Care and Support for Orphans and Vulnerable Children: The Case of Mekane Eyesus Children Development Association in Sirti Town, Jidda Woreda, North Shewa, Oromia Region.

By: Dejene Jote

Principal Advisor: Dr. Gudina Abashula

Co-Advisor: Mr. Wubshet Hailu

Thesis Submitted to School of Post Graduate Studies, in Partial Fulfillment of the Requirements for Master's Degree in Social Work

Jimma University

College of Social Science and Humanities

School of Social Work

December, 2021

Jimma, Ethiopia

Jimma University

College of Social Sciences and Humanities

School of Social Work Postgraduate Program

This is to certify that the thesis conducted by Dejene Jote Tullu, entitled: Care and

Support for Orphans and Vulnerable Children: The Case of Mekane Eyesus Children

Development Association in Sirti Town, Jidda Woreda, North Shewa, Oromia Region,

 submitted in partial fulfillment of the requirements for the Degree of Master of Social Work.
Consequently, the thesis complies with the regulations of the University and meets the accepted
standards concerning originality and quality.

Approved byBoard of Examiners

Internal Examiner

Name: _____Signature_____Date_____

External Examiner

Name: _____Signature_____ Date_____

Advisors

Principal Advisor: _____Signature_____ Date_____

Co-advisor: _____Signature_____Date_____

_____

Head, School of Social Work or Research and Postgraduate Coordinatoin

Declaration

I, the undersigned, declare that this thesis is my original work and all the sources or materials used have been duly acknowledged according to the references I have used in the study.

Name: Dejene JoteTullu

Signature: ⸺⸺⸺⸺⸺

Date: ⸺⸺⸺⸺⸺

This thesis has been confirmed by advisors with their approval as advisors.

Principal Advisor: Name _____Signature ⸺⸺⸺Date ⸺⸺⸺⸺

Co-Advisor: Name _____Signature ⸺⸺⸺ Date ⸺⸺⸺⸺

ACKNOWLEDGMENTS

First and foremost, I would like to thank my God for being with me in these all challenging years and then I would like to express my deeply gratitude and special thanks to my research principal advisor Dr. Gudina A. and Co-advisor Mr.Wubshet H. for their tireless assistant, precious and constructive comments, professional guidance made this paper to be accomplished in good manner.

Next, I am also fully thankful for all participants of this study who works in the MECDA and all members of my key informant, in-depth interviews, and FGDs for all cooperation during my data collection time. Specifically, my sincere gratitude goes to the MECDA staff who is called Social Worker of the institutions who in this case participated as key informants and facilitators.

Finally, my heartfelt thanks also go to my beloved wife Firehiwot Beharu, and my son Geda Dejene for their encouragement and tolerance throughout the study period. Last but not least, I also extend my gratitude to my dearest friend who is called Ababu Faye for his support and encouragement towards the success of my education.

TABLE OF CONTENT

LIST OF FIGURE

LIST OF TABLES

ACRONYMS

HIV ………………….. Human Immune Virus

IPU …………………...Inter-Parliamentary Union

MECDA …………………Mekane Eyesus Children Development Association

MoWCYA ………………Ministry of Women, Children and Youth Affairs

NGO …………….......Non-Governmental Organization

OV ……………….Orphan and Vulnerable

OVC ……………….Orphan and Vulnerable Children

SSA ……………….. Sub-Saharan Africa

UNHCR ……………….United Nations High Commissioner for Refugees

UN ………………..United Nation

UNICEF ………………..United Nation International Children Emergency Fund

UNDP …………………United Nations Development Programme

USAID …………………United States Agency for International Development

WHO …………………...World Health Organization

ABSTRACT

In many countries, OVCs are facing multifaceted problems including very limited access to education, housing or shelter, and basic social welfare, etc (Nar, 2020). Therefore, the purpose of this study was to explore the care and support for orphans and vulnerable children provided by NGOs with particular emphasis on MECDA in Sirti town. The participants of the study were OVCs, caregivers of OVCs, and staff of the organization. Accordingly, 31 participants were purposively selected. A purposive sampling technique was used. In this research, a qualitative approach was employed in which the data was collected through key informant interviews, in-depth interviews, focus group discussions, observation, and document review. All data from the fieldwork have been transcribed, translated, organized, coded, and analyzed thematically. The findings of the study identified that MECDA's has been providing care and supports/services to address the problems of OVCs. The supports and cares provided by the MECDA include food and nutrition provision, different types of cloth provision, shelter provision, health service, psychosocial services, educational supports, and recreational and sport service provision. Moreover, the study has revealed the existing challenges faced by the organization in providing the supports and care which include stigma and discrimination faced by the beneficiary children; parent sickness/death, weak coordination among MECDA and other NGOs; educational associated challenges; health service challenges; lack of trained manpower, an imbalance between the care provided and the number of the care seekers, family poverty and dependency syndrome are among the major ones this research identified**.** On the other hand, the study has revealed some existing potential opportunities (prospects) of the organization (MECDA) in providing the supports and cares are community acceptance and supports, availability of funds for the care and support program, government policy/program support, continuity (sustainability) of the program, adoption of supportive policies and collaborations across the care sector. Working with the parties of the community who have the serious problems especially with the most marginalized, underprivileged, and vulnerable groups like OVCs, is a concern of the social work profession.

Key Words: Orphan, Vulnerable Children, Care and Support, Challenge, Prospect

CHAPTER ONE: INTRODUCTION

1.1.   Background of the Study

Children who have lost their parental care and support due to poverty, HIV/AIDS, war and parental death are not only among the most vulnerable members of society but their care and protection also raises a major child-care policy challenge (Abebe, 2017). The provision of care and protection is found in many forms which including childcare, eldercare, and care for persons living with developmental disabilities or illness and chronic, among others (ILO, 2016; Munn-Giddings & Winter, 2013). The UNHCR performance aims to protect and care for children (persons who are under 18 years of age) by responding to their specific problems and the risks they face at any time and place. Save the Children (2007) utilize child protection as a measure and structures to prevent and respond to abuse, neglect, exploitation, and violence affecting OVC in any countries.

The children protection policy of Ethiopia needs to reduce the main problems and risks of the children, such as children trafficking, sexual abuse, child labor, and OVC (Raey, 2007; FDRE, 2012). So, Ethiopia has ratified the United Nations Convention on the rights of the child especially the right of OVC and according to this Convention and the proclamation number 10/1992 of the country and Ethiopia has a legal and moral obligation to protect the children by providing basic necessities and institutional care like food, clothing, and shelter, education which most orphans and vulnerable children are deprived of (Tacon 1991 cited in Fisseha,2019). Even though there are several orphans and vulnerable children in need of immediate care, support and attention in the country, the problem of orphans and vulnerable children could not get the responses it deserves as compared to other development priority areas in Ethiopia.

Moreover, the economic capacity of the country could not allow the government to provide the essential care and supports for the OVC. Hence, the job of caring and supports for orphans and vulnerable children is mainly left to non-governmental organizations. Since countries are not adequately fulfilling their commitments to provide care and support for these orphans and vulnerable children- the gap needs to be filled by NGOs, institutes, and foundations. Like NGO of MECDA which provide different care and support for OVC, who is the target/ focus of this study.

Reasons for care and supports for children in Ethiopia just like in other developing societies are varied. There are however concerns with child care and supports due to the various risks and negative effects it has on child development and family well-being.

According to the Standard Service Delivery Guidelines for orphan and vulnerable children in Ethiopia, where the document contains seven core care, supports and service areas which include shelter and care, economic strengthening, legal protection, health care, psychosocial support, education, and food and nutrition (Ministry of Women's, Children and Youth Affairs, 2010). However, there are Challenges in the provision of care and support include fragmented knowledge base and understanding of care, issues of strategic planning, psychosocial related challenges; attitude of clients towards NGOs; economic and financial challenges faced by the organization, scalability, and competitiveness (Matthew L, 2017). On the other hand, there are prospects or opportunities in the provision care and support. The opportunities in the provision of care and support include adoption of supportive policies, provision of care in niche markets and populations, collaborations across the care sector, cooperative movement, coordination of care (Matthew L, 2017).

The NGOs in the global context improve the people's access to services provided by the state (Yemisirach Million, 2015, p.1). Currently, a large number of local and international NGOs undertake a wide range of poverty decrease and development activities in Ethiopia (Dagne, 2017, p.4). One of the areas in which the non-governmental organizations have been making efforts to address the problems of OVC is the provision of care and support. The difficult situations in orphans and vulnerable children were found called for the interventions of international and local non-governmental organizations. The provision of care and support for children are not traditional in Ethiopia, which was familiarized by missionaries and increased significantly as a response to the needs of unaccompanied children at emergency feeding centers during the droughts and famines. (John W., 2000).

Different non-governmental organizations have been actively engaging in providing care and support for orphans and vulnerable children to solve their problems in Ethiopia, for example, one of such non-governmental organizations is Abebech GobenaYehetsanat Kebekabena Limat Mahiber (AGOHELMA) which is an indigenous non-governmental charity association founded

in 1980 at the time of severe drought that occurred in the northern part of the country (Tewhasom Gebrehiwot, 2013 cited in Fisseha, 2019).

The other NGO which has been engaging in a similar activity is the Mekane Eyesus Children Development Association (MECDA) in Jidda Woreda, Sirti town, which is the target of this study. MECDA was established in 2005 E. C years ago. MECDA has been playing important role in development activities in general and the provision of care and supports for orphans and vulnerable children (key informant V, 2021). Even though NGOs have been making efforts in the provision of care and support for OVC with no options, there are controversies among academicians and practitioners over the challenges associate with care. Therefore, the purpose of this study was to explore the care and supports for orphans and vulnerable children with particular emphasis on MECDA in Jidda Woreda, Sirti town.

1.2.   Statement of the Problem

According to Bass (2012) orphan is a child who has lost one or both parents through death, desertion, or if the parents are unable or unwilling to provide care and supports. So, many orphans and vulnerable children (OVC) face several challenges and problems in their lives which need care and supports (Stephen & Sofela, 2019). So, globally there are more than 140 million OVC and more than 46.6 million OVC in Sub-Saharan Africa (UNICEF, 2016) while Ethiopia has more than 4.5 million OVC (Tesfaye et al., 2005:Lauren, 2020). The 1989 UNCRC and the 2010 UN Guideline on alternative child care are the most cited legal frameworks in safeguarding children's rights and also describe how care and supports becomes effective. In many countries, orphans and vulnerable children are facing multifaceted problems including very limited access to education, housing or shelter, and basic social welfare, etc (Nar, 2020).

As to Ennew, 2005 cited in Aster G, 2020) searching for the vital resources to protect orphans and vulnerable children has become a priority for the international aid community. Such initiative is based on the United Nations Convention on the Rights of the Child (UNCRC) stipulation regarding the care of children whose parents are unable to provide care for their children. Child labor exploitation, rape, child poverty, child trafficking, and child prostitution are among the major challenges that vulnerable children is facing in the world (UNICEF, 2015). The

situation of children in Ethiopia is almost similar with that of children in rest of developing countries.

By recognizing the problem of orphans and vulnerable children in the country, the government of Ethiopia has formulated policies and guidelines that specify the standard of the service provided to OVC, the roles and responsibilities of stakeholders participate in giving service and support for these children (UN 2008). Accordingly, many NGOs were established and have been making efforts to respond to the problems of OVC. One of the mechanisms by which the NGOs have been responding to the problems of OVCs is through the provision of care and supports. So, giving care and support play a significant role in responding to the problems of OVC .

In Ethiopia, there are some researchers conducted in the area of child care. Among those researches, Aster G. (2020) researched Vulnerable Children Care Provisioning by ET-500 Child Development Project of The Ethiopian Evangelical Church MekaneYesus. The study reveals that the role of the project in addressing the multifaceted needs of vulnerable children through its four component service programs (food and nutrition provision, education, and health services, spiritual).

Fisseha, (2019) conducted his research on an Assessment of the Contribution and Challenges of the Services Provide to Orphan and Vulnerable Children. The findings of the study have revealed the existing challenges of the organization in providing the services such as psychosocial related challenges; attitude of clients towards NGOs; economic and financial challenges faced by the organization; educational related challenges; health service challenges; lack of expert on counseling, inadequate skilled social workers. Whereas my study focused on care and support provisioning for OVC by MECDA.

Research conducted by Addis Seifu (2014) on an assessment of quality service provision by child daycare centers in the Nifas Silk Lafto Sub City of Addis Ababa, finding of the research point out challenges that child daycare centers in the selected study areas have in providing quality child care service. Similarlly, whereas in the study of (Tewhasom G. 2013 cited in Fisseha, 2019) assessed orphan and vulnerable children educational supports in Gobena Children Care and Development Organization and found out that due to the provision of school uniforms,

free textbooks, and school fees, and other educational supports the quality of educational service improved.

And hence looking at these literature gaps (the available care and supports provided by the organization to reduce the process of OVCs" multiple problems, prospects and challenges faced by the organization in delivering intended care and supports as well as practice models). In addition, there is little comprehensive data available in Ethiopia particularly in MECDA, so this shows that there is a knowledge gap in the topic of interest initiating awareness in conducting research and finding out the care and supports provisioning for OVC. Therefore, this study was trying to explore the care and supports provisioning for orphans and vulnerable children by 'MECDA in Sirti town, Jidda Woreda'.

1.3.   Basic Research Questions

The following are the basic research questions raised to be investigated by this research or the research questions study would try to answer.

1) What are the available supports and care/services being provided by Mekane Eyesus Children Development Association (MECDA) for OVCs?
2) What practice models are employed by the organization (MECDA) in providing care and supports to OVCs?
3) What are the challenges faced by MECDA in the provision of care and supports?
4) What are the existing prospects in providing care and supports to addressing the problems of OVCs?

1.4.   Objectives of the Study

1.4.1. General Objective

The main objective of this study was to explore the care and supports provided for orphans and vulnerable children in Sirti town, Jidda Woreda by Mekane Eyesus Children Development Association.

1.4.2. Specific Objectives

1. To identify the available supports and careservices for orphans and vulnerable children's by Mekane Eyesus Children Development Association (MECDA)
2. To examine the practice model used by the MECDA in providing care and supports
3. To identify the challenges faced by MECDA on the provision care and supports for orphan and vulnerable children
4. To investigate the existing prospects in prosioining care and supporps for OVC in the study area

1.5. Significance of the Study

There are different significances of this study. First, the direct care and support beneficiaries- orphans and vulnerable children will be benefited from the improvement of care and support that is being provided to them. Second, the MECDA will get the chance to know the status of its care and support delivery to its clients and design evidence-based care and service management given the finding of the study. Third, it would help for students as a learning material about the condition of OVC and also as a reference for further research. Also it is a good source of information for policy formulation and program planning for concerned government bodies regarding OVC. In addition, the research tries to fill what the researcher identifies as the knowledge gap in the study area.

1.6. Scope of the Study

The study was limited to Jidda Woreda, North Shewa, and Oromia Region, Ethiopia; more specifically focused on one NGO named Mekane Eyesus Children Development Association (MECDA).

Again, the study was delimited in terms of the participant of the study,the participants were children (OVC) with an age range from 11-17 years including from both sex who were clients of MECDA that intervened and they were appropriate for this study. And, data was collected through a key informant and in-depth interviews as well as focus group discussions (FGDs) and observations.

1.7.   Limitation of the Study

The shortcoming that encounters in the study was the lack of obtaining participants on time, some participants' unwillingness to give sufficient information in the process of data collection. Moreover, their office also delayed giving annual reports and manual documents on time for secondary data. The other proplem was also COVID-19 during I was collected the data.

1.8. Organization of the Study

This thesis is arranged into different chapters. Including this introductory chapter, this thesis is arranged into five chapters. The second chapter deals with a review of related literature. The third chapter describes the method, approach, and all methodological aspects that are employed to conduct this study. Chapter four presents the findings of the research. Chapter five is concentrated on discussion, conclusion, and implications.

1.9. Operational Definitions

Children – According to this studies, children are defined as boys and girls up to the age of 18 years.

Orphan: An orphan is a child who is less than the age of 18 and who has lost one or both parents (MofWA, 2009).

Vulnerable children -Those children who are living with difficult circumstances, poverty, discrimination, or exclusion and extreme problem(Taylor et al., 2013).

Care and Support- for this study, it means a holistic service and inclusive program that addresses the whole needs of OVC such as, food and nutrition, sducation, health, recreation, psychological and medical care of orphans and vulnerable children.

Challenge: for this study, it means a difficulty in an understanding that is stimulating to one engaged in it. Or, the situation of being faced with something that needs great mental or physical, or financial effort to be done successfully

Prospects: Prospects are the possibility that something fabulous will happen and a way of looking ahead and expecting good things. As well as the possibility that something good might happen in the future (Smyke, 2010).

CHAPTER TWO: REVIEW OF RELATED LITERATURE

This chapter of the research mainly reviewed related literature. The chapter covers the conceptual and empirical kinds of literature on their respective under-categorized subtopics such as orphans and vulnerable children**,** statistics on orphans and vulnerable children**,** history of children care in Ethiopia, care and support for OVCs, intervention/ service delivery approach in social work and major challenges and opportunities in care and support activities of orphans and vulnerable. This section reviews researches, reports, journal articles, thesis or dissertation reports, and other relevant materials to the topic under investigation. All these subtopics are emphasized or elaborated by the researcher hereunder.

2.1. Orphans and Vulnerable Children

There are multiple terms used to encompass orphans and (other) vulnerable children, only some of which relate specifically to vulnerability resulting from HIV/AIDS (Rose, 2003). The UNAIDS (2003) in the National Plan of Action for Orphans and Vulnerable Children defined orphans as children under the age of 18 years whose parent (s) have died, while vulnerable children are children with unfulfilled rights and faced severe problems. In Rwanda, orphan means a child who has lost one or both parents (Rose, 2003). In the case of Ethiopia, an orphan is defined as a child who is less than 18 years old and who has lost one or both parents, regardless of the cause of the loss(Ministry of Women's, Children and Youth Affairs, 2010).

According to Chinjere (2002) described there are two definitions of an orphan which emphasizes on the biological stages of human development which is the first one is that of "a child who has lost one or both parents because of death, and is under the age of 18", and the second is that of a child who has lost a mother because of death and is under the age of 18. According to the World Bank (2004) Orphan usually refers to a child under the age of 18 years (or 15 years) whose mother (maternal orphan) or father (paternal orphan) or both (double orphan) have died. An orphan and vulnerable child is one 'whose survival, care, protection, or development might have been exposed due to a particular condition that harms them in any place and condition (MoWCYA, 2011).

According to Taylor et al., (2013 describes, defining a vulnerable child can be complex but focuses on three core areas: First material problems, including insufficient access to money,

food, clothing, shelter, health care, and education; second emotional problems, including lack of care, love, support, space to grieve and containment of emotions; and third-social problems, including lack of supportive peer group, of role models to follow, stigma or of guidance in difficult situations, and risks in the immediate environment. In Ethiopia, a vulnerable child is a child who is less than 18 years of age and whose survival, care, protection, or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights (Ministry of Women's,Children and Youth Affairs, 2010).

Governments with significant populations of children orphaned and made vulnerable by HIV/AIDS may be faced with a range of issues, including surging street children populations, a rise in child labor, child prostitution and other forms of exploitative work, vulnerability to crime, militias, and terrorist organizations, a growing population of uneducated and unskilled laborers; and longterm foreign aid dependence (CRS Report, 2005). All the orphans and vulnerable children face a great risk of not being raised in an environment conducive to appropriate physical and mental development.

2.2. Statistics on Orphans and Vulnerable Children

Globally, there are more than 140 million children under the age of 18 years who are orphans and vulnerable (UNICEF, 2016). More than 46.6 million of these children are citizens of Sub-Saharan Africa (UNICEF, 2016) while Ethiopia has more than 4.5 million orphans and vulnerable due to AIDS and other chronic diseases (Tesfaye et al., 2005:Lauren, 2020).

The HIV/AIDS epidemic has contributed to a drastic increase in the number of orphans and vulnerable children (Gemechu S. et.al, 2018). The continued increase in international HIV rates is proving devastating for governments heavily affected by HIV/AIDS, not only because their most productive populations are being decimated, but also because the future of these countries and their children especially OVC is at risk (CRS Report, 2005). Besides depriving children of their basic needs and exposing them to extreme vulnerability, AIDS increases the risk that children will end up on the street, where they will be sexually abused or infected with HIV (Ramphele 2001).

Between 1990 and 2003, sub-Saharan Africa's population of children orphaned by AIDS increased from less than 1 million to more than 12 million (CRS Report, 2005). This means the majority of sub-Saharan African countries have been overwhelmed by HIV/AIDS and during the last decade, the number of children who are orphaned as a result of AIDS rose from 3.5% to 32% and as a result, the disease is in effect making orphans of a whole generation of children, threatening their health, their rights, their well-being, and sometimes their very survival, not to mention the overall development prospects of their countries (UNDP & UNICEF, 2006). Ethiopia also has no exclusion when it comes to being affected by the above issues. Ethiopia counts as one of the largest populations of orphans and vulnerable children in the world: 13 percent. This represents an estimated 4.6 million children (UNICEF, 2013).

When countries like Ethiopia are not adequately fulfilling their commitments to provide care and support for these orphans and vulnerable children- the gap needs to be filled by non-governmental organizations (NGOs), institutes, and foundations. Like NGO of MECDA which provide different care and support or holistic services for OVC, who is the target/focus of this study.

2.3. History of Children Care in Ethiopia

In Ethiopia, as in most traditional societies, there has been a strong culture of caring and supporting for orphans and vulnerable children, the sick, and disabled, and other needy members of the society by the nuclear and extended family members, communities, and churches (UNICEF, 2010). However, the advent of urbanization exacerbated by the recurrent drought and the resultant famine coupled with the internal and external wars that took place in a couple of last decades have claimed a heavy toll on human life. Millions of people were forced to migrate to centers where food was distributed. Consequently, thousands of children were left unaccompanied as neither family nor communities and religious organizations were able to discharge their traditional roles and functions. This situation, therefore, necessitated the proliferation of care and support in Ethiopia at an alarming rate, after the severe drought of 1984/5 (Tsegaye, 2001).

Based on cultural and religious beliefs, provision of care to orphaned, abandoned, and vulnerable children have been seen as the duty of the extended family system among most of the

societies in the country. Thus, child welfare supports, services, and care in Ethiopia emerged as a result of traditional practices among the various ethnic groups (Tewhasom Gebrehiwot, 2013). However, it was only in 1960 that the Ethiopian Government officially recognized the adoption through Proclamation Number 165. In different ethnic groups adoption undertake in different ways. For instance, the Amharic word for adoption is *madego,* it is also called *gudiffecha*, derived from the Oromo word *gudissa* (upbringing). In this case, the adopted child is usually, an orphan or the child of parents who are not able to care for him/her (Hana Tarrekegn, 2014 as cited in Fisseha, 2019).

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

The objective of childcare is to pay towards the improvement of the physical, social, psychological well-being and ensuring self-reliance among children in the childcare institutions, by creating access to the fulfillment of their rights and basic services (Ministry of Women's, Children and Youth Affairs, 2009).

2.4. Care and Support for OVCs

Care and support are referred to as the basic needs including adult care and supervision, access to social services, and psychosocial support that OVC has to be granted (MGECW, 2007 cited in Brigitte, 2008). There has been an increasing collaboration at the international level with many of the organizations such as USAID, UNICEF, UNAIDS, WHO, and other international agencies that address the needs of orphan and vulnerable children through different care and supports (Yohannes M., 2006). Studies conducted in Jimma by Gudina et al., (2014) on orphan and vulnerable children indicates that OVC have little/no access to essential social services such as health, education and housing, which they need the immediate care and supports.

A study conducted in Ethiopia by Balewet al., (2010) described that caregivers lack sufficient resources to provide basic needs or care and support to orphan and vulnerable children. Because of this, Family Health International developed a set of activities to achieve the objective of improving the wellbeing and protection of OVC and families and reducing the burden of HIV/AIDS on these children and their families (CRS Report, 2005). All government institutions have mainstreamed HIV/AIDS in their activities or all sectors. At the Woreda and Kebele levels, care, and support of OVC are specifically assigned to the staff (Fisseha, 2019). The care and support programs to OVC are also given to non-AIDS orphans, children with poor parents, street children, and child-headed households given priority to AIDS orphans, and for this case, HAPCO allocated up to 20% of its total budget to the support and care of OVC implementation (Report of HIV AIDS prevention and control office, 2010). Also different NGOs like MECDA providing care and support to OVC which is the target of this study.

There are different major strategies for the care and support of OVC. Among major strategies for care and support of OVC include families, within existing orphanages, NGOs, CBOs, organized OVCs, and organizing IGAs for those who have reached 18 years of age as they improve their own lives. The priority is to support OVCs to be able to continue their education and to provide them with food; clothing, shelter, and teaching materials, training in IGA, and seed money to avoid their exposure to different problems improve their own lives. Individuals and institutions organized in the "Ethiopians for Ethiopians" approach based on adoption-like strategies are being promoted in all regions, to improve the culture of humanitarian support each other supports for OVC. The task force was established under the chairmanship of MOWCYA to improve the coverage and quality of care and support for OVC in all holistic services (Hana Tarrekegn, 2014).

2.5. OVC Care Services and Practice Models

According to the study of Biemba et al. (2009) regarding care for OVC in Nigeria, different stakeholders participate from the national to international level to discuss the issue of children's. Services provided by the government and NGOs include; food and nutrition, home-based care, shelter, child protection, health care, psychosocial support, education, and skill training. And they identified five models of care and they are community-based care, informal foster care, and institutional care, home-based and mobile care (Rahel A., 2017).

In Ethiopia to standardize and uniformly provide the services was a crucial reason for the development of the Service Standard Service Delivery Guidelines for orphan and vulnerable children, where the Standard Service Delivery Guidelines document contains seven core service areas which are considered critical components of a set of services and supports/care for programming targeting orphan and vulnerable children. The seven service areas include the following: shelter and care, economic strengthening, legal protection, health care, psychosocial support, education, and food and nutrition (Ministry of Women's, Children and Youth Affairs, 2010).

There are three major types of model care. The first model of care is community-based care. It is the greatest dominant model and is promoted by the National policy. It ensures the OVC should grow and socialize into their communities where they can grow into productive adults for meaningful contribution to development. The second model is informal foster care. It is part of the community response whereby OVC are placed in families within the extended family system or unrelated but willing families in the communities. The third model is institutional care. It is mostly an urban arrangement and stipulated that institutional care should be a last resort and should be temporary arrangements until OVC are placed into homes in the community (Biemba, Walker, and Simon, 2009). Where the secod model of care was the target of this study. Because where the researcher conducted his study in MECDA which provided different holistic services like care and supports for OVC.

2.6. Major Challenges in Care and Support of OVC

Existing literature shows that many NGOs in providing care and supports across the globe face myriad challenges. According to the study undertaken in 2021, the common nutritional problems in Ethiopia describe malnutrition as a major public health problem in many developing countries. It is one of the main health problems facing OVC in Ethiopia. The country has the second-highest rate of malnutrition in Sub-Saharan Africa (SSA). Ethiopia faces the four major forms of malnutrition: acute and chronic malnutrition, iron deficiency anemia (IDA), vitamin A deficiency (VAD), and iodine deficiency disorder (IDD).

In a research article by Fisseha (2019), all government organizations, NGOs, and CBOs indicate that care and support for orphans and vulnerable children is not easy work. Some of the

problems can be solved easily, if the various actors form a network, while others may require laborious effort. Also according to RAAAP Report (2005), in Ethiopia, NGOs are significantly involved in providing different types of care and support to OVCs and promoting their rights, but their role is constrained by their partial reach, low capacity in terms of funds and human resources, lack of guidelines on the support of OVCs, lack of forums and networks among them, and considerable deficits in the areas of psycho-social care and supports.

Regarding the challenges, caregivers were to a large extent unable to meet the OVC's psychosocial, social and basic needs. With the resources at their disposal caregivers' efforts were devoted to meeting the basic survival needs of OVC ignoring investment in initiatives like skills building that ensure long-term survival and sustainability (John R. 2015).

According to Jacinta M. et al.(2020), indicates the challenges and needs faced by orphans and other children made vulnerable by HIV/AIDS, frequent road accidents, ethnic differences, natural calamities such as drought and famine, and natural deaths due to sickness, and economic decline, are straining the society's ability to care for orphans within their extended families. As Jacinta M, et al. elaborates the lack of stable care is putting thousands of children at heightened risk of malnourishment, emotional underdevelopment, illiteracy, poverty, sexual exploitation, and HIV infection, subsequently, endangering the future health of the society they are expected to sustain.

In general various challenges and problems that seriously affect orphans and vulnerable children are described in detail by the researcher as the following one.

2.6.1. Food and Nutrition Associated Challenges

Childhood undernutrition is a global problem contributing to more than a third of under-five mortality and also orphans and vulnerable children (OVC) fare worse than children living with their parents. However, the nutritional and healthcare needs of OVC are under-recognized in Ethiopia (Nina et al., 2021).

Concerning food security and orphan households, the community and household Surveillance system of six countries in southern Africa found that orphan households were not more food insecure than non-orphan households, but like many studies, this analysis did not

distinguish between households with one orphan and households with multiple orphans (UNICEF, 2007).

According to UNICEF (2002) study describes in many countries, especially in third developing countries the loss of parents has far-reaching and lasting consequences because orphans and vulnerable children are more likely to suffer from malnutrition and other problem related to lack of food. Furthermore, orphans and vulnerable children's needs are often unmet as a result of a lack of available caregivers and resources in many communities, and many orphans and vulnerable children's lives on their own. According to Ethiopian Central Statistics Authority (CSA, 2005), Children in Ethiopia also suffered from poor health due to a lack of clean water, sanitation facilities, and nutrition and there is no awareness creation.

2.6.2. Family Poverty and Parent Sickness/Death

There are various reasons in Ethiopia for the emergence of the high amount of orphans and vulnerable children recorded which was characterized by the loss of parents, the prevalence of instability due to drought and famine, lack of well equipped healthy materials, challenged by good healthy conditions, extreme poverty, child labor practices, and stigmatization because of being orphan and vulnerable children (Abebe & Asase, 2007).

In many of the countries of the West and Central Africa region, more than half the population lives below the officially defined absolute poverty line while 20-25% live in extreme (food) poverty, a standard of living inadequate even for meeting basic nutritional needs (Anthony H. (2015). Orphan and vulnerable children are especially vulnerable in this context, because of their age and the risks to their survival and their physiological and emotional development. In income poverty terms, orphan and vulnerable children are over-represented among the poor and extremely poor, due to the higher fertility rates among the poor. Orphan and vulnerable children brought up in income-poor households are more likely to suffer serious nutritional deficiencies, as well as poor housing conditions, poor sanitation, and lack of access to potable water – all of which put their health at risk and compromise their well-being and development (Anthony, 2015).

Parentless children especially OVC comprises among the most vulnerable section of every society (Firafis D. & Nega J, 2017). According to Tadesse et al, (2014) verified when

children lose their parents at an early age and become orphans due to any cause, they experience multiple psychological problems like stress, anxiety, depression, lack of parental love, lack of self-confidence, poor communication, feeling of loneliness, helplessness as well as sleeping disturbance.

Loss of parent(s) can affect the psychological and physical development of a child and older children above 15 years especially OVC may experience sexual and economic exploitation (Foster and Williamson, 2000). The death of a parent during childhood can represent one of the most profound losses to be experienced in life (Catriona K., 2008) Many parents are often uncertain if, and how, to prepare and support their children when a parent is dying from a non-curative illness. Parents often feel it is protecting their children by not preparing them for the end of life and death of a parent. Children less prepared for the death of a parent are at greater risk of adversities in their bereavement. This can include increased levels of aggression, isolation, anxiety, and depression, then the general population. To facilitate a better adjustment when a parent is at end of life, parents should be encouraged to include and involve their children throughout the end-of-life experience (Jeffrey M., 2020).

2.6.3. Education Related Challenges

Education plays a vital role in the well-being of children and it not only offers them a chance for their future but also provides developmental stimuli (USAID, 2001). Educational status is an important indicator of children's wellbeing and future life opportunities; t can predict the growth potential and economic viability of a state and while this is an ideal situation for all children, the case may be different for orphans and vulnerable children (OVC) due to the challenges they go through daily (Teresa M. &Jace P., 2016).

Surveys carried out among orphans and vulnerable children in Uganda and Malawi showed that they were more likely to have higher school absenteeism rates than non-orphans and vulnerable children (Bennell, Hyde & Swainson, 2002). An OVC may be especially at risk of not having their health needs recognized and addressed, which will affect their ability to optimally benefit from schooling and these needs include receiving sufficient nutrition as well as immunization against and treatment of diseases, HIV, and AIDS education, basic hygiene and sanitation. While the school cannot provide all of these services, it is well placed to identify

children with health needs and refer them to the appropriate service providers (Republic of Namibia Ministry of Education, 2008).

According to Afework Tsegaye (2013) describes the major challenges for orphans and vulnerable children's continuing lack of access to schooling are: (1) Additional costs of education – even when school fees are abolished, money must still be found to pay for uniforms, books, etc.; (2) Inability to go to school full-time – orphans and vulnerable children may be unable to attend school full-time due to the need to earn a living or care for siblings or sick parents; and (3) Lack of educational capacity. Orphan and vulnerable children face many hardships during childhood including a decline in health, nutrition, and psychological well-being.

When we compare the orphans who do not go to school are more vulnerable to abuse, neglect, and exploitation than other children. The social and economic situation such as educational attainment, food intake, and psycho-social wellbeing of OVCs is assumed to be poor. Orphans and vulnerable children are often among those who are either unable to access formal education in the first place or who rapidly drop out after one or two years (Fisseha, 2019).

Many times in Ethiopia, economically and socially underprivileged children such as those from low-income families, single parents working children, orphans as well as female students are at risk of failure, in general, the educational setting for many reasons especially to OVC children (Tirussew, 2005).

2.6.4. Health Care and Support Related Challenges

For the maximum well-being of orphans and other vulnerable children to be reached they and their guardians need to have access to appropriate health care including clinical and preventive health care services, nutritional support, palliative care, and complimentary home-based care, and full and relevant information (USAID, 2001).

Challenges regarding health care for OVC were directly linked to the apparent lack of quality health services in the developing countries many times (Jon R., 2015). Orphans and vulnerable children (OVCs) represent a significant population worldwide, enduring poor health and living conditions (Maureen C. et al., 2016). Access to good health care and support remains

a challenge due to the lack of money to pay medication costs and the needed services at the health units substantially increase the prospect cost of seeking health care.

HIV/AIDS remains a major public health threat in sub-Saharan Africa, disproportionately carrying more than two-thirds of the global burden of the infection and home to the largest number of people living with HIV (Shraddha, 2021). According to the International HIV/AIDS Alliance (2003) distinguished there are various reasons to key challenges for health care for OVC which include lack of money, resources, guardians, and families delaying in taking a child for health care services until the child gets ill seriously and died. According to the data indicated by CSA (2005) and research conducted by Alelign (2004), most children in Ethiopia were busy with various products and household tasks and activities which are characterized by poor occupational safety, long working hours, very low wages, and a work environment which is dangerous to their health and the parent can't come up to this challenges.

2.6.5. Stigma and Discrimination Related Challenges

In today's world, especially in developing countries stigma and discrimination remains a challenge especially around OVC. Children are largely discriminated against, as individuals and as a group, because they are not listened to and because less weight is attached to the views that they can express (UNHCR, 2011). According to UNAIDS, stigma, and discrimination continue to accompany the HIV/AIDS epidemic. Children are not immune from stigmatization. In cases of stigma, children begin to be rejected early as their parents fall ill with AIDS. Some children may be teased because their parents have AIDS, while others may lose their friends because it is assumed that proximity can spread the virus (CRS Report, 2005).

Even children who are not HIV-positive may find themselves rejected and alone. This only adds to the feelings of anger, sadness, and hopelessness that they may feel after witnessing their parents slowly and painfully die (CRS Report, 2005). Even in countries with well-established epidemics, HIV/ AIDS-related stigma and discrimination are often pervasive and typically, this is not restricted to individuals who are infected but affects their families as well. Children from HIV/AIDS-affected households report experiencing stigma and discrimination on many levels and in all aspects of their lives (Rose S., 2003). It cannot be assumed that orphan children and their caregivers are always able to cope without support. They need plenty of

opportunities to express their feelings without fear of stigma, discrimination and exclusion from the community and their families (UNICEF, 2002).

Within the extended family, children orphaned by HIV/AIDS tell of being expected to work harder than other children in the family and of being the last to get food or school fees. Within the community, they are socially ostracized and marginalized, by adults as well as by other children. Discrimination at schools, in health services, and other institutions compromise their rights and frequently limits their access to opportunities and benefits (Rose S., 2003).

2.7.   Opportunities

There are different prospects or opportunities for care and support provision by different NGOs. The United Nations Children's Fund's (UNICEF, 2012) mandate is to advocate for the protection and promotion of the rights of orphans and vulnerable children, to meet children's basic needs, and to expand their opportunities to reach their full potential. These opportunities in the provision of support and care include adoption of supportive policies, provision of care in populations, collaborations across the care sector, cooperative movement, coordination of care (Matthew L, 2017).

2.7.1 Adoption of Supportive Policies

In many countries of the world today, it is increasingly argued that supports and care must become a component of social policy and that the provision of care and supports must be integrated into countries' social protection schemes and indifferent policies (UN Women, 2015). When such schemes fail to exist, finding ways to tap into community resources becomes ever-more critical. As cases from Quebec, Canada; Italy; France, and other countries suggest, with the right policy, legislation, financing, and support systems in place, cooperatives can be viable, community-centered providers of care services (Matthew L, 2017).

Generally, under the regime of the government of the Federal Republic of Ethiopia, there are various laws and policies enacted to address the matter or problems of OVC and there are also different non-governmental organization rendering the service, care, and supports

2.7.2. Collaborations across the Care Sector

In supports and care may collaborate with a variety of actors to enhance their service delivery and reach, as well as leverage costs and resources (Conaty, 2014; Ifateyo & Nangwaya, 2016; Borzaga & Santuari, 2004). As mentioned, cooperative collaborations range from teaming with other cooperatives for service and support provided to partnerships with public care providers to mergers and acquisitions with other non-profit care providers.

In pursuing such collaborations across the care sectors are to fit of services, as well as a mutual understanding across collaborating partners of the cooperative model and its relative advantages especially in solving the problem of OVC. In this sense, clarification of how cooperatives address care needs—as well as a transparent discussion of the limitations of a cooperative provision of care—is required for successful collaborations and partnerships (Matthew L, 2017).

2.8. Intervention/Service Delivery Approaches in Social Work

2.8.1. Approach of Community-Based

Community-based approaches are relevant across many sectors and can be applied to individual community-level projects or as a component of wider national programs. They can be focused primarily on achieving development outcomes, such as service delivery and good governance (Huma H., 2009).

According to UNHCR (2008) expresses a community-based approach is a way of working in partnership with persons of concern during all stages of UNHCR's program cycle and recognizes the resilience, capacities, skills, and resources of persons of concern build on these to deliver protection and solutions and supports the community's own goals. A community-based approach can help communities work to prevent social problems and to deal directly with those that do arise, instead of having external actors step in and assume these responsibilities and supports persons of concern in re-establishing familiar cultural patterns and support structures (Fisseha, 2019).

2.8.2. Strength-Based Approach

A strength-based approach is an approach to people that views situations realistically and looks for opportunities to complement and support existing strengths and capacities as opposed to focusing on, and staying with, the problem or concern. The problem and the person are separate; however, the problem is never minimized (Department of Education and Early Childhood Development, 2012).

Strengths-based practice is holistic and multidisciplinary. A strengths-based approach explores, in a collaborative way the entire individual's ability and circumstances rather than making the deficit the focus of the intervention. The strengths-based practice applies to any client group, to any intervention, and can be applied by any profession (Department of Health and Social Care, 2019).

According to Pulla (2016), strength-based practices are gaining impetus globally in diverse fields of human services management, health care, education, and training, reminding us that all environments have resources and that in every society individuals and institutions are willing to assist each other to bring about human wellbeing especially OVC.

On the other hand, strength-based practice is the implications of the strengths approach which is to be guides and influences the practice of the communities in their lives.

2.8.3. Case Management Approach

The processes used to identify and refer children and their caregivers to OVC programs through these entry points should be documented (written); functional, fair, and transparent; understood and agreed to by all involved in the identification and referral process, and, where possible, by other key stakeholders; and followed consistently. Having standard procedures, intake tools, and forms, etc., will help to ensure fair and impartial criteria are used to identify appropriate clients, rapidly assess their vulnerability, and determine if their cases would be appropriate for and benefit from enrollment in an OVC program(USAID, 2017).

Case management is the organization and coordination of a network of formal and informal activities, services, and supports designed to optimize the wellbeing of a person and a process to plan, seek, advocate for, and monitor services from different social services or health

care organizations and staff on behalf of a client. The process enables social workers in an organization, or indifferent organizations, to coordinate their efforts to serve a given client through professional teamwork (Barker, 2003).

The NGO of MECDA would use case management to optimize client functioning and well-being by providing and coordinating high-quality services, most effectively and efficiently possible, to individuals with multiple complex needs, especially to OVCs. In this study, case management is used as the process of assisting an individual child through direct support and the activities that caseworkers, social workers, or other project staffs carry out in working with children and families in speaking their protection concerns.

All intervention/practical approaches discussed above were used in this study or guided this study. Because these intervention/practical approaches were followed by the organization in supporting and serving the OVCs. These approaches are directly connected with the procedures the organization would employ.

2.9.   Theoretical framework

In this study, the system and attachment theory has been used in combination.

2.9.1. Systems theory

Systems theory proposes that people are products of complex systems, rather than individuals who act in isolation, and in this theory; behavior is influenced by a variety of factors that work together as a system. These factors include family, friends, social settings, religious structure, economic class, and home environment, which can all influence how individuals act and think. Family systems theory examines the family as a social system influencing behavior and thoughts in all places (Beulah, Burt, and Barry 2005).

As a conceptual framework, systems, theory serves the purpose of the social work profession well by shifting attention from the person alone to problems in the systematic interaction within the person in the situation. Systems theorists view problems as the result of a systemic process. This view implies that, if we change the process, we might solve the problem. Hence, to address the problem of orphan children, it is critical to start from the individual, family, and step by step go to the neighborhood and the community level.

The systems theory, therefore, is very appropriate to MECDA organization for it would emphasize the need for interrelations and interactions within the organizations. This means different parts of organizations and stakeholders coming together to ensure the holistic functionality of their different tasks. This is to make sure good childhood development and to get huge success (Anderson et al. 1999; Green 2000). Researchers using systems theory would work to understand how their clients are influenced by the systems they're a part of. A researcher then identified where systemic breakdowns are affecting behavior or care and support given to orphan and vulnerable children in MECDA.

On the otherhand, this theory support MECDA since the system theory espouses the principle of interdependence between systems and subsystems in society. For instance, in MECDA, the system theory inform those different components such as administrative unit, psychosocial unit, testing unit, nutritional unit, recreation unit, and educational unit do not work independently to achieve their everyday jobs and mandates but need to mutually relate and help one another so that the care task can succeed and can get the achievement.

2.9.2.   Attachment theory

It focuses on the process of developing healthy attachments during the courses of children of child development, which help to develop a healthy relationship with parents, siblings, and the social environment. However, when the attachment is disrupted by abuse, neglect, or by repeated changes in caregivers, the results can include, among other things, a child's lack of trust in adults in authority, an inability to give and receive affection, and a failure to develop empathy, conscience or compassion for others (Tower 2002).

Children who spend most of their time in the organization become a group with a specific subculture, which represents one part of the society. Those children who grow up in the organization later have dysfunctional families and children very like themselves, eventually making the process permanent and irreversible. Regarding it, forums on orphan and vulnerable children in Ethiopia stated that "children who are bare to abuse turn out to become abusers themselves when they become adults" (FOCE, 2003).

 They become premature adults and develop behavior patterns that can be summarized in rejection of authority, aggressiveness, and an absence of limits, independence, and a lack of

affection. They are also characterized by problems with drug addiction, alcoholism, delinquency, prostitution, and moral and physical abuse (UNICEF, 1999). These behaviors are often considered deviant behaviors which deviate from the values and norms of society. Hence, society negatively to such behaviors which leads to the rejection, stigma, and discrimination of institutionalized children. Attachment theory is also useful because it focuses on early childhood attachment with parents or caregivers that helps the establishment of stable relationships at later ages. When bonds are loose, children likely develop risk behaviors that expose them to the situation.

2.10. General Information about MECDA

The non-governmetal organization called MECDA is located at Sirti town in Jidda Woreda North Shewa in Oromiya Region. It was established in January 2005 by the partnership agreement made between Evangelical churches Mekane Eyesus Child Development Association and Compassion International Ethiopia country office. This organization has 12 workers (Report, 2019/2020).

There are different types of supports and care provided by the organization under different programs to its seven beneficiary groups such as Orphans and Vulnerable children, vulnerable children, Orphans, and Vulnerable Youth, Vulnerable Youth, Children, and Youth with Special Education needs Adult with disabilities and other needed. The OVCs is one among the seven beneficiary groups (MECDA Manual, 2016) and this study focuses on the care and supports provided to the OVC.

The MECDA have their own beneficiary eligibility criteria. This means children are selected by cooperating with different bodies which include local church and government based on serious selection criteria and in addition with kebele administration and women, children and youth offices. In general, the criteria are being the poorest of a poor family, to be orphan and vulnerable children, distance is limited which not devote more than 30 minutes because children do not walk rather than this in one day, in addition to that selection criteria age is 3 years, children to assist them until 22 years old and not include disabilities. Up to now, 250 children are served. During their stay in the organization (MECDA) they are assisted in holistic service packages of the organization. The care and supports are included in one or more of the following

broad categories such as; food and nutrition provision, cloth, shoe and underwear provision, shelter provision in the form of house rent, provision of house facilities provision, health service, counseling, and other psychosocial services, educational supports and recreational and sport service provision, etc (MECDA Manual, 2016).

CHAPTER THREE: RESEARCH METHODS

This chapter is dedicated to research methods. It discusses the study area, the research paradigm, research design, study population, selection of study participants, data collection techniques, data analysis, reliability and validity of data, and ethical consideration.

3.1. Study Area

Sirti is the capital town of Jidda Woreda. The study was conducted on child care and supports undertaken by Mekane Eyesus Children Development Association (MECDA), which is located in Sirti town, Jidda Woreda, North Shewa, Oromia Regional State, Ethiopia, and is located 78km north of Addis Ababa. MECDA was in 2005 E. C years established. MECDA has been playing important role in development activities in general and the provision of care and support for orphans and vulnerable children in particular. MECDA provides different support and care or holistic services like food, cloth, shelter, education, health, play and recreation, guidance, etc. (key informant I, 2021).

According to information from Labor and Social Affairs Office (2021) almost all inhabitants of Jidda Woreda are Oromo. However, there are some ethnic group like Amhara. Jidda woreda has a total human population of 59817, out of which male 29310 and female 30507 based on population and H. censes of 2007.

The dominant economic activity of the area is mixed farming which constitutes both crop production and animal breeding. Teff is the most intensively cultivated food crop in Jidda woreda: it is also the most important stable food in the area. On the other hand, livestock also give higher value and status in the area. The most common types of animals raised in this woreda include cattle, sheep, goats, horse, and donkeys, the society attaches higher social and economic values to animals, especially cattle due to significant roles that cattle play in economic, social and cultural life of the study.

Map of the Study Area (Jida Wereda)
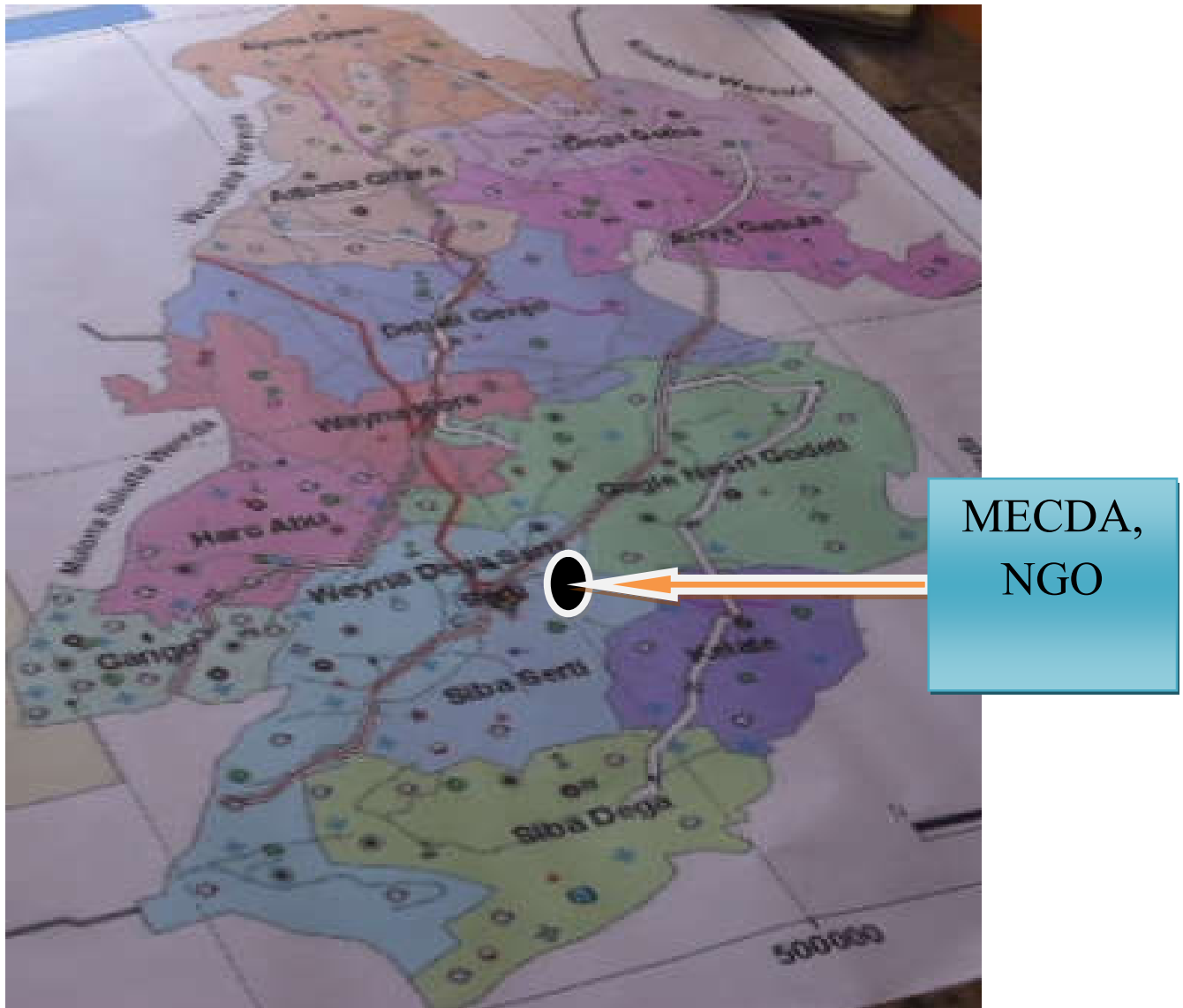
Figure 3.1 Map of the Study Area

Mekane Eyesus Children Development Association, NGO is found in the Sirti town as indicated on the map. The main road from Sendafa to Muke Turi cross town.

3.2. Research Paradigm

Paradigm is perceived as "a way of seeing the world that frames a research topic" and influences the way that researchers think about the topic (Hughes, 2010). In essence, paradigms represent the researcher's" beliefs and values about the world, the way they define the world, and the way they work within the world. About research, the researcher's thoughts and beliefs about any issues explored would subsequently guide their actions. In other words, the paradigm adopted directs the researcher's" investigation which includes data collection and analysis procedures. Paradigm, therefore, has important "implications for every decision made in the research process" (Kivunja&Kuyini, 2017).

The general research objective was to explore the care and supports provided for orphan and vulnerable children in Sirti town, Jidda Woreda by Mekane Eyesus Children Development Association. The purpose of the study was to understand the issue from the standpoint of the participants. To accomplish the objectives of this research, the study is guided by a constructivist /interpretive worldview.

Following the constructivist paradigm, the study tries to explore the subjective understanding of participants and to look for the intricateness of ideas rather than reducing meaning into a few categories. Cresswell (2009) affirms that in the constructivist approach socially negotiated subjective meanings are going to be explored. Thus, exploring the subjective views of the staff organization and beneficiaries regarding the cares and supports provided for orphans and vulnerable by MECDA was explored in this study. And also challenges, prospects and practice models were explored in this study.

3.3. Research Design

Qualitative research is an approach employed for examining and understanding the meaning individuals or groups attribute to a social phenomenon in which they are experiencing (Creswell, 2014). This focus on meaning is central to what is known as the "interpretive" approach to social science (Maxwell, 2018). This research intended to find out the care and supports that are provided by the organization to OVCs. In line with these, practice models, challenges and prospects in the provision of care and supports has been discussed.

To this end, qualitative methods of data collection are used. The reason why the researcher used the qualitative method in this study is that data related to the prospects and challenges in support and service delivery of MECDA to OVCs is qualitative which can be collected by taking into account the subjective views and opinions of the staff of the organization and the clients (caregiver and OVCs). Qualitative research provides a more realistic feel of the world that cannot be experienced in the numerical data and statistical analysis used in quantitative research. It provides flexible ways of collecting, analyzing, and interpreting data and information.

Therefore, taking these into account while conducting this qualitative research that suits for such kind of study and I was used a descriptive research design to obtain an in-depth understanding of prospects and challenges encountered during the care and supports in the study area, because the descriptive research attempts to describe systematically a care, problem, phenomenon, service, or program, or provides information about, say, the care and supports for orphan and vulnerable children by MECDA, or describes attitudes towards an issue.

A single instrumental case study (specifically embedded single case study) in qualitative research is chosen as the most suitable method for this study since the goal of this study was to gain an in-depth understanding of orphans and vulnerable children's perspectives pertinent to their concerns in line with their benefits in the study timeline and the study area. A case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not evident (Yin, 2009 cited in Aster G., 2020). Regarding the specific type of case study that was employed in this study, a single instrumental case study type was chosen as the best type of case study identified by Stake (2008) due to the nature of the study, which aimed at providing an insight into the issue of being care and support recipient of the project and its challenges and opportunities in the study area.

3.4. Data Sources

For this research, the researcher has used both primary and secondary data sources. The primary data was collected from the staff of the organization and clients (OVC). Under secondary sources, I used different related material with the topic such as books and different

related kinds of literature from various sources such as published or unpublished thesis, reports, articles, internet, and other relevant source used.

3.5. Study Population

The target population of the study were the staff of the organization and the beneficiaries (relatives/caregivers/siblings and OVCs) and who have been interviewed through the tools of key informant interview, in-depth interview and FGD.

3.6. Selection of Study Participants

The study employed parpusive sampling method. The goal of purposive sampling is to select participants strategically so that those selected participants are relevant to the research questions that are being posed. Very often, the researcher decided to select participants to ensure that there is a good deal of variety in the resulting participants so that participant members differ from each other in terms of key characteristics relevant to the research question. Because it is a non-probability sampling approach, purposive sampling does not allow the researcher to generalize to a population (Alan, 2012).

Non-probability sampling technique specifically the purposive sampling technique was employed for identifying research participants. Accordingly 31 participants was selected. To select the key informants of the study, purposive sampling has been used with proposed inclusive criteria, in this research case, the experience of staff on working related to OVCs, their exposure to OVCs, and position in the organization was stated as inclusion criteria. The reason why the researcher used this technique was due to the organization on delivering the support and care would be well known by the staff who have directly or indirectly related with OVCs.

3.7. Data Collection Techniques

The data required for this study was collected through a key informant and in-depth interviews as well as focus group discussions (FGDs) and observations. Among the research participants, 12 of them were interviewed and data saturation was reached. On the other way, 11 OVC were participated in the focus group discussion whose age range from (11-17 years), from both sexes. In the same way, caregivers whose ages range from (23-40 years), from both sexes

and 8 in numbers have participated in the second focus group discussion. In this study, all the names used are pseudonymous for confidentiality.

FGD, purposive sampling was applied with selection criteria to select participants among clients/beneficiaries of the organization (OVCs and their Caregivers). The OVCs who are above 10 years old and OVC's caregivers were included in two groups of FGD. These two focus groups are supposed to have much information and better understand about their problems than anybody else and enough information about the overall situations regarding the supports and care services provided to them by the organization.

There is also another tool, observation, used to know about the practices of the supports and care delivery, through observation. The observation was conducted by being at the organization, participating in conferences conducted by the organization, visiting the care and supports, tutorial classes, and recreation provided for the beneficiary children.

3.7.1. Key Informant Interviews

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community and data is collected from a wide range of people—including community leaders, professionals, or residents—who have firsthand knowledge about the community that can provide insight on the nature of problems and give recommendations for solutions (UCLA Center for Health Policy Research, 2016 cited in Fisseha, 2019). It is very flexible and can be used to collect large amounts of information. To this end, I conducted six key informant interviews with the Director, the accountant, Social Service Coordinator, the OVCs section head, and Social Workers who are working in the OVCs section and the health officer. These interviews were conducted in each participant's office with a scheduled date and time. The interviews took a minimum of thirty and a maximum of forty-five minutes.

Semi-structured interview questions were used as an appropriate instrument for the data collection. All the six key informants who are the staff and have higher exposure to OVCs were interviewed. An interview guide for interviewing was prepared by the researcher (attached in the appendix part of this research).

3.7.2. In-depth Interviews

An interview especially in-depth interviews is important in the qualitative research method in which the researcher collects data directly from the participant significant unfolding opinions, experiences, values, and various other aspects of the population and participants under study (Parveen & Showkat, 2017). In this study, an in-depth interview was used to collect data from a staff who had worked in the OVCs section, caregivers and a storekeeper. These interviews involve generally open-ended questions that are few and intended to elicit views and opinions from the participants (Creswell, 2009). For this study, open-ended interview guiding questions was prepared. To this end, I conducted six in-depth interviews with the four caregivers, the storekeeper, and former staff of the OVC sections. Interview guide questions were used to get the appropriate and the needed information for the study. So, based on this, the researcher conducted an in-depth interview with the help of a semi-structured open-ended interview guide question until the data saturation point was reached. The in-depth interviews took a minimum of thirty and a maximum of forty minutes.

3.7.3. Focus Group Discussions

Focus group discussion is a qualitative data collection technique in which a selected group of people discusses a given topic or issue in-depth, facilitated by a professional, external moderator and serves to solicit participants" attitudes, perceptions, knowledge, experiences, practices, and interaction with different people ((Eeuwijk & Zuzana, 2017).In this study, the researcher prepared two focus groups. The participants of the first FGD were eight in number and included the caregiver from orphans and vulnerable families. The second FGD participants were eleven in number and they were orphans and vulnerable who were ten years and above.

The reason behind using FGDs by the researcher was that to get more information and better understand their problems than anybody else and enough information about the overall situations regarding the supports and care provide to them by the organization.

3.7.4. Observation

Observation is one of the key tools for collecting data in qualitative research. It is the act of noting a phenomenon in the field setting through the five senses of the observer, often with an

instrument, and recording it for scientific purposes. The observations are based on our research purpose and questions, we may watch physical settings, participants, activities, interactions, conversations, and their behaviors during the observation(Creswell, 2013). Visiting support and care service delivery and delivery sites of the organization is the way used to observe and collect valuable data through observation methods. This can be achieved by simply been there at the sites of support and care service delivery.

To observe the care and supports, the researcher depends/focused on standard service delivery guidelines for orphans and vulnerable children's care and support programs prepared by the Federal Democratic Republic of Ethiopia(Ministry of Youth and Women's Affairs, 2010).

3.7.4. Document Review

The other source of data for the study was dependent on reviewing different related documents of the government institutions and non-governmental institutions documents. To this end, the researcher had reviewed organizational documents such as monthly and annual reports; client intake, intervention, and evaluation forms; assessment forms; case-conference minutes; agreements and memorandums documents that the organization were hold with Woreda concerned office and other stakeholders and brochures, pamphlets, and other official documents which were important to this research.

3.8. Data Collection Procedures

The researcher has used the interview questions, FGD guidelines, and observation checklists based on the research questions to have more data from selected participants. Before going to the field, first of all, I have got a letter of support from Jimma University School of Social Work. Then, I was gone to the study area to select participants.

The participant selection was done at the MECDA organization working on OVC. Then the researcher was selected participants of the study purposively from staff and OVC who have a good understanding of care and supports. The collected data was transcribed and was coded before it is organized into major themes and subthemes, then the interpretation was made to achieve the research questions.

3.9. Data Analysis Technique

Data analysis in qualitative research consists of preparing and organizing the data (i.e., text data as in transcripts, or image data as in photographs) for analysis, then reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables, or a discussion (Creswell, 2007). The central steps the researcher was employed while data analysis includes coding the data (reducing the data into meaningful segments and assigning names for the segments), combining the codes into broader categories or themes. These were the core elements the researcher used in the analysis of the study in this particular qualitative research. Therefore, these were the general process that the researchers used in data analysis.

The data generated from the in-depth interview, observation, key informant interview, FGDs, and different documents were narrated and thematically analyzed based on the research questions of the study. Therefore, I have used thematic analysis in general in this particular research. Finally based on the findings of the study conclusions and implications were drawn.

3.10. Trustworthiness and Credibility of the Study

Trustworthiness can be addressed in qualitative research in several ways (Creswell, 2018). Trustworthiness can be enhanced if the researcher obtains detailed field notes by employing good-quality recording devices and by transcribing the digital files. Creswell (2009) also supports the use of computer programs to assist in recording and analyzing the data. The validity of the data was checked through triangulation.

As Padgett, (2008 cited in Fisseha, 2019) to assure the trustworthiness of the study, It is important to give due emphasis for validity threats. To assure the trustworthiness of the study the researcher employed various techniques of assuring the credibility of the data. In addition, according to Bruce L. Berg (2001) triangulation in qualitative research can be significant to issues of validity. The data from key informant interviews, FGDs, and observation were triangulated as a way of strengthening confidence in their validity. The researcher is also comparatively analyzed the key informant interviews and FGDs results, with data from observation to conclude. The collective combination of all these methods was helped me to find out and clearly or understand the major care and supports given by t

3.11. Ethical Consideration

I had a support letter from Jimma University School of Social Work to concerned bodies before going to the field and then the researcher has contacted the MECDA organization and made it clear about the objective of the study to conduct the data collection process.

Regardless of the approach to qualitative inquiry, a qualitative researcher faces many ethical issues that surface during data collection in the field and the analysis and dissemination of qualitative reports. Therefore, planning and conducting an ethical study means that the researcher considers and addresses all anticipated and emergent ethical issues in the study. Typically, these ethical issues relate to three principles guiding ethical research: respect for persons (i.e., privacy and consent), concern for welfare (i.e., minimize harm and augment reciprocity), and justice (i.e., equitable treatment and enhance inclusivity) (Creswell, 2018).

After, I presented the supporting letter to the organization and the consent letters to the participants and especially to get willingness from caregivers to participate their orphaned and vulnerable children in focus group discussion that was prepared for them. I have obtained informed consent for children from their caregiver/relatives. Then the researcher considers the confidentiality of all respondents' responses. Respondents were advised that their participation in the research was voluntary and assured complete anonymity in presenting the data.

A researcher has protected the anonymity of the participants, for example, by assigning numbers or aliases to individuals. To gain support from participants, a qualitative researcher conveys to them that they are participating in a study, explains the purpose of the study, and does not engage in deception about the nature of the study (Creswell, 2018). So, the researcher has protected the anonymity of the participants by assigning numbers. Furthermore, the participants were advised that they do not have to answer any questions they feel uncomfortable about.

CHAPTER FOUR

4. FINDINGS OF THE STUDY

This chapter is dedicated to the analysis and discussions of the findings. This means under this chapter, the major findings obtained through different data collection tools are categorized into themes, presented, analyzed, and discussed in a way that answers the research questions.

Accordingly, the findings part specifically focused on the available care and supports for orphans and vulnerable children by Mekane Eyesus Children Development Association (MECDA); practice models, and the challenges and existing potential opportunities of care and supports.

4.1. Socio-demographic Characteristic of the Study Participants

The socio-demographic characteristics (such as age, sex, educational qualification, experience, and position) of the study participants are presented in the following tables.

Table 1: Socio-demographic Characteristics of Key Informants

Code Name Given	Position	Gender	Age	Educational Qualification	Experience in years
Key Informant I	MECDA Director	Male	29	BA Degree	6
Key Informant II	Accountant	Male	39	BA Degree	12
Key Informant III	Social Service Coordinator	Male	35	BA Degree	11
Key Informant IV	Head of OVC Section	Female	33	BA Degree	9
Key Informant V	Social Worker in OVC Section	Male	31	Diploma/Level 4	8
Key Informant VI	Health Officer	Female	40	BA Degree	13

Source; Author (2021)

As it can be deduced from the above table the key informant interviewee, attained Diploma to BA Degree regarding their level of education. As well as from different ages ranging from 29-40 years which include both sex male 4 and female 2 as indicated in table 1 above.

Table 2: Socio-demographic Characteristics of In-depth Informants

Code Name Given	Position	Gender	Age	Educational Qualification	Experience in years
Caregiver-1	Caregiver	Male	35	Diploma	3
Caregiver-2	Caregiver	Male	28	Diploma	2
Caregiver-3	Caregiver	Female	31	Grade 12	10
Caregiver-4	Caregiver	Female	38	Grade 10	8
Storekeeper	Storekeeper	Male	29	BA Degree	6
Former staff of OVCs section	IGA program officer	Male	39	BA Degree	12

Source; Author (2021)

As it can be understood from the above table, in-depth interviewee participants attained above grade 10 to BA Degree regarding their level of education. As well as from different ages ranging from 29-35 years which include both sex male 4 and female 2 as indicated in table 2 above.

Table 3: Socio-demographic Characteristics of Focus Group1 Members

Code Name Given	Position	Gender	Age	Educational Qualification
FG1.1	Caregiver	Male	40	Illiterate
FG1.2	Caregiver	Male	32	Grade 8
FG1.3	Caregiver	Female	23	Grade 10
FG1.4	Caregiver	Male	35	Illiterate
FG1.5	Caregiver	Female	30	Grade 6
FG1.6	Caregiver	Male	40	Grade 7
FG1.7	Caregiver	Female	28	Grade 10
FG1.8	Caregiver	Female	29	Illiterate

Source; Author (2021)

As it can be deduced from the above table, the majority of the Focus Group1 Members participants five of them male 2 and female 3 attained above grade 6 and three of them male 2 and female 1 are illiterate regarding their level of education. As well as from different ages ranging from 23-40 years which include both sex male and female as indicated in table 3 above.

Table 4: Socio-demographic characteristics of Focus Group 2 Members: OVCs above

10 years

Code Name Given	Position	Gender	Age	Educational Qualification
FG2. 1	Student	Female	17	Grade 8
FG2. 2	Student	Female	16	Grade 9
FG2. 3	Student	Male	12	Grade 7
FG2. 4	Student	Male	14	Grade 8
FG2. 5	Student	Female	11	Grade 4
FG2. 6	Student	Male	11	Grade 5
FG2. 7	Student	Male	13	Grade 6
FG2. 8	Student	Female	15	Grade 9
FG2. 9	Student	Male	14	Grade 8
FG2. 10	Student	Male	12	Grade 7
FG2. 11	Student	Male	15	Grade 9

Source; Author (2021)

As it can be deduced from the above table, the majority of the Focus Group2 Members participants attained above grade 5 (male 7 and female 4) regarding their level of education, and most of them can read and write. As well as from different ages ranging from 11-17 years which include both sex (7 males and 4 females) as indicated in table 4 above.

4.2. Major Themes and Subthemes Analysis

Themes analysis includes major themes and subthemes. The major themes and subthemes of the study analyzed are presented in the following tables.

No	Major Themes	Subthemes
1	Supports and Care Services	➢ Food and nutrition provision,
		➢ Different types of cloth provisions
		➢ Shelter provision, Health services
		➢ Educational supports
		➢ Psychosocial services
		➢ Recreational and sport services
2	Practice Models	➢ Strength-based approach
		➢ Family-based approach
		➢ Case conference
3	Challenges Faced by MECDA	➢ stigma and discrimination faced by the beneficiary children
		➢ Parents sickness/death
		➢ Educational Support,
		➢ Health Services Related
		➢ Family poverty
		➢ The imbalance between the cares provided and the number of the care seekers
4	Future Prospects of the MECDA	➢ Community acceptance and supports,
		➢ Availability of funds for the care and support program,
		➢ Government policy/program support,
		➢ Continuity (sustainability) of the program,
		➢ Adoption of supportive policies, and
		➢ collaborations across the care sectors

Table 5: Major themes and Subthemes

4.3. Care and Supports Provided by MECDA to OVCs

There are different types of care and supports provided by the organization under different programs to its beneficiary groups such as Orphan and Vulnerable children, vulnerable children, Orphan and Vulnerable Youth, Vulnerable Youth, Children, and others need based on the result of the need assessment of each child by the health worker. The OVCs is one of the beneficiary groups (MECDA Manual, 2016) and this study focuses on the care and supports provided to the OVC by the MECDA.

In addition to this some FGD participant, verified that the MECDA provides food and nutrition provision, cloth, shoe, health services, counseling, educational supports, recreational and sport supports/services. Pieces of evidence from the key informant interviews participants also strengthen the fact that these care and supports/services are provided by the MECDA for orphans and vulnerable children. The care and supports provided by the MECDA for OVC according to all researcher participants including observation is presented and discussed hereunder one by one.

4.3.1. Food and Nutrition provision

According to one of the key informant I (2021), of the OVC organization states that:

> when they say food and nutrition services, different types of care and services
> necessary for the children especially for OVC. This means food and nutrition
> provided for children can be built the body of children. Hence, OVC has
> sufficient food to eat at all times of the year including age-appropriate diversity of
> food of high quality (Male key informant, Age 29).

Additionally, according to an in-depth interviewee who is a storekeeper (2021),

> among the holistic service and care they provided for OVC, the main one or major
> is food and nutrition provision for OVC to minimize food and malnutrition
> problems of OVCs. The food and nutrition provision components include *tef,*
> flour of sorghum, maize, and wheat. And also spaghetti*,* pepper, macaroni, rice*,*
> *kinche*, shiro are additionally provided for OVC.

According to the data obtained from FGD 2 participants (2021), confirmed that this achievement of the organization is that there are a lot of care and supports provided by the organization and among them, the ones enough provided include the provision of sufficient and balanced food for OVC children.

According to an in-depth interviewee who is a caregiver-3, strengthen this idea as the following;

> The provision of food material is provided by the MECDA includes *tef,* oil, the floor of sorghum, maize, and wheat*,* bean, spaghetti, pepper, macaroni*,* rice*, kinche, shiro* for all OVC children and also additional foods like milk and others for concerned children. This provision of food and nutrition for OVCs is adequately provided by the organization (MECDA). Also, the organization slaughter sheep or ox on different holidays and ceremonies for OVCs, and also the organization invites OVC's families sometimes on different ceremonies (Female interviwee, Age 31).

According to a key informant V (2021), explained the organization provided additional food for concerned bodies from OVC. This means the provision of additional food support is be different based on each child's case which means critical problems and chronic disease which exposed OVC on series of lives. For instance, in mental cases and sexually abused children the support is given to them differs from another client. In addition, for the child who has a critical problem and living with HIV, the MECDA supports additional food and other supports. And also they advise and follow up as the OVC living with HIV took the medicine always. In addition to pieces of evidence from observation (2021), children who have different cases are getting different additional care and supports from the organization. For instance, the organization (MECDA) provided half of the liter milk for children who have different cases like HIV AIDS, mental cases, and sexually abused children.

These were supported by members of FGD2 participants (OVC beneficiaries, 2021). They pointed that;

The provision of additional food and supports has had a great change in their life. Before they were coming to the organization for the first, their health condition were not on good status due to we had miniaturized and sometimes they also severely diseased, because of the absence of enough or balanced food (so they were vulnerable to different diseases). But, after the MECDA organization made health and malnutrition assessments have done, according to the result of the assessments they were as directly started taking additional food like milk and other treatments. After we have got additional food like milk and other treatments, the status of their health is becoming good, wellness and active and we also started their life in a good situation (OVC, 2021).

4.3.2. Different Types of Cloth Provisions

As the key informant I(2021) told the researcher, the main care and support they offer or made for OVC is clothing, which is the great one among our works. Clothing is one of the necessities for orphan and vulnerable children. According to an in-depth interview with the storekeeper, both orphans and vulnerable children are supported and serviced with clothes, shoes, blanket and underwear. Here under is the least and the frequency to which the OVCs gain such institutional care and services.

Table 6: Clothes, Shoes and Underwear Provision

Item	Frequency of service delivery	Program
Clothes	2 times	per year
Shoes	2 times	per year
T-shirt	2 times	per year
Socks	2 times	per year
underwear	2 times	per year
Sport cloths	1 time	Per year

Source: Author (2021)

Table above shows the type of clothes given by MECDA. According to the data obtained from FGD2, the MECDA provides different types of clothes including shoes two times per year

for all OVC and for concerned children additional clothes like sport cloth and sports shoes. However, when the organization bought clothes for OVC there is a problem that is based on quantity rather than quality of it. FGD2 participants explain this situation as the following one:

> The MECDA organization bought different clothes and shoes for them two times per year. But, the clothes and shoes that were bought by this organization (MECDA) have the problem, where the organization not emphasizing on quality rather than quantity of it. Even the shoes they bought for them, its number not matched each other means its number is different(FGD2, 2021).

About this, an in-depth interviewee who is a Caregiver -3 (2021), stated "even if the quality is low the distribution of items is usually fair and stated scheduled or according to the plan of the organization which is two times in the year.

> While the orphans and vulnerable children come to us for the first time some of them with their parents and some of OVCs are by themselves which most of them have migrated from rural areas to Sirti town. They were living in a situation of deficiency and their family was incapable of providing basic life needs for their children like clothing and other care. After the holistic assessment has been done we have started all necessary cares and supports provisions including clothing and other supports " (Female interviwee, Age 31).

FGD 2 or discussants (2021) strengthened this idea by expressed their feeling by stating that "…..We are very happy and led a better life than before. Hence, we feel good living after MECDA support us, because we can now afford to have the basic needs like clothing. We feel blessed because we never had a dream to lead such a good life. Now we have got this provision from the organization twice a year". The researcher has confirmed the provision of clothing during his presence on the distribution days of items.

4.3.3. Shelter Provision

Shelter is one of the main basic needs for human beings and today the lack of shelter is increasing from time to time. This reality is also happening on OVC (key informant I). According to a key informant V (2021), stated that the housing problem is the main problem that

OVC children faced. Even though, the organization tries to solve the problem of housing through construct houses by self and by house rent. Hence, OVC has a stable shelter that is adequate, dry safe, and secure for their lives.

These were supported by FGD1 (2021), the organization providing relatively good accommodation concerning shelter together with bedding and dressing as perceived by OVC. According to an in-depth interviewee who is a caregiver-4 (2021), strengthen this idea as the following;

> "Among the MECDA organization provided different care and support for OVCs children is shelter provision is one. This means, the MECDA project also provides shelter supports. In this support, all-important different materials are included or filled. For example, bed, mattresses, blankets, pillows, bedsheets, etc" (Female interviwee, Age 38).

4.3.4. Health Care and Services

This study identifies as OVC receives health care and services, including medical treatment when ill and preventive care. As key informant I (2021) describes, their organization works on the healthiest of OVC in the front line to ensure the provision of necessary medical assistance and health care to all children with an emphasis on the development of primary health care. Because the children they serve should be free from various diseases. To end this, our health worker provided advice and give awareness on different diseases for OVC and their families one time a month and also by invite health experts from Sirti Health Station.

According to key informant VI (2021), the health services provided by MECDA to the OVCs include annual health checkups, care, and support for malnourished children, covering medical and pharmaceutical expenses and follow-up. The members of FGD 2 or discussant (2021) strengthened this idea by expressed their feeling by stating that;

> We are thankful for our MECDA organization for giving us health services needs such as covering medical and pharmaceutical expenses, extra balanced food like plumpy, milk, and different checkups. To be talking the truth, before we coming to this organization even when we fall ill, we don't have money for hospital

because our families are incapable to treat us due to they haven't enough money
(FGD2, 2021).

The MECDA organization works together with Sirti Health Station to run their works
smoothly. So, regarding the health services, the MECDA organization gives eye checkup
services for the OVCs one time in a year (Key Informant VI, 2021). Health evaluation services
are provided in addition to malnutrition assessment. According to key informant VI (2021), the
malnutrition assessment is classified into three classes in severity (normal, moderate, and
severe). If the assessment result shows severe they take them to the cooperatively working with
health stations and hospitals immediately.

On the another hand, there is also a referral system of the "MECDA" is in different ways
that they give for OVCs. The organization covers the medical service and medications expenses
of its clients during performed referring (key informant V, 2021). According to the key
informant VI (2021), for concerned OVC the MECDA provided extra balanced food like
plumpy, milk, and financial assistance. Additionally, key informant II (2021) of the organization
told to the researcher the referral system may be to Fiche hospital, Muke Turi hospital, and Addis
Ababa. Even up to outside the country the referral system can be given for OVC by covering all
expenses. The researcher has confirmed the provision of support and service through his
observation during data collection.

4.3.5. Educational Supports

According to key informant interviews, FGD1, and FGD2 (2021) information, educational
support is one of the fulfilled supports and care services among the supports and care services
given by the organization. Education is the root of development for all sectors as the key
informant I (2021) explained or told to the researcher. Because of this, the organization gives
educational support and service in the form of educational material support provisions like a
uniform, stationery materials, school bags, and textbooks and as well as providing tutorial classes
and library services as the new generation becomes educated. The type of educational material
support provided to children by the MECDA is listed as the following.

Table 7: Educational Support Materials

Items	Frequency of service distribution	Program
School uniforms	1 times	per year
School Bag	1 times	per year
Stationery Materials	1 times	per year
Sport cloth and shoes	1 time	Per year

Source: Author (2021)

The members of FGD 2 or discussants (2021) strengthened this idea by expressed their feeling by stating that "……We are thankful to our MECDA organization for giving us educational support materials or school needs such as books, pens, bags (stationary materials), sports clothes and school uniforms, etc… So now we are following our education without any worry for the fulfillment of educational materials for us".

In addition, an in-depth interview II (2021) strengthens the care and supports provided by the MECDA on educational supports like the following;

> The care and supports provided by the MECDA on educational supports are
> satisfactory or enough. So, the OVCs are not worried about educational materials
> due to the organization filled for them. And also provide tutorial classes and give
> other essential service like tailor, barberries, computer, and language for such
> children. This is done through cooperating with different stakeholders like schools
> and education offices. This is needed to solve the problem from the root. The
> interviewee also told that to the researcher, for clever children the organization
> gives different kinds of awards to motivate and to create a sense of competition
> between the rest children (Male interviwee, Age, 29).

According to a key informant I (2021) states the organization also gives other essential service or training support for OVC as they can change their lives in the future sustainably. This other essential service supports presented in the following table in detail.

Table 8: Other Essential Service

Items	Frequency of training	Program
Males Barber	2 times	per week
ICT	2 times	per week
Tailor	2 times	per week
Female barber	2 times	per week

Source: Author (2021)

Table above shows the other essential service or training support given by MECDA for OVC as they can change their lives in the future sustainably. According to the data obtained from key informant I (2021) the MECDA provides two times per week in all items including males barber, ICT, tailor (garment) and female barber.

4.3.6. Psychosocial Care and Services

Regarding psychosocial support and care services, the key informant I (2021) states that caregivers lacked the knowledge and skills to diagnose and effectively address the psychosocial needs of the OVC under their care. Instead, they considered emotional and psychosocial with a broader realm of care that OVC received. This may have a profound impact on the future of children especially OVC since the nature of the response to the psychosocial needs of these OVC may have a far-reaching impact on their social and emotional development. .

Additionally, the key informant interviews II (2021), stated that the organization is not sufficiently delivered psychosocial support due to a lack of professional counselors and the inadequacy of diversified skilled social workers and well-trained caregivers.

4.3.7. Recreational and Sport Services

According to a key informant interview I (2021) states, the children have the right to get the rest and leisure, to engage in play and recreational activities in their compound and other places appropriate to the age of the child and to participate freely in cultural life and the arts. Because of this, they provided different recreational and sports services for OVCs.

This study revealed that the organization has arranged recreational or vacation programs twice a year and it is planned as OVC gain education from different places and activities and to socialize with the different parts of communities. One Key Informant explains:

> All children participated in different activities of recreation programs like different rivers visits, museum visits, sports competitions with other NGOs who doing the same activities, to visit other NGOs' activities like Daga Gora and Alaltu children center, and other visits according to their age level to improve and develop their capacities from this program. (KII, male, age 39).

However, according to one member of FGD2 participants (2021) states, there is no recreational program in the last year and this year due to Corona or COVID-19. This fact is also raised by the key informant I (2021). On the other hand, the organization also gives sports services. So, the students go to sport fields to play different games such as small football fields, volleyball fields in the organization's tutorial and training compound this year (FGD2, 2021). However, as the FGD2 participants (2021) explain the sports area is not comfortable. Because some of the sports instruments are coming out of works. For example, sports instruments like *shertete, shuwashue, and zorishii* are already broken. Many times we are asked the organization as they are repairs or improvements for us but till now this problem is not solved for us.

4.4. Practice Models used by MECDA in providing care and Supports

As data obtained from different in-depth informants, and different key informants, the organization employed or followed different practice models in providing care and supports for OVC that is outlined or presented here fewer than one by one.

4.4.1. Strength-Based Approach

According to a key informant interview key informant I (2021) states the organization used the strength-based approach in giving institutional care for OVC. The organization used a strengths-based approach to investigate a collaborative way the entire individual's ability and circumstances to economically empower themselves.

And additionally, as key informant V (2021) elaborates to solve the problem of OVC from the root and continuously it is important to strengthen and motivate caregivers including family, siblings, and community by giving awareness to existing strengths and opportunities they have in their environment. Because if they are used and properly apply any person have its own strength and there are also different opportunities in its environments to change themselves economically and can easily contribute to the improvement of their life especially in cares of OVC.

4.4.2. Approach of Family-Based

As a Key Informant II (2021) explains the organization used this approach in doing cases of orphans and vulnerable children with family and surrounding communities cooperatively to solve OVCs problems from the root. The function of this approach by the organization is considered during FGD 1 (2021), by one discussant and presented as bellow;

> I was sick by chronic diseases repeatedly and to go to clinic or hospitals for treatment I am very troubled by the absence of medical fees. One day my neighbors come to ask me and advised me as I go to Mekane Eyesus Children Development Association (MECDA) for medical support. I came here and the organization facilitated and helped me to get medical service at Sirti Health Station and covered all my expenses including my medication fee. And now my health status occurring in a good situation and I very thankfull the MECDA organization (OVC's Mother respondent from FGD1).

4.4.3. The Case Conference

According to a key informant interviewee I (2021) states as their organization has its processes used to identify and refer children and their caregivers to OVC programs through these entry points should be documented as good approaches which direct our work. As he describes this approach helps us as our work is functional, fair, and transparent.

As Key Informant IV (2021) describes, case management is used as the process of assisting an individual child through direct support and the activities that caseworkers, social workers, or other organization staffs carry out in working with children and families in speaking their protection concerns.

Additionally, the above idea has been supported by the key informant V (2021) by elaborates as the following:

> This approach created good conducive for all concerned staff who are participate and discuss based on the client case and need assessment results announced by the assigned case facilitator. After valuable discussions have been held, finally the participants come to an agreement on which needed supports and care performed for a client.

The researcher confirmed this approach, by participating in many case-conference sessions during his stay in the organization for data collection and substantiate that it is a good system, particularly on their teamwork experience and on giving immediate response for OVC.

4.5. The Contribution of the Care and Supports to OVCs

As a study revealed the intervention of care and supports by MECDA to OVCs have some changes on OVCs in addressing their problems. This means the holistic care and service provided by MECDA to OVC have great changes in solving their problems from the root. Hence, there are some cares or supports which have brought changes in the life of these orphans and vulnerable children that have identified during FGD1 and FGD2 which include food, provision of clothing, educational supports, and health service. But, some care and supports has no changes on these OVCs as expected or as the objective of the MECDA organization, for example, psychosocial services, social and legal protections, emotional and spiritual supports.

4.5.1. Ensuring Food Security for the Beneficiary

This study demonstrated that MECDA is extremely involved in ensuring food security for the beneficiary to minimize food and malnutrition problems of OVCs from the root. As the key informant described, OVC is growing well. Because the quality and quantity of meals per day are very improved in this organization for OVC. This means the OVCs have at least three meals per day. An in-depth interviewee who is called storekeeper (2021) confirmed the provision of food and nutrition has great changes on the life of the OVCs as mentioned. The in-depth interviewee elaborated this issue as follows.

Most of the orphans and vulnerable children especially between the age of one to ten years often suffer from malnourishment due to a lack of a balanced diet. Some of them are even dying at that age due to diseases associated with malnourishment. This is, of course, a sign that families at the household level are unable to adequately provide their children not only OVC with enough food even for survival. So, after they got care and supports, they had immediately started taking nutrition and medical treatment. Now, these children become or occurring on a good way regarding their status of health (Storekeeper, Male, Age 29).

4.5.2. Providing Clothes for the Beneficiary

This study verified that MECDA is also extremely involved in addressing clothing programs for the beneficiary to solving the problems of OVCs from the root. The mass of the children in FGD2 (2021) described as, even if the quality is poor and not attractive to them, they have got enough clothing provision twice per year.

According to the researcher got information from one member of FGD 2 or discussants (2021) strengthened this idea that"……We are very happy and led a better life than before. Because we can now afford to have the basic needs like clothing. So, we have got this support provision from the organization twice a year". The researcher has confirmed the provision of clothing during his presence on the distribution days of items (date of observation 06 and 07/05/2021).

4.5.3. Access to Educational Materials

As the result of this study identified the MECDA is playing an enormous role in access to educational materials and other essential service to OVCs. This means MECDA is highly involved in addressing one of the major problems of OVCs, access to educational materials especially other essential service like barberries, computer, cloth making (garment). It provides educational supporting materials like school uniforms, stationery materials, textbooks, school bags, clothes of sorts and it gives tutorial study.

In addition, an in-depth interviewee who is a storekeeper (2021) strengthens the care and supports provided by the MECDA on educational supports like the following;

The care and supports provided by the MECDA on educational supports are satisfactory or enough. So, the OVCs are not worried about educational materials due to the organization filled for them. And also provide tutorial classes and give other essential service or support like barberries, computer, and language for such children. This is done through cooperating with different stakeholders like schools and education offices. This is needed to solve the problem from the root. The Interviewee also told that to the researcher, for clever children the organization gives different kinds of awards to motivate and to create a sense of competition between the rest children (Storekeeper, Male, Age, 29).

4.5.4. Providing Health Services

On the subject of the health wellness of OVC, they are healthy and active. Because orphans and vulnerable children are getting access to enough health cares and services from this organization (FGD 1 and 2, 2021).

According to the data obtained from members of FGD 2 or participants (2021) they described the health care and supports they got from this organization as the following:

"Health care and support we got was very better. This means it is more advantageous to us the health care and support we got from MECDA organization because orphan and vulnerable children can get supports like health services (which have a great contribution to our healthiest)".

In addition, the Key Informant VI (2021) added that the MECDA also gives a good referral to OVC into different health centers and hospitals particularly with Sirti health Station and Fiche hospitals. Even the organization can refer their clients up to outside countries by covering all expenses (Key Informant VI, 2021).

4.6. Challenges Faced by MECDA

A Key Informant V (2021) elaborated as already known when someone performed any work different challenges may be occur in that work. As a result, this study shows this reality clearly. This means the study has revealed different challenges of MECDA faced in its work processes. Among them the major ones are stigma and discrimination faced by the beneficiary

children, parents sickness/death, weak coordination and network among MECDA and other NGOs, educational challenges, health service challenges, lack of trained manpower, family poverty, an imbalance between the care provided and the number of the care seekers and dependency syndrome are the main that this research recognized. And then be elaborated one by one in detail hereunder.

4.6.1. Stigma and Discrimination Faced by the Beneficiary Children

This study found out that stigma is a cancer that stifles prevention, care, and support for OVC. According to Key Informant Interview I (2021), the main challenges faced by MECDA per the findings of the study are; stigma and discrimination faced by the beneficiary children. This means as it is already known in our countries stigma and discrimination remain a challenge, especially around OVC. Because, children are largely discriminated against, as individuals and as a group, because they are not listened to and less weight is attached to the views that they can express especially in the communities they are life. Also, the study identified that some orphans and vulnerable children were stigmatized and discriminated against by students at school and in the neighborhood, especially from their peers.

An in-depth interviewee participant who are caregiver-2(2021) strengthened this idea by explaining the issue related to stigma as the following:

> Some orphan and vulnerable children who were being served in this organization that are being stigmatized by other community members and these affected them psychologically. For instance, they were being referred to us children who rely on hand outs and tend to avoid being enrolled in different programs for fear of being stigmatized in the community (caregiver-2, 2021).

Key Informant Interviewee II (2021) to strengthen this idea he added his ideas by explaining the issue related to stigma and discrimination as the following:

> Many parties of the community assume the majority of OVC infected by HIV/AIDS. Hence, stigma and discrimination continue to accompany the HIV/AIDS epidemic. Because children are not immune from stigmatization and in cases of stigma; many children begin to be rejected early as their parents fall ill with AIDS. And also some children may be teased because their parents have

AIDS, while others may lose their friend's relationship because it is assumed that proximity can spread the virus. On the other hand, this is not restricted to individuals who are infected but affects their families as well. Children from HIV/AIDS-affected households report experiencing stigma and discrimination on many levels and in all aspects of their lives (Key Informant II, Male, Age, 39).

In addition, as the Key Informant V elaborates (2021), even children who are not HIV-positive may find themselves rejected and alone. This only adds to the feelings of anger, sadness, and hopelessness that they may feel after witnessing their parents slowly and painfully die. As well as discrimination at schools, in health services, and other institutions compromise their rights and frequently limit their access to opportunities and benefits. However, our organization gives different awareness for different parties of the community on this issue as this perspective is minimized from time to time. But, it remains a challenge for this organization till now.

4.6.2. Parent Sickness/Death

According to this study revealed another challenge faced this organization which is parent sickness/death. This means there are various reasons for the emergence of the high amount of OVC recorded which was characterized by the loss of parents which is father or mother or both (which is this increases loads on MECDA works).

According to a key informant interview V (2021) explains the loss of a parent(s) can affect the psychological and physical development of an OVC. Additionally, a key informant I (2021) strengthens this idea by explaining the following one:

In many ways, parental death can affect various aspects of a growing child's development especially OVC which hasn't enough care and supports. Hence, the loss of a father or mother can result in loss of shelter, school drop-out or non-enrolment in school, poor health outcomes, malnutrition, abuse, and stigmatization which our organization deals with to solve these problems from the root. But, to come out from this problem of OVC remains a challenge (Key informant, Male, Age 29).

An in-depth interviewee participant who are caregiver-1(2021) strengthened this idea by explaining the issue related to parent sickness/death as the following:

> Many times the death of parents is often uncertain. So, these deaths of a parent
> during childhood represent one of the most profound losses to be experienced in
> life which is very challenging for OVC in their life. Hence, the deaths of parents
> are very great risks for the OVC situation. This can include increased levels of
> aggression, isolation, anxiety, and depression to OVC than the other children in
> the population or communities. So, this is a challenge faced by the MECDA
> organizations in solving this problem from the root (Caregiver-1, Male, Age, 35).

4.6.3. Lack of Coordination and Network System with other NGOs

According to a key informant I (2021), there is a weak coordination and network among MECDA and other NGOs. This means the NGOs reside in the same catchment area are not cooperatively work with MECDA. Different NGOs are run lonely to give direct need supports for its beneficiaries and to accomplish their work. There is no policy or guides which make MECDA work together cooperatively. On the other hand, this is the cause for weak coordination and lack of network systems among MECDA and other NGOs.

As the Key Informant V elaborates (2021) there is the repetition of the same care and support for the same clients from two or more NGOs. These twice registrations of clients create redundancy of supports for the same clients and this closed the other chances of clients. And also create dependency syndrome in these clients. Because the beneficiaries keep only to receive different supports rather than motivated to change their lives constantly. This usually happens in the targeted area due to weak coordination and lack of network system among MECDA and other NGOs resides there (KII, 2021).

4.6.4. Educational Related Challenges

As the Key Informant I (2021) states the main educational challenges facing their organization include an absence of enough teachers on all subjects. Because of this, they give only on few subjects like Afan Oromo, English and Mathematics, due to this school dropping of OVC is occur.

As a key informant II (2021) states the educational challenges faced by the organization include lack of enough class, because of inflation there is also challenges when they bought educational materials and OVCs are not interested to attend tutorial classes. And also the tutorial class syllabus is not related to their formal education syllabus and their grade level so this is also another educational related challenge (FGD2, 2021).

4.6.5. Health Services Related Challenges

As the Key Informant I (2021). states the main health service-related challenges facing their organization include an absence of their own clinic, lack of health workers, drug shortage, lack of giving advice for OVC, etc… So, health services-related challenges have a great influence on the way of the organization in caring or serving children especially OVC.

According to one of the key informants (Key Informant VI, 2021); the organization has not provided pieces of training on disease prevention to its clients. And the other challenge is the organization haven't adequate health workers which hinders their work on the health issue of OVC as their organization planned its works around this.

According to an in-depth interview II (2021), strengthening this finding as to the following:

> This organization gives different care and supports like access to health services for orphans and vulnerable children. But, the organization faced health services-related challenges. For example, MECDA has no pharmacies. And even there is no enough service of private pharmacies in Sirti town, Jidda woreda and also the absence of its clinic is the other challenge of our organization which hinders their work on this (IDI, II, Male, Age 33).

4.6.6. Lack of Trained Manpower

Handling and taking care and support of children especially OVC who are seropositive requires some kind of expertise and knowledge. But, as this study findings indicated the organizations lack trained manpower, no professional counselor, and not enough social worker and the inadequacy of caregivers which this is the causes for the organization not to accomplish their objective appropriately and nor to satisfy the clients especially OVC as they want or as the organization planned.

4.6.7. Family Poverty Related challenge

According to a key informant I (2021) explains the main challenges faced by MECDA per the findings of the study are; family poverty-related challenges. This means there are various reasons for the emergence of the high amount of OVC recorded which was characterized by the prevalence of instability due to drought and famine, lack of well-equipped healthy materials, challenged by good healthy conditions, extreme poverty, and child labor practices.

As key informant V (2021) elaborates, in the Jidda Woreda population many families' lives below the officially defined absolute poverty line and live in extreme (food) poverty, a standard of living inadequate even for meeting basic nutritional needs, especially for OVC. Or, the families were incapable to feed OVC. As the result, many OVCs are affected by serious nutritional deficiencies. Because of this OVC are at risk for their survival and their physiological and emotional development.

4.6.8. Imbalance between the Cares Provided and the Number of the Care Seekers

According to a key informant I (2021), the other challenges faced by the service or care provider, MECDA in serving the OVC is the imbalance between the care provided and the number of care seekers. The number of care seekers becoming increasing from time to time due to family poverty, parent sickness/death in their environment. Due to this many poor families ask them as their children to include in their holistic service or supports. But, they do not confirm the question of many poor families to include in their holistic service or support, due to shortage of finance or their quota is limited. This means even if there are a high number of care seekers (OVC) in their environment or their woreda they do not accept beyond their plan (Key Informant III, 2021).

4.6.9. Dependency Syndrome (Dependency Attitude of Beneficiary)

Beneficiaries are not fully participated in different educational training and various club activities that help the children to develop their capacity. The children and their parent's attitudes are just to take the material rather than empower themselves to change their lives. This makes it difficult for the effectiveness of the project and also to achieve its objectives (Key Informant V, 2021).

In line with this, some FGD1 participants confirmed that there is a dependency attitude of the beneficiary (OVC). Because OVCs are not motivated themselves in improving their education by themselves. Pieces of evidence from the in-depth interviews participants also strengthen this fact as there is dependency syndrome in some orphans and vulnerable children.

4.7. The Future Prospects of the MECDA on the Providing Care and Support for OVC

This study has identified various future prospects or opportunities of the MECDA in providing care/services or supports to orphans and vulnerable children by employing qualitative methods. Among some existing potential opportunities or prospects are included community acceptance and supports, availability of funds for the care and support program, government policy/program support, continuity (sustainability) of the program, adoption of supportive policies, and collaborations across the care sectors are the main that this research identified and then be elaborated in detail hereunder.

4.7.1. Community Acceptance and Supports

This study has identified community acceptance and supports as the future prospects of the MECDA in providing care/services and supports to orphans and vulnerable children. Key informant interview II (2021) explained that the communities around MECDA organization consider this organization as their resource. Because the children directly, family and communities around this project indirectly served from this organization in different ways.

According to Key Informant III (2021), this finding is strengthening as the following:
> This organization gives different care and supports for orphans and vulnerable children. Even though it gives different care and supports for orphan and vulnerable children, it solved some problems from family and country. These children are fostered and became the hope for their country. Because of this community acceptance and supports are becoming increase from time to time. This means these communities received this organization as their resource (Key Informant III, male, age 35).

However, Key Informant Interviewee I (2021) elaborated that there are unacceptability of the care program and support by the community, especially in the previous years. Because

different parts of communities think as the organization teaches about the religions. But, now this situation has become changing somewhat. Key Informant Interviewee V (2021) strengthened this idea by explaining the previous perspective of communities as the following:

> The different parts of communities have some perspective issues. This means different parts of communities think as the organization teaches about the religions. And also think as this organization came to expand protestant religion in Ethiopia. Due to this reason, they receive this organization as they change the religion of their children. But the reality is not this; instead, they give different care/services and supports for their children in different holistic services (Key Informant V, Male, Age 31).

4.7.2. Availability of Funds for the Care and Support Program

Key Informant Interviewee I (2021), strength this finding as, there are also other prospects/ opportunities for this organization that there is the availability of funds for the care and support program. For instance, there are different sources of sponsorship for this organization to accomplish its objectives. Even there are different gifts that come from different sponsors for many children many times as Key Informant V (2021) stated.

In line with this some FGD1, confirmed that as there is the availability of funds for the care and support program due to the increment of different donors for the MECDA project. Even the donors sometimes sent money as a gift for many children individually. Evidence from the in-depth interview participants also strengthens this fact by being told to the researcher.

4.7.3. Government Policy/Program Support

The other prospects of the organization this study revealed are government policy/program support. The government design many strategies and programs that are suitable to support for OVCs. This means the government of Ethiopia has formulated policies and guidelines that specify the standard of the service provided to orphan and vulnerable children, the roles and responsibilities of stakeholders participate in giving service and support for these children as the Key Informant I (2021) described.   This shows as the government gives due attention to these parties of communities (OVCs).

Additionally, a key informant interviewee V (2021) explains in many countries of the world today, supports and care become a component of social policy, and that the provision of care is integrated into countries' social protection schemes and policies. This reality also occurs in Ethiopia. Generally, under the regime of the government of the Federal Republic of Ethiopia, there are various laws and policies enacted to address the matter or problems of OVC. Hence this can help them as a good opportunity to run their works continuously.

As Key Informant Interviewee I (2021), there are different government policy/program supports which help as the prospects of their organization. For instance, Standard Service Delivery Guidelines for orphan and vulnerable children developed by Ministry of Women, Children & Youth Affairs (2010), etc… These indirectly help and smooth works and good future opportunities for accomplishing objectives. Because on those guidelines it specifies the standard of service and also it puts role and responsibilities of NGOs.

4.7.4. Continuity (Sustainability) of the Program

According to the data obtained from the Key Informant via an in-depth interviewee, the continuity (sustainability) of the program is other prospects/opportunities of their organization. For example, the situation of this project has continuity or sustainability, because there are many sponsors the budget for the holistic supports and care services they give for OVC and many stakeholders who helped them in many directions.

Additionally, a key informant interviewee V (2021) elaborates as it is already known the issue of children especially OVC became a great issue or agenda for the world and also for Ethiopia. Hence the government of Ethiopia designs many strategies and a policy concerning the issue of children's and implemented it works. Directly or indirectly these strategies and policies designed by the government have a great contribution for organization to ensure its sustainability. This means it is a good opportunity for their work.

4.7.5. Adoption of Supportive Policies

This study has identified the adoption of supportive policies as a good some existing potential opportunities or prospects of the MECDA in providing care/services and supports to orphans and vulnerable children for the future. A key informant interviewee II (2021), stated that

if the organization utilize the adoption of supportive policies, it simplified work and opens new chances for other OVCs, and helps as the future opportunities for the organization.

4.7.6. Collaborations across the Care Sector

The other findings of this study are collaborations across the care sector, as some existing potential opportunities or prospects of the MECDA in providing care/services and support to orphans and vulnerable children for the future. For instance, the Key Informant I (2021) stated that there is a good collaboration across the governmental sectors like office of women, children & youth affairs, police office, labor, and social affairs office, peace office, prosecutor, government communication, etc…

According to Key Informant II (2021), this finding is strengthening as the following:

> The collaborations them have with different government sectors are very good and have many contributions to MECDA works. This can be taken as good opportunities or prospects for their organization in giving different holistic care/services in the future for OVCs. For instance, the porganization worked with different governmental sectors like the government communication office many times. This government communication office makes as MECDA work gets media coverage by transfer on media what MECDA are done or giving different holistic care/services and supports for OVCs (Key Informant II, Male, Age 39).

CHAPTER FIVE: DISCUSSION

This chapter has focused on the discussion with previous study results. This study aimed to explore the care and supports of the organization, MECDA, to OVCs.

To answer the first research question the analysis was held on the available care and supports are being provided by MECDA to OVCs. Ethiopia has ratified the United Nations Convention on the rights of the child. According to the Convention and the proclamation number: 10/1992 of the country, Ethiopia has a legal and moral obligation to protect the rise of children, which includes providing basic necessities and care and supports like food, clothing, and shelter, education which most orphans and vulnerable children are deprived of (Tacon 1991 cited in Fisseha, 2019). Therefore, this supports my finding of the MECDA organization provides food and nutrition provision, cloth, shoe, health services, counseling, educational supports, recreational and sport in the study area reported by KII, IDI, FGD's participants and in line with my findings.

On the other hand, according to the Standard Service Delivery Guidelines for orphan and vulnerable children in Ethiopia, where the document contains seven core care, supports and service areas which include shelter and care, economic strengthening, legal protection, health care, psychosocial support, education, and food and nutrition (Ministry of Women's,Cheldren and Youth Affairs, 2010). As the study findings revealed, MECDA has been trying to provide care and supports for the OVC as per the above-mentioned guidelines. During the key informant interviews, the interviewees described that the organization is working on care and support areas which include food and nutrition provision, provision of clothing, shelter, health services, educational supports, counseling, and psychosocial and etc... The study conducted by Aster G. (2020) is also consistent with my findings.

According to the study undertaken in 2021, the common nutritional problems in Ethiopia describe malnutrition as a major public health problem in many developing countries. It is one of the main health problems facing OVC in Ethiopia. (IDA), vitamin A deficiency (VAD), and iodine deficiency disorder (IDD). So food and nutrition provision by MECDA aims to ensure that orphans and vulnerable children have access to similar nutritional resources as other children in their environment and communities. Based on the analyzed data result, the OVC children got

adequate food and nutrition as other children in the community. Thus the result of this study showed that MECDA is highly involved in ensuring food security for the beneficiary to minimize food and malnourishment problems of OVCs and also there is a great change or improvement in the lives of OVC. Key informant interviewee, in-depth interviewee, and FGD1 are also confirmed that there is adequate food and the provision of additional food and supports has also a great impact or change on OCVs.

The other care and supports, or services provided by MECDA are the provision of different types of clothes that aimed to address the needs of OVCs of clothing. However, as my finding indicates when the organization bought clothes for OVC there is a problem that is based on quantity rather than quality of it.

Tewhasom G. (2013 as cited in Fisseha, (2019) assessed orphan and vulnerable children educational supports in Gobena Children Care and Development Organization and found out that due to the provision of school uniforms, free textbooks, and school fees, and other educational supports the quality of educational service improved. This is also consistent with my finding whereas the additional care and support, and service which has the main change in addressing the problems of OVCs found in this study is access to educational materials which include provisions of school uniforms, stationery materials, textbooks, and school bags and as well as tutorial study classes and library services are measured in success to enhance OVCs students. In addition, there is also the provision of practice-based educational support.

The MECDA also play a great role in access to health service for their beneficiaries which make the good status of health for OVC. For example, assessment for the malnutrition children, the eye-checkup service, medical and pharmaceutical expenses coverage, and its referral system and giving additional food for concerned OVC.

My finding also identified practical approaches that were followed by the organization in caring, supporting, and serving the OVCs which include strength-based, family-based approach and case conference approach. These approaches are directly connected with the procedures the organization would employ to come up with their works systematically and easily, which serve them to accomplish their objectives in a good manner or as planned.

According to RAAAP Report (2005), in Ethiopia, NGOs are significantly involved in providing different types of care and support to OVCs and promoting their rights, but their role is constrained/challenged by their partial reach, low capacity in terms of funds, and human resources, lack of guidelines on the support of OVCs, lack of forums and networks among them, and considerable deficits in the areas of psycho-social care and supports. So, this study also identified some challenges MECDA faced in its works.

But, my findings and Fisseha (2019) findings on challenges of the organization faced are somewhat similar or consistent. However, there are some differences in some subthemes. For example, Fisseha (2019) findings on challenges of the organization faced not incorporate subthemes like stigma and discrimination faced by the beneficiary children, family poverty, parents sickness/death, an imbalance between the care provided and the number of care seekers, dependency syndrome. On the other hand, my findings on challenges of the organization faced did not indicate subthemes like collaborations across the care sector and economic and financial challenges, etc…

Generally, my study recognized the challenges of organization faced which include- stigma and discrimination faced by the beneficiary children; parents sickness/death; weak coordination and networking system among NGOs reside in the same catchment area; educational challenges; health service challenges; lack of trained manpoewr; family poverty; imbalance between the care provided and the number of the care seekers and dependency syndrome which are the main challenges that the organization faced in providing of its care, support, and services to OVCs.

According, to Afework Tsegaye (2013) the major challenges for orphans and vulnerable children's continuing lack of access to schooling are: additional costs of education, inability to go to school full-time, and lack of educational capacity, similarly, my study indicate the educational challenge has faced the organization due to absence of enough teachers on all subjects, absence of enough class, because of inflation there is also challenges when MECDA bought educational materials, school dropping and OVCs are not interested to attend tutorial classes. The information gained from FGD2 participants supported this finding as well. Lastly, an imbalance between the care provided and the number of care seekers, dependency syndrome, and inadequate skilled social workers are the others challenge that the organization has faced.

There are different opportunities in the provision of supports and care which includes the adoption of supportive policies, provision of care in populations, collaborations across the care sector, cooperative movement, coordination of care (Matthew L, 2017), similarly, my study also indicated or identified some existing potential opportunities or prospects of the organization (MECDA) in providing the care/services and supports.

This study has shown community acceptance and supports as the future prospects or opportunities of the MECDA in providing care/services and supports to orphans and vulnerable children. Hence, the communities around this project consider this organization as their resource. Because the children directly and family and communities around this project indirectly served from this organization in different ways.

In supports and care may collaborate with a variety of actors to enhance their service delivery and reach, as well as leverage costs and resources (Conaty, 2014; Ifateyo & Nangwaya, 2016; Borzaga & Santuari, 2004). Similarly, this study also showed collaborations across the care sector as opportunities for MECDA. Because as the findings of the study indicate the collaborations MECDA has with different governmental sectors are very good and have many contributions to run their works smoothly and to accomplish their objectives.

And the other this study identified as some existing potential opportunities or prospects of the organization (MECDA) in providing the care/services and supports are includes the availability of funds for the care and support program, government policy/program support, continuity (sustainability) of the program and adoption of supportive policies. Those prospects or opportunities are very important for this organization and will help to accomplish their objectives as wanted and planned.

CHAPTER SIX

6. CONCLUSION, IMPLICATIONS AND RECOMMENDATION

6.1. Conclusion

This section has focused on the conclusion of the study result depending on research questions. In concluding my research, I shall look at the themes that this study intended to, i.e., the available care and supports, and services provided to OVCs; practice models employed by the organization to deliver the care and supports; challenges faced by MECDA in the provision of the intended care and supports and existing some potential opportunities or prospects for care and supports in addressing the problems of OVCs.

The first theme is regarding the available care and supports, and services provided to OVCs by MECDA. So concerning this the organization provided to OVCs, there are different core care and support, and care service which include the food and nutrition provision, shelter and care, recreational and sport services, social and legal protections, health care, educational supports, and psychosocial support.

The other major theme is concerning the practice models employed by the organization to deliver care and supports for OVC. The organization employed or utilized those practice models to run their work easily and to overcome their objectives in a good manner. Therefore, different practical approaches are implemented or utilized by the organization MECDA which includes strength-based, family-based approach, and case conference approach.

The third theme is about the challenges faced by MECDA in the provision of the intended care and supports for their beneficiaries particularly OVC children. Hence, in the provision of the intended care and supports, stigma and discrimination faced by the beneficiary children, parents sickness/death, weak coordination and network among MECDA and another NGOs, educational challenges, health service challenges, lack of trained manpower, family poverty, an imbalance between the care provided and the number of the care seekers and dependency syndrome are the main challenges faced by MECDA.

The last, not the list theme is on the subject of the existing potential opportunities or prospects for care and supports in addressing the problems or needs of OVCs. And so, the study has revealed some existing potential opportunities or prospects of the organization (MECDA) in providing the care and supports are include community acceptance and supports, availability of funds for the care and support program, government policy/program support, continuity (sustainability) of the program, adoption of supportive policies and collaborations across the care sector. Those prospects or opportunities are very important for this organization and will help to accomplish their objectives as wanted or as planned.

6.2. Implication of the Study

Based on the results of this study, implications for Policy, Practice, Education, and further study are recommended by the researcher as follows one by one.

6.2.1. Implication for Policy

The study found that the existence of care and support/service duplication with different NGOs existing in the same catchment area and MECDA. Social workers can play the role of policy advocates to regulate such care and service wastage and redundancy between different NGOs. There should be a policy that makes it easy as the government and the nongovernmental organization especially MECDA and other NGOs works cooperatively and jointly on the issue of OVC.

In beneficiary eligibility criteria, the organization policy should be readjusted to include the exclusion of disabled children. Hence, social workers can assist the organization in the reformulation of its policy for its clients. The issue related to care and supports is sensitive to ensure the interest of OVC and also to implement the laws of child rights that are signed and ratified by our country to discharge its responsibility. Therefore, this issue is not only the concern of one sector due to this a lot is expected from governmental organizations, non-governmental organizations.

6.2.2. Implication for Practice

The social work profession promotes social change, problem-solving in human relationships, and empowerment and liberation of people to enhance well-being, utilizing

theories of human behavior and social systems. Social work intervenes at the points where people interact with their environments. So, social workers in the MECDA tries to address its professional obligation to protect children from any form of discrimination and to take positive action to promote their rights and that all decisions taken by states and other organizations regarding the care and protection of children should be in the child's best interests, to help these OVC to change their condition. Because working with the marginalized, underprivileged, and vulnerable groups like OVCs, is a concern of the social work profession.

The MECDA when bought clothes should be based on quality rather than quantity. Because the findings of this study indicate as there is a problem around this. So this needs immediate improvement.

The organization (MECDA) should improve or repair instruments of sports area which is not comfortable. Because according to the FGD2 participants explained some of the sports instruments are coming out of works. For example, sports instruments like *shertete, shuwashue, and zorishii* are already broken.

NGOs and social workers should raise more awareness of orphan and vulnerable children at all levels through advocacy and social mobilization.

6.2.3. Implication for Social Work Education

People have the expertise in their own lives and situations. Therefore to exploring care and supports for OVC by NGOs needs special professional knowledge which indicates implications for education to successfully address the multifaceted problems of these orphan and vulnerable children.

To fill the organization's skilled manpower gaps, it is good if the organization works in partnership with different universities, especially Salale University which is located in the study area (in that Zone) should incorporate in their annual plan to give different pieces of training for MECDA staff to capacitate them on their works and to solve the problem of lack of professionalism.

Social workers can play the role of community educator so as to raise community members'' awareness regarding the role of education for orhan and vulnerable children. Above

all, curriculum can be developed to mentor children in order to enhance their school performance.

6.2.4. Implication for Further Study

This study helps as a base for further multi-disciplinary study in each of these challenges and prospects of care and supports for OVC by NGOs in the study area, particularly on psychosocial services, social and legal protections, emotional and social needs, and other related services. And also this research helps another researcher as a reference for further studies.

6.3. Recommendation

The study recommended that the selection criteria should be given due considerations to involve the beneficiaries of the MECDA in order to make it fair. Hence, various stakeholders like community elders, kebele administrators and staff of the MECDA should take part in screening orphan and vulnerable children for service so as to make the service fair and responsive to the needs of the orphan andvulnerable segment of the study area.

The study recommended overlapping different NGOs with MECDA in the vicinity need to be investigated and needs policy revision. NGOs, government agencies should increase the access of orphan and vulnerable children to essential services (health, education, nutrition, medical, shelter, and psycho-social). Following the Standard Service Delivery Guidelines for OVC.

The study recommends the concerned government bodies should regulate and supervise related MECDA activities/deliverables to avoid project duplication/methodology and overlapping of MECDA and should design an effective system that helps them harmonizing implementation. Moreover, the MECDA has to shift from the conventional needs-based approach to the asset-based community development in order to bring a sustainable impact on the lives of its beneficiaries. The MECDA needs to identify the resource and capacities of the beneficiaries rather than emphasizing on their problems. The MECDA needs to minimize the tendency of long-term support so as to reduce dependency of the beneficiaries on the program.

References

Abebe, T (2017) Orphanhood, Poverty and the Care Dilemma: Review of Global Policy Trends. Journal of Social work and Society International Online Journal Vol, 15 No (2)

AfeworkTsegaye, A. (2013). *A Comparative Study of Psychological Wellbeing between Orphan and Non-orphan Children in Addis Ababa: The Case of Three Selected Schools in Yeka Sub-city.* Addis Ababa University Press

Alan, B. (2012). Social Research Methods 4th Edition.

AlemBekele. (2014). *The Intervention Practices and Challenges of Orphan Children: The Case of Marcato Child and Family Charitable Society.* Addis Ababa: Addis Ababa University Press.

Alem, S. K. (2020). Investigating Psychosocial Problems of Orphan Children in Primary School Journal of *Pedagogical Research, 4*(1), 46-56

Anthony H. (2015). Perspectives for social protection in West and Central Africa

Aster G.(2020). Vulnerable Children Care Provisioning by ET-500 Child Development Project of the Ethiopian Evangelical Church MekaneYesus.Addis Ababa University.

Bennell P, Hyde K, &Swainson N,(2002) The impact of the HIV/AIDS epidemic on the education sector in sub-Saharan Africa: A synthesis of the findings and recommendations of three country studies. Brighton: Centre for International Education, University of Sussex.

Barr, N. (2012). Economics of the Welfare State (5th ed.), Oxford: Oxford University Press.

Bass, J. (2012). Livelihoods and Food Security Technical Assistance, p, 1. Arlington. FHI360

Brigitte N. (2008). Perception of Support Provided to Orphan Children in Foster Care Placement in an Urban Setting of Windhoek (Namibia).

Bruce L. Berg. (2001). *Qualitative Research Methods for the Social Sciences* 4th edition, California State University, Long Beach.

Catriona K., (2008). Supporting children and families facing the death of a parent: part 1

Chijere, C. W. (2002). Social Exclusion and Inclusion; Challenges to orphan Care in Malawi, *Journal of African Studies 11*(1):93-113.

Creswell, J. (2007). Second Edition Qualitative Research Design Choosing Among Five Approaches. 399. https://www.academia.edu/33813052/SecondEdition Qualitative Inquiry

and Research DesignChoosingAmongFiveApproaches

Creswell, J. (2009). Research Design Qualitative, Quantitative, and Mixed Methods Approaches. Third Edition. 20(2), 127–133. https://doi.org/10.1080/14675980902922143

Creswell, J. (2013). Qualitative Inquiry and Research Design. Choosing Among Five Approaches (Third Edit). SAGE.

Creswell, J. (2014). Research Design Qualitative, Quantitative, Mixed Methods Approaches. (Fourth Edi). SAGE.

Creswell, J. (2018). Qualitative Inquiry Research Design Choosing Among Five Approach. Fourth Edition.

CRS Report (2005). AIDS Orphans and Vulnerable Children (OVC): Problems, Responses, and Issues for Congress. Order Code RL32252

Dagne, N. (2017). *An Assessment of Challenges and Opportunities of Ethiopian Charities* Addis Ababa: Addis Ababa University Press.

Department of Education and Early Childhood Development(2012). Strength-based approach A guide to writing Transition Learning and Development Statements.

Department of Health and Social Care (2019).Strengths-based approach: Practice Framework and Practice Handbook. Published February 2019

Eeuwijk, P. Van, &Zuzana, A. (2017). How to Conduct a Focus Group Discussion (FGD) Methodological Manual By Peter van Eeuwijk and Zuzanna Angehrn.

Family Health International. (2010). Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutionalization.

FDRE. 2012. Combined 4th and 5th Periodic Reports of the Federal Democratic Republic of Ethiopia to the United Nation Committee on the Rights of Child (2006-2011)

Firafis D. & Nega J. (2017). Challenges of Orphan Caregiver Families in Jimma Town, Oromia/Ethiopia

Foster G, &Williamson J. (2000) A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa. AIDS 2000;14 suppl 3:S275-84.

Gemechu S, Lemi B. and Dereje T. (2018). Prevalence of Depression and Its Associated Factors among Orphan Children in Orphanages in Ilu Abba Bor Zone, South West Ethiopia

Gudina, A., Nega, J. & Tariku, A. (2014).The situation of orphans and vulnerable children: Jimma, Ethiopia: August 25, 2014 from http://www.academic journals.org/ IJSA.

Hana Tarrekegn. (2014). *Psychosocial Problems and Coping Mechanisms of HIV/AIDS Orphans in Hana Orphans Home.*Addis Ababa: Addis Ababa University Press.

Huysamen, G.K. (1994). *Methodology for the Social and Behavioral Sciences*

IPU/UNAIDS/UNDP. (2007). *Taking Action against HIV and AIDS:* Handbook for parliamentarians No. 15/2007. Switzerland: p 147-148

Jacinta M. et al., (2020). Financial Challenges Faced By Caregivers of Orphans In Kitui Central Sub-County, Kitui County, Kenya

Jeffrey M. (2020). Challenges and support needs of parents and children when a parent is at the end of life: A systematic review

John R., (2015). Challenges of Copying with Orphans and Vulnerable Children at Household Level: A Caregivers Perspective Article · January 2015

John W.(2000).Assessment of the Street Children and Orphans Component of the Pact NGO Sector Enhancement Initiative in Ethiopia.

Krueger,R.A,Morgan,D.L. (1998). *Focus Group Kit* (1-6).Thousand Oaks, Sage Publication.

Kumar & Ranjit. (2005). *Research Methodology-A Step-by-Step Guide for Beginners* (2 ed.). Singapore, Singapore: Pearson Education.

Lauren, M.(2020). *Addressing the Orphan Crisis in Ethiopia*. Retrieved from https://www.extension.harvard.edu/

Matthew L. (2017.Providing Care through Cooperatives Literature Review and Case Studies Geneva: ILO

Maxwell, J. A. (2018). Qualitative Study. January 2012.

Maureen C. et al., (2016). Ethical challenges in research with orphans and vulnerable children: a qualitative study of researcher experiences

Meles, H.(2008). The psychosocial problems of women and girls with fistula Unpublished MA thesis University of Addis Ababa, Ethiopia

Ministry of Women's,Children and Youth Affairs. (2009). Alternative Childcare Guidelines on Community-Based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Service

Monasch, R. and Boerma, J.T. (2004).Orphanhood and childcare patterns in sub-Saharan Africa: An analysis of national surveys from 40 countries. *AIDS* 18(S2): 55–65. Doi: 10.1097/00002030-200406002-00007.

Munn-Giddings, C. and Winter, R., 2013. *A handbook for action research in health and social care.* (New York, Routledge).

Nar, C. (2020). *Orphan Report*. Retrieved from https://insamer.com/en/2020-orphan-report_2928.html

Nina B. et al. (2021). Nutritional status among orphans and vulnerable children aged 6 to 59 months in Addis Ababa, Ethiopia: a community-based cross-sectional study

Olson (1994), marriage and family strength (3rd edition) University of Minnesota

Republic of Namibia Ministry of Education (2008). Education Sector Policy for Orphans & Vulnerable Children

Pulla V. & Kay A. (2016). Response to a strengths-based approach in social work in schools: An Indian School in Dubai. International Social Work

Robert K. (2018).Case Study Research and Applications**:** Design and Methods. Sixth Edition

Rose S. (2003). Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead. ISBN 0-9605196-4-5

Scelza, B.A. and Silk, J.B. (2014). Fosterage as a system of dispersed cooperative breeding: Evidence from the Himba. *Human Nature* 25(4): 448–464.

Shraddha B (2021). Poor linkage to care for HIV-positive OVC with disabled caregivers: a longitudinal study in Tanzania

Sigal, J. J., Perry, J.C., Rossignol, M. and Ouimet, M.C. (2003). Unwanted infants: Psychological and physical consequences of inadequate orphanage care 50 years later. *American Journal of Orthopsychiatry*, 73, 3–12.

Smyke, A. T., Zeanah, C. H., Fox, N. A., Nelson, C. A., & Guthrie, D. (2010). Placement in foster care enhances the quality of attachment among young institutionalized children. *Child Development*, 81(1), 212-223.

Stephen S. & Sofela A. (2019). Efforts at meeting the needs of Orphans and Vulnerable Children in Vulnerable households in selected communities of Nasarawa Eggon LGA of Nasarawa State (An Assessment of Centre for Women Youth and Community Action (NACWYCA-NGOs).

Taylor, E. J., Kagin, J., Filipski, M &Thome, K (2013). Evaluating general equilibrium impacts of Kenya̋s Cash Transfer Programme for Orphans and Vulnerable Children *(CT-OVC)* Department of Agricultural and Resource Economics, University of California, USA Davis FAO of the UN-Rome, Italy

Tesfaye, A., Pankhurst, A.& Gebre, A.(2005). Social responses to HIV/AIDS in Ethiopia: Case studies of commercial sex workers, people living with HIV/AIDS, and Community based burial associations in Addis Ababa. Addis Ababa: OSSREA.

Teresa M. &Jace P. (2016).Educational support for orphans and vulnerable children in primary schools: Challenges and interventions Article · January 2016.

Tewhasom Gebrehiwot. (2013). *Assessment of Orphan and Vulnerable Children Education Support at Abebech Gobena Children Care and Development Organization* Addis Ababa, Ethiopia: Indira Gandhi National Open University.

The St. Petersburg – USA Orphanage Research Team (2005) Characteristics of children, caregivers, and orphanages for young children in St. Petersburg, Russian Federation. *Applied Developmental Psychology, 26*, 477-506

Tower (2002) Understanding child abuse and neglect (5th edition).

Tsegaye Ch. (2001). Overview of Services for Orphans and Vulnerable Children in Ethiopia April 26, 2001

UN (2002).*Children on the brink A joint report on orphan estimates and program strategies* Washington: UNICEF.

UNICEF (2007). Food Security and Nutrition: Meeting the Needs of Orphans and Other Children Affected By HIV and AIDS in Africa

USAID (2001). Care For Orphans, Children Affected By HIV/AIDS And Other Vulnerable Children. A strategic Framework

UNAIDS.(2008). *Global Report*

UNICEF (2008) Children and AIDS: Third stocktaking report.

UNICEF (2013).*Statistics of an orphan in the world*

UNICEF (2016).*The State of the World's Children 2016: Affair chance for every child*

UNICEF (2015). Orphans Retrieved from https://www. unicef.org/media/media_45279.html [Accessed on 23 December 2019].

UNHCR (2011). Field Handbook for the Implementation of UNHCR BID Guidelines

Weiss, MG & Ramakrishna, J. (2004).*Health-related stigma: Rethinking concepts and interventions.* [Online] Available at: http://www.kit.nl/smartsite.shtml?id=2544.

Weinshet W. (2014). The role of social workers and challenges they face in institutional care: the case of SOS children villages, Ethiopia. Indira Gandhi National Open University

Vorria, P., Papaligoura, Z., Dunn, J., van IJzendoorn, M. H., Steele, H., Kontopoulou, A., & Sarafidou, J. (2003). Early experiences and attachment relationships of Greek infants 30 raised in residential group care. *Journal of Child Psychology and Psychiatry, 44,* 1208-1220.

Yemisirach Million. (2015). Contribution and challenges of NGOs in Creating Income: the Case of Economically Vulnerable Families participating in the IGA Program of Ethiopian Catholic Church Medhin Social Center, Addis Ababa. Addis Ababa University Press

Yohannes M. (2006). Community Response to Provision of Care and Support for Orphans and Vulnerable Children, Constraints, Challenges, and Opportunities: The Case of Changi Town, Guangua Woreda

Appendix-1: Questions/Guidelines

Dear Participants

The objective of these questions is to gather information concerning the Care and Supports for Orphans and Vulnerable Children. The information gotten will be used for research purposes only. As a result, your frank and honest responses to each item have practical and valuable significance in the accomplishment of the study.

Contact Address of the Investigator: Dejene Jote Tullu

Tel: +251910674709

Email: dejenejote2020@gmail.com

A. Key informant Interview Guidelines/Questions

Part: I: Personal Information

1) Age: _____

2) Sex: _____

3) Educational status _____

4) Your position in the organization_____

5) Related Experience _____

Part II: Main Questions

2.1. What are the care, supports and services provided by *Mekane Eyesus Children Development Association* (MECDA) for OVCs? Probe: Basic needs(food, clothes, shelter, education, health, counseling…etc)

2.2. What practice models are employed to deliver care and supports to OVCs

2.3. What are the major challenges faced MECDA in care and supporting/serving the OVCs? (Probe: stigma and discrimination faced by the beneficiary children, parent sickness/death, weak coordination and network among NGOs reside in the same catchment area, educational challenges, health service challenges, lack of trained manpower, an imbalance between the care provided and the number of the care seekers, family poverty, dependency syndrome)

2.4. What do you suggest in eradicating the challenges on the way of solving the problems?

2.5. What are the prospects of MECDA in care and supports towards OVCs? (Probe: Community acceptance and supports, availability of funds for the care and support program, government policy/program support, continuity (sustainability) of the program, adoption of supportive policies, collaborations across the care sector, …etc)

2.6. How do you describe the contribution of the organization in addressing OVC problems?

B. In-depth Interview Guidelines/Questions

Part: I: Personal Information

1) Age: _____

2) Sex: _____

3) Educational status _____

4) Your position in the organization_____

5) Related Experience _____

Part II: Main Questions

2.1. What are the care, supports and services being provided by MECDA for OVCs? (Probe: Basic necessities).

2.2. Which services or care is provided as major services?

2.3. What are the major needs of orphan and vulnerable children that are not yet addressed by the care and support provider, MECDA?

2.4. On your observation through providing these cares and supports, what are the major challenges faced by the organization?

2.5. What are your recommendations for better improvements of care and supports towards OVCs?

2.6. What can you say about the contribution of the organization in addressing OVC problems?

C. Focused Group Discussions Guidelines/Questions

Focus Group 1 (Main Points of Discussions) - caregivers

1. What are care, supports and services are provided to a child you are caring for? Describe them? (Basic needs).

2. Which care and supports provided needed further improvement? Explain?

3. What kinds of problems have you observed in providing care and supports to a child?

4. How do you describe the gift of the organization in addressing child problems?

5. What are the prospects of MECDA in the services/supports and care towards OVCs? (Probe: Community acceptance and supports, availability of funds for the care and support program, government policy/program support, continuity (sustainability) of the program, adoption of supportive policies, collaborations across the care sector, coordination of care with different NGOs …etc)

6. How do you describe the contribution of the organization in addressing OVC problems?

Focus Group 2 (Main Points of Discussions) - OVCs

1. What are care, supports and services are provided to you? Probe: Basic needs(food, clothes, shelter, education, health, counseling…etc)

2. Which services and supports provided to you need improvement?

3. What kinds of problems have you observed in providing care and supports to you?

4. How do you describe the contribution of the organization in addressing your and your friends' problems?

D. Observation Checklist/Guidelines

1. Food and Nutrition Provision

2. Clothing, shoes and underwear provision, Shelter and Care Services

3. Health and Counseling and other Psychosocial Services

4. Educational Supports, pieces of training, tutorials and educational support materials, resources provision, Life skill training

5. Recreational and Sport Services

E. Document Review Checklist/Guidelines

1. Reviewing different manuals

2. Program logs

3. Minutes of meetings

4. Reports

Appendex-2: Gaafannoo (Questions)

Kabajamtoota Hirmaattotaa

Kaayyoon gaaffilee kanaa odeeffannoo"Care and Support for Orphans and Vulnerable Children" walqabatu/ilaallatu walitti qabuuf/funaanuufi. Odeeffannoon ani argadhu kun dhimma qorannoo koo qofaaaf oola. Kanaaf, amanamummaa fi sirriitti yoo gaaffilee kana yoo naaf deebistan qorannoo koo xummuruuf kan na hojjechiisuu fi gatii gudddaa kan naaf qabuu dha.

Address Qorataa ittiin qunnaman: Dejene Jote Tullu

Tel: 0910674709

Email: dejenejote2020@gmail.com

A. Gaaffii Key informant Interview'f qophaa'e

Kutaa: I: Odeeffannoo Dhuunfaa

1) Umrii: _____

2) Saala: _____

3) Sadarkaa Barumsaa _____

4) Gita Hojii keessan_____

5) Muuxannoo keessan _____

Kutaa II: Gaaffilee Ijoo (Main Questions)

2.1 Kunuunsa deeggarsaa fi tajaajila dhaabbanni MECDA OVC'f kennu maal fa'i?

> ➤ Nyaata, Uffataalee garaagaraa
> ➤ Iddoo Jireenyaa, Tajaajila fayyaa fi gorsaa
> ➤ Deeggarsa barnootaa fi maateriyaalii barnootaa
> ➤ Iddoowwan bashaannanaa fi ispoortii

2.2 Kunuunsa deeggarsaa fi tajaajila OVC'f kennuuf "practice model" akkamit fayyadamtanii?

2.3 Rakkoolee OVC hiikuu/furuu keessatti gumaata MECDA akkamitti ibsitu?

2.4 Yeroo kunuunsi deeggarsaa fi tajaajilli garaagaraa kun OVC'f kennamu keessatti rakkoolee(challenges) gurguddoon dhaabbaticha qunname maal fa'i?

❖ Maqaa badaa fi qooddii sanyiin walqabatu

❖ Du'aatii fi dhukkubschuu warraa

❖ Qindoominnii fi networkiin NGO naannoo keenyaa waliin qabnu laafaa ta'uu

❖ Rakkoo barnootaa, Rakkoo tajaajila fayyaa

❖ Hanqina human baratee, kennuu,Hiyyummaa maatii

2.5 Yeroo rakkoo kana furamutti rakkoolee mul'atan balleessuu irratti maal jechuu dandeessa?

2.6 Kunuunsa deeggarsaa fi tajaajila dhaabbanni MECDA OVC'f kennu keessatti carraan (opportunity/prosperity) inni gara fuulduraatti qabu maal fa'i?

↳ Fudhatamaa fi deeggarsa uummataa

↳ Fundii gahaan kunuunsaa fi deeggarsa sagantichaaf jiraachuu

↳ Deeggrsa imaammata mootummaa, Itti fufiinsa sagantichaa

↳ Immaammanni deeggarsa guddifachaa jiraachuu

↳ Qindoomina seektara kunuunsa kennan waliin jiru

B. Gaaffii In-depth Interview'f Qophaa'e

Kutaa I: Odeeffannoo Dhuunfaa (Personal Information)

1) Umrii: _____

2) Saala: _____

3) Sdarkaa Barumsaa _____

4) Gita Hojii keessan_____

5) Muuxannoo keessan _____

KutaaII: Gaaffii Ijoo (Main Questions)

2.1 Kunuunsa deeggarsaa fi tajaajila dhaabbanni MECDA OVC'f kennu maal fa'i?

❖ Nyaata, Uffataalee Garaagaraa, Iddoo Jireenyaa

❖ Deeggarsa barnootaa fi materiyaalii barnootaa

❖ Iddoowwan bashaannanaa fi ispoortii, Tajaajila gorsaa fi fayyaa

2.2 Tajaajila ykn kunuunsa deeggarsaa kamtu irra guddinaan kennama?

2.3 Mee tajaajila ykn kunuunsa deeggarsaa dhaabbata MECDAn OVCf kennamu keessa kamtu quubsaa/gahaa akka ta'ee fi hin taane ibsaa?

2.4 Tajaajila ykn kunuunsa deeggarsaa dhaabbata MECDAn kennamu keessaa fedhii guddaa daa'immanii hanga ammaatti kan hin furre ykn kan hin guunne isa kami?

2.5 Yeroo kunuunsi deeggarsaa fi tajaajilli garaagaraa kun kennamu akka argitanitti rakkoolee (challenges) gurguddoon dhaabbaticha qunname maal fa'i?

- ❖ Maqaa badaa fi qooddii sanyiin walqabatu
- ❖ Du'aatii fi dhukkubschuu warraa
- ❖ Qindoominnii fi networkiin NGO naannoo keenyaa waliin qabnu laafaa ta'uu, Rakkoo barnootaa, Rakkoo tajaajila fayyaa
- ❖ Hanqina human leenji'e, Hiyyummaa maatii,Kunuunsi kennamuu fi lakkoofsi kunuunsa barbaadanii walgituu dhabuu
- ❖ Hiyyummaa maatii

2.6 Kunuunsi ykn tajaajilli dhaabbatichaan OVC'f kennamu irra caalatti akka fooyya'uuf maal dhaamta?

C.Gaaffii FGD (Marii Garee)

Garee 1 (Qabxii Marii Ijoo) - (Obboleewwan, Kunuunsitoota, firoota) OVC kunuunsuf warra dirqma qaban

1. Kunuunsi deeggarsaa fi tajaajilli dhaabbanni MECDA daa'imman ati kunuunsituuf kennu maal fa'i?
    - ❖ Nyaata, Uffataalee Garaagaraa
    - ❖ Iddoo Jireenyaa
    - ❖ Deeggarsa barnootaa fi materiyaalii barnootaa
    - ❖ Iddoowwan bashaannanaa fi ispoortii
    - ❖ Tajaajila gorsaa fi fayyaa

2. Tajaajila ykn kunuunsa deeggarsaa kennamu keessaa kamtu irra caalaa fooyya'iinsa barbaachisa? Ibsa mee?

3. Kunuunsa daa'immaniif godhamu/kennamu kana keessatti gosa rakkoo akkamiit argitan?

4. Rakkoolee daa'immanii hiikuu/furuu keessatti gumaata MECDA akkamitti ibsitu?

5. Gumaata OVCf godhamu kana akkamitti ibsita?

6. Kunuunsa deeggarsaa fi tajaajila dhaabbanni MECDA OVC'f kennu keessatti carraan (opportunity/prosperity) inni gara fuulduraatti qabu maal fa'i?

- Fudhatamaa fi deeggarsa uummataa
- Fundii gahaan kunuunsaa fi deeggarsa sagantichaaf jiraachuu
- Deeggrsa imaammata mootummaa, Itti fufiinsa sagantichaa
- Immaammanni deeggarsa guddifachaa jiraachuu
- Qindoomina seektara kunuunsa kennan waliin jiru

Garee: 2 (Focus Group 2) (Qabxii Marii Ijoo) - OVCs waggaa 10 ol

1 Kunuunsi deeggarsaa fi tajaajilli dhaabbanni MECDA isiniif kennu maal fa'i?

- ❖ Nyaata, Uffataalee Garaagaraa, Iddoo Jireenyaa
- ❖ Deeggarsa barnootaa fi materiyaalii barnootaa
- ❖ Iddoowwan bashaannanaa fi ispoortii
- ❖ Tajaajila gorsaa fi fayyaa

2. Tajaajila ykn kunuunsa deeggarsaa isiniif kennamaa jiru keessaa isa kamtu quubsaa ykn gahaa dha? Ibsa mee?

3. Kunuunsa deeggarsaa isiniif godhamaa/kennamaa jiru keessaa isa kamtu fooyya'iinsa barbaada?

4. Rakkoolee keetii fi hiriyaa keetii hiikuu ykn furuu keessatti gumaata MECDA akkamitti ibsita?

Consent Form for Participants of the Study

JIMMA UNIVERSITY

DEPARTMENT OF SOCIAL WORK POST GRADUATE STUDY PROGRAM

The consent form often requires that specific elements be included, such as the following:

- The right of participants to voluntarily withdraw from the study at any time
- The central purpose of the study and the procedures used in data collection
- The protection of the confidentiality of the respondents
- The known risks associated with participation in the study
- The expected benefits to accrue to the participants in the study
- The signature of the participant as well as the researcher (Creswell, 2018). Accordingly, I used the following consent form.

Consent Form for Research Participants

Research Title: "Care and Support for Orphans and Vulnerable Children: The Case of Mekane Eyesus Children Development Association in Sirti Town, Jidda Woreda".
 Researcher Information: Name: Dejene Jote

Tel. +251910674709

Email:dejenejote2020@gmail.com

Purpose of the Study: The purpose of this study was to "Care and Support for Orphans and Vulnerable Children: The Case of Mekane Eyesus Children Development Association in Sirti Town, Jidda Woreda". I do this research to Submit to the Graduate Programs of Jimma University in Partial Fulfillment of the Requirements for the Degree of Masters' in Social Work.

 This study was not being possible without your participation and partnership because the information that you provide was used in developing knowledge in the area. Therefore, I kindly request your participation so that you can provide me important information for the success of my research.

Confidentiality and consent

I may ask you some personal questions and I am not going to talk to anyone about what you tell me. Your answers are completely confidential. You do not have to answer any question that you do not want to answer, and you may end this interview at any time you want. However, your honest answer to these questions will help me better understand in "Care and support for Orphans and Vulnerable Children: The Case of Mekane Eyesus Children Development Association in Sirti Town, Jidda Woreda". I would greatly appreciate your help in responding to this study.

Would you be willing to participate?

Signature of interviewer_____

Signature of interviewee_____