



**ST. MARY'S UNIVERSITY COLLEGE**  
**BUSINESS FACULTY**  
**DEPARTMENT OF MANAGEMENT**

**AN ASSESSMENT OF CHALLENGES AND GAPS OF CHILD FUND  
AYERTENA IN SERVICE PROVISION TO OVC IN ADDIS ABABA  
(THE CASE OF KOLFE KERANYO SUB CITY KEBELE 10/11)**

**BY**  
**BELAYTU TADESSE**

**JUNE, 2010**  
**SMUC**  
**ADDIS ABABA**

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**ASENIOR ESSAY SUBMITTED TO THE DEPARTMENT OF  
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BA DEGREE IN MANAGEMENT**

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## **ACRONYMS (ABBREVIATION)**

AIDS: Acquired Immune Deficiency Syndrome

CF : Child Fund

HAPCO: HIV/AIDS Prevention and Control Organization

HIV: Human Immunodeficiency Virus

KK: Kolfe Keranyo Sub City

NGO: Non Governmental Organization

OVC: Orphan and Vulnerable Children

PEPFAR: President Emergency Program For Aid Relief

TB: Tuberculosis

UNAIDS: United Nation Acquired Immune Deficiency Syndrome

UNICEF: United Nation International Children Education Fund

USA : United States of America

USAID: United States Agency for International Development

VCC : Vulnerable Children Committee

# CHAPTER ONE

## INTRODUCTION

### *1.1 Background of the study*

The impacts of AIDS are manifested in the health status, life expectancy, young adult's death and the raising number of orphans. The AIDS epidemic contributes to poverty in many communities. Since the burden of caring for vast majority of orphans and vulnerable falls on already overstretched extended families, women or grand parents with the most meager resources. Parental illness and eventual death impact in a very complex and significant way on children's physical, social, emotional and mental well being. A further aggravation to the difficulty of OVC is stigma associated with HIV/AIDS.

When a parent dies, children may also denied their inheritance and property. Hence, different local and international non Governmental organizations trying to alleviate such problems through provision of different services. While many communities and development programs have devised innovative programs that respond to the physical and economic impacts of HIV/AIDS.

Child Fund – Ethiopia is one of the humanitarian International Organization that, currently providing different services to targeted in Addis Ababa, Kolfe Keranyo subcity.

Millions of children are suffering with low access to education, health service and poor nutrition. Various reasons could be cited for these mysterious living conditions of the children's in developing countries in general and in particular to Ethiopia. Among the reasons includes, low family income, vulnerability due to HIV/AIDS and the like. The number of orphan and vulnerable children and those affected by HIV is increasing from time to time.

According to the information obtained from Kolfe Keranyo Sub City HIV/AIDS Desk, the number of OVCs at Kolfe is estimated to 17,491. Out of this number only 1,783 OVCs addressed by different local and international organization which are implementing at the sub city. The number of OVCs is increasing from time to time due to existence of migration from rural areas. It is observed that most the population of Kolfe Keranyo dominated by peoples who came from North part of the country whose exposed to different complicated problems. Children whose parents have died of HIV/AIDS at the Sub City face significant stigma and discrimination, compounded by cultural taboos against the discussion of AIDS, sex and death. This stigma contributes to isolation and distress among affected children and people living with HIV/AIDs. In addition vulnerable children and those who affected by HIV needs adequate nutritional and psychosocial support.

To solve such problems organizations working on children have given attention to OVCs. CCF Ayertena program Office is one of the international children base organizations working for the well-being of children in Addis Ababa, Kolfe Kenrnayo Sub city at Kebele 10/11 where this study is going to focus even if, most organizations and Government are recognized as a major problems and trying to address their needs through providing different services as we understand from the data most OVCs are not yet addressed. Therefore, this study tries to identify the challenges and gaps in service provision focusing at specified Kebele and give appropriate comments and recommendation.

### **1.1.1 Background of the organization**

Christian Children Fund (CCF) is an international organization started during the time of Sino-Japan war (1938GC) to protect children in disasters and difficult circumstances. The war left thousands of Chinese children homeless, unaccompanied and starving. By the plea of few individuals the China Children's Fund (CCF) was established with the aim of alleviating the suffering of refugee and destitute children. (*Christian Children Fund proposal document, June, 2006: 4*)

With its head quarter in Richmond, Virginia state, USA the organization is presently serving over 2.5 million children through the Catholic Mission School in Addis Ababa, Meki and Ambo. In March 1985, CCF Opened its National Office in Addis Ababa. At present, there are 14 Area project Coordination Offices implemented at different sub cities. CCF Ayertena is one of the Area project Coordination Offices which implementing different programs at Addis Ababa in two sub cities (Kolfe Keranyo and Nefas Silk Lafto) focusing on orphan and vulnerable children. The aim of the organization is to promote the well being of children mainly improving access to health, education and economic development services thorough one to one sponsorship program and providing different services such as food and nutrition support, shelter and care, psychosocial support and the like. In the response to the United States Agency for International Development's (USAID) request for the application CCF present the proposal for the Strengthening Community Safety Nets Project for Ethiopian orphans and vulnerable children (OVC) affected by HIV /AIDS. The goal of the project is to promote healthy child development through comprehensive, family centered, and child focused care and support services. (*Christian Children Fund, Project proposals Document, June 2006: 4*)

One of the proposed project service areas is Kolfe Keranyo Sub city. According to the 2008 population census, the population of the sub city is estimated to be 456,257. According to the information obtained from Kolfe Keranyo sub city HIV/AIDS Desk the number of OVCs is currently reached to 17,491. Out of this number only 1,783 OVCs

addressed by different local and international organization which are implementing at the sub city such as Marry Joy, Medehin, Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO), Tesfa Limat, Yezelalem Minch, ST.Marry, World Food Program ( WFP), World Vision and Christian Children Fund (CCF). The project already started at Kebele 10/11 serving 793 OVCs with the expansion to the remaining Kebeles at Kolfe Keranyo Sub City over the next two years.

The project Management structure focuses resources at the Kebele and community levels, balancing direct support for civil society with the accountability to President Emergency program Fund for Aid Relief (PEPFAR) and Government offices. The CCF Ayertena Area project coordination office coordinator has a responsibility for over all project implementation. One project officer supported by one accountant and social worker has manage the activities at the specified Kebele Kolfe Keranyo Kebele 10/11). Volunteer Child Committee (VCC) which was established for the effectiveness of the program has a role in implementing the program activities. The three levels of community based volunteer networks would support services to orphans and vulnerable children. Community Care Givers who provide active home management, health promotion and disease prevention education and psychosocial support, while paralegals provide child hood development services and child friendly schools and the third type of volunteer called youth mentors who provide life skill education and conduct growth monitoring of the targeted children's.

**Types of services provided by the program are:-**

- \* Food and nutrition
- \* Shelter and care (House utensils)
- \* Education support
- \* Psychosocial support &
- \* Health Support
- \* Child protection

*(Child Fund Ayertena Area Coordination Office, Project proposals Document, Jan. 2008: 8)*

## ***1.2 Statement of the problem***

Children who have been orphaned by AIDS may be forced to leave school, engage in labor or prostitution, suffer from depression and anger, or engage in high-risk behavior that makes them vulnerable to contracting HIV. Children who live in homes that take in orphans may see a decline in the quantity and quality of food, education, love, nurturing, and may be stigmatized. Impoverished children living in households with one or more ill parent are also affected, as health care increasingly absorbs household funds, which frequently leads to the depletion of savings and other resources reserved for education, food, and other purposes. (Geneva: 2004, p.1. UNAIDS, UNICEF, and USAID, *Children on the Brink 2004:3*)

Different none governmental International Organizations, Local NGOs and Government also trying to alleviate the problems of children, especially orphan and vulnerable children's through provision of different services. As stated on the background part, Child Fund Ayertena is one of the organization that trying to alleviate the problem of OVCs through provision of different services..

However, from the observation made on the complain of targeted communities, concerned Kebele officials and information obtained through informal discussion with beneficiaries, there is gaps and constraints in addressing the basic needs of targeted OVCs. The targeted beneficiaries also complaining on the identification or screening of needy OVCs.

In order to address the neediest children and appropriately utilize and effectively achieved the project objectives, the existing gaps and challenged should be explored. So, attempts have been made to observe the general situation or process of service provision to OVC's. From the observation that made at the area, the student researcher interested to assess further, the gaps and problems on service provision to targeted OVCs at one of the Kebeles, Kebele 10/11.

## ***Research questions***

In order to address the above mentioned problems, the following questions would be Answered:

1. What are the gaps of the organization with respect to service provision to OVC?
2. What are the problems of CF Ayertena in selection of targeted OVCs for supporting Children?
3. What are the Constraints of CF Ayertena in addressing the needy children?
4. What are the causes for the challenges and gaps of CF Ayertena?

### ***1.3 Objectives of the study***

The general objective of the study was to investigate the challenges of Child Fund Ayertena in its support program (service provision) and to propose possible solutions to the problem.

#### **Specific objectives were:-**

- To assess problems in respect to service provision
- To assess the gaps in providing the required supports to OVC
- To identify the constraints in selection of needy / targeted/OVCs
- To identify the causes of challenges and gaps

### ***1.4 Significance of the study***

**This research has been very much significant for the following reasons:**

- The assessment could serve as a base for further study for organizations working on similar program, especially for these which are working for addressing OVCs needs.
- The finding may serve the beneficiaries and address their questions if it is applicable by concerned organizations
- The study will provide appropriate recommendations
- It will serve as partial fulfillment of BA degree for student researcher

## ***1.5 Scope /delimitation/ of the study***

The assessment is limited to the targeted OVCs which are served at Kolfe Keranyo Sub City Kebele 10/11. Because even if the organization is working at all Kebeles which are found in the sub city, covering the entire target Kebeles is difficult for the student researcher in budget wise and accessing the required data. The study also limited to assessing the constraints, gaps and challenges on specific services which provided by CCF Ayertena Strengthening Community Safety Net Project.

## ***1.6 Research Design and methodology***

Different researchers use various types of research designs to conduct their research. In this study a descriptive research design was applied to assess the challenges and gaps in service provision to OVCs by CF-Ayertena organization in Kolfe Keranyo Sub city at Kebele 10/11. Because, the purpose of this study was to describe and explored the existing problems and gaps as well as providing alternative solutions and recommendations.

### **1.6.1 Population and sampling techniques**

The target population for the assessment would be **793** OVC guardian's those who enrolled and supported by the project was taken. Out of the total 793 OVC guardians, 150 of them were used for the study using systematic random sampling. Because there is a complete list of population members order with their given code. In addition, 5 program staffs, 10 community Volunteers and 5 Kebele workers & Child committee members were interviewed. These make the total sample size 170 respondents.

### **1.6.2. Types of data**

The assessment is based on both primary and secondary data which is the key source for this assessment will be collected using various tools of data collection like interview with key persons of the organization, questionnaires and observation. In addition, secondary data such as books, internet, reports of the organization and other publications that are available in the organization would be used.

### **1.6.3 Methods of data gathering**

To conduct this assessment the detail information of CF- Ayertena in service provision to OVC was collected. Through scheduled Interview, questionnaire and observation, the primary and secondary data's will collected using systematic random sampling. The target OVC in Kebele 10/11, CCF- Ayertena program staffs, Kebele representatives and government health workers were taken as respondent for this assessment work. Related literature review and past study results will be thoroughly reviewed to come up with a fruit full recommendation and conclusion of the assessment.

#### **1.6.3.1 Questionnaire**

To collect the necessary information from the sample, structured questioner containing both open and closed ended types were designed and provided to respondents. This method of data collection was used because of the nature of questionnaire for a wide coverage of many respondents and it could be easily interpreted and analyzed.

Each selected OVC parents/guardians/ and other respondents will be interviewed using structured questionnaire with the help of interviewer. The questionnaire also included constraints regarding to provision of services to OVCs and problems in identification of targeted OVCs for the proposed services.

#### **1.6.3.2 Interview**

Scheduling interview was conducted with respondents, such as, 5, Community development workers of the project (project staffs), Government offices (5 concerned Kebele workers and volunteer child committee which was established for the effectiveness of the program and as well as 10 community volunteers who are working with the organization.

#### **1.6.3.3 Observation**

The third data collection tool that was implemented during the assessment is observation. This method is used to because it allows the researcher to get the chance to practically show the problems in reality and raised questions during interviews.

#### **1.6.4 Data processing and analysis**

The information generated through interview, questionnaires, observation and secondary sources will be analyzed and interpreted using percentage and tabularization.

#### **1.7. Limitation of the study**

- The assessment covered only 150 OVC guardians out of the total 793. Because it is time consuming and required financial capacity to cover the entire targeted beneficiary.
- Due to the nature of their work getting the OVC guardians and filling the questioners was found difficult. Because most of the OVC guardians are daily laborers and working out side their home. The other is, Kebele workers also busy to provide the necessary information.

#### **1.8. Organization of the paper**

The paper was organized in to four chapters. The first chapter has an introductory part that deals with background of the organization/project/, it comprises of the general information of the organization. Back ground of the study, problem statement, research questions, objective of the assessment, significance of the study, scope of the assessment, limitation of the study, the methodology for data collection and analysis of the assessment. The second chapter is deal with review of the OVC related literature. The third part of the paper is the main body of the paper which consist the data analysis part. In this part challenges and constraints of the project will be examined. The final part of the paper would be summary of the major findings, conclusion and recommendations.

## CHAPTER TWO

### *RELATED LITERATURE REVIEW*

#### **2.1 Definition of Orphan**

Definition of the fundamental issue or aspect facing all those who wish to understand what orphan, types of orphan and causes to orphanage.

The framework for the protection, care and Support of orphans and vulnerable Children living in a World with HIV and AIDS uses the following definition for an orphan: an Orphan is a child under 18 years of age whose mother, father or both parents have died from any cause. Orphans from all causes can be more specifically described as follows:-

- Single orphan- a child who has lost one parent
- Double orphan- a child who has lost both parents
- Maternal orphan- a child whose mother has died (includes double orphans)
- Parental orphan – a child whose father has died (includes double orphans) (*The United Nations Children’s Fund, UNICEF, August 2006 : 4*)

In Ethiopia, an orphan is defined as a child who is less than 18 years old and who has lost one or both parents, regardless of the cause of the loss. **A vulnerable child is a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights.** However, for these standards a more inclusive definition is used which includes all of the following:

- A child who lost one or both parents;
- A child whose parent(s) is/are terminally ill and can no longer support the child;
- Street children;
- A child exposed to different forms of abuses;
- A child offender;
- A child prostitute;
- A child with disabilities;
- Unaccompanied children due to displacement (*Federal Democratic Republic of Ethiopia, Federal HIV/AIDS prevention and Control Office February 2010 :.6*)

## **2.2. The dynamics of orphaning**

The number of newly orphaned children, or orphan incidence, reflects the magnitude and current impact of the crises. While orphan prevalence estimates include all children ages 0 – 17 who have lost one or both parents over their life time, incidence reflects only those who have lost a parent during the past year. Each year, some orphans turn to 18 and are no longer counted as orphans. At the same time, a new cohort of children ages 0 -17 loss one or both parents. When the number of new orphans fewer than the number of turning 18, the number of orphans will decline. (*The United Nations Children’s Fund, UNICEF, August 2006 : 4*)

## **2.3. Situation of OVC in Ethiopia**

The Federal Democratic Republic of Ethiopia is a vast and complex country comprised of 71 million people and more than 80 different ethnic groups. The overwhelming majority of the population, 83%, lives in rural areas. The country is characterized by severe and widespread poverty and rapid population growth. The World Bank estimates that the per capita income of the country is only US \$100-110 Estimates for the infant and child mortality rates are 114 and 171, respectively. The net primary school attendance rate for boys is 32.8% and 27.5% for girls. Only 24% and 12% of household have access to improved drinking water and improved sanitation facilities, respectively<sup>1</sup>.

HIV/AIDS has spread to affect a substantial proportion of the population. An estimated 1.5 million adults and children were living with HIV/AIDS in the year 2003. In the year 2003, the adult prevalence rate was 4.4% per cent overall one of the most threatening aspects of the HIV/AIDS epidemic is its role in bringing about a rapid rise in the number of orphans. There were an estimated 4.6 million orphans, which made up 11% of all children in the year 2003 Of these, 537,000 or 12% were orphans due to AIDS. The percentage of households taking care of orphans is 18%.

The limited data available on orphans indicates that they are more vulnerable than other children. For instance 42% of households with orphans are female-headed and possess an average of 1.6 orphans per household the school attendance rate for children 10-14 years of age is 34% for orphans and 26% for double orphans as compared to 43% for non-orphans.

National level data comparing orphans with other children on the basis of indicators of well-being such as the satisfaction of basic material needs by their families, malnutrition, food-insecurity, psychological health, the incidence of early sexual involvement, connection with adult caregiver, property dispossession and others are absent, however. A national situation analysis conducted in all the country's regions in 2002, which did not have such comparative figures, indicated that many orphaned children had difficulty in obtaining their daily meals, proper clothing, and school uniforms, supplies and fees which led to higher drop out rates. Nearly a quarter of orphan children below ten years were reportedly sick within the two weeks preceding the interview, while 6.5% of them reported that they had been subject to abuse and neglect. Many children orphaned by HIV/AIDS suffered from social isolation, stigma, discrimination, social and emotional adjustment problems, were less likely to be adopted, and had more difficulty securing employment. **(Save the children terminal evaluation report July 2007 : 10)**

## ***2.4 Challenges of OVC***

The majority of children orphaned or made vulnerable by HIV/AIDS are living with a surviving parent, or within their extended family (often a grandparent). An Estimated 5% of children affected by HIV/AIDS worldwide have no support and are living on the street or in residential institutions. Although most children live with a caretaker, they face a number of challenges, including finding money for school fees, food, and clothing. Experts contend that effective responses must strengthen the capacity of families and communities to continue providing care, protect the children, and to assist them in meeting their needs.

There are thousands of localized efforts, many of them initiated by faith-based groups, to address the needs of children made vulnerable by AIDS. Proponents argue that supporting these “grassroots” efforts can be a highly cost-effective response, although additional mechanisms are needed to channel such resources. They further assert that additional resources are needed to expand the limited programs and to support the children who are on the street or in institutional care. (UNAIDS *Fact Sheets June 1996: 85, HIV/AIDS and Development*, [<http://www.unaids.org>]

## **2.5. The impact of the crisis on Children**

The illness and death of a parent from any causes is a crisis for each child left behind. These children may experience anxiety and depression, loses out on their education, and as they grow, may be at grater risk of HIV and other infections, as well as exploitation and abuse. Children are directly affected in a number of ways. They may live at high risk of HIV: they may live with chronically ill parents or adults and be required to work or put their education on hold as they take on household and care giving responsibilities; their households may experience greater poverty because of the disease; and they may be subjected to stigma and discrimination because of their association with a person living with HIV. Children can also become orphans, losing one or both parents to AIDS-related illnesses. (*The United Nations Children’s Fund, UNICEF, August 2006: 4*)

## **2.6. Context of OVC Response**

### **Policy and Regulatory Environment**

The Constitution of the Federal Democratic Republic of Ethiopia provides a sound basis for the protection of OVC in Article 26 on the Rights of the Child, which states that: “The state shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare and education.” This provision has not been translated into a policy document on OVC however.

On the other hand, a number of related guidelines represent significant initiatives towards creating a supportive environment for OVC. The Ministry of Labor and Social Affairs developed the Guidelines on Alternative Childcare Programs in August, 2001 that includes guidelines for childcare institutions, for community-based childcare support programs, for child-family reunification, for foster family care and for adoption. A draft National Plan of Action for Children, which includes a component on the protection of OVC, is in the process of being finalized. The Government of Ethiopia endorsed the National HIV/AIDS Policy in August 1998, which promotes a multi-sectoral response to the pandemic.

The Strategic Framework for the National Response to HIV/AIDS in Ethiopia for 2000-2004 has been formulated which addresses the provision of care and support for children infected and affected by HIV among other key areas. A policy on anti-retroviral drugs was also endorsed in 2002. In response to recommendations by delegates to a national consultation on OVC affected by HIV/AIDS, the HIV/AIDS Prevention and Control Office is currently recruiting consultants to develop the National Comprehensive Care and Support Guidelines for PLWAs and OVC. In addition, the Clinical Guidelines for Children infected by HIV/AIDS have been produced by the Ministry of Health. **((Mulugeta Tefera and Belay Mekuria, 2007: 10)**

The implementation of such guidelines into real benefits for OVC OVC is of course dependent on government priorities and decision-making. While government policy prioritizes the health and education sectors, which it considers critical for its development strategy, resource allocation for social welfare is considered a concern more appropriate for NGOs rather than government. Competing priorities such as chronic and recurring food-insecurity have also meant that the rising number of OVC have been accorded low priority. Safety net programs run by government and NGOs assist primarily households facing food-related emergencies. There is therefore no national social safety net program for OVC and families affected by AIDS, although child-headed households have been targeted for food aid and data collection. The HIV/AIDS Prevention and Control Program has allocated resources for the support of

persons infected and affected by HIV/AIDS including OVC but the sustainability of this source of funding is questionable.

Despite the shortfalls in resource allocation for OVC at the national level, priority areas for the Labor and Social Affairs Ministry, which is responsible for the welfare of OVC, include establishing a sound policy and legal framework for the protection of OVC, building the capacity of all concerned institutions, and providing care and support through its partners. The legal sphere is another important area in which the rights of OVC can be protected. The National Family Law has provisions concerned with children's rights including inheritance and adoption.

There is some variability in the family laws of various regions which can come up with their own versions of these laws however. The efficacy of such family laws is also restricted by lack of capacity in the form of weak institutional development and lack of human resources, low awareness of the laws, as well as the common practice of resorting to customary legal systems particularly in rural areas of the country. Widows and their children are often disadvantaged by weaker claims on household property.

Due to fears of stigma, many parents fail to even inform their children of their HIV positive status, let alone writing up a will or appointing a legal guardian for them which often leads to children being kicked out of the house after the parents die. Adoption laws and procedures are well established, but follow-up of adopted children is weak due to low capacity. Adoption procedures are mainly utilized by an expatriate, which means that children adopted by nationals have limited rights in areas such as inheritance.

Protection of children by law enforcement agencies has been improved by the Child Protection Units in police stations, although the presence of these units is restricted to certain cities and towns in the country. The units attempt to counsel and rehabilitate juvenile delinquents, abused children and child laborers, as well as putting abandoned children in touch with concerned agencies.

The Forum for Street Children, a local NGO, has done considerable work in training these units to build their capacity. Child Protection Committees which attempt to provide some services such as counseling and tutorials have also been established at the woreda level in some towns. However, actual protection of children's rights is restricted by low awareness and community motivation to get involved in addressing child abuse and child rights, weak follow-up and actual abuse of children by the police. **(Mulugeta Tefera and Belay Mekuria, 2007: 10)**

### ***2.7. Supports of orphan and vulnerable Children in Africa***

Immediate, scale up and sustained support to vulnerable households and communities is necessary to improve the life of African's orphaned and vulnerable children. This primarily reducing the stigma and discrimination associated with HIV, and insuring that, the children have equal accesses to basic services and are protected from human rights abuses, these efforts must be taken now and in tandem with accelerated prevention and treatment. **(UNICEF, August 2006: 4)**

### ***2.8. Economic and Material Responses to OVC***

This section discusses some of the initiatives that the United States and the international community implement to serve the needs of the children affected by AIDS, and some of the challenges that these programs face. USAID supports a number of programs that offer material and other support to orphans and vulnerable children, mostly through its Child Survival and Health Fund (CSH) programs. Many of the programs use an integrated approach, which responds to more than one set of needs.

For example, USAID uses a combination of funding sources <sup>61</sup> to support school feeding programs that reduce hunger, malnutrition, and disease while advancing basic education.<sup>62</sup> Similar programs that combine food and education aid have been instituted by the World Food Program (WFP) and UNICEF,<sup>63</sup> as well as by other international and local non-governmental organizations, such as Save the Children. Since the majority of orphans and vulnerable children depend almost exclusively on their families and communities, some are advocating that organizations directly offer support to those groups.

Suggested interventions include issuing stipends, financial assistance, or emergency support for families who care for orphans and vulnerable children and those that slip into complete destitution. Critics of this strategy have expressed concern that children can be exploited through direct stipends, such as has reportedly happened in Botswana. Although the country provides stipends, food aid, and pays school fees for its orphaned children, some caretakers are reportedly giving the children substandard care.<sup>64</sup> Observers assert that empowering community groups to monitor the care and support provided can minimize instances of exploitation.<sup>65</sup> Additionally, school feeding programs and community cooperatives have been found to be effective strategies to supplement the care that communities provide for vulnerable children, and minimize the likelihood of abuse. Microfinance services are also seen by some as a promising way of enabling families who care for orphans to support themselves. ([UN Integrated Regional Information Networks, “The Sugar Daddy Phenomenon, 2002 : 25](#))

## ***2.9. Protection and Legal Support to OVC***

Children who are solely responsible for their siblings struggle not only to support the household, but also to keep their homes. Property grabbing a practice where relatives of the deceased come and claim the land and other property, is reportedly a serious problem for widows and child-headed households. Traditional law in many rural areas dictates that women and children cannot inherit property.

Property grabbing has a number of negative consequences particularly for girls and women. Girls may experience sexual abuse and exploitation from their new caretakers; girls and women may be forced into the sex trade in exchange for shelter and protection, further increasing the risk of contracting HIV. Some are concerned that the practice of property grabbing heightens the strain on extended families and increase the number of street children. In an effort to help parents prevent property grabbing, USAID supports organizations, such as the Population Council and UNICEF,<sup>72</sup> which work with HIV infected parents to plan for the future of their children through will-writing and other succession-planning initiatives.

These initiatives encourage HIV-infected parents to disclose their HIV status to their children, appoint and train stand-by guardians, create memory books (journals of lasting record of life together and family information), and write wills before they die.<sup>73</sup> National legislation, at times, has minimized the effectiveness of succession programs. The legislative issues that AIDS-affected countries are beginning to face are often complex and interlinked.

For example, the single issue of inheritance rights may require governments to ensure that each child has a birth certificate and national identification (which many children in developing countries do not have), to strengthen the coordination and administration of their child services and social services departments that offer safety nets to children, to revisit property and trustee laws, and to reconsider who may legally represent minors. Laws in many rural countries follow traditional cultural practices, which are based on the extended family structure (UNAIDS, 2003)

### ***2.10. Psychosocial support (Psychosocial well-being)***

Emphasis being placed on psychosocial intervention for OVC but, the pendulum may have swung too far. There is now concern that some approaches address only Psychosocial needs and overlook the educational, health, material and physical needs of children and the families. By placing excessive emphasis on externally provided stand alone psychosocial programs, we are endangering the importance of every day love, support and reassurance that children receive from families and communities. Many care givers, families and communities need support to be able to provide these conditions for young children. Young children affected by HIV /AIDS and other major disruptions in their lives, critical Psychosocial that are best addressed when embedded lives. ((UNICEF, 2006: 21)

### ***2.11. Standard service Delivery Guidelines for Orphans and Vulnerable Children's***

The Goal of standardized implementation of OVC Services is to improve the wellbeing of OVCs. The major objectives of the OVC service standard Guideline includes; to

provide actors with OVC service standards, To help resource mobilization for OVC services and To enhance OVC data management systems

### **2.11.1. Need for standard service Delivery**

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 has individually addressed monitoring and evaluation issues related to their work for and with OVC, there has not been a unified approach. This gap has made it difficult for programs to measure progress in achieving over all outcomes for children. The development of the standards Service delivery guidelines and implementation manual sets a framework with which stakeholders involved in the area of OVC can operate to ensure that the desired outcomes are achieved (*HAPCO, 2010: 6*)

### **2.11.2 What do we mean by Services?**

OVC services can be defined broadly as interventions that seek to improve health and wellbeing of children. OVC service providers have a responsibility to assess, refer and potentially follow up on cases that are not able to be managed at community levels. As such, the standards relate to what is being done locally, with the point of service delivery being at community and household level. (*HAPCO, 2010:6*)

### **2.11.3 Definition of standard service Delivery guidelines**

OVC services may be broadly defined as interventions that address the need to improve health, wellbeing and development of OVC. OVC service providers have a responsibility to assess, refer and potentially follow-up on cases that cannot be managed at community levels. As such, the standard service delivery guidelines deal with community -level approaches to OVCs services and support. The Standard Delivery Guidelines define the dimensions of care and outline the specific actions and steps that must be taken by OVC service providers to assure a systematic approach and effective delivery of services to children.

#### **2.11.4 Who should use the Standard Service Delivery Guidelines**

The guidelines will be used by service provider, donors and community volunteers for program planning, service delivery, monitoring and evaluation to improve overall service delivery for OVC with in their family, The Standard Service Guidelines serve as a tool for improvement of services and is recommended to be used by: Policy makers and program managers, Stakeholders working on OVC programs al all levels, Community members and beneficiaries.

#### **2.11.5 Guiding principles**

Several key stakeholders have the responsibility for implementation of program level standards. It is not only the program itself that monitor these standards but government, institutions and communities have a role to play as well. When implementing the Standard service delivery guidelines, the following principles which should always be observed:

**Target Focused:** program implementers should ensure that interventions are OVC focused and age appropriate, with service tailored to the holistic needs of OVC.

**Minimize risk and vulnerability:** provision of services to OVC should seek to prevent further and vulnerability.

**Participation:** Programs should seek to enhance the participation of all beneficiaries and their caregivers.

**Evidence based:** Interventions aimed to address the need of OVC should be evidence-based.

**Gender equity:** Ensuring gender equity in service provision for OVC is an important principle that these Standard Service Delivery Guidelines promote. Programs should ensure that interventions and services meet the special individual needs of both girls and boys, despite the difference in gender.

**Confidentiality:** To obtain the desired results, confidentiality should be observed by all aspects of the program. The program and staff or volunteers with knowledge of information should make all efforts to ensure that information shared by children such as their personal history or HIV status are not disclosed unnecessarily without children's and/or family's consent.

**Respect:** Service providers should treat beneficiaries with due respect

**Result oriented:** Focus on the anticipated outcomes of services and support for OVC should be a key priority of program implementations. Standard Service Delivery Guidelines enable programs to enhance their monitoring and evaluation systems.

Coordination: The needs of OVC may not be meeting by a single organization or an individual's support. In Order to full fill the vast needs of OVC all service providers should identify service gaps and fill the gaps by coordinating their effort (HAPCO, [2010:7- 8](#))

### **2.11.6 Strategies**

**Capacity Building:** All key stakeholders involved in providing service and support to OVC should ensure that the user of the Standards, at all levels including federal, regional and local are trained in the application of the guideline.

**Use existing Coordinating mechanisms at all level:** there are a number of existing structures that support OVC programs and services at the national, regional and community level. Programs should build upon there existing structures to promote the use of the standards rather than establish new ones.

**Social mobilization:** Empowering communities to mobilize and utilize existing resources will help generate ownership and sustained action to support OVC. Programs should ensure that communities have the necessary support to take responsibility for addressing the needs of OVC.

**Partnerships:** Partnering and collaborating with other actors involved should enhance the ability to apply the three-one principle, (one coordinating body: one agreed framework and one monitoring and evaluation system thus allowing the standards to be utilized at greater scale and impact.

Linkage and integration: programs should facilitate linkages and referrals with other services to fill gaps that may be identified. Service gaps can be overcome through referral linkages and integration.

**Resource mobilization:** Short-term and long term plans of actions for resource mobilization should be a part of every organization or group providing services and support for OVC. Resource mobilization may be done both domestically and internationally.

**Sectoral Mainstreaming:** Programs for OVC should advocate for mainstreaming of services in key sectors as education, health and youth development to expand the scope for services delivery. Once mainstreaming is achieved, OVC stakeholders should ensure that standard service delivery guidelines are applied by actors in the aforementioned sectors to ensure quality of service delivery to vulnerable children.

### **2.11.7 Roles and Responsibilities of Stakeholders by levels**

The application of the service standards will require concerted efforts of stakeholders at various levels from federal to community. Specific roles and responsibilities for each level will include the following:

#### **Federal Level**

- Provide guidance and leadership
- Create conducive environment for actors (including policies and strategies);
- Ensure resource mobilization and allocation
- Develop an overall program strategy for planning, resource mobilization and allocation, implementation, monitoring and evaluation;
- Strengthen the legal enforcement mechanisms for OVC support

- Create partnership networks with and coordinate key partners and stakeholders;
- Protect the rights of beneficiaries through existing protection mechanisms;
- Ensure the provision of quality services to OVC through effective application of service standards;
- Monitor and evaluate overall service delivery.

### **Regional Level**

- Provide guidance and leadership
- Adapt relevant policies and strategies in relation to the regional context
- Ensure resource mobilization and allocation
- Create enabling working atmosphere for all actors;
- Utilize the service standard guideline as planning and monitoring tool
- Mobilize resources to support OVC activities;
- Ensure that at least the service standards are in place to promote quality services;
- Provide capacity building programs to implementing partners;
- Build partnerships with all actors and coordinate OVC programs;
- Ensure the OVC programs provide quality services and produce the expected outcomes;
- Actively monitor and evaluate program implementation and service delivery, document and disseminate promising practices;

### **Woreda Level**

- Build partnerships, coordinate and follow up implementation of OVC programs;
- Create enabling environment for implementing partners;
- Mobilize community and resources to support OVC activities;
- Ensure that service standards are available to all implementing partners to assure quality service delivery;
- Provide capacity building programs to implementing partners;
- Build partnerships with all actors and coordinate OVC programs;
- Actively monitor and evaluate program implementation and service delivery, document and disseminate promising practices;

### **Kebele Level**

- Identify partners and support the application of service standards
- Lead the identification of OVC and organize a database on their geographic coverage
- Identify needy OVC in collaboration with key actors, mobilize community resources and coordinate the responses of various players;
- Promote and protect the human and legal rights of OVC including stigma reduction;
- Facilitate access to health (issue IDs and recommendation letter for free services) and birth registration services for OVC;
- Facilitate the integration of OVC services with Kebele level services;
- Participate in program implementation, monitoring and evaluation and reporting on OVC activities; (*Federal Democratic Republic of Ethiopia (Federal HIV/AIDS prevention and Control Office February 2010:9-10)*)

## **CHAPTER THREE**

### **DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

Data analysis and interpretation means a critical examination of the obtained and grouped data. This chapter deals with the analysis and interpretation of data gathered through questionnaires and interview. The first part of this chapter examines the general characteristics of the population where as the second parts is about the analysis or responses. At the end the interview done with the Government workers at kebele level was summarized.

Inorder to assess the gaps and challenges of CCF Ayertana SCSN project in service provision to targeted OVCs the sample taken included from both project staff and targeted beneficiary that were selected randomly, questionnaires were developed and distributed for 5 project employees and 150 OVC guardians. Totally, 155 questionnaires were distributed. All project employees of the project were properly completed and returned. Regarding OVC guardians & Volunteers out of the targeted 150 guardians 128 (80%) of them filled and the remaining 22 were not available. The interview was conducted with respective Kebele workers (officials) and analyzed.

Generally, out of the total sample including project staffs 133 (85 %) of them were completed and returned to the student researcher. This implies that, the majority of respondents have replied to the distributed questionnaires attentively, and it is the assumption of the student researcher that, it is quite possible to draw conclusion from the data obtained and meets the objective of the assessment.

**Table 1. Number of questionnaires distributed and returned**

Target respondents	Questionnaires distributed		Questionnaires Returned		Questionnaires not returned	
	Number	Percent	Number	Percent	Number	Percent
Project staff	5	100 %	5	100 %	-	-
OVC Guardian's & volunteers	150	100 %	128	85 %	22	15 %

(Source, primary data)

As we can see from table 1, all the distributed questioners to project staffs was collected and returned. However, out of the total distributed questionnaires to OVC guardians & Volunteers 22 questionnaires are not filled out & returned. Because the targeted guardians (beneficiaries were not available).

### **3.1 Characteristics of the sample population**

The distributed questionnaires contained two types of information. The first type is in general information about the respondents back ground and the second type is detail information on gaps and challenges of service provision to targeted OVCs containing both of close and open ended questions.

**Table 2. Respondents by age, sex & academic status**

Item	Alternatives	Frequency of respondents (Number of response = 155)	
		No	Percent
1. Sex	Male	15	11.3 %
	Female	118	88.7 %
	<b>Total</b>	133	100 %
2. Age	Below 18 years	-	-
	Between 18- 25 years	7	5.3 %
	Between 26- 45 years	105	78.9 %
	Between 46-06 years	12	9 %

	Above 60 years	9	6.8 %
	<b>Total</b>	<b>133</b>	
<b>3. Academic status</b>	Illiterate	77	57.9 %
	Read & write	10	7.5 %
	Grade 1-5	15	11.3 %
	Grade 6-8	15	11.3 %
	Grade 9-10	5	3.75 %
	Above 10	6	4.5 %
	Diploma	4	3 %
	Degree	1	0.75 %
	<b>Total</b>	<b>133</b>	<b>100</b>

(Source: primary data)

From table 2 item 1 indicate that most of the respondents 118 (88.7 %) of them are female. This indicates that, the majority of the OVC guardians are female.

From the table 2 item 2 any one can see that 7 of the respondents (5.3%) of the study population are young and below 30 years old. 12 respondents 9 % are aged between 46 to 60 years. 105 (78.9 %) of them are in the age range between 26 & 45 years. This indicates that the majority of the respondents are in a maturity age. Therefore, the respondents are believed to be reasonable to the study. It is obvious that the presence of matured respondents provide extensive contribution for getting fruit information. On the other hand it is also the existence of young age has its own contribution. Thus, in order to gain and utilize fruit full comment and experience, to have a mix of both the young and matured respondents is very important.

From table 2 item 3 indicate that most of the respondents 77 (57.9 %) of them are illiterate excluding project staffs. From this data one can understand that beneficiaries' awareness level is very low and needs a lot of effort to change their attitude to wards project approach.

**Table 3. Number & type of respondents**

Type of respondent	Number of respondents			Percent
	Male	Female	Total	
Project staffs	2	3	5	100 %
Beneficiaries /OVC Guardians & volunteers	13	115	128	85 %
<b>Total</b>	15	118	133	

(Source: primary data)

The above table indicates the respondents, according to their sex. And from the total 133 respondents 15 (11.3 %) are male and 118 (88.7 %) are female. This indicates that the majority of the guardians of the targeted OVCs are females.

### ***3.2 Analysis of response***

In this analysis the student researcher tried to find out the challenges and gaps of CCF Ayertena SCSN project in service provision to OVCs from its employee and beneficiaries point of view. The following tables are designed to indicate the detail information gathered from sample respondents on the form of questioners which are mainly focused on the organizations challenges and gaps in service provision to OVCs. Thus, responses are going to be interpreted using tables and percentage of comparison.

**Table 4. Employee's response on constraints during service provision**

<b>Item</b>	<b>Number of respondents</b>	<b>Percent</b>
1. What are the major constraints you faced during different service provision		
Limitation of resources	1	20 %
Shortage of man power	-	-
In adequate support from Kebeles	-	-
High expectation of the beneficiaries	-	-
Others (all)	4	80 %
<b>Total</b>	<b>5</b>	<b>100 %</b>

From the above table one can realize that, all the given alternatives are the major constraints for the provision of services to targeted OVCs.

**Table 5. Employee's view on the project intervention /service provision**

<b>Item</b>	<b>Number of respondents</b>	<b>Percent</b>	<b>Remark</b>
1. Do you think that the project intervention or service provision will improve the life of the targeted OVCs			
Yes	1	20 %	
No	4	80%	

(Source: primary data)

As shown on the table, out of the total respondent's only one employee (20%) says yes. The others 4 respondents (80%) say no. As they stated on the questioner the reason why they answered yes is that, the resource is not sufficient, the number of targeted OVCs is very large, the awareness of the committee and volunteers is very low on the approach of the project, the program is not supported by the income generating activities for their guardian, the service that provide to OVCs is for immediate need and the like.

**Table 6. Type of support/services / beneficiaries have got**

<b>Item</b>			
<b>1. What supports have you got from the organization</b>	<b>Number of respondents</b>	<b>Percent</b>	<b>Remark</b>
Food & nutrition	23	17.9 %	
Health support	1	0.78 %	
Shelter & care (Blanket)	13	10 %	
Education	-	-	
Psychosocial support	20	16 %	
Others (house utensils)	71	55.5 %	
<b>Total</b>	<b>128</b>	<b>100</b>	

(Source: primary data)

This table shows that, out of the total respondents 71 (55.5% of them have got house utensils, 23 (17.9 %) have got food and nutrition 20 (16%) Psychosocial support, 13 (10%) Blanket and 1 (0.78%) health support. Form this data we can conclude that the beneficiaries who have got the primary basic need that if food and health is small in number. Therefore, the expectation of targeted beneficiaries for basic need is very high.

**Table 7. Beneficiaries' response/comment on the service they have got**

<b>Item</b>			
<b>1. Do you satisfied with the support</b>	<b>Number of respondents</b>	<b>Percent</b>	<b>Remark</b>
Satisfied	59	46 %	
Not satisfied	69	54 %	
<b>Total</b>	<b>128</b>	<b>100 %</b>	

(Source: primary data)

As shown on the table, the response of 59 (46%) respondents are satisfied and 69 (54 %) of them replied that they are not satisfied by the service. The data indicates that the project service does not satisfy the basic need of targeted OVCs. The project expected to mobilize resource that address the basic needs of the targeted OVCs based on their needs.

**Table 8. Beneficiaries comment on the services they received/ got**

<b>Item</b>	<b>Number of respondents</b>	<b>Percent</b>	<b>Remark</b>
<b>1. If your answer is not satisfied with the service why?</b>			
The support is not adequate	88	69 %	
The service is not need based	-	-	
Not improved the life of the OVC	-	-	
Not sustainable	40	31 %	
<b>Total</b>	<b>128</b>	<b>100 %</b>	

(Source: primary data)

From the above table No 12, we can conclude that, most of the respondents 88 (69%) of them responded that the service is not adequate and 40 (31 %) responded that the service is a one time it is not sustainable. This implies that the expectation of the beneficiaries is still high.

**Table 9. Beneficiary's comment on OVC screening**

<b>Item</b>	<b>Number of respondents</b>	<b>Percent</b>
<b>1. Do you aware on the OVC screening criteria</b>		
Yes	76	59.3 %
No	52	40.7 %
<b>Total</b>	<b>128</b>	<b>100 %</b>
<b>2. If your answer is" yes", is the screening is based on the criteria?</b>		
Yes	33	25.8 %
No	95	74.2 %
<b>Total</b>	<b>128</b>	<b>100 %</b>
<b>3. Do you observe the challenges/gaps during OVC screening</b>		
Yes	96	75 %
No	32	25 %
<b>Total</b>	<b>128</b>	<b>100</b>

(Source: primary data)

As we can see on the above table No 14, item out of the total sample 76 respondents (59.3) of them knows the screening criteria and the remaining 52 (40.7 %) respondents have no awareness.

From the same table item No 2 indicates that, 95 (74.2) respondents replied that the screening of OVCs is not based on the criteria. In addition from table No 14 we understand that, there is challenge and problems during OVC screening. Some of the challenges they indicated in qualitative manner are the screening is not based on the criteria, lack of follow up by concerned body and volunteer's biasness. So, there is a significant problem in OVC screening and it needs strong follow up.

**Table 10. Beneficiaries view on the challenges of they observed during OVC screening**

<b>Item</b>	<b>Number of respondents</b>	<b>Percent</b>	<b>Remark</b>
<b>1. What are the challenges/gaps during OVC screening?</b>			
The screening is not based on the criteria	53	41 %	
Lack of close follow up by concerned body	48	38 %	
Volunteer biasness (unfair screening)	27	21 %	
<b>Total</b>	<b>128</b>	<b>100</b>	

(Source: primary data)

From this table one can understand that the first challenge and gap during OVC screening is, it is not based on the criteria, 53 (41%) of the respondents replied that the gaps during OVC screening is, it is not based on the criteria and the next is there is lack of close follow up by concerned body that responded by 48 (38 %) out of the total respondents. From this response we can realize that, the program office and other concerned bodies should closely follow the practicality of the criteria.

**Table 11. Beneficiary's comment on service provision**

<b>Item</b>	<b>Number of respondents</b>	<b>Percent</b>	<b>Remark</b>
1. Do you observe the problems during service provision?			
Yes	83	65 %	
No	45	35 %	
<b>Total</b>	<b>128</b>	<b>100</b>	
2. If your answer is yes what are the problems?			
In adequate service	73	57 %	
High expectation of beneficiaries	34	27 %	
High number of OVCs			
Limited coverage	21	16 %	
All			
<b>Total</b>	<b>128</b>	<b>100</b>	

(Source: primary data)

As we observe from table No 16, item 1 the problem observed by the guardians or beneficiaries during services provision are inadequate service that responded by 73 (57%) of respondents, high expectation of beneficiary that replied by 34 (27%) and limited coverage responded by 21 (16 % of the sample respondents).

From this data we can understand that, there is a limitation of resource that addresses the targeted beneficiary. Therefore, the program should find immediate solution for mobilizing resources and try to address the need of targeted OVCs.

### **3.3 Interview response**

The interview questions were forwarded to the respective Kebele workers & Volunteer Child Committee (VCC) members. And the student researcher presents the Responses of the respondents as follows.

- **What is the role of the respective Kebele on OVC screening?**

According to representative of health office and the responsible office called women's and child affairs office heads, the Kebele worker were not involve directly on OVC screening, but their role is to identify appropriate volunteers who can assist OVCs and screen the needy children and approve by committee after screening.

- **Do you observe problems during OVC screening?**

They sated as "yes" because the given Quota is small (limited OVCs) per kebele out of the existing OVCs, the expectation of the beneficiary and number of OVCs in the kebele is very high. This also create complain among community in the area. In addition, the well family also expecting the support.

- **What kinds of problems or challenges do you observe on OVC screening?**

They suggested that, addressing all needy children's and OVCs is difficult and the resources are very limited and even not sustainable. The number of OVCs in the Sub City as well as in the Kebele is increasing from time to time due to rural migration, so it is very problematic to identify the neediest form the needy.

- **Do you observe constraints on service provision by the project?**

All of them replied that, the number of targeted OVCs is very large and the resource of the project is very limited. In addition the expectation of the beneficiary is very high. Therefore, the project should consider in the future limit the number during project design.

- What is the contribution of respective Kebele in the project implementation

According to the respondents, selecting volunteers and facilitating for identification of needy children.

- Do you think that the project volunteers applying OVC screening criteria effectively?

As they mentioned, it is difficult to say yes or no. Because some volunteers doing well and some are not following the criteria they need close follow up and supervision. We are observing some biasness among volunteers.

- What is your general comment on the project approach /?

Even if, the project approach is good and in the long run can reduce dependency syndrome, its target OVCs is very large but its service coverage is very limited and also not sustainable. The other thing is, instead of increasing the number of targeted OVCs with limited resource it is advisable to address the need of few needy children's (OVCs) through providing quality service.

# CHAPTER FOUR

## SUMMARY, CONCLUSION AND RECOMMENDATION

### 4.1. Summary of the findings

The primary purpose of this study is to assess the ‘challenges & gaps’ of Child Fund Ayertena, Strengthening Community Safety Net Project in service provision to OVCs with aim of providing alternative recommendation. Data were obtained from the sample respondents and project staffs through questionnaires and interviews and analyzed using tables and percentage comparison.

Therefore, based on the basic questions raised in chapter three the following findings, conclusions and recommendations are drawn.

- The study shows that, the majority of the project staffs (80%) responded that, the major challenge in OVC screening as well as service provision is large number of screened OVCs and high expectation of beneficiaries.
- Limitation of resources compared to targeted number of OVCs is one of the problems
- Low awareness of Kebele officials and the community to wards the project approach is one of the mentioned problems. Which means, even if, a lot of effort has been made to ware on the project approach, they are still expecting to address all the identified and enrolled OVCs at the same time.
- Most of the beneficiaries/OVC guardians/ (38% & 48 % respectively) responded that OVC screening should be needed follow up at all levels and not based on the criteria.
- As the analysis indicated that the service is not adequate, a great number of respondents (69%) replied that the project service provision is not adequate and limited
- The support is not change the life of the targeted OVCs in sustainable manner within short period of time

## 4.2. Conclusions

Different none governmental International Organizations, Local NGOs and Government also trying to alleviate the problems of children, especially orphan and vulnerable children's through provision of different services. As stated on the background part CCF Ayertena is one of the organization that exerting its effort. However there are gaps and constraints in addressing their basic needs. In order to address the neediest children and appropriately utilize and also effectively achieved the project objectives, the existing gaps and challenged should be explored. Thus, this paper has tried to assess the gaps and challenges and to identify problems observed during the provision of different services to targeted OVCs. It also tried to provide alternative solutions for the problems. Therefore, it was observed that, from the data collected, multi dimensions opinions have been forwarded. Based on the finding of the analysis it can be concluded as:-

- Based on the information obtained from thr project staffs and beneficiaries it is possible to say that, the organization service is very limited due to limitation of resources and large number of targeted OVCs. Compared to the targeted (Enrolled number of OVCs the resource is limited).
- It can be conclude that the way to identify OVCs is not fair and needs close follow up
- The existing resource is not fulfill the need of the targeted OVCs
- The awareness of the targeted beneficiary and Kebele representatives towards the project approach and OVC screening criteria is very low. Because 75 % of the respondent are not aware on the screening criteria & project approach.

### 4.3. Recommendations

To make the project intervention sustainable and achieve its objectives, the student researcher pointed and recommended that the organization should be considering the following recommendations.

- In order to implement and realize the project approach it is necessary to create strong collaboration with Government bodies at all level and community based organizations.
- The project should intensely create awareness among the community on the sustainable development and wash their mind that expecting direct service provision through NGOs
- It is difficult to the organization to move a single step and improve the life of the targeted OVCs unless to create strong linkage and net work with other Government organizations, Community based organization & NGOs.  
So, the student researcher suggested that the organization should orient in detail its approach and guide lines that prepared for the service provision to OVCs at all levels especially Sub city & Kebele Officials
- By considering the limited resources, existing community awareness level, existing poverty (dependency syndrome) and high expectation of the beneficiary, the organization should looking in to the approach and try to find other alternative grant funds side by side which may can improve the life of the OVCs and target community through introducing income generation activities.
- The project should strongly aware the community and volunteers on the OVC screening criteria in order to remove negative perception of complaint.

Since this study is of a survey nature, further detailed study should be undertaken in the future to assess and evaluate the approach of the project in order to find out all the problems and search out a possible solutions.

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- \_\_\_ The United Nations Children's Fund (UNICEF) (August 2006), [Africa's orphaned and vulnerable Generations Children affected by AIDS](#)) pre-publication, New York
- \_\_\_ Mulugeta Tefera and Belay Mekuria (July 2007), [Terminal evaluation report on international Save the Children Alliance Expanded Unified Partnership with the Hope for African Children Initiative.](#) Addis Ababa, Save the children Terminal evaluation report.

## Annex-1

### St. Mary's University College Department of Management

#### Questionnaire to Christian Children Fund Ayertena, Strengthening Community Safety Net Project Staffs

Dear respondents, My name is Belaytu Tadesse and I am doing a research on “Challenges and gaps of Christian Children Fund Ayertena (SCSNP) in service provision to Orphan and Vulnerable Children (OVC) in the cause of Kolfe Keranyo Subcity Kebele 10/11”.

This questionnaire is thus, designed to obtain information about your opinion, perception, experience and comments regarding the challenges, gaps and constraints you have faced in providing different services to targeted OVCs. Hence, I would like to thank you in advance for giving me your valuable time to fill this questionnaire. All information given will be confidential and you are expected genuinely and honestly.

General instruction- please show your response by putting  mark in the boxes in front of your choice.

#### I) Back ground of the respondents

1. Sex:        Male     Female
2. Age - below 18  18-25  26-45  46-60  above 60
3. Level of education:  
Read and write  grade 1-5  6-8  9-10  above grade 10<sup>th</sup>   
Diploma  Degree  Others (specify) \_\_\_\_\_

4. What is your role and responsibility in the organization?

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## II) Questions related to Orphan and Vulnerable Children (OVC)

### screening

1. What are the major Challenges and gaps during identification or screening of OVCs?

(List the challenges you faced)

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2. What are the causes for the above challenges?

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3. What possible solutions do you propose for solving the above challenges? (State)

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4. If you have any comments on the project approach /please state your comments/

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## III) Questions related to service provision

1. What are the major constraints you faced during provision of different services to targeted OVCs?

Limitation of resources

Shortage of man power

In adequate support from Kebeles

High expectation of the beneficiaries

Others (specify)

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2. Do you think that the project intervention or service provision will be improved the life of the targeted OVCs? Yes  No

3. If your answer is no why?

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### Questions for targeted beneficiaries and volunteers

The main purpose of these questionnaires is to assess the challenge and gaps in service provision to targeted Orphan and Vulnerable Children (OVC) in the cause of Kolfe Keranyo Subcity Kebele 10/11”.

This questionnaire is designed to obtain information about respondent’s opinion, perception, and comments regarding the challenges, gaps and constraints they have observed in OVC screening and provision of different services to targeted OVCs. Hence, I would like to thank the respondent in advance for giving me their valuable time to answer this questionnaire. All information given will be confidential and you are expected genuinely and honestly.

General instruction- please show your response by putting  mark in the boxes in front of your choice.

#### I) Back ground of the respondents

1. Sex: Male  Female
2. Age: below 18  18-25  26-45  46-60  above 60
3. Marital status: single  married  divorced  widowed
4. Family size: 1-3  4 - 6  7- 9  10 -12
5. Level of education  
Illiterate  Read and write  grade 1-5  , 6-8  9-10   
above grade 10<sup>th</sup>  others (specify) \_\_\_\_\_

6. What is your Occupation?

Government employee       NGO Employee       Daily laborer   
Merchant       Others specify -----

7. What kind of relationship exist between the targeted OVC

Mother       Father       Brother       Sister       Guardian   
Other (specify) \_\_\_\_\_

8. Do you know Christian Children Fund Ayertena , (Strengthening Community Safety  
Net Project)?      Yes       No

9. If your answer is yes what supports have you got from the organization

Food & nutrition       Health support       Shelter and care   
Education       Psychosocial support   
Others (specify) -----

10. Do you satisfied with the support?      Satisfied       Not satisfied

11. If your answer is “not satisfied “why?

The support is not adequate       the support is not need based   
Not improve the life of the OVC       the service is not sustainable   
All       Others (specify) \_\_\_\_\_

---

12. If your answer is” satisfied” for the above question what benefit did you get?

Improvement of OVC’s health   
Improvement of OVC’s education performance   
Change on the whole life of OVC’s       others -----

13. Do you aware on the OVC screening criteria?      Yes       No

14. If your answer is” yes”, is the screening is based on the criteria?

Yes       No

15. Do you observe the challenges/gap during OVC screening?

Yes  No

16. If your answer is "yes" for the above question, what are the gaps?

The screening is not based on the criteria

Lack of close follow-up by concerned office

Volunteer biasness (unfair screening)  others specify \_\_\_\_\_

17. Do you observe the problems during service provision?

Yes  No

18. If your answer is "yes" for the above question what are the major problems

In adequate service  High expectation of beneficiaries

High number of OVCs  Limited coverage  All

Others -----

19. Do you have any general comments on the project approach (please state your comments)

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## Annex-2

### ቅድስተ ማርያም ዩኒቨርሲቲ ኮሌጅ ቢዝነስ ፋኩልቲ ማኔጅመንት ዲፓርትመንት

#### ለሲ.ሲ.ኤፍ አዩር ጤና ስትሬገግዝኒን ኮሙኒቲ ሴፍቴኔት ፕሮጀክት ተጠቃሚዎች እና በጎ ፍቃደኞች የተዘጋጀ መጠይቅ

##### የመጠይቁ ዓላማ:

- ለመጀመሪያ ዲግሪ ማማገጃ የሚወልድ ጥናት ለማካሄድ የሲ.ሲ.ኤፍ አዩር ጤና ስትሬገግዝኒን ኮሙኒቲ ሴፍቴኔት ፕሮጀክት ተጠቃሚ ለሆኑት ክፍሎች በፕሮጀክቱ የአገልግሎት አቅርቦት ላይ የሚታዩ ችግሮችን እና ክፍተቶችን ለመዳሰስ
- በአገልግሎት አቅርቦት ወቅት የሚታዩ እንቅፋቶችን እና ክፍተቶችን ለመለየት

ይህ መጠይቅ የተቀረፀው በአገልግሎት አቅርቦቱ ላይ ተጠቃሚዎች ያላቸውን ሐሳብ፣ አመለካከት እና ያላቸውን አስተያየት እንዲሁም ያዩአቸውን ክፍተቶች መረጃ ለመሰብሰብ ታቅዶ ነው።

በዚህም መሠረት ተጠያቂዎች ጠቃሚና ገንቢ የሆነ አስተያየታቸውን እንዲሰጡ እየጠየኩ ለሚያርጉት ትብብር ከወዲሁ ላመሰግን እወዳለሁ።

##### መመሪያ

1. ይህን መጠይቅ መጠየቅ ያለባቸው የፕሮጀክቱ ተጠቃሚ የሆኑት ወላጅ አጥና ለችግር የተጋለጡ ሕፃናት ወላጆች/አሳዳጊዎች/ እና በጎፍቃደኞች ሲሆኑ ተጠያቂው/ዋ በፕሮጀክቱ የታቀፉ መሆኑን/ዋን/ አረጋግጥ/ጭ
2. መጠይቁን ከመጠየቅህ/ሽ/ በፊት የተጠያቂውን/ዋን/ በጎ ፍቃደኝነት ማግኘትህን አረጋግጥ/ጭ/
3. የጥናቱን ዓላማ እና አስፈላጊነት ለተጠያቂው/ዋ/ አብራራ/ሪ/
4. ተጠያቂው የሚመልሱትን መልስ /መረጃ/ በተቀመጠው ሳጥን ውስጥ √ ምልክት አስቀምጥ/ጭ/
5. ለተያቂው/ዋ/ ለሚያደርገው/ምታደርገው/ ትብብር ምስጋና አቅርብ/ቢ/

**ሀ. የተጠያቂው/ዋ/ ግለሰብ አጠቃላይ መረጃ**

1. ያታ:                    ወንድ                     ሴት
2. ዕድሜ: 18     18-25     26-45     46-60     ከ 60 በላይ
3. የጋብቻ ሁኔታ:
 

ያላገባ/ች/                     ያገባ/ች/     በፍቺ የተለያዩ     በሞት የተለየ
4. የቤተሰብ ብዛት:    1-3     4-6     7-9     10-12
5. የትምህርት ደረጃ:
 

ማንበብና መጻፍ የማይችል/ትችል/     ማንበብና መጻፍ የሚችል/ትችል/

-5                    -8                    ከ -10                    ከ10ኛ  በላይ

ሌላ ካለ ይገለጽ -----

6. የሥራ ሁኔታ/መተዳደሪያ:
 

የመንግስት ሠራተኛ     የግል ድርጅት ሠራተኛ     የቀን ሠራተኛ

ነጋዴ     ሌላ ካለ ይገለጽ -----
7. በፕሮግራሙ ከታቀፈው ሕፃን ጋር ያላቸው ዝምድና
 

እናት     አባት     ወንድም     እህት

አሳዳጊ     ሌላ ካለ ይገለጽ -----

**ለ. አገልግሎትን በሚመለከት**

8. የክርስትያን ሕፃናት እርዳታ ድርጅትን (ስትራቴጂካል ኮሙኒቲ ሴፍቴኔት ፕሮጀክትን) ያወቁታል?
 

አወቀዋለሁ                     አላወቀወም
9. መልስዎ አወቀዋለሁ ከሆነ ከድርጅቱ ምን ድጋፍ /አግልግሎት/ አግኝተዋል?
 

የምግብና ስነ - ምግብ                     የትምህርት                     የጤና

የስነልቦና ድጋፍ                     መጠለያና እንክብካቤ /የቤት ቁሳቁስ/

ሌላ ካለ ይጠቀስ -----
10. ባገኙት ድጋፍ/አገልግሎት/ ረክተዋል?                    ረክቻለሁ                     አልረካሁም

11. ለ 10 ኛው ጥያቄ መልስዎ አልረካሁም ከሆነ ለምን?

አገልግሎቱ በቂ ስላልሆነ

አገልግሎቱ በፍላጎት ላይ የተመሠረተ ባለመሆኑ

ሕፃኑ ላይ ምንም ለውጥ ስላላመጣ  ቀጣይ ባለመሆኑ

ሌላ ካለ ይገለጽ -----

12. መልስዎ አዎ ረክቻለሁ ከሆነ ምን ጠቀሜታ አገኙ?

የሕፃኑ ጤና ተሻሽሏል  የሕፃኑ የትምህርት ሁኔታ ተሻሽሏል

በአጠቃላይ በሕፃኑ ላይ የህይወት ለውጥ አምጥቷል

ሌላ ካለ ይገለጽ -----

13. ለአገልግሎቱ ለሚመረጡት ወላጅ አጥና ለችግር ለተጋለጡት ሕፃናት

የመምረጫ መመዘኛ መኖሩን ያወቃሉ? አዎ  አላወቅም

14. መልስዎ አዎ ከሆነ መረጣው በመመዘኛው መሠረት ነው ይላሉ?

አዎ  አይደለም

15. ወላጅ አጥና ለችግር የተጋለጡ ሕፃናት መረጣ ወቅት ያስተዋሉት ችግርና

ክፍተት አለ? አለ  የለም

16. መልስዎ አለ ከሆነ ችግሮቹ ምን ምን ናቸው?

መረጣው በመመዘኛው መሠረት አይደለም

በሚመለከታቸው አካላት ክትትል አይደረግም

የበጎ ፍቃደኞች የተዛባ/አድሎአዊ/ አመራረጥ

ሌላ ካለ ይጠቀስ -----

-

17. ፕሮጀክቱ ለተጠቃሚዎቹ (ወላጅ አጥና ለችግር ለተጋለጡት ሕፃናት)

አገልግሎት ሲያቀርብ የተገነዘቡት ችግር አለ?

አለ  የለም

18. መልስዎ አለ ከሆነ ችግሮቹ ምንድን ናቸው?

አገልግሎቱ በቂ አይደለም  የችግረኛ ሕፃናት ቁጥር መብዛት

አገልግሎቱ የሚያዳርሰው ሕፃናት ቁጥር አናሳ መሆን

የተጠቃሚዎች ክፍተኛ ጠባቂነት

አገልግሎቱ ቀጣይ አለመሆን  ሌላ ካለ ይጠቀስ -----

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19. አጠቃላይ በፕሮጀክቱ አገልግሎት አሰጣጥ ላይ ያሉት አስተያየት -----

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የመረጃ ሰብሳቢው/ዋ/ ሥም ----- ፊርማ -----

-

መረጃው የተሰበሰበበት ቀን ----- ወር ----- ዓ.ም -----

-

### **Annex-3**

Interviews that are done with Government workers such as Kebele workers of Kolfe Keranyo Kebele 10/11, Volunteers & Volunteer child Committee members on the ‘challenges and gaps of CCF Ayertena Strengthening Community Safety Net project (SCSN)project in service provision to targeted OVCs.

Thank you in advance for your willingness and cooperation to be interviewed regarding to my study which is made on the ‘challenges and gaps of CCF Ayertena Strengthening Community Safety Net project (SCSN)project in service provision to targeted OVCs.

The final result of the research will be benefiting both the organization and its beneficiaries by indicating the problem areas and providing recommendation. So, your collaboration and right response contribute a lot for the success of this objective.

Thank you again!

#### **Interview Questions**

- What is the role of the respective Kebele on OVC screening?
- Do you observe problems during OVC screening?
- What kinds of problems or challenges do you observe on OVC screening?
- Do you observe constraints on service provision by the project?
- What is your office contribution in the project implementation
- Do you think that the project volunteers applying OVC screening criteria effectively?
- What is your general comment on the project approach /

## **Declaration**

I the undersigned, declare that, this senior essay is my original work, prepared under the guidance of Ato Meselu Fanta. All sources of materials used for the manuscript have been properly acknowledged.

Name Belaytu Tadesse

Signature \_\_\_\_\_

Place of submission: St. Mary's University College Business Faculty Department of  
Management.

Date of Submission: June 6, 2010