic strengthening, psycho-social support, child protection and life skill components currently. They added that MCFCS is entirely working on the sponsorship funds and donor driven intervention areas are

practiced to date. Similarly, the information obtained through quantitative survey both from orphan children and guardians comply with this statement. For instance, 55.3% of orphan children and 63.2% guardians have reported that care and support services by MCFCS to orphan children are not adequate and did not consider the current living situations. As per the qualitative discussion with MCFCS staffs, the limitation and shortages of resources handicapped the organization not to address the priority areas and needs of orphan children. The FGDs conducted with orphan children also indicated that the care and support services provided to orphans by MCFCS are meager and not timely. They also reported the ethical issues during selection of orphan children for the support that the committee of the community has made a bias where the eligible orphans are not getting supports, but instead those children who have both parents are getting supports from the organization. In relation to this, they reported the weakness of MCFCS on monitoring and supervision so as to understand the situations of orphan children as well.

The question whether ‘supports by MCFCS to orphans are adequate or not’ was posed to both orphan children and guardians quantitatively, and majority of both participants (76.3% orphans & 89.5% guardians) replied ‘no’ as depicted on table 5 above. In addition, the question ‘priority areas of orphans but not addressed by MCFCS’ was posed to both orphan children and guardians through quantitative survey. For such question, psycho-social support, family Income Generating Activity (IGA), child protection and food and nutrition became the priority areas identified by both participants which are not addressed by MCFCS. Orphan children have revealed that 36.8% for psycho-social support, 31.6% for family IGA and 7.9 % for food and nutrition and child protection as the first three priority areas while guardians reported that 39.5% for family IGA, 30% for psycho-social support and 13.2% for child protection as the priority areas as

presented on table 5 above. Therefore, the information gathered on identification of priority areas not addressed by MCFCS through both qualitative and quantitative methods comply each other.

Finally, based on the information gathered through both qualitative and quantitative methods from all study participants, the intervention practices of MCFCS, experience, initiative or programme have not proved to be effective and cannot be taken as an inspiring model to other actors. This is because of the best and promising practice criteria including -be useful, practical, be effective and relevant, be innovative, be ethically acceptable, bear fruit in reasonable time, be sustainable (correspond to sustainability factors), be cost-effective and be actually owned by its initiators as a best and promising practice are not guaranteed (Salaam,2005).

4.3 Major Benefits of Intervention Practices

4.3.1. The Benefits of Intervention Practices

The intervention practices and care and supports by MCFCS to orphan children have contributed some but the services are meager. According to the qualitative information gathered from the concerned government offices through key interview guides and from MCFCS staffs through in-depth interview, orphan children have benefited and got the employment opportunity after getting vocational skill trainings like driving license. In addition, there are orphan children who have graduated from universities and who are supporting their siblings or others and became models for other orphan children as per the qualitative information gained from MCFCS staff due to the supports from MCFCS. Therefore, the education opportunity is one of the benefits that orphan children are getting from MCFCS intervention practices and this is an opportunity to ensure children's right to basic education as well. Even though the organization has no well-organized plan of action for life skills and psycho-social support components, need based

trainings are being provided by the organization and such initiatives have contributed a lot to orphan children to build self-confidence, goal setting and value identification as per the reports made during FGDs with orphan children and in-depth interview with MCFCS staffs.

In addition, information gathered through quantitative survey with orphan children and guardians comply with aforementioned qualitative information. Summary of the quantitative information is presented on table 6 below.

Table 6: The benefits of Intervention Practices

S/N	Items	Respondents				
		Orphan children			Orphans' guardians	
		Choices	Number	%	Number	%
1	Have MCFCS intervention practices benefited orphan children?	Yes	27	71.1	29	76.3
		No	5	13.2	7	18.4
		Don't know	3	7.9	1	2.6
2	Do MCFCS' intervention practices benefit to orphan children?	Education opportunity	14	36.4	19	50
		Medical expense coverage	7	18.4	5	13.2
		Monthly transportation cost	10	26.3	8	21.1
		Vocational skills training	3	7.9	3	7.9
		Self-confidence building	1	2.6	2	5.3
		Family income increment	-	-	-	-

As presented on table 6 above, the question “Have MCFCS intervention practices benefited orphan children?” was posed to both orphan children and guardians. For such a question, 71.1%, 13.2% and 7.9% of orphan children as ‘yes’, ‘no’ and ‘do not know’ respectively. Guardians responded 76.3%, 18.4% and 2.6% as ‘yes’, ‘no’ and ‘do not know’ respectively for the same question as well.

Furthermore, for question ‘MCFCS intervention practices benefits to orphan children’ both orphan children and guardians have identified and reported that education opportunities, medical expense coverage and monthly transportation cost as the first three benefits of orphan children from intervention practices. For the above questions, 36.4%, 18.4% and 26.3% of orphan children participants have reported the benefits they got from the intervention practices for education opportunity, medical expense coverage and monthly transportation cost coverage respectively. For the same question, guardians’ response was 50%, 13.2% and 21.1% for education opportunity, medical expense coverage and monthly transportation cost coverage, respectively. However, both of the study participants have not replied for the choice ‘*family income increment*’ as the benefits of orphan children from the intervention practices of MCFCS. In other words, the organization is not paying due attention for family economic strengthening approaches or initiatives.

It is apparent that most of the CBOs and NGOs emerge as a voluntary effort made by local activists to address few issues faced by their respective communities. Being activist centered voluntary organizations in nature these organizations lack organizational discipline and project management skills; which becomes a pre-requisite for these organizations when aspiring to work with NGOs and donors. This has not only limited the ability of these organizations to mobilize

resources for their respective organizational projects but also donors trust on the capabilities of these organizations.

According to various studies and researches, backdrop of intervention practices and capacity building package with a clearly defined strategy to build organization's capacities; efficiency, transparency, effective delivery of services and overall management quality for the NGO's working at small and medium levels played a paramount importance.

In relation to this therefore, during in-depth interview, it was reported that MCFCS has got the necessary capacity to mobilize the community and local resources for orphan children and for poor economic development. MCFCS staff reported that social networks are very efficient for community support and there is a significant level of support by the NGOs to address the needs and concerns of orphan and vulnerable children households. The project 'capacity building of MCFCS envisages enhancing institutional capacities in terms of facilitating the organization for preparing its organizational operating procedures for effective delivery of their programs as well as setting strategic directions. On the other hand, the organizational staffs as well as volunteers of the respective organization are trained in a number of disciplines in order to enhance their skills with a focused approach so as to support orphan children and poor community.

As reported by MCFCS Manager during in-depth interview, those organizations involved in different development and intervention practices can benefit from both organizational and technical capacity developments. The organization has established a partnership with pertinent development non-governmental organizations and concerned government organizations and has got the opportunity of capacity building in initiatives from the partners. As per the report made by qualitative study, the participants of the study indicated that MCFCS staffs are able to identify the community priorities and needs, and have got the skills and knowledge of fund raising to

expand the organization's scope of intervention practices. Moreover, they added that because of intervention practices in a partnership approach to address the concerns, priorities and needs of orphans, the organization was able to develop its clear strategic direction and plan of action.

4.4 Major Challenges Faced by Orphans in the Study Areas

Several studies and researches revealed that orphans are facing multifaceted challenges in their day to day lives. Both quantitative and qualitative findings show that many households' capacity to support and care for OVC is precarious. The extent of poverty in the study area is widespread, and many factors increase households' economic vulnerability, including death, illness, a lack of assets, and households headed by, children, women and elderly people. Similarly, the study done by (MOLSA, 2004) confirmed that poor nutrition and health care, stigma and discrimination, lack of educational opportunities and drop out of school, lack of love, care and attention, exploitation and abuse are amongst major challenges of orphan children facing. In addition, according to the information gathered from study participants through FGDs and structured interview, extended family networks play an important role in the care of orphans and vulnerable children, but many of these families live in extreme poverty and in shabby homes.

This study has identified various challenges of orphan children by employing both quantitative and qualitative methods. Major challenges that orphan children faced after the death of their biological parents are gathered through quantitative survey and summary from both orphan children and guardians on the table 7.

Table 7: Major Challenges of Orphan children in the study area

S/N	Items	Respondents				
		Orphan children			Orphans' guardians	
		Choices	Number	Percentage	Number	Percentage
1	Have orphan children faced challenges and problems after death of their parents	Yes	35	92.1%	35	92.1%
		No	-	-	-	-
		Don't know	-	-	2	5.3%
2	Major challenges faced by orphan children in the study areas	Education materials support problems	-	-	-	-
		Health problems	4	10.5%	5	13.2%
		Shelter problems	11	28.9%	9	23.6%
		Income problems	2	5.3%	2	5.3%
		Psychological problems	13	34.2%	17	44.7%
		Social problems	5	13.3%	4	10.5%

According to quantitative survey orphan children are facing challenges in their day to day lives. As showed on table 7above, 92.1% of both sampled orphan children and guardians have reported that orphan children are facing multifaceted challenges in their life situations. None of both study

participants on quantitative survey have replied for choice 'no' for the question 'have orphan children faced challenges and problems after death of their parents'.

Regarding the questions 'major challenges faced by orphan children in the study areas', 34.2%, 28.9%, 13.2%, 10.5% and 5.3% of orphan children reported that psychological, shelter, social, health and income problems as major challenges faced by orphan children, respectively. Similarly, 44.7%, 23.6%, 13.2%, 10.5% and 5.3% of guardians have reported for psychological, shelter, health, social and income problems, respectively as the major challenges of orphan children in the study areas.

From this finding, we can understand that psychological, shelter and social are problems areas which need due attention from concerned bodies. Furthermore, the qualitative findings with concerned government offices through key informant interview underlined that the shelter issue is the major challenge and problem in the study areas. Shelter issue has complicated challenges even to re-innovate the existing ones for orphan children and let alone other as reported by key informant interview participants. The qualitative findings of major challenges of orphan children in the study areas are analyzed as follows:

Economic Challenges: all of the qualitative study participants reported that because of high inflation rate of these days, it is very difficult to cover the health care service expenses, expenses for school material such as school fees, uniforms and stationery and shelter. Economic constraints of guardians also handicapped orphan children not to dress appropriate clothing like other non-orphan peers. In the interview sessions, it was repeatedly reported that economic pressures, burdens and problems drastically contributed to other stresses and social problems or challenges.

Furthermore, according to data obtained from both FGD discussants (female and male), it is females that are highly worried about the shortcomings of economic situation because they are on the forefront to take care of the responsibility of siblings after the death of parents. Therefore, one can simply comprehend that the gender role has played a significant role in caring and fostering of orphans and is widely spread in the study area. In line with this respondents' response, Gifford (2003) explained that there is connection between poverty and social problems especially strong in Africa and is a reflection of the limited capacity in the context of extreme poverty. As noted by all sampled participants, all these economic pressures and constraints in return resulted in the reduction of household income and asset and imposed a burden among guardians and female orphan children.

Regarding the magnitude of economic pressure and challenge, a 16 years old female orphan stated as follows:

'We double orphan children are deprived of our parental care and support. We are in shortage of money to get a proper meal. We have nobody to support us in our day to day living except Christian Children's Fund (CCF): to say MCFCS occasional meager support. Because of this, we are forced to confront with economic challenges and even unable to fulfill our basic needs. In order to overcome the challenge, I have been urged to engage in low paying activity such as housemaid in some body's home regardless of my partial hearing-impairment'.

In support of this finding CSA (2005), explained that children and adolescents in Ethiopia are engaged in different productive and household chores which are characterized by working for

long hours, paid very low wages and working environment which is perilous to their life. By supporting this idea, Belay and Belay (2005) described that food, cloth and house rent as the basic unsatisfied needs of orphans which kept them worry every time due to economic challenges they are facing. As interview finding showed it is more females that are worried about the household shortcomings or hardships as compared to males. This is, therefore, an indication that in our society women and girls are in the forefront to take the house chores responsibilities, but it does not mean that males are not responsible instead the degree is more among females and the research has identified this issue.

According to data obtained through structured interview, female orphans in the study area are encountering the economic challenges as household heads to look after their siblings and even they were urged to drop out of school by assuming the families' responsibility. In connection with this idea, 17 years old female double orphan interviewee stated the following:

'Both our parents (mother and father) died 4 and 6 years ago respectively. After the death of our parents, we had no source of income, we are living a miserable life and an economic problem threatens our living conditions negatively. As an older orphan, I assumed the responsibility to look after and foster three of younger sisters. Because of the responsibility, I shouldered, I dropped out of school from 6th grade to be engaged in income earning activities to support my siblings. I am working as a petty trader in "marketo" area so as triumph the living philosophy and to enable my younger sisters to stay in schools and to make them escape the fate that I experienced.'

In the FGD, it was also apparent that all orphan children experienced poor nutrition, poor health care service, poor housing condition and improper clothing due to economic problems. Similarly, key informants also substantiated that orphan children are confronting with continuous economic constraints including shortage of sanitary materials, inadequate food, and lack of participation in recreational activities like other non-orphan peers. The underlined reasons for this most orphan children are living with guardians who themselves often need care and support, they are also living with poor relatives struggling to meet their children's needs and otherwise orphans themselves are in most cases female child orphan-headed households.

In in-depth interview sessions with MCFCS staffs' it was explained that most of the orphan's guardians have no permanent source of income. They are engaging themselves in hand to mouth activities such as daily labor, petty trade and housemaids. According to data extracted from them during interviews, their low level of income intensified other social problems and challenges among the family members in general and orphan children they are fostering in particular.

Furthermore, guardians during FGD and interview sessions explained that currently, high living costs and price increments on each and every item became major economic problems and challenges to nurture orphan children and their own children. Guardians during interviews also added that, the worst situation of economy on households increased the burdens and the responsibilities of female orphans. For instance, female orphans are forced to sell prepared food including 'injera', bread, 'nifro' and 'kolo' on the street to support the living. Confirming this, Fasika (2006) reported that, females have engaged in some activities to substantiate shortage of food, they are absent from school, get uninterested, tired in class and sometimes collapsed due to economic challenges they faced.

In summary, the in-depth interview, FGD and key informant interview participants pointed out that the worst economic problems and challenges of orphan children and adolescents have contributed to other social situations they face.

Education Challenges: As per in-depth interview information gained from MCFCS staffs, the economic shocks of households jeopardize many children's chance of staying in school, especially if they have to assume new responsibilities for supporting the family. Some children especially female orphans face difficulties in choosing to either to work to secure their daily basic need or to attend school.

This statement is in line with the findings of Salaam(2005) which revealed that those children whose both parents died may be frequently absent from school, find it hard to concentrate or unable to assume school related material expenses such as school fees, uniforms, books and other scholastic material.

Even though research has found education is a key need for orphan children and adolescents so as to secure their future welfare, in the study area all of orphan children participated in structured interview and FGD reported that they are continuously in failure to cover school supplies such as school fees, uniforms and stationery materials. Key informant interview respondents also suggested that orphan children dropped out of schools following the death of their parents to care their younger siblings and to settle themselves with the new family. As a result of these, poor performance on academic activities and class repetition are very common trends among orphans. Regarding the school performance, those of orphan children who attend their school reported that their performance is influenced disapprovingly. They absolutely explained the reasons for their drop out and low performance as economic or financial problems in alliance with their parental death.

Moreover, the quantitative survey information gathered from orphan children on academic performance is analyzed as follows as on the pie chart.

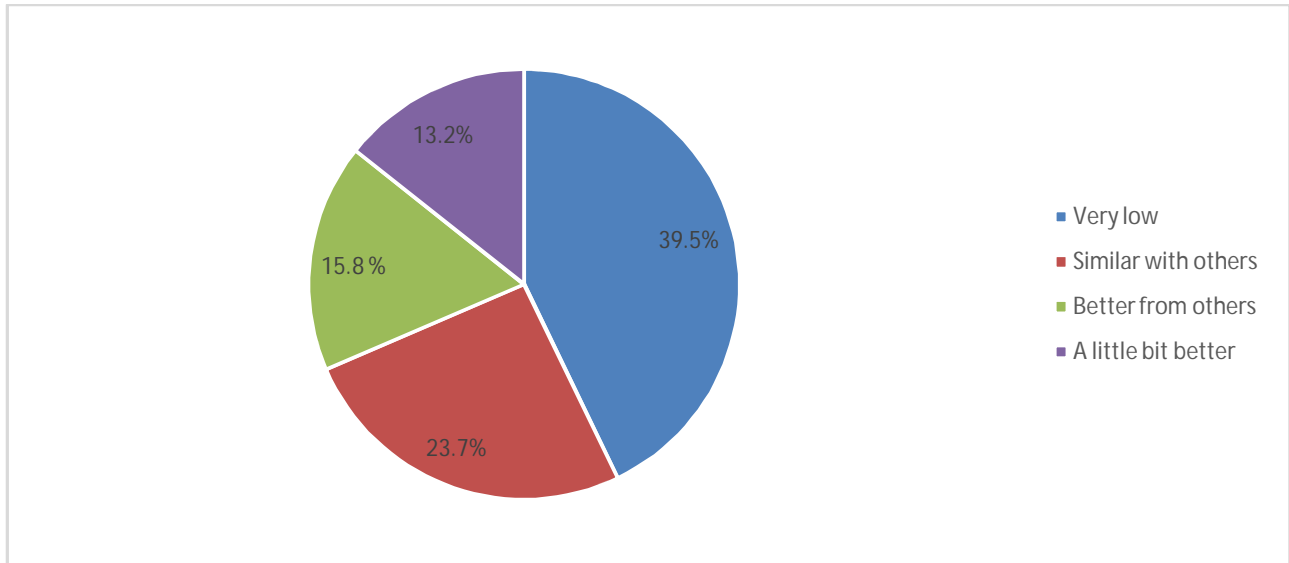


Figure 1: Responses Provided by Orphan children on Academic Performance

As depicted on figure 1 above, 39.5%, 23.7%, 15.8% and 13.2% of orphan children have rated as very low, similar with others, better from others and a little bit better from others respectively as the figure showed majority of orphan children are low performers on their academic achievements. Regarding this analysis low school performance have tendency to repeat classes, experiences low self-esteem and likely to develop negative attitude to education and eventually to drop out of school.

Concerning about the school dropouts, orphan children have been consulted through quantitative questionnaires and the summary has been presented as follows on table 8.

Table 8: School dropouts of Orphan Children and corresponding reasons

S/N	Items	Respondents				
		Orphan children			Orphans' guardians	
		Choices	Number	%	Number	%
1	Have you/orphan ever dropped out from school?	Yes	13	34.2%	11	29 %
		No	22	57.9%	26	68.4%
2	Major reasons for dropping out from schools	To head siblings	1	7.8%	-	-
		Health problems	4	30.8%	6	54.6%
		Shortage of income and to be engaged in IGA	5	38.5%	4	36.4%
		Guardian do not allow to send to school	3	23.1%	-	-
		Other reasons	-	-	1	9.1%

As presented on table 8 above, there is orphan children school dropout in the study areas due to various reasons and 34.2% of orphan children and 29% of guardians from sampled study participants revealed that there are high school dropouts. They gave various reasons for school dropouts. 38.5% of the orphan children are engaged in IGA, 30.8% due to health problems, 23.1% because of guardians do not allow them to send to schools and 7.8% are due to caring younger siblings are the key reasons for school dropouts. In addition, 54.6, 36.4% and 9.1% of guardians marked health problems, shortage of income and to be engaged in IGA and others as reasons orphan children school dropouts in the study area.

All FGD discussants and interview participants explained that school absenteeism and poor academic performance is ascribed because of guardians' poor educational backgrounds (refer Table 4). Therefore due to the non-educated background of the guardians, the educational performance orphans children is affected. This is due to the fact that guardians gave less emphasis to education of the orphan children but instead they preferred them to be engaged in income generating activities as well as supports at home.

Data from key informants further reaffirmed this idea that even though care and support providing organizations back orphans in educational supports, it is hardly possible to solve problems related to education in a sustainable manner.

For the questions asked what factors can affect education, key informant and in-depth interview participants put as overloaded house chores, poor housing condition and lack of time hampered their schooling. This situation is heightened among female orphan children. Thus, one female interview participant orphan child explained the issues as follows:

'though I have an interest to be active in education, I am not lucky enough, because I am overloaded with house chores, I have not enough time to study and whenever I started I become very tired. Moreover, the housing condition is another problem that holds me back of education'.

Furthermore, Fasika (2006) explained that most orphans are confronting with deep rooted challenges of poor housing conditions. Poor qualities of residential houses and lack of shelter found to be problematic area for schooling and an obstacle to perform some academic activities.

Social and Psychological Problems: Stigma, discrimination, being rejected, mistreatment, labor exploitations, abuses and isolation are some of the severe touching problems that orphans are facing ahead of the tragedy of losing their parents and the insecure living conditions (Guest, 2001).Correspondingly, the orphan children and their guardians and key informants of this study explained that drop out of schools, lack of access to health services, maltreatment, abuses (sexual and property),early give to birth and labour exploitation are the most frequently occurred social and psychological problems that orphan children are facing.

As the orphan children participants mentioned in the FGD and interviews, they have stated that social problems are manifested in the form of maltreatment, punishment, work overload, sexual abuse, property abuse, labor exploitation, discrimination, isolation, neglects and the like. In general terms, abuse as a social major problem manifested in the study area in the form of emotional abuse, physical abuse, neglect and sexual abuse according to data obtained from all participants. With reference to abuse, participants of in-depth interview, key informant interview, structured interview and FGD reported that relatives, guardians, neighbors, family members and communities abused orphans in different ways directly or indirectly, and orphan children are viewed negatively by communities, neighbors and relatives. This findings is substantiated with

the survey done by (MOLSA, 2003) stating that instead of being offered soothe and sympathy, orphans are more and more becoming viewed as a burden on families, who feel too bored to welcome them.

Further, during the interview one of the orphan children sated that the social related problems as *'Guardians, neighbors and communities viewed and called us by using various types of derogative words or phrases such as a "victim of guardian; burden of a country, unlucky and the like. If we were lucky enough to not to lose our parents, I may probably would not have suffered with such derogative words or phrases'*.

Quantitative information gathered through the questionnaires from both orphan children and guardians have indicated that psychological & shelter problems, social stigma and discrimination against orphans in the study areas (table 7).

Regarding the backlash of concerned bodies against abuse UNICEF/UNAIDS (2006) report indicated that, sexual abuse against children is often shrouded in secrecy. For example, in many countries, evidence collection is weak and non-existent and follow up mechanisms are deficient.

In spite of pervasive abuse in the study areas, guardians during interview and FGD increasingly explained that, they preferred in fostering in male orphan children than female orphan children due to the fear of abuses against females. They further explained that females are more and more likely exposed to unsolicited pregnancy, child give to birth out of marriage and even vulnerable to infection of HIV/AIDS due to the fact that the area is overwhelmed by commercial sex work. As per the information gained from the qualitative questionnaires (31.6% orphans and 23.7% guardian - refer table 3) orphan guardians are using bed rent as a source of income and this made female orphans susceptible to abuse. Similarly, Fasika (2006) has reported that fostering in

female orphans is very challenging responsibility due to the fact that their vulnerability to various abuses, unsolicited pregnancy and infection to HIV/AIDS.

During the FGDs and interviews, the orphan children have revealed that the imposition of workloads, deprived of time to study, confiscation of incomes are some of the key social related problems that orphan children are facing. Regarding the psychosocial problem in the discussion, participants disclosed that there is prevalence of psychosocial and emotional problems among orphans including pressure and stress that often manifested in exclusion and discrimination like loss of interest in age-appropriate play and withdraw by peers at school and at home. They also revealed that they are always thinking about their parent death and they blamed themselves as a guilty and hopeless. They assumed themselves as the causes for their parents' death.

Despite of these social problems and psychological challenges, MCFCS is not giving due attention and not working on psycho-social support of orphan children in the study areas. Due to all these social pressures and psychological problems, orphan children in the study areas are socially out casted and as a result they will be derived to be involved in socially unaccepted activities such as drug abuse, alcoholism, theft and gangster activities as reported by the in-depth and key informant interviews.

Health Problems: An attempt has been made to identify the main problems or challenges of orphan children in the study area. As per all orphan children report during structured interview and FGDs, shortage of money to buy medicines whenever they get sick, problem of getting access to health care services and continuous experience of headache, typhoid and typhus fevers are amongst major health problems they are facing in the study area.

Similarly, the quantitative questionnaires presented to guardians have identified various health related problems that orphan children are experiencing in the study areas. The summary of their responses is presented in the following pie chart.

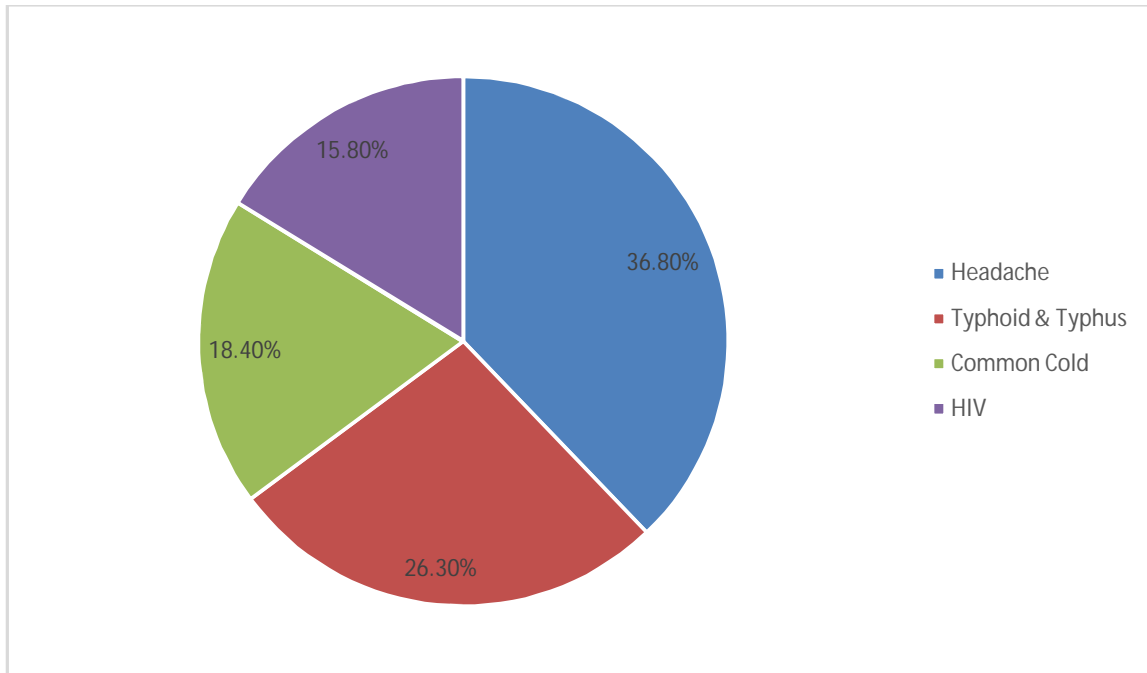


Figure 2: Health Problems Orphan children Faced

As presented on the chart (Fig.2) 36.8%, 26.3%, 18.4% and 15.8% of guardians have reported through questionnaires that orphan children are facing frequently headache, typhoid & typhus, common cold and HIV respectively.

In the same way, data extracted from guardians also added that orphans are continuously experiencing health problems such as lack of hygiene, sanitary materials and poor nutrition. In principle, free medication service delivery to orphans is possible through kebele administration approval. However; such type of service provision tends to be bureaucratic, biased with full of

reluctance and unresponsiveness. With regard to this, a 16 year's old female double orphan child elucidated the situation as follows: ‘

“It was six months ago that one of my younger sister who is 10 years old get seriously sick. The incident was very difficult for us because we do not have money to cover the medical expenses, as you observe we are living in a shabby home. In this circumstance, I went to kebele and asked a free medical services provision approval by telling them about the health situation of my sister. However, kebele officials refused to provide me with the requested free medication service approval. In due time I was ... (tears), then I turned to home hopelessly. I continued to pray to my lord and went to one relative's home courageously and told all the problems that my sister had.”Allahamdillah or thanks to Allah”, the individual visited her and immediately took her to clinic and enabled her to get all necessary treatments and covered all the expenses, then she recovered from illness through the good well of this individual”.

In line with this, Evans and Miguel (2005) said that household income / wealth level greatly influences human development outcomes. House-holds with lower income tend to be in difficulty to invest on health services because of constraints. Constraint of income is amongst major problems of orphans and orphans guardians' are more likely to face problems of health than non-orphans.

According to the in-depth interview with MCFCS staff and key informant interviews with government offices, unsolicited pregnancy and early birth are other problems that orphan female

adolescents are facing in the study area. In relation to this, one 18 years old female orphan child explained the issue as follows:

“I was urged to give birth when I was 15 years old because of unfortunate force I encountered being an orphan. Because of this, I suffered with uterus infection and suffered with psychological inferiority. Because of these incidents, the peers in the surrounding area hassle me with derogatory words or phrases which forced to drop out of school and stay at home”.

From the words mentioned above, we can understand that the orphan child has not only suffered from health problems but also from an emotional abuse that resulted in psychological inferiority and drop out of school. This adversely affects the emotional and the cognitive development of orphan children. Being a female orphan is seen as negatively life threatening aspect as an interviewee explained during the discussion.

During the interview held with guardians, they strongly pointed that caring and fostering in female orphan adolescent is one of the challenging responsibilities. They explained the reason that females are more susceptible to unwanted pregnancy and early give to birth which increases extra mouths to feed in dilapidated households. This finding is consistent with the findings of Fasika (2006). Key informants also added that sexual transactions are one of the health situations upsetting issues among female orphan children because of financial problems they are facing in the study areas. This in turn resulted in an exposure of them to HIV/AIDS infection.

Shelter Problems: As orphan children reported during the FGD sessions, shelter is a serious problem in which orphan children are facing when their parents have passed away. After their

parents' death, they are challenged to pay house rents and go to street when they are unable to pay the house rents. Because of their exposure in living in the streets, they are suffering from different disease, susceptible to sexual abuse and rape. On the other hand, the OVC guideline of MOWA and HAPCO (2010) outlined that orphan and vulnerable children have the right to stay in a safe shelter within their communities with basic service facilities such as toilet, water etc. This shelter provisions should be provided by linking children with kebele and sponsors/fosters, caretakers and ensure that the shelter is safe i.e., has walls, a roof, windows, latrine and close to water source and is clean and free from risk of any abuse and violation of child's rights.

During semi-structured interview, a child explained about his shelter challenge of day to day experience via his words.

“I don't have beddings to tell about. I bring out local mattress and spread it on the floor to sleep on. I cover it with worn-out sheet. I use my guardian's sheet as a blanket because I have no alternative. It is all suffering. What can I do? Because of the coldness, I am always suffering from consistent illness”.

4.5. Major Factors that Impede Care and Support Service Provisions of Orphan Children

As key informant interview participants revealed that in many of service provider organizations the management practices dealt with governance structure, leadership, decision making, organizational culture and information systems and reporting lacked clarity. To this end, organizational structures as well as lines of communication, authority and responsibility are not clear, staffs are not clear about roles, responsibilities and positions within the organizational structure. Staffs are not fully involved in defining organization's purpose.

The external relations capacity areas components such as networking and strategic partnering, advocacy, fundraising and financial sustainability are major areas in provision of effective and successful services. As per in-depth interview done with MCFCS staffs most NGOs lack the skills and experiences in linking and networking with other NGOs and associations to address the needs and concerns of orphan children. In relation to this, there is overlap of services to targets due to ineffective coordination with other organizations. Organizations need to strengthen their collaboration and networking with government and other relevant organizations to share resources and deliver programs effectively.

It is imperative that Project Design and Management consider the process from the initial stages of problem identification, planning, implementation, monitoring and evaluation and ensuring sustainability. However, the in-depth interview discussion with MCFCS staffs indicated that project design, decision and advocacy is not supported by research and is mostly based on donor interest. Innovative strategies are not used during project design. No comprehensive organizational annual plan. Hence not all tasks have deadlines and plans are not regularly reviewed. In addition, key informants' information supported this idea by stating that organizations' have no organized monitoring and evaluation system as a result no regular monitoring data collection and regular monitoring and evaluation is conducted. Organizations also lacked to have sound and clearly defined fund raising strategies to ensure sustainability of fund sources. To this end, sustainability is not considered during project design.

Although Human Resource Management deals with human resource planning, staff management and personnel policies, qualitative findings indicated that organizations lack skilled manpower, staff leave the organization in search of better payment and due to short term employment contract, staffs' work is not adequately and regularly monitored and as a result required technical

support is not provided on time. Due to all these and other reasons service provisions to needy communities is highly hampered.

Finally, as all the study participants noted that all service providing organizations have no adequate budgets and resources while the study areas are highly overwhelmed by complicated problems and challenges due to the fact that proximity to bus stations and being the largest market in Ethiopia,

4.6 Sex Differences in Facing Challenges

According to orphan children and guardians FGD participants, in the study areas children under the care of poverty stricken, women headed households and elderly headed households are particularly found to be vulnerable to various challenges. They were frequently forced to leave school in order to engage in productive activities to raise income for sustaining the household. Similarly, children especially girls who had lost both parents are at increased risk of early sexual abuse. From this one can comprehend that in the study areas from two sexes, female orphan children are facing major challenges as compared to their counterpart males.

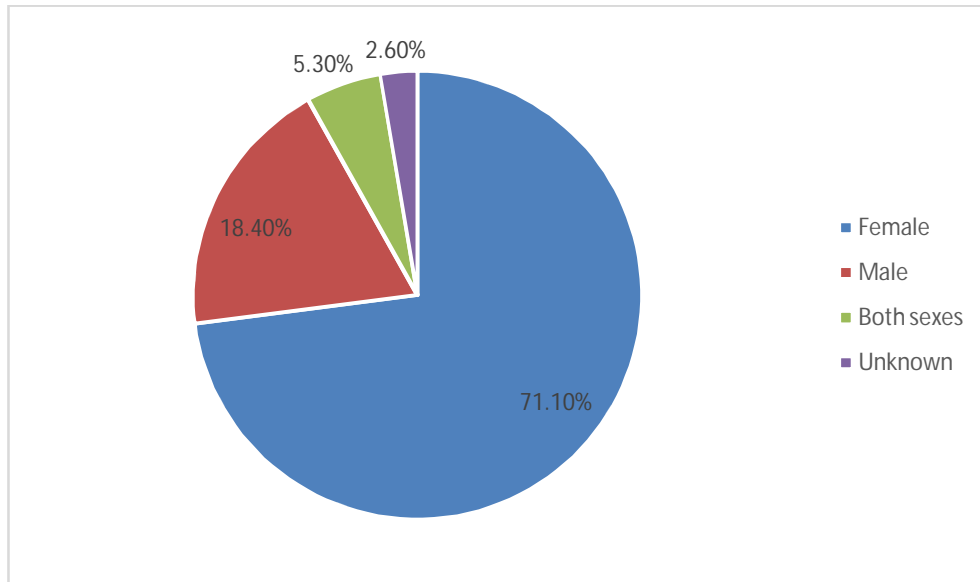


Figure 3: Responses Provided by Orphans' Guardians on Challenges of Sex Categories

As presented on the chart (Fig. 3), for the question ‘which sex categories of orphan children are facing challenges more?’, 71.1%, 18.4% and 5.3% of the orphan guardians described that females, males and both sexes are facing challenges more, respectively, whereas 2.6% of them responded that they don’t know.

Therefore, one can simply comprehend that the gender role has played a significant role in experiencing challenges to sexes and is widely spread in the study area. That is why, investigation indicated gender difference among orphans on psychological distress and challenges as critical issue (Dahlback, 2008).

As per the key informant and in-depth interviews information, due to the multifaceted challenges and problems male orphan children are in the forefront to be engaged in different unwanted behaviors such as criminal acts, thefts , addiction to drug abuse and alcoholism. Similarly, (Gutman, et al. 2010) concluded that boys are more likely to externalize their behaviors by acting

up, whereas girls tend to internalize their problems, leading to depression, anxiety and other psychological problems.

4.7. Roles and Responses of Various Stakeholders on the orphan challenges in the area

Coordinated care that augments and coordinates a child-focused process, existing services and child-wellness handling through advocacy, communication, education, identification of needs and referral to services plays a great roles in addressing the challenges faced by orphan children. This involves planning, care for a child or family, monitoring and making adjustment to the combination of services when needed. Coordinated care requires linkages with all sectors to ensure the appropriate mix of services for program beneficiaries (Radeny, S. and Bunkers, K. 2009).

Coordinated care is selected to be the overall guiding principle through which services would be delivered in an integrated manner to reduce duplication of efforts, fill service gaps, increase service coverage and program efficiency & effectiveness. In order to deliver quality services to OVC, coordination should occur at all levels, not just at service delivery point. Coordination of care is the critical integrative activity that assures that services have the desired impact.

In the interview session under the qualitative study, participants explained that the use of existing structures like community based organizations (CBOs) has helped the orphan children to have a right in getting their basic needs and property administration as ratified in the convention of the child right. The key informant interview participants from government offices have appreciated CBOs roles in supporting orphans by saying that using indigenous knowledge and existing structures and systems have been helpful as it's easy for sustainability. One of the In-depth interview participants (MCFCS Manager) further explained the communities' contribution as follows:

“People know what they want, but the channels for OVC households to voice their views are minimized. The way their voices are captured is where the challenge lies and it is what is needed to be done that the vulnerability in the OVC and community will be reduced because development cannot come from outside. The community has to appreciate their challenges and come up with action plans in their own means and ability and this has to be integrated into government plans but it should start from the bottom”.

The above quote shows that community projects are benefitting the OVC households but NGOs are avoiding using the strategy because of sustainability challenges. There is a need to plan for sustainability right from inception of the project such that community projects can improve child-wellbeing among OVC households and reduce their vulnerability.

As per the information gained through interviews from the orphan children’ guardians it was disclosed that households affected by serious death and orphan hood need help from external sources to ensure that the developmental needs of children are met and maintained. Government hands should be stretched to orphan children’s constraints especially so as to address shelter problems but many households are not accessing the government support benefits to which they are eligible.

Furthermore, from government offices stressed that economic challenges are the major root causes for intensification of other social and psychological problems and challenges of orphan children in the study areas. All the respondents pointed out that the recurrent inflation rate intensified the prevalence of socio-economic challenges of the poor in general and orphan

children in particular in the study areas. Because of all these challenges of orphan children, CBOs and NGOs are on the forefront to provide care and support in collaboration with communities, government and funding agencies.

Concerning about care and support provisions to orphans, the key informant respondents increasingly explained that they are providing various types of services which include education material supports, psychosocial support, life skill, health education, legal protection education and school enrollment. However, as all of qualitative study participants from MCFCS and government offices underlined, care and supports provided to orphans are not that much adequate and do not solve the prevailing problems.

During interview sessions participants from MCFCS and government offices further confirmed that community based organizations are initially established for the sake of funeral activities. However, now a day's an overwhelming and complicated problem and interwoven challenges among the communities urged them to revise their by-laws and they stretched their efforts to developmental activities apart from funeral activities. Among their efforts, identifying and prioritizing challenges and gaps of orphans, planning to provide care and support can be mentioned as a major one. However, such activities are not done in a regular manner may be due to their voluntary works, lack of skills and limitation of resources.

Concerning about the efforts and roles of stakeholders (CBOs, NGOs & government offices), interviews and FGDs with orphan children and guardians identified that mobilizing the local communities and resources, collaborating with non-government organizations, private sectors, government offices and local celebrities should be the major actions in order to reduce the pervasive challenges and problems of orphan children. Similarly, UNAIDS (2002) underlined that community based organizations can play a vital role in providing information, mobilizing

the local resources to reduce challenges and to meet needs of orphan children. However, as compared to great magnitude and pervasive nature of problems in the study areas, the response from the concerned stakeholders are still very limited as per the information obtained from orphan and guardians through various data collection tools.

International non-government organizations are also imparting the capacities of local NGOs and CBOs so as to direct their efforts against socio-economic challenges of orphan children, said respondents from MCFCS for this study. Sensitizing the communities and raising awareness about the existing problems among the concerned bodies are efforts that are undertaken by CBOs and NGOs to address the challenges of orphan children.

For the roles of CBOs, government offices and NGOs in reducing socio-economic challenges of orphan children, qualitative and quantitative study participants reported roles such as identification of problems and gaps, prioritizing and planning to provide services to target groups without bias, developing the projects to potential funding agencies and communicating them for better of orphans' life and making networks and partnership building so as to ensure sustainable development actions.

In sum, the roles of stakeholders against challenges and problems of orphan children are strategized as follows based on information obtained from both qualitative and quantitative methods.

Awareness and advocacy as a strategy to reduce vulnerability and challenges of Orphans Children.

The study participants mentioned that awareness creation/advocacy as a strategy used to enhance child wellbeing among OVC households has shed light on plight of orphan children and their households. NGOs use it to report and support social inquiries by strengthening the communities

to report the cases of child abuse. NGOs have used awareness through radios and television giggles, provided counseling, psychosocial support, offered training in different areas, and enforced communities to demand for rights of children and policy. Awareness creation and advocacy as a strategy mainly sensitizes the community on their challenges and mobilizing them to stand against the injustices that violate their rights. According to the MCFCS staff interviewed, awareness creation has created the community that is responsible to protect children from harmful practices and abuse. According to UNICEF-UNAIDS framework, one of the key strategies stipulated is to raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by various challenges (Moser, 1998).

Income Generating Activities to reduce economic vulnerability Orphan children

NGOs can use this strategy to promote income generating activities and projects for orphans and vulnerable children households such that these households can be able to support the orphan and vulnerable children in promoting their wellbeing.

According to orphan children and guardians interviewed, they praised the family IGA strategy and said by their records, children in these households can able to go to school, get enough food, clothing as parents become able to support them. However, such schemes are ignored by NGOs especially by MCFCS in the study areas so as to address the prevailing challenges and problems of orphan children. The orphan children were asked on the use of family IGA as a strategy and all of them said that it is very important in helping one to leave vulnerability and poverty.

Community Projects as a Strategy for reducing vulnerability among Orphan children

The discussion with study participants and findings indicate that community projects can enhance the wellbeing of orphan children by starting recreation facilities in the form, playground for children, public libraries and community clinics. The community outreaches like VCT/HCT, immunization and de-worming have helped all children to receive services including the orphan children. However, as per the study participants such community projects are not overwhelming in the study areas and hygiene and sanitation education is very limited as compared to the areas being a slum surrounded by the bus terminal. The study participants especially orphan children and guardians were happy with the community projects but all MCFCS staffs in the study said community projects are challenging because the community does not want to contribute.

Partnerships, Networking and Collaboration as a strategy for reducing vulnerability of Orphan children

Partnership improves the service delivery through networking and NGOs refer their beneficiaries to other NGOs or government for continued service or new services to bridge the service gap. However, as per the key informant interview participants there is a need to strengthen partnership, coordination, and networking and to improve and strengthen monitoring and evaluation to establish outputs, outcomes and impact and know the processes.

In relation to partnership (Moser, 1998) identified challenges in effective and response to orphan and vulnerable children as limited awareness of available services, national government in partnership with international agencies and other stakeholders to know what is being done and what remains to be done to satisfy the rights of orphans and vulnerable children and ensure their wellbeing .

Respondents from the focus group discussion said that at this moment partnerships, networking and collaboration is very weak, and do less partnership making it hard to meet all the needs of orphan and vulnerable children households. In order to increase services for orphan children households therefore it's important to partner with other NGOs and government sectors, to have orphan children households' needs addressed holistically. This will enhance child wellbeing among these households hindered by poor programming of NGOs. But this should be in accordance with economic and social policies such that state and civil society implementation is balanced, know where it's appropriate and the responsibility of stakeholders taken into consideration such that there is harmony in service delivery. Work within the framework of the government because it is the legal responsibility of government to provide services to its people, as a duty bearer.

The government has to put in place frameworks and standards but their monitoring is not efficient hence need for collaboration to know who is doing what and avoiding duplication of services. Similarly, the UNAIDS (2002) has identified a basic support/framework of action for working with Orphans. It adopted the framework through a collaborative process with donors, UN agencies, foundations, NGOs, faith based organizations, academic and research institutions, and other civil society organizations and framework includes five key strategies:

- ❖ Strengthen the capacity of families by prolonging the lives of parents and providing economic, psychosocial, and other support.
- ❖ Mobilize and strengthen community-based responses to provide support to vulnerable households.
- ❖ Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration, and others.

- ❖ Ensure that governments protect the most vulnerable children through improved Policy and legislation and by channeling resources to communities.
- ❖ Raise awareness through advocacy and social mobilization to create a supportive environment (UNICEF, 2004).

Strengthening Orphan and Vulnerable Children Service Provision as a strategy for reducing Vulnerability

Orphan children and guardians interviewed raised that orphan children are not getting well organized services or some are met and their basic needs are not met yet. They also added that NGOs help a lot but they have a habit of delaying to give us what they promise. MCFCS staffs said that most of NGOs are in shortage of resources to meet and address the basic needs of orphan children.

It is imperative that there is no single intervention/strategy that is fit for orphan children intervention and joint strategies to suit a particular type and conditions of vulnerable children and their households is important especially in poverty stricken countries. Adato and Basset argued that “AIDS-affected families are diverse with respect to poverty level, education, and household structure, stage of illness progression ability to work, dependency ratios and access to assets. They argued for a mix of approaches rather than a single approach” (Adato and Bassett, 2009).

This is concluded by Okumu in her study that “The multidimensional nature of child poverty requires a multi-pronged approach in effectively tackling it” (Okumu, 2010). According to (Mushunje and Mafico, 2010) the traditional standardized support from government and NGOs may not respond because it assumes households require same services and concluded that support methods should continuously evolve and be responsive.

CHAPTER FIVE

5. Summary, Conclusion and Recommendations

5.1 Summary

The study has entirely focused to examine the intervention practice of MCFCS, benefits and the challenges of orphan children faced in the study areas. In order to realize the objectives of the study, the following research questions were formulated.

1. What are the intervention practices of MCFCS to address the needs of orphan children?
2. What are the benefits of orphan children from MCFCS?
3. What are the major challenges faced by orphan children?
4. What should be done to improve the intervention practices, and the benefits of orphan children in the project site?

Result of this study through qualitative and quantitative research methods showed the following findings.

The study findings showed that MCFCS is mostly working on the sponsorship funds and the interventions are practiced based on the interest of the donors but not on the needs of orphan children. The Standard Service Delivery Guidelines for orphan and vulnerable children developed by the MOWA and HAPCO (2010) proposed seven core service areas for orphan children, however the MCFCS' services don't considered the core services of the guidelines. Care and support services provided by MCFCS to orphan children are not adequate and did not consider the current living conditions. Moreover, they are not need based and timely. The study participants have also underlined the weakness of MCFCS on monitoring and supervision so as to understand the situations of orphan children while practicing care and support services.

The study found that 31.6% of grandparents especially grandmothers and 23.7% of guardians participated in caring orphan children. Concerning about the level of education of orphan guardians, the study found that majority (34.2%) of them are not educated; and the rest of them have attended education from primary education to secondary levels. Thus, most of the caregivers had low levels of education and engaged in economic activities tended to generate low incomes and daily labor, petty trade and bed rent became the major source of income for orphan children guardians in the study areas.

As far as the benefits from the intervention practices by MCFCS is concerned, some of the orphan children have benefited and got the employment opportunity after getting a vocational skill training like driving license. Orphan children who graduated from various university are supporting their siblings. Therefore, the education opportunity is one of the benefits that orphan children are getting from MCFCS intervention practices and this is an opportunity to ensure children's right to basic education as well. In addition, MCFCS has got the necessary capacity to mobilize the community and local resources for orphan children and vulnerable community. Economic empowerment and social network skills are very efficient for community support and vulnerable children households that MCFCS has learned from intervention practices.

The capacity building of MCFCS enabled institutional capacities in terms of facilitating the organization for preparing its organizational operating procedures for effective delivery of its programs as well as setting strategic directions. On the other hand, the organizational staff as well as volunteers are trained in a number of disciplines in order to enhance their skills with a focused approach so as to support orphan children and poor community. The organization has established a partnership with pertinent development non-governmental organizations and

concerned government organizations and has got the opportunity of capacity building initiatives from the partners as well.

Children and their guardians in the study areas are facing complicated economic hardships due to the capacity limitations of MCFCS in service provisions to address their needs which in turn contributed to other challenges and problems. Economic hardship has been identified as the prime factor for deterioration of livelihood status and intensification of other social challenges. Getting adequate food, inability to cover expenses for health care, schooling, clothing and shelter are identified as the major economic challenges in the study area. In addition to that, economically it is female orphan children that are the most disadvantaged groups.

The findings showed that psychological, shelter, social and economic problems became the major challenges that exacerbated in the study areas and orphan children facing. Data obtained through in-depth interview, FGDs and key informant interview substantiate that neglect, emotional and sexual abuses are the major challenges that orphan children are facing in the study areas. Apparently, female orphans are more and more likely disadvantaged as long as social challenges are concerned. Due to social, economic and psychological challenges and problems they are facing, orphan children especially males are in the forefront to involve in crime acts, socially unaccepted behaviors such as thefts, drug abuse and alcoholism and other addictions in the study areas. As the majority of respondents in this study replied, social challenges against orphan children are inflicted by local communities, neighbors, family members and guardians. Unsolicited pregnancy, giving birth early, inaccessibility to health services, frequent headaches, typhoid & typhus, diarrhea and others are frequently reported health problems of orphan children and female orphan children are more victims of these health problems in the study area as compared to their counterpart males.

Lack of clarities in organizational structure as well as lines of communication, authority and responsibility are identified as the major bottlenecks to service provisions to orphan children. Furthermore, inabilities in networking and strategic partnering, advocacy, fundraising and financial sustainability, weak monitoring and evaluation systems and poor human resources and project management systems became the major factors that impeded the effectiveness of services deliveries to orphan children.

5.2. Conclusion

Researches and studies reveal that orphan children in the sub-Saharan African countries including Ethiopia are confronted with various kinds of challenges and problems following the death of their biological parents.

The researcher was able to understand that orphan children are confronted with various challenges including orphan children as care-givers to younger siblings, facing economic problems in terms of interrupted school attendance or dropping out of school, inadequate diets, poor shelter and provision in their material needs, problems with property, psychological distress and abuse of orphan children in different forms of exploitation although, psycho-social support is an ongoing process of meeting children's physical, emotional, psychological, social, mental and spiritual needs, such activity is overlooked by the organization (MCFCS) in the study areas. The result of this study also showed that the majority of orphan children are under the psychological and social problems. Respecting orphan children's personality and self-esteem and providing care and support were suggested by all guardians as solutions to enhance the psychological wellbeing of these children. The study participants argued that poverty and lack of community awareness on the consequence of child abuses and exploitations are the underlying reasons for most of the problems. It is usually women and girls at the forefront to take over the cross-cutting

issues of orphans in the study area. But this does not mean that men and boys are reluctant enough to take care of orphans, instead the degree differs across the gender.

The study has also identified that influx of orphan-hood is resulting in child headed households and girls are over and over again on the frontline to assume the responsibility of siblings taking care and to be exposed to various abuses. For instance, in the study area female orphans are facing multifaceted socio-economic challenges in comparison with male orphan adolescents. Drop out of school, unsolicited pregnancy, overloaded house chores, sexual abuse are amongst the major challenges that female orphan adolescents are facing further than the loss of their parents. On the other hand, due to multifaceted challenges and problems male orphan children are involved in different behaviors such as criminal acts, thefts, drug abuse, addictions to alcoholism and other unwanted behaviors.

Although orphan children are facing the aforementioned and other challenges and problems, the researcher has learnt that most government and nongovernmental organizations activities were implemented in a purely top down manner without regarding the local realities; and in overlooking the needs and priorities of orphans and caregivers. Moreover, care and support to orphan children by the local government, NGO's, and CBO's were implemented without coordination and collaboration. Indeed, working on orphans without coordination is arguably neither effective nor sensible unless such activities are supported by policy changes that invite the community and harmonizes all stakeholders.

Finally, communities still have the inherent capacity to address the problems of orphan children regardless of the severe structural conditions (poverty, the impact of HIV and AIDS) that are straining traditional familial child-care practices.

5.3 Recommendations

Based on the major findings of the study, the following recommendations are made:

- Care and support service provisions to orphan children by MCFCS are not need based. Thus, taking into the local contexts, concerns and setting the care and support services on the priority needs of the orphan children is very crucial.
- MCFCS entirely depended on sponsor funds to support orphan children vis-à-vis pervasive challenges and problems of orphan hood in the study areas. Thus, the organization should opt for additional fund raising strategies to address the needs of orphan children and to ensure sustainability of service provision.
- The orphan children in the study areas face social and psychological problems; thus the organization may alternatively need to provide the psychosocial support services to address the problems and challenges of orphan children in the area.
- The community awareness on the challenges and problems of orphan children is very limited. Thus, the organization should give due attention for the arrangement of community awareness raising forums to address the prevailing challenges and problems.
- Shelter issue was identified as one of the major problems and challenges of orphan children in the study areas. Thus, concerned bodies and other stakeholders should give due attention for shelter issues which requires immediate intervention.
- The areas lacked playing grounds and other recreational services. Because of this, most of the orphan children in the area are engaged in anti-social behaviors; therefore, special attention should be given to this issue from concerned government bodies and stakeholders.

- Economic hardship became the major challenge for orphan children and their guardians. Thus, there should be an effort to arrange family economic strengthening initiatives or income generating schemes.
- Integrated coordination, networking and partnership among service providers are very weak in the study areas. They need to be in place for adequate, quality and sustainable services.
- The organization need to give emphasis to establish monitoring and evaluation system for effective and timely service delivery for orphan children.

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Annexes

APPENDX A: Questionnaires for Orphan Children

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES, DEPARTEMENT OF
SPECIAL NEEDS EDUCATION

Dear respondents,

The purpose of these questionnaires is to gather information for a research study on the intervention practices, benefits and challenges of orphans and vulnerable children with MCFCS. I am going to ask you some very personal questions. I am not going to *tell* to anyone about what you tell me or answer me. Your name will not be written on this form, and will never be used in connection with the information you gave me. Your honest answers to these questions will help us better understand about the intervention practices, benefits and challenges of orphans and vulnerable children.

Thank you for the willingness to respond to the questionnaires.

Part I: Respondents Background Characteristics

1. Age: _____
2. Sex: A) Male B) Female
3. Religion: A) Christian B) Muslim C) Others, please specify_____.
4. What is your level of education?
A) Grade 1- 4 B) Grade 5-8 C) Grade 9-12 D) If others, please specify_____.
5. Where do you attend your Education?
A) Government school B) public school C) private school
D) If others, please specify _____

Family Condition

6. With whom are you living currently?

- A) Uncle B) Aunt C) Grand Mother D) Grand Father
E) Neighbor F) Brother G) Sister

7. What is the source of your care giver / guardian?

- A) Daily labour B) Petty trade C) Pension D) Bed E) if other, specify_____

8. On what type of jobs or chores you participate at home?

- A) Keeping children
B) House activities (preparing food, fetching water, washing clothes, cleaning houses, etc).
C) Don't participate in any
D) Other, please specify,_____

9. Do you know an orphan who is mistreated by his/her caregiver? A) Yes B). No

Care and support related Questionnaires

10. What types of care and supports provided by MCFCS to orphan children mainly?

- Education materials support
Medical expense coverage
Monthly financial support
Vocational skills training
Psycho-social support
If other, specify

11. Is the support provided by MCFCS to the orphan children are adequate?

- A) Yes B) No C) Don't know

12. What are the priority areas of the orphan children which are not addressed by MCFCS?

- A) Child protection B) Food and nutrition C) Educational opportunity D)Family IGA
E) Medical expense coverage F)Psycho-social support

13. Are Care and supports by MCFCS to orphans are need based?
A) Yes B) No C) Don't know

Benefits from the intervention practices

14. Have MCFCS intervention practices benefited orphan children?
A) Yes B) No C) Don't know

15. From which intervention practices of MCFCS, do orphan children benefited more?
A) Education support B) Medical expense coverage
C) Monthly financial support D) Vocational skills training
E) Self-confidence building F) Family income increment
G) Benefits in all H) not benefited at all

16. Do you think that orphan children face school dropout or low school attendances? If yes, what are the reasons?
A) Caring younger siblings B) Financial problem C) Health problem
D) Caregiver is not interested to send me to school
E) Other, please specify _____

17. How do you compare your school performance to the other non-orphan children?
A) Much better B) much worse C) Similar D) Slightly better E) don't know

18. Do you get supports from MCFCS timely? A) Yes B) No C) Don't know

Challenges

19. Do orphan children face challenges and problems after death of their parents?
A) Yes B) No C) Don't know

20. What are the major challenges faced by the orphan children in your locality?

- A) Educational material support B) Health care problems C) Shelter problems
D) Income problems E) Psychological problems F) Social problems

21. Do you think children who lost their parents treated differently by the community you live around? A) Yes B) No C) Unknown

22. What are the major challenges /problems of orphan children who lost their parents are facing? _____

23. What do you suggest to eliminate or minimize the challenges/ problems of orphans who lost their parents? _____

27. Any other major comments you want to add, _____

End. Thank you very much in advance.

APPENDX- B-Questionnaires for Caregivers

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES, DEPARTEMENT OF
SPECIAL NEEDS EDUCATION

Dear respondents,

The purpose of these questionnaires is to gather information for a study on the intervention practices, benefits and challenges of orphans and vulnerable children with MCFCS. I am going to ask you some very personal questions. I am not going to talk to anyone about what you tell me or answer. Your name will not be written on this form, and will never be used in connection with the information you gave me. Your honest answers to these questions will help us better understand about the intervention practices, benefits and challenges of orphans and vulnerable children.

Thank you for the willingness to respond to the questionnaires.

Part I: Respondents Background Characteristics

1. Age:

A) Less than 30 years B) 31-40 years C) 41-50 years

D) 51-60 years E) Above 61 years

2. Sex: A) Male B) Female

3. Religion:

A) Christen B) Muslim C) Protestant D) others, please specify _____

4. What is your level of education? A) Grade 1- 4 B) Grade 5- 8 C) Grade 9-12

D) Above grade 12 E) Reading and Writing F) Illiterate

5. Housing conditions:

A) Owned/ private house C) Rented Private house

B) Rented government house D) Others, please specify _____

Part II: Care and Support

6. What are the major needs that the orphan children want to get? *Tick*
- A) Financial B) Medical C) Psychological
D) Material E) Training F) School/education support
G) If other, please specify
7. What types of care and supports are provided by MCFCS to orphan children adequately?
- A) Education materials support B) Medical expense coverage
C) Monthly financial support D) Vocational skills training
E) Psycho-social support F) All
8. Are the supports provided by MCFCS to the orphan children are adequate?
- A) Yes B) No C) Don't know
9. What are the priority areas of orphan children that are not addressed by MCFCS?
- A) Child protection B) Food and nutrition C) Educational opportunity D) Family IGA
E) Medical expense coverage F) Psycho-social support
10. Are the care and supports provided by MCFCS to the orphan children are need based?
- A) Yes B) No C) Don't know
11. Did the child dropped out of the school? A) Yes B) No
12. If your answer for question No. 11 is "yes", what was the reason?
- A) Caring his/her/ their siblings B) Health problem C) Financial problem
D) Others, please specify _____
13. Of the two sexes, which sex is more vulnerable to challenges and problems in this area?
- A) Males B) Females C) Both sexes D) Do not know
14. If the answer for question 13 is female, what are the reasons behind?
- A) Shelter problem B) Environmental situation
C) Attitude of the community D) Complexity of problems in the area

15. Have orphan children benefited from the intervention practices of from MCFCS?
A) Yes B) No C) Don't know
16. From which MCFCS' intervention practices the orphan children are benefited more?
A) Educational opportunity B) Skills Training C) Household income improvement
D) Monthly subsidy E) Medication fee coverage F) Self - Confidence building
G) No benefits at all H) all kinds of support
17. Have orphan children faced challenges and problems after the death of their parents?
A) Yes B) No C) Don't know
18. What are the major challenges faced by orphaned children in your locality?
A) Education materials support problems B)Health problems C)Shelter problem
D) Income problems E) Psychological problems F) Social problems
19. What do you suggest to eliminate or minimize the challenges/ problems of orphan children?–

20. Would you mention major needs or priorities that NGOs intervention practices did not address? _____
22. What are the major factors that hinder orphan children not to get the required services? _____

Thank you very much in advance.

APPENDX- C: Interview Guide for Orphan Guardians

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES, DEPARTEMENT OF
SPECIAL NEEDS EDUCATION

Part: I Personal Information

1. Age: _____

2. Sex: _____

3. Educational status _____

Part II: Care and Support related questions

4. What is your relation to the child?

5. What are the major challenges faced by orphans?

7. What kind of supports that your orphans get from MCFCS?

8. Do the supports from MCFCS help you to alleviate the needs and constraints of orphan children?

9. What are the major needs/priorities of orphan children that are not yet addressed by the service provider?

10. What do you suggest about the possible solutions to solve the challenges/problems of orphan children?

From the Government, Community, the NGOs, CBOs, Idir, FBOs, etc. for the orphan Children

Thank you for your Cooperation!!!

APPENDX- D: Interview Guidelines for Representatives of government stakeholders
ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES, DEPARTEMENT OF SPECIAL
NEEDS EDUCATION

Part: I Personal Information

1. Sex:_____
2. How long is your services in working with orphan children?_____
3. What is your educational status? _____
4. What is your position in the organization?_____

Part II: Questions Related to Intervention practices, benefits and Challenges

1. What are the major challenges/problems that orphan children faced in their day- to- day lives?
2. From the orphan children, which sex is more vulnerable to challenges and problems? Why?
3. What do you think, which major factors hinder the service deliveries not to be effective for orphan children?
4. Do you believe that orphan children have major problems in the community? If yes, please mention.
5. What do you suggest to solve the problems of orphan children?
6. How do you explain the support from NGOs in general and MCFCS in particular to solve the problems of orphan children in the area?
7. Which are the major needs/priorities of orphan children you think not addressed by service providers in your locality?
8. What do you suggest to solve the problems and challenges of orphan children from:
 - ✓ The caregivers,
 - ✓ The community,
 - ✓ The government and
 - ✓ Other non-governmental organizations to solve the problems and challenges of orphan children?
9. Any other general comments about orphan children care and supports

Thank you for kind cooperation!!!

APPENDX- E: Interview Guidelines for Representatives of MCFCS

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES, DEPARTEMENT OF
SPECIAL NEEDSEDCATION

Part: I Personal Information

1. Sex: _____
2. What is your educational status? _____
3. What is your job title? _____
4. How long is your experience in working with orphan children (years) _____

Part II: Questions Related to Intervention practices, benefits and Challenges

1. What are the major problems that children who lost their parents encounter in their day-to-day life?
2. Which sex of orphan children is more vulnerable? Why?
3. What are the impacts of orphan children who lost their parents on extended family, community and the country in general?
4. What do you think are the benefits of orphan children getting from service providers in this area? What area the benefits that OC are getting from the service providers....?
5. Do you believe that guardians or caregivers mistreat these orphan children differently from their own biological children?
6. What type of supports are you providing for children under your organization?
7. What type of supports do you give for those OC who lost their parents?
8. What are the major challenges of the organization that hinder in supporting orphan children?
9. What do you think are the major needs and concerns of orphan children not yet addressed by service providers (MCFCS) in this area?
10. What do you suggest the role of the caregivers, community, government and other non-governmental organizations to solve the problems and needs of orphan children?

Thank you for your kind cooperation!!!

APPENDX F - Focus Group Discussion Guidelines for Guardians and Orphan Children

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES, DEPARTEMENT OF
SPECIAL NEEDS EDUCATION

Introduction

1. How do you explain the intervention practices of MCFCS in addressing the needs of orphan children?
2. What are major problems and challenges of children who lost their parents in this area?
In relation to:
 - ✓ Shelter
 - ✓ Education
 - ✓ Health
 - ✓ Legal
 - ✓ Psychosocial and life skills
 - ✓ Livelihood
 - ✓ Behavior
3. Of two sexes which sex of orphan children is more vulnerable to challenges in your areas? What are the reasons?
4. What are the major benefits that you got from MCFCS intervention practices?
5. What type of care and support services available in MCFCS for Orphan children?
6. What do you think are major needs of orphan children not yet addressed by MCFCS intervention practices?
7. What do you suggest for overall improvement of life situations of orphan children?

Thank you!!!

APPENDIX G-- Checklist for observation

Orphan house observation

1. Shelter condition

	Shelter condition	Yes	No
1	Safe		
2	Walls,		
3	a roof and windows		
4	Latrine		
5	Close to water source		
6	Clean and free from risk any abuse		

2. House facilities

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

Declaration

I, the undersigned, declare that this thesis is my original work and hasn't been submitted for a degree in this or any other university and that all the sources used in this study has been properly acknowledged.

Name _____

Signature _____

Date _____

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

Name _____

Signature _____

Date _____