

Indra Gandhi National Open University
School of Social Work

**CHALLENGES AND PROSPECTS OF SERVICE PROVISION
ARRANGEMENTS TO ORPHANS AND VULNERABLE CHILDREN IN ADDIS
ABABA: THE CASE OF ARADA SUB-CITY**

By: Aselefech Bekel

August, 2013

**CHALLENGES AND PROSPECTS OF SERVICE
PROVISION ARRANGEMENTS TO ORPHANS AND
VULNERABLE CHILDREN IN ADDIS ABABA: THE CASE
OF ARADA SUB-CITY**

**A Thesis Submitted To School Of Social Work Of Indira
Gandhi National Open University In Partial Fulfillment
Of The Requirements For The Degree Of Masters Of
Social Work (MSW)**

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August 2013

CERTIFICATE

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Abstract

The study was conducted in Addis Ababa at Arada Sub-city with a particular focus on the challenges and prospects of service provision to orphans and vulnerable children and their parents/guardians. The study utilized qualitative research method whereby qualitative data were collected using interview and observation techniques. The interviews were administered with heads of nongovernment organizations rendering services to OVCs, Arada sub-city HAPCO head, children and guardians. The information obtained from these study subjects revealed that there are various challenges affecting the quality of services provided to OVCs and their guardians. Some of the major challenges identified include, lack of coordination between and among the service providing organizations themselves. Government sector offices which have the responsibility to facilitate the platform for the well-being of orphans and other vulnerable children, are not working to the level expected of them. The service providing organizations often encounter funding cuts and interruptions from their donors at unprecedented occasions. Besides, lack of cooperation and ownership on the part of the service recipients and the local community is identified as an Impeding factor influencing the sustainability of the programs the NGOs started. Another important factor affecting the service provision programs is lack of organized statistics which indicates the number of OVCs in the sub-city. As a result the organizations go on recruiting orphans and vulnerable children with the help of the woreda administrative where unmanageable number of needy children and parents show up when it is advertised. Consequently the organizations will be obliged to embrace as many beneficiaries as which they cannot accommodate. As a result when they run out of resources, the services they provide suddenly interrupts and the children will be forced to drop out schooling and they will be engaged in supporting their parents in daily labor for subsistence income generating activities. Some children who are in the custody of foster parents are also heading to street life when the support program interrupts. The study suggests that appropriate collaboration among nongovernment organizations as well as government organizations and social workers need to do some advocacy work to address the problems of orphans and vulnerable children in an effective and sustainable way.

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Chapter One

1. The Problem and Its Approach

This chapter deals with the introduction, background, the problem and its approach. It incorporates the statement of the problem, significance of the study, delimitation and limitation of the study, the research design, method of procedure and source of data, definition of key terms used and organization of the study.

1.1 Introduction

The thesis comprises five parts sliced into independent chapters. The first part focuses on the background, statement of the problem, and processes guiding the entire research. It is accompanied by the developmental challenges affecting sub-Saharan African countries. This highlights the social, economic and psychological challenges of children orphaned due to HIV/AIDS and other parental losses are facing. This first section of the study further illustrates the key research questions that it envisages to answer it exhibits the objectives, significance and limitation of the study. The second chapter critically examines the literature and previous works done on the area of OVC problems, prospects and opportunities in Sub-Saharan Africa and the Ethiopian situation. It tries to highlight best practices that can help to extrapolated if adapted to Ethiopia as care and support schemes for orphans and other vulnerable children. Chapter three provides the methods and methodological approaches used to undertake the research. It describes the whole process of research design, data collection techniques, the tolls used to collect the information and the analysis made on the collected qualitative information. The fourth chapter presents analysis of the qualitative information gathered through interview and observation as well as the findings of the analysis. The fifth which is the last chapter also presented conclusive remarks and translates the key findings in to concrete implications.

1.2 Back ground of the Study

The increasing number of orphans and vulnerable children is one of the most serious socio-economic and development challenges affecting developing countries. The problem is prominent among sub-Saharan African countries due to various factors including HIV/AIDS, poverty, conflict and poor governance. These factors contribute to the death of parents or erode parents' capacity to provide support for their children. Consequently, children face multifaceted problems including a lack of immediate basic necessities as well as stigma and discrimination. Together, those jeopardize the future well being of children (HAPCO 2004).

For millions of children, HIV and AIDS have starkly altered the experience of growing up. In 2007, it was estimated that 2.1 million children under age 15 were living with HIV. As of 2005, more than 15 million children under 18 have lost one or both parents to AIDS. Millions more have experienced deepening poverty, school dropout and discrimination as a result of the epidemic (UNAIDS/UNICEF/WHO; 2008:1). The above figure undoubtedly urges every one of us to ask ourselves 'what alternative care and support systems should be designed to alleviate the multifaceted problems orphans and other vulnerable children are facing?'

Foster family care, institutional care, and adoption involve substituting another family for the child's own family, so that someone else takes over all aspects of the parental role. Such a drastic change is necessary when the child's own home presents deficiencies so serious that it cannot provide the child with minimally adequate social, emotional and physical care (K. Alfred; 1980:313). However, there is a strong controversy as to which type of substitute care should be practiced for the good of the orphaned child. This research will try to come up at least with a crude answer which may lead to further in depth scrutiny of the debate by interested individuals or groups engaged in policy making and implementation and researchers as well.

Substitute care in foster families or institutions involves a change in legal custody of the child. Adoption involves going beyond a change in legal custody to a change in legal guardianship. Legal custody is concerned with the rights and duties of the person (usually the parent) having custody to provide for the child's daily needs-to feed, clothe. Provide shelter, put him to bed, and send him to school (ibid). The rights of the orphan child towards the inheritance of the wealth of his/her lost parents need due attention and consideration in the legal system. In countries like the United States of America there are orphan courts designated to carrying out only orphans' cases. As to what should be done in Ethiopia in this regard will be one of the themes this research is trying to address.

AIDS is unique in human history in its rapid spread, its extent and the depth of its impact. The world has made great effort to come to grip with its extraordinary dimensions since the first AIDS case was diagnosed in 1981. HIV/AIDS-related death has claimed over 20 million lives over recent decades, and an estimated 40 million people are living with the disease today. Most of the victims are parents whose absence has left their children living under extremely difficult conditions. While most of the estimated 37.8 million PLWHA (34.6 to 42.3 million) in the world are adults, the devastating effects of the pandemic on families and communities reach down to the most vulnerable section of the society namely children (UNAIDS, 2004).

Millions of children have been orphaned or made vulnerable by HIV/AIDS. Out of 15 million children orphaned by AIDS worldwide, Sub-Saharan Africa is the most affected region, where an estimated 12.3 million have been orphaned by AIDS. It was expected that the number will rise to more than 18 million by 2010 (UNAIDS, 2004).

Currently, Ethiopia is home to the third largest HIV/AIDS infected population next to India and South Africa. A total of 2.2 million people are estimated to live with the virus, of which 200,000 are AIDS cases (HAPCO, 2003). The number of maternal orphan in Ethiopia was estimated to be 1.2 million and projected to increase to 1.8 million by 2007 and to 2.5 million in

2014 unless effective measures are taken to curb the trend of the epidemic (MOH, cited in HAPCO, 2003). By the same year 2010 among all orphan children, the percentage of orphaned due to AIDS in Ethiopia will be 43% (MOLSA, 2003).

Of many vulnerable members of the society, children who have lost one or both of their parents due to AIDS are disadvantaged in numerous and often devastating ways. In addition to the trauma of witnessing the sickness and death of their parents, they are likely to be poorer and less healthy than non-orphans. As indicated in MOLSA's survey, owing to employers "contamination anxiety" which resulted from low level of consciousness on the transmission of the virus, AIDS orphans children have limited "job opportunities" than non-AIDS orphans (MOLSA, 2003).

The distress and social isolation experienced by orphans, both before and after the death of their parent(s), is strongly exacerbated by the shame, fear, and rejection that often surrounds people affected by HIV/AIDS. Because of this stigma and often-irrational fear surrounding AIDS, children may be denied access to their basic rights such as schooling, health care and even may also be denied their inheritance and property rights.

In Ethiopia, although the extended families are instrumental in caring the orphans, these networks are facing ever-greater burdens as the number of orphans continues to spiral upward. Since HIV/AIDS has impoverished so many people, the networks of aunts and uncles, cousins and grand parents can no longer support the exponentially expanding number of these orphaned children needing care and support.

This research is designed to explore the degree of the quality of services provided to orphans in general and AIDS orphans in particular in Arada Sub-City of Addis Ababa City Government. It is also deemed towards balancing practical framework for highlighting some of the key issues surrounding AIDS orphans. Thus, in due of the process the research tries to assess the magnitude of the problem, the availed services to AIDS orphans as well as other vulnerable children, the overall responses by concerned bodies

(ministries, NGOs, local administration, communities etc), the gaps between the needs and services provided and the policy issues.

Finally, the study forwards recommendations on how to address and cope up with the existing problems orphans in general and AIDS orphans in particular are facing. Recommendations will be drawn from the suggestions of the study subjects' responses to the questions in the qualitative interview and focus group discussions, key informant interviews and from the researcher's own observation as well as from past national and international experiences noticed in the problem area under study. In the end, a direction will be shown what would the findings, conclusion and recommendation of the study imply for social work intervention to address the problems orphans and other vulnerable children are facing in the study area.

The socio-economic and psychological challenge of OVC due to HIV/AIDS is increasing at alarming rate. This is despite the global and national efforts being made to mitigate the crisis. According to the HAPCO's report, the most awful consequence of AIDS is its enormous contribution to the increasing number of orphans. With infection rates still increasing and people continuing to die from AIDS, the disease will continue to cause large scale suffering among children and their families. The loss of a parent has significant psychological and economic effect on a child. The death of the mother, in particular, has dramatic psycho-social consequences. The loss of a father often means the loss of income and results in economic depression /HAPCO 2004/.

Service and support programs in this regard are inadequately funded, and designed to address specific areas of interest, leaving out the strategic needs of these children. Global responses to the crisis of children living and affected with HIV/AIDS has remained minimal, despite the severity of the problem worldwide. Based on the recent report, the number of orphans has increased from 28, 4 million in 1999 to 43.4 million in 2003 in sub-Saharan Africa alone.

The situation is alarming in Ethiopia, based on the report, as the number of orphans in Ethiopia has increased by 39% within the past 14 years. Orphans have gone from 2.8 million in 1990 to 3.9 million in 2004. By 2010, this statistic is expected to climb to 4.7 million. Unless a mechanism is put in place to combat this trend, the magnitude of crisis will double in 20 years time (Children on the Brink 2004).

According to the Ministry of Health report from 2004, there were an estimated 4.6 million orphans which accounted for 11% of children in Ethiopia. Another notional source estimated that children under the age of 15 who lost their mother due to AIDS were 1.2 million in 2001. This number is projected to increase to 1.8 million by 2007 and to 2.5 million in 2014 unless effective measures are taken to curb the epidemic (HAPCO, 2004).

1.3 Statement of the Problem

The effect of poverty and HIV/AIDS epidemic are leaving many children increasingly vulnerable to various social, psychological and livelihood shocks. Within an increased number of Orphans and Vulnerable Children, stakeholders working in the area of care and support have primarily focused in addressing the material needs of OVCs. The secondary focus of programs has been to address the needs for skill transfer and education for children. Even fewer programs have been able to adequately address the medical, social and psychological needs of children affected by HIV/AIDS. It is essential that medical care, socio economic support, and human rights and legal support and interventions are implemented in the mutually reinforcing manner necessary to provide comprehensive care and support for orphans and other vulnerable children.

Although programs have responded to some of these needs and elements, they are often fragmented and lack comprehensive approach. It is widely recognized that one organization or program cannot address all of these needs

alone. Yet, partnerships between and among government institutions and nongovernment organizations are inevitable if the problems of OVC have to be well addressed. Programs to date have had extreme difficulties to adequately reaching the number of children in need for various reasons.

It has been recognized that AIDS orphans are vulnerable to various social, economic and psychological problems. The total coverage of the services in terms of number of beneficiaries in the area of education and health and the attention given to AIDS orphans is far from satisfying. The existing government agencies, non-governmental organizations and community institutions that provide services to AIDS orphans are confined in few selected areas addressing the needs of limited section of AIDS orphan population. Thus, a majority of AIDS orphans are left out without any form of assistance (MOLSA, 2003). Besides, the scope and diversity of the services provided to AIDS orphans are limited to the provision of basic necessities and are still inadequate.

The vulnerability of AIDS orphans starts well before the death of their parents. Children living with caregivers who have HIV/AIDS will often experience many negative changes in their lives and start to suffer neglect, including emotional neglect, long before the death of the parent or caregiver. Orphans run greater risks of being malnourished than children who have parents to look after them. According to the findings in some previous researches done in the area, considering the feeding habits of orphans, 48.9% of the AIDS orphans and 40.6% of the non-AIDS orphan children, respectively were not well-fed (MOLSA, 2003). Thus, the ongoing failure to respond to the orphan crisis will have grave implications not just for the children themselves, but for their communities and the nation at large.

Although the Ethiopian multi-sectoral HIV/AIDS prevention and control strategy contains useful elements and implementation modalities that have been proven to be effective in many African context, practical experience shows that challenges are being faced in translating these conceptual strategies into actions on the ground. Resource limitation coupled with low level of

commitment from various stakeholders involved in the implementation of the strategy limits results against the strategic plans.

Thus, there is an enormous gap between what has been done and what needs to be done to protect the rights of the children and address the needs of AIDS orphans. Filling the gap would be possible, if there was a concerted effort among government, NGOs, Faith Based Organizations and private sectors. However, as it is indicated in MOLSA's finding, there is lack of coordination among organizations that provide services to orphans in general and to AIDS orphans in particular. There was a failure to involve stakeholders in critical stage of planning which has left a big rift in achieving effective coordination. Owing to misconceptions in mainstreaming and lack of follow up and evaluation mechanism, sectoral responses were weak (HAPCO, 2005). It is, therefore, important to adopt a holistic approach when tackling the issues of orphans and to view strategic frameworks for helping orphans and vulnerable children. In general the basic research question is "What alternate care and support systems best address the problems of orphans and vulnerable children in Addis Ababa with specific focus on Arada Sub-city?"

Therefore this study will try to answer the following specific questions:

- I. What are the major unmet needs of orphans and vulnerable children in the Arada Sub-City of Addis Ababa?
- II. What are the major gaps in the OVC service provision by government and nongovernment organizations in Arada Sub city?
- III. What collaborative roles can stakeholders play to address the problems of Orphans and Vulnerable Children in the study area?
- IV. What can social workers contribute to alleviate the problems of OVC in Addis Ababa?

1.4 Significance of the Study

There is an urgent need for evidence generation and utilization about the known and emerging high risk groups The impact of HIV on children and their

families is not simple problem with a simple solution or quick fix. There is no recipe or road map, although there is growing consensus about the broad outlines of a strategic response, as reflected in children on /Brink 2000 and the evolving set of principles to guide programming for orphans and vulnerable children. The reality of the current situation is complex, inter-related on all levels of life, and cuts across all sectors of development. This is not a matter of children alone but one of all individuals, societies, and governing bodies locally, nationally and internationally. We are faced with a situation of unprecedented nature that requires the trust and respect of communities, collaboration and commitment at all levels, and the sharing of lessons learned.

In many countries with a high prevalence of HIV, efforts to provide care and support for AIDS orphans have been underway for many years. Although existing initiatives are encouraging, many of these are small scale and are struggling with the increasing number of children that require care, with an increased number of OVC and involved stakeholders working in the area of care and support, it is more important than ever to assess how well the needs of children are being met by those services while each governmental, non-governmental or community-based organizations have individually addressed, monitoring and evaluation issued related to their work for and with OVC, there has not been unified approach (HAPCO 2005).

It is hoped that the study will initiate the concerned bodies to see the gaps that made the programs difficult to measure progress in achieving overall outcomes for children. It also shows the importance of networking and sustainable partnership among organizations that have provided care and support to orphans and vulnerable children. It also indicated the cooperation and ownership of community members and government bodies at all levels.

1.5 Objectives of the Study

The general objective of this study is to examine the quality of services provided to orphans and vulnerable children in Addis Ababa with particular

focus on Arada Sub-City. Eventually, the study will try to find out ways to address the overriding problems that orphans and vulnerable children are facing in the study site.

The specific objectives of the study are the following:

- a. Ascertain the major unmet needs of orphans and vulnerable children from their own point of view.
- b. Identify the major gaps in OVC service provision endeavors.
- c. To pinpoint the factors affecting quality service provision efforts of OVC support program implementer organizations
- d. To indicate potential collaboration and networking initiatives among stakeholders and government bodies at all levels, involved in OVC program in Arada sub-city of Addis Ababa.

1.6 Limitations and delimitations of the study

1.6.1 Delimitation of the study

The study will be conducted in Addis Ababa with particular focus on Arada sub-city. Six woredas are randomly selected and six organizations which are engaged in OVC service delivery are picked up on a random sampling. The key concern of the study is on the quality of services rendered to OVCs in the Sub-City. The study assesses the problems of OVCs, and the kind of services provided by different organization both governmental and nongovernment agencies mandated to work on OVC care and support programs. The study will give emphasis to HIV/AIDS related programs that orphans and vulnerable children are exposed to and other related problems will be given due attention as well. Best solutions and justifications demonstrated and proved in the study area will be capitalized for further enhancement and improvement of quality OVC service provisions. This study targets orphans and vulnerable children who have already been identified and recruited by service giving organizations, and OVCs who are not incorporated in the service scenario will be proposed for

the service providing organizations to be their future targets. The selected subjects of the study for assessment are the OVCs, surviving parents or guardians of OVCs, and the organizations and sectors who take their part on the OVC service provision.

1.6.2 Limitation of the study

Even though the study employed systematic and varied methods to exhaustively identify available OVC providers and the quality of service, some practical limitations are expected to inevitably be part of it. The first challenge is related to the children. In this regard is time, to meet the children on the program. The second problem is related to the service providers. Here, the service providers might not in an organized manner. The third challenge is lack of full cooperation by the sub-city principals to make the time convenient to the researcher.

Finally, the high expectation of incentives from both children and relatives for interview sessions was another challenge. This problem will be compounded with the weak finance of the researcher. But, the researcher will do his/her best to minimize those sources of bias by employing all possible mechanisms to contact the study subjects repeatedly and ensuring the necessary data with out raising their interest for remuneration and get their full consent to devote their time.

Concepts and definitions

Who is an orphan? The term “orphan” is used and understood differently by different people. Some cultures regard an orphan as a child who has lost both parents. Others consider an orphan to be a child who has lost one parent. For the purpose of this study, an orphan is a child who is below 18 years old and lost one or both parents.

Child: in this study, the term 'child' refers to a person whose age is below eighteen.

AIDS orphan: The literature tends to use three kinds of definitions; depending on which parent has been lost to AIDS; it refers to paternal, maternal, or double orphans. A paternal orphan is defined as a child younger than 15 who has lost a father to AIDS, a maternal orphan is one who has lost a mother to AIDS, and a double orphan is one who has lost both parents to AIDS (Deininger, et al 2001).

Although some literatures mainly label and refer "AIDS orphan" to either a maternal or a double orphan (UNAIDS/UNICEF 1999), it has its own problems. Therefore, for the purpose of this research, the definition jointly reported by USAID, UNICEF and UNAIDS, (2002) at a recent Reference Group Meeting, which was agreed that a child orphaned due to AIDS is "a child who has at least one parent died of AIDS" will be used.

Chapter Two

2. Literature Review

The emergence of the HIV epidemic is one of the biggest public health challenges the world has ever seen in recent history. In the last three decades HIV has spread rapidly and affected all sectors of society- young people and adults, men and women, and the rich and the poor. Ethiopia is among the countries most affected by the HIV epidemic, with an estimated adult prevalence of 1.5%, it has a large number of people living with HIV (approximately 800,000); and about One million AIDS orphans (FDRE, 2012). The Ethiopia government has formulated a National HIV/AIDS Policy was endorsed by parliament in 1998. The main objectives of the policy are to encourage government sectors, non-governmental organizations, private sectors and communities to take measures in order to alleviate the social and economic impact of HIV/AIDS and to promote proper care and support for people living with HIV and orphans (ibid).

The alarmingly increasing number of orphans and vulnerable children coupled with dwindling of grants and inappropriate utilization of meager resources has made the lives of desperate orphans and their caregivers more severe. The problems have been frequently manifested through unexpected interruption of care and support programs, inclusion of insignificant number of needy OVCs in the care and support programs while the real number of those in acute need for care and support are significantly tremendous.

2.1 Causes of orphanhood

Orphan hood and vulnerability of children is not only the result of parental death due to AIDS, rather children could be orphaned due to deaths of parents from variety of causes. Children can also become orphaned due to neglect, abandonment and some other causes like going to the streets. The major problems orphans and other vulnerable children and their caregivers

face day in and day out include but not limited to economic, psychological, social, educational and health problems. It is universally agreed that there is merit in distinguishing between different causes of orphan hood and vulnerability only as far as this allows for a better understanding of circumstances, vulnerability, and need. Distinctions such whether a child is an orphan because his or her parents died of AIDS or from some other cause should never be used at the pragmatic level to include or exclude certain categories of children from their entitlements.

Yet, there are a number of examples of programs that provide support exclusively to children infected with HIV-for example, in Benin, children under 10 years with AIDS qualify for free medical attention, and children orphaned by AIDS qualify for support consisting of food security, clothes, and free education while the intentions of this sort of targeting may be good, this can compound the problems that surround so called AIDS exclusivity (AIDS treated differently than other diseases) and can worsen the stigma that may be associated with an “AIDS label”

2.2 Vulnerability

Vulnerability is a complex concept to define, as is illustrated in local/community definitions of vulnerability, which often includes disabled or destitute children, in policy and support provision definitions, which list categories of children, and in working definitions, which are used in various documents. The concept of vulnerability is not only restricted to individuals, such as children, but is often used to refer to households as well. Finally, there is evidence that challenges the assumptions that orphans are the most vulnerable children. Studied by Ainsworth and Filmer, and Huber and Gould where non-enrollment and non-attendance at school were used as proxies for vulnerability, found that, in many countries, poor children/rather than orphans/ were most likely not to be enrolled or to be out of school. Though generalizations across countries (28 countries in four regions in the Ainsworth and Filmer study/ can be challenged, the link between poverty and

vulnerability seems well established, suggesting that policies to raise enrolment among the poor will also have a positive impact on disadvantaged OVC.

2.3 The problems by AIDS orphans

2.3.1 Emotional impact

Children whose parents are living with HIV often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect, long before they are orphaned. Eventually, they suffer the death of their parents(s) and the emotional trauma that results. They may have to adjust to a new situation, with little or no support, and may suffer exploitation and abuse.

In one study carried out in rural Uganda, high levels of psychological distress were found in children who had been orphaned by AIDS, Anxiety, depression and anger were more found to be more common among AIDS orphans than other children. 12% of AIDS orphans affirmed that they wished they were dead, compared to 3% of other children inter

2.3.2 House hold impact

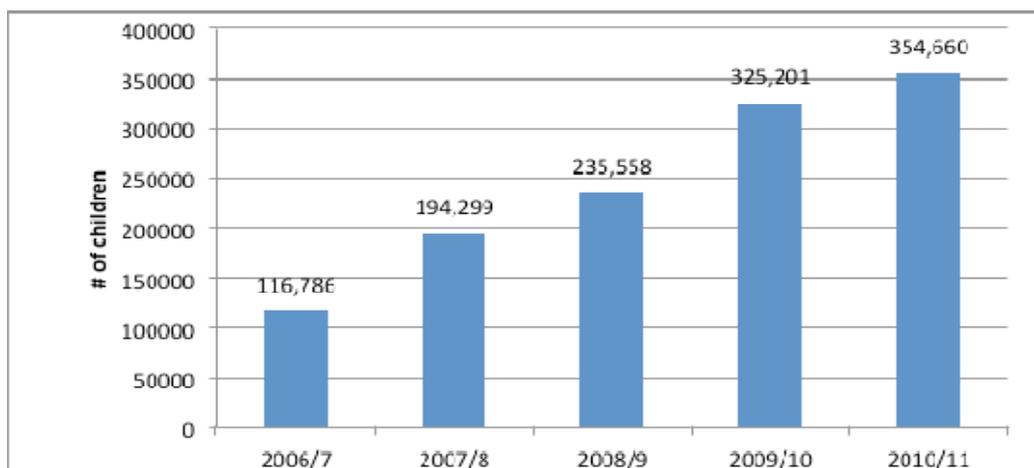
The loss of a parent to AIDS can have serious consequences for child's access to basic necessities such as shelter, food, clothing, health and education. Orphans are more likely than non-orphans to live in large, female-headed on fewer income earners. This lack of income puts extra pressure on AIDS orphans to contribute financially to the house in some cases driving them to the streets to work, beg or seek food.

2.3.3 Education

Children orphaned by AIDS may miss out on school enrolment, have their schooling interrupted or perform poorly in school as a result of their situation. Expenses such as school fees and school uniforms present barriers to school attendance if orphans' care givers struggle to afford these costs. Studies suggest that the impact of orphan hood on a child's education is closely interlinked with other factors, such as poverty. For example, a multi-country study released in 2010 found that orphan hood itself was not directly associated with lower school attendance (when defined as children who have lost both parents while non-orphans are defined as children both of whose parents are alive). Analysis of population survey data from Kenya found that children HIV-positive parents are significantly less likely to attend school than children of HIV-negative parents (Shimelis 2009:13).

The following graph depicts the progress of government and other allies made in addressing the problems of orphans and vulnerable children by providing the basic necessities and support related to educational materials requirements in five years time from 2006/7 to 2010/11.

Figure1. Graph depicting progress of number of OVCs supported in Ethiopia from 2006/7 to 2010/11



Source: Federal HAPCO

As indicated in the above diagram, to alleviate the problem faced by orphans and vulnerable children, the government in coordination with various international and local organizations provided financial and material support, including for education. In 2010/11, a total of 354,660 OVC received educational support, more than double the number during 2006/2007.

Statistical figures released in 2010 revealed that in most countries in sub-Saharan Africa, the gap between school attendance by orphans and non orphans has narrowed although progress varies across the region. Despite this, orphan particularly those from poorer households still remain less likely to attend school compared to their non orphan counterparts.

2.4 Country responses to the AIDS orphan crisis in Africa: Selected country cases

The next generation of National Plans of Action is supposed to place greater emphasis on the need for accurate data on the number of OVC in country, as well as their unique needs. In particular, the new NPA formats call for a strong emphasis on cross-sectoral responses to meet the needs of OVCs. These revised NPAs specifically emphasize the need to integrate the planned objectives of the NPA with other existing government strategies to alleviate poverty (UNICEF, 2009).

In many countries with a high prevalence of HIV, efforts to provide care and support for AIDS orphans have been underway for many years. Although existing initiative are encouraging, many of these are small scale and are struggling with the increasing number of children that require care. Three of the Africa countries that have been worst affected by HIV and AIDS are Botswana, Malawi, and Zambia. National Plans of Action for OVC which utilize a standardized template have been developed in 17 African countries including Ethiopia. The initial focus of these plans has been on an emergency response, however as the situation of OVC has become better understood the focus has shifted towards creating longer

term policy frameworks which address a wide range of issues for vulnerable children (SC-UK, 2009).

In Namibia the NPA includes provisions for child rights and protection, education, care and support, health and nutrition and networking. Additionally the Namibian example includes key recommendations from the wider groups of stakeholders highlighting, for example, resource issues and issues of cross agency coordination. Ethiopia has utilized a similar format with a particular emphasis on the importance of building legal frameworks, developing a comprehensive picture of the situation of OVC in the country, and the importance of building community capacities within all types of intervention (UNAIDS 2009).

Lesotho has made significant progress in the protection, care and support of vulnerable children. According to the Situation Analysis of Orphans and other Vulnerable Children in Lesotho report (2011), at least 93.2% of households received one kind of support. When primary health care and education are not considered 61% of households received one kind of support (LNSPVC 2012-2017).

The Situation Analysis conducted in 2011 on Orphans and other Vulnerable Children estimated that Lesotho has a total child population of 1,072,974 of which 363,526 are orphans. Approximately 10 to 13 per cent (125,000) of all children are considered to be vulnerable children. The National Policy on Orphans and Vulnerable Children (OVC) has defined an orphan as a “person who is below the age of 18, who has lost one or both parents due to death”. The Children’s Protection and Welfare Act (CPWA, 2011) has defined a vulnerable child as “a person who is below the age of 18, who has one or both parents who have deserted or neglected him (her), to the extent that he has no means of survival and as such is exposed to dangers of abuse, exploitation or criminality and is therefore in need of care and protection”.

The Situation Analysis of OVC in Lesotho (2011) redefined a vulnerable child as “a child whose rights to survival, development, protection and participation are not met” because of certain conditions or circumstances. This means that children become vulnerable when their rights to survival, development, protection and participation in social and economic issues affecting them are not fulfilled. All three definitions above are broad, and inclusive of most children.

2.4.1 Botswana

In Botswana, it is estimated that 93,000 children had lost their parents (s) to AIDS by the end of 2009. A National Orphan Program was established in April 1999 to respond to the immediate needs of orphaned children, and a comprehensive policy for helping AIDS orphans was established under this program. The government currently runs a ‘food basket’ scheme, where a basket of food is provided to orphaned households once a month. Orphans are also provided with school uniforms and are subsidized for transportation fees to get to school, among other things. By December 2005, 50,557 orphans were registered to receive support from the government.

House of Hope Day Care Centre

An example of the program in action is the rural district of Bobirwa, where district authorities have contracted the Bobirwa Orphan Trust to deliver essential services to orphans in the area. The Trust is made up of community volunteers and government paid employees, including social workers and family welfare educators. Members of the Trust register orphans in the district and identify their needs through home visits, schools and churches. They also initiate community based foster placements, and support the provision of food and clothing to orphans through local groups. On top of this, needy orphans are assisted with blankets, counseling, toys, and bus fares to and from school, school uniforms and other educational needs.

Traditionally, orphaned children in Botswana have been cared for by extended families. However, due to social and economic strain some families

are no longer willing or indeed able-to do this. Even when they are, the level of care orphans receive is sometimes unacceptable. In some cases, families have been known to take on orphans merely to benefit from government orphan packages.

A variety of different community organizations do now provide support for orphans, and the government does encourage communities to provide care for orphans within the community, and to rely on institutional care only as a last resort. The Kgaitse Society in Gaborone is an example of a community organization set up to care for and educate AIDS orphans. Established in 2002, it assists with their basic needs and provides basic and primary school level education through a flexible school program. It also provides support for children caring for family members and for those that are working. Other examples of community organizations are the Maun Counseling Centre, and the House of Hope in Palapye both of which provide day care support for orphans.

In the Ethiopian case the Edirs which local community organizations which earlier working only in the funeral procession and comforting remaining members of a diseased member are now widely engaged in supporting orphans and vulnerable children in the neighborhood in areas of intervention such as nutrition, education, shelter, health and etc. This has helped the children who were to drop out of school following the loss of their parents and/or guardians to pursue their schooling afterwards.

2.4.2 Malawi

AIDS, extreme poverty and food shortages have all taken their toll on Malawi in recent years. By the end of 2009, it was estimated that Malawi had over half a million children orphaned by AIDS. As early as 1991, the Government of Malawi established a National Orphan Care Task Force. The Task Force is made up of various representatives and organizations, which are respond care. One year later, in 1992, National Orphan Care Guidelines were

established. The guidelines serve as a broad blueprint to encourage and coordinate regional and community efforts. The Task Force has also established a subcommittee that is reviewing existing laws and legal procedures to provide greater protection to vulnerable children.

An important aspect of the government's strategy has been to promote and support community based programs. In both rural and urban areas across Malawi, communities are developing a variety of ways to cope with the growing crisis of AIDS orphans. In many villages orphan committees have been established to monitor the local situation and to take collective action to assist those in need.

The Government furthered its commitment to AIDS orphans in June 2005 when President Mutharika launched The National Plan of Action for Orphans and Vulnerable Children. This plan, which is due to run until 2009, aims to increase access to essential services-such as education, health, nutrition, water and sanitation-amongst AIDS orphans and other vulnerable children. It also aims to help families and communities provide support for such children.

The large number of children losing parents to AIDS in Malawi presents a daunting challenge to both the government and regional communities. A severe lack of human and financial resources continues to hold back Malawi's fight against AIDS, including efforts to support AIDS orphans. "Orphans have little food, few clothes, no bedding and no soap...and as a whole, community care because of HIV/AIDS is overwhelmed and breaking down.

2.4.3 Zambia

In Zambia the estimated number of children orphaned because of AIDS is 690,000. The AIDS epidemic in Zambia is among the worst in the world. Under the twin pressures of poverty and disease, many extended families (which traditionally care for vulnerable children in Zambia) are breaking down.

"It's very hard to find a family in Zambia that hasn't been personally touched. It's very hard to find a child that hasn't seen or witnessed a death

related to HIV/AIDS. The extended family in the community structure, they've really broken under the weight of the HIV/AIDS epidemic and poverty, and when the burden becomes too great, families are unable to cope anymore, and so we're seeing tremendous numbers of orphans and children who are no longer able to be cared for by their extended family."

"And in the midst of all that, we are seeing within the communities themselves and within extended families truly heroic efforts to absorb the children, to work with them, to give them the nurturing and caring in the environment, in their own communities that is so necessary for this next generation." Stella Goings, UNICEF representative. Child-headed household, once a rarity in Zambia, are now more common. Unfortunately, formal and traditional inheritance, land ownership and health policies have not kept up with their needs.

AIDS orphan in Zambia

In July 2006, Zambia's Health Minister, Ronnie Shikapwasha, revealed that 6% of the country's AIDS orphans were homeless and that less than 1% lived in orphanages. He stressed that more needs to be done to support AIDS orphans, through better access to education, health care, nutrition, and food, among other things.

One multi-sectoral project in Zambia is Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (Scope-OVC). This support program is implemented by CARE/Zambia with help from Family Health International (FHI) and funding from the U.S. Agency for International Development (USAID). Between 2003 and 2004, this project offered life-sustaining care and support services for over 81,709 children. The project works to keep siblings together and children within extended families and communities. Scope develops district and community level capacity and resources to respond to the needs of orphans and vulnerable children. Scope also tries to build partnerships and networks and sustain old ones with community-based organizations that provide care and support for children.

2.5 Orphans and vulnerable children (OVC) services in Ethiopia

The effect of poverty and HIV/AIDS epidemic are leaving many children increasingly vulnerable to various social, psychological and livelihood shocks. Most importantly, the impact of the HIV/AIDS pandemic and extreme impoverishment on children, families, communities and the country as a whole are due to many interrelated factors that require coordinated responses.

The nature and scope of such responses may vary depending on the source of vulnerability, age and gender of the OVC as well as the socio-cultural setup of their communities and the service providers and other stakeholders' organizational interest. As a result, increasing individual, organizational, and governmental awareness on these facts becomes essential as addressing of OVC related crisis should be an integrated social development program. This relates specifically to the involvement of civil society organizations: faith based organizations (FBOs as well as local and NGOs. To address the ever increasing number of OVC and the demands of children who are at risk due to the loss of parental support and lack of local social support systems, many NGOs and FBOs have made interventions to response to the OVC crisis.

Coordination of partners and various stakeholders

The Federal HAPCO successfully coordinated regular meeting of national and international stakeholders including bilateral and multilateral/UN organizations and regional HIV/AIDS Secretariats. Furthermore, the Federal HAPCO organized several coordination meetings of The National HIV/AIDS Prevention Task Force, the M&E Task Force, the National Partnership Forum, the Task Force of Orphans and Vulnerable Children.

HIV/AIDS Policy in Ethiopia

The HIV/AIDS policy was found to be too general lacking any clear provisions concerning the issue of OVC and it also lacks harmony with other existing policies. Lack of awareness at all levels, absence of workable guidelines

and strategies, and limited capacity at all levels were also found to be obstacles, hampering the OVC care and support intervention (FDRE, 2004).

The programs were also found to be fragmented and scattered, limited in scope and coverage, donor driven and focusing on basic survival needs thereby fostering dependency. There was limited networking and coordination leading to duplication, a lack of standardization and integration and therefore they were not sustainable (ibid).

2.6 Situation of PLWHA/chronically ill and OVC in Addis Ababa

Addis Ababa, Ethiopia's capital city has estimated total population of 3.5 million people. The majority of the population, 73.4% is aged group 15-49 and 35% of the population is in the age group 15-24. Addis Ababa is reported to have one of the highest concentrations of HIV/AIDS cases in the country. The epidemic is claiming the lives of the most productive, energetic and educated segments of the population (HAPCO 2004).

Ayalew Gebre (2002) says, "It is common knowledge that the HIV/AIDS prevalence rate in Ethiopia is already one of the highest in the world." He further purport his argument by providing statistical evidence from the Disease Prevention and Control Department of the Ministry of Health (2002), which depicts 2.2 million persons (6.6 percent of the entire population) currently live with the HIV virus. Two hundred thousand of these HIV cases are reported to be children. The same source projects that the rate of prevalence will remain generally consistent until 2010. Accordingly, the prevalence rate will rise to 2.6 million in 2006 and 2.9 million in 2010, which figure involves both people living with the virus and full-blown AIDS cases.

The same scholar claims that children numbering in the tens of thousands have already been orphaned as a result of AIDS in Addis Ababa. It has also been forecasted that huge numbers will still be orphaned over the coming decade as people continue to die from AIDS-related causes in their child-rearing ages. Thus, orphan-hood being an important facet of the overall national crisis caused by the pandemic, no prevention and control effort is ever

complete without duly addressing this growing social menace (ibid). The problem is now vivid that orphans and vulnerable children in Addis Ababa and elsewhere leading a living that is perplexing not only them but also any ordinary observer.

Ayalew has rightly portrayed the situation that orphans and vulnerable children encounter as follows:

Whatever assistance and cooperation the parents used to receive from relatives and associates is very likely to cease after their death, leaving surviving children without care and support. Further compounding the difficulties of the orphans is the failure of the parents to make the necessary arrangements that help the children to cope with the circumstances of orphan-hood. Practice has revealed that parents in a great many cases do not seem to pay much attention to the fate of their children after their death. The problems that AIDS orphans experience in connection with the right to inheritance of family property land or otherwise, give a clear and strong indication of this fact. Thus, not only do AIDS orphans have difficulties finding relatives coming to their rescue, but to make matters worse, they risk losing part or all of their property rights to those putting forward illegitimate claims.

In desperation, a great number of orphans land up on the streets in an attempt to find food by doing menial jobs or begging. Girls become obliged to sell their labor as domestic servants and exchange sexual favors for cash. While orphaned boys and girls may somehow keep themselves going in this way, street life only increases their vulnerability to a range of further and more complex troubles. The street milieu exposes the orphans to high sexual activity, willful or forced, with great likelihood of contracting the HIV virus, besides sliding into a number of harmful practices. Children in such situations are hardly able to continue schooling, putting their prospects for a normal life at even higher risk (2002:40).

To investigate, assess and to find out what really is happening after a decade the above study was conducted on the lives of orphans and

vulnerable children in Addis Ababa, The Ethiopian government in its recent report about progress it made in respect response to HIV/AIDS in 2012 has put the following evidence about the achievements pertaining to the country's number orphans and other vulnerable children receiving basic necessities for daily life.

The number of children who received food and shelter support has also increased from 104,399 in 2009/10 to 251,505 by the end of June 2011. Furthermore, a total of 43,256 orphans and vulnerable children received training on income generating activities, out of them, 37,209 received startup capital. However, considering the total number of needy children, the support provided is far from adequate. To address this gap, the government has taken an initiative to mobilize communities to provide necessary support through a community-based approach-where support is provided through adopting extended families. This approach has dual benefits- it provides material support with much needed psychosocial support from extended families and community members (FDRE 2012:36).

However, these figures still far below from the total number of orphans in the country who expect the same support claimed being provided above. This final remark of the literature review leads us to the next chapter which deals with research methodology, research techniques and data collection process employed in this study.

Chapter 3

3.1 Methodology

Before embarking on the details of research methodology and techniques, it seems appropriate to present a brief overview of the research process. Research process consists of series of actions or steps necessary to effectively carry out research and the desired sequencing of these steps (Kothari 2004:10). When we talk of research methodology we not only talk of the research methods but also consider the logic behind the methods we use in the context of our research study and explain why we are using a particular method or technique and why we are not using others.

Why a research study has been undertaken, how the research problem has been defined, in what way and why the hypothesis has been formulated, what data have been collected and what particular method has been adopted, why particular technique of analysing data has been used and a host of similar other questions are usually answered when we talk of research methodology concerning a research problem or study (ibid).

The study adopted qualitative research method and phenomenological research design and it is a descriptive type that it describes the real situation on the study area with respect to the quality of services provided to OVCs by nongovernment and government organization. Non probability sampling technique is used to identify participants of the study and in-depth interview and observation are utilized as the main tools for data collection.

3.2 Why qualitative research method

Qualitative research is concerned with qualitative phenomenon, i.e., phenomena relating to or involving quality or kind (Kothari 2004:3). Qualitative research uses open and close ended questions, unstructured surveys, focus groups, participant and nonparticipant observation and examination of existing documents in the process of collecting qualitative data. This study employs

qualitative research method. According to Padgett (2008) qualitative research method is best suited for a topic with sensitive and emotional depth that requires empathy and understanding and helps to understand situations, events, experiences and actions of participants (Maxwell, 2005).

It is clear that doing research with children in difficult circumstance requires compassion, endurance, patience, and care as well as curiosity. It is also evident that children need to develop a certain level of trust and confidence with the researcher if they are to share their emotional situations with someone whom they do not know and had never met before. The children who participated in this study are no different from what is mentioned here in such a way that they are under the guardianship of individuals and institutions they fully rely on for subsistence. The level of confidence they could have to express themselves and the situation they are in depends heavily in one way or another on the freedom they are given from their guardians and the institutions which support them.

Taking all this into consideration, different techniques have been employed to obtain as much reliable information as possible both from the children and their guardians and the institutions as well. Interviews have been conducted with these children in different settings and at two different times. First time interviews conducted with children who are under the custody of relatives of their biological parents indicate that the children have some reservations which they did not feel comfortable disclose before their guardians about how they make use of the service supports they get from the organizations.

Therefore, the researcher decided to set up another interview with such children in a different setting where the guardians are not available. Observations have also been conducted to substantiate the information gathered from the children in the two interview arrangements. The interview conducted with their guardians and the information they provided about the same theme the children capitalized counter checked as well. In due course of the data collection process, it has been tried to see the consistency and validity

of information obtained from the study participants by using pertinent interview questions for the different but interrelated study subjects mentioned earlier.

Observation has been conducted in the service providing organizations' premises, the children's residential areas, and the school environment. Another important observation was also undertaken in guardians' petty trading places to ascertain the information obtained during the interview. I have conducted unstructured interviews with the guardians and the children during the observation at the guardian's petty trading environment. Since some of the children were there to provide assistance for their guardians, it has been a good opportunity to cross check the information obtained from the previous interviews.

3.3 Research Design

Phenomenology in Greek means to 'show itself' was the methodological basis for this qualitative study. The research participants of this study are orphans and vulnerable children, their relatives (guardians) and service providers in Addis Ababa with a particular focus on Arada sub-city. The study used non-probability sampling technique as a sampling method. The guiding factors in non-probability sampling include the availability of the units, the personal experience of the researcher and his/her convenience in carrying out a survey.

3.4 Data Collection Tools

Formulations of in-depth interview and observation checklist, guided by the literature review and the objectives of the study have been employed to collect pertinent qualitative information. Taking into account the need to collect the requisite data for the research, appropriate tools have been devised and concomitant analytical techniques like interview description and content analysis are used.

The data is collected through interview from orphans, non-orphans, relatives and nongovernment organizations engaged in supporting vulnerable people, about how the services are utilized and whether the services provided are satisfying needs of recipients to the level that they improve their living situation. Political administrative agencies of the city administration which are delegated and assigned to oversee the issue of vulnerable groups of the community including orphans were subject of the study. Interview has been conducted with heads of such institutions to substantiate the qualitative data gathered from orphaned children, their guardians, and the leaders of nongovernmental organizations engaged in OVC service provision.

3.5 Data Collection Techniques and Procedures

In depth interviews and observation were used as the main technique for collecting data. The interviews have open-ended questions conducted to the participants of the study. The first interview is to service providers (why their focus in the sub-city, kinds of help provided and the gaps to provide quality services). The next interview is to OVC related to (their entrance in the service, schooling condition and how far they satisfied by the services). The third interview will be to parents/guardians (their living conditions before the help and problems about the service). Finally to the Arada Sub-city administration HIV AIDS prevention and control office (the support extended by the NGOs, their integration with them and the success of HIV/AIDS mainstreaming in the sub-city). The observation was probing in order to get full picture about the lives of the OVC and their relatives.

3.6 Data analysis process

Once data are collected, the researcher turns his/her focus of attention on its processing. A research has to make his/her plan for each and every stage of research process. As such, a good research makes a perfect plan of processing and analysis data. The following procedures and activities were taken during data analysis process. I transcribed the notes, taking while

having interview with children, relatives, service providers and the sub-city administration. The transcription, which is written in Amharic, then translated to English as accurately as possible.

Finally, the main themes were identified and the categories brought together and rearranged those themes. Accordingly, the interpretation was done based on the common points and/or something new emerged, and conceptualizing and explaining issues interrelated to one another in the themes and cods emerged.

3.7 Ethical Issue

Informed consent form was orally read before the interview started and consent of all participants in the study was obtained. The informed consent has incorporated information such as the voluntary nature of the research, purpose of the research, extent and procedure of confidentiality and anonymity.

The informed consent also indicated the associated risks and how it was planned to handle it. The informed consent has clearly shows that there is no incentive to be given to any research participant in return for the information they provide. The informed consent clearly declares that the genuine information incumbent research participants provide may help to improve the quality of services which nongovernment, government and other community based organizations are providing to OVCs in the future. It is also clearly stated in the informed consent that the participants are sincerely acknowledged for participating and contributing the in the study. Tape recording was not undertaken and instead, note-taking was carried out to let the participants feel at ease to share their views.

3.8 Trustworthiness of the Study

There have been attacks on naturalists on the issue, in their process of inquiry. It is said that qualitative approaches may bring subjectivity into the inquiry, and biases of the researcher may not produce authentic information

for others. In order to ensure the trustworthiness of the research it has been tried by the researcher to identify the possible threats and how to deal with them. Reactivity, researcher biases, and respondent biases are the major challenges for trustworthiness of qualitative studies. In order to minimize respondents' biases and the risk of reactivity in which participants hold back information due to the presence of researcher, prolonged engagement is used as strategy (Padget, 2008).

Prolonged engagement is the investment of sufficient time to achieve certain purpose. That is why a couple of interviews were arranged for some of the children whom the researcher recognized that these children were holding back some information for the reason that the setting during the first interview was not allowing them to freely express themselves and the situation they are in actual life. Accordingly, information held back during the first interview session is well articulated at the second interview session in a different setup. To have prolonged engagement two interviews per participant was conducted. The first interview enables to build rapport and promote for the next interview. The next interview brought engagement and has participants' experience evidently (Morrow & Smith, 1995 cited in Padget, 2008).

A researcher bias was handled through "bracketing out". Creswell (2007) stated that to fully describe how participants view and feel the phenomenon, and counter early categorization researchers must bracket out their own preconception and experiences. This enabled to suspend belief throughout data collection and analysis in the course of this study. The face-to-face interview session has helped me to do the analysis in such a way that participants' reactions, gestures and facial expressions as emotional reflections are utilized as points of analysis. Physical make up of participants and the environment or the setting the interviews were conducted have also made their contribution for further scrutiny and description of the real situation of orphans and vulnerable children, their care givers and the organizations involved.

The selection of sample organizations in the study are has been done in a random selection. Accordingly, from the total of 20 nongovernmental organizations working in orphan and vulnerable children in the sub-city, six of them were selected for the study. The basis of the selection of these organizations was made during the observation made by the researcher in the sub-city. The geographical distribution of the organizations and their catchment area has been used criteria for selection. The Regional HIV Secretariat Office has been consulted about the sample area selected after the selection was made to avoid external influence and traduce sampling bias. However, it was acknowledged that the area was also identified by the office as one of the most OVC situated area in the city administration. The wereda level government agency responsible for OVC issues was also contacted as a research participant institution and interview has been conducted with the office incumbent.

Chapter Four

4.1 Analysis and Results of the study

This portion of the study has four parts; the first part shows the organizations incorporated in the study, their services and the challenges they encountered to provide good quality services to their orphans and vulnerable children clients. The second part describes about the views of orphans and vulnerable children receiving support from the organizations selected for this study. The third part presents the parents'/guardians' reaction and reflection about the available services rendered to them and their respective OVCs by the organizations. The fourth, which is the last part of this chapter describes the activities the HIV/AIDS Prevention and Control Office of the sub-city undertakes. The entire chapter reveals the analysis and description of the qualitative information obtained from the respondents and the results deduced from the analysis the information/data in line with the objectives formulated in the introductory part of the research.

The statistical depiction of the six sample organizations selected from a total of 20 organizations operating in the Sub-City is shown in the table below. The organizations working in OVC support program in the selected weredas of the sub-city and their respective beneficiaries/clients are clearly portrayed as follows.

Table1. OVC Service Providers (NGOs) incorporated in the study

No.	Name of the organization	Name of the Woreda deliver its service	Number of children supported		
			M	F	Total
1.	Abebech Gobena Yehitsanat Kebekabe Ena Limat Mahiber	Woreda 3	1333	2544	3877
2.	Birhan Integrated Community development	Woreda 2 and 5	90	103	193
3.	Brothers of Good work	Woreda 5 and 10	153	204	357
4.	Arat Kilo Child Care and Community development	In all ten woredas	3854	3896	7750
5.	Integrated service for AIDS prevention and support organization	Woreda 8 and 10	400	300	700
6.	Society of women for AIDS	Woreda 2 and 5	114	170	284
Total			5944	7218	13161

4.2 Main Reasons of focusing in this sub city

The service providing organizations claim that they have chosen Arada sub-city for the following reasons. The first reason the organizations unanimously agreed why they have selected the sub city as an operational site is that there are considerable number of poor people in the sub city and have recognized that these poor households are also challenged by the responsibility of caring for orphaned children of their diseased relatives who died of various causes including HIV/AIDS.

The second major factor which the organizations asserted for selecting Arada Sub-City is that there are many orphans who have lost their parents due to HIV/AIDS who do not have immediate care takers as a result of which these children have gone to street life. This in turn has aggravated the concentration of vulnerable children in the area.

The third fundamental issue which the organizations believe made them focus on Arad Sub-City is that the area is densely populated and people live in destitute houses. Besides, the organizations say that the people in the sub city live in a subsistence income sources.

4.3 Service packages rendered to OVCs and families/guardians

Asked to name the service packages their respective organizations provide to orphans and vulnerable children, all the leaders of the six charity organizations asserted that they deliver similar services to the OVCs, and to the guardians. As the heads of the organizations interviewed explained, the service packages predominantly incorporated nutrition/food, educational materials (school uniforms, bags, and stationary items such pens, pencils etc).

These organizations also provide health care expense coverage services by reimbursing medication and treatment expenses the children and their guardians in times of health inconvenience. Counseling service is also included in some of the organizations. The organizations are advocating that the children should be mingled with their communities. Accordingly most of the children are taken care of by their relatives and neighbors while they are supported by the charities.

Abebech Gobena Orphanage and School, was established in 1980 with mission and objectives to address problems of orphans and vulnerable children:

Mission: *To bringing up needy children to prove them with basic need, to reunify these children with whose relatives are traced and make grown up children of the orphanage and other destitute women and young people to be self supportive by providing various skill training.*

The objective Abebech Gobena Orphanage and School set at its establishment include these: 1) Provide health service for orphans.2) Foster needy children. 3) Provide free education service for children under its destitute families

The organization is currently delivering educational services to the children by opening kindergarten and elementary school and preparing school feeding program. Though this organization does not believe that raising children in an institutionalized orphanage is the best option, it is still working

both at its institution based arena since it has started admitting abandoned babies during its establishment; it is currently encouraging the idea of raising and caring children in the community by providing them with the necessary services and facilities.

Accordingly, in addition to this provision of the orphanage service it provides services and facilities to OVCs who live within the community.

The founder of the organization, Dr. Abebech Gobena has stated that, it has given support to the street children around Merkato area which a Westside neighbor of Arada sub-city. These street children whom the organization is now supporting came from various areas of the country in search of better life and seeking job. Since the area occupies one of the largest long distance traveling public transport bus station, the children coming from different farther parts Ethiopia end up with street life.

'Brothers of Good work' is a unique charity organization as compared to the other organizations due to the reason that it delivers a door to door service for the orphans who have contracted HIV virus. The head of the organization when asked the same question asked in other organizations as to how the organization provides its support services to its clients stated that they have conducted strict and series of follow up programs in order to ensure whether the children do take the medicine properly and regularly. In addition, the organization has incorporated and carried out capacity building activities to the guardians and foster families. This capacity building activity, the head of the organization reported, is undertaken with the aim of avoiding the sense of dependency form the fostering parents and to create the sense of ownership and belongingness for the program on the side of the foster families and the children as well.

In this regard, the guardians are organized in micro and small scale businesses and they are provided with credit facilities and revolving loans to ascertain sustainability of the program. As the head of the charity has stated, the children are enabled to save some amount of money from the amount given to them. Furthermore, tutorial service is given to the children during their

spare time after school in order to strengthen their educational capacity by hiring tutors. The organization has organized and given various capacity building and skill development trainings to the children so that they will be independent and self sufficient when they are grown up.

4.4 Changes the support programs brought to the living condition of OVCs as per the organizations' point of view

All the heads of the six organizations were asked during the interview to reflect on the changes registered on the lives their OVC clients in due course and after their organizations implemented the service packages. Accordingly all the respondents asserted that the children have got the opportunity to go to school and have their daily meals and clothing. They have also claimed the children have completely managed to get out of the street life. The respondents confidently tell that the children incorporated in their programs have hope in their future life as they have the opportunity and access basic education.

The director of Abebech Gobena Yehitsanat Kebekabe Ena Limat Mahiber has stated that many orphans have been enrolled in the school using the opportunity created by the charity. In addition to the educational provision, Abebech Gobena Yehitsanat ena Limat Mahber gives aid to some parents who are not able to cover the expense for their children's and their own basic necessities and this support includes foster parents.

4.5 Challenges/ gaps in the service delivery process

Responding to the interview question "what major challenges are there in the service provision process" leaders of the OVC service giving organizations described the major OVC service challenges as categorized into eight key issues. These include the gap between the demand and supply to OVC services, poor organizational strategies and program design, funding constraints, shortage of human resources, and low awareness on OVC issues at all levels, absence of strong networking among organizations themselves and government institutions, and poor logistic capacity and work space/premise.

The following sections describe the gaps as perceived by research participants from the six OVC services giving organizations and supported by findings from relevant literature.

The OVC service giving organizations were asked as how many orphans and other vulnerable children could be there in their operational area. However, none of the organizations was able to determine the number because of absence of any recorded data obtained from baseline survey or from available reference documentations. The gap looks broad especially in such case where statistical evidences are not well recorded. This in turn affects the intervention process thereby either excluding the most need or including those who may not be in acute problems as those who are excluded. The statistically ignored portion of the OVCs will be shadowed with the performance both governmental and nongovernmental organizations register and report.

Furthermore, the organizations have indicated that allocation and utilization of resources has been a challenge when they start recruiting orphans and vulnerable children, and the effect is seen in the whole process as a result of which service interruption occurs at unprecedented moment. This again, according to the information reported from all respondents, results in children being forced to drop out schooling, get back to street life and their parents and guardians encounter economic and emotional challenges. The respondents suggested that the organizations need to assess the needs of the children and to have reliable statistics to budget resources. The sub-city HAPCO, woreda administrative offices as well women, youth and children affairs offices at all levels should consider their stake in the issue of OVC and work in an integrated manner.

4.5.1 Challenges related to availability adequacy and sustainability of funds

Funding is a great concern and the most prevailing problem for many of the OVC service providing organizations. They have capitalized the fund shortage as their top constraint in meeting the basic needs of OVCs such as education, food, clothing, medicine and health at a minimum level. Though the case for fund cut may need another study, some possible causes can be traced to observable ones whose impact is observed recently. For instance, the new CSO legislation the government passed in 2009 might have its impeding role in the dwindling funds that the local organizations cannot receive the amount of grant they used to get from donors before this legislation was enacted.

4.5.2 Challenges associated to qualified human resources

Availability of appropriate human resources is an indicator of institutional development and capacity. Inadequate staff both in terms of quantity and quality has been identified as a major gap by these organizations. All of the six OVC service providers in 'Arada' Sub-city contacted during this study revealed that they have difficulties in attracting and retaining qualified staff. Due to the absence of qualified staff, the organizations are unable to produce valuable proposals which convince donors. Consequently, the programs they envisage remain unimplemented and most of existing programs are liquidated due to shortage of all kinds of resources—financial, material and human.

4.5.3 Logistic and office space problems

Most of the OVC service providers have limited office space, office equipment, and motor vehicles to coordinate as well as manage programs efficiently. Inability to access space or land to establish an office or OVC care giving center was raised by all organizations. As a result, many service providers are forced to use inconvenient, rented, residential houses as office and OVC care giving centers. However, since these residential houses are not designed for such purposes, the service provision as well other facilities that an office

should have are unfulfilled. In addition, the owners tend to increase the rent fee which could be beyond the paying capacity of the organizations. Most of the offices the nongovernmental organizations working in OVC care and support are located far away from main roads and this makes their accessibility difficult to their beneficiaries.

4.5.4 Perception among communities about OVC and OVC programs

Low level of community awareness towards the issue of HIV/AIDS and the corresponding OVC problem were found to be the major root cause for misinterpretation of OVC issues. Considering the problem of OVC as something that should be entirely left to institutions that are already involved in the issue rather than taking it as a community and every individual's moral responsibility. Lack of attention from government bodies working at different levels assuming the responsibility of ensuring the well-being of people in different difficult circumstance is also another factor aggravating the problems OVCs in the study area.

The distorted belief that emanated from early years perception and the sensitization made government and nongovernment organizations about the potential dangers of HIV/AIDS has added fuel to the problem AIDS orphans encounter. Stigma and discrimination have prevailed for quite a number of years these days are culminating particularly in urban areas. However, the capacity of extended families and local communities are weak to take care of orphans and children in their areas. OVC related initiatives and efforts are often considered as short term subsistence delivery rather than consistence and sustainable life improving.

4.5.5 Challenges in Proper Networking and sustainable partnerships

Realizing effective response to the OVC crisis in isolation from other pertinent entities and in a fragmented way was well recognized impossible by

all respondents. Even though all the organizations explained that they have network with each other, they didn't deny the looseness and weakness of the networking. They pointed out that as a result of the loose and weak ties among different organizations has made all the endeavors undertaken to address the needs of OVCs unsuccessful for a long time now. As part of this study, information on networking and collaboration was collected from OVC service providers and government institutions concerned with the area vulnerable groups including OVCs. Based on this, all organizations have some linkages with different organizations engaged in similar activities, but are not strong and sustainable yet.

4.5.6 Organization strategies and program design related challenges

It has been identified that many of the OVC service giving organizations lack a clear strategy to address the root causes and respond to the outcomes of the OVC crisis in the sub-city they heavily depend on the strategies and approaches attached with donors/funding agencies. They also lack a clear OVC graduation strategy and often children receive assistance beyond the age of 18. From the six organizations included in my study, Brothers of Good work has this strategy. This organization has empowered parents and guardians besides OVC service and it has a strategy to train children after completed grade 10, and organize them in small enterprises. Most also lack a clear communication strategy to the public and government structure at various levels.

4.5.7 Absence of organized and comprehensive information/data on OVC

Prior to programs are designed and strategies are developed that target OVCs, it is necessary to understand the context in which these children live and the challenges they and their caregivers face. The majority of service

providers do not have comprehensive database systems that will allow them generating up to date program related information.

Table 2: Orphan and vulnerable children supported by the organizations

Name of the woreda	No of OVC		
	M	F	T
Woreda 1	2	2	4
Woreda 2	2	3	5
Woreda 3	3	4	7
Woreda 5	2	2	4
Woreda 8	3	2	5
Woreda 10	1	4	5
Total	13	17	30

4.5 The reason for their involvement in the support from their own point of views

The interview with the children was arranged in such a way that they could be contacted in their residential places. However, since it was hard to trace some the residential locations, some of the children were interviewed in the organizations compound without the observation any personnel from the organization. Children were assured that the information they provide would not in any case be shared to the organization supporting them. Besides, the influence parents and guardians could have if the interview was conducted at their presence, it was managed by interviewing the children with the absence of all guardians and this helped to get genuine information from the children about the services they receive.

The children stated that as they have lost their parents (both fathers and mothers) due to HIV/AIDS and as no one was around who was ready to

support them, they have come to these organizations to have aid and support. Currently, they say they are able to go to school as their non orphan age mate counterparts. They also believe that the aid and support facilitated their living with their relatives.

Some the children who are involved in the interview and living with single parent view the reason they are incorporated in the support scheme because, though their parents are alive, they are still needy and poor due to being incapable of fulfilling their needs. As a result, they claim, “we were forced to go to the street life.” Currently, we are receiving the aid form the organizations after we are proved to be poor by the ‘woreda’ and sub city administration screening criteria.

According to the other group of children who are paternal orphans and whose mothers have already contracted HIV, the problems they faced were tremendous for the reason that their mothers were unable to bring them up at all. But after they are embraced by the organizations, they affirmed that they are back to school to pursue their interrupted education properly. These children acknowledge the value of the support they get from their respective supporting organizations. The kinds of support they receive include food, educational materials like exercise books, pens, pencils and school uniforms.

4.6. The changes exhibited on the situation of OVCs due to the support organizations provided

Children were asked to reflect their own views about the changes they have seen in their living situation as a result of the support services the organizations rendered to them. Accordingly, they compare the situation before and after they are incorporated in the support program and claim that they are able to go to schools having the proper meals, clothes and education facilities such as exercise books, school uniforms and other relevant stationary material.

The children also said that their attitude towards education has changed from what they had previously when they were not getting any support for their schooling as well as for their daily subsistence. They describe the situation

saying “We couldn’t go to school as our clothes are torn and we had not any shoes to wear. Currently, we are in a better life, even though it could not be said that everything is fulfilled”. This remark made by the children signifies that the support provided to them has some relevant and desirable changes. However, as the children expressed their current situation as well as what they aspire to happen, it is clear that a lot remains to be fulfilled. This is indicated in their repeated claims that what they are receiving could not as taken as sufficient.

4.7 The problems the OVC consider to be existing in relation to the aid/support

The children have also been requested to share their feedback about the relationship and interaction they have with the organizations which are supporting them. When responding to this question the children said they often encounter sudden interruption of the services and supports they get from the organizations any they feel they don’t know whom to ask about the situation. They further state that the service could not be said satisfactory to cover everything. When the support is delayed, it creates a problem in our schooling. Four children who have lost their parents have given their response as follows:

“We have lived with the families of our parents. When the aid is delayed, we are forced to support the family being left out from our school. Due to this, our academic performance is decreasing and decreasing form time to time. This is because we lost both our parents and have nowhere to stay to continue our education. We are forced to be absent from school when our foster parts needed our labor, we cannot rejects their request since we know that we cannot have a single meal for the day unless we participate in the income generating activity for our foster parents.”

Table 3: parents/guardians

Name of the woreda	No. of parents/guardians
Woreda 1	4
Woreda 2	6
Woreda 3	6
Woreda 5	4
Woreda 8	6
Woreda 10	4
Total	30

All the parents/guardians who participated in the interview were women and this has an implication about who are more involved in taking care of children of diseased relatives. These women have reflected on the issues raised during the interview and is transcribed in the following sections.

4.8 Parents' situation before they come to the organizations

Parents and guardians of the OVCs were asked to reflect on their situation before and after they have been involved in the program. They stated that, previously they suffered a lot as they could not lead a proper living and the children they rear were forced to the streets. Currently, they assert, "we lead our lives and the lives of our children properly as we are receiving support from the humanitarian organizations." According to the guardians, all are raising the children of their deceased sisters and brothers. They further witnessed that they would have never been able to take these children, hadn't it been with the support they had received from the organizations. This clearly confirms that children who drop out of school to go back to the streets when the services are interrupted are because the guardians have no other means to keep the children in schools. These guardians believe that the children could

be like all other street children forced to go to street due to lack of support one day if the support program halts. They also instated that such support programs should have sustainability as they are enabled to lead a better life recently after they have started receiving support from the organizations and they acknowledge that they have got time to engage in income generating activities using part of what they earn from the organizations,

4.9 The problems Related with the delivery of the service

Asked if they have encountered any problems in the delivery scheme of the services, all the respondents mentioned that, there is often delay in the delivery of the service. They however do not consider the delay as a chronic problem. They said that they often feel and fear the support might be stopped when it delays for a long time. This shows that there is no a clear mechanism of communication between service recipients and service providers except a periodic interaction occurring when aid and other supports are dispensed. The service recipients believe that the aid does require them any prerequisite except being poor and taking care of orphan children. However, they contend that most of the service programs are not helping them to get empowered. They justify such a threat that since most of the organization providing services for a short period of time that they may retaliate to their former miserable living condition unless the issue of empowerment and sustainability taken into consideration.

4.10. The integration of the sub-city with the organizations

Asked if there is integrated and collaborative working culture among the sub-city, 'woredas' and the NGOs in the OVC programs, the officer affirmed that they work together with the organizations in selecting the children who are recruited for the services the NGOs provide and determining the appropriateness of the selection.

The sub-city administrative office undertakes the screening in order to avoid the redundancy of the relief and support and to minimize duplication of

efforts. However, the collaboration the sub-city administration claimed has made with the NGOs seems a little short of the level the NGOs are expecting. The NGOs complain that they have more expectations from the sub-city besides the screening process.

According to the information obtained from the support organizations, the sub-city administration far behind from what it should have done in terms of collaboration and integration. The NGOs argue that they are not provided with appropriate working premises because they face challenges in getting proper working premises and offices that can be easily accessible to their clients. They attribute this problem to the lack of cooperation from the sub-city in providing them with convenient areas so that could have performed better and reached more OVCs and other needy targets. The HIV/AIDS prevention and control process office of the sub-city has supported the organizations in order to create favorable conditions. But, there are still problems in screening the exact number of children who need support in the sub-city.

4.11 Achievements in HIV/AIDS mainstreaming in the sub-city

With regards to mainstreaming HIV/AIDS in the annual planning and implementation of government activities in the sub-city, the head of 'Arada' Sub-city said that they have arranged many trainings and workshops to all government offices in collaboration with HAPCO about HIV/AIDS mainstreaming. The head claims that there are significant changes to speak about HIV/AIDS issues that some sector offices demonstrated in mainstreaming endeavor, though a lot still remains to be addressed on the issue of orphans and vulnerable children.

According to officer's observation, many of the sub-city's sector offices send reports to sub-city administrative office how they mainstream it in their plans and what activities they have performed. The problem is, says the sub-city administration officer, 'the sector administrative offices and other institutions fail to incorporate the issue of the AIDS orphans. The officer

believes that as government bodies, they have to work hard to bring change on this area AIDS orphans in particular and OVC in general.

During the observation made in the data collection process, I noticed that there is a clear physical difference between the orphaned children who were taken care of by single parents and those under the custody of extended families or none related guardians. There has also been a significant change on the faces of the children as well as on their clothing for better as a result of the delivered relief and support to them from the support providing organizations.

It has been observed that those children who live with their parents are better off in school attendance compared to those who live with the guardians (fostering) families. This has been confirmed by the children themselves and their families that it is directly linked to consistency and adequacy of the support provided from the organizations and with appropriate use of the support on the part of the children and their caregivers. The children who are looked after by extended families look unlikely to utilize properly. There is also significant level of school absenteeism, tardiness and truancy on these children particularly when the support and aid provision from the organizations interrupted for a while that the children obliged to assist their foster families in the income generation.

4.13. The Role and contribution of the Sub-city's HAPCO (HIV/AIDS Prevention and Control Office) in OVC programs

One of the organizations involved and contacted in the research process is the 'Arada' Sub-city HAPCO. Interview was conducted with the director of the office and the information obtained is narrated hereunder:

Responding to the question as to how many nongovernment organizations are found in the sub-city and how many of these organizations are working in the area of HIV/AIDS and OVC issues, the sub-city HAPCO director says there are twenty organizations. And all of them have incorporated the issue of HIV/AIDS and OVC in their programs. The director confirmed that these organizations are working in collaboration and in an integrated manner

with the sub-city HAPCO. According to director, the collaboration focuses on the recruitment and selection of pertinent children who are orphaned due to AIDS and otherwise.

The involvement of 'Arada' sub-city HAPCO, says the director, has helped the organizations in screening and identifying appropriate beneficiaries in their respective working and catchment areas. The director further explained that the office works hard in facilitation and has achieved remarkable results in creating conducive working environment. The director believes that though a lot remains to be done to address the problems more OVCs, those in urgent need are being supported to a certain extent the capacity of the existing organizations permits.

With regards to the role of the government agencies assigned at 'worda' level to work in the OVC sector, the sub-city HAPCO director commented that the initiatives of both the woreda representatives and that of sub-city HAPCO are not up to the level expected especially in the area of sensitizing the local community to have a sense of ownership and belongingness for the programs working to alleviate the problems that OVCs encounter. The director believes that there should be an integrated work to be done among HAPCO, woredas, the NGOs and the local community so that there will be sustainability of the support programs designed for the OVCs.

Asked if there is any activity the office has undertaken to encourage government sectors to include HIV/AIDS mainstreaming, the director reported that HAPCO has conducted a series of trainings for sector government and nongovernment organizations' employees in the sub-city. He believes that significant changes have been registered as a result of the trainings that many all the sector organizations have included HIV/AIDS mainstreaming in their plans. However, according to the director there still remains a lot to be done in the area of orphans and other vulnerable children. He recommended that there has to be the initiative from all concerned bodies to create the awareness about the issue orphans and vulnerable children that they are parts and parcels of

the community which everyone should feel and assume responsibility about OVC care and support.

Chapter 5

5. Conclusions and Recommendations

The OVC crisis and issues are very multifaceted in Ethiopia. They have social, psychological, economic, and institutional as well as clear policy dimensions and implications. Thus, it is not easy to come up with definitive conclusions from a study based on data mainly obtained from institutions involved in supporting these OVC. However, using the findings from the data gathered from the leaders of service providing organization, children who get support from those organizations and the guardians as well as government agencies attempts have been made to draw the following conclusions and key programmatic implications to portray the immediate and underlying problems of orphans and vulnerable children and their immediate caregivers at household level. Following the conclusions, potential recommendations are forwarded deemed to address the overriding problems orphans and other vulnerable children are facing provided that these recommendations are put in place.

5.1 Conclusions

According to the finding, the organizations covered in this study experience a wider gap in addressing the high population of orphans and vulnerable children needing support. The limited service they provide due to the dwindling size of grant they obtain from donors for various reasons has made these organizations shorthanded. Consequently, the service provision capacity of these organizations has been affected by the decreasing level of funding. As a result, the already existing gap further widens in service provision and the desperate need for the support from the recipient vulnerable children aggravates. The gap between the demand and supply of services is wider in 'Arada' sub-city due to the fact that the large number of orphans and vulnerable children found in the sub-city.

According to the information gathered from the nongovernmental organizations and the government administrative bodies, shortage and inconsistency of funding is a major concern the organizations face. The funding problem for many organizations aspiring to address the immediate and long term needs of OVCs has impeded them from working to their plans and capacities. As a result, all of these organizations asserted that they could not design and implement programs that meet the holistic needs and wants of children in general and orphans and vulnerable children in particular in the study area.

The other stumbling block the organizations identified is shortage of qualified human personnel. This problem is unanimously acknowledged among all OVC Program implementing organizations and the government administrative agencies have confirmed that the organizations have been hampered by shortage adequate and skilled human resource during this study.

The research finding also depicts misperception of community members regarding the OVC crisis and service providing agencies have been identified as one of the gaps that needs to be filled. Such perceptions emanate from lack of awareness about the problem which again results in stigmatization of AIDS victims.

There is lack of comprehensive information on the orphans and vulnerable children's situation and magnitude of the problem. This inhibits appropriate program design and strategy development to ameliorate the OVC situation and effectively address root causes in the sub-city. Due to the absence of pertinent information on orphans and vulnerable children, the service provision has been a key factor for the duplication of services. Besides, deserving orphans and vulnerable children who were in acute need for support in various aspects such as education, health, social and emotional among others have been unreached. Statistically ignored portion of OVCs have been excluded from the available care and support programs and will continue being excluded unless there is a well designed assessment and recording.

Absence of a strong networking forum and body dedicated to mitigate OVC problems is a major problem in the sub-city. As the information gathered from all the government and nongovernment organizations which are working in the care and support of OVCs revealed that there is no any established networking among these organizations.

As it is indicated above, the duplication of services and exclusion of orphans and vulnerable children from the services they were entitled to be beneficiaries has resulted from the absence of network among organizations, lack of proper assessment, recording and documentation of the situation of orphans and vulnerable children in the area. Two different organizations operate in the same administrative kebele in the study sub-city, of course with the same package of services and sometimes addressing the same beneficiary while there are needy people in that same geographic area getting no support at all.

Due to the absence of information sharing mechanism among organization having stake in OVC issue, duplication of efforts were reported. At the same time, organizations do not have a mechanism to learn from one another since they do not organize random and periodic experience sharing scenarios.

Shortage or absence of reasonably adequate logistics and office space is also a major challenge. Often program budgets from the donor do not cover this part of the operational costs. As a result, these organizations are operating under difficult logistic and environmental conditions.

Most of the OVC support organizations lack a clear strategy to address the OVC crisis. They lack a clear OVC graduation and succession plan for children. Often projects, or support activities are started without any clear entry or exit strategy. Moreover, less time and resources are allocated for monitoring and evaluation of these interventions. Again other support services are launched without taking any lesson from previous success and failures.

Another finding of the research also shows that some organizations sometimes delay their service for reasons which are never disclosed to the beneficiaries beforehand. As a result children are forced to drop out of school regularly since most of the supports which are interrupted have direct link with the children's schooling. This unprecedented interruption of support services have also played a pushing factor for the influx of children to street life which they have actually given up for a while when they were getting the support services.

Above all most organizations haven't supervised the OVC services if and whether the children have effectively used. Except one of the organizations approached, the rest have not a program to meet parents/guardians to get feedback about the impact of the services they provide.

It has been found out that the government bodies at all levels do not effectively include HIV/AIDS and orphans cases in their annual action plan. However, government organizations are expected to incorporate the issue of orphans and vulnerable children in their plans and programs.

5.2 Recommendations

The study has explored the different aspects of OVC and OVC service providers. It has come up with the aforementioned findings and conclusions. Accordingly the following recommendations are suggested on the belief that they will to a certain extent alleviate the outshining problems that orphans and vulnerable children are challenged by in the study area. The recommendations have a lot of implications for all relevant stake holders who are and should be involved to alleviate the multifaceted problems of OVCs.

The findings of this study have shown that OVC service providing organizations are working under extreme resource constraints. On average, the current available resources could not meet more than half of the budget required to fulfill immediate and long term needs of orphans and vulnerable children who are incorporated by the service provider organizations. Therefore, these organizations need to conduct feasible needs assessment to be delivered to funding agencies and relevant government agencies to inform resource allocation requirements and policy formulation inputs respectively.

Therefore, creating short and long term mechanisms to bridge the gaps in financial and other related resources is of paramount importance for effective OVC support programs if the problems orphans and vulnerable children and their caregivers/guardians are really to be addressed.

The organizations, prior to stretching out to address the problems of OVCs should build their human resource requirements with skilled and committed personnel. In general most of the local NGOs and FBOs reported that they lack human resources and systems to effectively develop, implement and evaluate OVC support programs.

Often project or program proposals lack vision and strategies for addressing the underlying causes of OVC. Due to this and other facts related to funding sources, such projects and programs do not go beyond meeting the immediate needs of the OVCs only for quite a short period of time. As a result,

the intervention and support have not resulted in sustainable changes in the lives of those children as it is deemed to do so. Consequently, the children remain dependant on immediate handouts from the service providers or go back to their desperate living situation when the service is an off-on type for a considerable amount of time.

Government bodies at all levels and other responsible parties could support local NGOs and FBOs to recruit qualified staff for project financing. There could also be a mechanism that can be devised to cover the costs which these personnel are serving in a mutual way between the government and nongovernment organizations in order to retain the required personnel if they want to leave the organizations in search of a better pay. In addition, skills of these personnel could be used to facilitate work in regards to proper implementation of the CRC and bring sustainable impact.

Government officials at all levels should be committed to the effective implementation of OVC and HIV/AIDS mainstreaming. There should be designed different awareness and capacity building trainings to enhance the capacity of the workforce and other stakeholders through periodically organized event and regular experience sharing forms both in and outside of the country as capacity allows.

Absence of strong networks that promote OVC issues on a wider scale is the most important concern for many of the organizations communicated during this study. It is obvious that a single organization cannot respond to every issues related to OVC support needs as is the saying 'a hand alone never claps'. Through networking, learning and sharing experiences are promoted, potential solutions problems can be generated, refined and applied for better future. Above all, duplication of efforts can be managed and better and quality services can be provided to the needy. Therefore, both governmental and nongovernmental organizations should have periodic face-to-face interaction, regular media-based (written) communication about their activities, catchment zones, beneficiaries/clients, and achievements/success as well as challenges if

they have to render good quality services without any duplication of efforts and services.

The research finding has a lot of implications for all relevant stakeholders to alleviate the problems of OVC. First of all, the result calls for policy level intervention on OVC where the government can devise a clear policy alongside the plan of action which is serving for a couple of years. There is a need to incorporate OVC programs in the timely Growth and Transformational plan to meet their special needs.

Without the incorporation of these group of people in a big plan which is expected to make the country step forward in the development arena, will definitely witness at the end of the day that the country going at least one step back.

Developing the policy and guidelines based on credible empirical data and information from situation analysis will actually help to address the needy people with programs and projects pertinent to those needs. Participation and support among stakeholders in the development of the policy and guidelines in consultative manner ensure relevance and ownership as well as effective implementation.

There is a need to ensure that dialogue and discussion with children particularly with vulnerable ones and their guardians so that their best interests will be well incorporated in the policies to be designed at all government administrative levels and in the programs of the nongovernmental organizations as well. Programs need to incorporate local community members, community social workers, traditional association (Edirs, Mahibers and Equibs), school teachers, and traditional leaders. Poverty reduction strategies efforts at the community level should enable communities to help each other.

The networks within these local people should be framed in a way that they enable smooth implementation of the programs at optimal convenience for all parties involved. This is because OVCs are not only left to institutions that are already involved with the issue, rather it needs community attention and ownership since orphans and other vulnerable children more proximate to their

local community than to any other institution claiming to stand for vulnerable children. Therefore, community involvement will be mandatory task than being a choice for any organization working towards addressing the needs of any vulnerable portion of the community.

Programs designed to provide care and support services to orphans and other vulnerable children should start from the acquisition of disaggregated data on HIV/AIDS and OVC by age, gender and household head and household size which reflect the situation on the ground. The information should further be disaggregated in such a way that it could portray the situation of children living in different circumstance and those in of the special protection.

Donors should work to ensure certainty and sustainability of funding through multi-year financing commitments and by allowing genuine flexibility in how the funds are spent. The Ethiopian should also revise its NGO and Civil society proclamation particularly in the area orphans and other vulnerable segment of the society since these people have no organized means to exercise their rights. Social workers and other professionals should advocate that orphans and vulnerable children and their parents who are in difficult situations are recognized by global bodies and addressed in Ethiopian institutions, legislations and social welfare systems.

5.3 IMPLICATION FOR SOCIAL WORK

To achieve the above mission, rapid and periodic situational analyses should be conducted by bilateral bodies to collect data on children living in different circumstance whether they are residing in households or on the streets. The same situational analysis should also be undertaken on children in institutions to monitor trends and possible shifts between different types of care and support schemes. On top of these, there need to be a comprehensive research on OVC and their problems at regional and national level. Social work professionals should supplement this through conducting research concerning OVC for effective intervention and engage in lobbying activities to inform policy makers. In addition to responding to the issue of OVC, the social worker must be alert in strengthening community mobilization to increase the capacity of communities to identify vulnerable children and to design, implement, and monitor their own OVC support activities. The social work professional should also be active in the area of mandated reporting of child right violations. They should also mobilize their fellow social work professionals to stand for the rights and interests of children in general and orphans and vulnerable children in particular thereby sensitizing their counterpart professionals other than social workers for the realization of the wellbeing of children in general and orphans and vulnerable children in particular.

References

- African Child Policy Forum, 2008 Reversed Roles and Stressed Souls: Child Headed Households in Ethiopia, Addis Ababa.
- Deininger, K., M. Garcia, and K. Subbarao. 2001. "*AIDS-Induced Orphan hood as a Systemic Shock: Magnitude, Impact, and Program Interventions in Africa.*" Paper presented at the International Conference on Crises and Disasters: Measurement and mitigation of their Human Costs, organized by the International Food Policy research Institute, and the Inter-American Development Bank, November 13 –14, Washington, D. C.
- Federal Democratic Republic of Ethiopia, (2004) Orphans and Vulnerable Children: National Plan of Action 2004-2006, Addis Ababa.
- Federal Democratic Republic of Ethiopia, (2012) Country Progress Report on HIV/AIDS Response, 2012
- HAPCO (2003): *National Monitoring and Evaluation Framework for the Multi-Sectoral Response to HIV/AIDS in Ethiopia*, Addis Ababa.
- HAPCO (2005). *Ethiopian HIV/AIDS National Response (2001-2005). Consolidated National Report of the Terminal Evaluation of IDA Support for EMSAP*, Addis Ababa, and June 2005.
- HAPCO, 2007 Single Point Prevalence Report, Ethiopia
- Hope for action children initiative (2006) orphans and vulnerable children is service and institutional assessment In Addis Ababa and its surroundings
- Kadush, Alfred (1980). *Child welfare services. (Third Edition)* USA Macmillan Publishing Co., Inc.
- Kothari, C.R.(2004) *Research methodology: Methods and techniques.* New International Publishers, Delhi

NPA for OVC in Kenya, Tanzania, Zimbabwe, Swaziland and Namibia

Rose smart (2003) policies for orphans and vulnerable children. A frame work
for moving ahead

Save the children (Alliance (2001) orphans and vulnerable children affected by
HIV/AIDS policy and practice Review.

Save the Children, (2009) Review of the Legal and Policy Frameworks for OVC
in Ethiopia

Shimelis Bekele (2009) Orphanhood in Africa:Old Problems and new solutions.
The African Child Policy Forum Publication, Addis Ababa

Susan Hunter and John Williamson (1998) Responding to the needs of children
orphaned by HIV/AIDS

The Uganda AIDS commission (2001) situation Analysis of orphans in Uganda

UNAIDS (2009) Country Situation: Ethiopia, Fact sheet

UNAIDS (United Nations Programme on HIV/AIDS) and UNICEF (United
Nations Children's Fund), 1999. "*Children orphaned by AIDS: Frontline
Responses from Eastern and Southern Africa*". New York and
Washington D.C.

UNICEF (2009) Country Fact Sheet: Ethiopia

USAID/UNICEF/UNAIDS (2002). "*Children on the Brink 2002: A joint report on
orphan estimates and program strategies.*" Report produced by the
Synergy Project; Washington, D.C. July 2002. (Report available on
[WWW.UNAIDS.org/Barcelonia/presskit/childrenonthebrink/childrenon
thebrink.pdf](http://WWW.UNAIDS.org/Barcelonia/presskit/childrenonthebrink/childrenonthebrink.pdf))

USAID/UNICEF/UNAIDS (2008). Children and AIDS: Second stocktaking
report Actions and progress Report April 3, 2008. Report available on
Available on: WWW.unicef.org/media/-43458.html Retrieved April 26,
2013

Wilson Boulevard, Suite 700 (2001) care for orphans, children Affected by
HIV/AIDS and others vulnerable children.

APPENDIX A

Interview Guide with Nongovernment Organization

1. What are your main reasons to choose Arada Sub-City as your site of operation?
2. How do you recruit clients for the services you provide?
3. What are the major service packages you provide to your OVC clients?
4. What are the impacts of the services you provide on the lives of the clients?
5. What challenges do you face in your service provision?
6. What would you suggest address the challenges?

APPENDIX B

Interview Guide with Children

1. How were you included in the organization which is supporting you?
2. What are the supports and services you get from the organization?
3. What significant changes have you seen in your life after getting the services?
4. What unmet needs do you have right now?
5. What challenges do you face in the service provision?
6. Do you have any other challenges at home, at school and/or in the environment?
7. Would there be any thing you want to tell me?

Appendix C

Interview Guide with Parents/Guardians

1. What changes have you noticed in your and your children's situation after you were embraced in the organization supporting you? (probe: health, education, nutrition, economic, living standard)
2. What major challenges do you encounter in the service provision? (probe: the major threats you have for the future)
3. What do you suggest to alleviate the challenges?

APPENDIX D

Interview Guide with Sub-city Administrative Officer

1. What role do you play in bringing about collaboration in the service provision for OVCs?
2. How do you evaluate the HIV/AIDS and OVC mainstreaming in sector organizations?
3. What is your contribution to the selection and screening of OVCs?

APPENDIX E

Interview Guide with Arada Sub-City HAPCO

1. How many nongovernment organizations which provide services to OVCs are in the sub-city?
2. What is the involvement of the sub-city HAPCO in client selection and screening?
3. How do you evaluate the contribution of woreda level HAPCO (HIV/AIDS secretariat)?
4. What role do you play to encourage government sector organizations to include HIV/AIDS mainstreaming in their annual plans?

