THE NEED TO STRENGTHEN THE LINK BETWEEN FORMAL AND INFORMAL COMMUNITY CAREGIVING FOR AIDS ORPHANS

Kassaw Asmare

Advisor: Professor Nathan Linsk

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Graduate School of social work, Addis Ababa University

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ACRONYMS

CHAD-ET- Children Aid Ethiopia

CSA– Central Statistical Authority

E.C. – Ethiopian Calendar

FGD – Focus Group Discussion

LSABO – Labor and Social Affairs Branch Office

MoH – Ministry of Health

MoLSA- Ministry of Labor and Social Affairs

UNAIDS – The joint United Nations Programs on HIV/AIDS

UNICEF – United Nations Children's Fund

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Kassaw Asmare

Abstract

The informal community support system has been significantly contributing to the care provisions of vulnerable members of many communities. Its contribution however has not been well recognized. Creating and/or strengthening the link between the formal and informal community support systems could give a new fertile ground in the delivery of services for AIDS orphans and other vulnerable children. Creating the link and strengthening it would help to properly utilize resources including community structures and make services easily accessible to those in greatest need. By doing so, it is possible to support resource deficient communities and particularly orphans thereby creating an environment (habitat) that is conducive for their development. For the proper development of children resourceful social and physical environment is not sufficient. Children should also assume roles and statuses (niche) congruent to their age.

Through process evaluation and a combination of qualitative data collection methods, and instruments designed to respond to the research objectives, an effort is made to describe the link created between the formal and informal caregiving, the benefit of creating the link and the trends in kinship caregiving. The nature of relationship created between surrogate parents and children is also described. Discussions are made based on the findings, the theoretical frameworks, literatures reviewed and based on the researcher's critical view of specific issue. Finally recommendations are made based on the findings of the research.

CHAPTER ONE

1. 1 Background

“The Children of any nation are its future. A country, a movement, a people that does not value its youth and children does not deserve its future." Oliver Tambo

Even though Ethiopia ratified the convention on the rights of the child in 1991, the situation of children is increasingly deteriorating. Not only the UN convention but also the 1994 constitution of the FDRE gives the impression that children are to be kept in the safest situation, their needs fulfilled and their rights respected. On the contrary, the situation of children is worsening. Innocent children are facing social discrimination, malnutrition, illiteracy, epidemics, street life, physical and sexual abuse, beggary etc. let alone creating situations for children to enable their potential free from any exploitation (Gobena, 1994). The prevalence and intensification of HIV/AIDS has resulted in (and is resulting) more devastating physical, social, economic, psychological and cultural impact on children. Public commitment is yet far from dependable.

Societies have their own means of managing crisis faced by its members since time immemorial. They have been supporting each other in times of difficulties such as during impoverishment or loss of property, sickness and death of the most important member(s) of the family, family breakdown, physical and/or emotional disability and distress. In many instances the traditional community support systems (informal kinship care) go beyond the nuclear and extended families in serving this purpose by providing material, physical and emotional support to the victim and/or to his/her family. These traditional community support systems sound effective and cheaper, in fact with their own limitations. Orphans (and other

vulnerable members of the community) get the support within their own community without leaving their close relatives behind and without suffering the negative consequences of displacement, and without facing the challenges of adaptation and adjustment to the new cultural and physical environment (Crosson, 2002). This gives them the opportunity of minimizing costs of adjustment to the new physical and social environment.

There could be as many reasons as to why people help others and form traditional forms of community support systems. One of the motives for supporting others like adopting children could be associated with the economic activity of the host family where children are considered as potential labor forces. Farming families could be very good examples. There is also a desire to support others out of emotional attachment and helping heart (a sense of humanity) of individuals or groups. This sometimes goes to the extent of considering adopted children as their natural offspring and entitled to heir family property (Beckstrom, 1972). Supporting members of the community could also be taken as a communal responsibility especially among traditional communities who lead communal way of life.

Children are among the most vulnerable members of any society, who always need for the physical, social and emotional support of adults primarily of their parents. During the absence of these parental responsibilities due to dysfunctioning of families mainly as a result of death or serious illness, there is a need for surrogate (substitute) parents preferably under the existing community support systems. However overtime, these mechanisms of traditional community support systems are weakening or negatively affected due to manmade or natural factors. There are times and situations where the capacity of societies to overcome such difficulties are significantly eroded. Natural and man-made factors have greatly contributed in negatively affecting the traditional community support systems. The poor socio-economic

situations of the local communities erode the functionality of these community support systems. With the rise of sense of individualism in the human behavior for various reasons, communal responsibility of caring for its members who can't support and care for themselves is weakening if not totally extinct. The widespread of poverty among the community, economic motives and personal development plans could be some of the factors that contribute for the individualistic tendency. Furthermore, the problem of stigma and discrimination associated with the HIV virus could be taken as another challenge that sets an impediment for the care and support of orphans by relatives or other members of the community.

1.2 Introduction

Children are among the most vulnerable members of any society, who always need for the physical, social and emotional support of adults, primarily of their parents. During the absence of these parental responsibilities due to dysfunctioning of families mainly as a result of death or serious illness, there is a need for surrogate parents preferably within the existing community support systems.

Supporting one of the most vulnerable groups of children - orphans – is becoming a challenge particularly to poor nations like Ethiopia. One of the major social problems that the Ethiopian societies currently facing as a result of the intensification HIV/AIDS is the ever-increasing numbers of orphans

Beside the existence of these challenges, there are efforts to look for alternative ways of managing the problem of orphans within their own community that could be taken as best practices. The South Gondar Labor and Social Affairs Branch Office (LSABO), in the

Amhara Regional State, has been trying an alternative way of supporting children orphaned by HIV/AIDS. The office in consultation with all the civil servants in the zone introduced an idea of supporting HIV/AIDS orphans through the available traditional and informal structures and within their kinship ties as much as possible. To realize this, the office has organized discussion forum where 97% of civil servants and some employees of NGOs in the area have pledged to make an uninterrupted monthly financial contribution of 1-5 birr (Birara, 1997 Ethiopian Calendar). In addition to other activities, the office together with other representatives from different governmental organizations is made responsible for the administration of the monthly distribution of resource (money) to families who are caring for orphans. “Social workers” (who do not have social work training) and experts from the same office are also making the follow-up and guidance to surrogate parents to ensure the proper handling of these children (Key informant interview).

The selection of beneficiaries is made based on the set criteria by the LSABO. Among others, the selection criteria include:

- A child who have lost both of his biological parents
- As much as possible the child should be 13 years of age or less.
- Those infected with the virus are given priority etc.

Representative from the LSABO, the Kebele administration, religious leaders, community elders and representatives of residents participate in the selection process. In addition to the selection criteria, participants of the selection process make acceptance decisions based on applications received from those who need the support.

This study examines primary and secondary data which are collected using the methodologies described later on in this chapter. Very briefly the findings from the data

collected are given in the third chapter where further detailed discussion and analysis of the data are presented under chapter four. Based on the findings of the research, conclusions and recommendations are made under the last chapter.

1.3 Problem Statement

In some sub-Saharan African countries, children who have been orphaned by AIDS comprise half or more of all orphans nationally (USAIDS, UNICEF, UNAIDS, 2004). The same report indicates the total numbers of HIV/AIDS orphans in Ethiopia by the year 2004 were about 720,000.

Ethiopia is one among the least developed nations even in the Sub-Saharan Africa with an estimated total population of about 72 million by the year 2004 and about 78 million by the end of July 2006. In 2003 the total population of Ethiopia was 71,066,000 out of which children below the age of 14 constitute 43.2% and between the ages of 0 and 19 constitute 54% of the total population (2003, Central Statistical Authority). Severe poverty prevents families, the community and the nation at large from providing the basic necessities to the hopes of its future-the children. Even though Ethiopia ratified the convention on the rights of the child, it could not be able to provide for at least the basic necessities of its children. Serious violations of the rights of children are rampant in this country. They are victims of crimes such as sexual exploitation, physical and emotional abuse by adults. All these happened not only because of resource limitations, but also due to lack of proper attention and commitment to solve the problem by the government and the public at large.

The problem is aggravated by the increasing number of orphans due to the devastating impact of HIV and AIDS. Traditionally, strong community and extended family supports

have been playing important roles in raising children who have lost their parents. Even though there is no research in the areas showing the intensity and extent of the problem, it could be observed that this tradition has been degraded through time due to several reasons of which the intensification of poverty is probably the major one. Trying alternative means of supporting these children or reinstating and revitalizing the community support systems is inescapable.

1.4 Objectives

1.4.1 General

The general objective of this research is to examine or explore the overall situations of *niche and habitat (*see conceptual definition at chapter two) of HIV orphans that are being supported by the program under implementation by the South Gondar Labor and Social Affairs Branch Office.

1.4.2 Specific

- To describe the type of relationship that has been built between surrogate parents and orphan children;
- To examine the nature and impact of informal community caregiving method being utilized by the South Gondar Labor and Social Affairs Office to be taken as an alternative community support system and assess the potential to be replicated into other areas (with possible recommendations);

- To identify the challenges and strengths associated with the process of this method of community caregiving such as screening process, methods of follow-up and counseling, etc.;
- To assess the trends in kinship caregiving, the strengths and major challenges facing kinship networks.
- To examine the benefit of creating the link between the formal and informal community care provisions.

1.5 Research Methodology

This paper partially utilizes a kind of process evaluative method, which will focus on describing the formal and informal community caregiving for AIDS orphans which is under implementation at the time of data collection for this research, considering it as an alternative community support system.

1.5.1 Research Setting:

The study groups are found in Debre Tabor town, capital of South Gondar Administrative zone of the Amhara National Regional State. The town of Debre Tabor is located about 667 kilometers in the Northwest direction of Addis Ababa. The town is situated at 2797 meters above sea level with a total population of 62,892 (Bureau of Finance and Economic Development, 2005/6). The majority of residents of the town are engaged in petty trading for their survival. The same office also estimates that the per capita income of the population of the South Gondar Zone is about 732.5 birr. This Zone is one of the most HIV/AIDS affected Zones in the Amhara regional state.

The Zonal LSABO is the main initiator and implementing governmental agency of the program studied and is considered in this research as the formal community caregiving organization for AIDS orphans. The source of the financial support for AIDS orphans/their surrogate parents is voluntary contributions made by civil servants and some employees of NGOs in the town. This voluntary financial contribution is solicited and administered by this formal governmental agency (LSABO). Though there is established system of recording of financial contributions and reporting the progress of the activities to the contributors, it is not easy to categorize the contributors either as formal or informal. This is because that some elements of each are incorporated in the management of voluntary contributors. Most of them are working under the formal governmental agencies, make voluntary payments through the established system of recording, listening reports on the progress of the program are among the elements of the formal system incorporated in the management of voluntary contributors. There is no application of rules and regulations here. The very nature of voluntarism governs their motivation to make financial assistance, which is more informal.

Following the death of their biological parents, the informal community support systems (usually close relatives) absorb some of these orphans. In other words, beneficiaries of the program are placed in the family of their surrogate parents. LSABO utilizes the informal community structure to reach the beneficiaries and supplying the financial support. The office also makes the follow up of other children's performances in schools and other spheres of developmental activities. At the time of this research a total of 20 children are getting the support of the program.

1.5.2 Study Participants

Direct beneficiaries of the program and their surrogate parents are the major participants in this research. Employees of the LSABO who are directly involved in the program activities are also the other group of participants. Relevant data regarding the trends in kinship caregiving is also generated from community elders who lived in the area for several years. Medical Doctors working at Debre Tabor Hospital and other professionals in other offices also played role in providing relevant information.

1.5.3 Data Gathering tools

Mainly a combination of qualitative data collection and analysis methods were employed in this research. These include:

1.5.2.1. Administration of Questionnaires: Some selected sample of respondents of orphans and their corresponding surrogate parents were asked to respond to the administered semi-structured questionnaires. A total of 10 orphan children who are utilizing the project service and the same proportion of surrogate parents responded to the administered questionnaires. The children and surrogate parents constitute 50% of the total beneficiaries of the project. However all children above the age of 10 years are included in the study group indicating the remaining beneficiary children are below the age of 10 and were not among the planned respondents at the time of designing research considering their limited comprehending capacity in responding to the questionnaires. All the questionnaires are filled out with the help of the researcher.

1.5.2.2 Story Telling: Some children were asked to write their cases in their own way of expression. Their writing skills are limited and only three children came up with written cases.

1.5.2.3 Key Informant Interview: Two professionals/team leaders at the Zonal Labor and Social Affairs branch office who are directly working on the program are among the key informants. Two other key informants who are opinion leaders and believed to have good knowledge of the existing practice, the traditional community support system in the area and the trends at present are also interviewed. Two different sets of open-ended questions are used for this purpose. In addition, a fifth key informant interview was also held with the program officer of the EOC children and family affairs department.

1.5.2.4 Focus Group Discussion (FGD): FGDs with two groups of orphan children were conducted. One of the FGDs was conducted with orphan children but who are not getting similar services. Like the children who filled out the questionnaires with the help of the researcher, these groups of children are also above the age of 10 years. Each FGD had 6 and 8 member participants. Participants of the focus group discussion had some kind of acquaintance either in school or village/ neighborhood.

1.5.2.5 Observation: Observation was one of the tools utilized to generate data based on the observation checklist. Observation was made on verbal and non-verbal behaviors as well as on the surrogate parent-child interactions. Both the interview, the focus group discussion and other related activities gave the researcher an opportunity to observe the overall situations of children. Field note is taken at the time of all these activities. School performance report cards, bedding materials, clothing, interaction with playmates and other members of the family were observed.

1.5.3 Data Analysis Procedures

Based on the data gathering techniques utilized and the data generated, categories of themes are developed in a manner that enable to respond to the specific objectives of the research. Tables are used for each theme (with sub categories when required) to bring together all the data on the same theme. Then the write up of the findings is made based on the data generated under each theme. Discussions of each specific theme are made in a separate chapter based of the findings of the research.

1.6 Ethical Considerations

Like any other social science research this particular thesis basically involves human subjects and is very important to consider the underlying ethical principles. The main ethical principles as described under the Helsinki Declaration of 1975 will be utilized in this research (Mwanje, 2001, pp. 64-66). Particularly the following will be given greater emphasis. Selection of subjects was carried out free of biases and based on universally accepted sampling techniques. All participants are at or above the age of ten and there is no subjectivity in the selection of respondents. All subjects who involved in throughout the data collection process as an individual or members of groups were based on informed consent. The right of individuals or groups not to reveal any kind of information is respected. On the other hand the information obtained from subjects will be kept confidential and anonymous expression might be used as found appropriate particularly individuals subjects. Anonymity at the study community level does not seem necessary. I recognize the rights of the community to know about the findings of the research and its importance. However presentation of the findings may be dependent on the availability of funds to cover some minimum transportation and

accommodation expenses of the researcher to and from the research area. A copy of the document will be delivered to the concerned government office in the area.

Generally, necessary precautions will be taken to eliminate or at least minimize to the greatest extent possible any harm to the clients and to the study community enhancing the benefits on the other hand.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1. Conceptual Definitions

2.1.1 AIDS Orphans: UNAIDS, WHO and UNICEF defined AIDS Orphans as children under the age of 18 who have had at least one parent die. Children whose mothers have died are known as maternal orphans; children whose fathers have died are known as paternal orphans. Children who have lost both parents are double orphans (MoLSA, 2004, UNAIDS, 2004).

2.1.2 Niche: Hepworth, Rooney and Larsen indicate that the concept of niche in Ecological Theory is especially relevant to social workers and that of social work practice (2002). According to Hepworth et al, "niche refers to the statuses or roles occupied by members of the community. One of the tasks in the course of human maturation is to find one's niche in society, which is essential to achieving self-respect and a stable sense of identity" (p. 18). The same writers further said that this presumption indicates the existence of opportunities congruent with human needs in society. However vulnerable groups of the society lack such opportunities and may have difficulties in achieving their proper statuses/roles and self-respect.

2.1.3 Habitat: Similarly, Hepworth et al. explained the meaning of habitat in the ecological theory and its importance for social work practice. According to them, habitat in the case of humans refers to "the physical and social settings within a particular cultural context. When habitats are rich in resources for growth and development, human

beings tend to thrive" (p. 18). The reverse is true when habitats are deficient with resources. This further indicates an adverse effect on the on going functioning of members of the society who have no access to the resources and are not able to enjoy the benefits of these resources.

2.1.4 Informal community Caregiving: is system of service and care provision by members of a particular community for their vulnerable members who are related by blood or any other form of ties or social relationship with no or very little external resource support through their own established traditional structures. There is no formal recording of progresses and problems encountered. Both parties perceive caregiving usually in a more subtle manner. Sustained and long-term mutual benefits and emotional attachment are expected of the relationships as a result of informal caregiving.

2.2. Theoretical Framework

No single approach, practice model or theory is sufficiently comprehensive to adequately explain human problems as persons live in a broad array of situations and due to unpredictable nature of human behaviors. Similarly, no single practice model could be adequate in fully addressing and resolving human problems.

Child welfare is a very complex area of concern both in its scope and characters. A child could be removed temporarily from an abusive and neglectful family resulting from the failure of properly discharging parental responsibilities, considering the long-term consequences in the life of the child. In addition to temporary removal of the child for temporary solution, there is a need to protect him/her from harmful environmental influences (Walton, Sandau-Beckler & Mannes, 2001). This western notion of child protection is not

widely practiced in Ethiopia, a country where the miseries of children are widely tolerated. Children are exposed to street life, sexual exploitation, and other various forms of abuses and exploitation at home and outside. As a result most of these children suffer physical, psychological, emotional and health harms.

The dynamic interaction of children with their social and physical environment is by itself a learning and growing process held in achieving ones niche and mature adulthood. Attitudinal and emotional interactions help them achieve better adjustment in their environment. As the social and the physical environments determine the child's development, the unavailability of conducive environment hampers their development.

Since there is absence of theories explaining the specific behavior and nature of the problem of AIDS orphans, this study will be treated in the views of the available theoretical frameworks. Family System and Ecological/Person-in-environment are the two overall arching available theories more relevant to the development of AIDS orphans and are discussed in the next section.

2.2.1 Family System Theory

Every thing in this universe is linked to everything else.

John Muir

> *As you ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul… the whole…. Ought to be studied also: for the part can never be well unless the whole is well.*
>
> Plato, Charmides

Derived from systems theory, Family Systems Theory is an important paradigm in the assessment of family environment and treatment interventions. An individual is better understood in a family context rather than looking at him/her as a separate entity. In family systems theory concepts like structure, boundary, equilibrium, interaction, interdependence of parts, conflict, input and output etc. helps us to understand people individually and collectively. There is an interconnection, interdependence, and interrelationship among parts of the system (Walton et al, 2001). "The concept of family therapy evolved out of a recognition of the family as a system" (Walton et al, 2001, p. 70).

The following tenets of family systems theory identified by Carlos, Sperry, and Lewis cited in Walton et al (2001) are also very useful in understanding this theory and while considering its practical significance.

- The whole is greater than the sum of its parts.
- Individual parts of the system can be understood only within the context of the whole system.
- Traditional models of linear cause and effect are replaced by notions of circular, simultaneous, and reciprocal cause and effect.
- Change in one part of a social system will affect all other parts of that system.
- Systems tend to seek homeostasis, or equilibrium. This balance-seeking function serves to maintain stability and sometimes prevents change.
- Feedback mechanisms attempt to bring the family back into balance when a family is out of balance, or equilibrium.
- Interventions from an interpersonal/family systems perspective must focus on relationships within the entire family system rather than on one individual in the

family (that is on the identified patient (Walsh & McGraw cited in Walton et al, 2001, pp. 70-71)

"Families are generally viewed as open systems whose members enter and exist over time and thereby alter the boundaries of the family. Therefore most families are best understood from an intergenerational perspective of interlocking reciprocal and repetitive relationships" (Rodes cited in Walton et al, 2001, p. 71). For Bowen, cited in Walton et al, (2001), individual problems are not problems that exist independently but are "emotional tension related to fusion or differentiation of self within the family" (Walton et al, p. 71).

The emotional, social, physical, intellectual and moral capacities of children develop "not in a void, and not without conflict" within the family relationships. Many professions, including social work agree that "no child should be approached, assessed, treated, nursed, taught or corrected without parental influences taken in to account" (Goldstein et al, 1973 p. 10).

What happen to an individual or a child who joins a different family environment following the disruption of his original family for various reasons? How he/she negotiates his thoughts, feelings, values with the new family? Because no two families have the same features and characteristics as they have their own family history and develop their own family values, characteristics etc. over the life of the family that also have important role in shaping the behavior of its members. This theoretical framework has a gap in explaining these.

2.2.2 Ecological Systems Theory

"Our immediate environment affects us much more than we often realize."

Hawkins (2002, p.21)

As explained earlier under the conceptual definitions, niche and habitat are the two most important concepts of ecological theory. The ecological theory and its conceptual fit with "person-in-environment" perspective (Hepworth et al, 2002) is an important tool that enables social workers to look beyond the individual and the family. Ecological theory is a holistic approach of looking at the client and his/her environment. It also provides social workers with the possibility for intervention "at any point along a continuum" from micro through meso to macro levels (Walton et al, 2001). In the ecological perspective, social workers should focus on both in the person and situation or environment (Compton et al, 2005). However the choice of practice framework should depend on the kind of problem and the situation of the client.

Person-in-situation (the ecosystem) perspective emphasizes on the interaction between and among humans and their environment with the ultimate objective of "living socially productive life" (Compton et al, 2005). Here there is a "constant state of reciprocity" between and among humans and their social and physical environment, each affecting and influencing the other as individuals in their environment "engage in constant transaction". The objective of social work is "to promote social justice in order to expand opportunities for people to create appropriate niches for themselves" (Hepworth et al, 2002, p. 18).

Problems occur for individuals or groups where there is no fit (wrong fit) between needs and resources in their environment (Compton et al, 2005). As stated by the same authors social workers adopt this perspective "as they help people in addressing problems, needs, and aspirations with three social dimensions: (1) life transition, (2) the environment, and (3) obstacles that impede successful accomplishment of transitional and environmental tasks" (Germain & Gitterman cited in Compton et al, 2005, p. 7).

The holistic approach of ecological theory encompasses categories of functioning of not only biopsychosocial but also spiritual and cultural (Walton et al, 2001). This means that "clients are complex and multidimensional" and their treatment requires a holistic approach. "Just as a child can not be treated effectively in isolation from the family, in a similar manner, it is pointless to address only social or psychological issues without considering biological, cultural, and spiritual issues" (Walton et al, 2001, p. 76).

Heying, cited in Walton et al (2001), indicates that "social ecology" is composed of interdependent social systems that are organized at different levels such as the family, school, community and other institutions. In their "life model" Germain and Gitterman, cited in Walton et al (2001) explained ecological systems model as a framework that enable us to view people as constantly adapting to and interchange with the different components of the environment. Individuals within their environment grow and develop through the process of reciprocal adaptation. This reciprocal adaptation hampered when problem(s) happen to one or more of the components of the system. This results in the impairment of the proper functioning of the system and requires an intervention (Payne cited in Walton et al, 2001).

Environmental issues are very important for Garbarino (as quoted in Walton et al 2001) in child rearing practices.

> *Children who grow up wanting for food, for affection, for caring teachers, for good medical care, and for values consistent with intellectual progress and social competence grow up less well than those children who do not lack these things. Their absence places a child "at risk" for impaired development (p.77).*

Ecological systems theory also provides the foundation for the establishment and coordination of "system level support categories" to address multiple needs of clients. Though the focus of attention of social workers at policy changing level is important, "family support interventions" are also used in the enhancement and of "supportive networks" (Payne cited in Walton et al, 2001), which include hard and soft services, formal and informal support services. Soft services are services like counseling and skills training while hard services are concrete and tangible services.

2.3 Magnitude of the Problem

Africa has the highest incidence of HIV infection in the world. 95% of cases live in the developing world and of these 71% in sub-Saharan Africa (UNAIDS, 2002). In sub-Saharan Africa, Ethiopian is one among highly infected countries (MoLSA, 2003). One of the devastating consequences of HIV/AIDS is resulted in creating large numbers of AIDS orphans. About 14 million children under the age of 15 have lost one or both parents to AIDS and most of whom are found in sub-Saharan Africa. Children who have lost one or both parents to AIDS in Ethiopia are estimated to be one million in 2003 and this is projected to reach about 1.8 million by the year 2010. Furthermore, as estimated by the joint report of USAIDS, UNICEF and UNAIDS the percentage of AIDS orphans will raise to 43% from 15% in 2002 out of the total orphan population (MoLSA, 2003, 2004). Writers like Guest

have concerns on the statistical reliability especially in Africa though the situation and trends may not have significant difference. This concern is because in most African countries there is no birth and death registration. Many cases die of AIDS before they diagnosed due to the stigma surrounding the disease. Moreover statistical records of AIDS are poorly kept (2003).

A *survey on the Prevalence and characteristics of AIDS orphans in Ethiopia* indicates that the prevalence rates of AIDS orphans among the total child population in major cities, small towns and rural areas respectively are 14.69%, 16.67% and 14.77% (MoLSA, 2003). The same study revealed that there are different copying mechanisms for these orphaned children and these are categorized under four major categories.

1. Relying on members of the extended family and strangers' charity
2. Engage themselves in to different economic activities
3. Migrate into urban centers, and
4. Resorting to crime

Among children of AIDS orphans who live with relatives are living with those with meager income.

The problems faced by children as a result of actual loss or fear of losing parents are multi-faceted. The challenges and miseries of AIDS orphans start as early as they know the infection status of parents. They are pressed into caring for dying parents, dropout of school to help at farmland or housework. Not only their basic needs unmet, they are occupied with more responsibilities, denied opportunities and rights. The following excerpt from Ethiopia's National Plan of Action for Children best explains this situation.

> *The vulnerability of children orphaned by AIDS and that of their family starts well before the death of a parent, gets emotionally distressed, become care takers and bread winners and could be denied property inheritances. Death of parent(s) results in emotional trauma, rejection, stigmatization, and remain with little or no support. As the social support system is weak, they dropout of school early, end up in streets, anti-social activities, face exploitative situations (child labor) and abuse. Girls in particular engage in prostitution as they are biologically, socially and economically more vulnerable and marginalized (MoLSA, 2004, pp. 94-95).*

Following the death of their parents, AIDS orphans also face the problem of being expelled from their parents' homes (MoLSA, 2003) and denied other property rights. The same survey report further documented that many of the AIDS orphan families are characterized by illiteracy, low family income, little access to safe drinking water and malnutrition. "Securing daily food is the major problem for most children" and as a result are forced to beg. In addition to begging, they are also resorting to different coping mechanisms (some of which are unhealthy) such as working in bars and brothels, shoe shining, working as domestic servants, migrating to bigger towns and cities, theft and commercial sex work (MoLSA, 2004, p.24). The same document also indicated that only small proportions of NGOs are operating. This indicates that services to tackle the problem of these children are far from adequate.

The AIDS pandemic has also a very big impact on the progress achieved and performances of other programs aimed at ensuring the developmental needs of children (MoLSA, 2004).

2.4 Types of Child Placement Alternatives and limitations of the law

Biological parent, adoption, custody in divorce and separation, foster care and other temporary placements (Goldstein et al., 1973) are mostly known types of child placement alternatives. Usually child placement agencies, the legal system, the child and concerned families work together in making child placement decisions. However, the law and knowledge of prediction have their own limitations in adequately addressing the issue of child placement.

> *Child placement decision must take in to account the law's incapacity to supervise interpersonal relationships and the limits of knowledge to make long-range prediction. …While the law may claim to establish relationships, it can in fact do little more than give them recognition and provide an opportunity for them to develop*. (Goldstein et al., 1973, p. 49).

The law is also a very "crude instrument" designed to address general conditions, with difficulty to accommodate situations specific to individuals. The day-to-day activity behaviors are so complex for the law to successfully supervise. The law has the power "to destroy human relationships; but it does not have the power to compel them to develop…nor does it have the capacity to predict future events and needs" (Goldstein et al, 1973, p. 50).

With all its limitations the process of child placement decision-making needs the law. For social workers and other child placement workers, understanding these and other limitations of the law help to take the necessary precautions related to filling the gaps created as a result of the incapacity of the law, and "predictive value of knowledge on which judgments can be made" (Goldstein et al, 1973, p. 51).

2.5 Surrogate Parent-Child Relationship

"Continuity of relationship" is influenced by and influences the social and physical environment and other situations surrounding the child are crucial elements for the normal development of the child (Goldstein et al, 1973).

> *Physical, emotional, intellectual, social and moral growth does not happen without causing the child inevitable internal difficulties. The inevitability of all mental process during the period of development needs to be offset by stability and uninterrupted support from external sources. Smooth growth is arrested or disrupted when upheavals and changes in the external world are added to the internal ones* (Goldstein, 1973, p. 32).

He further identified the following patterns of relationships.

- The biological parent-child relationship:
- The psychological parent-child relationship
- The adoptive parent-child relationship
- The foster parent-child relationship, and
- The common-law adoptive parent-child relationship.

In the process of successful building of either surrogate parent-child or biological parent-child relationship, the fulfillment of *needs* is crucial. But what are needs? The concept of needs could be used differently depending on different contexts. However, the concept of needs we are referring to here generally mean, "…various conditions required for biopsychosocial survival" (Compton et al, 2005, p. 68). Tangible services to satisfy basic needs of humans such as food, clothing, water and shelter, human relationships through different contacts and social stimulation represent some of the human needs. The type and number of services needed "vary according to the conception, definition and measurement of needs" (Compton et al, 2005, p. 68). In the Abraham Maslow's hierarchy model, needs are

represented at different levels, indicating that all needs are not equally important at the same time. Prioritization of needs again vary according to the situation of the individual client. “Hungry enough, humans might well risk their safety, status, or reputation to secure food and water. Well-nourished people with access to basic resources could shift their attention to security and safety” (Compton et al, 2005).

2.6 Policy Issues

Every one does not look at social problems the same way. What is a problem for one may not be for the other. When there is shared value on the problem issue, then it is considered as a social problem. Having a shared value on the problem issue is quite important otherwise different problems may emerge when different values are applied to existing life conditions (Dobelstein, 2003). “Solving a problem for one person may create a problem for someone else with different values. In this case a problem may not be solved.” (p. 13). Public policies are therefore based on how the problem is understood. The existence of public policy may therefore indicate the existence of shared values on the problem issue. Though this may be true I also feel that the political will and the interests of the dominant political group surely dictate the enactment and implementation of any public policy with out necessarily having shared value of the larger public. The main purpose of having a policy is to resolving a problem(s) but the way the problem resolved is determined by how it is understood.

The issue of children has been one among the components of the Developmental Social Welfare Policy of Ethiopia since 1996. Otherwise there is no separate policy specific to children. Children in difficult circumstances would have been benefiting from policy protection. Unless special protection is given, OVC could not be able to benefit equally from

other public policies and programs such as the education and other policies. In the 1996 Developmental Social Welfare Policy the government's commitment is expressed as "this government is, in fact, committed, as much as possible, to ensure the welfare of especially the disabled, the elderly as well as that of orphaned and abandoned children" (MoLSA, 1996, p. 50). This policy has, as two of its three objectives, the "expansion of participatory developmental social welfare programs and services" and "rehabilitate members of society who are already suffering from various social problems…" (MoLSA, 1996, p. 65). One of the areas of focus of the policy on children is also to facilitate "conditions that will enable orphaned and abandoned children to get the assistance they need…" (MoLSA, 1996, p.68).

The government of Ethiopia has enacted a policy on HIV/AIDS in August 1998 aiming at creating an environment in the prevention and controlling of HIV/AIDS as part and parcel of the overall Health Policy. This policy has some provisions about AIDS Orphans. The policy as one of its objectives has the provision of institutional, home and community based health and psychosocial support for persons affected or infected with the virus (FDRE, 1998).

2.7 Summary

Concepts defined at the beginning of this chapter such as habitat and niche are crucially important in understanding the general objective of the study, and others the subject of the study (AIDS orphans) and the research in general.

The two theories as system theories have many things in common where ecological theory is broader in its scope and coverage encompassing the wider social and physical environment than the family system theory. In an environment where children are forced to leave their original family and placed to somewhere else, external resources are needed. The family

environment and its system is not enough in explaining this and ecological systems theory/persons-in-environment perspectives have additional explanations and resources.

The problem of orphan crisis became one of the major social problems in Ethiopia and even one among the worst of the most affected region of sub- Saharan Africa. Children are faced with severe problematic and life threatening situations even before the death of their HIV infected parents. Several researches show that creating supportive social networks helps to reduce the damaging effects of life stresses. The program under implementation has its unique features and hence the researcher never came across any similar program or process evaluation done before.

CHAPTER THREE

FINDINGS

Children in general are performing well in their relationships with surrogate parents, friends in schools and in the neighborhoods. They are also performing well in most of their developmental activities like attending schools. This does not mean that children are without problems. Detailed study definitely could come up with more detailed situations of children. However, there are some indications that individual children have their specific problems that need close follow up, counseling and guidance. Depending on the data collected, the following are the major findings.

3.1 Relationship, Association, Friendship and Intimacy:

The data generated from key informants (elderly persons) shows that there has been two ways of caring for orphans in the past. One way of support is that preferred close relative comes into the family of the deceased to care for the orphans and managing their parents' wealth. The other widely used way of handling the problem is that orphan children join one of the close relative families who has the capacity to provide the necessary care. In this case children are considered as assets to the new family as they are used as cattle herders and farmers at later ages. This extended family caregiving still continues though there are changes over time. These recent developments include migration of children to towns and as a result boys are exposed to working and living on the street and girls to sexual exploitation and other abusive situations.

An effort is made to find out the most important persons to the child on whom children depend most. Responding to the question ‘person you like or depend on most’ all respondent children said that they like or depend on most on their surrogate mothers in this case, mostly grandmothers followed by aunts. It may worth to note that female close relatives are significantly important in caring for their orphaned grandchildren or the deceased child of ones sister or brother. The major reasons identified by children who take part in the study for choosing surrogate parents as most dependable and loved ones are:

- Because they are primary caregivers, gives love as her own biological child and fulfill basic needs as much as possible and in fact within their capacity to do so;
- The first person to give care, support and encouragement in time of difficulties as a result of death of parents;
- Living in the same household before the death of parents help the child to develop emotional and familial relationship, intimacy and love;
- Primary caregiver and help the child to enroll in to school;
- Love each other;
- Give care while mother was sick, organize burial ceremony and subsequent care for the orphan following death of parents;

The second groups of persons on whom children depend on are different close relatives including siblings, uncles, aunts, and surrogate fathers. There is no single major category of close relatives that dominate others. However all children who have siblings living together with them said that their siblings are second most important following their surrogate mothers. Similarly, there is no single category of close relatives who are identified

by children as third and fourth group of persons on whom they depend on. Cousin, uncle, grandmother's sister, friends of grandmothers, aunt and godfather are identified as third and fourth level dependable persons. Neither the responses of all children are alike nor all of them respond to all levels of questions. In other words, persons identified as dependable are limited to one person for some while others able to identify three or more persons.

As children have asked for their ideas about persons on whom they depend on and love at different degrees, conversely they have asked for those whom they don't like. There is no as such serious dislike on different persons for most children participated in the study. Fifty per cent of respondents said that they don't have any dislike to any body. The rest have said that they have a limited dislike to one person and for very few cases for two or three persons. These persons who disliked by some children include classmate, neighbors, and aunts. The major reasons that made children dislike others are:

- Failure to provide the expected support and encouragement on the part of aunts;
- Insults like 'help seeker' and '*dikala'* (one who is born out of marriage) from a classmate and children in the neighborhood;
- One child said that some neighbors tell surrogate parents to send her out.

Peer groups influence and friendship are quite important in the behavioral and mental development of children. Study participants have asked for where they met their most important friend. Schools are found to be the most important places followed by neighborhoods for children to meet their most important friends. The choice of friends is not an arbitrary and accidental action, rather it is a calculated planned activity that is related with the benefit that could be acquired through the process of interaction. The value they put on

education and subsequent better academic performance, interest in their study and the advice and capacity to help a friend during study, close sitting arrangement in classrooms, going to and from school together, work in the same group during assignments and vegetable gardening are some of but most important reasons for many children to choose their friends. Getting protection against those who try to abuse them, playing together, sharing secrets are also important reasons in the choice of friends. Though this is the general picture summarized from the responses of children, there are individual differences in the selection of friends. One of the respondents has reported that she does not have an important friend. This is the girl who has reported that she dislikes a classmate who insults her. This might have an impact on the choice of a friend and limit their relationship with others.

Sharing ones secrets is an important component of life experiences in the lives of people. Children too carefully chose to whom they tell their secrets and make careful decisions on what kind of secret is to be told and to whom. Most children who have participated in the study said that they tell their secrets either to surrogate parents or to friends. Exceptions could be made to two children out of ten who never revealed or want to reveal their secrets to any one.

Unfortunately most of the children and their surrogate parents participated in this study could not indicate kinship network of children clearly, showing that these children don't have meaningful connection and network with their other relatives (other than surrogate parents). Very few of them have connection with aunts and uncles and get encouragement and support that contribute to the boosting of security and moral of children. Loose network is also created with business customers of surrogate parents, members of associations and agency staffs. Customers of '*tella'* and '*arak'i* (local drinks) buy some children exercise books and pens.

Though in most cases kinship networks are limited to few relatives, need to be cultivated and utilized, it still plays the most important role in the care and support of orphans. Most orphans placed in family of close relatives, mostly with grandmothers and aunts. It is quite important to note that female close relative line of kinship placement is widely used. Some children have filled emotional gaps of their grandparents created as a result of death of one of their parents, or absence of children in other families.

Many of surrogate parents are old aged and children fear that they might lose them before they attain maturity. In addition, they are currently unable to plan and work to generate sustainable income to support these orphaned children. Though grandparents are happy to care for their orphan grandchildren, they are tied with more and additional responsibilities at their age of retirement.

Most children have been settled in their current family before the program has started indicating a continuation of attachment between surrogate parents and children that has started before their placement. What the program basically does is adding to the very poor resource base of these families and linking the informal community support system with a formal one.

3.2 Knowledge of children on and explanation to the death of parents:

Though all children under this program and children who participated in this study are taken and recognized as double orphans of AIDS, the responses from children themselves show that most of them never openly say that their parents have died of AIDS. Only some have the courage to reveal that they have died of AIDS. Some of them go to the extent of giving different reason for the death of their parents. It is not possible to further identify why

they are not aware of the cause of death of their parents nor there is uniformity in their responses.

3.3 **Reasons for Caregiving**

Data was collected from both children and surrogate parents to see the reason why surrogate parents provide care for children. Orphan children being supported under this program have well-established psychological parent-child relationships and it is necessary to know the primary element that serves as the basis for this relationship. There are various explanations given by both children and surrogate parents as to what motivates or are the reasons for surrogate parents to provide care and support for children. Children's explanations include:

- Parents' "*adera*" to the current surrogate parents i.e. biological parents made the current surrogate parents to vow for caring for children before they die.
- Grandmothers consider children as a replacement for their deceased children
- Just to give help
- Because there is no other option and no where to go
- Because of being grandchildren and for spiritual value
- Because of love

Like children, surrogate parents also gave their explanation about the reason why they support these children. These explanations include:

- Death of parents of the child left him/her with out any other option;
- Grandparents' feeling of responsibility to care for their orphan grandchildren;

- Children's request to live with their current surrogate parents and they are not willing to live with others;
- The child has no other option, otherwise could be exposed to various problems including street life and the deadly disease HIV/AIDS;
- Future expectation of support from the child as she /he grows up and when surrogate parents get old;
- The long standing friendly relationship with the children's parents;
- Expecting support from the government;
- Just to support the child;

3.4 Child Placements and Duration of Residence

The duration of stay of children in their current family greatly vary. Duration of residence ranges between one and ten years where most of them have been in their current family for three and four years. Two exceptions exist i.e., these children have been in their current family since birth as their fathers remarried following the death of the mothers of these children.

Table 1: Sex, Current age and age at the time of placement of sample respondent children

Case No.	Current age	Age at placement	**Sex**	**Duration of stay in their current family**
1	12 yrs	2 yrs	F	10 years
2	11 yrs	11	M	3 weeks
3	11	8	M	3 years
4	13	11	F	4 years
5	15	Preschool	F	since early childhood
6	10	7	M	4 years
7	12	10 and half	F	$1^1/_2$ year
8	12	Unknown	M	immediately after birth (live with stepmother)
9	12	Preschool	F	4 years
10	12	5	F	7 years

LSABO may intervene in when situations in families, which are providing care, are not conducive for the development of the child. The measures taken by the office may include creating access to education, trying to strengthen economic capacity of families and help placements to be within close geographical boundaries or within the original place of residence of the child as much as possible. The office also plays an important role in making placement decisions. Placement decisions and change of placement is a common decision made among the child, the family who has been supporting the child, the new family willing

to support him/her and experts at the LSABO. Grandparents, aunts/uncles, stepmothers, neighbors and cousins are mostly known for providing care and support.

According to the responses from the program staff beside the minimum financial support, some other “concrete” and “clinical” services are being provided to children. These include: guidance and counseling for those who have behavioral problems (though there is no considerable behavioral problems reported by surrogate parents) and scholastic material support acquired through sponsorship. The guidance and follow up activity basically focuses on the educational performance of children, their discipline and behavior in school, in the family and in the community in general. These service provisions are not limited to children but also focus surrogate parents on their parental roles and responsibilities with the purpose of creating a conducive environment for better academic achievement, and in general for proper development of the child.

More or less, responses of children obtained through individual interviews and focus group discussion with regard to their interest on the length of time to stay with their current family are similar. Their range of responses could be summarized in to:

- Until completing high school or college education
- Until grow up and employed
- Until attaining age of independence or 18 years
- As long as surrogate parents could be able to continue support
- As long as surrogate parents are healthy and alive

FGD result conducted with children and key informant interviews with elderly opinion leaders show that AIDS orphans are still discriminated against by the society. Children under

this program consider themselves as lucky. Orphans who never got this opportunity are exposed to street life, shoulder the responsibility of caring for their younger siblings and as a result are forced to drop out of school. A second FGD was also held with children not receiving similar support to capture the other scenario. They are suffering more traumatic situations of losing parents. During the FGD with the second group of children, a fifteen years old girl who is also caring for her siblings expressed the situation with tears as follows.

> *Losing parents is the gravest thing in life. We are at risk of exposing to street life, suffering hunger, psychological problems, absence of parental guidance and control, low self esteem, forced to work beyond our capacity, have difficulty to properly attend school or drop out of school, and finally fail to achieve proper growth.*

FGD participants under the program predominantly expect worse conditions if they moved out of their current condition, which is preferred option for them. Two of the FGD participants who seem older than others feel that their current condition could not satisfy their educational and other needs and want to have better living conditions. This may show that as children grow it would be difficult for surrogate parents to satisfy their needs with their current minimum resources and limited caring capacities.

Similarly surrogate parents' responses reflecting their interest on the duration of stay of children with them could be summarized into two major categories. These are: until the children become independent and as long as surrogate parents are alive (when surrogate parents are very old or got sick). There is no difference between the responses of children and surrogate parents in their interest in the duration of time to live together in their current family. From this we can infer that there is well-

established close surrogate parent-child relationship and intimacy. Neither children nor surrogate parents expect any divorce between them. One of the surrogate parents expressed her feeling as follows.

> *God gave me her to replace my deceased son (the child's father) and now I don't want to miss her again. I love her and I can't imagine leaving her out anywhere. I already rejected foreign adoption. I am getting old and she may help me in the future.*

The satisfaction level of children under this program is assessed and their satisfaction level ranges between very satisfied, usually satisfied and somewhat satisfied.

3.5 Means of subsistence:

Establishing a program on traditional and commonly accepted ways of supporting orphans such as this informal one makes it sustainable, easier, and cheaper in both materials an emotional terms. All families/surrogate parents, who are also very poor, receive 80.00 Birr monthly financial assistance from the contribution of civil servants with the facilitation of LSABO aimed at covering part of the expenses needed in the caring and support of orphaned children. One of the major challenges of the program is trying to stretch this very small financial assistance into fulfilling all kinds of living expenses mainly food and clothing. Very few children (those living with stepmothers) believe that their surrogate parents feel angry when there is no financial assistance and feel okay when they receive it.

The fact that the significant part of their subsistence comes from civil servants contribution magnifies the poverty situation of these families. In addition to the financial support acquired from the contribution of civil servants through the facilitation and channeling of Labor and Social Affairs Branch Office of the South Gondar Administrative

Zone, some surrogate parents are engaged in petty trading, cotton spinning, brewing and selling of local drinks such as '*araki'* and '*tella'*, work as daily laborers (baking *injera* and weeding), traditional basket weaving, and collecting and selling dried cow dung to be used as fuel energy for cooking etc. as major means of survival. In addition, there are some families who get occasional and very small amount of supplementary financial assistance from their employed children.

Even though self-reporting of means of survival and income has its own limitations and may be less reliable, the physical observation of the situation of these families also shows that they are found in extreme poverty. Furthermore most of these activities are seasonal and could not enable these families to earn consistent income throughout the year though some try to change their engagement according to the seasonal requirements of work and labor. Most importantly, the engagement of surrogate parents into these activities enables them to earn only meager amount of income, which is hardly enough to live on. As reported by most respondents the amount of income earned from these activities is far less than the 80.00 Birr financial support mentioned earlier. Continued engagement into these activities is a challenge for significant numbers of grandmothers due to old age and associated functional impairments. As a result, income-earning capacity of these families is negatively affected and their situation is worsening.

Due to old age, material and financial incapacity, high level of poverty and health problems, nine out of ten surrogate parents don't have future plans for sustainable care provision. As a result they seem require continued financial assistance until children achieve working age. Figure 2 shows the resource flow, which is more than the financial assistance. On the other hand, resource contributors may not be willing and interested to continue

providing support for long periods of time. In general, poverty is the major factor that put pressure on surrogate parents to provide for the necessary needs of children.

3.6 Education and Training of Children:

As explained by children themselves, education determines their life chances to a greater degree. Therefore one of the areas of inquiry is the current and past school enrollment and educational performances of children. All sample respondent children are currently attending school. They are between grades four and nine and as they themselves have reported most of them are average students. Only one out of ten respondents has reported that he has dropped out of school because of his mother's illness. He was supposed to take care of his bed-ridden mother and could not be able to attend his education.

Most of them (eight out of ten) said that they are paying school fee what ever the amount of fee may be. The fact that the amount of school fee is expected to be paid by government schools is small, it still could not disrupt children from attending school though there are some children who expressed their concern regarding their inability to pay school fees. Surrogate parents are responsible for the handling of school fee payment from the money that they are getting mainly from civil servants contribution through the LSABO. Classmates' contribution, the child's self-money acquired through working him/herself and surrogate parent's daily labor also have a share in covering school fees. Even though they know that their school fee is paid, not all children could be able to indicate the source of the money.

In addition to school fees, enrollment into schools requires expenses such as scholastic materials and others. The role of surrogate parents in managing this also has a very significant

importance. But for few cases (two) a very limited support is also acquired from a cousin and a godfather. Otherwise the support from other extended family members is very limited.

Children have different levels of education at the time of placement into their current family basically because of their age was too young to enroll. Secondly, parents died at different time of the age of the child. Six out of ten study participants reported that they were not enrolled into schools at the time of placement. Table 2 shows this situation.

Table 2: Level of Education at the time of Placement

Level of education during placement	No of respondents
Too young to enroll	1
Not enrolled	5
Grade 2	1
Grade 3	1
Grade 4	2

Most study participant children (seven out of ten) reported that they have average school performance. Observation of their rank standing against the number of their classmates confirms this fact. Two among the remaining three said that they are above average students and one reports being below average. This finding is inconsistent with the available literature. For example, Forehand et al. (1998) found that affected children had more internalizing and externalizing problems and were less socially and cognitively competent than non-affected children. Forsyth et al. (1996) found that HIV-affected children were significantly more withdrawn and had more problems with attention than did non-affected children. This study has its own limitation to refute the available research findings in that it has no control over the

situation of other children who are classmates of the study group. Furthermore, the performance of children was reportedly negatively affected if they were in a position to feel the sufferings of their sick biological parents and while providing home-based care. Some of them also played an important role in caring for their sick parents during the same period, which resulted in the drop out of school and suffering from trauma.

In addition to enrollment into the formal education system, children also learn get trained informally. Even though the kind of training and guidance depends on the age of the child, children are trained in the following areas.

3.6.1 Cleanliness and Hygiene: with support from elders as required, children are taught on how to maintain their cleanliness including proper dressing, make their beds. However all depends on the age of the child.

3.6.2 Guided Interaction and 'Proper' way of Behaving: surrogate parents perceive the interaction of children with others differently. Some consider that interaction leads to learning inappropriate behaviors and there is a need to limit too much interaction and/or even prevent children not to play and relate with others except during schools hours. Other surrogate parents consider interaction of children with others as necessary in their development and need to be properly guided by adults to make the best use of it. Hence guidance on the choice of friends, peaceful interaction and relate well with others are emphasized by surrogate parents to teach children 'proper' way of behavior.

3.6.3 Maintaining Appropriate Discipline: teaching children to maintain appropriate discipline is also another important concern for surrogate parents.

3.6.4 Business Apprenticeship: though with very small capacity, surrogate parents teach children on how to carryout business activities. Selling at kiosk, taking children with them to and from the market, seeking their support for domestic activities and teach them handicrafts, housekeeping, and cooking give them the opportunity to learn different skills.

3.6.5 Time Management: During interaction with others, surrogate parents believe that, children are more attracted towards playing different games. Due to this fact children need to be guided, controlled and supervised to divide their time and utilize it effectively and gradually to learn doing it by themselves.

3.7 Activities performed by Children

Between six and ten hours of a day is spent to the education of children with the highest frequency of seven and eight hours. The time allotted for each child is affected by several environmental and personal factors such as the grade level of the child, the capacity of the child to finish his/her assignments and home works within a specified period of time, the time required to travel to and from school and the discouraging and/or encouraging practices of the family to spent more/less time in education related activities. The activities related to the education of children that consume their time include attending classes, doing home works and assignments, study and travel to and from school.

Some of the participants of FGD said that their role function was changed to taking more responsibilities and burden following the death of their parents and before placement into their current families. Though children help their current families to varying degrees, change

of role has been reversed following placements. The type of activities performed by children include deliver of messages, carry goods to and from market and grain to and from flour mills, fetch water, collect firewood, wash their own clothes, cook *wat* (sauce), making coffee, bed making and house cleaning. Workload on children depends on the capacity of the child to perform specific activities, the family situation to which children are living with and surrogate parent-child affection/intimacy. The amount of time allotted to perform activities ranges between thirty minutes and four hours a day the highest frequencies being two and three hours.

Perception to playing of children greatly varies among surrogate parents. Some surrogate parents seem to discourage playing outside of school times as they fear that children may learn ‘bad’ behaviors while playing, and others see that as children play they may give little attention to their study and it is important to restrict their time of playing to very short period of time. Hence striking the balance, which is usually determined by each family, is very important. There are still individual differences among children and the estimated amount of time allotted to each child ranges between thirty minutes and five hours, as reported by children themselves. There is an observable difference between the sexes of children in their amount of time for playing and leisure time activities. As female children are expected to perform household activities, they have less time for play and other leisure time activities. This will have an impact on the development of female children and could create difference with their male counterparts.

3.8 Perception of Children Towards Others

An effort is made to see the perception of children towards others from two perspectives. First, what their perception towards others is and second what they think others perception towards them is. Children are asked about different persons that are thought by the researcher have direct impact on the behavioral and personality development of children. These persons include surrogate parents, playmates and friends, relatives and schoolteachers. Table 3 and 4 shows the responses of children on these two dimensional perceptions.

Table 3: Perception of children towards others (n=10)

Perception Towards Others	No of Respondents	Remarks
Surrogate parents		
a). I feel that she/he/they treat me very badly	0	
b). I dislike my surrogate parent(s)	0	
c). I don't care about her/him/them	0	
d). I wish I would have different family	0	
e). I respect her/him/them	10	
f). I feel that she/he/they is/are getting along with me	10	
g). She/he/they is/are nice to me	10	
h). I enjoy being with her/him/them	10	
Playmates and friends		
a). I don't have playmates and friends	0	
b). I feel that they treat me very badly	1*	*Some
c). I dislike my friends and playmates	2*	* Some of them
d). I am discriminated against	2*$	*At school $ by some
e). I with I would have different friends and playmates	1	
f). I don't care about friends and playmates	2	

g). I respect my friends and playmates	10	*One said Some
h). I get along with them very well	10	
i). They are nice to me	10*$	*One said Some $One said Except some
j). J enjoy being with my friends and playmates	10	
Relatives a). I don't have know/have relatives	1	
b). I feel that my relatives treat me very badly	1	
c). I dislike my relatives	1	
d). I wish I would have different relatives	1	
e). I don't care about relatives	1	
f). I like my relatives	8	
g). They have frequent contact with me	5	One said Annually
h). They are nice to me	8	
i). I enjoy being with my relatives	8*	*One said Some
Teachers a). I never had teachers	0	
b). I feel that teachers treat me unequally with other students	4*	*One said Some
c). I dislike my teachers	3*	*Two said Some
d). I with I would have different teachers	3*	*Two said Some
e). I don't care about teachers	0	
f). I respect my teachers	10	
g). My teachers are nice to me	10*	*One said Most of them
h). I enjoy attending classes regularly	10	

Children's perception towards others could be summarized in to the following manner.

1. Their perception towards surrogate parents ranges between respect, feeling that they are nice to them, get along with them and enjoy being with them. There is no observable difference among the responses of children.

2. There is some variation in the responses of children in their perception towards friends and playmates. While some of the children feel that they are treated very badly by their friends and playmates, expressed that they dislike them, feel that they are discriminated against and would prefer to have different friends and playmates, the large majority of them said that they have respect for friends and playmates, get along with them very well, feel that friends and playmates are nice to them and enjoy being with friends and playmates. Since negative responses expressed here are limited to some of their friends and playmates, all children agree that positive responses dominate their perception towards friends and playmates.
3. There is slight difference in the responses of children in their perception towards their relatives. One of the respondents said that she doesn't have/know any of her relatives. Another one believes that her relatives treated her very badly, dislike them, and wish to have different relatives. 80% of the respondent children believe that they have contact with relatives to various degree and period, feel that their relatives are nice to them and enjoy being with them.
4. Similarly, the perception of children towards teachers has shown variation. Feeling of unequal treatment, dislike towards teachers, and want to have different teachers dominate some 30% of children. However significant majority have a different perception towards their teachers. They have respect for their teachers, feel that teachers are nice to them and enjoy attending classes regularly.

Table 4: What children think of others perception towards them (n=10)

What children think of others Perception towards them	No of respondents	Remarks
Surrogate Parents		
a). She/he/they treat me very badly	0	
b). She/he/they dislike me	0	
c). She/he/they doesn't/don't care about me	0	
d). She/he/they understand(s) me	9*	*One said sometimes
e). She/he/they respect(s) me	10	
f). She/he/they get(s) along with me very well	10	
g). She/he/they is/are nice to me	10	
h). She/he/they is/are happy having me	10	
Friends and Playmates		
a). I don't have friends and playmates	1*	* At school
b). They treat me very badly	2*	* One said some at school
c). They dislike me	3*	* Two said some
d). They discriminate me	2*	*Two said when not well dressed
e). They don't care about me	3*	*Two said some
f). They respect me	10*	*One said some
g). They get along with me very well	10*	*One said sometimes
h). They are nice to me	9	
i). They enjoy playing with me	10*	*One said only when dressed well
Teachers		
a). I never had teachers	0	*Two said Some
b). They treat me very badly	2*	*One said some
c). They dislike me	1*	*One said some
d). Act like they don't care about me	1*	*One said Most of them **One said Except some
e). They understand me well	10*	*One said Some how
f). They seem to have respect for me	10*	*One said Except some

g). They are nice to me	10*	*One said Except some "Some insult me very badly when I made mistakes"
h). They enjoy being with me	10*	*One said Except some "Some insult me very badly when I made mistakes"
i). They seem happy having me	9	
Relatives a). I don't know my relatives	1	*One said Some
b). They treat(ed) me very badly	2*	*One said Some
c). They dislike me	2*	
d). They don't care about me	2	*One said Some
e). They like me	8*	*One said Sometimes
f). They have frequent contact with me	5*	*One said "What I know is I love them"
g). They are nice to me	7*	
h). They enjoy being with me	7	

What children think of others perception towards them is also another way of understanding their perception towards others. Like children's perception towards others, what children think of others perception towards them as shown in Table 4 is summarized below.

1. All children who participated in the study perceive surrogate parents as having good understanding to them, nice, get along with and respect them.
2. 30% of the cases have different perception of friends and playmates. They feel that some of their friends and playmates treated them very badly, dislike and discriminate them. The rest of the cases (70%) feel that their friends and playmates have respect for them, get along with very well, nice and play with them.

3. With regard to the third category, children have mixed feeling on what they think of teachers' perception towards them. Between some 20-30% of the children have some problems with what they think that some teachers treatment. They feel that they are badly treated by some teachers. Otherwise all the children think that all or most teachers' perception towards them is very positive ranging between good understanding, respect and enjoy being with them.
4. Finally, responses fall under all the range of options. These children feel that they are treated very badly, their relatives dislike them and don't care about them. However most of them (70%) are comfortable with the perception that their relatives have towards them.

Generally, there is no observable difference between what children think of others perception towards them and their own perception of others (Tables 3 and 4).

3.9 Institutional and Personal Contacts

To see their relationships with institutions and the frequency of interaction, data is collected and analyzed on children's relationships with educational institutions (schools), health institutions (hospitals and health centers), religious institutions (churches and religious associations), recreational services (sports clubs) and governmental organizations (LSABO and Kebele). In drawing their own eco-map, children have also identified their connection with institutions, persons, associations etc. Children are provided with pen, paper and guidance on what and how to do it, they are asked to draw their own eco-map. Though definitely exist individual differences among the eco-maps drawn by children participated in this exercise, the following model eco-map taken from one of the FGD participants depicts

the commonly shared connections by most children. The thickness and/or boldness of lines indicate the degree of relationships with institutions and persons outside of their family and broken lines show weaker ones. In this case most children have the strongest and most frequent contact with the school system and with their friends. An institution, which primarily facilitates the financial assistance, church or Sunday schools as religious institutions, aunts among relatives and sports clubs or playing fields, are among the next important ones. Children also have weaker ties and connections with shops, make up classes, grain mills, shops and with other relatives.

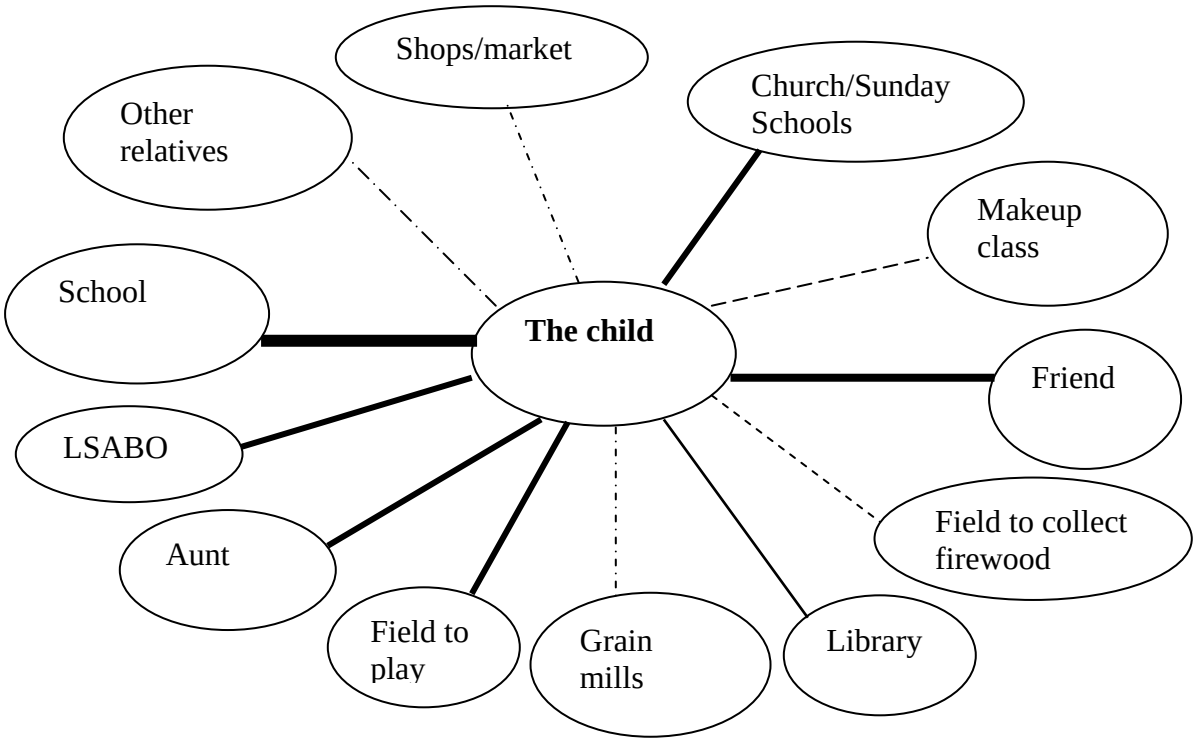

Fig. 1 *Model Eco-map drawn by a child*

Accordingly, children's interaction with educational institutions, specifically with schools is by far the most important both in the frequency of interaction and the value children themselves put on it. Schools are the primary choice of all children who participate in the study. The value of education is well understood by all children as explained in their responses. Children gave various explanations as to why they choose schools as the most important institutions. Some of these reasons as they put them include:

- Schools are sources of knowledge
- If you fail to learn, you may have very limited life opportunity
- No change in life unless one gets educated
- Education determines life opportunities
- Learning is basic for life
- Love for education and education is the base for everything
- To get knowledge and then employment
- To become self reliant

Children spent 5 days a week and between 6 and 10 hours a day, the highest frequency being 8 hours, for education related activities. Churches including religious associations are the second most important intuitions as reported by 8 of 10 children. Most children attend church services and related programs once or twice a week. They also attach high value for going to churches and attend services. They attend church services to (as they explain it):

- Thank God, to be blessed and meet people. God helps in time of problems and going to church and praying gives relief from stress.
- Just because follow religious customs

- Religion is most important in ones life
- Express ones love to God
- Religion is a means to pray to God

Health institutions and sports clubs are the third and fourth level important institutions with which children value and created contact with. However there is great variation among children in the response towards the frequency of contact created with regard to health institutions. In addition, not all children have contact with these institutions. For example there are children who are not allowed by their surrogate parents to play except during school hours.

Though their connection with health institutions is important to see the health condition of children, it was not possible to get information particularly with regard to HIV infection among children of the study population. An interview was made with the medical doctor at Debre Tabor Hospital who is responsible to issues of HIV and provides general information on the situation, not specific to the study population. According to him there is no laboratory reagent to test CD4 count. Organ function and total infantile tests are also difficult to carryout due to unrecorded weight and lack of detailed history of children. The MD has revealed that there are challenges of adherence to ARV administration for children. These challenges include:

i. The difficulty of revealing HIV status for children: because of their physical and mental immaturity, children have no the capacity to tolerate the trauma of being infected with the virus. They feel strong frustration and may refuse to take drugs when needed. Therefore it is preferred not to reveal their HIV status. However there are

cases of drug administration providing the child with different justification (other than HIV such as to protect him/her not to be infected).

ii. Financial problem: the inability to cover drug (other than ARV) and nutritional expenses present additional challenge.

iii. Physical Distance: some may need to travel long distance to see a physician. Hence, counseling, close monitoring and follow up are difficult for the medical staff. Side effects of drugs could not be corrected on time and may lead to serious complications.

3.10. Policy Issues

The enactment of the Developmental Social Welfare Policy of the Federal Democratic Republic of Ethiopia precedes the HIV/AIDS Policy. The Developmental Social Welfare Policy covers wide range of social problems and provide operational framework for care and support of vulnerable children through mobilizing community resources. The commitment of the government in the Developmental Social Welfare Policy is limited to providing a policy paper that guide and coordinate peoples' participation. The strategy intended to mobilize and utilize community participation is a good idea. The problem is that the government has not implemented its commitment by allocating budget in the implementation of the policy and in the delivery of services particularly for orphaned children.

However, "there is loose linkage between the Developmental Social Welfare and HIV/AIDS Policies. There is no coordination between the two respective offices in terms of operation and function. There is no government budget for the implementation of the Developmental Social Welfare Policy and projects that have direct link with the policy" (Key informant). Rather than having the policy in mind, it is the problem that imposes pressure to

the beginning of this program of supporting AIDS orphans. There are no other projects or programs derived from the policy and implemented or being implemented yet.

3.12 Termination Strategy

According to one of the programs staff the program under study has started as a temporary relief. There is no distinct period of intervention and termination plan though children need continued care and support until they reach the age of independence. However there is an intention to direct this program into rehabilitation and increase the accessibility of services to children who are in greatest need. A study conducted by the LSABO has also suggested rehabilitation alternatives. The resource raised from the contribution of civil servants is not only far from enough but could not continue for longer period of time for various reasons.

Even though the government office has primarily run the program, it lacks proper institutionalization and planning. Lack of proper institutionalization and recognition by sector offices creates limitation on the cooperation and sense of responsibility to the higher possible extent. For example, new staff may not be enrolled in to the system of contribution.

There is shortage of manpower as it is being carried out by the staffs who are already occupied by other activities of assigned positions. The caseload on very limited staff who is already occupied by other activities has its own impact on their performance. For example, one “social worker” that has no formal social work training is responsible to make the follow up for 113 children under difficult circumstances. While the problem is widely spread everywhere, the office has no structure to the ‘*Woreda’* (district level) and still limited to the zonal level.

Overcoming the problem of shortage of resources is a serious challenge for this program. The availability of promising potentials within the larger community is encouraging. Both the data generated from key informants and the study conducted by the LSABO identified the importance and possibility of expanding the base of resource generation. The inclusion of the contribution of farmers and other businesspersons, the idea of preparation and submission of project proposals would increase the financial capacity of the program.

CHAPTER FOUR

DISCUSSION

4. 1 General

As the causes of the problems of children are multi-faceted, so do the approaches in the delivery of services. There are and have been various practice models utilized by both non-governmental and governmental agencies in the effort to resolve children's problems and in the delivery of services for children affected by different problems. The efforts being made by very limited number of agencies in this country to resolve the problem of children is very small compared with the magnitude of the problems of children. Children affected by the problems have very low access to services in the study area. It could be assumed that significant numbers of children have been and are being supported through the informal community support systems though these informal community care provisions are not sufficient by themselves. In fact there has been no systematic study made on informal community support systems in the area.

The institutional care that has been delivered to children in the area who have lost one or both of their parents and with no proper care and support has a long history going back to around 1964. This institutional care is delivered by the Debre-Tabor Childcare center, under the auspices of Children and Family Affairs Department of the Ethiopian Orthodox Church. Currently the center is providing its support for 266 male and 75 female children. The center is recently changing its institutional form of services delivery to family-based service through reunification and reintegration (for those who are above the age of 18 years) into the families

of close relatives and the local community respectively. Residential services are also available for those children who have no relatives to accept them. Financial assistance is rendered to families who are taking care of children or for those who are able to taking care of themselves in rented houses. There is further program shift to Community Based approaches such as Child Focused Community Development Program and Family Empowerment as some of the donors have low interest in institutional care. Mostly, institutional care is not a favored option for its own limitations. However, some children participated in the focus group discussion mentioned that getting the opportunity of joining this center is a blessing. Only very few among the needy and vulnerable children have got the opportunity to benefit from the center's services. The developmental needs of children in the study area are far from adequately met indicating that many children are still found under difficult circumstances.

3.2 Linkage Model of the Formal and Informal Community Caregiving

The staff members of the LSABO of South Gondar feel the problem of children and tried to handle the problem of one segments of vulnerable children - AIDS orphans - using the available informal community structures. This program is both formal and informal. It is formal in the sense that it is initiated and primarily undertaken by a governmental organization staff though there is no government budget to support this program, rather utilizing resources acquired from voluntary contributions of predominantly civil servants. It has a purpose and a plan for service delivery. There is also means of documenting and reporting the progress to voluntary contributors and to the concerned government agency.

On the other hand, it is also informal because the program operates through the utilization of informal community support structures even if there are efforts to strengthen these community structures. Furthermore, efforts of the informal community support systems are not recorded/documented, attachments or affiliations are based on blood ties rather than other criteria. The LSABO has made a significant progress in utilizing the informal community structures and introducing system of reporting and record keeping on the overall progress of the program. This program has created a link between the two which has been lacking and need to be further exploited in the orphans support programs and other similar operations. “The resources provided by the informal systems oftentimes are overlooked or misjudged and consequently are underappreciated by formal systems” (Walton et al, 2001, p. 181). Informal systems are also playing important roles which usually are not seen or undertaken by the formal ones.

Though Minuchin (1970), Gargarino and Stocking (1980) both advocate for the use of natural support systems (cited in Tower, 2002), these community support systems may not be adequate to provide the required services given the hugeness of the problem and the limited resources at the family and community level.

The program under implementation by the South Gondar LSABO that is chosen by the researcher as best practice model in its respose of meeting this gap. This program is basically a family-centered service designed to strengthen family functioning where AIDS orphans are placed though very small amounts of financial assistance is being provided. Parent-child relationship both on the parts of surrogate parents and children is expected to nourish the development of children. This may also help to motivate and encourage surrogate parents and their families to continue their support to these orphans who are being supported. The overall

purposes of all these efforts are to achieve the proper growth and development of the child through developing or maintaining emotional attachment between the child and surrogate parents, the provision of minimum basic needs within the new family settings, help them attend school and perform well and so on. In family-centered services, families are seen as having strengths and resources (Kagan, Powell, Weissbourd, & Zigler cited in Walton et al, 2001). Under this program, placement of most children in to surrogate parents' family (usually grandmothers and aunts) precedes the support given to them. As could bee seen from table 1, there are children who have been in their current family for about 10 years. However there have been efforts made by the LSABO to promote and utilize the same traditional method of accommodating orphans in to close relatives' families.

Though the phrase 'family support' encompasses a broad range of family strengthening programs (Walton et al, 2001), child development orientation is the central issue within this family support program. The small amount of financial assistance provided to each family in the name of the child, home visits, follow up of children's educational performance, monthly family meeting and parental guidance are most of the activities being undertaken by the staff of the LSABO that brings the child into the center of attention.

The overall good performance of children may show the success of the program. Though it is difficult to clearly indicate the separate contribution of either the informal or the formal caregiving systems to this program at this level of study, based on the findings it is possible to attribute greater share of the success to the informal care system. The informal caregiving has been in place and sustained for long before the intervention of financial and other supports made by the program. A comparative study may have the capacity to show each ones contribution. Undoubtedly, as the result of the link created, it is possible to

maximize the benefit and success of the program. Each one of the formal and informal community caregiving methods have significant contributions to add. One of the lessons that could be learned here is that by creating a strong link, it is possible to achieve the success of similar programs. Hence, it is possible to replicate this model of creating the link between the formal and informal caregiving for other similar programs. By doing so, it is possible to maximize the benefit of merging skills, experiences, good practices, utilizing community structures and other resources. However, studying the existing community structures should be made before any effort of replicating this practice model.

Table 5. Summary of major activities of partners in the linkage model

Roles of Partners				
Religious leaders, elders, representatives of Kebele residents	Kebele Administrations	Surrogate Parents	LSABO	Civil Servants
▸ Participate the selection decisions	▸ Receive applications for support ▸ Participate in decision ▸ In the selection of beneficiaries	▸ Overall Parental care and support ▸ Apply for support for orphans being supported by them	▸ Develop selection criteria ▸ Take part in the selection of beneficiaries ▸ Solicitation of financial contribution and administration of financial support ▸ Follow up of children's overall performance	▸ Making financial contribution ▸ Making visits to children being supported ▸ Listening to progress reported by LSABO

4.3 Knowledge of children on and explanation to the death of parents

In general, responses from children could be categorized in to the following four major groups.

- Both parents have died but respondents are not aware of the cause of their parents' death.
- One of the parents has died of unspecified reason and the other parent is died of HIV.
- Recognize that both have died of HIV
- Both have died of TB

One may assume that respondent children could not specifically talk about the cause of death of their parents for two reasons. One, surrogate parents/guardian may not reveal the cause of the death of their parents to prevent them from the depression it might cause or to protect them from potential stigma and discrimination. Second, children may not dare to reveal the real cause of death of parents for fear of stigma and discrimination.

4.4 Relationships, Association, Friendship and Intimacy

These concepts are key in the study of growth and development of children. Their current associations and relationships with others determine not only their current performance and development but also their later achievements of matured adulthood. Family members and peers are most influential in this regard.

> *A substantial body of research indicates that supportive social networks of friends, relatives, neighbors, work and church associates, and pets mitigate the damaging effects of painful life stresses. By contrast people with deficient social networks may respond to life stresses by becoming severely depressed, resorting to abuse of drugs or alcohol, engaging in violent behavior, or copying in other dysfunctional ways* (Hepworth et al., 2002).

Changes of placements for children who are not able to live with their biological or first family have significant impact in their emotional development, affection, feelings of security and so on. Though children have lost their parents and forced to live with others, they are able to live only with one family with out forced to change their first placement. All children who participate in this study said that they have settled and will continue to live with the family they are currently placed with.

Children could be affected both positively and negatively in their association and relationships with others. The child who is insulted by a classmate refrains from telling her secrets to any body. The choice of people to whom they tell secrets also shows the degree of relationships and the trust they have developed towards (a) person(s).

Children's social, psychological emotional development is determined by several factors. Their interaction process is not only limited and with people but also with institutions and this interaction helps them learn from others, receive services, share experiences and feelings and thereby acquire some elements of personality.

4.5 Kinship Network

Depending on communities' or societies' culture, kinship network and closer ties could be important sources of emotional, material and security support. Conversely, there are cases where these relationships might have negative impact on children who lost their parents especially when comes to property inheritance, emerging out of conflict of interest and control over resources. Studying cultural practices helps to identify the trends and situations favoring the upbringing of children who have lost their parents. It also helps to build upon,

strengthen and expand network ties and exploit this relationship for the development of the child.

Traditionally, extended family support dominates the care and support that has been provided to orphans in the past. Close relatives such as grandparents, uncles and aunts, elder sisters and brothers were known for their social responsibility to care for orphans. Poverty of families due to decreased farmland size, few numbers of cattle per household as a result of lack of grazing land and low productivity of agriculture greatly contributed to the change of the tradition of accepting and caring for orphans in the surrounding rural areas. The stigma and shame associated with ones relative orphan to migrate, work on the streets, carry goods, pilfering small items and begging was not limited to the orphan child but to all members of close relatives. As a result no one member of the close relative tolerates his/her relative child to do so.

4.6 Education and Training of Children

The overall goal of all around support, care and nurturing of children is to help them achieve competent and mature adulthood. Each and every family has its own special situation, capacity and skill in their child development functions, ultimately contributing to the individual variations in their later adulthood maturity and performance. In addition to meeting the basic needs of children, teaching them about commonly held norms, cultural values, peaceful interaction with others, playing roles within and outside of the family etc. are quite important. Though subtle to exhaustively articulate, every family has its own way of managing child development practices. Generally, there are some similarities and differences in these practices.

In their responses and in their eco-map they drew, children put greater value and emphasis on their education. One of the reasons given in their choice of friends is their friends' academic performance and/or attentions to education. However, children have no capacity to control situations surrounding them and require their surrogate parents' unreserved support.

Teaching and training children about cultural values, assuming roles and performing appropriate functions are not limited to the family and the family has no complete control over this learning process. Hence points indicated in this study are a partial view of the role of surrogate parents in discharging their responsibilities of training and coaching children under their care and support.

4.7 Major Activities of Children

Orphan children are more vulnerable due to several causes leading to the denial of opportunities. Therapeutic measures to correct these root causes or substituting for the loses may have a positive outcome if not enable to achieve the maximum possible outcome of assuming roles or locating ones niche in their community (note the conceptual definition of niche). Assuming roles in society should be congruent with the capacity of an individual. Otherwise, assuming roles above and beyond ones capacity may cause stressful condition leading to failing in appropriately learning/discharging responsibilities associated with the roles.

Children learn by assuming roles & responsibilities, and acquire skills through various means. One of these is sharing family responsibilities and performing these shared responsibilities within their capacity. The data gathered from the sample of respondents show

that the type of work and workload assigned to each child, and length of estimated time allotted to perform each activity varies depending on the age and gender of the child and situation of the family. The fact that a significant share of the time of children is devoted to their education is an important factor for their development and building their future.

Though difficult for sample respondent children to make a distinction between playing and leisure, playing and leisure time activities are also important in the development of children. As children play with their peers, they learn to interact with others, assuming roles, negotiate boundaries, compete for better achievement, and build success and wining spirits.

4.8 Placement Options and Permanency Planning

There are different types of child placement alternatives. Each placement alternatives have their own limitations. However, having placement alternatives at hand is useful for both the child, the social service agency, and the social worker in their effort to place the child as the need arise. This gives them to choose among the available alternatives that may have less potential damaging effect on the child, if not best suit his/her interest and needs. The conventional child placement alternatives found in most literature include biological parents, adoption, custody in divorce and separation, foster care and other temporary placements (Goldstein et al, 1973). The kind of placement under study cannot necessarily fall under the conventional categories of available child placement alternatives. Some features distinguish this placement from the other conventional classifications of adoption and foster family care. Unlike adoption there is no legal contractual agreement. However respondents reported strong emotional attachment between the child and surrogate parents, usually with close relatives such as grandmothers and aunts. In most cases both parties strongly expect to stay together

until the child achieves age of independence or completion of at least high school education that enable him to get employment. Unlike foster family care there is no any formal terms of agreement between any agency and the receiving family. The meager financial support is by no means enough to cover the living expenses of the child while surrogate parents are expected to provide all the necessary services for the child. There is no possibility for the child going back home and this is thought to be a permanent placement.

There is a prediction that "the younger the child and the more extended the period of uncertainty or separation, the more detrimental it will be to the child's well-being and the more urgent it becomes even without perfect knowledge to place the child permanently" (Goldstein, 1973, p. 51). However, problem-solving processes such as proper assessment could be utilized effectively to minimize uncertainties about the situation of the child and his/her choice of placement alternatives. Hence, placement permanency and certainty could be maximized through proper utilization of perfect knowledge of placement permanency. In general, there should be a balance between minimizing the period of uncertainty and separation on the one hand and maximizing the benefit of perfect knowledge of child placement to ensure placement permanency and child well being on the other.

There are available alternatives of placement for children who are unable to live with their biological, or psychological parents for various reasons (Goldstein et al, 1973). The data collected from key informants of the LSABO team leaders enable us to see beyond the responses of children as the office manages other similar programs too. The office is using extended family placement, foreign adoption and sponsorship as support programs for AIDS orphans and other vulnerable children. Extended family placements are usually based on community self-initiatives and are found to be sustainable and long term creating strong

attachment with the caregivers. As indicated by Walton et al (2001), negotiated placements have little power in creating emotional attachment. Feeling of responsibility to care for *own* grandchildren taking it as an obligation, formerly established relationship/friendship with parents of orphans and the sense of paying back the debt through responding to the need for care of orphans are important factors in make taking-in decisions. There are cases where children themselves choose with whom they prefer to live. Children usually choose close relatives based on their sense of relatedness to provide them care and support.

In all these processes, children have not been exposed to unknown and unconnected families thereby facing emotional difficulties are minimized. This also means that for most children there has been a continuation of attachment with the current surrogate parents that has been started before the financial support.

Hence, closeness in blood relationships particularly with female relatives (usually grandmothers and aunts) and long-standing social relationships such as friendship with parents are widely used support networks. Choice of caregivers on the basis of economic activity or family income is not observed. What is evident from the data and field observation is that caregiver families are found in a poverty situation.

For Walton et al. assuming or regaining a status of parenting poses a number of challenges including adjustment problems, dealing with the trauma associated with the process of separation etc. However, surrogate parents in this study see caring for these children as an opportunity, not as a challenge. This is because children are considered as future supporters of old aged surrogate parents, usually grandmothers and seen as a replacement of deceased children (parents of orphans).

Permanency is key in the placement of children who are unable to live with or have difficulty enjoying parental care for various reasons and should be considered seriously by all concerned bodies at the time of placement planning. Placement Permanency is not only determined by the capacity and willingness of surrogate parents to provide care and support but also the interest of the child. Lack of options may not help children to stay in a household where they face serious problems of abuse. “Long-term planning demands far-reaching and sustainable objectives based upon prospective planning” (Mueller, 2000) and resources. Framework of structures needs to be developed and further strengthened in order to guide the dynamic process of child development.

Permanency planning is an important element to be considered before making any placement decisions. Important lessons could be learnt from the informal community caregiving practice to ensure permanency of placement. Children’s level of satisfaction in their current living condition is taken as one and most important tool of understanding placement permanency. The satisfaction level of children under this program, which ranges between ‘very satisfied,’ ‘usually satisfied’ and ‘somewhat satisfied’ is an indicator of the level of permanency for most of the children.

4.9 Means of subsistence

When nuclear families fail to meet their child rearing responsibilities, the extended family is the next institution to intervene into supporting and caring for the child. The community intervenes when the nuclear family and the extended family are unable to fulfill their child rearing responsibilities etc. I assume lower level interventions are much more stronger and effective than the next higher level due to small scale and manageable size,

stronger and closer emotional, cultural and biological ties and attachments. On the other hand lower level interventions may at times be difficult due to lack of resources and the child/family need resources from the next higher level component of the system.

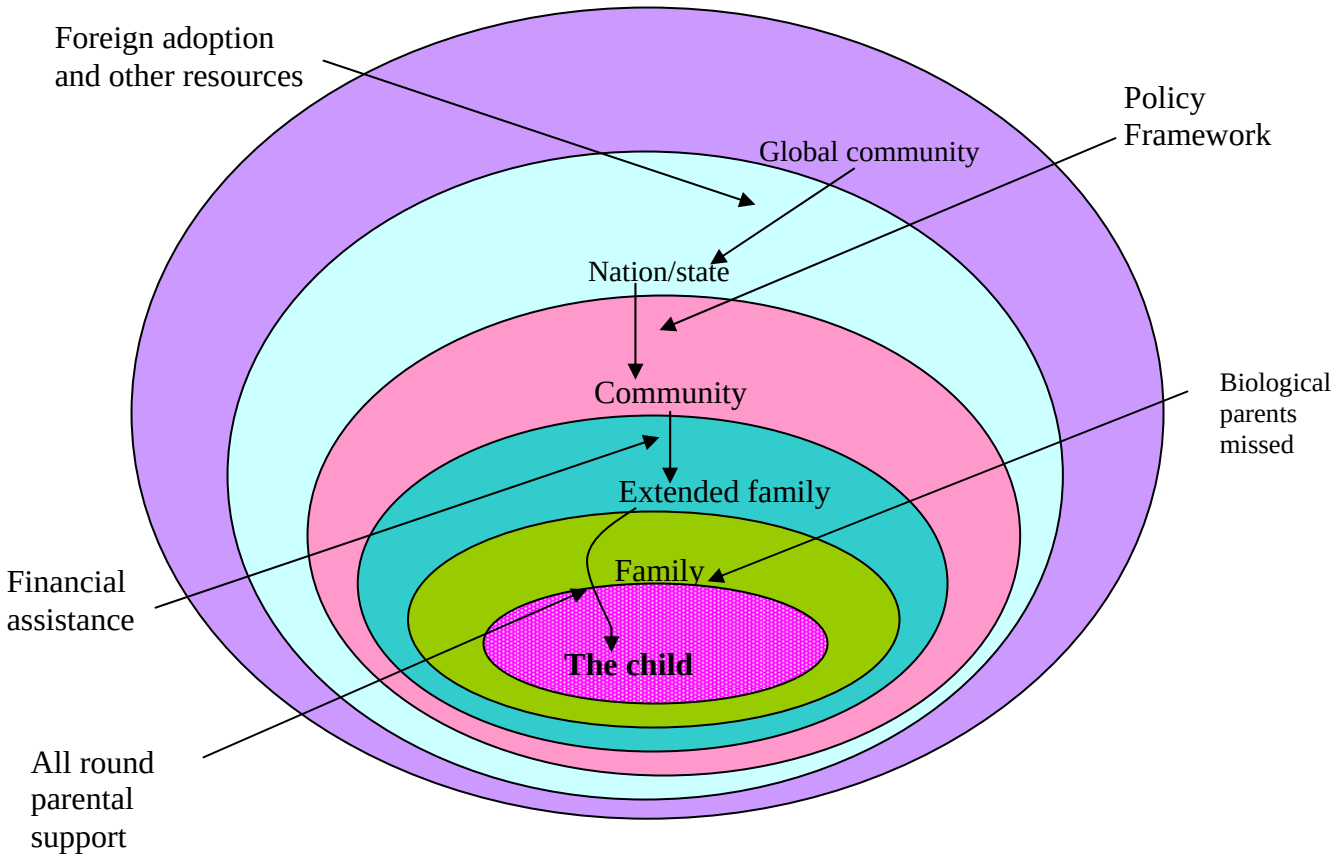

Fig. 2 *Resource flow chart operating in a wider system*

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Family plays an irreplaceable role in the development of children. Mostly, replacement of a new family for an orphan among the available alternative forms of child placement could be the second option after the original family cease to exist or become dysfunctional due to various reasons. Lack of commitment and interest in providing the necessary care and protection for vulnerable children is not only wasting the future but also is nurturing potential socio-economic problems for the nation. Even though there is no adequate data, kinship care seems to accommodate the significant majority of orphans and provide the required care.

The program, which is evaluated by this research, is a combination of both formal and informal community caregiving, though the formal one came into picture later on and the researcher believes that the informal one is more important. Utilizing informal community support systems for the delivery of services in resource deficient communities is appreciable quality of the program. Linking the informal community caregiving system with the formal one has several benefits. There is a strong need for creating the link between the formal and informal community support systems. One of the reasons for this is that resources of each system are not adequate by themselves and need to supplement/complement one another in the delivery of better care and support for vulnerable children.

There is a continuation of relationship and attachment between surrogate parents and orphaned children, which has been, in most cases, started long before the intervention of the formal support program. Female close relatives particularly grandmothers followed by aunts are the major actors and caregivers for AIDS orphans. Though the resources supplied by the formal structure have their contribution in strengthening the very poor resource base of the families, it is not easy to predict the degree of its impact on the relationships and attachment that have been existed between the two parties. The relationship is healthy and accepted by both parties to continue. They accept no other placement option. However there are some threats for their relationship to continue in the future. Grandparents who assume parental responsibilities are at retirement age and have functional impairments to work and generate family income. In addition, children though not explicitly said it, fear that they may lose them before they achieve age of independence. Civil servants and other agency staffs who have been contributing money for the support may also fade up and may not contribute the same way it has been.

Surrogate parents have their own reasons for caring orphans which may differ from person to person. Feeling of responsibility to care for *own* grandchildren, formerly established relationship/friendship with parents of orphans and the sense of paying back the debt by responding to the need for care of orphans are important factors in taking-in decisions. The involvement of a formal agency in the placement of children definitely helps placement permanency.

Children are performing well in their relationships with surrogate parents, friends in schools and in the neighborhoods. They are also performing well in most of their developmental activities like attending schools. This does not mean that children are without

problems. Detailed study definitely could come up with more detailed situations of individual children. In general most children are found in a habitat that is resource deficient. Part of the community in the system is helping by contributing resources though this still is not enough. The placement of children in to these families and the subsequent assuming of roles within their capacity (niche) could enable children to learn appropriate role functions which also is important in their developmental process.

5.2 Recommendations:

1. There is a need for detailed and systematic study of the contribution of the informal community caregiving system and how it functions in wider geographical and socio-cultural context. This does not only help to give recognition but also learn about the frameworks of structures that need to be properly utilized, or may be strengthened/further developed to more effectively make use of it in the delivery of services by the formal structure in order to guide the dynamic process of child development.
2. Much of the provisions in the Developmental Social Welfare Policy have not been implemented. The government's commitment is mainly limited to the provision of policy framework without funding its implementation. In addition to providing the policy framework and facilitating community participation, the government has to show its commitment by allotting budget for the implementation of the policy. Efforts to implement the policy would have a positive outcome in reducing the impacts of the problem and prevent before it happens.

3. The program activities are being done by few staffs who are also responsible for their assigned positions. One other staff member who has no social work training is assigned as a ‘social worker’. He is responsible for over 113 caseloads (children in this program are only twenty). Lack of training in the field of social work and over burdened with caseloads may hamper his functions. Organizing case management training and lessening caseloads would help better service provision.
4. The LSABO has an experience of working with other vulnerable individuals and families in the area of rehabilitating them through skills training, credit facilities and help them engage in different income generating activities such as bicycle renting, horse drawn cart transportation service, petty trading, poultry, horticulture, weaving, dairy farming, mattress making, tailoring and running fruit shops. Utilizing similar experiences for those in good health and working age to enable them generate their own income within their capacity and interest would help. An assessment carried out earlier by the LSABO shows that there is a potential source of financial contribution from the local people. This could further strengthen the resource base of the program activities.
5. The findings of this study show that there exist very limited or no kinship network children being supported by the program. Establishing and building kinship networks would help strengthen relationships and facilitate support for the child and the poor family usually headed by an old grandmother. Organizing family conferencing or any other traditionally known form of meeting helps bring close relatives together, discuss on the issue of supporting the child.

6. Though there is no systematic study made on the informal community caregiving, it could be assumed that significant majority of orphans and other vulnerable children have been and are being supported through the informal community caregiving. Attention and recognition should be given for the purpose of augmenting the community support systems in their effort to continue providing services for children who are deprived of family care and support. Giving recognition and encouragement to those who are extending their support and care for orphans may have a strengthening effect.
7. The linkage model that exists between the formal and informal community caregiving method that is explained in this study could be replicated in other areas. However, before any attempt of replication, the informal community structures and the informal support systems of the specific areas should be studied. Further more due recognitions should be given for their key role in the successful utilization of this model

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Annexes

General Introduction and Instruction

The purpose of this interview/questionnaire is to get information regarding the program that is under implementation to support children who have lost their parents to AIDS. The information/data gathered will be used to write an MSW thesis in social work. Though the outcome of the research will primarily serve an academic interest, it may also be potentially used by organizations and institutions who are striving to help troubled children (orphans and vulnerable children).

Any information that is gathered from respondents is based on your informed consent and will be kept confidential. Respondents are not required to tell their names to the researcher or data collectors, or write their names on the questionnaire papers.

You are kindly requested to provide genuine response. Your responses will be highly valued, appreciated and absolutely determine the outcome of the research.

Thank you,

Questionnaire I

For Children

I. Background Information

1. Current age _____ age at placement _____ sex _____ religion _____ Grade _____
2. Can you tell me something about what happened to your mother and/or father?

   _____

   _____

   _____
3. When did your parents have died? Mother _____ Father_____
4. How long have you been in this family? _____

II. Schooling

5. Are you currently attending school? A. Yes b. no

   2.1 If yes, what grade are you now _____
6. Have you been drop out of school? A. Yes b. no

   6.1. If yes, when was it? _____
7. Do you pay school fee? A. Yes b. no

   7.1 If yes, who pay for you?

   _____

7.2 If possible, please indicate source of the money.

_____

_____

8. Who covers your school expenses (other than school fee)?

_____

9. What was your level of education at the time of placement _____

10. What is your performance at school (e.g. your standing among your class mates)?

_____

III. Any other placement

11. Have you been living with different families or in an institution before coming in to this family (other than with your parents)? A. Yes b. no

11.1 If yes, how long? _____

11.2 What is your relationship with those families? A. Grant parent(s) b. Aunt/Uncle c. siblings d. Friends of parents e. relatives f. neighbors g. Others, please specify _____

11.3 If you were placed in an institutions, Please indicate the type and name of the institution. _____

11.4 What is the reason for leaving that family/institution?

_____

_____

IV. Association, friendship, Relationship and Intimacy

12. Who are the persons you like or depend on?

12. 1. Most liked _____

Reason _____

12. 2. Second liked _____

Reason _____

12. 3. Third liked_____

Reason _____

12. 4. Fourth liked_____

Reason _____

13. Who are the persons you don't like?

13.1. Most disliked _____

Reason _____

13.2. Second disliked _____

Reason _____

13.3. Third disliked _____

Reason _____

14. Where do you meet your most important friends? A. At school b. in the neighborhood c. other place, Please specify _____

14.1. What is your reason for choosing your friends? _____

_____

15. To whom do you tell your secret? A. to surrogate parents b. to friend(s) c. to relatives (specify the kind of relationship you have) _____ d. school teacher e. any other person (please specify)_____

16. Do you have contact with the following institutions? (Please put a ✓ mark under "yes" or "no" options) and respond to other questions

No	Type of Institution	Name of institutions	Yes	No	How frequent	Rank in their order of importance to you	Reason(s)
1	Church						
2	Health center/ clinic/hospital						
3	Sports clubs						
4	Associations						
5	Other, specify						

17. What is your perception towards others? (Put ✓ mark in the box provided in front of each choices below that best suits your situation):

17.1. Surrogate parent(s)

☐ a. I feel that they treat me very badly

☐ b. I dislike my surrogate parents

☐ c. I don't care about them

☐ d. I wish I would have different family

☐ e. I respect them

☐ f. I feel that they are getting along with me very well

- [ ] g. They are nice to me
- [ ] h. I enjoy being with them

17.2. Playmates and friends

- [ ] a. I don't have playmates and friends
- [ ] b. I feel that they treat me very badly
- [ ] c. I dislike my playmates and friends
- [ ] d. I am discriminated against
- [ ] e. I wish I would have different friends and playmates
- [ ] f. I don't care about friends and playmates
- [ ] g. I respect my friends and playmates
- [ ] h. I get along with them very well
- [ ] i. They are nice to me
- [ ] j. I enjoy being with my friends and playmates

17.3. Relatives

- [ ] a. I don't have/know my relatives
- [ ] b. I feel that my relatives treat me very badly
- [ ] c. I dislike my relatives
- [ ] d. I wish I would have different relatives
- [ ] e. I don't care about relatives
- [ ] f. I like my relatives

☐ g. They have frequent contact with me

☐ h. They are nice to me

☐ i. I enjoy being with my relatives

17.4. Teachers

☐ a. I never had teachers

☐ b. I feel that teachers treat me unequally with other students

☐ c. I dislike my teachers

☐ d. I wish I would have different teachers

☐ e. I don't care about teachers

☐ f. I respect my teachers

☐ g. My teachers are nice to me

☐ h. I enjoy attending classes regularly.

18. What do you think of perception of others towards you?

18.1 Surrogate parents

☐ a. They treat me very badly

☐ b. They dislike me

☐ c. They don't care about me

☐ d. They understand me

☐ e. They respect me

☐ f. They get along with me very well

☐ g. They are nice to me

☐ h. They are happy having me

18.2 Playmates and friends

☐ a. I don’t have playmates and friends

☐ b. They treat me very badly

☐ c. They dislike me

☐ d. They discriminate me

☐ e. They don’t care about me

☐ f. They respect me

☐ g. They get along with me very well

☐ h. They are nice to me

☐ i. They enjoy playing with me

18.3 Teachers,

☐ a. I never had teachers

☐ b. They treat me very badly

☐ c. They dislike me

☐ d. Act like they don’t care about me

☐ e. They understand me well

☐ f. They seem to have respect for me

☐ g. They are nice to me

☐ h. I enjoy being with them

☐ j They seem happy having me

18.4 Relatives,

- ☐ a. I don't know my relatives
- ☐ b. They treat(ed) me very badly
- ☐ c. They dislike me
- ☐ d. They don't care about me
- ☐ e. They like me
- ☐ f. They have frequent contact with me
- ☐ g. They are nice to me
- ☐ h. They enjoy being with me

19. What do you think is the reason of your surrogate parents to host you? _____

_____

20. Could you please estimate the amount of time allotted every day for you to perform the following activities indicated in the table below?

No	Activity	Specific type of activity	Time allotted every day
1	Schooling		
2	Work		
3	Play		
4	Leisure		
5	Other, p/s specify		

21. Serious problems that you are currently facing (in order of importance)

    21.1. _____

    21.2. _____

    21.3. _____

    21.4. _____

22. **Permanency**:

    22.1. How long are you interested to stay with this family? _____

    22.2. If you are not interested to stay with this family until you become independent, where do you want to be?

    _____

23. Are you satisfied with current living condition? a. Very satisfied b. Usually satisfied c. some what satisfied d. not satisfied

24. Do you siblings? A. yes b. no

25. How may? _____

26. How many of them live with you? _____

Observation check list

- ✓ Physical appearance of the child in relation to his/her age;
- ✓ Playing: is he taking active part in playing and relate well with playmates?
- ✓ Clothing in comparison with his friends in the neighborhood;
- ✓ Bedding materials compared with other family members;
- ✓ If possible, dinning (type of meal), is it different from other family members?
- ✓ Interaction with surrogate parents and other family members

Questionnaire II. For Surrogate parents

1. What are your reasons to host the child?

2. What is your major means of income (Subsistence)?

3. What kind of supports are you receiving as a result of hosting the child from the following institutions?
    a. Organizations/institutions

    b. Child's or your relatives

    c. Other sources

4. If you are getting any support, is the support adequate?

5. Who are the key members of the kinship network in providing any sort of assistance to you or to the child?

6. How do you train the child to help him/her gain mature adulthood?
    a. Cleanliness,

    b. Way of clothing,

    c. Association,

    d. Disciplining

    e. Other

7. Does the child have personal problems? a) Yes b) no

If the child has personal problem(s),

7.1 What is the type of problem(s) the child exhibits?

7.2. How are you handling/treating the problem (s) of the child?

8. Who do you think are the most important persons to the child and the type of relationships (with the child)?

9. How long are you interested to host this child? _____

10. Do you have plans for the child (how to sustain him/her)? A. Yes b. no

10.1 If you have plan, please explain this?

11. Are you interested to adopt the child legally? A. Yes b. no

11.1 What is your reason(s) for this?

12. What do you feel if the child is placed to somewhere else and why?

13. Is the level of attachment of the child with you over a period of placement exhibited any progress? Explain this in terms of practical examples.

Questionnaire III For Agency Staffs

1. What motivates the branch office to start this program?
2. Is there any direct link between this program and the HIV/AIDS policy, or other policies? Have you the policy in mind while starting this program?
3. Is there any federal or regional government budget or program to support similar activities?
4. Is there any other programs specifically designed for AIDS orphans in the area?
5. What kind of concrete and clinical services provided?
    a. For the child
    b. For the surrogate parents of the family as a whole
6. What are the specific activities of the program?
7. Is there any distinct period of time of intervention and support?
    7.1. How long?
    7.2. What plan of termination you have?
    7.3. Are surrogate parents, other members of kinship network and children participated in this plan?
    7.4. What kind of resources you have?
    7.5. What resources are lacking?
    7.6. How are you going to overcome problems of resource scarcity (if there is any)?
8. What kinds of placement or community support systems are available in the area (including those not currently utilized by this program)? How many children are found under each of these categories?
    a. Temporary placement _____
    b. Long-term fostering _____
    c. Adoption _____
    d. Extended family care _____
    e. Others please specify

    _____
9. Is there any measure of suspension of support if abuse is found?

FGD Guide for children

1. Tell me about whom you are living with and how you like it.
2. What are the challenges that orphans are facing as a result of death of their parents?
3. Their satisfaction with the present situation or whether they need other kinds of care.
4. Change of role as a result of death of parents?
5. Help/guide them to produce an eco-map with varying thickness of lines of connections showing the degree of connectedness and importance of relationships.

Key Informant interview for elderly persons/opinion leaders

1. Whose responsibility had been caring for orphans in the past?
2. Is this responsibility changed over time?
3. If changed, what do you think are the reasons?
4. What are the alternative ways of supporting children who have lost their parents?
5. Which of these ways of supporting orphans cease to exist now? And which of these are currently being used?
6. What are the poems, proverbs, sayings etc. used during mourning and other similar occasions which are associated with orphans?
7. Tell me how helpful and/or emotionally damaging these poems are for the orphans?
8. Are you aware of the program being implemented by the South Gondar Labor and Social Affairs Branch Office to support orphans?
9. If you are aware of it, what do you think are the strengths and limitations of this program?

Declaration

This thesis is my original work and has not been presented for a degree in any other university, and that all sources of materials used for the thesis have been duly acknowledged.

_____

Kassaw Asmare

This thesis has been submitted for examination with my approval as University advisor

_____

Professor Nathan Linsk