



JIMMA UNIVERSITY

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

M.A (SPECIALIZATION SOCIAL POLICY)

The Role of Community Based Organizations in Solving Socio-Economic Problems of Orphan And Vulnerable Children The Case of Selected Idirs In Jimma City.

By Abiy Mengistu

MA Thesis Submitted to the Department of Sociology for Partial Fulfillment of Masters of Arts in Sociology

December, 2020

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Declaration

I declared that the thesis entitled as: **The contribution of community based organization in solving socio-economic problems of orphan and vulnerable children: the case of selected Iddirs in Jimma city** submitted in partial fulfillment of the requirements for the Degree of Master of Arts in Sociology (Specialization in Social Policy) complies with regulation of the University and meets the accepted standards concerning the originality and quality.

Approved by:

_____ Advisor	_____ Signature	_____ Date
_____ Co-Advisor	_____ Signature	_____ Date
_____ Internal Examiner	_____ Signature	_____ Date
_____ External Examiner	_____ Signature	_____ Date

Abstract

This study was intended to describe the contribution of Iddir in solving socio-economic problems of orphans and vulnerable children in Jimma city. The study relied on qualitative research approach. Qualitative methods of data collection such as focus group discussion, in-depth interview and key informant interview were used to collect data. Document review was also used to review data from available reports and previous assessments. The results of study revealed that orphans are vulnerable to different socio-economic problems. Orphans are living on street and verandah of city's residents where they are suffering from sun and cold. Children, because they lost their families have no people to help them. Children are unable to afford food and clothes. Children are facing health, housing, lack of access to education. Study also illustrated that OVCs students are suffering psycho-social discrimination in home, communities and in school. Iddir though unable to resolve the problems of OVCs provide different services to overcome their problem. Iddirs are supporting those orphan and vulnerable children at different levels. Iddirs support OVCs at home and out of home. Beyond material services Iddirs give psycho-social supports for orphan and vulnerable students. Iddir helps those needy children to go school. They provide various educational materials, and guidance and counseling services. Iddirs have different rules of the game and institutions to intervene to resolve the problem those OVCs are facing. Iddirs while providing services for those needy students face different socio-economic and institutional challenges. Lack of encouragement and absence of network to work in collaboration with different governmental offices are among the main problem. Various sources from where Iddirs get resources to help OVCs are weakening. The study has recommended that all government entities and other stakeholders should have to build strong cooperation and coordination in solving the problems of OVCs in a comprehensive manner.

Key words: CBOs, Contribution, Iddirs, Socio-economic, OVCs, Jimma, Ethiopia.

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ACRONOMOUS

CBO: Community Based Organizations

CRC: Children’s Right Convention

CSA: Central Statistics Agency

FDRE: Federal Democratic Republic Of Ethiopia

FGD Focus Group Discussion

FHAPCO: HIV/AIDS Prevention and Control Office

GO: Governmental Organization

JeCDo: Jerusalem child Development Organization

MWYCA: Women, Youth and Children Affair

NGO: Non-Governmental Organization

OVC: Orphans and vulnerable children

PEPFAR: President’s Emergency Plan for AIDS Relief

UNCRC: United Nation Convention on the Right of Children

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNICEF: United Nations Children’s Fund

USAID: United States Agency for International Development

WHO: World Health Organizations

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Human being is known with their culture of mutualistic relation and supportive which is naturally endowed character. According to save the children (2014) communities play a crucial role in children's development and well-being and in their own development. By providing the social, cultural and organizational support structures and services closest to families and children. They also establish social norms and make decisions on how to allocate and manage their resources and address challenges that affect their members. There are different features of society in which these social relations are manifested for common good. These social relations and interactions depend on the existing social realities like; values, culture, norms, economic, religion, political and other realities. Based on the existing instances different social, cultural, religious institutions can be formed. From these, Community Based Organizations (CBOs) are the major ones which have invaluable impacts in a given society (Abegunde 2009, as cited in Dereje, 2017). The same author argues community based organizations (CBOs) are increasingly being presented as vehicles for development and most Non-Governmental Organizations (NGOs) and development aid agencies are keen to show that they are working with CBOs as a demonstration of local ownership of development initiatives by the recipient communities. The CBOs are also presented as a means to mobilize and organize local communities for participation in development of their own communities. Working with CBOs is seen by development aid agencies as a guarantee of sustainability of community development initiatives.

CBOs are normally, membership “organizations made up of a group of individuals” who have joined up together to further their own interests. According to selles (et al 2006) .CBOs are non-profit organization whose activities are based primarily on volunteer base of contribution in terms of labor, material, financial, psychological, moral and any other supportive support to maximize common interest members or else to the none members. CBOs are established by mutual agreement of local people of homogeneous or heterogeneous attributes living or working within the given environment and established to address societal issues that negatively affect communities' interest. The prior purpose of community based organization is serving the community based on shared interest (Dereje, 2017). CBOs include in Idirs, Iqubs, Mahabers,

Debo and so forth in Ethiopia. CBOs are voluntary institution run to improving the social and economic wellbeing of every member (Abegunde, 2017).

The Ethiopian cultural practices such as iqubs, idirs, and mahabers have been become necessary to pull individual Ethiopians' efforts together: iqubs help mobilize financial resources; idirs help cover costs incurred during a funeral and other emergency situations, and as such, are insurance organizations; mahabers bring Ethiopians together each month and satisfy the spiritual and social aspects of life. Despite variations in their functions, idirs, mahabers and iqubs have a similar social, philosophical or moral foundation. A mahaber might be a religious association, but it has also philosophical and moral core value that denotes the idea of solidarity or mutual support. In the countryside, for example, farmers use a system (of debo or webera) to work together on crop fields during ploughing and harvesting season. Through such a system farmer also help those who fall sick during a planting or harvesting season. Sentiments like "sharing experiences in times of joy and sadness" constitute the most important aspect in Ethiopian culture (Mequanent, 1996).

In Ethiopia, as in most traditional societies, there was a strong culture of caring for orphans, the elderly, the sick, and disabled and other needy members of the society in the past. Most of these care and protections were being carried out by the nuclear and extended family members, communities and religious organizations (Tsegaye, 2001; Radeny& Bunkers, 2009). In 2010, the Ethiopian government developed a standard of Care Service Delivery Guideline to guide GOs, NGOs, CBOs, and PSTA's to standardize the Care and support services provided to OVCs. In Ethiopia, Iddirs are one of the several CBOs and support network systems that are established as support resources. Supporting each other, claiming support, and accepting support from the family system, friends, neighbors, and the larger community is profoundly embedded within the socio-cultural settings of most Ethiopian communities (Newton, 2007).

Iddirs are community-based burial associations established on the basis of neighborhood, ethnicity, sex, and/or work place for the primary purpose of providing funeral services to the members, financial and material support, and give condolences to the bereaved members and their families (Dejene, 2010). Moreover, Idir is a grassroots insurance program and an informal association of people who share a common interest such as family membership, friendship, residence in the same district, religion, affiliation by employment, and membership in the same ethnic group for the purpose of securing mutual aid and financial assistance under certain

conditions. The original purpose of the Idir was to provide the financial wherewithal for the burial of the dead, but it has evolved into an association that offers a multitude of services for its members such as financial, material, social and psychological support. The modern Idir helps the poor to deal with such risks as funeral expenses, financial assistance to families of the deceased and, in some cases, coverage of other risks such as medical expenses. They are also an important forum of discussion on burning issues of the community, including HIV/AIDS, gender issues and other development issues. Currently, they are used as means to mobilize the community for a range of activities and programs (Regassa et al., 2013). It can have different responsibilities and power depending on their places of implementation. Considering as well that there are numerous types of iddirs, and that their composition, size and functioning might differ from place to place (Leonard, 2013). Dereje (2017) identified the importance of “Idir” in different community development activities. Idir is empowering individual member, communities and institutions by building capacities in different dimensions.

According Schenk (2009) Children affected by HIV in their families and communities face multiple risks to their health, education and psychosocial wellbeing. Community interventions for children who have been orphaned or rendered vulnerable take many forms, including educational assistance, home-based care, legal protection and psychosocial support. The contribution of Iddir (traditional community based organization) leaders in relation to adherence is minimal but they focused more on prevention activities, provision support for OVCs (Orphan and Vulnerable Children) and terminally ill patients (Atnafe and Haile, 2013).

OVCs are extremely suffered from different socio-economic problems. Iddirs in Ethiopia are becoming played a role to solve the problems of their members and other segments of the community. Children who lost their families are very vulnerable to numerous difficulties and challenges in their life. CBOs particularly Iddirs have started to support some OVCs in Jimma City. The support of Iddirs and the number of OVCs are not well matched and unable to overcome the problems of OVCs in a convincing manner.

This study aimed at describing the contribution of CBOs (focusing on selected Idirs) in solving socio-economic problem of OVC in Jimma City employing qualitative research approach.

1.2. Statement of the Problem

In Ethiopia the role of Iddir in solving orphans and vulnerable children problems is paramount. Though it primarily works for burial or funeral ceremonies, this informal institution is very concerned to orphan's problems. It is an informal insurance institution that covers different risks such as medical expenses and food shortages for orphan and vulnerable children (Butcher, 2007 Aredo, 2010). Ethiopia counts one of the largest populations of orphan and vulnerable children in the world (UNICEF report, 2013). UNICEF (2012) estimated that about 5.5 million children in Ethiopia were orphans. Vulnerable and orphans have been suffering from various problems. Some of the problems they face include hunger, lack of access to health and education, physical and psychological abuse, lack of love and affection and negative communities 'attitude towards them (Berry and Guthrie, 2003) as cited in (Tesfaye,2017).

Like other African countries, the caregiver families or guardians face challenges in Ethiopia. Low family income leads to lack of providing enough food, health care, housing and tutor for the orphans (Agenyew,2017). Orphans are potentially exposed to poor social, economic and health statuses. Poor academic performance, food shortage, child delinquents, child begging, dependency syndrome, school dropout and street life will also be their likely fate if not protected against.

Moreover, the advent of urbanization, widespread of HIV/AIDS, recurrent drought, high population growth, shortage of land and other resources to meet the ever increasing demand have been challenging the informal efforts to address the problems of these destitute segments of the society including the OVC. These manmade and natural factors have also claimed many lives. Consequently, thousands of children were left unaccompanied as neither family nor communities and religious organizations were unable to discharge their traditional roles and functions (Tsegaye, 2001) .The society, governmental, non-governmental, faith based, and community-based organizations inherit the role of guardian to the OVC, and have to meet huge challenges when attempting to ensure the psychosocial wellbeing of these children (setswe et al., 2009;). Although these institutions are willing to assume guardian-roles, efficiently addressing the psychosocial wellbeing of the OVC without clearly understanding their psychosocial needs and the coping strategies is impossible.

To alleviate the problem of OVC in Ethiopia, the Ministry of Women’s Affairs (MoWA) and Federal HIV/AIDS Prevention and Control Office (FHAPCO) have developed the Standard Service Delivery Guidelines for Orphans and Vulnerable Children (OVC) Care and Support Programs henceforth referred to as the Standard Service Delivery Guidelines in 2010. Even though the government works with different stakeholders to alleviate the problems of OVC still there are severe social and economic problems which OVC are suffering from.

Many studies have been undertaken on CBOs particularly Iddirs related to issues under consideration. For instance, Dereje (2017) assessed the community development activities of Idir in Addis Abeba. Mulugeta (2014) made an assessment contribution of community based organizations including Iddirs in community. The study conducted by Firafis and Nega (2014) on the challenges of orphan care givers reveals that the care givers are facing the financial problem and inadequate income that hinders them not to provide proper care. They concluded that families in a better economic status appear less engaged in giving care for orphans. Gudina et.al., (2014) also investigated the situation of OVC in in Jimma city and the surrounding three districts of Jimma Zone and the study shows that the major problems of the OVC are malnutrition, poor hygiene, lack or shortage of proper clothing, essential social services (such as health, education, and shelter).

Apart from the aforementioned studies, this study focused on the contribution of Iddirs in mitigating the socio-economic problems of OVCs which was not considered in previous studies. To this end, the study was emphasized on the role of Iddirs in solving the problems of orphan children in Jimma city considering the services that the Iddirs offer for the orphan children.

1.3. Objectives of the Study

1.3.1. General Objective

The general objective of this study is to assess the role of community based organizations in solving socio-economic problems of orphan and vulnerable children focusing on selected Iddirs in Jimma city.

1.3.2. Specific Objectives

1. To describe problems of vulnerable orphan children supported by Iddirs in Jimma city.
2. To assess the type of services provided to vulnerable orphan by Iddirs in Jimma city
3. To identify the intervention strategies of Iddirs in solving the problems of vulnerable orphans children
4. To identify challenges faced by Iddirs in solving vulnerable orphans problems

1.4 .Significance of the Study

This study is important to answer academic debates about the role Iddir in solving OVCs socio economic problems. The other significance of this study will be to divert the attention of different governmental and non-governmental organizations towards Iddirs to mobilize financial supports and other important things. This helps to encourage the Iddirs to empower the OVCs socially and economically. The result of this study will also use as the data sources for researchers and input for policy makers about the OVCs and the role of iddir and their contribution.

1.5. Scope of the Study

This study acquires methodological, theoretical and geographical scope. Geographically, this study was conducted in Jimma, focusing on four Iddirs selected Iddirs from the total 145 Iddirs in Jimma city. Methodologically it employed qualitative research approach. Theoretically, the study covered the scope of the roles of four Iddirs in Jimma city in solving the problem of orphan vulnerable children.

1.6. Limitation of Study

The overall socio-economic functions of Idir in the community can be a broad and it is a context of many factors that were not investigated by this study. Due to various factors the study confronted different limitations while carrying out this research. Geographically, due to absence of sufficient time and other factors, the study was delimited to Jimma city; hence it has not covered beyond this specific area. Theoretically, the study was confined itself to assess the contribution of Idir in solving socio-economic problem of orphan and vulnerable children in the area, other issues of study related with this title were not covered areas in this specified study. Methodologically, the study employed qualitative research approach and issues might demand quantitative research approach were not sought in this work.

1.7. Definitions of Key Terms Used in the Study

Child: a child is defined as any person below 18 years of age.

CBO: Community-based organization is a local structure and system set up through the interest of the community members or a group of individuals in a given community.

Orphan: is a child who loss one or both parents due to the cause of the loss

Double orphan: is a child who has lost both parents

Iddir: is a form of traditional institution that is established by mutual agreement of community members in order to collaborate with each other whenever a family member faces a hazard

Intervention: is considered as critical components of a set of services for programming in targeting vulnerable or defined as a core of services that addresses the need to improve health, wellbeing and development of orphan and vulnerable children less than 18 years of age whose mother, father or both parents have died due to any cause.

Orphan and vulnerable children (OVC): is defined as a child who is below 18 years old and who has lost parents; and their survival, care, protection or development might be jeopardized due to a particular condition.

Vulnerable child: is defined as 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.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. The concept of CBO and Iddir

2.1.1. Community-Based Organization (CBO)

Community-based organization is a local structure and system set up through the interest of the community members or a group of individuals in a given community. For example: Idir, Mahber, Iqub, Youth Associations, Self-help groups and so on. Their coming together creates conditions which broaden the base of self-governance and diffusion of power through a wider circle of the population (Adeyemo,2002andAdejumobi, 1991) as cited in Abegunde (2009).CBOs are localized institutions in that their spheres of influence hardly extend beyond their immediate communities.

2.1.2. Iddir

Iddir is a form of traditional institution that is established by mutual agreement of community members in order to collaborate with each other whenever a family member faces a hazard. One of the suggestions given regarding its nature by Pankhurst (2000) Iddir is “A modern formalization of collective assistance that was practiced in the traditional structure, basically mirror the traditional village patterns of mutual assistance and social control. Members contribute economically towards the fulfillment of their responsibilities to the immediate environment and not depend on government before fulfilling these (abegunde,2009).

As stated in different literatures, Iddir is one of the community based organizations which contribute for better functioning of society. Léonard (2013). defined the Iddir as ”an association made up by a group of persons united by ties of family and friendship, by living in the same district, by jobs, or by belonging to the same ethnic group, and has an object of providing mutual aid and financial assistance in certain circumstances. In practice, Iddir is a sort of insurance program run by a community or a group to meet emergency situations”.as cited in (Leonard, 2013)

2.2. The Socio-economic Problems of Orphans and Vulnerable Children

Available literature indicates that the phenomenon of OVC is globally pressing. There are numerous children who are victims of economic and psychosocial plight due to physical, economic, social, health and political factors. Though the extent severity and magnitude of vulnerability of children depends upon the socio-economic status of their parents and countries, the problem exists almost in every country (UNICEF, 2012).

Children are under higher risk of vulnerability when there is loss of family/ parental care and protection, extreme poverty, food insecurity, economic shocks, conflict/instability, natural disaster, harmful cultural norms/ traditions, disability and lack of access to essential services including education, health care, shelter, food & nutrition, livelihood opportunities and psychological support (Cambell et al .,2008).

Orphans are more likely to live in households with higher dependency ratios; may experience property dispossession; often miss out on opportunities for education; may live in households experiencing food insecurity; and often experience decreased emotional and psychological wellbeing due to such dramatic life changes, challenges, and losses (UNICEF, 2006).

2.2.1. Lack of Access to Education

School is crucial to the well-being of all children and more crucial to the orphans than anyone else for education helps them to aspire better tomorrow and to be optimistic about their future. UNICEF (2003) describes education as imperative for children's future and for their psychosocial development. In this case schools are also considered to be important institutions that provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks. Even in more precise terms UNESCO cited in Debebe (2009). The increasing number of OVC who do not attend school or drop out permanently due to economic hardship because their parents or caregivers cannot afford school fees and uniforms. The increasing number of OVC in developing countries has come about as a result of personal tragedies resulting from social and economic problems (Ainsworth & Filmer,2006).As a result of different multifaceted problems: thousands of children's lack resource for education (books, uniforms and other supplies), psychosocial distress (mainly associated with anxiety, loss of parental love and

nurture, burden of caring for the sick, impact of family dissolution, depression, stigma, discrimination, grief and frustration), physical and sexual abuse and inadequate access to basic needs. Moreover, many orphans are forced to drop out of school for financial reasons and consequently this would hinder their future opportunities for jobs and economic growth. In addition, low educational achievement and delayed intellectual development due to malnutrition make orphan children to have significantly lower psychological wellbeing than non-orphans (Afework, 2013).

In a review of different datasets from 51 countries around the globe, including 35 in sub-Saharan Africa, Ainsworth & Filmer (2006) found that, in the majority of countries, the size of the orphan enrollment gap is much smaller than the gap in enrollment between children from different socioeconomic backgrounds. School fees are considered to be one of the major factors that limit the OVC participation and persistence in education. In sub-Saharan Africa, school fees consume nearly a quarter of a poor family's income, paying not only for tuition, but also indirect fees such as Parent-Teacher Association and community contributions, textbook fees, compulsory uniforms and other charges. Fees are keeping school age children; particularly the OVC away from school either being never enrolled or dropped out (Debebe, 2009).

Orphan-hood significantly reduces a child's chances of attending schooling and the effect is particularly strong in the case of double orphan-hood (Guarcello et al., 2004). Orphan and Vulnerable children in most cases fail to pass from grade to grade and also have less attachment to school which likely led them to adverse condition of life (Tefera and Mulatie, 2014). In severe cases orphan and vulnerable children drop out from school due to lack of educational material.

2.2.2. Health Problems of OVC

In general, children in Ethiopia suffered from poor health due to inadequate access to clean water, sanitation facilities and nutrition. According to, the available data orphans performed relatively poorly on indicators of well-being such as school attendance, satisfaction of basic needs, health and psycho-social support. For instance, 42% of households with orphans are female-headed and possess an average of 1.6 orphans per household (CSA, 2005). According to UNICEF (2013), the devastating consequences of HIV/AIDS on African societies, and its particular impact on children, is requiring every organization involved in fighting the pandemic

to find new strategies to adequately address both the scale of the problem and its duration. It is estimated that in 41 African countries, the number of children who are orphaned, for any reason, will nearly double between 1990 and 2010.

2.2.3. Social Isolation

Pillay (2011) found that OVC experience strong feelings of sadness and anger because of their disadvantaged environmental conditions. Not having parental or adult guidance often leaves them feeling helplessness and hopelessness, especially when they did not receive any psychological support to help them cope with the death of parents or caregivers. According to Kibachio & (2018) School going orphans are vulnerable to stigma and discrimination at school, where social acceptance is so important to them. In some cases, children are teased or verbally abused by teachers and peers. Orphaned children experience discrimination and exploitation within their new households. Reports have emerged of orphaned children receiving less food, denied school fees, and forced to do more work.

2.2.4. Lack of Basic Needs

OVC are suffering from lack of basic needs like shelter, clothes and foods which are very essential for human beings. Basic needs must be fulfilled for every human being to be live as full human being. The situation of children in Sub-Saharan Africa is much worse with a large number of families unable to meet the basic needs of their children. In fact, the numbers of children seeking access to basic services and food security is increasing enormously due to the demographic explosion. This picture is exasperated by rapid urbanization and breakdown of traditional family support structures and coping mechanisms (UNICEF, 2003).

2.3. Services provided by CBOs

Delivery guidelines document (2010) shows that shelter and care services strive to prevent children from going without shelter and work to ensure sufficient clothing and access to clean safe water or basic personal hygiene. An additional focus is ensuring that vulnerable children have at least one adult who provides them with love and support. Services to address the psychosocial well-being of the OVC were either non-existent or inadequate, due to the absence of expertise in conducting counseling sessions for OVC in communities. Most of the NGOs in the districts mostly concentrated on food support and other income generating projects and did not focus on psychosocial well-being of the OVC (Exavery, 2020)

2.3.1. Economic Strengthening

These services seek to enable families to meet their own needs from an economic perspective regardless of changes in the family situation. OVCs and caretakers often experience diminished productive capacity and cash resources for necessary household purchases. Economic strengthening is often needed for the family/caregivers to meet expanding responsibilities for ill family members or to welcome OVCs into the household. Linking OVCs and their families with programs providing economic opportunities is often an important service. Look for programs that base their economic-strengthening activities on market assessments, and undertake joint efforts with organizations that have strong experience and a high level of expertise in this area.

Food and fuel typically absorb the greatest share of household expenditures. Interventions that save household labor and expenses can relieve the burden of diminished capacity and perhaps allow families to allocate resources for more productive, remunerative uses. Maturing children and adolescents need to learn how to provide for themselves and establish sustainable livelihoods. (Standard Service Delivery Guidelines for OVC FDRE, 2010)

2.3.2. Health care service

Article 24 of the Convention on the Rights of the Child is closely linked with Article 6 of which stipulate the right of the child to life, survival and maximum development. The term “health” is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Article 24(1) assures the right of children to highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties to the CRC are obligated to ensure that no child is deprived of his or her right of access to such health care services.

It is obvious that OVC are facing health problems and it is very essential to provide health services for them in the time of their needy. These services include provision of primary care, immunization, treatment for ill children, ongoing treatment for HIV positive children and HIV prevention OVC programs must take active measures to meet the general health needs of children at every age level. Programs must disaggregate health requirements and interventions by the age groupings (Infant, toddler, child and adolescent), as the health needs and recommended interventions differ significantly among these groups, and programs should facilitate access to

primary health care for OVCs. The President's Emergency Plan for AIDS Relief Office of the U.S. Global AIDS Coordinator July 2006, standard service delivery guidelines for OVC, federal democratic republic of Ethiopia, February, 2010).

2.3.3. Psychosocial support

Psychological support is the other service which is very important for OVC. Since they are alone they feel different psychological support. These service aims to provide OVC with the human relationships necessary from normal development. It also seeks to promote and support the acquirement of life skill that allow adolescent in particular to participate in activities such as school recreation and work and eventually live independently. Healthy child development hinges greatly upon the continuity of social relationships and the development of a sense of competence. Cultural taboos surrounding the discussion of AIDS and death often compound these problems.

Children and their caregivers need love and emotional support, and the opportunity to express their feelings without fear of stigma and discrimination. Programs should provide children with support that is appropriate for their age and situation, and recognize that children often respond differently to trauma and loss. OVCs sometimes turn to drugs and alcohol as a means of coping with this trauma. Programs must provide support to avoid these counterproductive activities.

Many of those who are providing support to others are living with the trauma of HIV/AIDS in their own lives. Psychosocial counseling, rotational duties, and other interventions might be necessary to keep them from burn-out (PEPFAR 2006, standard service delivery guidelines for OVC, federal democratic republic of Ethiopia 2010).

2.3.4. Food and nutrition support service

Different studies show that the problem of food and malnutrition are the severe problems of OVC. Because of food problems and malnutrition OVC are suffering from other problems which are related to lack of food and malnutrition. These service aims to ensure that vulnerable children have access to similar nutritional resource as other children in their communities. Food and nutritional are important components of OVC support. Malnutrition underlies more than one half of deaths in children under five in developing countries. Lack of food has a serious consequence

on a day to day life of OVC in a way that it affects their growth and development, school attendance, and social interaction and ultimately leads to migration (PEPFAR, 2006)

2.4. CBO Intervention Strategies

Multiple types of interventions must be employed to address the vulnerability of children in the epidemic (Allender et.al., 2006). Kalanidhi & Diane (2004) stated that a variety of interventions have been put in place by communities, nongovernmental organizations (NGOs), and governments to address a range of risks and vulnerabilities faced by orphan children in Sub-Saharan Africa. The interventions vary by the scope (i.e., how many children are assisted) and the type of care or assistance provided (such as school and nutrition support, tracing the extended family, or group home), and its. According to Luciah (2016) CBOs have attempted to respond appropriately and their structures have evolved and scope widened to include other objectives such as provision of goods and services, participation in national development, governance and human rights, small enterprise, health and HIV/AIDS, education, agriculture, shelter and sanitation and so on.

2.5. Challenges faced CBOs in providing care and support for OVC

Community initiated responses are there to meet the needs of vulnerable children; these organizations also face a number of challenges. Particularly the financial challenges, the fact that they predominantly draw on unpaid female labor and the broader context in which they are located (Mutangadura et al., 1999; Lundberg, Over, & Mujinja, 2000; Foster, 2005b) as cited in (Owande, 2011).

Landry et. al. (2011) study identified some challenges faced by CBOs in providing care and support for OVCs. Some of the highlighted challenges identified were lack of money and resources, as the insufficient financial support impacts on the number of OVCs to be served. The study further identified lack of participation by the majority of the community as affecting effective community delivery of services to OVCs, such as home visits and the provision of food. The study also found that those community members who volunteer to participate in the care and support of OVCs tend to lack skills, such as financial management skills, due to their low levels of education, which may result in the misuse of money targeted for OVC use. Unemployment, poverty and a shortage of food were also cited as major problems (Deters & Bajaj, 2008).

2.5.1. Lack of Resources

Cardoso (2010) and Save the Children UK, in their study that reviewed national plans of action for OVCs in Southern and East Africa found that communities play a fundamental role in providing the first line of support although their capacity and resources continue to be stretched as the cumulative burden of HIV and AIDS, poverty and food insecurity increases. Since most of these resources were being channeled towards treatment and nutritional foods for the sick many children are being left vulnerable to food shortages and money shortages for school fees.

The Boston University's (2010) review paper also cited that the capacity of extended families and communities to adequately care for OVCs is highly constrained in African countries. Lack of resources may also have resulted in the non-implementation of laws and policies such as the Sexual Offenses Act, Children's Act, Education Act, Guardianship of Minors Act and Age of Legal Majority Act. All the above mentioned Acts are meant to protect all children and especially OVCs. Some of the OVCs were reported to be having been denied food, chased away from home, exploited for their labour, denied access to education and forced into early marriages as punishment for refusing to do some household chores (Ngwenya, 2015).

Lack of human resources due to brain drain, which has resulted in most professionals leaving the country for greener pastures in foreign countries, was also cited as a contributing factor for government's failure to reach out to communities and educate them on these laws. The results of the Ngwenya (2015) study also found that some communities were aware of the laws and policies, especially about child labour which states that children aged 5 to 11 years working in economic activities are considered to be engaged in child labour, yet communities/families consider this as training a child to learn to work for their survival. The Children's Act states that every child has a right to live, to have food and to have access to health services and shelter but the Ngwenya(2015) study noted that some OVCs were denied food or sent away from home as a disciplinary measure for failing to participate in domestic work such as digging in the garden to help meet family needs.

2.5.2. Sustainability of Community-Based Interventions

Omwa and Titeca (2011) conducted study on community-based initiatives in response to the OVC crisis in African countries. For instance, North Central Uganda noted that community-based interventions were more sustainable when community members are able to identify with,

adopt and take ownership of such initiatives. Omwa & Titeca (2011) further established that sustainability of community-based initiatives is realized as this approach builds upon traditional systems of child care and require less training and input from external sources and community members can easily identify and accept the initiatives from within themselves. For example, in Zimbabwe, the OVC crisis led to the traditional leadership to revive the traditional safety-net concept called “Zhunderamambo” (Chief’s granaries) where all households/families under the jurisdiction of the chief contribute labour to till the land and tend the produce from the field.

Community members find it acceptable to provide labour in the field as this practice does not require any financial resources from their strained budgets but only labour. The harvest is kept under the control of the traditional leader, who then distributes it to families in need (Foster, 2008). The seeds and other farming inputs like fertilizer are usually donated by the government or NGOs. This type of community leadership involvement, leads to the harnessing of local resources and bring about a sense of ownership which is important to the long-term sustainability of the response to OVC care and support (Abebe, 2009).

2.6. Theoretical Framework

The researcher used two theories which are social network theory and collective efficacy theory. These theories are used in this study to clarify the study for the readers to understand easily. In this context these theories explain about the structure of the CBOs and how these different structures are using in supporting the OVCs.

2.6.1. Social Network Theory

Castells (2001), a social network is a social structure made of individuals or organizations called "nodes," which are tied (connected) by one or more specific types of interdependence, such as common interest (as in NGOs), friendship, kinship, financial exchange, dislike, or relationships of beliefs, knowledge or even prestige. Lim (2008) confirmed that associational tie make members of a particular community more responsive to common interests than even blood tie. Similarly, people may be more responsive to requests by neighbors to join community activities because they share interests in community issues. Feld (1981) asserts that Social networks can be built in various organizational contexts, including voluntary associations, workplace, neighborhood, and schools. Furthermore, the data suggested that ties formed within civic associations or social movement organizations are more effective as channels of mobilization.

The above theory is used to explain how social network helps individuals to support one another in the time of need. Individuals are the members of the society which are used to build different social organizations through social network and this helps them to support each other. The CBOs are organized by the individuals through social networks. These organizations are responsible for one another to support each other in the time of difficulties. OVCs are the members of the society those who need support from their members are this theory can be applied in this context.

2.6.2. Collective Efficacy Theory

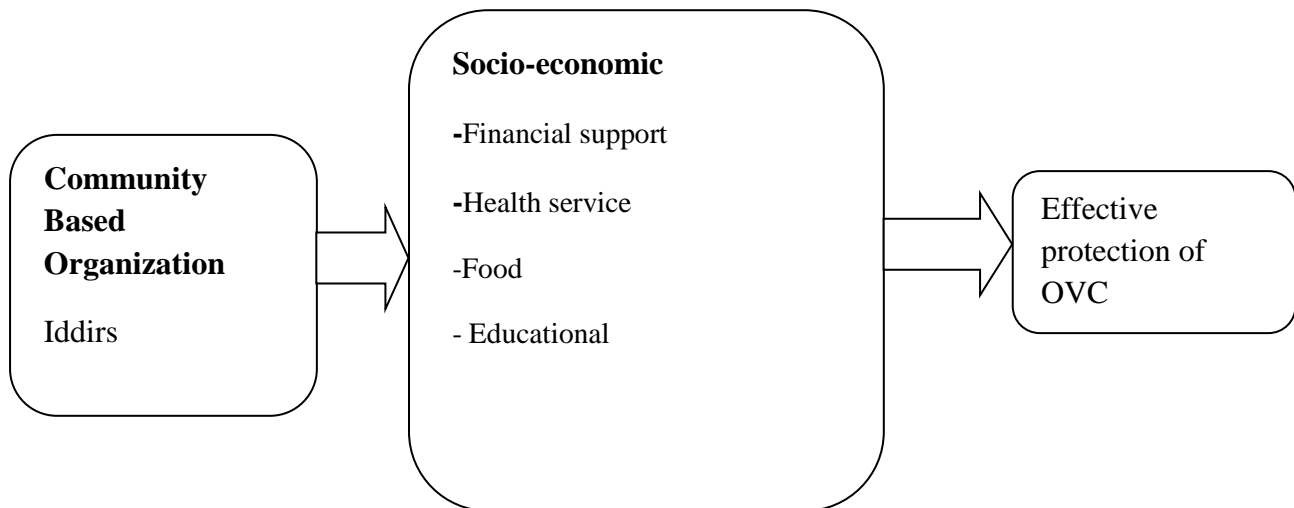
Collective efficacy theory is the other theory which is used in this study. The collective efficacy is a component of the social cognitive theory which contends that people have little motivation to take action if they do not believe they can create change (Bandura 2000). In response to the plight of OVCs, community-based organizations were formed to mitigate the suffering of OVCs. It appears that communities believed they could make a difference in the lives of OVCs as enacted in the concept of collective efficacy, which highlights the capacity of residents, organizations and other groups to exert social control and thereby reduce crime, violence or social problems within communities (Swatt.V.et al., 2012). Collective efficacy reaffirms the importance of thinking about social ways to approach social problems and plays a protective role, particularly in at-risk communities (Sampson, 2006).

Angele& Niles (2011) state that the concept of “community collective efficacy” captures the link between cohesion in working trust, mutual engagement and shared expectations for action. Goddard et., al (2004) further contend that as a group construct, the level of collective efficacy is essential to understanding the norms of an organization or group by “encouraging certain actions and discouraging others” as well as establishing common expectations for action and goal attainment and group’s response to problems.

In the context of CBOs, the members of the society have the mutual understanding and the shared social values to support the OVCs. The mutual understanding and shared norms are using for these members to believe one another in case that they support each other in the time of difficulties. CBOs are organized by the members of the society those who are sharing mutual understanding and social values in which they help their members.

2.7. Conceptual Framework

The National Standard Service Delivery Guidelines for OVC prepared by FDRE Ministry of Women, Children and Youth indicates that there are seven key service packages (Education, Health, Psychosocial, Food, Economic strengthening and Legal) that should be considered as a framework when Governmental, Non-governmental, Community Based Organizations and any other institutions initiated to give support for orphan and vulnerable children (FDRE Standard Service Delivery Guidelines for orphans and vulnerable children's care and support programs, 2010). This framework is a tool used by all institutions to assess and evaluate interventions made for Orphan and Vulnerable Children across the country. Hence this research mainly bases on this frame work that set to ensure in addressing holistic need of OVC children. Hence the effectiveness of service rendered by the Community Based organizations will assessed against these service.



CHAPTER THREE

3. Research Methodology

The study employed qualitative research approach. From the qualitative approach the study employed exploratory research design. The qualitative research methods like Focus Group Discussions, key informant interview and in-depth interview were used to collect data on the problems of orphan and vulnerable children supported by Iddirs in Jimma city. In addition, type of services provided to orphan and vulnerable children, different intervention strategies pursued by Iddirs in solving the problems of orphans and vulnerable children, and identifying challenges encountering Iddirs in solving orphan and vulnerable children's problems were exhaustively collected in the study area.

3.1. Description of Study Area

This study was conducted in Jimma city which is located in the Southwestern part of Oromia, Ethiopia. Jimma Town serves as administrative city of Jimma Zone. The town is found at 356 km southwest from Addis Ababa/Finfinne, capital city of Ethiopia. Based on the data obtained from Jimma city administration (2019), Jimma city has a total population of 184, 925; of which 92,938 were males and 91,987 females. Hosting diversified ethnic groups, the three largest ethnic groups live in the city are Oromo (46.71%), Amhara (17.14%), Dawuro (10.05%), and other ethnic groups constitute 26.1% of the population.

3.2. Study Design

The study employed exploratory research design. This design helped the informants to reflect their ideas freely through open-ended questions. To obtain substantive data and ensure the quality of information from all participants of the study, the study used key informant, FGDs and in-depth interviews as a method of data collection, and described in detail in order to realize the objectives of the study. In terms of time, the researcher employed cross-sectional study design to collect data once a time from the study participants.

3.3. Research Approach

The study employed qualitative research approach. The qualitative research methods like Focus Group Discussions, key informant interview and in-depth interview were used to collect data on the problems of orphan and vulnerable children supported by Iddirs in Jimma city. In addition, type of services provided to orphan and vulnerable children, different intervention strategies pursued by Iddirs in solving the problems of orphans and vulnerable children, and identifying challenges encountering Iddirs in solving orphan and vulnerable children's problems was exhaustively collected in the study area.

3.4. Sources of Data Collection

Both primary and secondary data collection were employed to collect relevant data in this study.

3.4.1. Primary Data

Primary data was collected from key informant interviews from four Iddirs (constituted eight individuals: four leaders and four experienced member from each Iddirs; three informants from concerned government offices), focus group discussion (four FGDs consisting committee and members of selected Iddirs), and in-depth interview (eight care givers, twenty children from selected Iddirs).

3.4.2. Secondary Data

Secondary data was collected from written documents like reports of organizations, magazines, and other conducted researches, different reports of governmental and non-governmental to utilize information related issues of OVC.

3.5. Method of Data Collection

The study employed key informant interview, in-depth interview and focus group discussion and document review methods of data collection.

3.5.1. In-depth Interview

In-depth interview was conducted to thoroughly discover issues under investigation from participant's perspective. This enables the researcher to explore issues in detail with the interviewee, using probes, prompts, and flexible questioning styles. The researcher attempts to achieve a holistic understanding of the interviewees' point of view or situations. Accordingly, unstructured face to face in-depth interview was undertaken to collect data from selected care

givers and children. The data was collected from 28 purposively selected informants (eight care givers, twenty children from four selected Iddirs who are getting support from these Iddirs). The information was obtained from 20 OVCs those who were getting support from these four Iddirs (five OVC children from each Iddirs). And from Eight care givers (two informants from each Iddir). These OVCs care givers were purposively selected from each Iddirs and OVCs considering providing appropriate information on issues under consideration.

3.5.2. Key Informant Interview

The key informant interview was also one of the methods of data collection employed in this study. This method helps the researcher to gather information in detail concerning the contribution of Iddir in solving socio-economic problems of OVC in the study area. This was conducted to obtain detail information purposively selecting informants from three government officials, who were directly follow up the OVCs, four leaders of Iddirs (one from each Iddirs) and four experienced members of Iddirs who have long experiences as a members with their Iddirs.

3.5.3. Focus Group Discussion

Focus Group Discussion was employed to collect the data from the discussants. This method enabled both researcher and discussants to discuss the issue of OVC focusing on the objectives of this study in all-inclusive manner. Moreover, this method was utilized to obtain very rich first-hand data about discussant's attitudes, behaviors, language and experiences. To this end, four FGDs one from each Iddirs were formed. Thus, eight discussants consisting committee and members of Iddirs were selected purposively to discuss issues related with OVCs. During selection of discussants gender proportion was took into consideration. The researcher recruited moderator for smooth run of the discussion.

3.5.4. Document Review

Document review was employed to collect data from governmental organization like Jimma city women and children's offices and from four Iddirs which have been selected in this study.

3.6. Data Collection Instruments

Scientific research uses different relevant data collection tools that allow to systematically collecting important data in detail. To collect appropriate information interview, FGDs

guidelines and scheduled checklist constituted open-ended questions were prepared and used as the main data collection instruments.

3.7 .Trustworthiness

Kim, Jung, Kim, Lee, and In (2007), stated that reliability indicates the extents to which a variables or set of variables is consistent in what it is intended to measure. Reliability analysis is used to measure the consistency of questions used in the study. To ensure trustworthiness of this research, the study used Lincoln & Guba's (1985) framework to ensure trustworthiness. The trustworthiness of this study is based on the four criteria's that the researchers have to address in order to create trustworthiness to the study; transferability, credibility, dependability and conformability.

Triangulation: Three data collection methods are employed to collect from different data sources and ensure the dependability of the study findings.

Avoidance of researcher's bias:

The conformability of this study is ensured by analyzing, interpreting and processing the data that are obtained from the participants of the study without adding owns feeling and emotion. This helps the researcher to be free from biases.

The researcher spending enough time in the study area:

The credibility is also strengthening considering that the researcher is at the residential areas of informants, at their work place in the office and etc. To make the credibility of this study high, the data was analyzed based on the empirical evidence which was collected from the participants and other sources.

3.8. Method of Data Analysis

It is very believable that raw data has no meaning by itself in conducting a research unless it is organized, analyzed and interpreted properly. In this study, qualitative data was collected through key informant interview, in-depth interview and focus group discussion, and analyzed thematically. In addition, qualitative data obtained through recording and note-taking organized and categorized and organized into different categories, based on the review of related literature and objectives of the study.

3.9. Ethical Consideration

Ethical issue is essential in conducting the right research. In conducting any research, it is obvious that there is an ethical responsibility to do the work honestly and with integrity. Ethical considerations have to be taken seriously in research in order to protect and respect the privacy of the informants (Bryman, 2011; Easter by-Smith et al., 2015). The authors pointed out the main ethical issues that can occur during research, in which they claim are; harm to informants, lack of informed consent, invasion of privacy, and deception.

Taking into consideration the aforementioned notions, the researcher has taken into account about ethical issues throughout overall process of the study. Letter of support was written from Jimma University, College of Social Sciences and Humanities, Department of Sociology. The researcher conducted the interviews including the FGD after informing the objective of the study to the participants. The study participants were given full right to participate or decline from participation in the study. It is also possible for the participants to ask whatever they want if they are not be clear with the aims of the study. The researcher kept information obtained from any individual confidentially without disclosing the respondent's identity.

CHAPTER FOUR

4. RESULT AND DISCUSSIONS

4.1. Introduction

This chapter presents data analysis and presentation. Describing problems of vulnerable and orphan children, assessing type of services provided to vulnerable and orphan by Iddirs and identifying the intervention strategies of Iddirs in solving the problems of vulnerable and orphans children in Jimma city is presented in detail.

4.2. Profile of Selected Iddirs in Jimma City

The Arbagnoch Iddir was founded in 1954 E.C at Addis Ketema kebele around Sarsefer in Jimma city. The Iddir was founded by the local residents with the aim of patriotisms' funeral ceremonies. The members were participating on funeral ceremony of the patriotism by coming together to buy burial box, burial place and digging burial hole. It also works for writing and reading the story of the dead person, wish condolence for family of the deceased person and etc. During its foundation the Iddir had 272 members and now the numbers of its members reach 556. Later on, the Iddir members started to participate on developmental issues like renewal of deteriorated houses of elders of the members and surrounding community, paying the medication fee for the members who cannot afford it. The members of the Iddir and the committee gradually reached to help the OVCs of the Iddir members and of the surrounding community.

The Debremawi Medihanealem Iddir was founded by the members of an Orthodox Church in Awetu Mandara kebele in Jimma city in 1937. This Iddir was also founded for the purpose of funeral ceremony of its members during the deaths. The Iddir was founded with 447 members and now it has 887 members. Key informants from the Iddir's Committee underscored that this Iddir as Arbagnoch Iddir also expanded its help to support the OVCs. This Iddir collects funds from their members. It collects three birr monthly from the members for child support. In addition, according to discussants, the organization is working with SOS children's village and JeCDo (Jerusalem Child Development). JeCDo is non-governmental organization which is supporting the OVCs in collaboration with Iddirs. This organization was providing different

social, economic and psychological supports for the children those who are getting support from the Iddirs.

The other Iddir which is participating in solving the problems of its members and OVCs is Selam Meredaja Iddir. The Selam Meredaja Iddir is founded in 1943 by the members of 250 individuals and now the members of the Iddir are 950 individuals. The Iddir is founded in Bossa Kitto Kebele on the way to Jimma Abba Buna Football club stadium. Like the other Iddirs it is started to help its members in the time of difficulties during funeral ceremonies. Later, on the Iddir committees started to assess the problems of the OVCs and started to support them. The Iddir has its own criteria to select the OVCs those who need supports.

Jiren Iddir is another Iddir which is founded in 1962 by the members of 230 individuals. Like the other Iddirs, the Jiren Iddir is founded to support its members during funeral ceremonies and in the time difficulties. During funeral ceremonies the Iddir members are participating on digging on the burial hole, buying the burial box and taking coffee and breakfasts for the family of the dead person. The members also go to the family of the dead person to wish them condolences and encouraging them turn by turn. The Iddir started to support the OVCs since 2012 G.C. Now the Iddir provides support for 277 OVCs. The Iddir has its own school from Kindergarten to first cycle (1-4).

The data obtained from the Iddir committees stated that they were getting support from the Non-Governmental Organizations like SOS children's village in Jimma city. These committees explained that this Organization started to support them because of their efforts to support the OVCs in Jimma city. The SOS is supporting this Iddir by providing financial supports for the OVCs through their volunteer caregivers and by building schools for the OVCs. This financial support helps the OVCs to get support from their caregivers. And also these OVCs are getting their educational services started from KG-Primary schools from the supportive organizations. In addition to the educational services, the OVCs are getting some educational materials from their supporter. Additionally school uniforms and different learning materials like exercise book, pen and pencils are given for other students selected for support in elementary and higher school. Sanitation materials like soap, females reproductive related like modes are donated for them. We

also support by building bread bakery machine by investing 0.5 million to increase their funds in supporting vulnerable children.

4.3. Profile of the Study Participants

Participants of this study have various socio demographic backgrounds. The data was collected from 20 OVCs. Among these OVCs twelve are females and eight are males. Concerning educational level thirteen children completed grade ten, three OVCs received technical trainings and they started their own business. Four children are learning less than grade ten. From in-depth interview eight care givers were participated in this study; of which three are males and five are females. Two care givers were pensioners, three of them working in different private organizations, one was elder helped by his daughter, and two care givers were working as daily labourer. Four FGDs were formed with eight discussants consisting committee and members of Iddirs from each Iddirs were selected purposively to discuss issues related with OVCs.

Regarding their educational level, eight discussants did not attend formal education, nine completed three to five grades, four completed six to eight grade, five completed grade ten, two were diploma holder, and four were above diploma level of education.

The occupational characteristics of them include, nine of the discussants were merchants, eight individuals were from different governmental offices and now they are pensioners. Likewise, five of the discussants are small scale merchants who are selling coffee and tea, seven discussants living with their wage by employed governmental offices, three individuals are with low economic background and living with the help of their children.

4.4. Problems of Orphans and Vulnerable Children

The data obtained from the key informant interviewees stated that, the OVCs are facing different social, economic and psychological problems. These are; educational problems, health problems, social isolation, lack of basic needs and so on. The OVCs are living in inadequate places, and this brings health related problems on these OVCs. The Iddirs are working towards solving these social, economic and psychological problems of the OVCs by providing them different services.

4.4.1. Lack of Access to Education

Discussants reported that, lack of access to education is the major problem which the OVCs are facing from time to time. The OVCs were not getting access to education because of the absence

of their families or relatives to support them to attend their education. The OVCs were not attending their education while they reach school age, because they don't have families to help them at least to get basic materials to learn.

One of the interviewee from the students expressing her idea about the lack of education narrated;

“I am a grade five student. I lost both my father and mother because HIV/AIDS and now living with my volunteer caregiver. I interrupted my education when I was a grade three student and restarted and now I am a grade five student. It was because of financial problems to buy educational material, school uniform, and other important things that I interrupted my education. It is so difficult to learn without my parents who were supported me in all aspects before. After their death I lacked access to food and other essential things to continue my learning. And now I selected as Orphan by the Iddir committees and now I am getting support through my caregiver. The Iddir support me to attend my school and thanks to them now I am a grade seven student and I will continue to learn hereafter”.

Informant from caregivers stated the vulnerability of orphans children suggested;

“It was during 2015 G.C. that I took one of the children from Jiren Iddir voluntary to support with them. He was then learning grade seven and interrupted his education since 2013 G.C, because of the death of his parents. After selected as Orphan by the Iddir committees, the Iddir commit allowed me to take as caregiver. Then I took him to live with me and to continue his education. When I asked him why he interrupted his education, he told me that it for the lack of financial to buy food, clothes, and exercise books and so on to attend the school. Then the Iddir provided him the financial support to buy him clothes, learning materials and other important things to continue his education.

And now he is a grade twelve student and preparing himself to enjoy the University next year”.

One of the interviewee from the Orphans expressing her idea about the lack of access to education as follows;

“It was since 2012 G.C. that I lost my father because of car accident and my mother since 2013 after the death of my father. It was my father who was leading our life with his salary and I started to live as street child when I was five years during their death. I didn’t attend my school when my age is reached to join the school. It is because of lack of food to eat, clothes to wear and so on that hindered me from attending the school on time. Then I was living on the street for more than three years and later on the Iddir selected me as orphan and started to support me to join my school. Then they gave me to volunteer caregiver and now I am living with her at her home. The Iddir provided me the school uniform, exercise books and other important thing to continue my education”.

From the above opinions of the interviewees, the OVCs are facing lack of access to education which is related to the absence of their families who support them financially, morally and psychologically. When they lost their parents for different reasons because of death, some children start to live on the street before they attend their school or by interrupting their education. The OVCs are interrupting their education because problems related to the lack of financial and moral supports from their families. Lack of financial supports hinder them from attending their school since they have no money to buy food, clothes, school uniform and other educational materials. And some of the children interrupt their school because of the social stigma related to the death of parents because of HIV/AIDS.

4.4.2. Health Problems

The data obtained from key informant shows that the OVCs are facing different problems like health related problems because of different reasons. The OVCs are facing health problems like, diarrhea, malaria, tuberculosis, HIV/AIDS, fistula and so on. These are because of inadequate

residential places, personal hygiene, and lack of balanced diets and so on. The OVCs are living on the street and they are vulnerable to diseases related to environmental and personal hygiene. Some of the OVCs lost their families at their childhood. Sexual violence is another reason for their health problems like HIV/AIDS and other transmitted diseases, fistula and so on. Most of the OVCs are suffering from health problems like diarrhea because of their inadequate living spaces. The other health problems of the OVCs are caused by malnutrition. The OVCs were living on the street where they don't get food to eat to protect themselves from diseases.

One of the interviewee expressing her idea about the health problem she faced because of sexual violence as follows:

“I started to live on the street after the death of my both my parents since 2014 G.C on 2016 respectively. It is very difficult to live here on the street. There are different problems I face while living on the street. Problems like sexual and physical violence, and discrimination. Because of these challenges I suffered from health problem. I faced sexual violence since 2016 that gradually transformed to fistula problem. Then the policemen took me to shaman Gibe Hospital for treatment. After I got treatment from Shanan Gibe hospital, I recovered from the problem and now I am feeling good. Later on the Debramawi Iddir selected me as OVC and now I am getting support from them. The Iddir selected me as orphan to get support from them”.

One of the caregiver also expressed her idea about the health condition of the child she took from Iddir voluntary as follows:

“I am one of the volunteer caregivers who are working with the Iddir. Since 2013 G.C I took a five year child from Selam Iddir who was suffering from tuberculosis disease. He told me that he was living on the street and caught the disease. It is because of their living styles and environments that they face such health problems. The inadequate living environment is one of the causes for such diseases. Then I took him to Hospital for

treatment and recovered from his disease. Now he is in a good condition and attending her school”.

The data obtained from Jimma city Women and Children Affairs Bureau depicts that children who are disabled due to different natural and human made related problems are accounted to 110 males and 121 females from the total of 232 children. Some of these children are also suffering from mental illness problems because of their socio-psycho problems related to the absence of the parents. Because of the absence of their families, the OVCs are facing different challenges which expose them to mental illness. Among the total numbers of fifteen children with mental illness, seven children are male and eight are females. Most of these OVCs are living on the street where they face problems.

4.4.3. Food and Housing Problems

The data obtained from key informant interviewees revealed that the OVCs are facing food and housing problems. The OVCs are living on the street where they don't get food to eat and houses to live in. Because of the death of their families, children are suffering from homelessness. Children also cannot access afford their timely meals. It is from Hotels, and other places that they beg food for eating. Even though they get food from Hotels and others to eat, it lacks quality. The other problem of the OVCs is problem related to housing. Most off the OVCs are living on the street and facing housing problems. It is in the whole or people's verandah, where there is rain, flood and heavy sun heat. On the street they are facing challenges because of flood, rain and etc. When they are living on the street they face other problems which they are suffering from. The OVCS are lacking food and this causes another problem.

One of the interviewee from the Orphan who is getting support from the Iddir expressing her views on food problem as follows:

“I started to live on the street after the death of both my father and mother. I am the only child for my family and I left alone after their death. Then my grandmother took me to live with her. Since she was living alone and no one support her to feed us, I left her start to live on the street with my friends. Later on I came here to get support from the Iddir. Before I came here to get support from the Iddir, when I was on the street, I beg food to

eat from the Hotels, Bars and other people to eat. When I didn't get to eat food from these sources, I stay for more than two days without food. It is really so difficult to survive in such conditions when I think now. Thanks to the Iddir committees now I am living good life with my volunteer caregiver”.

The OVCs are facing problems like lack of food. Lack of food is the main problem of the OVCs. It is begging from the hotels, cafeterias and others that they get their daily food. Some of them are working in different hotels and private houses to get food instead of cash. When they get nothing to eat they stay for more than two days without eating. Lack food also causes other health problems which are related to malnutrition.

One of the volunteer caregivers stated the food problems of the OVCs as follows;

“The OVCs are suffering from lack of food to eat in-terms of its quality, nutrition content and so on. I am living with seven years old child whom I took from Arbagnoch Iddir as volunteer caregiver. She told me that there is a condition in which she stays more than two days without eating and most of the time it is by begging from the Hotels that he gets her food before. Now the Iddir provides support for this child and I help her with what that. When I asked her about her previous life, she told me that she started to live on the street where it is difficult to get food to eat and suffered from food problem after the death of her family”.

Other problems again come with this. Children living on street and verandah reported that they are suffering from cold and sun. The OVCS are lacking food and this causes another problem. The data obtained from Jimma city's Women and Children Affairs Bureau's annual report of 2011 E.C indicates that among 1435 there were 924 males and 511 children who are living on street. These OVCs are suffering from lack food due to absence of their families to support them. Even though they get food to eat, it lacks quality and nutrition. Lack food exposes the OVCs to different health problems which result in the death of these OVCs. The report also indicates that

5433 males 5764 females among 11197 children were living in critical condition with complex problems.

4.4.4. Psycho-Social Problems of OVCs

The findings of this study indicate that OVC are facing different psycho-social problems. Social isolation is the other problem that the OVCs are facing in the schools, community where they live. In the school compounds the OVCs are neglected by their classmates. Children living on the street fear to sit nearby other students. Children reported they are discriminated by student with whom they are attending the same class. Children further suggested their classmates refrain to have group discussion in the class. They also narrated students are not interested to work different assessment like assignment and other assessments in and out of school. The social isolation of the OVCs is due to the social stigma related to the death of their families. When they lost their families, some of the children are isolated themselves from their peers, classmates and others are isolated by their peers, friends and classmates. In the school compounds the OVCs are rejected by their peers and classmates not to eat, sit and enjoy together.

The peers and classmates don't want to discuss with the OVCs in the class and they feel loneliness. The other social isolation of the OVCs is in the community where they live either with their caregivers or on the street. Some of the community members are rejecting the OVCs because of the social stigma related to the death of their families because of HIV/AIDS and other diseases. They don't want to allow their children to play, to go to school and study with the OVCs. The OVCs are also like to live alone since they think that people don't like them to live together. The social isolation of these OVCs is because of the death of their families by HIV. Some segments of the society also suspect the OVCs as thieves, as unhealthy and etc. The OVCs are isolated at school by their peers and some of them isolated themselves from the others because of their problems.

One of the interviewee from the students stated the situation as follows;

“I was a grade eight student when I lost both my father and mother because of HIV/AIDS since 2017 G.C. Then I started to live with my eldest sister. We are living with supports which are provided for us from Iddir through her. After selected us as orphan

the Iddir committees asked my sister to live with me with their supports. My sister sometime leaves home for daily labor work and when she is not at home, I feel loneliness. If I want to enjoy with my friends from neighbors, their family don't want to allow them to be with me. They were telling their children that, my parents are died of HIV/AIDS and restrict them to play and study with me. Also in the classroom and school compound, my classmates don't like to sit near me. I stay alone during break and study times alone. Sometimes I think to interrupt my education and my sister encourages me to continue. These all are because of the absence of parents and I always think that as I am inferior to those individuals”.

Another interviewee from caregivers expressing her idea on the social isolation of the OVCs as follows;

“The OVCs are suffering from social isolation. I am living with one of the OVCs who is getting support from Selam Iddir. She started to live with me since 2013 G.C after I got permission from the Iddir committees to take her as a volunteer caregiver. I am a mother of two children and when I took her to my home and asked to enjoy with my children, she refused to do so. Later on I asked her why she refused to play with them and she replied that she fears to enjoy with others. She told me that, I think that they don't like to play with me and it is better for me to stay alone. Then simultaneously, I tell her that they like to eat, play, study and enjoy with her. Then she started to enjoy with them and now they are living together. Here I understood the extent to which the OVCs are suffering from social isolation at different places and levels”.

From the above opinions of the interviewees, we can conclude that social isolation is the big problem which the OVCs are facing and it hinders them to be the part of the community. The

OVCs are also feeling loneliness and it results in health related problems like depression, mental retardation and so on. Social isolation also hinders the OVCs from their educational participation in the school compounds, classrooms and other computational places. Because of the social stigma related to the death of their families with HIIV/AIDS and others, they face different problems like insulted by their friends, community members and classmates in the society where they live and school compounds and classmates where they learn. There are also some individuals who are ignoring and undermining to listen to them when they want to express their ideas in the classroom and outside the classrooms. When they face such problems once, they don't want to communicate with and listen to others. Then they prefer to live alone and they don't want anybody to be with them in all aspects.

The psychological problem is one of the problems which the OVCs are facing because of different reason. The OVCs are facing psychological problems because of the social stigma related to the absence of their families, social isolation and so on. When they lost their parents because of HIV and other causes the OVCs start to live alone on the street without families and relatives. When they are living alone in the community, school compounds, and classrooms, they are feeling loneliness and suffering from emotional problems like depression, mental retardation and other psychological problems. Psychological problem is the big problem which the OVCs are facing from time to time. When they compare themselves with other children those who are living with their parents in conducive situations, they feel that one cares about them and they worry to live. And also in school compounds and classrooms, when they rejected by their peers and classmates they feel hopeless life and that brings psychological burdens on them.

One of the interviewee from the OVCs who is getting support from the Iddir stating her idea on her psychological problems as follows:

“It was after the death of my father that I and my mother started to live on the street. My mother is suffering from disease and she failed to support us after the death of my father. My father was the member of the Iddir and the committees decided to support me through my mother by creating her a job. My mother is working as street vendor and supports me and her with the income she generates from that work. I am now a grade eleven student

and I also think that, if my father would be with us today, we never live such a life. And also when I compare my life with that of my friends, I feel nervous and don't want to be with them". My friends also tell me that they don't want to enjoy with me, because I can't compete with them. I always, feel depression when I think that, that my friends hate me since I can't compete with them in all aspects".

The other psychological problems of the OVCs are related to the loneliness of the OVCs in the school compound and in the community where they live. The OVCs are living alone when they lost their parents. The psychological problems related to the loneliness of the OVCs are when they reject by their peers in the classrooms and school compound not to sit with them, do different group works with them. Because of these the OVCs are facing psychological problems.

One of the interviewee stating how she is feeling psychological problem in the classroom and school compound as follows;

"I am a grade eight student. I lost my father and mother because of death of HIV/AIDS. Then I started to live with my brother on the street. I and my brother selected by the Iddir committees as OVCs to get support from the Iddir. When I go to school for learning my friends and classmates don't want to be with me. They say that your father and mother are died because of HIV/AIDS and you yourself is a career. Then I feel unhappy and I don't want to be with them in the classroom and school compound. I think why they also hate me and where I can go to escape from their insults. When I think all about the challenges, I feel nervous and suffer from psychological".

One of the volunteer caregivers stating the psychological problems that the OVCs are facing as follows;

"I am living with a nine years old girl whom I took from the Iddir for caregiving. She was a grade three student and interrupted her education and started to live on the street

after the death of her father and mother. When she comes to school, she always sit alone and thinking deeply. One day I asked her what she thinks and why she feels loneliness. Then she told me that her classmates always install her in the classroom and school compound and it is because of that she always feels loneliness. When she feels loneliness she is suffering from depression and stresses which cause psychological problem”.

4.4.5. Economic Problems of OVCs

The OVCs are facing economic problems at different level. These children are living in economic hardships because of the death of their families who support them economically. Because of their economic problems the OVCs are exposed for child labor. The OVCs are working in private homes, at hotels and on the street in unsuitable condition which can't fit with their ages. The economic problems also exposing these children for lack of food for eat, clothes and so on. The data obtained from document analysis from Women and Children Bureau stated that child labor is the main problem of the OVCs in Jimma city. The OVCs are working heavy works like carrying heavy materials with lost costs, washing dishes, fetching water for people.

One of the interviewee from the children who are getting support from Jiren Iddir expressing her idea on how economic problem exposed her for child labor as follows;

“I am a fourteen years old. I left home after the death of my father and my mother got marry to other man. It was my father who supports the family. After his death, I faced different challenges especially when my mother got to marry to other man. Then I decided to live on the street with my friends because of the economic problems. I used to live with my friends on the street for one year in critical condition. I used to work in private homes and paid low cost. I buy food, clothes and other important thing for my life with the income that I get from this work. It is really very hard to live in such economic hardship without support of somebody. Later on, the Iddir committees selected me as

OVCs and now I am getting support from the Iddir. Now I am living in a good condition”.

One of the key informant interviewee from the Iddir committees stated the economic problems of the OVCs as follows;

“The Iddirs committees report that most of the OVCs are suffering from economic hardships for different reasons. Economic problem is the main problems of the OVCs. The OVCs are facing economic problems because of the absence of their family to support them. The economic problems of the OVCs are related to the absence of their families those who provide them economic supports. When they lost their families most of the OVCs started to live on the street where they are facing economic problems”.

One of the interviewees from the OVCs expressing her idea on her economic problem and the challenges she is facing as follows;

“I am thirteen years old. I interrupted my education since 2012 G.C., when I lost my father. He was the head of the family and supports all the family members economically. My mother is not strong enough to do different activities to support me financially and I left home since 2013 G.C. after interrupted my education. It is because of lack of financial supports that I interrupted my education and started to live on the street with my friends. Since 2014, I selected as OVCs by Medanialem Iddir and now I am getting support from the Iddir”.

The above statements imply that the OVCs are facing economic hardship for different reasons especially after the death their parents who support them economically. The economic problems of the OVCs expose them to different problems. The OVCs are living on the street because of their economic problems when they lost their families because of death. The economic problems of the OVCs result in lack of access to inadequate living places, food and other related problems.

The OVCs are also exposed to child labor to get income for their lives. They are working in difficult situations and paid low payment by the people. These OVCs are working in hotels, cafeterias, and other places to get their income.

Table 1: The Summary of OVCs problems

No.	Type of Problems	Male	Female	Total
1	Children in critical condition	5433	5764	11197
2	Children who are separated from their family	814	35	949
3	Children whose lost their family due to death	2762	2838	5600
3.1	Those who lost their mother	641	681	1322
3.2	Those who lost their father	1609	1618	3227
3.3	Who lost both families	510	541	1051
4	Children live on street	924	511	1435
5	Illegal trafficking	810	1993	2503
6	Physically disabled children	110	121	232
7	Mental problem	8	7	15
8	Physical violence	102	114	216
9	Employed as labor in between age of 14-17	1165	2416	3581
10	Sexual violence	0	12	12
11	Those in prison with their mothers	5	12	17
12	Those who were in an organizations	102	78	180

4.5. Services Provided by Iddirs for OVCs

The data obtained from key informant interviewees (Iddir committees), indicates that the primary goals of these Iddirs are to provide funeral services for members' and their family members during the death. During their foundation, it is to solve different social problems during funeral ceremonies and to help those who are in need. Theses Iddirs have their own committees who were working on organizing different programs during funeral ceremonies. But later on, the Iddirs started to provide different social, economic and psychological services for orphan and vulnerable children of their members and outside the members. These Iddirs are providing different services like: buying exercise books, school uniforms, clothes, first aid kit for

emergency time and so on. These materials are provided for the OVCs through Iddir committees who are responsible for that purposes. There are also educational services provided by the Iddirs for the OVCs. These Iddirs are providing educational services for the OVCs by building and employing their own schools and teachers. These schools are from KG-Primary school. These Iddirs are also providing economic services like; empowering the OVCs through their caregivers, by providing them initial capital to start their own businesses and open account books for them to save from what they get. The other services are psychological services in which the Iddirs are providing different trainings, in collaboration with governmental and non-governmental organizations like; save the children, JeCDo (Jerusalem Children Development Organization).

4.5.1. Educational Services for OVCs

The data obtained from key informant interviewee stated that the Iddirs are providing educational services for the OVCs in Jimma city at different levels. The Iddirs have their own schools which were built by their members. These classes are from KG-first cycle schools. The Iddirs employ their own teachers who are serving at schools in their organizations. These schools have school payment which other students those who can afford to pay were paying and the OVCs were attending their education at this school without any payments.

The data obtained from key informant interviewee at Jiren Iddir indicated that the Iddir supports 83 children who are attending Kindergarten. These children are attending their education school of the Iddir where they are free from school fee. Among these 40 students are boys and 43 students are girls. The Iddir also supports 194 students from primary school (1-4) to attend their education. These supports are uniforms, pencils, pens, school fee and so on.

One of the interviewee students who get educational services from Jiren Iddir stating her views as follows;

“I am eleven years old and a grade four student here at Jiren Iddir’s school. I am living with my mother and the Iddir provides me supports through her. I am getting educational services from Jiren Iddir. I have been attending my education from Kindergarten to grade four here. The Iddir is providing me educational materials like pen, pencils,

exercise books, school uniforms and so on. The Iddir also covers tuition fee which other students are paying monthly”.

The data obtained from key informant interviewee at Arbagnoch Iddir stated that the Iddir provides educational services for the OVCs from KG-university. There were three students who were attended their education from KG-primary school here and joined university and graduated. The Iddir supported these students starting from KG-University until they graduated and employed. The Iddir is providing them school fee, school uniforms, the transportation costs to go and come back from university until they will be graduated. The Iddir also supported these students financial to search for job and now three of them are employed and working as government employees.

One of the interviewee from students expressing his idea on the educational services that this Iddir was providing him as follows;

“I started to attend my education after I came to this Iddir as OVC. From KG-university it was with the supports of this Iddir that I attended my education and now I am working as governmental employee. The Iddir provided me different services like cost of transportation for my journey to University from University to home during my stay at university. After I graduated from university with my first degree, the Iddir supported to me to search for job and I employed and now working as governmental employee”.

After their graduation from university, the Iddir supports them giving them some amount of money to search for work. It is not only three students that the Iddir was supporting to follow their education. There are other students who were attending their education by the support of this Iddir. In collaboration with Jimma University College of Agriculture and Veterinary Medicine ten students who graduated from grade ten and didn't promote to grade eleven provided training by the college instructors. These trainings are how to raring animals like hen, goat, sheep and some agricultural plants like flowers to sell for decoration and etc. The Iddir supports 135 students.

The data obtained from the discussants revealed that the Iddirs are responsible for the children whom they give for the caregivers to live with them. The caregivers support the OVCs with what the Iddirs provide for the OVCs. The volunteer caregivers are supporting the OVCs with what the Iddirs provide for the OVCs to buy school uniform, pens, and other important things for their education. It is the Iddir to provide all these supports for their children starting from KG-grade to higher education. The caregivers are only responsible to support the children with what they provided by the Iddir. The Iddirs provide educational materials, food and clothes for the OVCs on behalf of their caregivers.

One of the interviewee from the care givers expressing her idea on the educational support which is provided for the OVCs as follows;

“I am the member of this Iddir and the committee allowed me one of the OVCs for caregiving. She is a disabled child who left alone after the death of her father and was getting support from Debremawi Iddir to attend her education. Since I am living alone, I am growing her up as my child. She is the only child I have. It is the Iddir that provide her educational supports in all aspects. She is attending her school the school which is built by the Iddir members without any payment. This Iddir is providing her all the school materials; like exercise books, school uniforms, pencils and other important things. My child also feels happy with the supports she gets from this Iddir”.

The data obtained from the key informant interviewee (Iddir committees) showed that, to provide educational services for the OVCs from KG-primary schools, the Iddirs employ teachers by their own finance and with the support of the NGOs and some government bodies. These teachers are working here as regular employee. Their income is paid from money collected from the Iddir members and other financial sources from different organizations. The Debremawi Medanialem employs five teachers who teach the students. The Jiren Iddir employed three teachers who teach at KG and primary school of the Iddir.

One of the interviewees from the OVCs at Medanialem Iddir, expressing her idea on educational services that she is getting from the Iddir as follows;

“I am a grade seven student and I came to this Iddir when I was grade three as OVCs. The Iddir committee selected me as OVCs to provide me educational services. I am getting educational services from this Iddir and the Iddir covers tuition fee for me. The Iddir is providing me school uniform, exercise books, pen, pencils and first aid kit in the time of emergency. It is through my caregiver that I get the support”.

From the above opinions of the interviewees, we conclude that the Iddirs are providing educational services for OVCs at all levels. The OVCs are attending their education at different private and governmental schools and the Iddirs have also their own schools to provide educational services for the OVCs.

4.5.2. Health Supports for OVCs

Health services are another supports that the Iddirs are providing for the OVCs. These services are providing the OVCs first aid kit, free medication and so on. These services are provided in collaboration with NGOs and other Governmental organization. The Organizations give training for the OVCs and their care givers by medical professionals to help themselves in the time of emergency and to protect themselves from the diseases. The training is to train the OVCs and their caregivers how to keep their personnel and environmental hygiene to protect themselves from diseases. The OVCs and caregivers are also advised by the medical professionals those who are working with the Iddirs on how to use the first aid kit.

One of the interviewee from the OVCs stated the health services provided for her as follows;

“It was since 2007 E.C that I started to get support from Medanialem Iddir. I was selected by the Iddir committees after they confirmed that I am in a severe problem. I am living with my aunt, because I lost my father and mother due to HIV/AIDS since 2003 E.C. The Iddir was providing me different social, moral, health and financial supports. The Iddir provided me first aid kit, costs for medication, soap, and so on. The services provided by the Iddir help me to protect myself from disease and also to attend my

medical treatments on time. Each academic year, the Iddir committees provide me first aid kit to treat myself in the time of emergency”.

The other health services provided by the Iddirs for the OVCs are through caregivers. These services are providing training on self-protection, personnel and environmental hygiene to reduce the change to be exposed for diseases. The Iddirs are providing these services by collaborating with healthcare institutions like Jimma city Health Bureau, Jimma University hospital and so on. The health professionals are giving training for these caregivers from time to time to keep their personnel and environmental hygiene, how the OVCs can use first aid kits and so on.

One of the interviewee from the Iddir committee expressing his idea on the health services that they provide for the OVCs by collaborating with different entities as follows;

“We are providing different health services for the OVCs directly and through their caregivers from time to time. We are giving these health services by collaborating with Jimma city Health Bureau, Jimma university hospital and others. These organizations are helping us by giving different trainings for the caregivers to protect themselves and the OVCs from diseases by keeping their personnel and environmental hygiene which is very important for them. The health professional are supporting us from time to time by giving training for the caregivers”.

One of the interviewee from the caregivers expressing her idea on health services provided for the OVCs as follows;

“It was since 2014 G.C. that I took two children who are getting supports from the Selam Iddir. These children were five and eight years old when I took them from the Iddir for caregiving. The Iddir provides health services for these children through me. There is a short training on health issues that the health professionals are providing us training at least once a month. The trainings are how to protect the children from diseases with we

can do like keeping our personnel and environmental hygiene to save our-self and the children from disease”.

The above stated opinions of the interviewees imply that the OVCs are getting health supports from the Iddirs. The Iddirs are providing different health services for the OVCs in different forms. These services are giving for the OVCs through their volunteer caregivers and directly for the OVCs through the Iddir committees.

4.5.3. Psycho-social Supports for OVCs

The OVCs are also receiving psycho-social supports from the Iddirs at different levels. This psychological supports are provided for the OVCs, because they feel loneliness and other social stigma for the loose of the families with different reasons. These OVCs are also undermined with their mates at school, and where they live in the society. The OVCs are feeling social stigma since they lost their families because of HIV/AIDS and others. When they join school to learn, they feel loneliness because some of their mates don't want to enjoy with them. To solve these problems, the Iddirs are providing psychological supports for the OVCs in different forms. These psychological supports are provided by the OVCs through advising, entertainment and so on. The Iddirs are also working with the school teachers, directors and community to avoid the psychological burdens of the OVCs from their mates and some teachers.

One of the key informant interviewee from the Iddir committees stating his idea on the psychological supports that they provide for the OVCs as follows;

“We are providing psychological supports for the OVCs in different ways. We help the children with psychological problems by advising them that they are not alone and we are with them all the time. Even they have neither father nor mother, we tell them that their caregivers are their parents and feel nothing to live with them. Caregivers are also advised by the Iddir committees to treat these children as their own children. There is a follow up from the Iddir committees whether the caregivers are treating the children or not. The other way we treat them is by entertaining them with what we have and what we

can do. The school directors, teachers and other community members also support us to do together to avoid the psychological burdens of these OVCs”.

The data obtained from a discussant stated that the Iddir committees are also working in collaboration with school directors and teachers to provide psychological supports for the OVCs. The Iddir committees are working with these entities to avoid the psychological problems which the OVCs are facing in the school compounds and classrooms. The school directors and teachers are working with the Iddir committees to provide psychological supports for the OVCs by advising the students not to ignore and undermine the OVCs in the school compounds and classrooms.

One the interviewees from the OVCs stated her idea on how the Iddirs are providing the OVCs psychological supports in different form as follows;

“I am a grade seven student and I came to Debramawi Medanialem Iddir since 2013 G.C. Before I came here, I suffered from different psychological problems. When I was living on the street alone without my families, I feel unhappy when I see those children who walk with parents on the street. The Iddir committees provided me psychological supports in different forms. When I came to the Iddir as OVCs the Iddir committees advised me not to feel loneliness. The committees advised me that they are with me to support me in all aspects”.

4.5.4. Economic Supports for OVCs

The Iddirs are also providing economic services for the OVCs in different forms through their caregivers and the Iddir committees. The economic services are provided for the OVCs to encourage them in their economic lives and to provide them job opportunities through giving them short trainings on how to create their own jobs. The short trainings are giving for the OVCs after they complete grade ten and failed to score pass mark to preparatory school. The trainings are on hair dressing, driving licenses and so on.

The data obtained from Debramawi Medanialem Iddir revealed that the Iddir is providing different trainings to the OVCs especially, after they completed grade ten and failed to score pass mark to preparatory school. We provided different trainings for thirteen OVCs who are completed grade ten and failed to score pass mark to preparatory school for their further learning. Among these five individuals are trained on driving licenses and now working in different private and governmental organizations as car drivers. The other five individuals are trained on hair dressing and now working their private and in different beauty salons.

One of the key informant interviewees from Medanialem Iddir stating the support that their Iddir provides for the OVCs as follows;

“The Iddir is providing economic supports for the OVCs in different forms through their caregivers and the Iddir committees. The OVCs are given some amount of money through their caregivers and the caregivers are advised by the Iddir committees and other collaborated stakeholders on how to work with that money for more profit. The supported thirteen OVCs who completed grade ten and failed to score pass mark. In collaboration with NGOs, we gave them training on how to create their own job to empower them economically. After the completion of the training, some of the caregivers are given money to create their own job to empower the OVCs economically and the other OVCs are directly took the trainings from different organizations. For instance some of the OVCs are trained in driving licenses and hair dressings and the payment is covered by the Iddir. These OVCs are employed and working in different governmental and non-governmental organizations and it is contributing more in their economic lives”.

One of the interviewees form the OVCs stating her idea on the training she has given from the Iddir on hair dressing as follows;

“It was when I was a grade eight student that I came to the Medanialem Iddir as OVCs. After I completed grade ten, I failed to record pass mark to preparatory school. Then the

Iddir committees decided to help me to take a short training on hair dressing after asked my interest. Then I took the training for three months and the payment is covered by the Iddir. Now I am working in private beauty salon. I support myself and my mother with the income I gate from the work. It is really the best opportunity that the Iddir provided us”.

The above statements imply that the Iddirs are providing economic services for OVCs in different forms. These economic services are provided for the OVCs directly to them or through their caregivers. The OVCs are taking a short training on different skills on how to make money by creating their job. After taking the training it is the Iddirs to provide them economic support for those who want to create their own businesses. But for them of the OVCs the Iddirs provide financial supports when they are searching for jobs to be employed.

Table 2: Summary of Services provided for OVCs and Numbers of beneficiaries

S. No	Name of Idir	Type of OVC support	No. of beneficiaries		Remark
			Male	Female	
1	Debremawi Medanialem Idir	Educational support	42	65	
		Health support	14	47	
		Psychological support	5	8	
2	Jiren Idir	Educational support	135	142	
		Health support	43	91	
		Psychological support	2	5	
3	Arbegnoch Idir	Educational support	56	91	
		Health support	34	83	
		Psychological support	8	22	
4	Selam Idir	Educational support	61	102	
		Health support	8	92	
		Psychological support	7	2	

4.6. Intervention Strategies of Iddirs in Solving OVCs problem

The Iddirs use different intervention strategies to solve the problems of OVCs. These strategies are starting from the selection of the OVCs by collecting different information about their family background, empowering their caregivers economically and others. The Iddirs use different intervention strategies by collaborating with different entities to solve the social, economic, and psychological and health problems of the OVCs.

4.6.1. The Selection Criteria of Children in Needy

The orphans are identified by the Iddir committees through collecting important information about their family backgrounds whether they are really in a severe problem or not. There are committees of five members to identify these children by studying their social and family backgrounds about their problems. The Iddir members and other individuals are also responsible to study about the living situations of these children. After obtaining some information from the local people and the Iddir members the committees decided those OVCs who can get their supports. The full information of all the OVCs are registered by the committees based on the information they collect from different sources about those children. Since there is no center for these children to stay after selection, the Iddir committees were giving these children for the voluntary caregivers. These voluntary caregivers are responsible to safeguard these orphans. The voluntary caregivers are helping these children by the financial support that they receive from the Iddirs in the name of these children. Some amounts of money were giving to these voluntary to engage in different activities to support these children.

A discussant from Iddir committees stated how OVCs are selected by Iddir committees through collecting their family and social backgrounds as follows;

“The Iddirs have their own criteria to select the OVCs to get supports from the Iddirs. The Iddirs have committees of five members those who are doing different activities. The Iddir committees are responsible to assess and collect necessary information about the social and economic backgrounds of the OVCs. After assessing the information the committees register all the relevant information and discuss on the issue to determine whom they will take and how many children. The collected information about the OVCs

is using to identify whether these OVCs are really Orphans and vulnerable children or not. After collecting the information we register and identify their residential area and with whom they are living. Since we don't have living centers for these OVCs, we support some of them at their home and give others for volunteer caregivers”.

4.6.2. Empowering the Caregivers Economically

One of the intervention strategies to solve the problem of the OVCs is through economic empowerment of their caregivers by opening saving account for them. The Iddir committees are discussing the issue with these voluntary and to open saving account for the child/children they follow up. These voluntary were giving the 3000.00 ETB by the Iddir committees. The initial capital that the Iddirs are giving for the caregivers is to start small businesses and save some amount of money to support these OVCs. The caregivers are working different commercial activities as shopper, street vendors and some of them are selling the local beer with the money they given by the Iddirs to support the children.

One of the interviewee expressing her idea on the way the Iddirs are providing services for the OVCs through their caregivers as follows;

“I have given a ten years old girl who is getting support from Arbagnoch Iddir by the Iddir committees. She is a grade three student and attending her school with the help of this Iddir. The Iddir gave me three thousand birr to support her by doing commercial activities. I am working as street vendor during night time to sell cabbages, avocados and other things for income generation. I save the profit which I get from reselling these materials after buying from different people. The saving is to support her in the time of emergency and need”.

The Iddirs also provide different training for voluntary caregivers how to handle the children and the money that they have given from the Iddirs to support the children. This training is by the collaboration with different NGOs like SOS, JeCDo and so on. These NGOs are working with the Iddirs to help these children in different aspects.

One of the interviewee from the Iddir committee stating his idea on the way they solve the problems of OVCs as follows;

“We are providing training on how to handle the children for the caregivers to support the OVCs with the financial support that is provided for them. The caregivers are given some amount of money from our Iddir to do different commercial activities to support the children and for saving. We give them training one a month on how to participate in different activities and save the profit to support the children in the time of their need. The trainings are giving for the caregivers by the professionals from different NGOs like SOS and JeCDO”.

The Iddir committees and some professionals from NGOs also follow up the conditions of the caregivers on their progresses to do different commercial activities. The follow up is to advice those caregivers to be more beneficiary on what they do with the money they given from Iddir committees in collaboration with NGOs.

4.6.3. Resource Mobilization as the Sources Income

The Iddirs are working on resource mobilization as one of the strategies which helps them to solve the economic problems of the OVCs. Resource mobilization is the intervention strategy in which the Iddirs are collecting money from their members, house renting, Bakery, DSTV, Shops and so on. These strategies are using as the means of income generation which helps to solve the problem of the OVCs through their caregivers and Iddir committees. The Iddirs are also collecting money from their members monthly and it is using to solve the problem of the OVCs. The Iddir members contribute 2 ETB monthly in addition to the regular payment for the membership.

The data obtained from a discussant from Iddir committees at Debremawi Medihanealem Iddir revealed that the Iddir has its own intervention strategies to solve OVCs problems. The intervention strategies of the Iddir are by generating incomes from Iddir members, DSTV, shopping, house renting, Bakery and so on. These are helping them to solve the problems of the

OVCs with the income they generate from these activities. The Iddir is also working by collaborating with different NGOs like JeCDo and SOS before.

The data obtained from key informant interviewee at Jiren Iddir showed that the Iddir was generating income from grinding mill, bakery, and house renting and tea house. They produce 2000-3000 breads daily and sell to the surrounding community for income generation to support the OVCs. The price of bread is 2.50 Birr and 5000-7000 birr was collecting from this Bakery. There are four classes which were renting with 900 ETB monthly. This business also employs other Orphans who are unemployed and those who can work and paid by the Iddirs. And also we have private school in which other children were learning by paying the school fee monthly. This is collected and uses to support the OVCs those who are getting supports from this Iddir. In the future we will do more to generate income from different sources.

The other Iddir committees stated that they get income from three wheels' car (bajaj). The stated that they have two three wheels' car and it is using in income generation daily. We also have houses for renting and this is around ten thousand ETB monthly. These are the strategies that the Iddirs are using to solve the problems of the OVCs.

4.7. Challenges of Iddirs in Solving the Problems

The data obtained from key informant interviewees (Iddir committees) stated that, there are different challenges that the Iddirs are facing from time to time. Among these challenges some are financial problems, increment in number of OVCs, lack of skilled man power, facing out of different NGOs and lack of supports from governmental agencies. Because of these challenges the Iddirs are facing different problems to support the OVCs from time to time.

The data obtained from the discussants (Iddir committees) at Jiren Iddir stated that the financial problem of the Iddir related to the interruption of financial supports from SOS and JeCDO are the main problem. These two NGOs were supporting this Iddir by providing financial aids and now already interrupted and the Iddir is facing financial problem. The other problem is related to imbalance between market and the financial sources to address the need of the OVCs. The price of materials to buy and provide for these children is skyrocketing from time to time and the Iddir is facing the problem in this case.

The numbers of OVCs are increasing from time to time due the death of their parents with different reasons. The increment in the numbers of OVCs challenging the Iddirs since the number of the number of these children and financial resources are not fitting to support the OVCs. Since the number of OVCs are increasing from time to time it is very difficult to support the OVCs with all their needs. The number of OVCs and the resources are not fitting to support these children for their school, food and health. The Iddirs were facing these problems from time to time.

The other problem is related to the facing out of different NGOs which are working in collaboration with these Iddirs to support OVCs. The Iddirs were working in collaboration with different NGOs in which the NGOs are providing in cash and in kind to support the OVCs with the Iddirs. When these NGOs are facing out from time to time the Iddirs are facing different challenges in case the facing out NGOs stop their support for the OVCs through the Iddirs.

Skilled man power is the other problem which the Iddirs were facing started from their foundation till to now. Since it is Community based organization to support OVCs, most of the time the skilled man power was not involving in because of low payment for the workers of the Iddirs. The Iddir committees stated that the salary is paying for the workers of the Iddirs from what is collected from the Iddir members, voluntary people and organizations. So, that the workers are paid low income and it is for this reason that they don't want to involve as employee. The lack of skilled man power also results another problem which the OVCs are not provided the quality education.

One of the key informant interviewees from Iddir committees stated problems related to lack of skilled man power as follows;

“Lack of skill man power is the one of the problems that the Iddirs are facing from time to time to support the OVCs. The Iddirs employ different workers like; teachers to teach the OVCs those who are getting educational services from the Iddirs’ school, secretary and so on. The skilled persons don’t want to join the Iddir to work with low payment and even those who employed once to work leave the from time to time”.

4.7.1. Lack of Supports from Governmental Agencies

The data obtained from Women and Children Affairs Bureau during interview stated that, there was collaboration with Iddirs committees to support the OVCs before. It was during that time we did unbelievable job to solve the socio-economic problems of the OVCs. There was support from governmental agencies and we were working together in fundraising, jointing the Iddirs with other entities, and so on. However, now a day there is no more integration of these Iddirs and governmental agencies to support the OVCs. The Iddir committees and the governmental office workers are not coming together to discuss the issues about these OVCs as former. These are different reasons why the collaboration was interrupted.

A discussant from Iddir committee stated that, the supports from governmental offices are not as usual and they were not getting any financial and moral supports recently. In other hand, the governmental office workers stated that the Iddir committees are not collaborating with them to support the OVCs as usual. And also they stated that they have no extra budget for these Iddirs as CBOs and that is why they failed to support the Iddirs those who are supporting the OVCs.

4.7.2. Lack of Financial Resources

The Iddirs were facing problems related to financial resources to support the OVCs. The Iddirs were getting financial resources from different NGOs like SOS children's village, JeCDo and other Governmental organization formerly. However, these organizations are interrupted their supports because of different reasons from time to time. There are also no more financial resources for these Iddirs to support the OVCs. The lack of financial resource is related the increasing numbers of the OVCs from time to time. The increments in the number of the OVCs are the main financial problem to address the need of all the OVCs those who are getting supports from the Iddirs.

The data obtained from the key informant interviewees stated that lack of skill man power is the one of the problems that the Iddirs are facing from time to time to support the OVCs. The Iddirs employ different workers like; teachers to teach the OVCs those who are getting educational services from the Iddirs' school, secretary and so on. The skilled persons don't want to join the Iddir to work with low payment and even those who employed once to work leave the from time to time.

4.8. Discussion

CBOs are non-profit indigenous organizations which play crucial role in solving the socio-economic problems of various segment of society. Among the existing CBOs in Ethiopia, Iddirs are well known social organization established by interested social groups initially aimed at providing financial and psychosocial support during the death of members and their family's members in the society. This study was intended to assess the role of CBOs in solving socio-economic problems of OVCs; the case of selected Iddirs in Jimma city. The guided by four fundamental objectives: to describe problems of vulnerable orphan children supported by Iddirs in Jimma city, to assess the type of services provided to vulnerable orphan by Iddirs in Jimma city, to identify the intervention strategies of Iddirs in solving the problems of vulnerable orphans children and identifying challenges faced by Iddirs in solving vulnerable orphans problems.

The first objective was describing problems of vulnerable orphan children supported by Iddirs in Jimma city. On the basis of this objective, OVCs in Jimma city faced various socio-economic problems such as education problem, health problem, psycho-social problem, food and housing problems, and economic problems. These problems are the major socio-economic problems that have been encountering OVCs in the city.

The second objective was assessing the type of services provided to vulnerable orphan by Iddirs in Jimma city. The target of this study was four selected Iddirs (Debremawi Medanialem Idir, Jiren Idir, Arbegnoch Idir and Selam Idir). The services that have been offering to OVCs by Iddirs in the city include educational support, health support, psycho-social support and economic support.

The third objective was identifying the intervention strategies of Iddirs in solving the problems of vulnerable orphan children. Iddirs have been used different intervention strategies to solve the problems of OVCs in the study area. These strategies are starting from the selection of the OVCs by collecting different information about their family background, empowering their caregivers economically and other related strategies. The Iddirs utilize different intervention strategies by collaborating with different entities to solve the social, economic, and psychological and health

problems of the OVCs. Primarily the OVCs are selected and recruited based on the severity of their problems children are suffering from. The orphans are identified by the Iddir committees through collecting important information about their family backgrounds whether they are really in a severe problem or not. There are committees of five members to identify these children by studying their social and family backgrounds about their problems. They have been used various forms of intervention strategies such as selecting children in needy, empowering the caregivers economically, and resource mobilization as a source of income are among the main intervention strategies Iddirs used to support OVCs in the study area.

The fourth objective was identifying challenges confronted by Iddirs in solving vulnerable orphan problems in Jimma city. Iddirs are confronting enormous challenges while providing supports to OVCs in the study area. Accordingly, lack of support from government staffs and lack of financial resources are the prime challenges Iddirs are suffering from in the area. Moreover, data obtained from key informant interviewees (Iddir committees) claimed that there are different challenges that the Iddirs are facing from time to time. Among these challenges some are financial problems, increment in number of OVCs, lack of skilled man power, facing out of NGOs and lack of supports from governmental agencies. Because of these challenges the Iddirs are facing different problems to support the OVCs in Jimma city. As a result, the increasing size of OVCs problems and the potential of Iddirs in providing services and support are becoming unparalleled in the study area.

CHAPTER FIVE

5. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

Iddirs are community based organizations which are organized by the members of the society for different purposes. These purposes are for the time of emergency, during funeral ceremonies, during wedding times and etc. The Iddir members are coming together to share their social, economic and political lives together. They also support each other in the time of needy like funeral ceremony, medication and etc. There are also some Iddirs those who are supporting other individuals outside their members. In Jimma city there are around 145 Iddirs of which four Iddirs are involving in supporting the OVCs for different purposes. These Iddirs are providing different social, economic, emotional, educational, medical and psychosocial supports for the children those who are in needy. These Iddirs are supporting the OVCs with the income that they generate from different sources. The Iddirs members are contributing some amounts of money monthly and also different NGOs like SOS children's village and JeCDo are funding these Iddirs. Even though these Iddirs are working to solve the problem of the OVCs there are some obstacles which needs solution from non-governmental and governmental organizations to encourage these Iddirs.

5.2. Recommendations

The result of the study indicates that the Iddirs are working towards solving the problems of the OVCs in different aspects. However the Iddirs are facing different challenges from time to time and this needs solutions from concerning bodies. Based on this the researcher forwarded the following recommendations.

- It is better if the Governmental and Non-governmental organizations are strongly working in collaboration with the Iddirs to solve the problems of OVCs
- Children are the futurity of the country, and it is better if all concerning bodies are focusing on how to alleviating the problems of the OVCs at different levels
- The members of the society are responsible to support the OVCs by collaborating with the community based organizations
- The numbers of OVCs are increasing from time to time. This needs more investigation in its causes and how to solve these problems
- It is better if government agencies or officials look buck to working with community based and organizations in order to solve OVCs problems.
- Others Iddirs which are found in the city should have to follow the footsteps of that four Iddirs in order to solve communities' problems.
- Governmental agencies should have to focuses in order to incapacitating and enhancing Iddirs in terms financial, skilling those Iddirs to be better performing than they are doing currently.
- There are around 145 Iddirs in Jimma city but there are only four them which are participating in helping OVCs so, concerning governmental entities should work with those Iddirs that are not involving the issue.
- In addition to the NGOs that are involving working with these other NGOs that are resident in the city should have to work with these Iddirs and other Iddirs of the city.
- Jimma University should have to focuses in strengthening and empowering Iddirs through its special philosophy of community based education.

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Appendices

Appendix 1

Jimma University

College of Social Sciences and Humanities

Department of Sociology

Name of student: Abiy Mangistu

Dear Respondents,

The purpose of this guidelines is to collect primary data for conducting a study on the topic, **“The Role of Community Based Organizations in Solving Socio-Economic Problems of Orphan and Vulnerable Children: The Case of Selected four Idirs in Jimma City”** for the partial fulfillment to the completion of the Masters of Art in Sociology (Social Policy) at Jimma University, Department of Sociology. In this regard I kindly request you to provide me with reliable information so that the findings of this study will meet the intended outcome. I strongly assure you for the confidential treatment of your answers. I would like to thank your voluntary participation for the success of my study.

Name of enumerator: _____ Signature _____ Date of data collection: ____/____/____

I. Key Informant Interview for Jimma city Women and Children Affairs Bureau and labour social affairs office

1. Background Information

- ❖ Sex
- ❖ Age
- ❖ Educational Background
- ❖ Position

2. Is there any Idirs that are giving support for OVC in Jimma city?
3. Does your organization work with Idirs to solve the socio economic problems of OVCs?
4. What kinds of activities do you do together with Iddirs?
5. What supports or services do they give to solve the problems of OVCs?
6. How did Idirs participate in helping of OVCs beside their role in a society?
7. What is the role of other governmental bodies playing to enhance to capacitate indigenous CBO like Idir solving community problems?

II. Key informant Interview with Iddirs Committee or leaders

1. Name of the organization
2. Position of the informant
3. Does your Idir provide any support for OVCs to solve their socio economic problems?
4. What are the sources of fund that your organization used to support children?
5. What are the main problems of OVCs that your organization supports?
6. What kinds of services do you provide for OVCs?
7. How many OVCs are getting support from this Idir
8. For how long the organization provide care and support for the children
9. How did your organization engage in helping of OVCs or what motivate the organizations to do so?
10. By what criteria do you select the OVCs from the other segments of community?
11. How does your organization get access to OVCs children for support?
12. What are the major problems or challenges do your organization face to support OVCs?
13. What do you think how can be the challenges of the organization would be solved?

III. Interview Guidelines for Children (OVCs) who get support from Iddirs

Children's Background

- ❖ Age
 - ❖ Sex
 - ❖ Educational Background(level)
 - ❖ Parental death (Mother, Father, or both)
1. Where do you live currently?
 2. With whom did you live currently or who is your care giver?
 3. How did you get support from this organization?
 4. What are the supports and services you get from the organization or Iddir?
 5. What significant changes have you seen in your life after getting the services or support?
 6. How did you see the support of the organization?

IV. Interview Guide with Parents/Guardians

1. Are you the member of this Iddir?
2. If you are not a member this Iddir how can get support from it?
3. What problems of your child/children are solved by these organizations /Iddir?
4. How your child/children did become to get support from this organization / Iddir ?
5. Do you think that the support of this organization is enough to solve the problems of your children?

V. FGD guide for Members of Idirs

1. Discuss what motivates this Iddir to support the OVCs.
2. Explain the criteria by which the Iddir select the OVCs.
3. List and discuss the services that provided for the OVCs by this Iddir.
4. Discuss the main challenges of the organization while providing support and services for OVC?
5. How can be the challenges of the organization would be solved?