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CARE AND SUPPORT SERVICES PROVIDED FOR CHILDREN OREPHAND AND MADE VULNERABLE BY AIDS IN ADDIS ABABA, ETHIOPIA
(The Case of Addis Ketema Sub-City)

BY
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Acronyms

AACAHB	Addis Ababa City Council Administration Health Bureau
AIDS	Acquired Immuno Deficiency Syndrome
BCC	Behavioral Change and Communication
CBOs	Community Based Organizations
CSA	Central Statistical Authority
ECA	Economic Commission for Africa
FBO	Faith Based Organization
FDRE	Federal Democratic Republic of Ethiopia
GOs	Governmental Organizations
HAPCO	HIV\AIDS Prevention and Control Office
HAPCSO	Hiwot AIDS Prevention and Provision of Care and Support Organization
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
MOH	Ministry of Health
MOLSA	Ministry of Labor and Social Affairs
NACS	National HIV\AIDS Council Secretariat
NGOs	Non- Governmental Organizations
PLWHA	People Living With HIV\AIDS
PO	Private Organizations
SSA	Sub- Saharan Africa
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV\AIDS
UNICEF	United Nations Children's Fund
WFP	World Food Program
WHO	World Health Organization

Abstract

This study focuses on to investigate and understand how care and support services provided by CBO and NGO for children orphaned by AIDS. Qualitative Case Study Methodology were selected and used. In order to generate primary data In-depth interviews and Field observations have been conducted. Totally 16 people were interviewed: children orphaned by AIDS, guardians, home care providers, program officer of CHAD-ET, WFP and Desk head of HAPCO Sub-city. In addition, important secondary data from a Varity of sources have been collected. In order to analyze and interpret the data grounded theory method were used.

The result of this study showed that children orphaned by AIDS are facing economic, social and psychological problems. The magnitude of the problems also depends on the economic levels of the late parents and on the category of children. In this study four categories of children were identified: child headed families, children living with guardians, single orphaned children and vulnerable but neglected children. The two organizations are providing different types of services, such as: food, financial, educational, psychological, health care, stigma reduction, and legal support. But the care and support services provided were not adequate. In order to cope up with the situation children are using different coping strategies, but some of the coping mechanisms also expose the children for HIV infection.

There are some common factors that affect the services provided by the two organizations, such as: stigma and discrimination, economic situation of the country, the magnitude of the problem, etc. Some of the challenges are specifically experienced by either of the two organizations. For instance, mistrust and misunderstanding by the community or local administration is more related to CHAD-ET, while lack of adequate resources is the main challenge of Iddir Council.

The key words that would be useful for information retrieve system are: Ethiopia, Orphans, Care and support, HIV\AIDS, Community Based Organizations (CBO) and Non- Governmental Organization (NGO).

CHAPTER ONE

This chapter deals with the issues like profile of Ethiopia, purpose of the study, statement of the problem, scope of the study, definition of concepts, back ground information such as the general situation of HIV\AIDS at different levels(Global, Africa and Ethiopia), the role of NGOs and CBOs in anti-HIV\AIDS activities in Ethiopia, etc.

INTRODUCTION

1.1 General Information about the Country

Ethiopia is located in the north eastern part of Africa or specifically known as the Horn of Africa. The country is bordered on the east by Djibouti and Somalia, on the west and southwest by the Sudan, on the north and northeast by Eritrea, and on the south by Kenya. The country has approximately 1.14 million square kilometers. In terms of population, Ethiopia is one of the most populous countries in Africa ranking third after Nigeria and Egypt. According to the 1994 national population senses, it is projected that the country would have 71 million people in 2004 and with population growth of 3%. The age distribution shows that 44% of the population is below 14 years while 42% are in the age group 15 and 49. The population beyond 50 years of age makes only 9% of the population. Adult literacy rate is around 23% and primary school enrollment is less than 50%.

The country is of a great geographic diversity with altitudes ranging from 110 meters below sea level to 4620 meters above sea level. Although Ethiopia lies within 15 degree north of the equator, the altitude influence by moderating the temperature and the central highlands where the majority of people live generally enjoy average temperature rarely exceeding 20 degree centigrade (68 degree Ferranti). Small rains come during February and March, while the big rains from June to September.

Ethiopia is country which is not colonized and has many unique cultural heritages such as: own calendar, alphabet, number, etc. The country is a multiethnic society with approximately 100 nations, nationalities. The country adopted a new constitution that established the Federal Democratic Republic of Ethiopia (FDRE) in August 1995. The new constitution established multi-party based parliament system, and democratically elected governments at Federal and Regional levels. The country composed of nine National Regional States and two Administrative States (Addis Ababa City Administration and Dire Dawa Council).The Federal Government is responsible for national defense, foreign relations and general policy of common interest and benefits. The Regional States are autonomous with power for self administration and divided into different administrative unites such as: woreda and the lower administrative unit known as Keble. (Epidemiological Data of Ethiopia)

The economy of the country is dominated by agriculture and it accounts for about 50% of the Gross Domestic Product (GDP), 65% of the total exports 85% of employment. Ethiopia is the original place of Coffee and it accounts for over 85% of total agricultural exports. The other sectors of the economy are manufacturing, mining, trade, tourism, construction, and services, which accounts for about 50% of the Gross Domestic Product. The annual per capita income is currently estimated to be us 100 dollar. Economically active segment of the population is the age between 14 and 60 which is about 50% of the total population. The country has abundant natural resources and potential for the development but the tragedy is that due to natural and man made calamities the country is frequently suffering from recurrent draught and famine, this is also aggravated poor economic development and the HIV\AIDS epidemic. (Epidemiological Data of Ethiopia)

An estimated 60 to 80 percent of health problems in the country are due to infectious and communicable diseases and malnutrition related problems. The health care system is underdeveloped and only able to provide basic service for about 61% of the population with wide disparities between rural and urban areas from region to region. (Ministry of Health, Health and Health Related Indicators, 2003). Under financing of the health system and a low capacity for management contribute to poor access to basic health services, and ultimately, poorer health status. These health problems have been made further worse with the emergence of AIDS.

Currently HIV has already infected many Ethiopians and the infection is generalized and prevalence rate has been estimated 4.4%. According to Fifth Report of AIDS in Ethiopia (2004), in 2003 an estimate of 1.5 million people are living with HIV\AIDS in the country including 96,000 children. Moreover, a total of 4.6 million children under 17 are estimated to be orphans for different reasons of which 537,000 were due to AIDS.

Addis Ababa the capital city of Ethiopia is located right at the center of the country in an altitude of about 2450 meters above sea level and it has relatively cool and moderate temperature. The city was found in 1887 and has area of 3245 sq. kilometers with rural fringe at its periphery and has a population of more than three million. (Addis Ababa City Administration, Health Bureau, 1999). The city is host to the Africa Union (AU), United Nations Economic Commission for Africa (ECA) and several other international organizations headquarter and branch offices. The city has three levels of administration, i.e. Regional, Sub-city and the smallest administrative level locally known as Keble (neighborhood). Addis Ababa has 10 sub-cities and a total of 100 numbers of Kebeles, on average each sub-city represents inhabitant of about 300,000-400,000 and has 9-11 Kebles.

On the other hand, the country is among the least economically developed countries in the world and the social security system is weak and the government alone couldn't provide care and support for these huge number of HIV\AIDS infected and affected population. NGOs and CBOs are some of the organizations that involved in providing Care and Support for chronically sick and orphans. This master thesis focuses to explore and understand how CBOs and NGOs are providing care and support services for AIDS Orphans in one of the sub-city of Addis Ababa.

1.1.1 Purpose of the Study

The main purpose of this study is to investigate and understand how Care and Support Services are provided by CBOs and NGOs for the children orphaned and made vulnerable by AIDS in Addis Ketema Sub-city. Moreover, since these two organizations are different in their institutional setup and the resources they have I am interested to learn how the absence or

presence of some factors affect or shape of the services provided. Therefore, this study aims at revealing the types of care and support provided, the way it is being implemented, the type of problems orphaned children have and the challenges service providers and users are facing in the process of service delivery.

1.1.2 Statement of the problem and Research Questions

In a broad and general way statement of the problem have been formulated:

1. How do CBOs and NGOs are providing care and support services for children orphaned and made vulnerable by AIDS in Addis Ketema sub-city, and
2. How do service users perceive the needs to improve the services provided?

In order to address the general problem areas, three specific research questions are administered:

- What resources do CBOs and NGOs have to provide the services?
- Is the program able to meet the needs of children orphaned by AIDS? If not, what mechanisms do these children and guardians use to cope up with the situations?
- What are the challenges faced by CBOs and NGOs while providing the services?

1.1.3 Scope of the Study

Due to financial, time and manageability problems the study will not cover the whole of Addis Ababa or the country. Hence, the area of the study will be limited to one of the ten sub-cities found in Addis Ababa, specifically known as Addis Ketema sub-city. The area is located in the central part of the capital commonly known as Merkato, which is the biggest open market place in the country and its surroundings. The total population of Addis Ketema Sub-city is estimated to be 320,000 and has 9 Kebeles, each Keble on average has a total population about 35,000. The area is selected because it is densely populated comparing to other sub-cities and the economic status of most of the residents is low. On the other hand, the existence of Merkato, town and regional bus terminals in the area caused high mobility of people in the area. These caused the number of Bars, Hotels, Sex Workers, etc. to be high and all these conditions contributed for high prevalence of HIV\AIDS (prevalence rate15.1% in 2003) and high number of Orphans in the

area. Since Children are highly vulnerable to health, economic, social, and psychological problems the issue calls for attention of the government, concerned bodies and the society at large.

1.1.4 Definitions of Concepts

- "**AIDS Orphans**" are those children aged below 18 years and who lost either one or both parent(s) due to AIDS. Those children who lost only a mother or a father are referred to as "single orphans" and those children who lost both parents are referred to as "double orphans"

- **HIV\AIDS affected People**: these are groups of people including children and old people (grandparents) who have lost parent(s) and child (children) respectively due to AIDS.

- **Orphan Care and Support**: involves provisions of basic needs such as food, clothing, shelter, education and health care. It also includes counseling, protection from all forms of abuse, foster care, and provides emotional support (love).

- **Orphan and Vulnerable Children (OVC)**: These are children who have lost one or both parents and living alone or with chronically ill parent \ caregiver or child living in high-risk setting. The children are at risk of facing increased negative outcomes of life when compared to the "average" child in their society. Main negative outcomes include: malnutrition, above average rates of morbidity and mortality, lower average rates of school attendance and completion at primary level, lack of health care and exposed to labor exploitation of both paid and unpaid labor and at risk of any forms of abuse.

1.2 Background Information about HIV\AIDS

1.2.1 Global Situation

According UNAIDS 2004 report on the global AIDS epidemic: in 2003, almost five million people became newly infected with HIV, the greatest number in any one year since the beginning of the epidemic. At the global level, the number of people living with HIV continues to grow from 35 million in 2001 to 38 million in 2003. In the same year, almost three million were killed by AIDS; over 20 million have died since the first cases of AIDS were identified in 1981. Furthermore, the same source revealed that, the epidemic affected all the corners of the world but it varies in scale or impact within regions; some countries are more affected than others, and within countries there are usually wide variations in infection levels between different provinces, states or districts.

1.2.2 Africa Situation

Sub-Saharan Africa is home to just over 10% of the world's population but 25 million people are living with HIV in the region, which accounts almost two-thirds of all people living with HIV in the world. In 2003, an estimated three million people became newly infected and 2.2 million died (75% of the three million AIDS deaths globally that year). (UNAIDS Global AIDS Report, 2004)

On the other hand, HIV\AIDS epidemic posing paramount threat to development of Sub-Saharan Africa. Because the epidemic erased many of the developments gained during the past generation including human power and is costing the region close to 1 percent of economic growth each year, it imposes an unsustainable and mounting burden on households, firms, and the public sector (World Bank, 2000)

The report of UNAIDS in 2004 rivaled that, African women are at great risk of becoming infected at earlier age than men. Today there is on average 13 infected women for every 10 infected men in Sub-Saharan Africa and it became up from 12 for 10 in 2002. The difference is even more pronounced among 15 to 24 year olds. A review compared the ratio of young women

with that of young men living with HIV; this ranges from 20 women for every 10 men in South Africa to 45 women for every 10 men in Kenya and Mali.

In Africa, some deaths have not been identified as AIDS-related, which can affect statistics and the information they provide. The usual causes of deaths such as pneumonia, tuberculosis, septicemia, and the like were not seen to be related to AIDS at the time, but later on confirmed that they were related. Under reporting of AIDS deaths has also occurred because relatives and others may not want any one to know why someone has died, to avoid stigma. (Berer and Ray, 1993)

Moreover, according the report of UNICEF, today, over 11 million Children under the age of 15 living in Sub-Sahara Africa have been robbed of one or both parents by AIDS. Seven years from now, the number is expected to have grown to 20 million. At that point, anywhere from 15 per cent to over 25 per cent of the children in a dozen Sub-Sahara Africa Countries will be Orphans- the vast majority of them will have been orphaned by HIV\AIDS. (UNICEF, 2004) The same source revealed that, orphans are disadvantaged in numerous and often devastating ways. In addition to the trauma of witnessing the sickness and death of one or both parents, they are likely to be poorer and less healthy than non-orphans are. They are more likely to suffer damage to their cognitive and emotional development, less likely to go to school, more likely to be subjected to the worst forms of child labour. Survival strategies, such as eating less and selling assets, intensify the vulnerability of both adults and children.

Similarly, a rapid assessment in Zambia in 2002 showed that, the average age of children engaged in prostitution was 15. About half of them (47 per cent) were double Orphans and 24 per cent single Orphans. The need to earn money was the main reason given for entering into prostitution. Their daily earnings range from 3,000 to 33,400 kwachas (about us dollar 0.63 to 7); the majority, especially younger ones, rarely made as much as 10,000 kuachas (about us dollar 2.10). On average, the children slept with three to four clients each day. (Mushingeh, 2002)

1.2.3 Ethiopia Situation

The first evidence of HIV infection in the country was identified in 1984, while the first cases were reported in 1986. Thus, AIDS epidemic has spread to all parts of the country, some parts are worse hit than others, but no part of Ethiopia is exempted from the crisis. (MOH, 2000)

Currently the country is one of the hardest hit countries by HIV\AIDS in the world and hosts the fifth largest number of people living with the virus globally. In 2003 the estimated number of people living with HIV\AIDS is about 1.5 million, including 96,000 children. Young females who are living with HIV\AIDS outnumber males, while more males are observed in older age group (30+ years). HIV prevalence among women is 5.0% and men 3.8%, and is higher in the urban (12.6%) than the rural population (2.6%). There were also 197,000 new infections, 98,000 AIDS cases, and 90,000 AIDS deaths in the adult population in 2003. A total of 128,000 HIV-Positive Pregnancy and an estimated 35,000 HIV-Positive births occurred. Among children aged 0 – 14 years, there were 35,000 new HIV infections, 25,000 new AIDS cases and 25,000 AIDS deaths. A total of 4.6 million children under the age of 17 are estimated to be orphans in the country for different reasons, of which 537,000 were due to AIDS. (Fifth Report AIDS in Ethiopia, 2004)

Table 1.1 Estimated and Projected adult HIV Prevalence (%) by sex and setting, selected years, 1982 - 2008

	1982	1985	1990	1995	2000	2001	2002	2003	2008
National	0.0	0.2	1.6	3.2	3.9	4.1	4.2	4.4	5.0
Male	0.0	0.2	1.5	2.8	3.4	3.5	3.7	3.8	4.4
Female	0.0	0.2	1.7	3.6	4.4	4.8	4.8	5.0	5.7
Urban	0.0	0.7	7.0	13.4	13.0	12.8	12.7	12.6	12.6
Rural	0.0	0.1	0.3	0.8	1.9	2.1	2.4	2.6	3.4

Source: Fifth Report of AIDS in Ethiopia, June 2004

The Impacts of HIV\AIDS in the Country

According to Fifth Reports of AIDS in Ethiopia, in 2003 the population lost because of AIDS was about 900,000 and it is projected to reach 1.8 million by 2008 if the present trends continue. Furthermore, Death due to AIDS brought dawn life expectancy gains from 53 to 46 in 2001. Especially the death of population segment between the ages of 15 – 49 is expected to rise tremendously in the coming years and currently accounts for about a third of all young adult deaths in the Country. Basically this segment of the population is the productive part of the population and the country is losing huge number of skilled and unskilled labor force and brought negative impact at macro level and all sectors are affected by the epidemic. For instance, the study conducted by Ministry of Education in 2003 indicated that, between 1989\99 and 2000\01, there was a 5% increase in death among teachers and some of which might be attributed to AIDS. Moreover, absenteeism of one week out of a semester was repeated among a third of the teachers due to sickness of the teacher or member of his\her family.

Moreover, to provide health care and support for HIV infected and affected people the country expend the scarce resources which are available, this will make the poverty situation to become even worse. Already AIDS cases have more than 50% bed occupancy rate in Hospitals this affected the health delivery and increased the amount of money which needs to be allocated. On the other hand, the consequences of the co-infection of TB and HIV have resulted in major problems of the country's health sector.

On the other hand, the number of children Orphaned by AIDS is dramatically increasing and children are suffering from economic, social, and psychological problems. The study conducted by Ministry of Labour and Social Affairs (MOLSA) in 2003 shows that, AIDS Orphans unable to sustain their own livelihood are expelled from their parental residences following the deaths of their parents. AIDS Orphans live with poor relatives with low educational backgrounds, who are often unable to provide for the physical, educational, and health needs of the children. In order to cope up the situation Orphaned children involve in some kinds of activities to get few amounts of money. These conditions will again expose them for further problems. The rapid-assessment done in Addis Ababa by Kifle (2000) illustrates that:

More than three quarters of domestic workers were Orphans. Eighty per cent of the child domestics interviewed did not have the right to voluntarily quit their jobs. Most children in the study population (65%) were enrolled either in a literacy class or in formal education while the remainder lacked any schooling opportunities. A large number could not study or do their homework at home, and were often late or absent from school. They had no time or means for recreation and leisure as they worked on average more than 11 hours per day, seven days a week. Most were not allowed to play with the children of their employers, watch television or listen to the radio, which curtailed their chances of obtaining vital information on topics such as HIV\AIDS.

In Ethiopia the extended family members were responsible to take care for the Orphans, but currently due to HIV\AIDS and other reasons this structures are affected heavily. UNICEF, 1999 stated that: the deep-rooted kinship systems that exist in Africa, extended family networks are an age old social safety net for orphaned children that have long proved resilient even to major social changes. This is now unraveling rapidly under the strain of AIDS and sorting numbers of Orphans in the most affected countries. Moreover, today, in some parts of Africa including Ethiopia, AIDS epidemic is breaking dawn and overburdening the extended families, in most cases the elderly people and very young children struggle to care for AIDS Orphans. The emergence of Orphans households headed by older sibling is an indication that the extended family is under stress (UNAIDS, 1999)

Causes for Rapid HIV\AIDS Expansion in the Country

A number of underling factors contribute to the spread of HIV\AIDS in Ethiopia includes poverty, illiteracy, stigma and discrimination of those infected and affected by HIV\AIDS, high rate of unemployment, wide spread commercial sex work, gender disparity, population movement including rural to urban migration and harmful cultural and traditional practices. HIV\AIDS, in turn, contributes to the poverty situation of the individual, family and community and the nation at large. Thus HIV\AIDS creates a vicious cycle by increasing individual and

community vulnerability to infection. (Ethiopian Strategic Plan for intensifying Multi-Sectoral HIV\AIDS Response, Dec.2004)

Measures taken by the Government to fight HIV\AIDS

According Ethiopian Strategic Plan for intensifying multi-sectoral HIV\AIDS Response (2004), the government initiated the response in 1985, soon after the first report of laboratory confirmed HIV and AIDS cases. The initial major step taken by the government was the establishment of the National Task Force (NTF) within the MOH; this response focused on analyzing the situation, developing operational guidelines for prevention, and assessing the capacity required to arrest the spread of HIV infection.

The same source discusses that, in September 1987, the AIDS Control Program was established at a department level in the MOH, with the responsibility for coordinating the national prevention and control program. Subsequently Short and Midterm Plan for control were developed (1987-1989). In 1998 the National HIV\AIDS Policy was issued, followed by the development in 1999 of the Strategic Framework for the National Response. Both documents served as the basis for the expanded and scaled up multi-sectoral response. However, the national response was slow, interrupted, and failed to keep up the momentum required for a sustainable and comprehensive prevention and control program. Then in April 2000 the National AIDS Council (NAC) was established under the chairmanship of the country's president. The Council was composed of representatives from relevant Government, Private, Faith Based, Non Governmental Organizations and prominent figures. A Secretariat accountable to the Prime Minister's Office was established to coordinate the national multi-sectoral response. Similarly structures with similar constituencies were also established in the regions and at lower administrative levels.

1.2.4 The Roles of Community Based Organizations (CBOs) and Non Governmental Organizations (NGOs) in the fight against HIV\AIDS

In developing countries few resources are available from public revenues and public sector's safety net. Most assistance for AIDS Orphans and the needy families is financed through the extended household, community or non-governmental organizations (Ainsworth and Over, 1994).

Community Based Organizations

Community Based Organizations such as Iddirs in Ethiopia are among the most important mechanisms for successful implementation of the multisectoral response to problems.
Iddir's are indigenous voluntary associations established primarily to provide mutual aid in burial matters but also to address other community concerns. Households become members of the associations and pay fixed contributions monthly. Whenever death occurs among members, the association raises an amount of money (depending on the specific bylaws) and handles the burial and related ceremonies. In addition, certain members are assigned to stay at the house of the bereaved for two to three days. (Pankhurst and Haile Mariam, 2000)

During its early days of development, Iddir was invariably based on vicinity; it was an association with almost all its members drawn from the same neighborhood. But gradually, associations based on Occupation and Tribe began to be formed. Usually the leading role in the formative period of Iddir has been played by elders of the community. This is so because in Ethiopian society, elders have more prestige, more influence and more say in community affairs. Most of the Iddirs have been established by elders of the community. However, nowadays younger people are given credit for taking the initiative in establishing some of the newer Iddirs. (Seifu, 1968)

For the effective functioning of the Iddir, membership must not be very small. Usually people are attracted to membership through persuasion and explication of the benefits of being a member. The founders who are usually influential people, by writing letters and by approaching personally can contact members of the community. Once adequate membership is assured, the founders sit

dawn and write the statute. There are certain basic similarities in all Iddir status. They set down the purpose of the Iddir, and the titles and duties of its officers. The membership fee, amount and frequency of contributions, fines for non compliance with rules of attendance of meetings and funerals, the different amounts of money given during death depending on the kind of relationship of the deceased. The content of the statues will be dealt with in greater detail in the subsequent parts of the paper and make all members to know. (Seifu, 1968)

Currently in Ethiopia mortality from AIDS has been increasing at an alarming rate especially in urban centers to the great determinant of households and communities. The epidemic causes stress or even collapse of social institutions performing valued community functions. One such institution threatened by HIV\AIDS epidemic is Iddir. Since Iddirs contribute money whenever a member or member family dies, increased mortality obviously creates financial strains. Therefore, some Iddirs start to respond to the threat together with the formal sectors in order to best mitigate the effects of the epidemic. (Pankhurst and Haile Mariam, 2000)

Non-Governmental Organizations

NGOs are the key actors in Ethiopia development activities at macro and grassroots levels. Moreover, NGOs are active in HIV\AIDS Prevention and provision of care and support for infected and affected members of the community.

Although traditional Community Based Organizations have been in existence for a long period in Ethiopia the emergence of NGOs is a relatively recent phenomenon. Available information shows that it was only in 1930's that NGOs, mainly of international background, started operating in Ethiopia. There are currently close to 350 NGOs (about two-third of them being local) operating in the country. There is no area of intervention that one can cite as not covered by NGOs in Ethiopia. NGOs are engaged in health, education, skills training, childcare, agriculture, water supply and sanitation, natural resources conservation, HIV\AIDS activities, etc. and their engagement is wide ranging from care and welfare to policy concerns (Asefa and Lemi, 2001).

NGOs have a better potential to mobilize resources and technical expertise than CBOs. Besides providing services NGOs are also involved in building the capacity of local communities and stakeholders.

Christian Relief and Development Association (CRDA) is an umbrella Organization which coordinate and give support for member NGOs and have active and influential role in overall development issues at macro and grassroots levels.

But the relation between NGOs and States is often characterized by conflict. Asefa and Lemi (2001) argue that: *"The relationship between NGOs and Government is dominated with misunderstanding and mistrust."* Some of the reasons could be when there is lack of transparency especially from NGOs side, lack of clear guidelines from the government, the issues of accountability, or if NGO's have agendas, additional to that which is different from the basis for cooperation, especially if it deviates from cultural or political intents of the state in question.
Yet many argue that co-operation between governments and NGOs is essential and key factor to bring the desired development. Sanyal (1994) stated that:

"Development is the outcome of a synergistic process which combines the growth impulses from the top and bottom. To create this synergy the State and NGOs must work together, but only in ways which sustain the relative autonomy of each." (Sanyal, 1994:1)

Characteristics of NGOs and CBOs

There are different types concepts about community, but a theoretical concept introduced by Tonnies as the conceptual contrast between Gemeinschaft (communal relation) and Gesellschaft (non-communal relations) is used in this thesis to analyze one of the basic factors which affects or influence the services provided by NGOs and CBOs.

By Gemeinschaft, Tonnies referred to the three pillars: blood, place (land), and mind, or Kinship, neighborhood and friendship. (Nisbet, 1966) Gemeinschaft of blood or kinship denotes unity of being, Gemeinschaft of locality or place is based on common habitat or collective ownership, and

Gemeinschaft of mind involves co-operation and coordinated action for common goal. Community therefore, has to do with the bonds between individuals in situ (Kassah, 2003:46). Since Iddir is being formed by the community to promote and secure the common interest and goal on the vicinity and neighborhood, Iddirs are based on the types of relations Tonnies denotes as Gemeinschaft.

Moreover, Tonnies described Gemeinschaft as the society of intimacy, closed personal knowledge and stability (Tonnies 1957, cited in Kassah, 2003). In other words, intimate, enduring and face- to –face relations characterized community life. Culture or traditions within a community are said to be relatively homogeneous and based on moral codes, strictly enforced. Solidarity and community spirit or rather a "sense of belonging", thus constitute important feature of community life. (S.Cohen, 1985: 118, cited in Kassah, 2003)

Gesellschaft on the other hand, is the society characterized by ego-focused, highly specific and discontinuous relationships (AP Cohen, 1985, cited in Kassah, 2003). Gesellschaft was also associated with large scale, impersonal and contractual ties where there is mere coexistence of people independent of each other (Kassah, 2003:46). Furthermore, the essence of Gesellschaft is rationality and calculation (Nisbet, 1966:75).

The following passage is a perfect rendering of Tonnies distinction between Gesellschaft and Gemeinschaft:

"*The theory of the Gesellschaft deals with artificial construction of an aggregate of human beings which superficially resembles the Gemeinschaft insofar as the individuals live and dwell together peacefully. However, in Gemeinschaft they are essentially united in spite of all uniting factors. In the Gesellschaft, as contrasted with the Gemeinschaft, we find no actions that can be derived from an a priori and necessarily existing unity; no actions, therefore, which manifest the will and the spirit of the unity even if performed by the individual; no actions which, insofar as they are performed by the individual, take place on behalf of those united with him. In the Gesellschaft such actions do not exist. On the contrary, here everybody is by himself and isolated, and there exists a condition of tension against all others.*" (Nisbet, 1966: 75-76)

In most cases NGOs are established by group of persons or an individual by targeting to address specific problems using clear and defined strategy. The organization will have formal relationship with other partners and decisions will be made based on rationality or justifications. The beneficiaries are specific target population and their relationship with the organization is clearly defined. The organization will operate in one area for specific period of time and the project will phase out and the relationship is more of discontinuous. Therefore, the type of relationship of NGOs is more related to Tonnies referred as Gesellschaft.

CHAPTER TWO

STUDY DESIGN AND RESEARCH METHODOLOGY

In this chapter, study design and methodology, data generating techniques, ethical considerations, recording and managing data, data analysis, and finally, strengths and limitations of the study will be discussed.

2.1 Study Design and Methodology

Research mostly seeks data to explain, describe or explore the phenomenon chosen for the study. Social and Natural Scientists have different way of doing research based on their area of concern and the nature of phenomenon they are studying. Marshall and Rossman (1989) stated that: For Social Scientists research is a process of trying to gain a better understanding of the complexities of human interactions through systematic means. The researcher gathers information about those interactions, reflects on their meaning, arrives at conclusions, and eventually puts forward an interpretation of those interactions.

Before conducting data generation in practical activities the researchers have to design the research appropriately. Yin defined Research Design as:

"A logical plan for getting from here to there, where here may be defined as the initial set of questions to be answered, and there is some set of conclusion (answer) about these questions. Between here and there may be found a number of major steps, including the collection and analysis of relevant data." (Yin, 2003:21)

This logical plan should have to address basic research design questions such as: what issue or research question to study, what type of data and how to generate, how to analyze and reach into conclusions. Therefore, it serves as a road map to reach to the final goal or it serves as a means to an end.

To determine a sound research strategy Yin (1989) proposes three questions:

- What is the form of the research question stated: is it exploratory, does it seek to describe the incidence or distribution of some phenomenon or does it try to explain some phenomenon?
- Does the research require control over behavior, or does it seek to describe naturally occurring events?
- Is the phenomenon under study contemporary or historical?

The answers to these questions will guide researchers to choose the appropriate research strategy and the choice of one strategy over the other should have to be done carefully.

2.1.1 Rational for Adopting Qualitative Case Study Research Method

The terms Qualitative and Quantitative are used frequently to identify different modes of approaches to research. Mostly, quantitative research present statistical results represented by numbers. On the other hand, qualitative research presents data as a narration with words or it interprets non-numerical data. According to McMillan and Schumacher (2001), the two approaches differ in their assumption about reality, research purpose, research methods or process, research role and importance of context. On the other hand, Strauss and Corbin (1998) defined qualitative research as:

"Any type of research that produces findings not arrived at by statistical procedures or other means of quantification. It can refer research about persons' lives, lived experiences, behaviors, emotions, and feelings as well as about organizational functioning, social movements, cultural phenomena, and interactions between nations." (Strauss and Corbin, 1998: 11)

By taking into consideration what is so far discussed, the research approach chosen for this particular thesis was qualitative research method, because the research topic needs more in-depth study of the cases in its context rather than statistical figures. Moreover, qualitative research is well suited to understand and examine complex social phenomenon. Hudelson et al, stated, qualitative research suit research in which descriptions and explanation (rather than prediction based on causes and effect) are sought, when it is not possible or feasible to manipulate the

potential causes of behavior, and when variables are not easily identified or are too embedded in phenomenon to be extracted for study (Hudelson, 1994; Pope and Mays, 1999).

Among qualitative research methods Case Study method was selected and used for this thesis. The rationales for adopting Case Study method were that it provides a good opportunity to obtain a deep insight into an issue in its context, and allows retain the holistic and meaningful characteristics of real life. Moreover, by examining each case as a whole, and by comparing similarities and differences one can learn more about the cases. Ragin (1987) stated that:

"By examining differences and similarities in context it is possible to determine how different combinations of conditions have the same causal significance and how similar causal factors can operate in opposite direction." (Ragin, 1987: 49)

Contextualized and comparative Case Study was chosen as an appropriate strategy in this particular thesis because these two types of Organizations (CBO and NGO) were different in their Organizational setup and structure but both of them were involved in the same type of services provision. The presence or absence of a certain conditions might have impacts on the services delivered. Therefore, a Case Study approach gives more chance to learn and understand how similarities and differences influence or shape the services delivered by these Organizations.

2.1.2 Selection of Cases

To make the study more concrete and practical among six service provider Organizations (three NGOs and three CBOs) working in Addis Ketema sub-city. Two service providers i.e. CHAD-ET (NGO) and Keble 02 Didier Council (CBO) were selected and covered in the study. The unit of observation was services provided by these organizations, and the levels of analysis were:

- Resources that the CBO and NGO command
- The needs of children or clients
- Challenges faced by NGO and CBO

2.2 Data Generating Techniques

In order to generate and interpret the necessary information Primary and Secondary sources of data were used.

2.2.1 Primary Data

Primary data was generated by In-depth interview of Children Orphaned by AIDS, Guardians, WFP Program Officer, HAPCO Sub-City Desk Head, CHAD-ET Program Officer, Home Based Care Providers and Keble 02 Iddir Council Secretariat. Supplementary sources i.e. informal interview of some knowledgeable persons in the area were made. I also used my personal experience of working in the sub-city HIV\AIDS Prevention and Control Desk. Furthermore, direct observation of the living situations of children orphaned by AIDS, and guardians, the organizational setup of institutions covered in the study and how they were providing services systematically were in detail observed. Finally, that I observed the meeting session of both organizations home based care providers.

2.2.1.1 In-depth Interview

An interview enables to get relevant and large amount of data quickly because the process is two way communications and gives more chance to ask more in depth about the area of interest. According to Marshall and Rossman (1989) Interview is:

"A method of data collection, that may be described as an interaction involving the interviewer and interviewee, the purpose of which is to obtain valid and reliable information." (Marshall and Rossman, 1989:82)

The type of In-depth Interviews which have been conducted was much more like conversations than formal, structured interviews. I used a general interview guide or protocol to conduct each interview and to encourage respondents to talk in detail about the main issues. Different probing techniques have been used but care has been taken not to force the respondents to talk. During the

interview conducted attention was given for some factors which may affect the interview process such as asking respondents leading questions which may influence their response, etc. On average one session took an hour or more depending on the situation. During the interview, notes have been taken about non-verbal body languages and facial expressions because these languages are more powerful in expressing people's feelings and emotions. While the interview was conducted I used tap recorder. This was accepted by the interviewee, but even different types of notes have been taken. Totally 16 persons have been interviewed from different Organizations including service users. Children and guardians were selected from the beneficiaries of respective organizations covered in the study. Before I started to conduct my field work I contacted Addis Ababa HIV\AIDS Prevention and Control Office and Sub-city Administration to get permission to conduct the study.

Table: 2.1 the Compositions of the Interviewees

s\n	Organization \ Service Users	Position	Total Number	Comments
1	WFP	Program Officer	1	
2	HAPCO Sub-City	Desk Head	1	
3	CHAD-ET	1 Program Officer and 2 Home care providers	3	Home care providers one male and one female.
4	Keble 02 Didier Council	1 Secretary of the Council and 2 Home care providers	3	Home care providers one male and one female.
5	Children Orphaned by AIDS (2 from each Organization, one Male and one Female)	Service Users	4	Age 12 – 15 and selected from beneficiary list.
6	Guardians (2 from each Organizations)	Service Users	4	Selected from beneficiary list.
		Grand Total	**16**	

Source: constructed from the data of respondents

2.2.1.2 Field Observation

Observation enables to understand more about the issue in detail and gives chance to learn how things are operating and what exists really on the ground. According to McMillan and Schumacher Field Observation is defined as:

"A technique used by qualitative researchers by making direct eyewitness accounts of every day social action and settings taking the form of field notes." (McMillan and Schumacher, 2001: 42)

This method was used in this thesis because it gives more opportunity to learn about the children by making direct eye observation about how they were living, what their environment look like, and their relationships with guardians and service providers. Moreover, it enabled me to explore more about the services provided, particularly how the two organizations covered in the study deliver their services to the beneficiaries, what type of organizational setup they had and how they conducted different activities. While I was conducting field observation I took notes (Head notes and Jottings) and at the end of each day when I went back to my place I wrote the full field notes by integrating what I had in my mind and written as keynotes. The focuses of observation were:

- Children and Guardians: their physical condition, health situation, their home, living environment, emotional conditions, dressing, school performance, etc.
- Organizations: institutional setup (office and working environment), food distribution center, how services provided, data management system (Reports, beneficiary lists), etc.

Furthermore, besides in-depth interviews and field observations used in the study as tools to generate data, I conducted informal interviews with some knowledgeable persons in the area and I used my own personal working experience because I was working in the sub-city HIV\AIDS Prevention and Control Desk for the last three years and these situations gave me more opportunities to enrich the study.

2.2.2 Secondary Data

Secondary data are available in different forms, from a variety of sources and provides significant and useful information about the subject under study. Stewart and Kamins (1993) defined secondary data as:

"Sources of data and other information collected by others and archived in some form. These sources include government reports, industry studies, archived data sets, and syndicated information services as well as the traditional books and journals found in libraries. Secondary information offers relatively quick and inexpensive answers to many questions and is almost always the point of departure for primary research." (Stewart and Kamins, 1993: 1)

Secondary and Primary data sources were used in this thesis as complementary methods not as substitutes for one another and the major secondary data used were:

- Different types of reports, documents and plans of the two Organizations, including WFP and HAPCO.
- Books, Magazines, Information from Internet, Pamphlets and some other documents related to the topic.

2.3 Ethical Consideration

Due to Professional Ethics and sensitivity of the issue under study, ethical issues were given serious attention. First of all, Addis Ababa HIV\AIDS Prevention and Control Office and concerned officials at all levels were informed about the study and their agreements were obtained to conduct the study. Then, for each respondent the purposes of the study were briefed, and informed consent was obtained. While the interviews were conducted different probing techniques were used but attention was given not to force or impose the respondents to talk or to affect his\her privacy. The participants were also informed that they had full right to discontinue or refuse to participate in the study. Finally, confidentiality of the information that was obtained from each respondent was maintained.

2.4 Recording and Managing Data

If data is not taken and handled in preplanned and organized manner it brings distortion of information and impact the study process negatively. By having this consideration in mind I used three methods of note taking: Head notes, Jottings and Write-up. While I was in the field I observed things carefully and when I felt it is important I was writing keyword, not in full sentence to help me remember the phenomenon. Later on, when I returned to my place I wrote the field notes by integrating what I had in mind and written as keynotes. When field notes were taken it was passed through three steps. First, all information that I found to be related to the topic were written dawn without thinking of what was important or not. Then, by reading the notes in detail I enriched the notes and, finally, based on the data which was considered important and relevant to the topic, critical reflections were done. Moreover, all fieldwork data were handled and managed properly using different files based on the content of the data.

2.5 Data Analysis and Interpretation

Data analysis is the process of bringing order, structure and meaning to the generated data by using preplanned procedures. In this study data generation and analysis went hand in hand and the process followed a bottom-up approach because it started from raw data up to category formation and critical reflections. Strauss and Corbin (1998) explained Analysis as follows:

"Analysis is the interplay between researchers and data. It is both science and art. It is science in the sense of maintaining a certain degree of rigor and by grounding analysis in the data. Creativity manifests to aptly name categories, ask stimulating questions, make comparisons, and extract an innovative, integrated, realistic scheme from masses of unorganized raw data." (Strauss and Corbin, 1998: 13)

The data analysis method used in this particular thesis had different and interrelated sequences such as reading the data and making myself familiar with it, coding and analyzing the data using grounded theory, search for alternative explanations and finally writing the report. According to Strauss and Corbin (1998) Grounded theory is defined as:

"A theory that is derived from data systematically gathered and analyzed thorough the research process. In this method, data collection, analysis, and eventual theory stand in close relationship to one another. A researcher does not begin a project with a preconceived theory in mind (unless his or her purpose is to elaborate and extend existing theory. Rather, the researcher begins with an area of study and allows the theory to emerge from the data. Theory derived from data is more likely to resemble the "reality" than is theory derived by putting together a series of concepts based experience or solely thorough speculation (how one thinks ought to work). Grounded theories, because they are drawn from data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action." (Strauss and Corbin, 1998: 13)

In grounded theory Coding is a process that enables the researcher to identify and understand the data in sound and meaningful way. Open coding, axial coding and Selective coding are the types of coding which are useful to systematically analyze the raw data. Each type of these coding have major differences but they are interrelated and depend on one another in order to show the real picture of the issue covered in the study.

In this particular thesis the three types of coding were used appropriately. First, open coding was done by working on the raw data by thorough reading or close examination of data, phrase by phrase and several units were created based on the contents, to name the created categories. Both in vivo and sociologically structured naming were used depending on the content of the phrases. The process was a time consuming but useful step in order to analyze the data properly. In Axial coding the process focuses on the created categories than the raw data, this was accomplished by relating categories to their subcategories along with the lines of their properties and dimensions to form more explanation about the phenomena. Selective coding was done as a process of integrating and refining categories and this was a more abstract type of coding.

2.6 Strengths and Limitations of the study

Generally the study had the following strengths:

- The selected method of study (qualitative case study) and the method of analysis used (grounded theory) were appropriate for the subject of study; therefore, these were one of the strengths of the study.

- My personal experience working in the area with both organizations including local governmental officials and community allow me to get important information easily. On the other hand, since I know the culture of the people very well it enabled me to easily communicate with my respondents and not be viewed as an outsider. This opportunity gave me chance to enrich my data.

Limitations of the study:

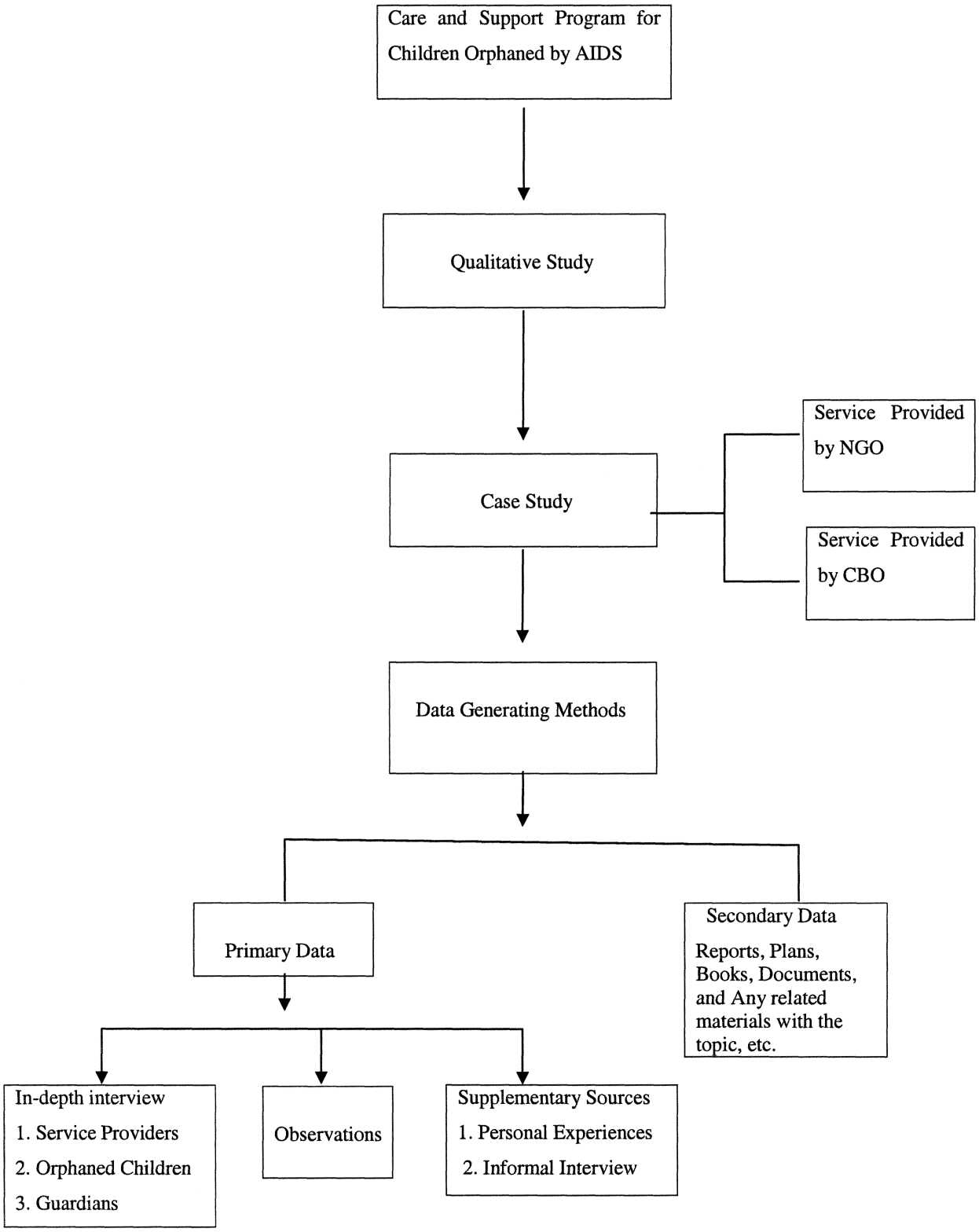
- Language was one of the barriers in this study because the interview were conducted in Amharic (the language which is officially spoken in Ethiopia) and then translated to English. During this process there were difficulties in finding English words which have the same meaning in Amharic. Even, sometimes when I found equivalent English words, the sentence or example used would still appear meaningless to people unfamiliar to the specific culture or context. On the other hand, since English is my second language I faced the challenge to explain what I want to say appropriately in English.

- The second main challenge was the difficulty to find or get access to secondary data related to my topic. Only a few researches have conducted by focusing on local area in Ethiopia and I have had difficulties in accessing even those limited sources. While I was conducting my field work in Ethiopia I went to Addis Ababa University Ethiopian Studies Library to learn what have been done so far related to my topic, especially with reference to Master and PhD thesis. I have an official letter from concerned authorities but when I requested to get the service, the librarians told me that, I had to get permission from the

head of the library. I went to get permission but I was told to pay for the service in order to get access. The problem was that I was requested to pay as foreigner in hard currency (us dollar). Due to financial problems I couldn't access to the resources which I intended to refer. The other challenge related to access to secondary source of materials were most that of the libraries found in Ethiopia are not computerized and there is no exchange of information between libraries and it is difficult to get information, so, you have to go to each library and ask permission to find materials from catalogs which is related to your topic and it is really hard work. Moreover, the organizations covered in the study have no good method of keeping documents or materials which were used as reference.

- Regarding observation the process was time consuming and challenging because some of the issues were difficult to observe in actual reality, especially when visiting children.

Figure: 2.1 Summery of Study Design and Research Methodology



CHAPTER THREE

The study findings presented in three Chapters, the first part (Chapter three) deals with the profile of Organizations covered in the study. Then, Chapter four discusses the problems of children orphaned by AIDS. Finally, Chapter five presents Care and Support services provided for children orphaned by AIDS.

The profile of Organizations covered in the study

This Chapter deals with an overview of the profile of NGO and CBO covered in this study, specifically, Resources of the organization, planning process, and phase out strategy.

3.1 CHAD-ET (NGO)

CHAD-ET is an indigenous, non-governmental and non-profit making organization established in 1995 to protect the rights and welfare of children found under difficult circumstances, such as children of economically incapacitated families, children involved in commercial sex practice and orphaned children. The General Assembly and the Board of Directors are the highest administrative organs of the organization. The Secretariat is led by a full time Managing Director and the organization is staffed with qualified personnel and volunteers for the execution of the programs.

The organization established in 1995 has two projects: Children at risk, and Prevention of Sexual Abuse and Exploitation. After the realization of the local situation and the epidemic of HIV\AIDS the organization incorporated two additional projects: Non formal Basic Education in 2001 and HIV\AIDS Prevention and Provision of Social Services in 2002.

Currently the Four Projects are being implemented and have different types of beneficiaries and strategies to deliver the services:

- Children at risk project: children in poor families are the beneficiaries of this project. The organization builds the capacity of children and their families

through income generating schemes and trainings. These enable them to alleviate their economic problems and protect the children from street life and other socioeconomic problems.

- Prevention of Sexual abuse and exploitation project: Children involved in commercial sex work are the beneficiaries of this project. The organization provides skill training according to the interest of children and seed money to enable them to start the business. By providing this service the organization prevents the sexual exploitation, abuse and neglect of vulnerable children, Promote the development of positive behavior that protects children and youth from risk that expose them to HIV\AIDS.
- Non-formal Basic Education Project: this project aims in creating access to basic education for school aged children but due to several reasons that couldn't able to enrollee in formal education.
- HIV\AIDS Prevention and Provision of Social Services Project: this is the main project in which the Thesis focuses and explores the type of services provided, the resources available, the challenges encountered, etc. Generally the project has two main program components: prevention of HIV\AIDS, and Provision of Care and Support services.

  Prevention activities is performed by conducting Education and increasing the awareness of the people using different methods, such as: educating using discussion groups, peer education, coffee ceremony, disseminating information using Brochures, Leaflets, Fliers, etc.

  Care and Support services provided by this organization have two major components: Care and Support for people living with HIV\AIDS and Care and Support services for orphaned children.

3.1.1 Resources of the Organization

Resources are Material, Finance and Human power which the Organization has to provide services; this is also the most determining factor which limits or facilitates the services provided. Currently based on the resources available and some other factors

CHAD-ET provides its services directly and indirectly for about 105,000 peoples and the catchments areas are divided according to Donors of the organization.

The Organization has different sources to get Financial and Material Resources and some of the Donors are domestic and the others are foreigners. Some of the domestic donors are: Concern Ethiopia, Pact Ethiopia, HAPCO, Save the Children and WFP are some of the donors which are found within the Country. Donors provide their support in terms of Money or Materials and the Organization have no significant problems to get Donors.
Donor's method of monitoring depends on the organizational capacity, strength and some other reasons, For instance:

- Concern Ethiopia: first CHAD-ET will submit Quarter report and discussion will be made based on the submitted report and the annual plan and, then one team which consists of about 5 people will come to visit the project site and observe what really exist or performed at ground level.
- WFP Urban HIV\AIDS Project is a new Project but has a strong monitoring system: a monthly report will be submitted to the Organization, the staffs of WFP will make visits and observe the situation of beneficiaries at grass root level, and finally, every 6 months the Organization will conduct an assessment study to see what are the impacts of the intervention.
- HAPCO has a weak monitoring system compare to the other organizations and the organization depends only on the report submitted and no visit or any other methods are used.

CHAD-ET has qualified Professionals and Volunteers working at different levels. The qualification of Professionals and training given for Volunteers depend on the type of Project they are working with. The turnover among qualified Professionals is low but there is high resigning rates among Volunteers. Some are getting other Jobs, some are frustrated and others are quitting for personal reasons.

Table 3.1 Human Resources of CHAD-ET

s\n	Position and Project	Number	Remark
1	Managing Director	1	
2	Program Head	1	
3	Project Coordinators	4	For each project there is one coordinator
4	Project Staffs : - prevention of sexual exploitation - HIV\AIDS Prevention and Provision of social services - Non – formal Basic Education - Children at Risk	 5 6 15 7	 12 Teachers 3 Volunteers but paid
	TOTAL	33	
5	Volunteers : - Prevention of Sexual Exploitation - HIV\AIDS Prevention and Provision of Social Services: .Home based care . Counselors . Peer Educators	 20 70 45 55	 Totally trained volunteers are 190 but currently 147 working and 43 volunteers are resigned
	TOTAL	190–43= 147	
6	Administrative Staffs : . Finance Head . Liaison Officer . Cashier	 1 1 2	
	TOTAL	4	

Source: Constructed from the Interviewee of the Program Officer

3.1.2 Planning Process

The planning process follows a Bottom-up approach. First the organization will call all stakeholders for discussion on the last year plan accomplishments and look for suggestions and Recommendations, based on the information provided from the discussion the new plan will be drafted. Then, discussion will be made with donors on the draft plan. During this process the CHAD-ET representative have to explain and convince the donors about the importance of the new activities and why changes that have been made. The donors have the final say to agree or not to fund the new activities based on the financial capacity they have, the interest areas of the donor, etc.

3.1.3 Phase out Strategy

NGO's will work or intervene in one area for the specific period of time and then the project will phase out according to the plan, and each project has its own phase out strategy. Some of the methods are working with the community and administration and build the capacity by forming committee and provide different types of trainings, involve the parent's of children or target groups in income generating activities by providing access to saving and credit service. For instance, Children at risk project the parents of the children involved in to saving and credit skims in order to enhance the financial capacity of the parents to enable them feed their children well and able to contribute monthly for the non-formal education program in order to pay the salary of the teachers and make the program sustainable. Finally, all the project materials will be handed over to the Keble (Local) administration including monitoring the remaining activities.

3.2 Keble 02 Iddir Council (CBO)

Keble 02 Iddir Council is a Non-Governmental and Non-Profit making Council formed by 14 Adders to fight HIV\AIDS and other socioeconomic problems by joining hands and efforts together in Jan. 2002. The Council has its by-laws and has got legal

recognition from the government. The major activities are providing education and dissemination of information about HIV \ AIDS using different methods, and providing Care and Support for Chronically sick and Orphans. The General Council Assembly and Executive Committee are the top management unites of the Council and have different sub committees. All the human power of the council is based on Volunteerism and there are no paid workers and professionals working as fulltime. The Council will get technical or professional support from NGO's working by partnership and from Volunteers. The total number of people in 14 Adders estimated about 1000-1200 and the Council provides its services for one Keble and the number of peoples benefits directly or indirectly from the program is estimated to be 15,000.

The Rationales of Iddir to Involve in Anti HIV\AIDS Activities

As described in the Background part of this paper Didier is an indigenous voluntary association established for the purposes of mutual aid whose main function is to help members during bereavement. On the other hand, HIV\AIDS increased the morbidity and mortality of the society and affected the function of Didier's by increasing the frequency of death among the members and their families. This situation increased the amount of money to be paid for those affected members and the deposit of money decreased and resulted in economic crises. In order to overcome these problems and alleviate the socioeconomic impacts of HIV\AIDS on infected and affected members Didier's designed different strategies, and One of the strategies is to form Council and fight HIV\AIDS by involving in IEC\BCC activities and providing Care and Support services for chronically sick and Orphans. Keble 02 Iddir is one of the pioneers Iddirs involved in these activities but due to lack of resources the Council currently has only one project.

3.2.1 Resources of the Council

The Council has few Financial and Material Resources to provide care and support and this situation negatively affected the services provided. For instance, the office of the council is not well organized and equipped with necessary materials, such as: Computers,

Photocopy machines, and other related materials, in order to get these services they have to ask for help or have to pay. The Council will get financial and material support from:

- HAPCO: provides financial and technical support
- FHI Ethiopia: provided some office materials
- Local Administration(Keble): provide Office
- HAPSCO: provide technical support to home based care service by assigning Nurse and necessary materials.
- WFP: Food support for chronically sick, orphans and home based care providers (as an incentive), Training for home based care providers and beneficiaries how to prepare food, and provide home based care kits for volunteers.

Keble 02 Iddir Council has only Volunteers who are working at different levels as part-time and there are no full time workers or professionals. There are different subcommittees and many people working in those committees:

- General Council Assembly: this is the final decision making body in the council and has members about 70-80, the committee members meet every 3 months, during the meeting the executive committee will present quarter report. Based on the report the assembly will discuss and endorse the final decisions.
- Executive committee: the members are 15 in number and meets weekly, this committee has the responsibilities of Facilitation, Coordination, Supervision and give support to the subcommittees.
- Audit Committee: this is not actively functioning committee because it is recently formed after the council realized the importance of auditing; previously financial issues were handled by financial officer of the council. The committee had 3 members and it is in its early stage.
- Community Development Committee: the main function of this committee is to solve socioeconomic problems of the community and engage in development activities by raising fund from different sources. Involve into income generating activities is the main priority area; currently the committee is in its early stage and have 7 members.

- Tesfa Lehiwot Home Based Care Providers Committee: "Tesfa Lehiwot" is an Amharic word that means "Hope for Life." This group is volunteers who are trained as home based care providers and provide home based care and counseling for the beneficiaries. For the first time 10 volunteers are trained for 21 days and providing their services by getting professional support from HAPSCO Nurse, currently 6 more volunteers are recruited and they are in process to get the training. The 21 days training is sponsored by WFP and the training focuses on how to provide home based care and counseling. The home based care providers perform different activities jointly with the Education and Advocacy subcommittee and executive of the Council.
- Education and Advocacy Committee: this Committee works jointly with Tesfa Lehiwot Home Based Care Volunteers to provide Information and Education about HIV\AIDS and related issues using different methods and the committee has 5 members.

Table 3.2 Human Resources of Keble 02 Iddir Council

s\n	Name of the Committee	Numbers	Remark
1	General Council Assembly	70	
2	Executive Committee	15	
3	Audit Committee	3	
4	Community Development Committee	7	
5	Tesfa Lehiwot Home Based Committee	10	
6	Education and Advocacy Committee	5	
	GRAND TOTAL	**110**	

Source: Constructed from the Interviewee of the Secretary of the Council

3.2.2 Planning Process

The planning process is not well organized because of lack of professionals and experienced personals. The first draft of the plan will be prepared by the Executive Committee and then it will be approved by the General Assembly. Since the financial raising capacity of the Council is very limited most of the planned activities will not be accomplished.

3.2.3 Phase out Strategy

For Iddir the best term that fits in relation to phase-out strategy is sustainability plan because one of the phase-out strategies of NGO's is to make the community to own the project. But in case of Iddir the community already owned the project and the initiation of execution of the program is not from the outside motivation but it is their own interest and wish. So, there is great difference between NGO's and Iddir's sustainability plan. In case of NGO the Organization work for some period of time and hand over the program for the community and move to other place, but in case of Iddir the institution is there as long as the society exists in that area and not limited by time boundary. The most important issue to make the project sustainable in case of Iddir is how to create reliable fund sources.

Keble 02 Iddir Council planned to involve into income generating activities and diversify the sources of income by identifying marketable and profitable activities. The activities are already identified but not yet to implemented, because each 14 Iddir members and leaders have to agree on the issue and need to decide to invest some amount of money from deposited account. According to my respondent this activity will take some time because some people have doubt or fear that the government may interfere or nationalize their properties after the investments have been made.

CHAPTER FOUR

Problems of Children Orphaned by AIDS

This chapter describes the major findings into different sections and subsections. Especially problems related to child headed families, orphaned children living with guardians, and single orphaned children. Moreover, the chapter deals with how children cope up the difficult situations they faced.

After Children became orphaned they will be vulnerable and affected by different Economic, Social and Psychological problems. One 15 years female respondent explained her experience by saying:

> *"Death of Parents for Children means loss of the one who loves and care for us. In other words, it is loss of everything's in life: loss of Hope, Dream, Feel loneliness and Helpless. Furthermore it is difficult to get something to eat, fail to pay basic services bills, such as Electricity, Water, house rent, health service, etc."*

Besides this children are exposed for stigma and discrimination. In general, it is bitter experience and difficult challenges in life. All interviewed children live in rented houses, the houses are poorly constructed, own only few housing utensils, mostly single room and on average 4-5 people are living together. The magnitude and types of the problems also depends on the economic situation of the late parents, whether the child is living alone or with guardians, whether single or double orphans, etc.

Most of interviewed children means of livelihood depends on the support they get from CHAD-ET and Iddir Council. The support contributed a lot in their life; it enabled them to get something to eat, continue their education and protected them from becoming street children. But the support is not adequate to cover their needs. The coping mechanisms used by children also vary depending on the situation in which they are living.

4.1 Child Headed Families

This is a type of family in which both parents died and children left without someone who is taking care for them and in most cases responsibilities to feed and take care for younger siblings shifted to the first born. To shoulder these responsibilities is difficult for most of the children because they are too young to manage these problems. Even though most of the responsibilities are left for the first born the other children also participate in sharing responsibilities and giving psychological support to each other.

Child Headed Families are more vulnerable to any kind of Economic and Social problems. One of my interviewee stated that:

> *"There is big difference when some one has family or not. If some one has no family they will not be accepted by people, particularly neighbors. People blame the children for the cause of parent's death and give nickname "Gefi" which means the one who had bad luck and cause parents to die. Neglected by relatives, people will not be willing to help because they don't expect anything to get in return."*

Children will experience different situations concerning the attitude of people towards them. There is no uniform treatment given but most of them agree that the attitude of relatives is totally changed after their parents death and consider themselves as if they are neglected and unwanted by relatives. Relatives are not visiting them and don't want to share their problems as they did before. One of my Female respondents described her experience as follows:

> *"I have two sisters and one brother and I am the second born. My elder sister (firstborn) is 16 years old and had more responsibilities to care for all of us. Unfortunately our younger sister became sick and we took her to hospital and the*

Dr. confirmed that she is TB Patient and needs to be admitted in hospital. Since all of us are students we need some one who attends her regularly when she is admitted. Then we decided to ask help from our relatives and requested them by explaining the situation but our relatives refused for our request. Finally, my elder sister decided to withedrow from her school and attends our sick sister while she is admitted in hospital, and stayed in hospital for 4 months. But I am sure our relatives would not have done, if our parents were alive."

Another 15 years old Firstborn Male respondent shared the challenges he and his brothers faced and he agrees that the attitudes of relatives changed towards them:

"I am first born and have two younger brothers. When our mother was alive we lived together and we were happy but after her death our family became disintegrated. Every one will go his own way. We don't have anyone who takes care for us and I am responsible to take care of my brothers but I couldn't manage the challenges we faced. The support provided by NGO is not adequate and our relatives don't support us. It is difficult to pay for services such as house rent, electricity, etc."

Some of the reasons why the attitude of relatives changed or the role of extended family is becoming weak could be due to the high magnitude of the problem and a lot of people are becoming infected or affected by the epidemic and it is difficult for this structure to absorb all of the needy people. Poverty is another influential factor which is affecting the traditional coping mechanisms. Even the extended family members want to discharge their duties but the economic situation may not allow them and they will prefer not to involve in the situation. On the other hand, fear of stigma and discrimination is another factor which keeps the family members away because they don't want to be identified as members of that family. Finally, urbanization has big influence on the role of the extended family by weakening the bond of relationship and people may migrate to urban areas to find jobs or involve in other business activities by leaving their family members

in rural areas and they may not have close relatives in urban areas and other institutions became replacing the function of extended family.

On the other hand, the attitude of neighbors towards orphaned children varies significantly. Some children claim their neighbors are not good and have negative attitudes towards them but others are saying their neighbors have positive attitudes towards them and give them support in different forms.
A 15 years Male interviewee said his neighbor's attitude is not changed after the death of his parents and he didn't observe any change, of course they are not providing care for him and his brothers but he relates this with their financial capacity not with negative attitude.

On the other hand, 15 years old Female respondent experienced negative attitude and mistreatment by her neighbors. She explains the situation by saying:

> *"Our neighbors are not willing to talk and discuss with us when they think we have done something wrong but they insult us and sometimes we are physically attacked (beaten) by our neighbors. They consider as hopeless and helpless. Let me tell you my one day experience, my sister and one boy from neighborhood quarreled inside the compound and the boy insulted her, and then the father of the boy came out of his house and bitten my sister. He was not interested to know what the cause of the disagreement was. I was around and observed everything and the boy was the one who made the mistake. By this situation all of us felt sad and helpless and we even cried. If my father was alive the man would not have done things. This is how we are treated by our neighbors."*

All interviewees agree that they didn't experience mistreatment by their teachers and friends while they are at school. The problem they face related to school is that they have difficulties paying the school contributions when it is requested. Regarding school fees and educational materials they will get support from CHAD-ET and Iddir Council.

Furthermore, one service provider respondent stated that: Female and double orphaned children need special protection because they are vulnerable for sexual abuse and labor exploitations. Moreover, they have problems related to illegal claims of owning their parents properties.

The deaths of parents have significant impact on children's education, especially on double orphaned and children living alone, because they have additional responsibilities compared to other children. One interviewee stated that:

> *"When I am in class I couldn't attend the class properly and even sometimes I became absent from school. I compare myself with other children while I am in class and feel inferior and depressed because I don't have parents. I have to think about what to eat after the class including for my siblings. Moreover, it is not only the food issue what makes me to worry but the insult and mistreatment of my younger siblings is my concern. As a result my education is highly affected by my parent's death."*

Coping mechanisms is different based on children's age, sex, the area they live, the location of their home, friends and neighbors they have. For instance, one 15 years Male respondent stated that:

> *"The support we get is not enough and we have financial problems most of the time. To solve this problem I will borrow money from our neighbors and I will pay back when we get our money from NGO. In order to supplement the support we get from the organization I will wash cars with my friends and we get some amount of money. I started to with this work before my mother's death. While she was critically sick* our *family faced series financial crises and I started to work to contribute to solve the problems we faced."*

On the other hand, another 15 years old Female respondent expressed her experience by saying that:

"We get support from CHAD-ET such as: school uniform, wheat, vegetable oil, famix, and some money. But it is not enough to cover our needs. We prepare food out of some of the wheat support we get and we sale half of it in order to buy other food which we need to eat. On the other hand, to save money for buying cooking materials such as kerosene and firewood I and my elder sister usually don't eat breakfast. We give priority to our younger siblings to eat 3 meals a day. Furthermore, to cover our expenses such as school contribution and other expenses we rent bed for those people who want to go to long distance bus station early in the morning. To protect ourselves we rent bed for old people and we get 3 birr (equivalent to 3 Kroner) for one night. But if we don't get customers we ask our grand mother for help. She will get some amount of money by begging near the church and she is willing to help us when we request her."

One of the home based care providers shared his experience of children coping mechanism by stating:

"I know three sisters living together and the firstborn rent their room for "chat ceremony" and "shesha users." She serves also her customers by making coffee; she is doing this because the food support they get is not enough for them. If children don't get adequate support the chance of becoming street children is high."

"Chat" is a stimulant plant which people are using the leaf by chewing and "Shesha" is a kind of smoking using special device and sometimes people smoke Hashish using this device. At the end of the day they drink some alcohol in order to be free from the effect of the stimulant; while they are chewing chat people will discuss several issues including sex affairs. Currently this habit forming practice becoming popular among the youth and most of the youth prefer these things because most of them are unemployed and can spend their time with little amount of money and use this event as making friendship. In order to get money for this purpose some youth involve in criminal activities. From all

these respondents experience we can easily understand how some of the coping mechanisms expose the orphaned children to HIV infection.

4.2 Orphaned Children Living with Guardians

Guardians have huge responsibilities in upbringing the children and in most cases it is Grandparents who are taking care for Grandchildren. According to my observations and the interviewees which I spoke to most of the guardians are Old, don't have good health condition, don't have permanent income, live in poorly constructed and rented houses etc. This is the time in which they need support from their children but most of them lost their children by AIDS. Besides their poor health condition and poverty the death of their children makes them to shoulder additional responsibilities and aggravated the problems they have. Besides the economic problems these old people have psychological problems related to the death of their children, most of them feel loneliness, helpless, frustrated, etc. unfortunately they are the one who have to take care for their grandchildren.

On the other hand, since the country has poor economic development the social security system couldn't able to absorb these old people and couldn't get support from the government except those people who were working for the government. Even for those who gets pension the amount of money is not enough to cover their basic needs. Their means of livelihood depends on the little support they get from relatives, petty trade, renting out part of their house, etc. Previously (Before HIV\AIDS epidemic) it was the responsibility of grownup children to take care of their old parents but now (After HIV\AIDS epidemic) older people become responsible for taking care of their grandchildren.

In Ethiopia besides the grandparents it is the responsibility of the members of the extended family to take care of orphans, but this situation is now changing due to HIV\AIDS, Poverty, Urbanization, the magnitude of the problem, etc. On the other hand, there are people who don't have blood relationship but take care of orphans, because the

children may have no grandparents or due to several reasons the grandparents or other relatives couldn't give care. According to one of the home based care provider interviewee, there are different types of guardians:

- Those people who have blood relationships, such as: grandparents, aunt, uncles, etc.
- People who were friends of late parents due to their close relationships they committed themselves to take care for the children after their parents passed away.
- There are people who don't know parents but take care for the children because of humanity and compassion they have. Finally,
- The other groups of people are those who will involve in guardianship because of their own advantage: to get economic benefit by sharing the support the children gets, and, the other group is not interested to get economic benefit but they will take children to get good name and respect from the society. In practice these groups of people are not interested in the wellbeing of the children, they are problematic and difficult to manage.

Guardians experience different types of challenges because of their age, economic condition, health situation, and the numbers of children they are taking care of. On the other hand, the health and psychological conditions of the children have an impact on the care provided and the living condition of guardian themselves. For instance we can see these differences by taking two examples from my interviews:

> *X is 80 years old women, she is hypertensive and her health condition is not good. Besides that she doesn't have permanent income. Unfortunately she lost three of her children by AIDS and the remaining daughter lives abroad and provides her occasional financial support. She is taking care for three of her grandchildren. The children do not feel good about their situation and mostly they will ask her some questions about their parents and this situation frustrates and worries her too much. One of the children has fear she may also loose her grandmother, but the grandmother gives advice and take them to church to get sort of relief.*

A younger guardian experience different situations and challenges:

> *Z is 20 a years old girl and she was living with her brother and his family. Her brother was the one who provided her with the support she needed. Unfortunately she lost him and his wife by AIDS and she became responsible for taking care of three years old boy and a thirteen years old girl. The boy is a TB and AIDS patient. The guardian spent most of her time taking care for the boy, before a month he was critically sick and unconscious but now he is recovering from his illness but he had wound allover his body due to drug allergic reaction. While she is taking care of him she will not protect herself by wearing gloves. Her knowledge about HIV\AIDS is minimal. She had close attachment to the boy and very much concerned about him. But she had some sort of conflict and disagreement with the girl, because the girl brought some kind of behavioral change and mostly she stay outside home during the evenings with friends. The guardian tried to give her advice but the girl refused to accept. Besides this, the guardian has no permanent income, totally depend on the support she gets from Iddir Council and occasional financial assistance from friends. She couldn't able to work and get money because the boy needs too much follow up and care.*

These examples illustrate how complex the situation is and how it affects both the children and guardians. Moreover, most of the guardians are old and have poor health condition and don't have many alternatives to cope up with the economic problems they face. Some of the mechanisms they are using are: borrowing money from people, asking help from relatives, renting out part of their house, etc. Some guardians want to involve in petty trade but they had problems of getting loan.

Children living with guardians share most of the problems the other orphans have, but there are some specific problems related to these children. One of the Home Based Care Provider interviewees described the situation by stating as follows:

"Children living with guardians who are financially insecure families will have further food shortage because the other members of the family may share the food support allocated for the children. Since Most of the guardians are not educated and have poor health as a result they may fail to make proper follow up about the education or provide guidance for the children. On the other hand some guardians mistreat them and children are exposed to labor exploitations."

Those children living with guardians who have poor economic condition involve in some activities to get money, for instance working on the streets different activities. In order to work during the day time some children drop attending regular class and shift to attend during the evening. Two Home Care Provider respondents said that they know children who became street children because of economic and food problems they faced.

According to my respondents even if the incident of discovering maltreatment by guardians is not frequent they have some experience about this issue. One of the Home Care Provider shared his experience as follows:

"Most of the children if they are mistreated by their guardians they will speak about the problems to the other people, including the home based care providers. Therefore, most of the guardians will pay attention to how they treat the children because they are afraid to loose their public image and social acceptance. But some children will not speak if they are mistreated by their guardians. These children will show some kind of physical change and sign of emotional problems. It is the duties of home based care providers to focus on such type of children and try to identify the root of their problems. On the other hand, you will have some children who misinterpret or exaggerate things. The guardian may try to provide the maximum care he\she can provide but the children may associate everything with their parent's death and complain about the guardians. If we find such children we give them advice and make them to understand the situations."

4.3 Single Orphaned Children

Single orphaned children are those children who have lost one of their parents and in most cases the other one may be chronically sick and the likelihood of losing the second one in a short period of time is high. These children, besides sharing the major and the common problems of orphaned children they have specific problems.

In most cases before the children recovered from the psychological trauma they experienced after losing their first parent by AIDS the second one will starts to be sick and children will become responsible for taking care of the other parent. On the other hand, the sickness of the parent will bring some additional expense such as medical treatment costs on the weak financial status of the family. In fact, chronically sick and AIDS patients can get free medical treatments in governmental health institutions. But for some kinds of laboratory investigations and cost of medicine which is not available in hospital, it is the responsibility of the patients to cover. The frequency of the illness depends on the types of food the patient can get and care which he\she receives. But children couldn't able to provide the necessary care because of their limited financial capacity. On the other hand, the breadwinner may die first or become sick and unable to work and generate income.

It is not only taking care for the sick parent and cover health cost which is the specific problems of singled orphaned children but their education also seriously affected. Since single orphaned children mostly take care for sick parent and have economic and psychological stress all these situations affects their educational performance. One thirteen years old female respondents explained her situation by saying:

> *"My mother died before a few years ago and my father became a TB patient and he is critically sick now. I spent most of my time by taking care for him and I couldn't attend my education regularly and actively. I will become exhausted when I reach at school, because I have many things to do at home. Before my mother death I was one of the outstanding students in the class, but now I have*

poor performance. Mostly, I become absent from the class or late; even if I am in class I will not actively attend the class because I will afraid my father may die when he was alone."

When I went to interviewee the above stated girl I found her while she was taking care of her father, He is a confirmed case of TB and AIDS patient, she told me she spent most of her time by taking care of him. From the situation I understood that she had huge responsibilities. She had no siblings and feels sad about this situation, because she needs someone who shares her problems. The location of the house is not totally conducive for living; the house is located in the center of market place and in the compound of Mosque. The space between the wall of the Mosque and the house is about one meter and it is difficult to pass two persons at the same time. The house is only one room and the Girl sleeps with her father on one bed, because the space is too small to have another bed. It is clear that she is at high risk to have a TB. The noise from the Mosque will disturb those persons who are sick and small children but for those who are adult and young it is considered as their religious duties to walkup and prays. The girl wants to please her father by providing good care and her father is too much worried about his daughter because he knows his case. The death of one parent and providing care for the alive one is very challenging situation for children and have impacts on their Education, Psychologically, Loss of income and even they are exposed to have some kind of illness like TB and AIDS.

In most cases it is the parents who will involve in some kind of activities to get money for survival but since the parents are usually sick they couldn't work regularly and usually they will depends on the support they will get from organizations or other sources. In some cases children will work to support their family.

4.4 Neglected but Vulnerable Children

Orphaned children between the age of 16 and 18 are not included in care and support program of both Iddir Council and CHAD-ET. But according to discussion made in the

background part of this thesis these age group is the most vulnerable to HIV\AIDS and related problems. These children are not included in the support program because of the scares resources available to provide support. So, the organizations are obliged to prioritize beneficiaries to provide their support and these groups of children are not covered in the care and support activities and the priorities given for the children below the age of fifteen.

Due to lack of care and support services these children are more vulnerable for street life, labor exploitation, any form of prostitutions, addiction (such as alcoholism, chat, cigarette, etc.), lack of food and health services, etc. If they want to involve into productive activities they have problems to get trainings and access to credit facilities.
According to CHAD-ET project officer, in children at risk project (those children who are members of poor family) and children involved in commercial sex work project most of the beneficiaries are children 16-18 age group and entitled to get services like: education, health, skill trainings and provision of seed money. But these programs don't include orphaned children by AIDS, because these projects were in place before the organization plan to expand its services to address the issues of HIV\AIDS.

Some of the coping mechanisms of children between age of 16-18 are sharing the food support of their siblings and involve in some activities to get money. The activities depend on the sex of the children and the skill they have. Since it is difficult to get job and credit service most of the children particularly males are involved working on the street to get money like petty trade, shoe shining, daily laborers, etc. and the females work as waiters, housemaid, renting their rooms for "chat" and "shesha" users, etc. Most of the activities these children involved make them vulnerable for addiction, sexual abuse and HIV\AIDS.

CHAPTER FIVE

Care and Support Services Provided for Children Orphaned by AIDS

This chapter deals with Care and Support services provided by CHAD-ET and Keble 02 Iddir Council in detail. It also discuses some of the challenges faced while services are provided and finally, the whole study findings will be summarized.

The main objectives of Orphans Care and Support Program in both organizations are to alleviate the physical, mental and economical problems encountered by orphaned children and protect them from any form of abuse and attack. Orphans care and support services provided by CHAD-ET and Keble 02 Iddir Council have some similarities and differences, in terms of, type of beneficiaries, selection criteria, the content of support, the way it is delivered, how it is monitored and supervised, etc.

Selection Criteria and Process

WFP and HAPCO are the two main donors of orphan care and support program of both CHAD-ET and Keble 02 Iddir Council. Therefore, both organizations use the same selection criteria. WFP Urban HIV\AIDS Project has three categories of beneficiaries: Chronically Sick People (Including AIDS Patients), Orphans and Pregnant Mothers who live with HIV (PMTCT). The selection criteria also depend on the category of beneficiaries and determined by donors.

According the respondents of WFP Urban HIV\AIDS Project and both organizations covered under the study beneficiary selection criteria of orphans are:

- AIDS Orphans: a child who lost one or both parents by AIDS as testified by neighbors, Keble or Iddirs.
- Double orphans: children who lost both of their parents, even if the cause of death is not AIDS.

- Age: less than fifteen.
- Orphaned children attending school up to junior secondary school(1-8 grades)
- Permanent residence in the Keble or sub city: ID or residence testimony from Keble.
- Priority to girls.

Based on the agreement of both organizations entered with the two donors they have to follow the standard procedures while they identify beneficiaries. First of all, both implementers have to conduct project orientation workshop for all stakeholders including local administration and community. Then, home based care providers and volunteers have to be trained how to identify beneficiaries and have to work closely with the local administration in each steps, and then, have to identify orphaned children from all possible sources of information including conducting home to home visit. Finally, they have to submit the list of beneficiaries to the sub city HIV\AIDS Prevention and Control Desk with the support and approval letters from local administration stating that the selection is done according to selection criteria and procedures.

According to my respondents from both organizations Food or Nutritional, Financial, Educational, Psychological, Health Care, Stigma Reduction and Legal Supports are the main components of orphans care and support program.

5.1 Food or Nutritional support

WFP is the sponsor of food support program for both CHAD-ET and Keble 02 Iddir Council and the support have the same components. The contents of food support are: Wheat, Famix and Vegetable Oil. The food items are distributed from the same sub-city food distribution center. According to the schedule of food distribution center representatives of the organizations have to be in the center to observe the distribution process and to give solution if some kind of problems arises. For Orphaned children the food support is provided every two months and a child will get the rations of two months

at once. This is done because to decrease the transportation cost and to avoid work load on the distribution center.

Table 3.3 Ration Composition and Size given for each Beneficiaries

Commodity(kg) Per month	Beneficiary Category			
	Chronically Sick	Orphan	PMTCT	HBCV
Wheat	45	15	_	45
Famix	9	3	9	_
Vegetable Oil	3	1	2	3

Source: **From the documents of CHAD-ET and Iddir Council**

The ration size allocated for each child is multiplied by the number of children who are below Fifteen years in each household. The same beneficiary selection criteria apply for both organizations. Total number of children who get food supports from CHAD-ET and Keble 02 Iddir Council are 1094 and 213 respectively, and another 109 children are selected by Keble 02 Iddir Council and they were in the process to get the support in the last Feb 2005 during the interview. Home based care providers will inform the children or guardians by going to their homes every two months and on average for each home based care provider about 10-15 children are assigned.

Besides WFP sponsored food support program Keble 02 Iddir Council have supplementary nutritional support for chronically sick and malnourished children. This support is sponsored by HAPSCO and the food items are "Dube Flour" (A Flour which contains rich nutritional food staffs) and milk. Home based care providers will assess the situation of the children who are malnourished and the food support will be given for the children until they are recovered from the severe malnutrition.

Field workers of CHAD-ET are responsible to follow the food support by making occasional home visit. But in case of Keble 02 Iddir Council the leaders of Iddir

particularly the members of executive committee will make home visit program weekly. During the interview the secretariat of the Council said *" Home Visit Program makes our relationship with our beneficiaries stronger"* some leaders personally will take some food or fruits during the visit and it makes them closely attached and the beneficiaries view the leaders and home care provider as their own relatives. Moreover, some members of the Iddir start to sponsor some children by providing some amount of money. But there is no such type of activities in CHAD-ET home visit and food support program.

5.2 Financial Support

Keble 02 Iddir Council have no financial support program for children Orphaned by AIDS, of course the Council members believe the importance of this component but the Council couldn't get sponsor for this program and they lack resources. One of the reasons is lack of trained personnel how to write proposals and search for donors. On the other hand, CHAD-ET had financial support program and out of 9 kebles covered by the food support 7 kebles are sponsored by HAPCO and Concern Ethiopia. The remaining 2 kebles are not covered due to lack of Financial support. Both HAPCO and Concern Ethiopia allocated 50 Birr per month for each child (Equivalent to 50 Norwegian Kroners). But comparing to the needs of the children the amount of money allocated is insignificant and the organization tried to negotiate with the donors to increase the amount of money but couldn't get the support. Among the 1094 children covered in food support it is only 195 children will get the financial support, 75 children by Concern Ethiopia and 120 by HAPCO. Children sponsored by Concern Ethiopia will get the financial support regularly but those children sponsored by HAPCO will not get the support regularly, during the interview the children didn't get the support for the last Four months because of delay in financial relies of HAPCO.

5.3 Educational Support

One of the objectives of WFP sponsored food program is to enable children to continue their education and WFP is working with HAPCO in order to achieve this objective WFP provide the food support and HAPCO from the Global fund will sponsor the education support program by providing financial support. All children who are involved in food program are entitled to get the educational support and for each child 175 Birr Bi-annually is allocated. This money is allocated to cover expense of school uniform, school registration fees and important educational materials such as: exercise books, pens, pencils, bags, etc.

According to my interviewees this amount of money is relatively enough to cover the cost. Because most of the students will learn in government schools for free and they are only expected to cover the registration fees and contribution for the maintenance of the school. According to the new policy of the government local community is responsible to cover the cost of primary schools and this situation brought further problems for orphaned children. In order to solve this problem the Keble 02 Iddir Council involve in negotiation with the school administration to exempt the children and to some extent they able to solve the problem by this method.

Home based care providers are responsible in both organizations to make follow up about the education of the children. The care providers will inspect the exercise books of the children and discuss what problems they faced concerning their education. Moreover, they will go to school and talk with the home room teachers and discuss how the children are doing in their education and whether they attend regularly or not. In general they will exchange information about the children.

Besides the financial support of HAPCO, Keble 02 Iddir Council have got some materials support from Lottery International and planned to award those children who have good educational performance or planed to award those children who scored 1-5 ranks in their class. The home based care providers will identify the children and the

award will be given as an incentive. During the interview the council was in the process of identifying the children.

5.4 Psychological Support

The objective of psychological support by CHAD-ET and Keble 02 Iddir Council is not to provide professional type of counseling. Children will experience psychological problems related to the loss of their parents and they need some one who provide them care. The psychological support provided by the two organizations aimed at filling this gap by providing care and shows them they have someone who love them and share their problems. The psychological support will be provided by making discussion and provide them an advice how to cope up with the situation and provide psychological assurance. To provide the service home based care providers and counselors are trained for five days how to provide counseling. But most of the service providers agree that the training they have got is not enough to provide the service effectively. Because sometimes children will ask them some questions which they couldn't give answer or explain the situation properly. On the other hand, in both organizations there is no assigned professional to provide technical support for the counselors and one of home based care provider interviewee said that this is one of the reasons that frustrate him to work as volunteer.

5.5 Health Care

Both CHAD-ET and Keble 02 Iddir Council don't provide health service or medical treatment. Since orphaned children have the right to get free health care service from the governmental health institutions. The home based care providers will facilitate the process in order to get free medical paper from local administration and then the children will be taken to health institutions.

Home based care is the main health care service delivered by both organizations through volunteers who have got similar training for 21 days. This service is provided by regular visit of the sick person and provides health care in his\her home. Basically the service is

aimed for HIV\AIDS patients. Home based care provider respondents said that there are few children who became infected by the virus and get this service. During the field work I observed one child while volunteers are providing care for him. But mostly both organizations refer the positive children to special orphanage centers that handle this case. Because most of the people or guardians are not willing to take care for such cases and prefer to bring up those children who are negative. Providing health care at home environment increase the awareness of people about HIV\AIDS, provide cost effective service and increase family members to involve in care service by gating some help from the volunteers.

The home care provided by CHAD-ET is not supported by the professionals because there is only one health professional working as program officer in the project and have many other responsibilities. Therefore, it is difficult for him to provide technical support for the whole volunteers. On the other hand, Keble 02 Iddir Council home based care service is supported by professional Nurse assigned by HAPSCO. If the volunteers faced critical patient they can consult the Nurse and gets technical support if the case is beyond the capacity of Nurse the patient will be referred to hospital. According to home based care providers interviews this professional support helped them a lot and motivates them to work as volunteers.

Besides home based care and the facilitation of the process to get free medical treatments in health institutions CHAD-ET provides medical cost coverage for the children sponsored by Concern Ethiopia, in fact the number of children sponsored in this project is few when we compare to the total number of children involved in care and support program.

5.6 Stigma Reduction

Stigma and discrimination is the global problems which hampers prevention and care efforts by sustaining silence and denial about the issue of HIV\AIDS. In fact, the magnitude of the problem varies from country to country and the problem is even more in developing countries like Ethiopia.

Stigma and discrimination are separate but they are loosely linked. Stigma is the term commonly referred as "undesirable attitudes" that are incongruous with our stereotype of what a given type of individual should be (Goffman, 1963). On the other hand, Discrimination focuses on the actions, treatment, and policies that arise from such attitudes and which may violet the human rights of people living with HIV\AIDS and close to them (UNAIDS, 2000).

According to my interviewee's stigma and discrimination is manifested in different forms. First of all, people will give nicknames for the disease which have negative connotation such as: "Aymere" which is an Amharic word mean Merciless, "Awerew" it is also an Amharic word mean Beast. On the other hand, Children also ostracized by give nickname "Gefi" an Amharic word mean the one who have bad luck and caused his parents to die. Furthermore, some parents will advice their children not to play or eat with orphaned children, orphaned children and AIDS patients were neglected by relatives, people don't want to talk openly about HIV\AIDS, orphaned children are mistreated and abused by their peer groups and neighbors, etc.

It is not only people infected and affected by HIV\AIDS who are discriminated but Organization working in Anti HIV\AIDS activities and people working in that institution also stigmatized and discriminated. For instance, Home based care providers of both CHAD-ET and Keble 02 Iddir Council experienced similar types of challenges while home based care program is launched. People associate the Care and Support program with HIV\AIDS and they assume those people who are working as volunteers are HIV positive. When home care providers went to people's home to provide care they were not

welcomed and allowed to inter into their home. They were insulted, chased them by dogs and they given warning if they go to their home they will be bitten.

Orphaned children also don't want to be identified as an AIDS orphans and not volunteer to get the care and support service and it was a big challenge for the service providers and for the organizations to get beneficiaries.

The wrong practice and negative attitude of the people was associated with fear of stigma and discrimination, misconception and lack of knowledge about HIV\AIDS. In some cases even people fear stigma and discrimination more than the disease because it makes them to lose their social acceptance. This is a serious catastrophe for those people who are infected and affected people. But currently all my respondents agree that there is big difference and similar type of attitude or behavioral change in both CHAD-ET and Keble 02 Iddir Council operational areas. Some of the indicators mentioned by the interviewees are: home based care providers and the service have got acceptance by the people, the sign of rejections of HIV\AIDS infected and affected people is dramatically reduced, the involvement of people or participation in care and support activities increased, such as working as volunteers, contribution of money for the program, sponsor orphaned children by covering their educational and other coasts, provide psychological support for leaders and service providers, etc.

Methods used to reduce stigma and discrimination

One of the methods used by both CHAD-ET and Keble 02 Iddir Council to reduce stigma and discrimination is increase the awareness of the people by providing education and dissemination of information by aiming to bring behavioral change. Some of the methods of education are: educating people by inviting PLWHA, Religious leaders, Community leaders, and professionals. On the other hand, educating people using coffee ceremony, peer education, counseling, panel discussion, distributing reading materials such as brochures, leaflets, fliers, etc. are some of the practices. All these methods enable to break the silence and encourage discussions that contributes for behavioral or attitude

change. For instance, educating people using coffee ceremony is a method used by two organizations is a unique experience practiced in Ethiopia which has great contribution. Because the method encourage dialog and it is two way communication and people freely participate. Some of the teaching methods focused on to change the individual behavior and the others at community or societal level to change norms and behaviors at group level.

Furthermore, Keble 02 Iddir Council used different steps and methods to fight stigma and discrimination, especially those peoples who openly mistreat orphans and care providers:

- Give education during Iddir meeting sessions.
- Identify those peoples who openly mistreat orphans and care providers.
- Send letters for those who are identified individuals for discussions.
- Educate and give advice for those who accept and came for discussion.
- But for those who are not willing to stop their wrong doings the council requested the local police and administration to intervene.

The Council used its acceptance and influence in the community to bring change of attitude in the community.

On the other hand, it is not only the effort of the two organizations which brought behavioral change in the community. Because behavioral change is a process and has different contributing factors which have impacts in the process. One of the main facts which illustrate this fact is that the sources of information about HIV\AIDS among the respondents were not only CHAD-ET or Iddir Council. But almost all orphaned children said their main source of information is school, peer groups and mass media. Most of the guardians referred Radio is the source of information about HIV\AIDS. From these we can understand the reasons of similar trend of behavioral change in the two operational areas are the combinations of factors.

5.7 Legal support

Both CHAD-ET and Keble 02 Iddir Council are working to safeguard the Rights of children but the complexity of the problem makes the issue difficult to manage only by the efforts of these two organizations. Child Rights in Ethiopia is violated due to stigma and discrimination, weak power of the legal system to protect children from any form of attack, ignorance, some traditional practices, etc. On the other hand, the government ratified the international conventions but due to low economic status of the country couldn't make practical most of the Child Rights.

CHAD-ET works more on advocacy of the Rights of the children by raising the awareness of the community and the local administration by exchange of information and education. Moreover, Child Right Committees are established in each Keble and members are from different parts of the community including the local administration and police, this structure is also established at sub city level. But in Keble 02 Iddir Council there is no such type of formal arrangement established which is responsible to carryout this specific issue and some of the activities performed are not well organized.

On the other hand, Home Based Care providers interviewed from both organizations said that they didn't get any training concerning child rights but they are working just from the information they get from mass media and personal experience. Especially the council representative and home care providers stated that their main source of information are Radio and TV Police Program and they said these programs are useful for them in the service they are providing. If they get new information regarding child rights they will raise the issue during the meeting of the council and exchange information. The respondents of the Iddir council said that currently child sexual abuse and labor exploitation is becoming increasing and in order to protect the orphaned children their neighbors are assigned to take the responsibility to protect the children from any form of abuse. The council is also working actively to protect the children from illegal claims to own the property or to inherit properties. The children and neighbors are well informed about this issue and if somebody wants to sale the house or claim any property the leaders

of the council will step in and discuses the issue with the person who is claiming. If it is not resolved by discussion they will take the case to the court or police. During the interview they told me three successful stories.

In the HIV\AIDS Policy the issue of human rights is well addressed under General strategy No 8 and in number 10.1. The policy stated that:

> *"Relevant laws and guidelines shall be instituted to enforce the policy implementation"*

The policy is issued in 1998 but until now the laws are not issued and I informally discussed about the issue with the officials of the Ministry of Justices but they said that the law is still in the process to develop. The respondents of both organizations explained that this is the big challenge for the organizations working on HIV\AIDS and in the general community because people who commit crime related to HIV\AIDS still get penalty based on the existing law which is constituted before the emergency of HIV\AIDS and the measures taken on offenders is minimal comparing to the crime what they committed.

The Summery of the similarities and differences of CBO and NGO

One of the main purposes of this study is to investigate and understand how care and support services is provided by CBO (Iddir) and NGO (CHAD-ET) for children Orphaned and made vulnerable by AIDS in Addis Ketema Sub-city. Qualitative Case Study method is used in this thesis because this method of inquire gives more chance to learn and understand how similarities and differences of some factors influence or shape the services delivered by these organizations. From the discussions so far made in the previous chapters some of the similarities and differences of CHAD-ET and Keble 02 Iddir Council will be summarized as follows.

Similarities:

The main reasons of establishment of both organizations were different from fighting HIV\AIDS. But the high prevalence and impacts of HIV\AIDS are some of the reasons that make them to involve in anti HIV\AIDS activities. In order to raise the awareness of people and bring behavioral change they are using similar types of IEC\BCC activities. Some of the methods used to teach and disseminate information are coffee ceremony, panel discussion, group discussion, etc. and the education given by inviting Professionals, PLWHA, Religious and Community leaders

Both organizations are involved in orphan care and support program and in order to provide their services they are working in partnership with WFP, HAPCO, local administration and the community. The food support sponsored by WFP has similar selection criteria, ration composition, similar method of delivery, the same feedback and reporting system. The other services provided by the two organizations are educational support, psychological support, health care; stigma reduction and legal support are the main ones.

Home based care providers and counselors have got similar types of training and experienced similar types of challenges when they start to provide the service. Currently the stigma and discrimination is significantly reduced and the same trends of behavioral

changes are observed but still the issue is one of the challenges in anti HIV\AIDS activites.

Some of the common factors that affected the service provision of the two organizations are stigma and discrimination, HIV\AIDS related law is still in its draft form and the existing law failed to protect children from abuse or any form of attack. On the other hand, the magnitude of the problem and the economic situation of the country or poverty negatively affected the service provision. These factors also influenced the traditional roles of the extended family system and the burden of the problem became beyond the capacity of this coping mechanism.

Differences:

CHAD-ET is an indigenous non-governmental organization established to protect the rights and welfare of children found under difficult circumstances. The organization is accountable for its donors and uses fulltime paid professionals and volunteers to provide services. Currently, CHAD-ET is working in nine Kebles (in the previous structure) and providing care and support for 1094 orphaned children. The organization has four projects: children at risk, prevention of sexual abuse, non-formal basic education and HIV\AIDS prevention and provision of social services.

On the other hand, Keble 02 Iddir council is an indigenous self help voluntary association established to provide mutual help during bereavement. Usually the leading role in the formative period of Iddir has been played by elders of the community. Members have to contribute a certain amount of money periodically and the institution is accountable for its members. All human resource is totally based on volunteerism. Currently the council is working in one Keble and providing support for 213 children orphaned by AIDS and 109 new children are selected to get support. The treats posed on Iddirs by HIV\AIDS make the institution to involve in HIV\AIDS prevention and control activities. Because AIDS increased mortality of Iddir members and this also resulted in financial crises and some Iddirs are dissolved because of the effects of increased mortality.

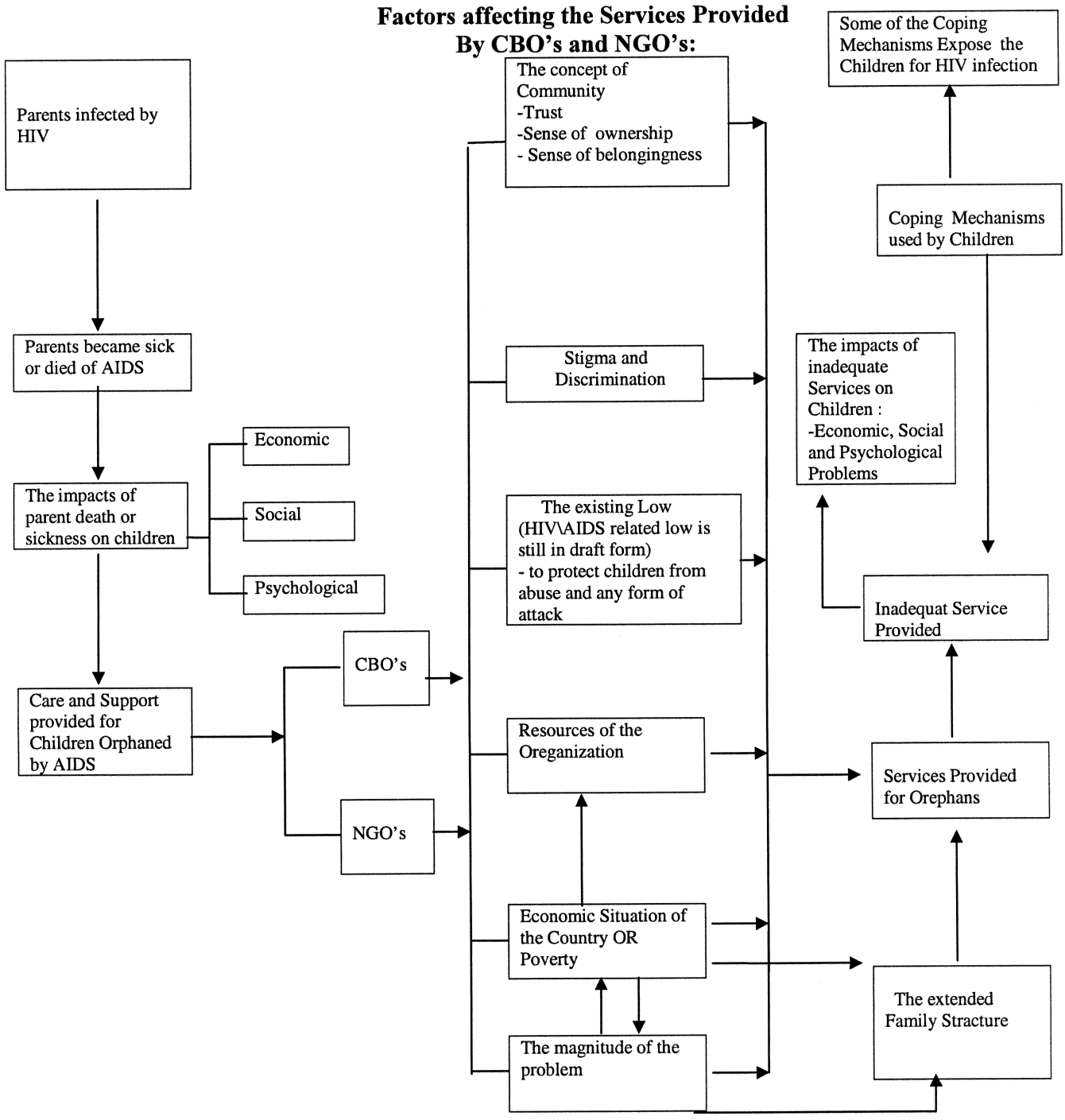
CHAD-ET has relatively better and adequate resources when we compare with Iddir. Care and support service provided in some Keble by this organization has financial component. But care and support program of Iddir has no financial support.

Iddir is perceived by the community as their own organization, trusted and more accepted than NGO. This is the opportunity and fertile ground for Iddir council to engage in any types of development and social mobilization activities. But CHAD-ET is viewed by the community as an outsider and there is misunderstanding and lack of trust, this is one of the challenges faced by this organization. The officials of NGO are seen as an outsiders and the relationship with the community and service users depends on the communication skill, attitudes towards the service users, etc. On the other hand, Iddir leaders are accepted and respected by the community because they are perceived as their own leaders. If some challenging things happen in the community they will face the challenge with the community because they don't want to loss their image by the community and they are attached to the community. But in case of NGO leaders if some challenging things happened and the condition is not going well they will look for other alternatives to find new jobs.

Home based care service of CHAD-ET is provided only by volunteers and they will not get professional support. But home based care providers of Iddir council are supported by professional nurse and this is one of the strengths of home based care provided by the council. Moreover, in home visit program the leaders of Iddir council is actively involved, but in case of CHAD-ET only the field workers and home based care providers make occasional visit.

The service provided by NGO is limited by a specific time boundary and will phase out. In order to make the project sustainable the NGO has to design phase out strategy how the project owned by the community to make the project continue. But the service of Iddir is not limited by time boundary and the institution is in place until that community (members) live. The project is already owned by the community and it is only important to plan how to get resources in order to run the project in the future.

Figure 5.1 Summery of the Study Findings



SOURCE: Constructed from the Study Findings

CHAPTER SIX

Conclusions

A total of 4.6 million Children under the age of 17 are estimated to be orphaned in Ethiopia for different reasons. This huge responsibility is not only left for the government but the extended family is playing vital role in taking care for these children. Moreover, Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), Private Organizations (Pos) and Faith Based Organizations (FBOs) are some of the active actors in service provisions for children orphaned by AIDS.

When children become orphaned especially if orphaned by AIDS they become vulnerable and affected by different economic, social and psychological problems. Death of parents for children means loss of the one who love and care for them. Lack of basic needs such as: food, shelter, clothing, difficult is in getting health and education services will become daily experience. In addition these children are exposed to stigma and discrimination. In general, it is bitter and difficult challenges for children.

The magnitude and types of problems also depend on other factors, such as the economic situations of the late parents, whether the children are living alone or with guardians, whether single or double orphans, etc. Even though, almost all orphaned children share similar types of problems some problems are particularly related to specific categories of children. For instance, In Child headed families the first born will have huge responsibilities to care for younger siblings. It is practically difficult for very young and inexperienced children to carry out this responsibility. On the other hand, children living with economically and physically weak guardians will be exposed to food shortage and inadequate care. Many single orphaned children experience, even before fully recovered from the loss of a parent, that even the other parent gets sick requiring their care, before leaving them double orphaned. During these process children encounter multidimensional problems which is really difficult to handle in their early ages.

Children orphaned by AIDS will get different types of services from CBOs and NGOs, such as CHAD-ET and Iddir but the services they will get is not adequate to meet their basic needs. To tackle these problems children will have to use different coping strategies. But some of the coping strategies used will expose children again for HIV infection. Moreover, Orphaned Children between the ages of 16-18 are not covered in the care and support program of CHAD-ET and Iddir Council because of the selection criteria set. In fact, this age group is more vulnerable to HIV than the younger orphans, but at the same time denied the support. In order to cope up with the situation children involve in different types of activities to get money, they will share the support their younger siblings get and some children are becoming street children because of lack of care and support.

There are some similarities in the types of Information Education and Communication\ Behavioral Change and Communication (IEC\BCC) activities conducted by CHAD-ET and Keble 02 Iddir council. Both organizations invite professionals, People Living with HIV AIDS (PLWHA), Religious and Community leaders to educate the community and their beneficiaries using different types of methods, such as coffee ceremony, panel and group discussion, etc. The same trend of behavioral change is observed in both organizations operational areas, because behavioral change is a process and the result of combination of different factors. Such as exposure to the same source of mass media, the methods of education used and the contents of the message, culture, and enabling conditions created, etc.

The two organizations which are covered in the study are involved in the same types of orphans care and support program. Some of the services provided are food, education, psychological help, health care, stigma reduction and legal supports to mention the most important ones. But the services provided are not adequate to meet the needs of children, due to inadequate supports from donors or inadequate resources available. The magnitude of the problem is huge and it is difficult to cover all children who need support. The magnitude of the problem together with poverty also affects the extended family structure and its ability to provide adequate care for orphaned children.

The other common factor that affects the services of the two organizations is the existing law which does not properly address the issue of HIV\AIDS. The new law concerning HIV\AIDS is still in its draft form, so it is difficult to protect children from any form of attack and abuse. Stigma and discrimination is another factor which affects the service provision, even though there is big difference when we compare the current situation with previous years. But it is still a problem and manifested in different forms. It is not only the affected and the infected individuals that are stigmatized and discriminated. Even service providers experience stigma and discrimination. Finally, lack of exchange of information and network is the other common factor that affected the services of the two organizations; this challenge is also observed in the overall HIV\AIDS prevention and control activities.

On the other hand, some of the factors that affect the service provided may experience either one of the two organizations or the magnitude of the problem may be pronounced in one of the two. For instance, both organizations have inadequate resources to provide their services. But when we compare the two organizations CHAD-ET has more resources while the magnitude of the problem is more serious in case of Keble 02 Iddir council.

Lack of trust and misunderstanding is one of the challenges faced by CHAD-ET. But Iddir is more trusted and accepted by the community. The people feel the organization is their own. The leaders and service providers are perceived as insiders by the community and there is mutual understanding between them. This factor is a good opportunity for Iddir to provide services and to work with the community.

Moreover, with regard to the sustainability issues NGOs have to design strategies to enhance the participation of community and local authority during planning and implementation of the program. One of the methods used is to build the capacity of the community and local authorities by providing different types of trainings. When the project phase out, the organization withdraws from the area by handing over the

responsibilities to the local authorities and community. In general, NGOs have resources but they need some one to serve as a bridge to provide the services. By contrast, the service of Iddir is not limited to a specific period of time. The project is already owned by the community because it is their own initiative. They know what their basic challenges are but they lack the resources required to provide all the services needed.

REFERENCES

1. Addis Ababa City Administration Health Bureau (AACAHB) (1999). HIV\AIDS in Addis Ababa: Background, Projections, Impacts and Intervention, Addis Ababa.

2. Ainsworth, Martha and Over, Mead (1994). "AIDS and Africa Development" World Bank Research Observer 9(2): 203-40, Washington, D.C.

3. Asefa, Sisay and Lemi, Aduna (2001) NGO-Government Relations in Ethiopia: Challenges and Opportunities, accessed on May 06, 2005 at http:// WWW.Wmich.edu\hcenter\cadpr\abstracts.Kebede.asrat.html

4. Berer, Marge and Ray, Sunanda (1993) (eds.). Women and HIV\AIDS: An International Resource Book, Information Action, and Resources on Women and HIV\AIDS, Reproductive Health and Sexual Relationships. Great Britain: Pandra Press

5. Central Statistical Authority (CSA) (1994). National Census Report Ethiopia, Addis Ababa.

6. Federal Democratic Republic of Ethiopia Ministry of Health (2004). Health and Health Related Indicators, Addis Ababa.

7. Federal Democratic Republic of Ethiopia (1998). National HIV\AIDS Policy, Addis Ababa.

8. Federal Ministry of Health (2004). AIDS in Ethiopia, 5th Report, Addis Ababa.

9. General and Epidemiological Data of Ethiopia, accessed on sep.2, 2004, at http://WWW.Wcc coe.org\wcc\what\mission\resources\chapter 02.pdf.

10. Goffman, Erving (1963). Stigma: Notes on the Management of Spoiled Identity. New York: Simon and Schuster

11. HAPCO and FMOH (2004). Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV\AIDS Response (2004-2008), Addis Ababa.

12. Hudelson, M. Particia (1994). Qualitative Research for Health Programs, Division of Mental Health, WHO, Geneva.

13. Kassah. K. Alexander (2003). Community-Based Rehabilitation Challenges: Stigma Management and People with Mobility Difficulties in Accra Ghana. Dissertation Submitted to the Department of Sociology, Faculty of Social Sciences, University of Tromsø.

14. Kifle, A. (2002). Ethiopia -Child Domestic Workers in Addis Ababa; A rapid assessment, International Labour Organization, International Programme on the Elimination of Child Labour. Geneva.

15. Marshal, Catherine and Rossman, B. Getchen (1989). Designing Qualitative Research. New bury park: SAGE Publications.

16. McMillan, H. James and Schumacher, Sally (2001). Research in Education: A Conceptual Introduction (Fifth Edition). New York: Long man.

17. MOH (2000) AIDS in Ethiopia, 3rd Edition, Artistic Printing Enterprise, Nov. 2000, Addis Ababa.

18. Nisbet, A. Robert (1966) The Sociology Tradition. New York: Basic Books.

19. MOLSA (2003) "Surveys on the Prevalence and Characteristics of AIDS Orphans in Ethiopia." Addis Ababa.

20. Mushingen, A., et al., (2002). HIV\AIDS and Child Labour in Zambia: A rapid assessment on the case of Lusaka, copperbelt and Eastern Provinces, Paper No.5,

International Labour Organization, International Programme on the Elimination of Child Labour, Geneva.

21. Pankhurst, Alula and Hail Mariam, Damene (2000). The Iddir in Ethiopia: Historical Development, Social Function, and Potential Role in HIV\AIDS Prevention and Control. Northeast Africa Studies 7, no: 35-37.

22. Pope, Catherine and Mays, Nicolas (eds.) (1999). Qualitative Research in Health Care, Second edition. London: BMJ Publishing Groups.

23. Ragin, C. Charles (1987). The Comparative Method: Moving Beyond Qualitative and Quantitative Strategies. California: University of California.

24. Seifu, Alemayehu (1968). Iddir in Addis Ababa: a sociological study. Ethiopia Observer 12, no. 1: 8-33.

25. Stake, E. Robert (1995). The art of Case Study Research. Thousand Oaks: SAGE.

26. Stewart, W. Davied and Kamins, A. Michael (1993). Secondary Research: Information Sources and Methods. Applied Social Research Methods Series; Volume 4. New bury park: SAGE.

27. Strauss, Anselm and Corbin, Juliet (1998). Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory (Second Edition). Thousand Oaks: SAGE.

28. Yin, K. Robert (1993). Application of Case Study Research: Applied Social Research Method Series Volume 34. New bury park: SAGE.

29. Yin, K. Robert (1994). Case Study Research: Design and Methods. Applied Social Research Methods Series Volume 5 (Second Edition). Thousand Oaks: SAGE.

30. UNAIDS (1999) Sex and Youth: Contextual Factors Affecting Risk for HIV\AIDS, a Comparative analysis of multi-site studies in developing countries, Geneva.

31. UNAIDS (2000) Protocol for the Identification of Discrimination Against People Living With HIV. Geneva.

32. UNAIDS (2004) Report on the Global AIDS Epidemic, June 2004, Geneva.

33. UNICEF (2004) Africa's Orphaned Generations, accessed on May 08, 2005 at http:// WWW. Unicef. org\ publications\ files \Africa's - orphans. pdf

INTERVIEW GUIDE FOR SERVICE PROVIDERS (NGO and CBO)

INTRODUCTION:

Introduce myself and the Objectives of Interview.

Ask the person to introduce himself/herself

- Name
- Profession
- Position in the Organization

Ask about:

1. How the organization was established and its main objectives, etc.

2. The Organizational structure and resources.

- Number of staffs (professional, non professional and volunteers) especially for NGO
- The number of Iddir members (CBO) and volunteers working at different levels.
- The sources of financial resources, the kind of supports, and how big it is or whether it is sufficient to provide the services.
- The network with other organizations (if there is networking, ask to describe how it operates)

3. To describe how the organization is providing services or how it is implemented.

- The type of services provided
- How it is implemented
- Whether the service provided in regular interval or not
- When the program will phase out (NGO) and phase out strategy

4. Care and Support services provided by the organization for children orphaned by AIDS.

- The types of Care and support provided.
- The number of beneficiaries (male and female)
- Beneficiary selection criteria and process of selection.
- How the services are delivered.
- The types and amounts of support provided for each beneficiary.
- For how long the services will provided (project life time)
- About the relationships of service providers and service users (children and their guardians)
- Designed mechanisms to get Feedback from beneficiaries.
- Whether project assessment done, if so, how frequent.

5. The working relationship with other organizations, such as HAPCO, WFP, and other service providers.

- Network
- Referral system

- Donors
- Technical support
- Monitoring and evaluation
- Facilitation and coordination

6. How the respondent perceives the need of improving the services delivered.

- Whether the basic needs of service users meet.
- What the respondent suggests to improve the services provided.

7. The types of Educational support provided for the children and how it is provided.

- Regarding formal and informal education
- About HIV/AIDS

8. The challenges faced by the organization in the process of services provision.

9. Finally, what the respondent generally suggests:

- About care and support program
- About HIV/AIDS prevention and control program activities
- About the issue of child rights
- About anything the respondent want to say in relation to our discussion topic

INTERVIEW GUIDE FOR CHILDREN ORPHANED BY AIDS

INTRODUCTION:

Introduce myself and the Objectives of the Interview.

Ask the child to introduce herself / himself

- Name, age, Education (grade, whether currently studying or not)
- The number of siblings

Ask the child about:

1. The parents.

    - Whether he/she lost one or both parents.
    - The cause of death
    - How the child able to know the cause of death
    - The problems or challenges she/he faced after the parents death
    - Who take care of her/him (with whom she/he is living)

2. If he/she lives with guardians, ask how she/he describes the care of the guardian.
    - The type of relationship (whether they have blood relationship or not)
    - About the treatment he/she receives from guardians as a childe

3. How the child describe the services provided by NGO/CBO
    - Who provides care and support for the child
    - How selected and entitled for the program
    - The types of services he/she receives, how it is provided and at what interval
    - Whether the services provided able to meet the needs of the children or not
    - How he\she perceives the needs to improve the services provided.
    - The attitude of workers(service providers) towards him\her
    - The mechanisms designed by NGO\CBO to get feedback from the service users

4. If, the services provided are not adequate to satisfy the basic needs of the children what coping mechanisms are used by the children.

5. How the child perceives the attitude of peer groups, neighbors and relatives after the death of parents.

6. The educational support he\she gets and educational performance after parent's death.

7. How the child perceives the needs to improve the service provided.

8. Finally, ask child what he\she suggests, about:
    - The need to improve Care and support service provided.
    - The issue of HIV/AIDS
    - What the child think relevant and important in relation to the topic of discussion.

INTERVIEW GUIDE FOR GUARDIANS

INTRODUCTION

Introduce myself and the objectives of the interview.

Ask the person to introduce himself/herself

- Name, age, Relationship with the chilled, etc.

Ask about:

1. The reasons of why the person decided to take care for the childe\ children.
   - The relationship with the late parents
   - The cause of parents death

2. The economic and living situation of the guardian.
   - The number of family members
   - Whether the family have regular income (probe whether they have financial difficulty, observe the housing situation), etc.
   - The attitude of family members about the new member (orphaned child)

3. Care and support services delivered by NGO \ CBO for children orphaned by AIDS.
   - How the child is selected and entitled for the service
   - From which organization the child\ children will get the support
   - The types of services\ support provided for the childe and its frequency
   - The amount of material and financial support given
   - Whether the services provided able to meet the needs of child or not

4. If, there is a financial difficulty, ask the coping mechanisms used to solve the challenge.

5. How perceives the attitude of service providers, peer groups of the child, neighbors, and relatives towards the child.

6. How the guardian observes\perceives the emotional, educational and health situation of the child.
   - Disturbed, restless, depressed, not willing to play with other children, etc.
   - Educational performance before and after parents death
   - Heath situation, etc.

7. The mechanisms designed by CBO\ NGO to get feedback from beneficiaries\ guardians.

8. How the guardian perceives the need to improve the services provided.
   - What the guardian suggests to improve the services provided

9. Finally, ask the guardian what she\ he suggests:
   - About care and support service provided
   - The issue of HIV/AIDS
   - About what she\he thinks relevant and important in relation to the discussion topic

INTERVIEW GUIDE FOR WFP AND HAPCO

INTRODUCTION

Introduce myself and the Objectives of Interview.

Ask the person to introduce himself/herself

- Name, Profession, and Position in the Organization

Ask about:

1. The Organization
   - The purpose (mission) of the organization
   - The roles of the organization in HIV/AIDS Prevention and Control activities
   - The organizational structure
   - The number of staffs (professionals and nonprofessionals)

2. The working relationships with CBO and NGO

3. The Components of comprehensive care and support program for children orphaned by AIDS and how it is implemented in Addis Ketema Sub-City (**HAPCO**)
   - The roles of CBO's and NGO's in service delivery
   - The number of NGO and CBO involved in service provisions
   - The number of children who gets care and support

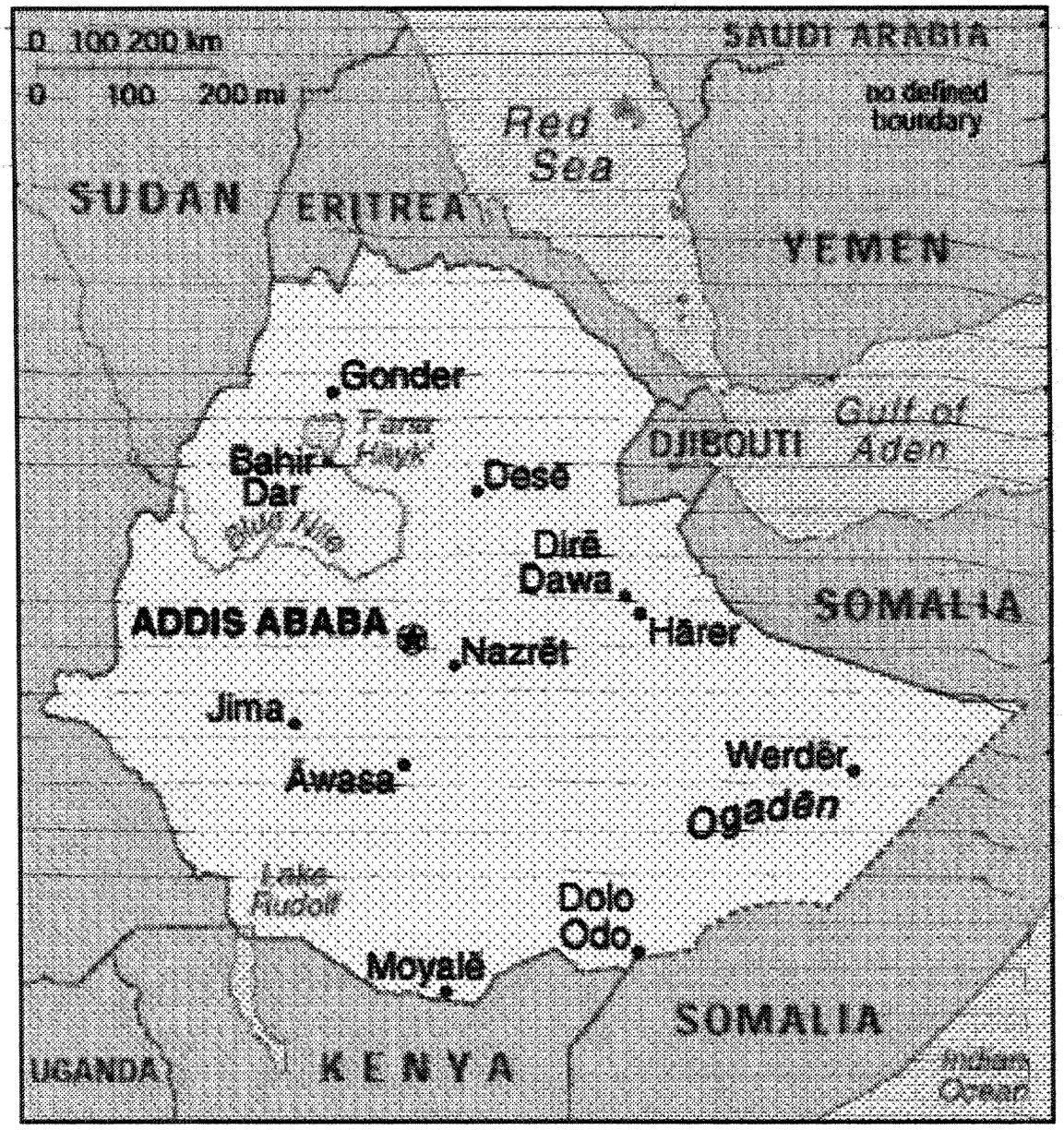
4. How the respondent perceives and describes Care and Support service provided by CBO's and NGO's.
   - In terms of resources: financial, material, human, etc.
   - Providing comprehensive care and support for Children
   - sustainability

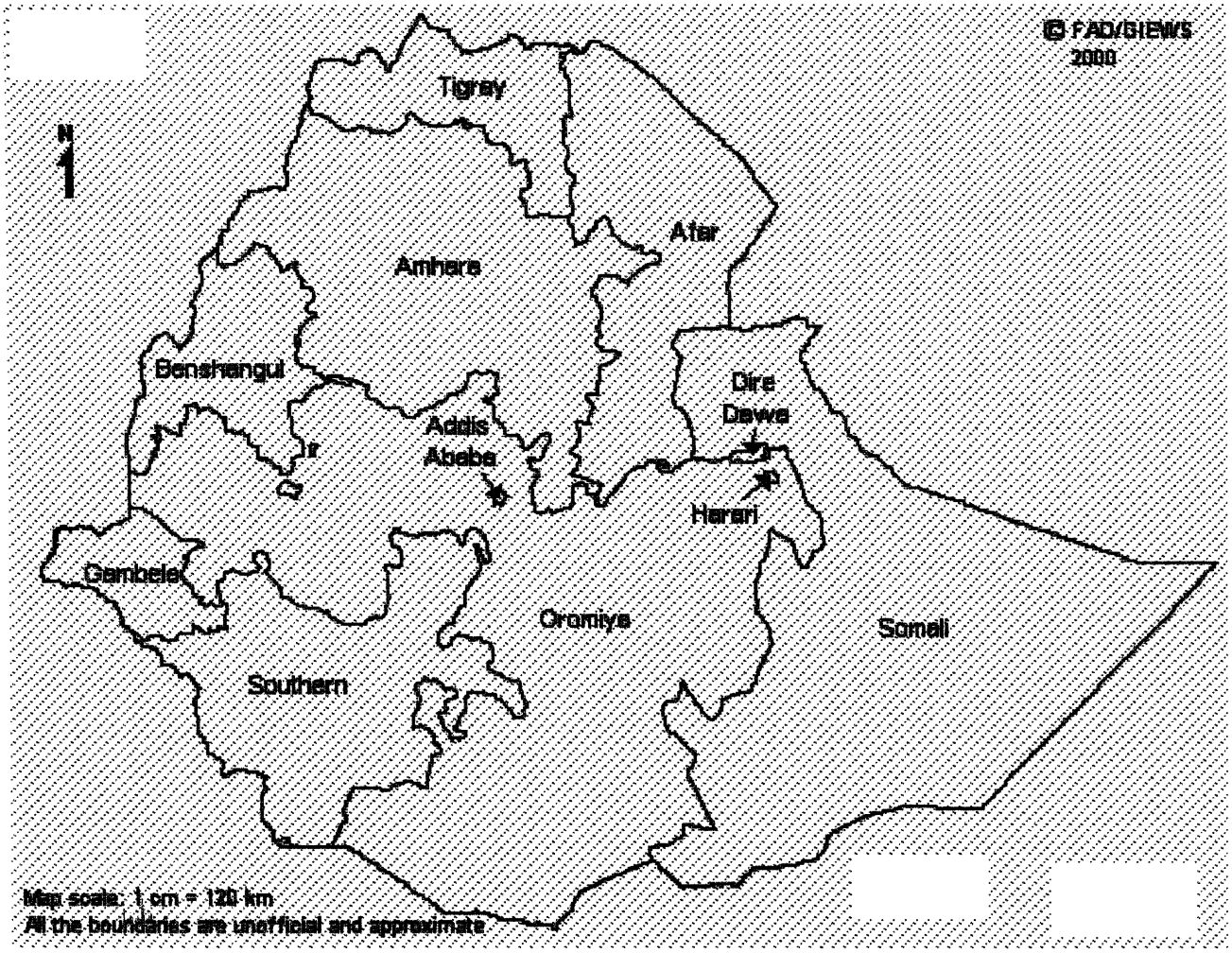
5. How the respondent perceives the need of improving the services provided by HAPCO, WFP, CBO's and NGO's

6. The challenges faced in the process of services provisions.

7. Finally, ask the respondents what he\she suggests:
   - About Care and Support Program
   - The issue of HIV/AIDS
   - About the issues what the respondents think relevant and important in relation to the topic of discussion

Map of Ethiopia

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Tigray
Afar
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Addis
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Oromiya
Somali
Southern
Map scale: 1 cm = 120 km
All the boundaries are unofficial and approximate

Map Of Addis Ababa