AN INVESTIGATION OF CHALLENGES AND COPING STRATEGIES OF ORPHAN CAREGIVERS: A CASE STUDY OF CAREGIVERS FAMILIES IN JIMMA TOWN.

M.A Thesis Research

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APPROVAL SHEET OF THESIS

As members of the Examining Board of the Final M.A open Defense, we certify that we have read and evaluated the thesis prepared by Mr. Firafis Dereje Entitled: **An investigation of challenges and coping strategies of orphan caregivers: a case study of caregivers families in Jimma town** and recommended that it be accepted as fulfilling the thesis requirement for the degree of **MASTER OF ART IN SOCIAL ANTHROPOLOGY**

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ACRONYMS AND ABBEREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
OVC	Orphans and Vulnerable Children
NGO	Non Governmental Organization
CBO	Community Based Organizations
FBO	Faith Based Organization
HAPCO	HIV/AIDS Prevention and Control Office
HH	Household
IGA	Income Generating Activities
FGD	Focus Group Discussion
WHO	World Health Organization
FC	Facilitator for Change
MC	Missionaries of Charity
PSS	Psychosocial Support
CDP	Child Development Program
SOS	Save Our Souls
PSCS	Psychosocial Care and Support
CC	Child compassion
GO	Government organization

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AN INVESTIGATION OF CHALLENGES AND COPING STRATEGIES OF ORPHAN CAREGIVERS: A CASE STUDY OF CAREGIVERS FAMILIES IN JIMMA TOWN.

ABSTRACT

This study was initiated to understand the challenges faced by orphan caregiver families and their coping strategies in Jimma town. It was a phenomenology design conducted in selected families. Using a qualitative approach and as a sampling method, non-probability sampling of which purposive sampling were selected to conduct the research. Findings from the study were gathered through key informant interviews with 30 caregivers and three focus group discussions with respective kebeles leaders, religious leaders and CBO's representative from six to ten members from each group and document analysis. Data analysis was done by the help of qualitative analysis using thematic analysis and the data are generated parallel with data gathered.

According to the finding of the study, even if high socio economic challenges faced the orphan caregiver, they are willing to care and support the orphan children. Moreover, majority of the caregiver are still in needs of caring and supporting the orphan children but what matter is the age of the caregiver (since they are relatively aged) and economic capacity of the household. The caregiver has been got psychological satisfactions while supporting the orphan children particularly the caregiver who has more than ten and above years of experience. Nevertheless, in spite of their positive attitude towards caring and supporting the orphan children, the study confirm that the orphan caregivers faced numerous challenges together with his/her families. These challenges has its own degrees/levels. As a result, some of the challenges were either minimized or unsolved based on the kinds of the problem associated with the holistic service of the children development. In line with this, the need of the orphan children is not meet as a majority and very few of the needs of the children is relatively touched using different coping strategies that the caregiver employed.

According to the majority of the caregiver responded, the study put the challenges rankly and the top three challenges of the caregiver were provision of food and nutrition, children education related expense and clothing were the major one when we compare with other key components

of holistic service. Either to solve or minimize the top challenge, the caregiver exert their efforts to meet the basic survival needs of the orphans through different coping strategies. The study findings found out that the commitment of orphan caregiver and struggle with the challenge of care and support plus effort made for searching different coping mechanism is together with integrating and considering them as a family member is highly appreciable. However, caregiver families were practically not coping with the orphan problem fully but the children is survived and still living in the family with their unfulfilled need. The study find out that the caregivers were got some assistance from NGO and CBO for care and support of the orphan children through different ways and the caregiver consider the support as one coping strategies so as to solve or minimize the challenge they encounter. This is verified by the study done by Abebe. A et..al,(2007) noted that: The society, government, NGO, FBO and CBO's inherit the role of guardian to the OVC and have to meet huge challenges when attempting to ensure the psychosocial wellbeing of these children.

Generally, according to the caregiver responses, the study concluded that the need of the orphan children is not fully fulfilled in line with social, psychological, physical, spiritual, and educational need due to lack of sufficient resources to provide care and support for the children to the standard and beyond. The findings call for a comprehensive intervention programme that addresses challenges of orphan caregiver in supporting the orphan children in order to fulfil their need to the standard in line with their holistic development.

Chapter One

Introduction

1.1 Background of the Study

Every society has in place some system for which to care for its parentless children. While the type of systems may at times vary, a signifying feature is the level of formal institutional or governmental involvement in the care of children. A family is considered to be the best source of psychosocial care especially for children since it is the only place where they can obtain solace and also freely express their feelings (Mangoma, Chimbari, Dhlombo 2008).Several studies and researches carried out on children have maintained that children need and have a right to be cared for and grow up with their biological parents so as to live in a family environment. Care of orphans and vulnerable children comes from nuclear families surviving with community assistance, extended families able to cater for increased numbers with community assistance, and, in extreme cases, children in child headed households or with no family involvement. [UNICEF and UNAIDS 2004:11]

Globally, about 145 million orphan children live in sub-Saharan Africa, Asia, Latin America and the Caribbean. In Sub Saharan Africa, where HIV has hit hardest, 12 of children were orphan (UNICEF cited YLPB, 2009). Moreover, (UNICEF, 2012) estimated that about 5.5 million children in Ethiopia were orphan. This constitutes around 15% of the total child population. Of these, 16% lost their parents due to HIV/AIDS.

When children lose their parents at early age and become orphans due to any cause, they experience multiple psychological problems like stress, anxiety, depression, lack of parental love, lack of self-confidence, poor communication, feeling of loneliness, helplessness as well as sleeping disturbance (Tadesse et al,(2014). The plight of orphaned children throughout the world is grave. There were an estimated 2 million children in Europe and the U.S. who without parental care (UNICEF/ISS 2004).

Much of the work on the topic of orphan hood has been stimulated by the urgent situation in Africa, where over 80% of orphans who have lost parents due to AIDS live (UNICEF

2003).While children's needs vary by circumstances, the report children *on the Brink* (UNAIDS/UNICEF/USAID 2004) identifies a number of critical areas affecting orphans.

One major challenge of orphan and vulnerable children is not getting the chance to attend their education. In some parts of the world, orphaned children are at risk for having their education cut short or interrupted, and this is often associated with their need to help support the household or the costs associated with schooling.

Basic need is very crucial in human lives and important factor for the survival of human being. Children without parental care are likely to experience threats to food, housing, health care are less likely to be immunized and more likely to be malnourished, sick, and neglected if they are young (UNICEF 2001). These basic needs are critical for survival and therefore represent an especially vulnerable risk for orphans.

Psychosocial care and support is the major umbrella that includes all the holistic service of the human development. Children without parental care have experienced loss in some manner, either through the death of one or both parents, or, for social orphans, the physical separation from their parents. One study of orphans in Zambia highlights these children's profound grief and distress, months and years after the death of their parents (Family Health International 2003).

Child protection is the other major issues of the development and children should be protected and cared either in their biological parent and their caregiver. More specifically, Children without parental care are made vulnerable to the extent they do not have a caring adult to protect them from dangerous situations or from others who would exploit them. UNICEF (2001) notes conditions in poorer countries are such that the need has "outstripped society's capacity to offering any form of alternative care, leaving growing numbers of children to fend for themselves" (pp. 72-73). For example, researchers have found that approximately 1/3 of prostitutes in Zambia are orphans (UNICEF 2005) and in several African countries, orphans are more vulnerable to homelessness and exploitive labor practices.

Among many study conducted in sub-Saharan Africa one study, Orphans in sub-Saharan Africa: the crisis, the interventions, and the anthropologist (orphans foster care anthropological research) revealed that current ethnographic data on foster-care practices do not adequately reflect the

changing context of fostering in Africa and there are knowledge gaps in four critical areas: collaboration between external partners and the local community; the role of older women as opposed to men in foster care; the context of orphan care giving; and the measurement of orphan care. Moreover to this, the study shows that it is only when new data are generated that effective and culturally sensitive programme for orphans and the people who are directly responsible for their well-being can be developed (Drah. B, (2012).

When orphan and vulnerable children faced the above difficulty and the relative or the other person who are responsible to care the orphan children (guardian) took the children to their family and they face challenges while care and support of them. Many challenges were faced caregiver (guardian) and the caregiver use different coping strategies while supporting the orphan children. According to the study done on situation analysis of orphan and vulnerable children in Zimbabwe, (Ministry of health and child welfare,2008) the major challenge by the community/caregiver in their effort to care for orphan and vulnerable children were in providing basic material need for orphan and vulnerable children. The major challenge was that of poverty which was worsened by the harsh economic situation. Most of the caregivers could hardly give adequate assistance with basics such as food, shelter and clothing.

According to study done on exploring formal and informal arrangements for care of orphans in Lesotho, the care of orphans in the communities is undertaken not only by the extended family members of orphans, but also non-relation community members (Sylvia .M (2008).

A lot of study conducted on an evaluation of the effectiveness of two community based psychosocial support intervention for vulnerable children and their impact, the community intervention programme offering psychosocial support for vulnerable children is effective and has had a positive impact on the community volunteers and it concludes that community oriented programmes offering psychosocial support to children affected by HIV/AIDS/poverty and violence are appropriate and ideal interventions to reduce vulnerability and increase resilience (Lungile 2007).

Children orphaned by AIDS are especially vulnerable to abuse and exploitation because of stigma and the lack of adult care and support (UNICEF, 2010). A large share of orphaned children is living in households headed by women and by elderly family members. Orphaned

children face a number of vulnerabilities and risks, such as sexual exploitation and abuse, hazardous child labour, early sexual debut and marriage, dispossession of property, poor access to basic services, poor school attendance and performance and poor emotional and mental health.

Study done on holistic care of vulnerable children, the care of orphans and vulnerable children is extremely complex. Their needs are much wider than what is often described as their basic needs, i.e. food, accommodation and education (Elisabeth Reyneke. B (2006). More similarly, the other study have been conducted and showing that variations in site and living arrangements were significantly associated with the subjects' psychosocial outcomes (Grace Zhou, 2012: 1)

Assessment made in semi-rural Kenya on impact assessment of a community-based orphan and vulnerable children empowerment program, the increased program participation significantly predicts improvements in self efficacy, resilience, food consumption and security, food independence, household income (Michael L Goodman (2014).

According to study done on Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited, there is a rural urban divide in the capacity to cater for orphans that emanates from structural differences as well as the socio cultural and economic values associated with children and the care of orphans within extended family households is characterized by multiple and reciprocal relationships in care giving and care receiving practices (Abebe, T , et al., (2007).

A study conducted in Chagni town, Guangua woreda, community response to provision of care and support for orphans and vulnerable children, constraints, challenges and opportunities, community awareness to the problem of OVC is relatively high in Chagni town, but response to the problem is low. HIV/AIDS and poverty are the main factors that attribute to the vulnerability and problems of OVC and their caregivers. The main challenges that the community encounters in OVC care and support are stigma and discrimination, poverty and lack of OVC policy and guidelines on community based care and support (Yohannes. M (2006)

More specifically, several study have been done around Jimma and according to study done on understanding the situation of orphans and vulnerable children in Jimma (Gudina et al., (2014),it was found that orphan and vulnerable children are vulnerable to malnutrition, poor hygiene,

child sexual abuse, drug use and child labor exploitation that children face in Ethiopia in general and Jimma in particularly.

1.2 Statement of the Problem

Alike elsewhere in the Ethiopia, there have always been orphans in Jimma and the extended families have always integrated orphans into their own social networks. However, as a result of increased mortality due to HIV and AIDS related illnesses, accident, hunger and the number of orphan children is highly increased. In general, Ethiopia counts one of the largest populations of orphan and vulnerable children in the world (UNICEF report, 2013). It goes without saying that HIV/AIDS is one of the major factors for the escalation of the number of orphans. .

The FDRE Constitution has devoted more than a third of its provisions to the cause of human rights protection. It has incorporated all generation rights, full panoply of individual and group rights and specific protections to vulnerable groups such as children and women. Article 36 of the Constitution is devoted to the various aspects of child rights protections that are in tune with the international human rights obligations the country has assumed over the years. This article also stipulates that children should not be subjected to exploitative or hazardous work conditions that may adversely affect their health or well-being. The Constitution singles out for more pronounced protection various groups of vulnerable children such as orphans, illegitimate children (children born out of wedlock).

As the challenge faced the care giver and the care giver tried to use their coping strategies while delivering care and support of the orphan children. In line with this, several studies have been done that show the care giver coping strategies. Drimie (2002) notes that several factors will determine a household care giver ability to cope up with the challenges including access to resources, household size and composition, access to resources of the extended family, and the ability of the community to provide support. Moreover to this, another study conducted in Uganda on challenge and coping strategy of the orphan family caregiver, revealed that, even in the face of severe socio-economic challenges, there is continued willingness by families to absorb orphans. In fact, some caretakers, particularly grandparents derive satisfaction from offering the care. However, in spite of this willingness, the study found out that orphan care in

families is fraught with several challenges whose scale and complexity often exceed the capacity of the families to effectively mitigate (Wamanya, 2010).

In Ethiopia like other African countries, the caretaker or guardian faced challenges and tried to use their coping strategies so as to give proper care and support for the orphan children. Accordingly, many studies have been done on coping strategies, study done on coping strategies of AIDS orphan in Addis Ababa (Wubitu et al., (2002) showed that there are different coping mechanisms to ensure orphan AIDS survival, security, socialization and other needs, needs which are threatened by the death of one or both parents. Moreover, the study indicate that different stakeholders that are involved in various degrees such as the orphan immediate family, the extended family structure, community organizations, NGOs and the government. The study summarized coping mechanisms of AIDS Orphans by categorizing into different points such as response levels (the family as an important unit for coping, institutional care, community responses, support from organizations) and as response categories (responses related to ensuring basic needs of orphans).

A study on Ethiopia revealed that most of the parental orphans, face the problem of low family income, for maternal orphans, it creates double burden on women guardians, their occupation depend on daily labor so did not have enough food, health care, housing and tutor. (Bimal Kanta Nayak, 2014). The study tried to identify possible out comes in social, economic, poor health status, poor academic performance, food shortage, child delinquents, child begging, dependency syndrome, school dropout and street children .though orphans undergo different problems like socio-economic and psychological problems. A study on Ethiopia revealed that most orphan and vulnerable children faced family, school and community related risk factors. Sizeable number orphan and vulnerable children faced community related problems including negative discrimination, rejection and social isolation, social or cultural. However, most of the m failed to use protective factors to buffer these risks. Consequently, most orphan and vulnerable children were found to be less resilient (Belay et al., (2014: 1).

According to study conducted on risks, resilience and adaptations in child life: success stories of resilient children and youths in Arba Minch, Child development challenges have been clearly identified and the study found that proper socialization, financial, material and technical supports in difficult times; involving children in solving family problems, promoting child's individual

capacities and attachment to positive peers could nurture resilience abilities and facilitate goal attainments in children and adolescents who are growing in risk situations (Tekalign .A,(2010).

According to study conducted on nutritional status and associated factors among orphan children in Gonder town, the main contributing factors for malnutrition of orphan and vulnerable children were family size, age of children, caregiver educational status, and main source of income. The prevalence of malnutrition in children below the age of five was high (Teklemariam, et al., (2014).

As to confirmed by many researcher, the living condition of children in the lower socio-economic status family, children living in lower family structure failed to get emotional and material support they are supposed to get under normal circumstances. More similarly, study have been done around Jimma on orphan and vulnerable children (Gudina et al., (2014), indicate that orphan and vulnerable children have little/no access to essential social services such as health, education and housing. The finding of the study also revealed that non-governmental organizations operating in Jimma areas have been supporting very few children with educational materials, health care cost and food. Moreover, similar studies have been done in Jimma and Agaro town on situational analysis of child sexual abuse and exploitation and clearly indicate that most of the children who exposed to sexual abuse are orphan in terms of their backgrounds of which majority of them are from poor families (Nega et al., (2014).

So far, many studies have been done on orphan and vulnerable children particularly on situational analysis of orphan and vulnerable children, orphan problems that children faced today, the community concern for the orphan and vulnerable children and risks, protection factors and resilience among orphan and vulnerable children were the major areas of study. However, study related to challenge of orphan caregiver, the way they use to overcome and the coping strategies were found to be prominent in various aspects of development in the study area are remain untouched. Thus, the intention of this research will be to full fill the existing knowledge gap on challenges and coping strategies of orphan care giver families. More specifically, the purpose of this research is to investigate challenge and coping strategies of orphan care giver families in Jimma town.

1.3 Research questions

The study were tried to investigate the challenges faced by orphan caregiver families and their coping strategies. More specifically, the study were answered the following basic research questions:

1. What does the situation of care and support given to orphans look like?
2. What are the main challenges caregivers faced in providing care and support to orphans?
3. What are the strategies and techniques the care givers use for coping with the challenges they face while offering care and support to orphans?
4. What do the perspectives of caregiver look like on the impact of caring orphan on their families?

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of the study were to understand the challenges faced by orphan caregiver families and their coping strategies.

1.4.2 Specific Objectives

The specific objectives of the study were:

1. To explore the situation of care and support given to orphans in the selected families.
2. To investigate the challenges faced by caregiver families in providing care and support to orphans.
3. To investigate the strategies adopted by families to address the challenges associated with orphan care and
4. To examine the perspectives of caregivers on the effects of family based orphan care.

1.5 Significance of the Study

The study have higher importance in having paramount in providing necessary information for government sectors working on the orphan and vulnerable children, useful as a reference material for researchers having similar area of interest, enable government bodies to trace back for the challenges related to orphan and vulnerable children at family levels and at national levels, enable the researcher to have a better experience on the topic under study, and it creates opportunity in understanding into the dynamics broad of orphan care and support at family level. Moreover, the significance of the study were provide valued information for government and NGO's looking for to capacitate families and caregiver to provide proper care and support for orphans and add values towards enhancing the body knowledge and literature on orphans.

1.6 Scope of the Study

The scope of the study were limited to the Jimma town in line with the exploring challenges and strategies for coping with the orphan problem at family level.

Chapter Two

Review of Related Literature

The literature review explores literature on orphan care at family level, adapted from studies on orphan care in Ethiopia and other parts of Africa. It gives highlight on orphan crisis globally, orphan crisis facing Sub-Saharan Africa and the crisis affecting extended families in Ethiopia. It continue with the three dominant concepts: context of care and support to orphan in Ethiopia, nature of care and support offered to orphans and approaches of orphan care and support. The scope of this literature review is expanded to include subtopics under each concept. These include the five elements of orphan care, namely, food and nutrition, shelter and protection, education, health care and psychological support.

2.1 Family

All children need close relationship with their parents and are sensitive to love. From the very first day of life an infant is capable of giving and receiving affectation and building relationship. This relationship and the feeling of being loved and wanted is a vital to their inner development. It is the basis for the development of child's sense of security, confidence and the ability to cope well with the other people and the world at large. From the consistent words and action of parents, a child gains a feeling of security, learns what is expected in relationship and develops a clear sense of what is right and wrong (Peter, 1999:30).

However in poor families where the children suffer from malnutrition, food insecurity, inadequate maternal and child care, unhealthy environment and infection of disease there exist, a poor relationship among the members. Unfortunately, parents are so wrapped up in their own trouble that they don't give their children either the emotional or support on the attention they need (Belsky, 1984:81).

2.2 Approaches of orphan care and support

Current approaches to dealing with orphan and vulnerable children emphasize the role of families, communities, institutions and foster homes. Hunter and Williamson (2000) outline different strategies to assist orphans and vulnerable children in the context of poverty. These are:

a) to strengthen and support the capacity of families to protect and care for their children; b) to mobilize and strengthen community-based responses; c) to strengthen the capacity of children and young people to meet their own needs; d) to ensure that governments protect the most vulnerable children and provide essential services; and e) to create an enabling environment for poor children and families. Although these strategies are not neatly separate from one another, their implementation in diverse social, economic, cultural and ideological systems reflects the powerful nature of donor-driven development supported by the international aid community. Generally, the three different approaches of orphan care and support are familial, community-based and institutional care and support.

2.2.1 Familial care and support

Families are the best place for children's rights and well-being to be secured. The duty of a state is to support families in doing this by providing accessible social services and social protection as well as ensuring the integrity of the family. The role of social networks of families in looking after parentless children is immense. In sub-Saharan Africa, the extended family system has for generations met most of the basic needs of children and provided a protective social environment in which they could grow and develop (Verhoef 2005). Children are purposefully sent to live with relatives in normal times for reasons that are different from resolving the problems of orphan hood and child destitution (Kayongo, 1984). In periods of crisis, kinship systems have dictated various social, economic and religious obligations towards the family lineage, as well as the social and material rights of the parentless children within the lineage. Consequently, on the death of the biological parents, the continued care of a child within the extended family has been guaranteed (McKerrow and Verbeek 1995).

However, the number of orphans in many African countries is increasing rapidly, placing a heavy strain on traditional child care within families and kinship systems. The traditional family structure is seen as being either overstretched or as having collapsed so that it is no longer considered capable of coping with the burden of caring for orphans (Kalebba 2004).

Orphans are well looked after by extended families and communities, and that even in the context of poverty the existence of support networks has an enormous impact on an orphan's well-being (Evans 2005; Foster and Germann 2004). This rather 'optimistic' approach provides

insights into the complex ways in which families pull resources together and continue to ensure the safety and social security of orphans, as well as providing care for those affected by the disease indirectly (Bray 2006). However, implementing external programs without examining the capacities and potentials of extended families can waste crucial resources while simultaneously supplanting existing structures of care, at the risk of making them socially unsustainable (Abebe and Aase 2007). Likewise, romanticizing the extended family system without a critical assessment of its constraints may result in the placement of orphans in unprepared families, to the detriment of the children's physical and social well-being.

2.2.2 Community-based care and support

Community-based care refers to local, community-driven care arrangements carried out with different levels or degrees of community ownership and participation (Ansell and Young 2004; Sanou et al. 2009). Like care by or within extended families, it draws on the resources and strengths of communities in mobilizing resources and takes on the responsibility of administering them (Kalanidhi 2004; White 2002). Ansell and Young (2004) identify three variants of community-based care for orphans and vulnerable children: care *within* the community (i.e. not in institutions); care organized *at* the community level, where service provision (e.g. food, education, health care) is coordinated through the use of already existing traditional community institutions, and religious-based and village-based committees; and care *by* the community, where resources (time, labour, money) are mobilized from community members in order to support orphans (Sanou et al. 2009).

Although numerous studies confirm the success of community-based care (Skovdal et al. 2009), they do not tend to benefit many orphans, who must be highly mobile in order to join extended family households which themselves are spatially dispersed. Many orphans also experience multiple migration in response to maltreatment in their host families or to seek better opportunities elsewhere (Ansell and Young 2004; Ansell and van Blerk 2004). By treating communities as stable and homogeneous, community-based care fails to reflect the fact that many orphans are newcomers in the places in which they reside (Ansell and Young 2004). In addition, since they lack funds, community-based care tends to be donor-driven, seldom taking

into account the perspectives of beneficiary children and families (Bourdillion 2004), who, from programming points of view, may have quite different expectations on the ground.

More crucially, community-based care functions with the premise that the extended family structure has already collapsed, although the available evidence shows the contrary (Abebe and Aase 2007). In Ethiopia, the second most populous nation in sub-Saharan Africa, nearly 95% of its 5 million orphans defined as children below 18 years of age who have lost one or both parents live in extended family households (MOLSA 2003). Despite this, most policies and programs for orphans in Ethiopia (and throughout the non-western world) emphasize the role of communities and resource-intensive external approaches (institutions, orphanages and foster homes) to the neglect of the fact that the responsibility for and care of orphans in particular, as well as of those who are indirectly affected by the devastation caused by the epidemic in general, ultimately falls on extended families. This reality is too often ignored, which is disturbing on many accounts. As Ennew (2005, 143) suggests, the shift towards the development of responsible citizenship and good governance at the local level is forcing vulnerable communities to assume greater responsibilities than they have the will or capacity to fulfill.

2.2.3 Institutional care and support

The traditional welfare provision for orphans outside families and the kinship system has been containment in institutions, largely financed through charitable donations (Ennew 2005). The level and quality of care provided in institutions differs from one institution to another, depending on the type of internal organization (family-based or conventional dormitories), the size of the family or other internal unit, internal equipment, the number of qualified staff, the working hours of care-givers and the type of relationship they have with the children, management style, the overall atmosphere within the institution and financial resources (Cahajic et al. 2003). Although institutions are considered to be the last resort for the care of parentless children, they have a role to play in short-term, emergency placements for sibling groups (Sanou et al. 2009) and for children who may be too traumatized to be able to fit easily into a substitute family (Cahajic et al. 2003). In addition, although professionals argue that children would rather live in families and home-like environments, the adoption of older children may be difficult, which limits the alternatives available for providing more children with family care.

2.3 Orphan Crises Globally

Exact figures are not available; not all nations have accurate census information. Recent estimates reported in the joint report, Children on the Brink (2004) assert there are approximately 143 million children worldwide who have lost at least one parent; of these, about 16.2 million are "double orphans" who have lost both parents (p.7). Extreme poverty, conflict, exploitation, war, famine, disease and the HIV/AIDS pandemic is having a devastating impact on the world's youngest and most vulnerable citizens. Orphan hood is leaving ever increasing numbers of children vulnerable, malnourished, poor, and uneducated with little hope for the future. "More than 100 million vulnerable children around the world do not go to school" (Care International, n.d., para.1). Since 1990, the number of orphans from all causes has gone down in Asia, Latin America and the Caribbean, but has risen by 50% in Sub-Saharan Africa United Children's Fund, 2006).

2.4 Orphan crisis facing sub Saharan Africa

No other region in the world has left more children orphaned and vulnerable than Sub-Saharan Africa. In 2005, the region was home to 48.3 million orphans from all causes, 12 million of them orphaned as a result of the HIV/AIDS pandemic (United Children's Fund, 2006). The real tragedy is the number of orphans in Sub-Saharan Africa will continue to rise in the years ahead.

As staggering as the numbers already are, the crisis in the region is just starting to unfold. As noted in the report *Children on the Brink* (2004) Sub-Saharan Africa is home to 24 of the 25 countries with the world's highest levels of HIV prevalence. As adults die, in growing numbers, they will leave increasing numbers of children behind.

With the second largest population in Africa, Ethiopia also has the distinction of having the second highest population of orphans (UNICEF, 2013). The HIV/AIDS pandemic is not the only contributing factor in the rapidly increasing numbers of orphans and vulnerable children in the country. Poverty, famine and disease, are also causes. The effects have placed an overwhelming burden on children, families, communities, and the country as a whole. The United Nations Children's Fund- Ethiopia (2007) estimated that there are 4.6 million orphaned children in the country, while 200,000 children allegedly lived on the streets of Addis Ababa. Like many other African countries, Ethiopia will continue to see increasing numbers of children orphaned in the

future. By 2010, United States Agency for International Development, United Nations Children's Fund and United Nations program on HIV/AIDS (2003) estimated 5,029,000 Ethiopian children suffering the plight of orphan hood. The vast majority of orphans and vulnerable children are cared for by extended family members. In Sub-Saharan Africa, 60% of orphans now live in grandparent headed households (Help Age International, 2006). The social and economic impact of orphan hood threatens the well-being and security of not only millions of children but also extended families that care for them and the country as a whole.

Children orphaned by AIDS are especially vulnerable to abuse and exploitation because of stigma and the lack of adult care and support. A large share of orphaned children is living in households headed by women and by elderly family members. Orphaned children face a number of vulnerabilities and risks, such as sexual exploitation and abuse, hazardous child labour, early sexual debut and marriage, dispossession of property, poor access to basic services, poor school attendance and performance and poor emotional and mental health.

Children in child-headed households face particular challenges. According to UNICEF report (2011), vulnerable children were asked to identify the main difficulties encountered in their lives. On top of their list was getting food, followed by lack of money, inability to go to school, lack of safe shelter, and limited access to medical care when they were sick and physical and sexual abuse. However, the majority of the children pointed out that their adult neighbors and other community members had responded positively and sympathetically to their situation. This is why extended families and communities are on the front line of the national response to the needs of orphaned and vulnerable children, and many countries government promotes community-based solutions rather than institutional care for children. However, this traditional support system is coming increasingly under pressure as the number of children in need of care is growing across the country as a result of HIV and AIDS (UNICEF, 2011).

2.5 The Crisis Affecting Extended Families

As in most African societies, Ethiopia’s extended families have assumed the major responsibility for the care of orphans and vulnerable children. The Ethiopian government has played a minimal role in the care of orphans and vulnerable children; according to Abebe and Aase (2007) this government does not have a social network system like many developed countries. This leaves

the burden to families, households, and communities, all of which are being stretched to the breaking point. Whether households caring for orphans and vulnerable children will be able to meet their basic needs depends largely on the family income. The pressure of caring for increasing numbers of children can challenge families when considering whether they have the capacity to absorb and care for more children. The United Nations Children's Fund (2003) stresses extended families may not have the capacity to meet the increasing demands of caring for additional children. The report also suggested that the greater the number of orphans in a household, the more likely it is that the household will become more poor. Families may be unable to meet a child's most basic needs such as food, shelter, clothing, education, and medical care.

2.6 Context of orphan and vulnerable children

The environment facing orphans or abandoned children in Ethiopia is extremely unfavorable. The increasing number of children who have lost one or both parents has overwhelmed the ability of extended families to care for them. Children who have lost their parents have no one to turn to because either their extended families have already taken in more children than they are able to care for, or that they are overwhelmed with a multitude of social and economic problems including HIV, or are terrified of HIV and the associated stigmas. Ethiopian orphans are suffering relentless deprivation of access to health, adequate food, housing, education, socialization, nutrition and other services. Many children are being cared for by their old and weak grandparents while some are taking care of each other without any adult care and support. But even this traditional mechanism of supporting each other is being eroded due to poverty.(Miskaye Children's Welfare Association).

However, poverty is not the sole factor for the increased number of abandoned children in Ethiopia. Abandonment is seen to be more common among divorced, widowed and unmarried mothers. Traditionally, the community does not accept the birth of children out of wedlock and for this reason unmarried mothers abandon their children for fear of social trauma and non-acceptance.

Various other factors also contribute to the grim situation of orphans in Ethiopia. To mention few, factors like population growth, food insecurity, poor attitudes and perceptions towards orphans have their own share of contribution in aggravating the situation of children at risk.
Children left without caretakers suffer from lack of parental love, individual care and attention as well as adult guidance. Many experience physical, emotional and sexual abuse and exploitation which further exposes them to HIV infection. Psychological effects include depression, guilt, fear, and possible long-term mental health problems. Orphans living in child-headed household are even more at risk to marginalization, insecurity and exploitation. Especially children orphaned by AIDS face isolation and prejudice. And children who are HIV positive face much worse stigmatization and discrimination.

The development of national plans of actions for orphan care and implementation of strategies and policies to address the problem of orphans in Ethiopia has been a continuous effort of the government and one that needs unprecedented recognition. However, the growing number of problems associated with orphans has now led to the point where further intervention is required.

2.7 Nature of Care and Support Offered to Orphans

According to standard service delivery guideline for orphan and vulnerable children care and support program of Ethiopia, there are seven core service components including shelter and care, economic strengthening, legal protection, health care and psychosocial support, education and food and nutrition (Federal HIV/AIDS prevention and control office FHAPCO, 2010). Child care is considered to be effective if it enables children to develop their holistic development. The legal and policy frameworks protecting the rights of vulnerable children in Ethiopia (FDRE) also indicated that children is able to access the key basic needs namely, adequate food and nutrition, education, healthcare, shelter and protection, as well as psychosocial support and love. These five provisions are part of the seven core interventions in support of orphans as stipulated in the FDRE constitution. A wise investment in children's health, nutrition and education will create conducive environment for future growth and development (UNICEF, 1991:24).

The child shall enjoy the benefit of social security. He shall be entitled to grow and develop in health, to this and special care and protection shall be provided. The child shall have the right to adequate nutrition, housing, recreation and medical services (ILO, 1979:41).Children of

developing nations are confronted with innumerable problems. But most of the problems are mainly related with question of health, education and nutrition (UNICEF, 1998:15).Literature on nature of care and support provided to orphans is accordingly reviewed along these five elements.

2.7.1 Food and Nutrition

Nutritionally, care encompasses all measures and behaviors that translate available food and health resource in to good child growth and development. Hence, to grow strong healthy bodies children need notorious food. Yet in under developed countries the majority of children are hungry, eat foods that little protein or faulty food consumption related with ignorance (UNICEF, 1998:15).

Nutritional status is an indicator of wellbeing and malnutrition is the result of a complex process with in which a number of variables coexists. Malnutrition is an outcome of various factors resulting from unfavorable socio-economic circumstances such as difficulties in obtaining food, unemployment which determines an irregular income for the family's bread winner limited access to education and health services are worsened by unequal access to and distribution of resources among members of the family (Peter, 1999:39).

Three clusters of underlying cause lead to malnutrition in adequate access to food in house hold; insufficient health services and unhealthy investment; and in adequate care for children. In adequate care for children is not merely due to the poverty of household. But it is also possible that the economic and social burden on poor families with several children led the mother to give less attention to her younger children whose nutritional status suffer in consequence (UNICEF, 1991:23).

In adequate access to food in household is the key underlying cause of malnutrition as determined by income of the households. As family income increases it is more likely that total expenditure of food rises. Many studies conformed the positive relationship between income and improvement in nutritional status of the household (UNICEF, 1991:23).

Malnutrition varies from country to country depending on economic, ecological, social and other factors. In Ethiopia at present the most serious nutritional problems are mainly due to law intake

of food as determined by incomes that influence the nutritional status at the house hold and individual level. The most important forms of malnutrition in Ethiopia are prate in energy malnutrition (PEM), vitamin A deficiency, and iodine deficiency disorder and iodine deficiency anemia.

Absolute poverty, poor health and sanitary conditions, limited knowledge of nutritional matters among certain households, and fluctuation in income are some of the principal seasons for the high prevalence of malnutrition (Bereket and Meknonen, 1996:47).

2.7.2 Education

Education is naturally accepted as a fundamental element in the preparation of children for the demand of adult hood and for a productive contribution to society. Besides its intrinsic value for human development and improving the quality of life, education determines the income and social status of a person in the modern world; meanwhile, most children in developing nations have no access to education (Peter, 1999:19). This child is entitled to receive education which will promote his/her general culture and enable him/her to develop abilities, individual judgments, sense of moral and social responsibility to become a use ful member of society (ILO, 1979:46).

However, children in developing notions don't have enough access to educational facilities. A large proportion of school age children may continue to be out of educational system. The reasons of exclusion of large number of school age children from educational institution include parental choice, by their own violation or for inadequacy of resources (peter, 1999:23).

The educational system of developing countries is in equalitarian in that poor students have less chance of completing any given education cycle than more affluent there are two fundamental reasons accounting for the in equalitarian nature of educational system. First, the private costs of kindergarten and primary education are higher for poor students than for more affluent students.

Second, the expected benefits of primary education are lower for poor students. Together, the higher costs and lower expected benefits of education mean that a poor family's rate of return from investment in a child's education is lower than it is for other families (Todaro, 2003:388).School attendance and school performance tends to be much lower for children of

poor families than for those from higher income backgrounds. Thus, in spite of the existence of free and universal primary education. Children of the poor are seldom able to proceed beyond the first few years of schooling. Their relatively poor school performance may have nothing to do with lack of cognitive abilities, it is may, merely reflect their disadvantaged economic circumstances (Todaro, 2003:389).

2.7.3 Health Care

As essential element of good health is access to curative and preventive health services that are affordable and of good quality. However, it is undeniable fact that there is scarcity of health centers in developing countries. Even if there is health centre, there will be lack of staff members and facilities and also if there are health centers and staff members with facilities, definitely there exists lack of access (UNICEF, 1998:103).

This lack of access to health services has a contribution for the increment of child mortality rate. However, the majority of the causes of death are preventable child hood diseases such as tetanus, tuberculosis, whooping cough and diphtheria. Never the less the fact remains that children of poor households do not have access to health care and may be further deterred from seeking timely and appropriate care (Ibid:103).A major factor affecting the health of children is the availability of clean water and safe sanitation. Progress in child health is unlikely to be sustained if the developing nation's children remain without access to clean drinking water and adequate sanitary services (UNICEF 1991:63).

Per capita income and health services coverage are much lower in poor families. In poor families, women and children are susceptible to health problems and various kinds of diseases. Malnutrition and infection often coexist in the same child and life expectancy may be quite high for better off family but far lower for the poor. (Todaro, 2003:361).Health status, once attained, also affects school performance better health and nutrition leads to earlier and longer school enrolment, better school attendance and more affective learning (Todaro, 2003:368).

2.7.4 Shelter and protection

Shelter and protection is the major components of basic service that the orphan and vulnerable children is supported. The core values of care and support guideline of orphan and vulnerable

children are rooted in the principles of child protection, which place the best interests of the child. Child protection is the other major issues of the development and children should be protected and cared either in their biological parent and their caregiver. More specifically, Children without parental care are made vulnerable to the extent they do not have a caring adult to protect them from dangerous situations or from others who would exploit them.

2.7.5 Psychosocial Support

Psychosocial care and support for orphan and vulnerable children is important for their developmental aspects. Children's psychosocial wellbeing affects every aspect of their lives from their ability to learn, to be healthy, to play, to be productive and to relate well to other people as they grow (Culver et.,al 2008). Healthy child development hinges greatly upon the continuity of social relationships and the development of sense of competence.

2.8 Conceptual Framework: Standard Service Delivery and Alternative Child Care Guidelines

2.8.1 Definition of Standard Service Delivery Guidelines

According federal democratic republic to Ethiopian, ministry of women and children affair adopted in Feb, 2010, the standard service delivery guidelines define the dimensions of care and support the specific actions and steps that must be taken by OVC service providers to assure a systematic approach and effective delivery of services to children.

2.8.2 Quality Dimensions and Core Service Components

The Standard Service Delivery Guidelines document contains seven core service areas which are considered critical components of a set of services for programming targeting orphan and vulnerable children. The seven service areas include:

Shelter and Care: These 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. Shelter is safe i.e has walls, a roof, widows, latrine and close to water source and is clean and shelter is free from risk of any abuse and violation of child's rights.

Moreover, shelter provides basic service facilities (i.e. toilet, water, etc.) and children have appropriate adult supervision. Generally, Shelter provision by linking children with Kebele and sponsors/fosters, caretakers.

Economic Strengthening: These services seek to enable families to meet their own needs from an economic perspective regardless of changes in the family situation. Families should have access to financial resources. A financial service delivery mechanism is developed to reduce debt (savings led financial services). Families and caregivers know/are trained in how to manage financial resources.

Legal protection: These services aim to reduce stigma, discrimination and social neglect while ensuring access to basic rights and services protecting children from violence, abuse and exploitation. Services are child-friendly and information is easily understandable and accessible. OVC and caregivers know when to access information or ask for legal help.

Health care: These services include provision of primary care, immunization, treatment for ill children, ongoing treatment for HIV positive children and HIV prevention. General medical checkup organized annually and treatment service is provided when needs are raised. Prevention measures and preventive health care is promoted. Referrals are acted upon and followed-up. Identify problems in a timely manner and through regular interaction at household level. Basic routine health screening is provided to identify problems (i.e. community case finding for OVC). Continuous access to necessary drugs, care (i.e. home based care) and care provider. Ability of caregivers and providers to listen and recognize needs. Caregivers, CBOs, and children are actively involved in their treatment, health education and other health care's activities.

Psychosocial support: These services aim to provide OVC with the human relationships necessary for normal development. It also seeks to promote and support the acquirement of life skills that allow adolescents in particular to participate in activities such as school, recreation and work and eventually live independently. Every child/caregiver has information about where and how to access resources/services. OVC are protected from harsh punishments, stigma and labeling. A stable and predictable environment exists for the OVC to find support within. Children have access to play materials and environment. All community services are child-friendly.

Education: These services seek to ensure that orphans and vulnerable children receive educational, vocational and occupational opportunities needed for them to be productive adults. Develop more effective communication channels between school and home (i.e caregivers) for OVC. OVC children attend school not unique from other community children. Prioritize school and individual needs. Provide sufficient school materials, supplies and uniforms to encourage OVC school retention. Promote a safe environment for the child at school, at home and in the community.

Food and nutrition: These services aim to ensure that vulnerable children have access to similar nutritional resources as other children in their communities. Child has food on a regular and consistent basis. Moreover, child has fresh and nutritious food to meet the requirements for his/her healthy development. Better food handling practices such as using good sanitation (e.g. hand wash exercise before and after meal) and safe food preparation and handling by OVC and caretakers. Awareness and practice of a balanced and nutritious diet for OVC and caregivers. Caregivers sensitive to the food need of children/OVC. The application of the standard service delivery guidelines are implemented at different levels like child levels, caregiver/family levels, community levels and system levels.

2.9 Kinship Care

Care giver provided be closely related family members or, alternatively, by more distant relatives or close family friends was known as kinship care or extended family care. It was generally seen to be the most favorable alternative care environment for children in most cases ensuring continuity in their upbringing and family values However; kinship care was not necessarily suitable and appropriate in every situation. Due to the vast number of children in need of alternative care in Sub Saharan Africa, the extra burden was over stretching the extended family's capacity. As a result kinship care givers lacked financial resource to provide sufficient care. The Wheel by Tigere (2006) exhibited that an OVC is the central focus of the community and the families. When children were absorbed by the extended family the decision on where they would live and who would raise them was based on the willingness and capability of the extended family member, rather than derived from children's own wishes and based on their best interests. For the purpose of this study, kinship care is provided by family relation for orphan children.

2.10 Foster Care

Foster case is one component in continuum of alternative childcare services. It refers to short or long term care within the private house foster families, mainly addressing those children who are unable to live with their biological parents and families. Across Sub-Saharan Africa, the term'' foster care'' was open to variable interpretation which differed from the definition provided by the UN Guidelines and the accepted use in the more industrialized countries (the legal placement of a child within a family other than its biological family (Williamson, 2004). In the latter, foster care was formal and in most cased temporary, carried out by non family members it include emergency care for babies, transitional care this was short term care, provided by trained caregivers, during whom a suitable and permanent care facility was found and short term or medium term care for children who were temporarily unable to remain their own home situation.

Foster care allowed the time and the space to improve the home situation after which children would be return to their parents. The biological parents usually retained parental authority in comparison to kinship care, the quality of care provided by unrelated foster caregivers was higher due to the fact that family members generally felt pressured to care for next of kin where as cares unrelated cares did so voluntarily, out of a selfless motivation (Tolfree, 2009). Informal foster care was encountered in most countries on the African continent; it was often a permanent arrangement, provided by the extended family. Although this type of foster care was defacto kinship care, in a number of countries there was an important factor at play for kinship cares" preference to be classified as a foster parent. In some countries foster parents were eligible for grants or other forms of welfare; for instance, in order for a child to be eligible for a foster care grant often higher than other grants the caregiver was supposed to be identified as a foster parent. Generally, The main objective of foster care service is to secure a substitute and temporary familial environment for orphans and vulnerable children on a temporary basis, till a child is reunified with his/her extended family or placed in other permanent alternative childcare program For the purpose of this study, foster care is provided by non-family relation for orphan children

2.11 Adoption

The importance and expansion of adoption services as one alternative form of care is necessary as a lot of children are left to fend for themselves owing to the dire poverty and the spread of HIV pandemic in the country. The main purpose of adoption service is to cater for the proper care and development of orphans and destitute children by placing them in a substitute and suitable familial environment. Among adoption, domestic adoption/local adoption form is key adoption form that the Ethiopian government highly encouraged and facilitate conditions in the country than supporting inter-country adoption.

2.12 Traditional model of orphan care and support in Ethiopia

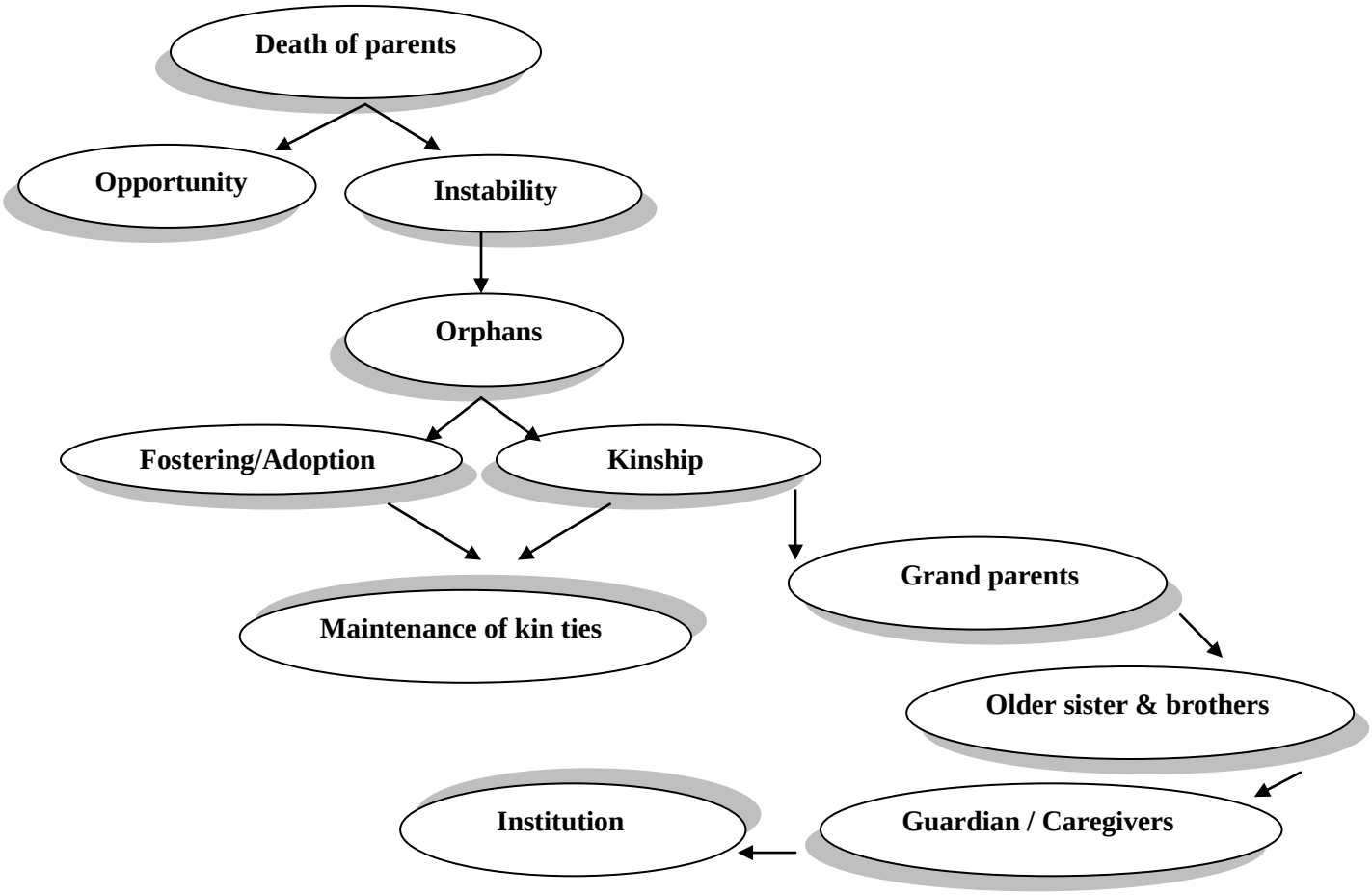


Figure 1. Traditional model of orphan care and support pathways, adopted from review of the legal and policy frameworks protecting the right of OVC in FDRE, Zewdineh B. Haile (2008:20-27)

2.13 Matrilineal and patrilineal kinship system of Ethiopia

Ethiopian decent follows a matrilineal and patrilineal kinship system. This means one's lineage, their family and ancestors are linked through the mother's and father's blood line. Each kin group is networked, with stress on sharing common cultural traditions, ethnic identity, and ancestors. Kinship defines a series of relationships that classify a group of members that can depend on each other for mutual aid and it is crucial because family members are guaranteed significant social support, benefits, care, property right, freedoms and an identity (Takai and Gyimah, 2007). Looking after one's family is the first priority in Ethiopian's life. Loyalty throughout the extended family remains strong within the group, and many people's first obligation is to care for and ensure the wellbeing of their family (Aldous, 1962). Family members contributed funds for orphans, elderly, unemployed, and education, acting as a substitute for a nonexistent public welfare system (Aldous, 1962).

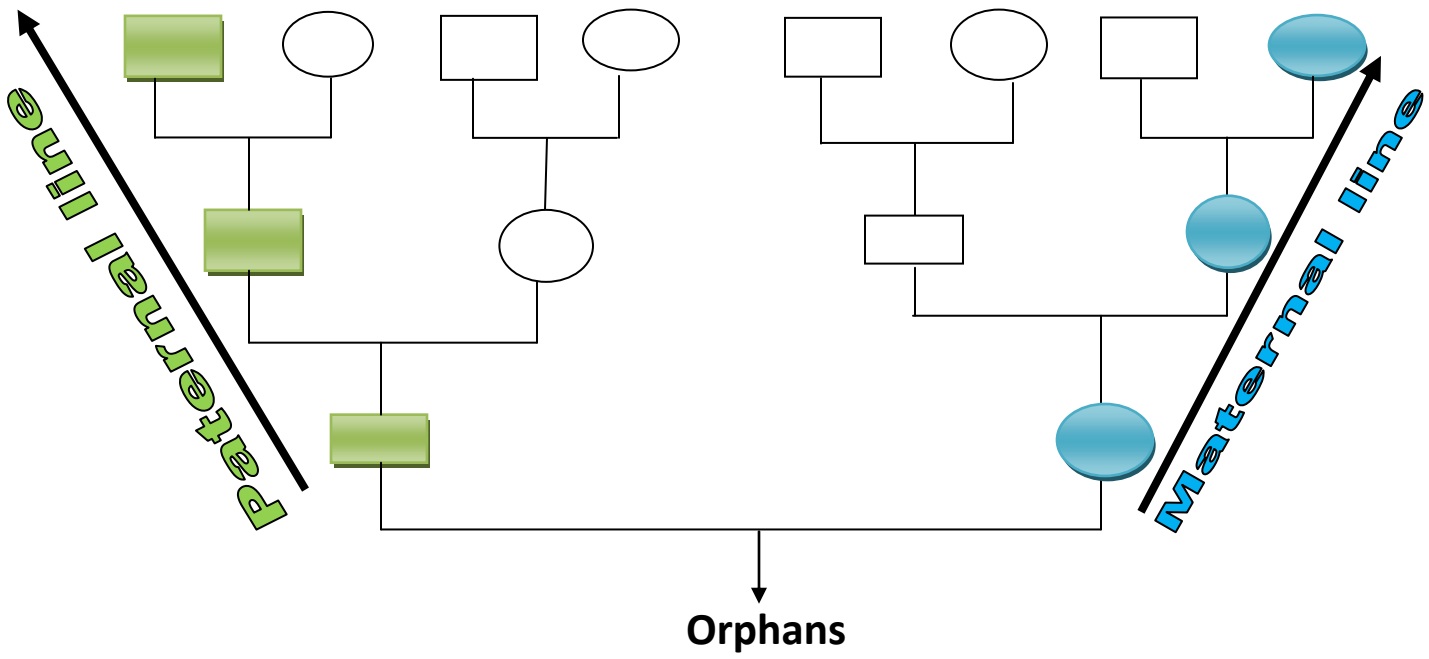


Figure 2. Matrilineal and Patrilineal kinship of Ethiopia

Chapter Three

Research Methodology and Design

3.1 Study Area

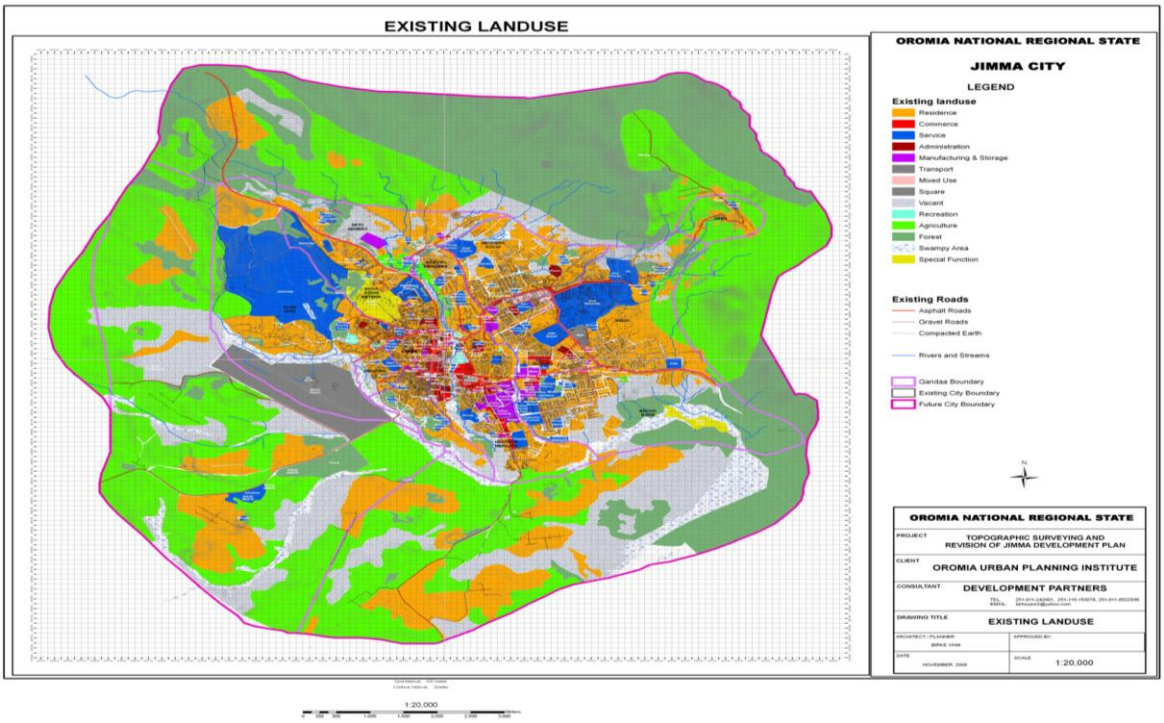
Jimma is one of the largest towns in Ethiopia located at the south western part of the country. Located in Jimma Zone of Oromia Regional State, the town lies at latitude and longitude of 7°40[l]-'N 36°50[l]-'E / 7.667°N 36.833°E and it is found 356 km southwest from Addis Ababa in a beautiful, fertile area at the end of a very good road and elevation from the lowest 1720 to 2010.

Based on the data gathered from Jimma city administration, Jimma town has a total population of 184,925, of whom 92,938 are men and 91,987 women. The three largest ethnic groups reported in Jimma are the Oromo (46.71%), the Amhara (17.14%) and the Dawuro (10.05%); all other ethnic groups made up 26.1% of the population.

Jimma has more than 13 kebeles. Bochobore kebele is the largest and the broadest located in East Hora Gibe, in west, Hermata kebele in south Bore, and in the north Awetu Mendera kebele. Different infrastructures were built to serve the people. Institutions like education sector, health, economic are found with a greater number when we compared with others kebeles in Jimma town.

Among many kebeles of the Jimma town, nine kebeles (namely Bossa Kitto, Bacho Bore, Mendera Kochi, Ginjo Guduru, Awetu Mendera, Bossa Addis, Sato Semero, Mentina and Ginjo) were puposively selected due to the reason that majority of the orphan caregiver were exist in this kebeles and this kebeles were were the former emerged kebeles under Jimma city administration structure.These kebeles were located in different direction of the town in scattered manner. Here is the map of the town which shows clearly the location of each kebeles.

JIMMA TOWN MAP



Source: Jimma city administartion,April,2015

Table 1. Distribution of the orphans caregivers by kebeles in Jimma town

Kebeles	Number of orphan caregivers	Years of experience in caring and supporting orphan children					
		1- 5	6-10	11-15	16-20	20+	Total
Bossa Kitto	6	2	1	1	2	-	6
Bacho Bore	4	1	3	-	-	-	4
Mendera Kochi	3	1	1	-	1	-	3
Ginjo Guduru	1	1	-	-	-	-	1
Awetu Mendera	2	-	2	-	-	-	2
Bossa Addis	2	1	1	-	-	-	2
Sato Semero	7	1	2	1	1	2	7
Mentina.	3	1	1	1	-	-	3
Ginjo	2	1	-	-	1	-	2

Source: The researcher's fieldwork, 2015.

3.2 The Research Design

A phenomenology study design of the qualitative method was used to investigate challenges faced by orphan caregiver families and their coping strategies in Jimma town. The focus of phenomenology inquiry is what people experience in regard to some phenomenon or other and how they interpret those experiences. Phenomenological research is a type of approach in which the researchers identifies the essence of human experience concerning a phenomena as described by participants in a study. Understanding lived experiences marks phenomenology as a philosophy as well as method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning. In this process, the researcher brackets his/her own experiences in order to understand those of the participants in the study (Creswell 2003).Cognizant of this fact, the approach was chosen as a relevant design to examine the subjective feelings, experience and options of caregivers about their challenge and coping strategies and their perspective as well in this study.

3.3 Approaches

In conducting the study, qualitative approach were used as the approach and gave high degree of flexibility to understanding the case in its qualitative nature. The qualitative approach were helped the researcher in gathering subjective information and other related issues such as the household economy, living conditions and health and welfare of the orphans and other related issues.

The data were collected through different categories so as to get the required data for the study. These categories were classified into four namely:

1. Those caregiver who has more than ten years experience in caring and supporting the orphan children either blood relationship or no blood relationship.
2. Those caregiver who has less than ten years experience in caring and supporting the orphan children either blood relationship or no blood relationship.
3. Those caregiver who has their own biological children.
4. Those caregiver who has no their own biological children/infertile/.

3.4 Sources of Data

Primary as well as secondary sources of data were used. The primary sources of data were the caregivers, key informants while secondary sources of data were documents like official reports related to orphan, published and unpublished materials on issues of children in Jimma town.

3.5 Sample Size and Sampling Techniques

By taking different conditions in to account, sample size of the respondents for this study were determined when the researcher reaches a saturation point.

As a sampling method, non-probability sampling of which purposive sampling were selected to conduct this research. Purposive sampling were used to select your samples on the basis of your own knowledge of the population, its elements and the nature of your research and researchers find it convenient to target those particular samples that was identified as a useful indicators(Babbie,1989:204). The justification for selecting purposive sampling method are the data required for the study by nature seeks someone with better understanding and wilful motivation, eliciting sample respondents purposively will facilitate the inclusion of those qualities and quality respondents, it is helpful to escape less important informants' inclusion in the sample which allows the resources to be used effectively, it enables researchers with the justification to make analytical generalizations from the study participants, it provides a wide range of non-probability sampling techniques for the researcher to draw on, to contact care giver and orphan children in the best way and it also used forgetting detail information on the case under study.

3.6 Data Gathering Methods and Tools

The data required for the study were collected from both primary and secondary sources in line with the sampling method. For the study, key informant interview, focus group discussion (FGDs), document review and case study were used to collect data. To do so, tools like interview guide and discussion guideline were used.

3.6.1 Key informant interview

Key informant interview / in-depth face to face interviews / is an appropriate method of anthropological study when it is not possible to participate into some important situation for different purpose. Interviews allow for dialogue surrounding the personal knowledge of individuals in how they experience the phenomenon, which can and usually is distinctly different from how others perceive it as an outsider (Bernard, 2011). Interview help to secure information on events that the researcher could not witness**.** The key informants (caregiver) were interviewed in their living home and other issues like time limitation, financial issues and other research resources order to conduct interview with limited informant. These interviews may be conducted several times with different individuals so that the researcher can identify trends in the perceptions and opinions expressed, which are revealed through careful, systematic analysis (Krueger, 1988).

3.6.2 Focus Group Discussion

Focus group discussions were organized to enrich the data gathered through key informant interview. Three focus group discussions were conducted having six to ten members from each surrounding kebeles representative, representative of community based organization and representative of religious leader and the caregiver themselves which were purposively selected having involvements in supporting orphan children directly or indirectly. The FGD were conducted in the form of discussion in respecting of their categories (the role they played) without identifying their sex to explore the situation of care and support given to orphans children. The discussion were taken one to two hours with each group. Focus group discussion is very important for collecting valuable information from group of people and useful to obtain certain types of information for it enable informants to discuss the issues under investigation. These detail discussion were important in indicating the various issues under the study.

3.6.3 Case Study

Life histories seek to "examine and analyze the subjective experience of individuals and their constructions of the social world" (Jones, 1983:147).The case study is very important in dealing with different events that the respondent experienced in their life and the case study under the

study is vital to investigate what events or experience that the care giver knows before and after start of support of orphan children. In addition, the case study is very important in dealing with events of orphan children before and after admission to the household.

3.6.4 Document Analysis

Document analysis is a social research method and is an important research tool in providing the required data in supporting of the above data collection method. Official documents were intended to be used from different organizations like Jimma town women and children office and other organizations which produce information's about orphan children. In the study, the document analysis include: official reports related to orphan, published and unpublished reading materials prepared on the study area.

3.6.5 Participant approach to data collection

Legal letter was taken from Jimma university, department of sociology and social work to Jimma town women and children affairs and women and children affairs were again prepare letter to concerned kebeles for facilitating the required data for the study. As a result, around 30 caregiver were participated in the study through in depth interview, key informant for not less than one hour interview with the caregiver. The data was collected at caregiver living home. The caregiver were explained their opinion freely including through in depth interview and discussing cases. To do this, the support of Jimma town women and children affairs (as a facilitator) and concerned kebeles were highly involved in data collection.

Focus group discussion have been made with respective three categories namely kebele leaders (from Bosakito, Bachbore, Mendera kochi, Awetu mendera, Bossa addis, Sato semero and Mentina), CBO representative (Selam idir, Medianalem idr, Hulegeb idir, Birehan idir, Furstale idir and Selam sefer idir) and religious leaders (Orthodox, Muslim, Protestant and Catholic). All these three categories were selected due to the majority of the caregiver were directly or indirectly lived around or participated in the activities.

During all these three FGD, two experienced orphan caregiver and one discussion facilitator were highly involved together with researcher and each and every participants were greatly participated and the discussion is so hot that essential data for the study were acquired during the session necessary data like note, photo and video have been captured. The focus group

discussion have been made for one FGD around 90 minutes. Local language were used for the discussion and it encourage the participants to expresses their view correctly. Furthermore, the researcher tried to clarify the issues that seems to be confused and debatable during discussion and give chance to each participant to know the view in relation the issues of discussion.

During document review, Jimma town women and children affairs welcomed the researcher and make available all the required documents like working manuals, office plan, office report(both NGO and CBO related activities report), other published and unpublished document related to orphan children for the study.

3.7 Methods of Data Analysis

The accomplishment of data collection were accompanied by data analyses by the help of qualitative analysis using thematic analysis data from FGD, in depth interview and document review), narrative analysis (from data of case study). The gathered data were analyzed qualitatively parallel to data collection. Since qualitative data are generated from every day events in natural setting meanings and interpretations were done parallel with data gathered. The data were discussed under creating some thematic topics primarily from study objective.

3.8 Ethical Consideration

Prior to data collection the researcher were asked for permission and communicate concerned government bodies for support and work actively in collaboration with other. All target groups who were participated in the study have been requested to give oral consent after the explanation of the research objective, procedures and informed consent as well as the benefit and possible risk .As far as the issues of privacy and child sensitive matters exist during data collection, the issues of confidentiality critically taken into consideration. The subjects could withdraw from the study any time or refuse answering any for question and interview. Their information were kept confidential and discussion were only be done with researcher.

Chapter Four

Results and Discussions

4.1 Introduction

This section presents the findings of the study. The study has four objectives, that is; to explore the situation of care and support given to orphans in the selected families, to investigate the challenges faced by caregiver families in providing care and support to orphans, to investigate the strategies adopted by families to address the challenges associated with orphan care and to understand the perspectives of caregivers on the effects of family based orphan care.

In-depth semi-structured interviews were used to gather qualitative data from 30 orphan caregiver, three focus group discussion(from kebeles leaders, CBO chairman and religious leaders), case study and document review from concerned government sector were conducted from official orphan related report, published and unpublished documents and others related evidences materials. The three FGDs (Focus Group Discussion) were made of 24 participants for all total of the three group having 8 members for each group and the FGD were conducted according to their categories.

The semi structured interviews used open-ended questions concerning challenges and coping strategies of orphan caregivers in order to gain personal opinions and knowledge about challenges and coping strategies of orphan caregiver while offering care and support of the orphan children. These interviews allowed me as the researcher to probe and clarify answers as Yin (2001, *accessed on line 13 April 2010)* state that, skilled interviewing can follow up a respondent's answer to obtain more information and clarify vague statements. Furthermore, non verbal as well as verbal cues were noted in the face to face interviews.

Moreover, focus group discussions are a special kind of group interview combined with techniques of qualitative analysis. Kumar (2008) says the only difference between a focus group discussion and an in-depth interview is that the former is undertaken with a group and the latter with an individual. Focus group discussions (FGDs) are very important they do not discriminate those who can read and write and those who cannot read and write to express their opinions.

They encourage participation by those who are shy or reluctant to be interviewed on their own since they can participate in the multitude Chisaka (2011).

4.2 Results

The findings are categorized into themes based on the study objectives and analyzed accordingly. The central part care elements provided by caregiver, that is; food, shelter, education, health and psychosocial support and care.

4.2.1 Primary information from household / Profile of the caregiver

Majority of the caregiver has age ranges from 40 to 60 years. In relation to their marital status, relatively 15 of the orphan caregiver were widowed and few of the orphan caregiver were separated and divorced and the rest very few were married and more than ninety five percent of them are female and the rest were male caregiver. The 14 of the orphan caregiver attended their education up to primary and 6 of the orphan caregiver were attended to secondary school which were from grade one to grade ten and the rest of the orphan caregiver were above secondary educational levels up to degree honors.

Moreover, the number of children living in the household ranges from three to six including both orphan and biological children of the caregivers. This means the number of orphan children in majority of caregiver house were one to three orphan and biological children is zero to three. Majority of the caregiver were engaged on petty trade / vending depend on sale of domestic necessities and other fruit and vegetables like potato, banana, tomato and preparing local drinking alcohol and other related petty trade as a source of income.

According to caregiver opinion, annual incomes of orphan caregiver could not exceed 550 Ethiopian birr per month for the majority of the caregiver. The relationship between the caregiver and the orphan is categorized into blood relationship (mother, father, grandmother, grandfather aunts, and uncles) and non relative.

Table 2: **Demographic and socio-economic backgrounds of the caregivers**

No	Respondent personal information	Number of caregiver participated in interview
1	**Se×**	
	Male	5
	Female	25
	Total	**30**
2	**Ethnicity**	
	Muslim	11
	Orthodox	15
	Protestant	4
	Total	**30**
3	**Education level**	
	Illiterate	5
	Primary	14
	Secondary	6
	Certificate	1
	Diploma	3
	Degree	1
	Total	**30**
4	**Age of caregiver**	
	30-40	2
	40-50	10
	50-60	15
	60+	3
	Total	**30**
5	**Marital status of caregiver**	
	Divorced	5
	Married	3
	Separated	7
	Widowed	15

	Total	**30**
6	**Caregiver relationship with orphan**	
	Non relative/no blood relationship	10
	Grandmother	4
	Grandfather	7
	Aunts	1
	Uncles	3
	Total	**30**
7	**Source of income**	
	Salary/ Wage	6
	Pension	7
	Self employment(petty trade)	15
	Other	2
	Total	**30**

Source: own fieldwork interview, 2015.

As it indicated Table 1, 25 of the orphan caregiver are females. Majority of the female caregivers were widowed, separated or divorced and the rest few were married. The ethnicity of the caregiver to the majority are Orthodox, Muslim and Protestant. Moreover, majority of the caregivers educational status were categorized under primary education levels and the caregivers age ranges from 40 to 60 years. This findings have been similarly indicated in other studies:

Older caregivers are also responsible for providing clothing, shelter, school fees, uniforms, books and other school requirements for children in their care and older people are playing major care giving roles amidst a multitude of challenges that included limited resources, knowledge, skills and social support related to patient care and rearing of OVC. (Lowiti, 2013:2)

The majority of the caregivers is self employment and many of the caregiver were engaged in petty trade / vending in front of their residential home by selling domestic necessity like potato, tomato, pimento and the few of the caregiver sell the vegetable and fruit like mango, lemon,

avocado and the like. Moreover, few of the caregiver got very low pension salary for all the expense of the household which is unable to cover all the expense of the household.

According to the data obtained from the orphan caregiver during interview on their geographical distribution, the majority of the orphan caregiver were located in the kebeles of the former administrative structure of the town as some kebels are now either merged or restructured. These former kebels of the caregiver were lived in the kebeles namely Bossa Kitto, Bacho Bore, Mendera Kochi, Ginjo Guduru, Awetu Mendera, Bossa Addis, Sato Semero, Mentina and Ginjo. Of these kebeles, the majority of the caregiver lived in the Sato Samaro and Bosa Kito having ten years and above experience in caring and supporting the orphan children.

Very few of the children were cared by the caregiver and lived outside of that household. These orphans were not fully cared and supported by the caregivers like those living in the household due to the fact that they were becoming independent and striving to lead their lives.

4.2.2 Situation of care and support offered to orphans

This parts of the study objective planned to show the care and support situation of orphan received from the caregiver. According to the data gathered from the selected caregiver through key informant, the majority of the caregiver provide different types of care and support typically service that has an input for the orphan children holistic development like food and nutrition, shelter, protection, education, health care and psychosocial support(PSS).

The most important factor that initiate or motivate the caregiver to offer care for the orphan were from the heartedly love and affection of children, having positive attitude towards children, compassion of children and humanity as the whole.

'' The children didn't know everything and if they were attacked by challenges, they would be not fruitful. Due to this, I decide to take the child and struggle with the challenges of the live '' a caregiver.

The feeling of responsibility towards caring, believing the case as a charity work and replacing future generation were some of motivation factor for few respondent. On other hand, some respondent opinion in relation to offering care to orphan were sense of feeling of motherhood that declaring:

" Every household / mothers have an obligation of caring those children and ensure feeling of motherhood not only for our biological children but also for those children have lost their parent due to different factors " a caregiver.

The majority of the caregiver have one month to 20 years of care and support experience having one to three number of orphan children. Most of the household were provide care and support of large number of orphan children below 15 years of age. No matter how the challenge is exist, the caregiver attempt to give full support of service which consists of holistic development, indispensable for the continued existence and growth of the children. The caregiver were willing to provide continuous care and support of the orphan children until they become independent and beyond.

" Until they become self independent and beyond, I will be with them in the time of happiness and sadness and in every social issues like marriage, inauguration and others. " a grandmother

4.2.2.1 Nutrition/ feeding

Appropriate food and nutrition is very crucial for human developmental aspects particularly for children. The food that consists of balanced diet like enrich protein, carbohydrates, fat and other component is vital for the children in line with proper/normal growth, recover from illness and to undertaking proper cognitive growth of the children. This study found that the caregiver / household used food is mainly produced(source of food produced) from locally known types of food like teff, sorghum, maize, cabbage, wheat and others.

These all locally produced food is purchased from the market. The frequency of meals that the household eat including for the orphan is below standard (two times meals per day) and it lacks balanced diet contents like carbohydrate and protein which is not good for the children below ten years having an impact on the children cognitive development.

The recommended standard is that children should have at least four to six meals per day, depending on the energy density of the local foods and the amounts consumed at each feeding (WHO, 2005).

Very few households were able to provide the minimum four meals recommended in a day which is poor contents of balanced diet like protein and other contents. Many of the households provided roasted cereal and bread alone for breakfast, and sometimes they provide food left from previous night supper.

This minimum recommended provision of meals was directly associated with the household economy and caregiver ability to generate income that support the household expense and their age because most of the caregiver is aged (more than 40 years).

Dinner meals were provided by caregiver to the orphan children and their own children by the support of their self-dependent children who live in that household. Very few experienced caregiver who have been giving care and support for orphans more than 20 years got financial assistance from previously cared orphans who became independent and live outside the household. As a result, the caregivers able to provide dinner meals. Caregivers' inability to provide recommended meals per day and balanced diet for the appropriate growth of the children seems to be a common and growing problem as the capacity of the caregivers is weak and no possibility of generating supportive income.

Similar findings point out that very few households were able to provide the minimum four meals recommended in a day (Wamanya,2010: 56).

Other studies in Sub-Saharan Africa shows that the inability of orphan caregiver to provide the required number of meals and the diversity of foods that are ideal for children to thrive (Mangoma, et al 2008).

Few of the caregivers provide special food for the orphan children at the time of specific holidays and at the occasion of celebrating some events like birth day of biological children or the orphans. However, the food offered for the orphan children at the time of these events were not balanced and satisfied the children but according to very few of the caregiver, the food is so balanced and to the standard. Moreover, there is a time at which these special food is absent in the day of celebration, this creates stress and it discourage the caregiver even not to support the orphan caregiver

According to the data gathered from kebele, CBO and religious leaders through interviews and informal discussions with surrounding residents in the study area, feeding, balanced diet that means proper food and nutrition was a general problem in caregiver households and other families who don't have orphan in their household.

4.2.2.2 Shelter

Appropriate shelter for children is a mandatory components of care and support for children and it prevents them from different abuses and harms. The study found out that majority of the selected caregiver keep the orphan children in their household which is very important for the children's security and protection.

However, the majority of the caregivers' house is either rented from private owners or live in government owned houses taken from kebele which are too old with broken wall and roof. This makes the caregiver fear of continuing care and support of the orphan together with their biological children. Few of them have their own private home. The majority of the household(both rented and private) consists of one to three orphan and biological children, who lives together in the same household.

The study found out that majority of the household have no separate room for orphans than making them sleep together in the big room of the household by classifying based on their sex with separate sleeping materials like blanket, towel and other necessary materials. Sharing sleeping room among couples and children (orphans or biological) affected the privacy of all. This in particular negatively affected husband and wife's privacy for sexual affair and it also hurts feelings of their children especially the adolescent ones. Almost all of the caregivers explained that the care and support provided to orphans in line with quality of accommodation for children's interests and needs in the household is poor or they expressed dissatisfaction.

Majority of the caregiver wished if all the children in the household have their own sleeping room. Lack of separate bed for each child, the issues of privacy mentioned earlier and inadequacy of food provided for children compromise standard of service given to the orphans.

Very few of the caregivers are satisfied with the accommodation given to orphans from the viewpoints of household capacity standard and traditional ways of care and support. Even though they have little knowledge of standard care and support recommended by WHO. Fascinatingly, however, the caregivers provide the same accommodation of bedding, blanket, towel and other materials to their biological children. i.e there is no special material provision for their biological children than sharing those materials prepared for orphan children.

This finding agrees with a study conducted in African on orphan caregiver that similarly found there is no special treatment for caregivers' biological children in regard to provisions of bedding such as blanket, towel and other materials when we compare with orphan children in the household(Wamanya,2010: 59).

Similarly according to a study conducted in Ethiopia on the politics of orphan care at household level, caregiver were doing all they could to maintain equity and fairness in distributing resources among children under their care (Abebe and Aase (2007).

The supports that the caregivers got from their biological and independent children have a great influence on the provision of quality bedding material like blanket, towel and other necessary materials, this temporarily support shifts caregiver attitude from dissatisfaction to satisfactions levels. Due to lack of knowledge of many household, the issues of provision of quality bedding with standard material is generally poor among the caregivers of the orphan and other household of non-orphan caregivers.

Table 3: Caregivers' opinion on quality of materials provided to orphans

Types of material	Number of happy caregivers with the material provided	Number of unhappy caregivers with the material provided	Total
Bed	**2**	**28**	**30**
Sleeping room	**8**	**22**	**30**
Blanket	**9**	**21**	**30**
Bed sheet	**12**	**18**	**30**
Mattress	**7**	**23**	**30**
Pillow	**16**	**14**	**30**
Towel	**11**	**19**	**30**
Night cloth(ቢጃማ)	**10**	**20**	**30**
Night shoe	**20**	**10**	**30**

Source: own fieldwork survey or interview, 2015.

As indicated in Table 2, the majority of the orphan caregivers are not satisfied with almost all of the services they provide except night shoe because they easily provide plastic made cheaper shoes called **'' Yirganodo ".** The table revealed that bed is the top challenges of the caregivers which is still confirmed as they are not satisfied with the provision.

4.2.2.3 Education

Education is one big components of care and support for orphan and vulnerable children and according to caregivers' opinion education is the most important one for the orphan future life through which orphan would develop themselves. One of the informant stated the importance of education for the orphans as

" I don't have any inheritance for the children than supporting them in their education, lead or support themselves by it **''** a caregiver

Majority of the orphans in the household is enrolled in school together with caregivers' biological children except pre-school age children. Even though there is constrain of economy,

the caregiver have attempted to keep orphans in school primarily for the future success of the orphan lives and it is very important situation for the caregiver so as to protect the orphans from abuses and other things that harm them.

The study found out that almost all of the orphans were attending their education at government school and very few were attending their education at private school. The latter is for orphans cared by caregivers who have assistance from nongovernmental organization. The total cost of the school fees and other scholastic materials were covered by caregivers and NGO. The average cost of schooling ranges from Birr 500 to 700 per year and 1500 to 1800 per year per child respectively.

Majority of the orphans were enrolled in elementary school and there is no school types and payment coverage difference between orphan children and caregivers' biological children but what matter more is where the support for the orphans comes from i.e whether supported by caregiver or supported by NGO. Both supporters of the orphan children i.e caregiver and NGO were insignificantly satisfied with education delivery because the quality of the education provided for the children is not enough and to the standard.

According to the data regarding orphans' education revealed that there is no major difference between sexes in terms of access to education. Majority of the orphans were attending primary education at government schools which were relatively low payment and required less material inputs when compared to private schools. Part time school attendance of the orphans creates good opportunity for the caregivers to engage the orphans in some life skill based training like selling material of domestic necessity in front of their home which support their life through generating their income.

'' The orphan is registering nearby school so that they come to their home early and engaged in the activities of selling domestic activities in front of their home.''

4.2.2.4 Medical/ health care

Majority of the caregivers reported good health status of orphans under their care. Moreover, the caregivers reported that their children were sick like other people with on and off health condition. Similar to education where the majority of orphans were sent to government schools,

almost all of the caregiver took the orphan children to government clinic and very few of them took the orphan to private clinic when they fell sick.

In addition to government and private clinic, the caregiver treated the orphan children using traditional healing system like baptizing the children in church and preaching holy Quran and the caregivers treat them using traditional healing practices which primarily relies on the knowledge of the caregiver administer the treatment. This can be inferred from the following quotation by an interviewee:

'' When children become sick, I don't take them to clinic before we try some traditional medicine for treatment like using make them drink holy water "Tebel", herbs (naming dammakassee local language) for allergic. Children are taken to the modern clinic if and only if they become seriously sick '' the caregiver.

Table 4: Sources of health care for orphans

No	What do you do to treat your children when they fall sick?	Number of place of caregiver taken the orphan children for treatment.
1	Government clinics	11
2	Private clinics	4
3	Traditional healer	3
4	Faith based healing like baptism, preaching holy Quran and the like	7
6	Other	5

Source:. own fieldwork survey or interview, 2015.

Table 4 revealed that majority of the orphan caregivers took the sick orphan to government clinic for the medical treatment due to the lower cost of treatment at government clinic compared with private clinics. In addition, few of the orphan caregivers took the children to private clinic having the perception of better quality health treatment delivery in the private clinic. This is done if and only if the orphan children is supported by the nongovernmental organization and the caregiver's

salary is relatively good. Traditional and faith based healing have a significant place among caregivers in caring and treating children compared to the medical treatment.

According to the caregivers' opinion on the health care service, they are slightly satisfied with service given to orphan. On average, the orphan care giver spent from 300- 600 birr per child per year for orphan medical treatment and of these the majority of the caregivers get the children treated at government clinics and few of the caregivers get their children treated at private clinics.

According to the data generated from the caregivers, government clinics/health center is the main source of health care for orphans. According to caregivers' perception, health is defined as the context of absence of disease. This means that when the orphan children is not sick and their health condition is not disturbed the caregiver says the children is in good health. However, few of the caregivers understand the fact that as vital components of health care like sanitation, medical checkup, proper hygiene and nutrition are missed and they do not meet the standard of the balanced diet which is very dangerous for the proper growth of the children and cognitive development of the orphans.

According to study conducted on the issues of health care service for orphan children that provided by the caregivers, found out that basic sanitation was seriously in lacking and was an often ignored component of healthcare within orphan caretaker households (Kalibala et al. (2009).

4.2.2.5 Psychosocial support

This is an ongoing process of meeting emotional, social, physical, spiritual and mental need of a child all of which are essential elements for meaningful and positive human development (Gilborn et al.,2006).

Psychosocial support is very important components of holistic development of children primarily having various developmental aspects like emotional, social, physical, spiritual and mental developments.

The data gathered from the field found that orphans have been interested and easily integrated with neighbor children and the degree of the socialization with their peer and with the environment is good.

According to caregiver opinion, the issues of behavior is a critical concern for the orphan caregivers due to the fact that the orphan children experience different strange behaviors that they manifest in and out of home at school and plays areas. Orphans manifest some unique behaviors at school which makes them unique and facilitate conflict with other school children and teachers too. Sometimes this condition affects children educational performance to the extent of being dismissed from the school.

The caregivers have established good relationship and interaction with the orphan children which pave ways for the caregivers to freely communicate the orphan in relation to their parent especially their death and its cause of death. Accordingly, the data gathered found out that orphan pose question to their caregivers freely about their biological parents be it death and missing of the parents and the cause of their death. The caregivers in turn clearly explain the cause of their departure from their biological parents basically based on the age of the orphan children and their maturity levels to duly understand the matter. But some parents reported that they fear to tell them about their biological parents just not to harm their emotions. The data also revealed that some orphans raise question again and again regarding their identity " **who am I** '' and want to search their biological parent as far as the information they got from the caregiver is positive and heard as their parent is alive.

According to orphan caregivers' opinion, the majority of the orphan children were not worried about their future life and because of the care and support provided for them is relatively good and due to lack of detail knowledge about their future life. However, some of the orphans worried about their future life particularly they associate with failure of their educational performance. A grand father told that '' After we grow and complete our education and if not succeeded what will happen to us and where we go and by what and where we live, the orphans ask.''

But - some of the caregiver responded that some orphan children express their view as they have interest to go to abroad like Saudi Arabia for earning money so as to support themselves and the caregivers' family too.

The study found out that some of orphans reported as they were stigmatized and discriminated for being orphans by children and youth at school and in neighborhood environment. The caregivers themselves are sometimes victims of discriminatory insults. The following words by a neighbor to a key informant reveals the situation. People in the neighbor mocked at the caregiver saying:

'' My Abebech Gobena ! My mother Theresa ! Where did you get this child ? ''

The study found out that only some of the orphans experienced stress, anxiety, felling of hopelessness and other psychological related problems. Even though no data is directly collected from orphans themselves, the caregivers reported that some orphans manifested symptom related to psychological disturbances and that they took measures as per the problem. Among the action taken by the caregiver to reduce and eliminate the problems were counseling and guidance, providing love and affection for them and increasing attachment with them.

In general, within the constrain of economy, caregiver families have been tried to address the basic care needs of orphans, including food, shelter, basic education, health and social protection. Even though some of the needs may be partially met or not met at all, the efforts so far have been good and encourage other families to involve in caring and supporting orphans.

In general, the fear of the caregiver is manifested through different ways while supporting the orphan children particularly when the caregivers tried to admit orphans to their household and after the admission. Fear of the caregiver in this regard is reflected in four ways.

The first one is when the child is HIV positive (fear of HIV / AIDS virus transmitted to their own biological children) and the second one is if the child would hear about their biological family from outside assuming that they may be lose trust in the caregivers and other family members and the third one is the fear of admitting female orphan children due to harmful practice in the community and last one is if the child is difficulty of telling the orphan about his/her HIV status if the one is positive.

Moreover, some caregivers fear punishing the orphans like their biological children thinking that the orphan may feel that he/she is being discriminated and loneless.

4.3 Challenge of caregivers in supporting orphans

This section particularly focuses on challenges caregivers face in providing care and support for orphans. The challenges are understood in line with the key five core components of care and support that families provide as described in the previous section. These five core components of care and support include education, medical/ health care, nutrition/ feeding, shelter and psychosocial care and support (PSCS). A study conducted in Ethiopia reported that caregivers lack sufficient resources to provide basic needs to orphan and vulnerable children (Balew Get al., 2010:48(3):219-28).

4.3.1 Nutrition / feeding

Nutrition is very important for everyone, but it is especially important for children because it is directly linked to all aspects of their growth and development. In relation to food and nutrition, the study found out that it is one challenge of orphan caregiver and the majority of the caregiver considered the food and nutrition as the top challenges when compared with other key components of care and support. The caregivers perceive food and nutrition as a challenge in the way that they were unable to offer different types of food that children often demand because the caregiver doesn't have either enough financial support or land to cultivate some food items which is locally produced at the back of their home. Similar problem was reported by Teklemariam, et al., (2014:182) as " The main contributing factors for malnutrition of orphan and vulnerable children were caregiver educational status, and main source of income."

Therefore, the caregivers are forced to use their inadequate earnings for the food expenses which is not sufficient to provide care and support for the orphans based on their interests, needs and requests. In this line, Wamanya (2010: 68)indicated that caregivers were unable to provide the different types of food that children often demand.

By implication the foregoing findings converged with the findings revealed by the WHO (2010) which pointed out that generally the caregivers were unable to meet the conventional

requirements standards for feeding the children especially in most of the developing countries to chronic poverty they are subjected to.

The majority of the caregiver supply food items which is purchased from the local market called " Gulit " /mini market/, a place where many food item were found with relatively cheaper price.

'' Sometimes when challenges faced in relation to providing food, the children eat the food without sauce and they used water instead of sauce. Occasionally they ask food types from what they observed near neighbor and unable to provide what they wants '' the caregiver.

From caregivers' viewpoint, the care and support that they provided for the orphans is not adequate and not satisfactory other children in their surrounding and aware that they are not fulfilling the required level service particularly in relation to food and nutrition.

The caregivers earned monthly salary from 250 to 1500 on average and it's mainly based on the activities they engaged in and employing organization. The caregivers have been spent more than what they get for food and nutrition and few of the orphan children have been chance of admitted to some local and international NGOs in Jimma town and have got some support from the NGOs in relation to covering all expense of food.

4.3.2 Shelter

In this regards, the study found out that providing proper accommodation for the orphan children were a challenge for the caregiver. On average, only some of the caregivers are providing relatively good accommodation in relation to shelter and together with bedding and dressing. Yet it does not meet standards set for children that reads **"** In a normal situation, basic bedding for a child would at a minimum constitute of a bed, blanket, soft mattress and bed sheets (UBOS/Macro International Inc., 2006).**"**

According to interview made with caregivers and researcher's personal observation, the quality of shelter for children in selected households was inadequate, and in a few households it was not good for the children's health condition.

Out of five households, one household's children are sleeping on the floor using '' canvas '' at the ground and clothing the old blanket. The children sleep without bed sheet, night cloth and in

the living room called '' salon '', which they don't have their own sleeping room. As a result, few of the children were open to cold disease which the caregivers were unable to get children treated at best clinics.

Table 5: Caregivers' challenges on bedding materials provision to orphans

Types of challenges	**Number of caregiver facing the challenge**
Bed	**28**
Sleeping room	**22**
Blanket	**9**
Bed sheet	**18**
Mattress	**7**
Pillow	**5**
Towel	**11**
Night cloth(pygam)	**15**
Night shoe	**6**

Source: own fieldwork survey or interview, 2015.

Table 5 clearly shows that the challenge of the caregiver in supporting orphan children in relation to offering shelter. The table revealed that the major challenge of the caregivers is lack of bed, sleeping room and bed sheet. Challenges like lack of blanket, pillow, night cloth, night shoe and mattress are relatively problems faced by less number of caregivers. As evidence obtained through interview, instead of using blanket and mattress, the caregivers used different related materials that are available at their disposal like bigger parents 'cloth , for example, '' skirt '' Purchasing cheap materials instead of mattress and mattress second hand cloth is another means. Use of night cloth, towel, pillow and night shoe in bedding is not known in the households as important items and they didn't experience at sleeping so that the caregivers do not give due attention.

4.3.3 Education

Most orphan and vulnerable children faced family, school and community related risk factors (Belay et al, 2014).

As to orphan caregivers, education is the most important care and support components whereby caregivers have to strongly support the orphans. In relation to education for the orphans, the most important challenge of the caregiver was the issues related to covering all the expense of scholastic materials and school fees, school uniform together with transportation cost and other related educational expenses. The issues of covering all educational expenses were associated to the challenge that the caregivers inability to generate adequate income so that they can support their family living and educational expenses of children in the family.

This was verified in the recent situational analysis of orphan and vulnerable children in Jimma and their surrounding which Nega et al., (2014: 251) note:

Due to little/absence of income generating activities (IGA),the caregiver was unable to cover all the cost of scholastic materials and school fees, school uniform and other related educational expense.

As it mentioned above, school uniform, school fees and scholastic materials together with transportation cost were the most challenges for the caregiver.

'' By fulfilling all necessary educational materials and sending the children to school is so difficult. As a result, the children were drop out their education and they become poor in their academic performance '' the caregiver

Again the above quoted caregiver idea is verified by the research conducted on situational analysis of orphan and vulnerable children in Jimma and their surrounding point out that: Nega et al.,(2014:251).

Orphan and vulnerable children are poor in their academic performance and unable to pass from one class to the next. Lack of basic needs, educational materials and adequate time to study are the major factors for their poor academic performance.

According to the majority of orphan caregivers' perception, there is big difference of payment of school fee between private and government schools including school uniform and scholastic materials together with transportation cost hence there is gap in relation to quality education delivery between the two. Therefore, the caregivers cannot support the orphan children to the standard of quality education, which is very important for orphan children for their future life in the success of their education.

Table 6. Educational Challenges of Caregivers

Challenge	**Number of caregivers faced the challenge**
Transport cost	26
Lack of uniform	18
Different scholastic materials	13
School fee	9

Source: own fieldwork survey or interview, 2015.

Table 6 indicates that, the major challenge of orphan caregivers in relation to educational support is difficulty of covering the expenses of education particularly the transport cost as primary problem and covering school standard uniform as second important challenge. This was verified in a study by Faith Zimondiet al...,(2015: 5) who noted that;'' Scholastic materials, school uniform and infrastructure development are predominantly a very high level of challenge for the caregiver according to the majority of the caregiver responded ''

Moreover, the perception of orphan caregiver have a significant place for the ranking of the challenge particularly to the area of educational challenge of orphan children. For instance, school transport cost challenge for one caregiver is significantly a challenge. On other hand the challenge of school fee is slightly a challenge.

The caregivers have been spent 300-600 birr per child per year for educational support of the orphan children and only some of the orphan children have got chance of admitted to some local and international NGO (like SOS,CDP,FC,MC) in Jimma town and have got some support from the NGO in relation to educational scholastic materials.

Study conducted in Jimma and their surrounding on situational analysis of orphan and vulnerable children confirms that some of the faith based and the secular non-governmental organizations were also offering school uniforms and other educational materials for OVC on a yearly basis Nega et al.,(2014:252).

The attitude of caregivers towards taking other orphan children to the household is relatively good but the capacity or ability of the household economy and the age of the caregiver matter. In line with this, the caregivers have positive perception in accepting the orphan children regardless of their holistic problem and willing to care for the orphan children.

In addition, gladly speaking the caregivers have a good will of providing quality care and support and to the standard in all holistic development service of the orphan children but their economic problem hinders them to provide sufficient and standard care and support for the orphans.

4.3.4 Medical/ health care

Health care is among the most important areas of child development concern that easily affect the orphan children. In this regard, the challenge of caregivers in relation to health care for orphan children is straightly connected to the inability of caregivers to get treated the orphan children in private clinics having perception of good quality of health care service provided for the children.

Moreover, due to the expensive payments of health care at private clinic, the caregivers have been forced to get the orphan children treated at government health facilities which is incomparable with the service of private clinics as perceived by the caregivers. As a result, the service provided for the orphan children from governmental health facilities is viewed to be of low quality and not to the standard because the required drug are not available and the caregiver are forced to purchase the required drug from private pharmacies which is too expensive. Therefore, the challenge of health service for the orphan children is more related with the quality of health service delivered by the caregivers. This findings were confirmed by the similar study that is stated as **“** Challenges in regard to health care for OVC were directly linked to apparent lack of quality health services (Lincoln Hlatywayo et al., 2015: 6)

On other hand, only some of the orphan caregivers tried to search another option of getting low cost health care service for the orphan children. For instance, some of the caregivers used traditional medicine as traditional medicine practioners charge users at lower cost, which is sometimes dangerous for the children. This can be inferred from the following quotation by an interviewee:

'' Sometimes when children become sick and unable to treat the children at clinic, I used traditional medicine that are known by surrounding communities '' the caregiver

The caregivers have been spent ranges from 200-400 birr per child per year for health care service of the orphan children and very few of the orphan children have been supported by NGO for the expenses of health related expense.

In conclusion, the study found out that still providing quality health care service for orphan children is a challenge for the caregivers. Moreover, there is no arrangement of conducting general medical checkup annually for the orphan children rather treating children only when they get sick. In line with this, the caregivers didn't use the preventive approach of health care and the children are easily attacked by simple disease which is as a result of poor hygiene and sanitation.

4.3.5 Psychosocial care and support

This part of support is so board that it denotes the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other.

When children lose their parents at early age and become orphans due to any cause, they experience multiple psychological problems like stress, anxiety, depression, lack of parental love, lack of self-confidence, poor communication, feeling of loneliness, helplessness as well as sleeping disturbance (Tadesse et al,2014).

The study found out that lack of knowledge and hints on how to support the orphan children in relation to psychosocial is a challenge for the caregiver.

As far as the issues of orphan children is more connected with psychological problem due to their childhood history of their parental death, the caregiver should know how to treat these

children and make them stable. However, caregiver response and researcher own observation show that the caregiver have been encounter challenges in providing psychosocial support by identifying the problem of orphan children to psychological and social aspects, as a result the orphan children face a challenges of emotionally distributed and fail to attend their education in proper manner. Moreover, the caregiver perceive the psychosocial support of the children as it included in other care and support categories than treating children in specific and separate ways.

The study found out that the key challenges of caregiver in line with psychosocial support were behavioural and emotional challenges. To the specific challenges of the caregiver, the caregiver rank the challenges properly. For instance feeling of discriminated, lone less, dishonesty, lack of trust, stealing, disobedient, poor communication.

'' When children is play with surrounding children communities and they easily feel loneless as a result they made conflict, cry, feel sad and report the case to the caregiver '' the caregiver

Behavioral challenges were similarly reported in a study on orphans in Uganda (Wamanya (2010:80-81) where orphans exhibited various forms of dysfunctional behavior including disobedient, feeling of discriminated, refusal to work, and alcohol abuse and the like.

According to the orphan caregivers opinion, the most challenging aspect of their role were lack of understanding in relation to their background and what they experienced and what they like and dislike in their lives.

“ Adjusting ourselves to the different orphan children backgrounds is difficult because at first time you don't know the child and you don't know what the child has been through, what they are used to, what they like and dislike in their lives. I have to adjust ourselves but at the same time show them the right way.**”** the caregiver

The other challenges of orphan caregiver in relation to psychosocial support is the question that the orphan children ask about their biological family because the caregiver do not have enough

information about orphan biological family and the orphan question is more associated with children sensitive issues.

Table 7.Challenge of caregiver in relation to behavioral aspects

Challenge	**Number of caregiver facing the challenge**
Feeling of discriminated	13
Lone less	10
Dishonesty	8
Lack of trust	21
Stealing	16
Disobedient	6
Poor communication	26

Source: own fieldwork survey or interview, 2015.

According to the gathered data and indicated in the above table, the top challenges of caregiver in relation to psychosocial support particularly the behavioral problem of the orphan children is poor communication, lack of trust, stealing and feeling of discriminated. This was verified the study by Faith Zimondiet al...,(2015: 7) who noted that;

'' Half of the caregivers concurred that the feeling of being discriminated was part of the behavioral challenge of the OVC ''

This is because as the view of the caregiver, the orphan children is experienced behavioral problem before admitted to the household and the caregiver has no knowledge in relation to treating them so that the children manifest their experienced behavior as a result of not getting proper treatment and guidance. The rest of the behavioral problem like disobedient and loneless is relatively small challenge according to the opinion of caregiver because they tried to manage the problem.

From the document review the study point out that the number of caregiver who voluntary support the orphan children is many and they scattered in the communities in different kebeles including formerly emerged and newly emerged kebeles in the town. The report of the concerned

government sector on the number of caregiver who care the orphan children is approaching to 87 in number. The challenge that the government sector faced in relation to supporting the caregiver is that after they admit the children to their household, they repeatedly report the challenge of caring and supporting the child indicating as they need some financial support. For instance, if the child is HIV positive, shows strange behavior and his/her need is so high. The privacy issues of the child and fear of filling form of legal adoption is a challenge again.

According to the data revealed from document review, the main challenges of the sector in relation to work towards children including the orphan children is lack of standard policy than having guideline, lack of awareness towards rich people to admit the children to their family having perception of inheritance or sharing property, lack of interest of women age between 25-50 years to admit the children to their family, problem of age limitation of caregiver because according to guideline, women above 60 years of age is not allowed to admit the children, lack of interest towards caregiver to fulfill adoption form in front of court, lack of interest to check up whether they are free from serious disease and charge from court, interest towards selecting the children based on age and sex, health status particularly HIV/AIDS, imbalance of number of children and caregiver, lack of daycare for temporarily stay of the children, lack of interest to admit orphan disabilities, lack of birth certificate from children documents, disagreement between husband and wife after they admit the children to household and decide to return the child to the previous place.

According to the focus group discussion with respective kebeles, the majority of the kebeles leaders stated that, the situation of orphan children were challenging due to the existence of the orphan children is vast and the kebeles cannot addresses all these orphan problems, providing care and support in line with key components of holistic development.

According to FGD with CBO, the challenge were faced the CBO representative while delivering support for the orphan children through their caregiver. Among the challenges the one and key is lack of enough knowledge from caregiver side in such way that the caregiver were less concerned about the orphan children particularly in delivering care and support as per the support she/he get from CBO. Moreover, the CBO representative were encounter challenges in so as to get the right caregiver for the orphan children and there is a lot of support request from the communities and even from the members f the CBO.

'' You are not supposed to support the target population than supporting by favor, you discriminate people, you are a beggar, Non members of the CBO said to CBO representative '' (FGD participants).

According to the idea of religious leaders on focus group discussion, the orphan children have been encountered real problems like care and support related to food provision, health service, educational support and the other. Even though very few of the orphan were supported by volunteer caregiver, they didn't get standard service for their growth because the caregiver do not have enough financial support. According to the majority of the religious leaders views, the main challenges of the orphan caregiver were the financial problem that hinder them not to provide proper care and support for the orphan children.

Case 1:

She was 78 years old age caregiver and she has her own parents and lead for 50 years. The caregiver has deep love and got satisfaction while care and support the children without making any discrimination among themselves. She traditionally develop skill towards rearing children without using proper parenting style. No matter how she used traditional ways of rearing, she has been reared around 15 children both her own biological children and the orphan children. While she rear all these children, she face a lot of challenges in all angles of holistic development of the children particularly in treating children in their psychosocial problems. The big challenges of the caregiver in relation to psychosocial problem is challenges related to behavioral and emotional, that is treating children based on their gap. For instance children behaves in wrong ways and problem in communicating with others/poor communication/. Moreover, the caregiver face a challenges of identity from the children " they said who Am I ? where I come from ? who is my relative and the like. Additionally, the caregiver were more challenged by those children who has HIV positive by saying " when do I stop this medicine ? why I take this medicine differently from other ? To all these challenges, the caregiver take action from their experience to cope up the challenges and sometimes they fear to tell all these sensitive issues of the child.

The above case clearly indicate that the caregiver tried their best to cope up with challenges. However, the caregiver has no how know about the counseling and guidance in relation to psychosocial challenges. Moreover, the caregiver frequently used traditional ways of parenting

style in treating or supporting the children. In conclusion, the caregiver need professional support or intervention so as to treat the children in relation to identity of the children and other children sensitive issues.

'' Difficult to talk to the children about their sensitive issues ''

Source: own fieldwork April, 2015

Photo 1. Some sample photo of caregiver at their home during interview

Source: own fieldwork survey or interview, 2015.

4.4 Coping strategies of caregivers

Coping is a process that is characterized by functions of continuous appraisal and reappraisals of the shifting person-environment relationship, as mentioned in Lazarus and Folkman (1984:142). There are two widely accepted models of coping strategies, which are seen by Lazarus and Folkman (1984) as major categories of coping responses, namely emotion-focused and problem-focused forms of coping. Emotion-focused forms of coping are more likely to occur when there has been an appraisal that nothing can be done to modify harmful, threatening or challenging environmental conditions. Problem-focused forms of coping are more probable when such conditions are appraised as amenable to change. Its strategies are similar to those used for problem-solving, and are directed at defining the problem, generating alternative solutions, weighing alternatives in terms of their cost and benefits, choosing amongst them, and then acting.

No matter how the challenge exist, the caregiver struggle to overcome the challenge using different coping strategies so as to provide care and support for the orphan children. Moreover, the caregiver tried to put their coping strategies for each of the care and support component challenges like food/nutrition, shelter, education, health and psychosocial support. The study presented and discussed the caregiver coping strategies along the key care and support components namely: food/nutrition, shelter, education, health and psychosocial support.

4.4.1 Nutrition / feeding

Numerous coping strategies have been functional by the caregivers in order to withstand the problem related to nutrition/feeding of the household. The children have been tried their best to support the household that designed by their caregivers and they engaged in the petty trade selling of food items in front of their home.

The children actively engaged in selling of petty trade in front of their residential home after the caregiver purchase specific food item from whole seller. This is happened when children return back from their school specifically children age between nine to 12 and most of them are females. Caregiver biological children were involved and they did the same things with orphan children but not at all.

According to the caregivers, the key coping strategies that they have been used so far were purchasing food items with cheaper price and those available in nearby mini open markets in the vicinity (‘gulit’). They do not produce supportive food items like green paper, potato, onion, tomato and other related items due to lack of urban or semi-urban farm land around their home. The other coping strategies of the caregivers were providing awareness for the children so as to develop a shared understanding with each other and with other children in the neighborhood. Sometimes when the food prepared is inadequate for the children and adult members of the households, the latter are expected to escape the meal. Consequently, when the children invited them to eat together, the caregivers have to convince them they do not need food. A study a male participant put it as:-

'' She (referring to his wife) tells them that she had already had justifies that her physical condition is not in need of food. In this way, she tries to share the food only among the children.'' a caregiver

When food is critically short or absent, caregiver use different consumption approach that is not normally considered proper dieting. A care giver mentioned it as: '' When the food is absent in the home, we distill the linseed and used with the mixture of water and the child just drink it and sleep."

The other coping strategies of caregivers in relation to food and nutrition were substituting cheaper commodities instead of using expensive commodities and reduce consumption items in the household. Moreover, some caregivers were supported from charity organizations working in the town such as Jimma Missionaries of Charity that provides food items like oil, wheat grits and the like.

4.4.2 Shelter and Clothing

Caregivers reported that, the most challenge related to shelter were poor accommodation of shelter to the orphan children. To overcome or to minimize the challenges the caregiver used different coping strategies. Among others, one most important coping strategy that the majority of the caregivers used were make children to sleep together by categorizing based on their sex. In doing this, the caregiver has to give some sort of orientation on how to commonly all necessary shelter related materials like blanket, bed sheet, towel and other important materials.

However, only some of the caregivers reported that the children sleep separately having their own bedding materials but sleeping room is shared. In some households, there is shift of bedding materials day and night / they take bedding materials to living room/salon/ at night and vice verse at day.

The study also found that the children use clothing in turn or interchangeably with exception of their school uniform for some of the children. The notion of privately owning clothing or personal belongingness is less known and practiced in such households. Moreover, some caregivers were supported from the neighbors who provide the children with clothing that their children do not use.

In addition**,** many of the orphan caregivers live in house rent from the government or kebeles even though they pay lower price from Birr three to ten on average because of the fact that the houses belong to the government / kebele administration. In some other caregivers' household, children are made to wear long cloth called " **dress ''** as bedding sheet and blanket. The other coping strategies of caregivers were purchasing cheaper cloth called **'' salbaj / salbuu'',** second hand clothes with low quality.

4.4.3 Education

At the time of shortage of resource, the caregivers were searching ways in which the children were supported through different strategies. The caregivers cope up the challenge by choosing among types of school where the children have to be enrolled yet both biological children and orphans are same school without discrimination. Only some of the orphans get access to enrolment in private schools by the support of non-government and faith based organizations.

Some non-government and faith based organizations support the caregivers to take the orphan children to private schools which are recognized to offer better standards of education while caregivers' biological children attend their education at government schools. As a result, the types of school they went were different from each other due to the financial source that they got were different. This was verified by the study done on situation analysis of orphan and vulnerable children in Jimma and surrounding (Nega et al.,(2014:255), noted that:

Some non-government (NGO) and faith based organizations (FBO) have designed programs to respond to the needs of the OVC and they mainly engage in provisions of educational materials, school uniforms and income supports.

As a coping strategy of some caregivers in relation to education, the scholastic materials such as school bag, school uniform and shoes that were previously used by their senior biological children are reused by the orphans. The majority of the caregivers survive the challenges by communicating related government sector like local administration, women and children affairs and labor and social affairs so as to get scholastic materials for the children.

Dealing the issues of scholastic materials with school administration is another one coping strategy the caregiver use to allow the children to go to the school without school uniform. However, lack of school uniform among the school children have psychological influence on the children since they become uniquely identified, isolated and discriminated particularly at the elementary grade levels. Selling one's own wearing materials gold jewelers to purchase scholastic material for the children was also considered as a coping strategy by a caregiver. A care giver put the scenario as,

'' I know I don't have any inheritance for the children so I stress more on supporting children on their education and there was a time at which we sold my neck jewelers to fulfill their scholastic materials.'' a caregiver

The other coping strategies of caregiver in relation to children education were making children absent from the school for seldom cases, which is the real factor for the children poor educational performance and engaging them in generating income activities by selling petty trade like potato, tomato, banana and the like in front of their home. This is happened when the caregiver are out of home for different social events like funeral, wedding and public meeting. Income collected through this means is partly used for covering expenses related to scholastic materials for the children hence has a contribution in solving family problems.

This finding is similar with study carried out by UNICEF (2010) in Zimbabwe confirmed that school performance for OVC deteriorated partly because of the need to engage in income generating activities and partly because of anxiety.

Another similar study found out that child development challenges found that caregivers involve children in solving family problems (Tekalign .A,(2010).

Similar study done in Uganda revealed that the provision of casual labor to children often interferes with school performance and it can be expected that such orphans could have performance problems (Wamanya (2010:90).

Caregivers who have got chance of registering their children by support of covering educational expenses from non-governmental and faith based organizations were happy with the education delivery at private schools than government ones where their biological children attend.

Caregivers regard their care and support to the orphan and to their biological children has no difference, except some orphans have chance of getting support from different nongovernmental organizations. This finding is against by the study conducted in rural Ethiopia, Abebe and Aase (2007), noted that:

Even though care providing families claimed that they made no distinction between their own biological children and orphans under their care, orphans mentioned different layers of bias they face in regard to schooling, health care and leisure.

In case household income fails to cover the expense of scholastic materials caregivers involved in working extra income generating activities like working as part time domestic servant in others house by making ' enjera' (local staple food similar to thin bread made of cereals like teff) cleaning home and washing cloth. A female care giver shares her experience as,

'' I work as a home servant for the purpose of supporting the children, so as to cover their educational expense.'' a caregiver

The other coping strategies of some caregivers were taking pre payment of monthly salary from the employer and seeking contribution from the surrounding communities to purchase educational materials and to send the child to school. Advising and follow up of the children to use their exercise book properly particularly while writing any type, keeping each line of the exercise book is used as a coping strategy by some.

4.4.4 Medical/ health care

Health care is one challenging components of care and support for the caregivers and the caregivers attempted to cope up with these the challenge in relation to caring for the health conditions of orphans. As a coping strategy the caregivers prefer government health care facilities than private ones because the former is cheaper even if they are not happy with the service provided to them by government health facilities. However, for those caregivers who have got chance of support from the organizations for their children, they get them treated at private health care facilities and the organization repay the medical expense through medical receipt they are expected to produce for reimbursement. These caregivers witnessed that they could not afford the health service fee at private clinics in absence of supports from charity organizations. This is verified by the study done by Abebe. A. et..al,(2007) which noted that:

The society, government, NGO, FBO and CBO's inherit the role of guardian to the OVC and have to meet huge challenges when attempting to ensure the psychosocial wellbeing of these children.

The other coping strategies of the caregivers were getting children treated by traditional healers and medicine instead of getting them treated by modern medicine. Yet such practice is limited to only some caregivers, not all. This traditional medicine and treatment were easily accessible and cheap in price so that one can get / purchase the medicine easily.

'' If the child gets allergic I use : herbs (local language - dammakassee)

'' If the child gets common cold, I use :mixture of oil (local language Nug) and honey.

'' If the child gets stomach problem, I use: herbs (local language - balaa girawaa) to treat it and that reduces the treatment cost. If the problem gets severe, I take them to clinic or health centers for treatment and that is very expensive ". The caregiver

The caregivers are conditionally forced to take the children to modern medicine health facilities only if when the child get complex health problem.

There are also caregivers who seek support from their economically independent elder biological children who may live outside of the home to cover expenses related to health care per year. However, few of the elder biological children of the caregivers could support them due to burden of expenses for his/her own family on top of limited capacity of low earning.

Yet some orphans who previously cared in the household positively respond to such request for support and feel responsibility of giving assistant back to the caregivers so as to enable them continue supporting other orphans. The caregivers are grateful to these type of positive response be it encouraging words or real material or financial support.

The other coping strategies of caregivers in relation to medical treatment is communicating kebeles and/or Jimma town health office to get supportive letter to Jimma University specialized hospital for cost-free treatment. Additionally, government school together with kebeles arrange condition at which the orphan children get identity card from school administration for free medical treatment at government clinic and hospitals.

4.4.5 Psychosocial care and support

Psychosocial support is of one the important components of care and support for orphans that brings challenges to the caregivers. As mentioned earlier in this paper, lack of enough knowledge in relation to offering psychosocial support for the children. This is the case because their childhood background is highly influenced by parental death or missing and many behavioral and emotional problems that he/she experienced before. In response, the caregivers different coping mechanism so as to reduce their challenge while providing the care and support. Among many, the one that the majority of the caregivers used were providing counseling and guidance for the children who has behavioral problems.

This counseling and guidance were not based on professional support but from the experience that they learned from day to day life. According to personal observation of the researcher during the interview in their household, the strategies that the caregivers used particularly non professional counseling and guidance have their drawback for the children because they lead them to misbehave and initiate them to do what they experienced before.

The study found that coping strategies the caregivers use also involves faith related treatment like praying, drinking holy water, spiritual based teaching and other related activities for the emotional problems of the children.

Similar study have been confirmed this finding, caretakers who had a strong spiritual orientation turned to prayer and singing as a way of dealing with stressful situations and prayer was the most prominent strategy used in responding to emotional stress among caretakers (Wamanya (2010:91-92).

A caregiver participated in this study expressed the matter as, " I take the children to church and praying place while they manifest the symptom of emotional difficulties like anger, fear , crying and other related symptom. I fear because in my opinion, something happen up on them.''

There are caregiver who didn't take action on the challenges related to psychosocial support particularly the behavioral and emotional problems of the children rather they preferred keeping quite due to the lack of knowledge on how to treat and counsel them. Moreover, the study found out that women caregivers were relatively more successful in treating children in relation to their emotional problem through praying and teaching spiritual lessons than men in the household. In contrast, men were relatively more successful than women in addressing children psychosocial problem using informal delivery of the emotional and behavioral support through their friends, peers, school teachers at their school and playing areas.

Similar study found out that more women than men resorted to prayer as a mechanism for addressing stress. On the other hand, more men than women were seeking mainly informal and included peers, friends and close relatives **(** Nyatsanza Taurai et al.,(2015: 9). The researcher tried to ask question related to the responsible person to manage or solve the problem of the psychosocial for the orphan children: Who do you feel manage the most influential problem of psychosocial for the children? And the majority of the caregiver responded that **“** I, myself **”** is the only person to manage the psychosocial challenge of the orphan problem under my care in the household ''

Table 8. Coping strategies of caregivers used by number

Coping strategies of caregiver	Number of caregiver used the strategies
Counseling and guidance	5
Faith related support	16
No action taken	5
Recreation and entertainment	3
Searching professional support	1

Source: Authors illustration of coping strategies of caregiver used by number

As Table 8 clearly shows faith related support is the main coping strategies of caregiver so as to escape from searching professional support and taking the orphan children to either government or private clinic treatment expenses. For the caregivers, taking children to faith based organizations like church and mosques is easier without any expense and easily practice religious rituals like baptizing children. Guidance and counseling is the other coping strategy of the caregivers though used only in some households.

Recreation and entertainment arrangement for both biological and orphan children purposely with aim of treating children particularly their behavioral problems like loneless and solving problem of feeling of discrimination and the other is used by less number of caregivers. This strategy is commonly implemented by caregivers who earn better monthly salary

Table 9. Coping strategies of caregiver used by age categories

Coping strategies of caregiver	Age categories of caregiver used the strategies			
	30-40	40-50	50- 60	More than 60
Counseling and guidance	5	-	-	-
Faith related support	8	6	2	-
No action taken	3	1	1	-
Recreation and entertainment	3	-	-	-
Searching professional support	1	-	-	-

Source: Authors illustration of coping strategies of caregiver used by age categories

As indicated in Table 9, the caregivers used different coping strategies for different challenges. Many of the caregivers whose age ranges from 30 to 50 used almost all listed coping strategies.

According to FGD with kebele leaders, the study found out that the main major action taken by each kebele leader to support the orphan children is just searching caregivers who are willing to legally adopt and admit the orphan children to household based care. The kebele leaders work on it in collaboration with Jimma Town Women and Children Affair Office. Sometimes when the orphan caregivers fail and unable to provide care and support for the orphan partnering with nongovernmental organizations and communicate them through report and inviting them to visit the caregiver household and the way they provide the care and support.

Among many organizations, SOS children village, faith based organization (FBO) like child compassion(CC) and facilitator for change(FC) are mentioned. In addition, kebeles contribute little support from government budget and secure larger one from nongovernmental sources. At all, the service available to the orphan caregiver from the side of kebeles leaders were producing support letter for the caregivers to nongovernmental organization and communicate individuals who voluntarily support the children at risk.

According to data gathered from the respective kebeles leaders through FGD, the caregivers used reporting the challenges to the kebeles as coping strategies for all components of the service they provide to the orphans. The study found out that there is a gap in addressing challenges of care and support to orphan children in their respective kebeles. The remaining challenges that primarily need attention were the care and support in relation to providing quality and standards of service provided for the orphan and lack of accessibility to cover all the orphan who need care and support outside and in the street. Generally, there is no enough support available from kebeles side to orphan caregiver due to the financial problems to provide care and support for the orphan children.

Generally, according the opinion of kebeles leaders during focus group discussion, the majority of the orphan caregivers are unable to provide care and support for the children particularly the key service components like food, health, education and psychosocial support. Similar study confirmed this finding:

According to community leaders opinion in interview during the study, challenges of coping with orphans and vulnerable children at household level: a caregivers perspective: indicated that the caregivers were unable to provide the different types of food that children often demand (Lincoln Hlatywayo et al.,(2015: 5)

Photo 2. Some sample photo of Kebele leaders during FGD

Source: FGD discussion photo,April,2015

Moreover, the CBOs representatives pointed out that there is strong link exists between our CBOs members and the larger communities. This makes that CBOs role is more related to care and support of the orphan and vulnerable children and children at risk. They also reported that they have developed strategies to support orphan children in CBOs working manuals. Accordingly, first they identify orphans and vulnerable children their localities and search volunteer families who want to care the orphan. However, those orphans who have caregivers were supported at their home as per the CBOs support strategies.

In collaboration with nongovernmental organization like Facilitator for Change, they provide home based care training for identified caregivers and support the orphan children through their caregivers by providing key service components like purchasing annual cloth, educational scholastic materials, food and the like. As the CBOs working manual stated, every CBOs member has to contribute one Ethiopian birr every month for the support of the orphan children and these contributed birr were given to orphan caregivers based on the need and challenges they faced.

In addition to the above listed support channels, the CBOs have been develop strong partners with nongovernmental organizations so as to admit the orphan children to their beneficiaries and through preparing short proposal for the need of support for the caregivers to make them

working together in the form of getting loan for income generating activities so as to support themselves and their orphans.

Photo 3. Some sample photo of CBO chairman during FGD

Source: FGD discussion photo, April,2015

According to FGD with religious leaders, consisting of eight members from each religious together with two orphan caregiver and one facilitator, to cope up with financial challenges, the caregivers attempt through different strategies like engaging themselves in different income generating activities: selling domestic home, working in someone's house, selling enjera and other related activities.

From the discussion, the researcher understood that religious leaders are involved in support of the orphan children through their caregivers. For instance the religious leaders have established a committee who stand for the support of the orphan children. This committee was established purposively to support those children in line with scripts' order that the word of God to do so.

The important role of the committee is motivating the believers in line with the word of God in worships days like Fridays and Sundays, visiting the orphan at their living home, provide awareness creation for believers along side with spirituality, just having slogan of **'' Serving humans holistic development ''**, arrange program of praying for them, and collecting supportive materials like cloth. This support is from believers' contribution at every month, week in different form like, tithe, and gift given to the church and mosques in addition to monthly contribution of believers for the support of the orphan children purposively collected by committee.

The FGD participants agreed that they have "capacity to establish NGO like child compassion, Islamic relief for development and others through which they would support the children in need.

Among the key support provided for the orphan through their caregiver, the support of health service, educational support, nutritional support, materials distribution like cloth and educational scholastic materials and other related service are found. The most important challenges that the religious leaders faced in supporting orphans were they receive many requests from those who did not get the chance of being supported. Lack of knowledge how to support these orphan particularly support related to psychosocial support, behavioral and emotional is another challenge.

According to the opinion of religious leaders, the perspective of caregivers' views on support of the orphan children is relatively positive and there some effects on household capacity and some increment on household budget like food consumption, annual cloth purchase and other related services.

Photo 4. Some sample photo of religious leaders during FGD

Source: FGD discussion photo, April,2015

According to document review, the study revealed that the plan Jimma Town Women and Children's Affairs office in relation to supporting the orphan children's caregivers is just visiting them at their living home, providing counseling, and searching NGO's for support rather than budgeting money for them even for the time of emergency. The researcher observed different documents like plan, filled format and report of the sector and concluded that very few of caregivers (those selected for the study) filled the format of the adoption and among many of the

caregivers, only some of the caregivers' name was registered under support of some NGO like SOS, Child Compassion and Missionaries of Charity.

According to the opinion of the child experts the office mentioned above, the engage in activities of mobilizing the community including different government sectors CBOs, NGOs, religious organizations and kebeles to participate in solving the challenges of the children in general and searching volunteer caregivers who want to adopt the child particularly those child who are foundling in particular. Generally, according to the document review and head of the sector there are a lot of children who have lost their parents due to different factors who need urgent support and need caregivers.

The other activities under taken by the town women and children affair are facilitating condition for the orphan children is to communicate individual or families who voluntarily take and care the children for temporary until the children will get volunteers families who permanently care and support the child. Moreover, the office search poor families and willing to care the child and connect them with NGO's who primarily support the orphan children so as to support the orphan children.

Photo 5. Some sample photo during document analysis

Source: Fieldwork April,2015,Jimma town women and children affairs

4.5 Impact of care giving on household from caregivers view and experience

The caregiver families faced a lot of challenge while caring them in their holistic development and they tried to overcome / cope up these challenges through different coping strategies. According to the caregivers, caring and supporting the orphan children by admitting them to one's own home has its own impact on the household. The impact is relatively lower in affecting the economic capacity of the household particularly in caring their own biological children rather the impact is more broad in terms of giving time to manage the children in line with their psychosocial support (behavioral and emotional).The caregivers explained the impact of the care and support of orphan children on their household by reducing the welfare for their homes.

According to some of the caregiver view, caring and supporting the orphan children need personal or collective scarification.

Similar study found out that caring and supporting orphan children has an impact on household particularly in reducing welfare of the home and had affected the capacity of the household in caring caregiver biological children in their household (Wamanya 2010:95).

Yet there are some caregivers who responded that there is no effect of caring orphan children on their families in all angles of the support provided for them.

Table 10. Perspective of caregiver: Impact of orphan care by types

Types of impact of orphan care	Number of caregiver responded
No effect	5
Decrease welfare in the home	21
Increase food consumption	23
Increase educational cost	25
Increase health cost	13

Source: Authors illustration of Impact of orphan care by types

As it indicated Table 10, the majority of the orphan caregivers believe that there is an effect of orphan care on household and the effect is not as such big and disturb the care giver family having huge additional cost than little increment in each of the service provided for them. For instance, almost all of the caregivers reported that there is increment on educational cost, food consumption and it decrease the welfare of the home.

4.6 Cultural implication

Culture is the sum total of ways of living built up by a group of human beings and transmitted from one generation to another. Therefore, the orphan caregiver has influenced by culture, custom and values that motivate them so as to admit the orphan children to their own home and provide care and support based on their capacity of the household economy. Moreover, the caregivers told me that we have obligation to care and support those children who has lost their parent due to different causes. One caregiver explained her views as,

" We are not only caring and supporting the orphan children(saving generation) but also respecting and giving values for our culture" .

" It is shouldering our social obligation "

According to data gathered and the study revealed, the values of culture is really understood by the majority of the caregiver and rearing children is taken as culture and also it has a values in the community. The study also point out that, no matter how the challenge faced the caregiver, the caregiver describe the care and support provided to the orphan children and their own biological children in line with defining the term culture, values, custom and its has contribution for the family development having key significance input with social relationship among children themselves neighbors and beyond. One caregiver stated her opinion as, " While we are caring and supporting the orphan children, we are developing their language, religion, and other related issues "

Moreover, the study revealed that the children were shared language, ways of dressing, ways of communication and others from each other in the home.

Generally, the study point out that the implication of culture is seems to positive on the care and support of orphan children and contribute high values on children holistic development.

Chapter Five

Discussion

Following a review of pertinent literature, I tried to explore different concepts based on thematic classification of findings from the informants by focusing on their experiences with understanding of challenges of care and support of orphan with its coping strategies and the caregiver perspective on the impact of caring and supporting the orphans in Jimma town. Data generated through key informant interviews with orphan caregiver, focus group discussions conducted (with kebels leaders, religious leaders and community based organization), case study and document review regarding challenges and coping strategies of orphan caregivers through informal and formal involvement in caring and supporting orphans.

There are different research works concerning orphan and vulnerable children specifically the situation of OVC, Gudina . A et., al (2014), community interventions providing care and support to orphans and vulnerable children (Katie D,2009) and coping strategies of child headed household (Jeffry. K in 2014). These research works were similar in such a way that they only focused on the challenge of OVC they faced and their coping strategies during their study. The research finding from the study regarding challenges of OVC is the challenges they faced in relation to getting service in their holistic developments, their coping strategies and intervention mechanisms to minimize the problem.

The challenges they face during their study were lack of accurate information or data in relation to their study objective and lack of financial assistance to conduct the research in details and as required that helps us to know the exact problems and its extents in clear way. The major aim of these research was to understand the situation levels of OVC, challenges and it's coping strategies.

The research conducted on understanding the situation of orphans and vulnerable children in selected woredas and towns in Jimma zone, Gudina . A et., al (2014), showed that OVC are vulnerable to malnutrition, poor hygiene, child sexual abuse, drug use and child labor exploitation. According to the study results, they have little/no access to essential social services such as health, education and housing. The finding of the study also revealed that non-governmental organizations operating in the areas have been supporting very few children with

educational materials, health care cost and food. The study recommended that strengthening families'/guardian's economic capacity through income generating activities, social and emotional inclusive support programs, inter-organizational coordination, launching institutional care/ promoting local adoption for the abandoned and orphans.

Katie D. Schenk conducted study on community interventions providing care and support to orphans and vulnerable children: a review of evaluation evidence through longitudinal study concerning community interventions in 2009. The study were focused on reviews of the current evidence base on evaluations of community interventions for orphans and vulnerable children (OVC) in high HIV-prevalence African settings. The results of this study indicate that the value of community interventions in effecting measurable improvements in child and family wellbeing, the quality and rigour of evidence is varied. Moreover, the study recommended that donors and implementers must support the collection of sound empirical evidence to inform the development and scale-up of OVC programmes.

The study conducted in Africa by Jeffry. K in 2014 on coping strategies of child headed household, showed that there is a number of causes and challenges that were faced by household heads and a number of coping mechanism both positive and negative were employed by household heads in response to the challenges they were facing. The challenge included role adjustment and social and emotional distress, lack of eduaction and the coping stragies identified included selling of family property, assistance from chldren's organization.

The major challenge that I faced during interpretation of findings was lack of orphan policy and clear guideline in concerned government sector in Jimma and in Ethiopia context. I tried to connect different ideas generated from informants with context of key service components that written in already existed standard service delivery guidelines that adopted by federal democratic republic to Ethiopian, ministry of women and children affair in Feb, 2010.

This study is different from previous research works due to the following important things. Most of researches conducted on OVC did not incorporate orphan caregiver as a sample population, the issues of challenges and coping strategies of orphan caregiver, the whole orphan than identifying by the causes of being orphan like single causes, and only assessing the magnitude of OVC problem and the like.

In order to get basic information regarding challenges and coping strategies of orphan caregivers, I used caregiver/guardians as a key informants. Since the study encompasses the challenges and coping strategies, taking the caregiver as a sample population is very important. Jimma town concerned kebeles, CBO's and religious leaders were highly participated in FGD to understand the challenges and coping strategies of caregivers and other related study objectives.

Data generated through key informants, in-depth interview and focus group discussion revealed that the situation of care and support offered to orphans is look like other Ethiopian children is supported by their biological families. This objective aimed to establish the nature of care that orphans receive from the caregivers. Majority of the caregivers households covered by the study were providing care to one to three orphan, all of whom were living in the same household. The average number of orphans per household was one. Most households were providing care to a large number of orphans below 15 years of age. Even though with significant constraints of economy, orphan caregivers households made remarkable attempts to provide almost all the required care considered essential for the survival and growth of a child. These include food, shelter, protection, education, health care and psychosocial support.

Firstly, the situation of care and support offered to orphans along key service component is discussed as the following. Regarding to nutrition / feeding, the orphan is supported based on the capacity of the household that provide the support which is below standard (two times meals per day) and very few households were able to provide the minimum four meals recommended in a day. Moreover, Few of the caregivers provide special food for the orphan children at the time of specific holidays and at the occasion of celebrating some events like birth day of biological children or the orphans. In relation to shelter, the study found out that majority of the selected caregiver keep the orphan children in their household. However, the greater part of the caregivers' house is either rented from private owners or live in government owned houses taken from kebele which are too old with broken wall and roof and there is no separate room for orphans than making them sleep together in the big room.

According to the study finding, majority of the orphans in the household is enrolled in government school together with caregivers' biological children except pre-school age children. Similarly, the data regarding orphans' education revealed that there is no major difference

between sexes in terms of access to education. As to caregivers' perception, health is defined as the context of absence of disease. Almost all of the caregiver took the orphan children to government clinic for medical treatment. Traditional and faith based healing have a significant place among caregivers in caring and treating children compared to the medical treatment. Regarding to psychosocial support, the issues of behavior is a critical concern for the orphan caregivers due to the fact that the orphan children experience different strange behaviors that they manifest in and out of home at school and plays areas. In addition, the study found out that some of orphans reported to caregiver as they were stigmatized and discriminated for being orphans by children and youth at school and in neighborhood environment.

Secondly, the objective of the study is the ideas related to challenge of caregiver in offering care and support. The challenges were discussed and presented along the five core elements of care that families provide. According to the study findings, due to lack of finance, the caregivers were unable to provide sufficient food based on their interests, needs and requests and as a result, the children gain below required calories in take. Inadequate and poor accommodation in relation to shelter and together with bedding and dressing is the result of the finding. Therefore, the major challenge of the caregivers is lack of bed, sleeping room and bed sheet. In other ways, the study revealed that the most top challenges of the caregiver was the issues related to covering all the expense of scholastic materials and school fees, school uniform together with transportation cost. The result of the study also indicated that the challenge of health service for the orphan children is more related with the quality of health service delivered by the caregivers. Furthermore, lack of knowledge and hints on how to support the orphan children in relation to psychosocial is a challenge for the caregiver. To the specific, the issues of behavioral and emotional is a challenges for them. Finally, data revealed from FGD and document review, difficult to get the right caregiver for the orphan children and lack of standard policy than having guideline is a challenge for community supporter and for concerned government sector.

Understanding the coping strategies of the orphan caregivers is the other objective of the study and the finding of the study is discussed along the core service components as the followings. Regarding to the food and nutrition, the major coping strategies of the caregiver were includes participating the orphan children in petty trade in front of the residential home, providing awareness for the children so as to develop a culture of sharing with each other, substituting

cheaper commodities instead of using expensive commodities and reduce consumption items in the household. The other coping strategies in relation to shelter is making children to sleep together, the use of clothing in turn or interchangeably with exception of their school uniform for some of the children. Community support, who provide the children with clothing that their children do not use, children are made to wear long cloth called " **dress ''** as bedding sheet and blanket and purchasing cheaper cloth called **'' salbaj / salbuu'',** second hand clothes with low quality.

In addition to food and shelter, the caregiver tried to adopt coping mechanisms for education and medical care. According to the study finding, the coping strategies of education were selling of family property like neck jewelers, assistance from children's organizations and faith based organization, choosing types of school, the scholastic materials that were previously used by their senior biological children are reused by the orphans, dealing the issues of scholastic materials with school administration, making children absent from the school for seldom cases and taking pre payment of monthly salary from the employer to cover all expenses of education related issues. Similarly, the caregivers also adopt coping strategies in relation to medical care for the orphan and it includes preferring government health care facilities than private, getting children treated by traditional healers and medicine instead of getting them treated by modern medicine and communicating concerned government sector for cost-free treatment. Finally, the caregiver attempt to use other coping strategies in relation to psychosocial support. These strategies are searching counseling and guidance from locally experienced people, use of faith based related treatment and spiritual based teaching for emotionally distributed orphan children and others.

Finally, examining the perspectives of caregivers on the effects of family based orphan care were the last objective of the study. According to the majority of the caregivers, caring and supporting the orphan children by admitting them to one’s own home has its own impact on the household. The caregivers explained the impact of the care and support of orphan children on their household by reducing the welfare for their homes.

The thesis has provided real understanding in relation to challenges and related concepts of caregiver to concerned government sector for the proper intervention program for the success of care and support.

A lot of study have been conducted in Africa (Zimbabwe, 2014) on challenges of copying with orphans and vulnerable children at household level. Among many study conducted in Africa, study done in Zimbabwe, Lincoln. H (2015), showed that majority of the caregivers were middle aged group of aunties, widows, uncles, sisters and brothers predominantly depending on subsistence income. Although they were able to provide a secure environment for children, they were to a large extent unable to meet the OVC's psychosocial, social and basic needs. The study finding is more similar to some extent with the ongoing thesis in line to inability to fulfil the OVC needs of their holistic development. However, there is a point at which the finding is contrast with ongoing thesis in such way that middle age of the caregivers were highly involved but to the context of the ongoing study, the almost all of the study participants were categorized under old ages.

Other study conducted in relation to OVC were study done in Uganda, Nandago. L,2007: coping strategies of orphans and vulnerable children, showed that the problems of the orphans mainly encounter in their life include: lack of school fees, lack of scholastic materials , lack of love and care , loneliness , lack good clothes , lack stable homes, discrimination, and cannot choose what they want and also the study revealed that, the majorities of the participants try to cope with the problems by generally working hard, working in peoples gardens, fetching water, reading hard if in school, and try to be well behaved. The finding of the study is more or less similar with ongoing study in line with identifying the challenge of orphans specifically with scholastic materials. However, the finding is contradict in their coping strategies in such way that the orphans themselves were highly engaged in difficult activities than their caregiver to cope up the challenges. It's clear that the ongoing thesis finding is unique that it clearly point out the challenges of orphan caregiver and its coping strategies by focusing the caregiver taken as a key informant so as to understand the case in line with the research objective.

To sum up, the challenges of orphans caregivers is a real challenges that many research were clearly indicated in their findings and similar recommendation have been recommended for future intervention plan.

Chapter Six

Summary and Conclusions

6.1 Summary

The study was to investigate the challenges faced by orphan caregiver families and their coping strategies in Jimma town. A qualitative case study design was used. Purposive sampling was used to select participants for the study. The study was guided by the following research questions:

1. What does the situation of care and support given to orphans look like?
2. What are the main challenges caregivers faced in providing care and support to orphans?
3. What are the strategies and techniques the care givers use for coping with the challenges they face while offering care and support to orphans?
4. What do the perspectives of caregiver look like on the impact of caring orphan on their families?

The data was collected through 30orphan caregivers' interview, three FGDs, document reviews, and case study. Semi structured interview schedules, interview guides and review were used to collect the evidences.

Ethical considerations were met through seeking permission and informed consent from JU College of Social Science and Humanities, Jimma town Women and Children Affairs office, concerned kebeles and the caregivers.

Data were coded, categorized and analyzed. The identified emerging themes were:

1. The situation of care and support given to orphans in the selected families.
2. The challenges faced by caregiver families in providing care and support to orphans.
3. The strategies adopted by families to address the challenges associated with orphan care and
4. Impact of care giving on household from caregivers view and experience

Most households were providing care to a large number of orphans below 15 years of age. Even though with the challenges of socio economic constraints, orphan caregivers' households made remarkable attempts to provide almost all the required care considered essential for the survival and growth of a child. These include food, shelter, protection, education, health care and psychosocial support.

The study point out that, even in the time of challenges, the caregivers continue to care and support the orphan children and tried to fulfill their need as far as their capacity permits. This is evidenced by their attempt of searching different coping strategies so as to cope up with the challenges and struggle with the challenges in order to care and support. And many of them promised to continue providing care and support as long as they could yet their age and economic capacity of the household put limit to their commitments.

The caregivers have tried to use various coping strategies so as to solve or minimize their economic, social and psychological challenges. For instance, the caregiver attempted to cope up with materialistic need (economic aspects) like scholastic materials, bedding materials and cloth and others. Nevertheless, the willful of the caregiver to care and support the orphan under the domain of their social, cultural and custom aspects is highly appreciable (social aspects). Therefore, like other studies have confirmed (Abebe and Aase March 2007), economic hardship does not necessarily diminish the social obligation of families for sharing the non-material resources of care and support, nor does it damage the deeply embedded emotional exchanges with which poor people cope through crises.

The sources of income that the caregivers earn and lead their family was another issue. Majority of the caregiver were self employed and got low income which is insufficient to lead the family. Nevertheless, the perspective of the caregivers on the effect of orphan care on the household seems positive even if it has some effect on household economy like increment on educational related cost, food and nutrition and clothing costs.

Generally, caregivers could not provide sufficient key components of holistic service for the children due to lack of adequate resources.

6.2 Conclusions

The study found out that no matter how the caregiver were surrounded by the challenges, their willful motivation towards caring and supporting the orphan children is so good that create different coping strategies.

The caregivers support any orphan without discriminately identifying children based on their religious and language/ethnic backgrounds. The majority of the caregiver were aged and non relative to the children with having the top three challenges namely food and nutrition, educational related expenses and clothing. Those caregivers were selected purposively from former kebele administrative structure as there were numerous orphan caregivers scattered in the communities. The study also found that majority of the caregivers were widowed and/or attended primary education level.

For many of the caregivers, source of income is self-employment particularly engaging in petty trade, which brings low earning and insufficient for the household unless they got additional assistance from other sources like private individuals, NGOs, CBOs and FBOs. According to data gathered from focus group discussion, problem related to food and nutrition is a common problem in orphan and non-orphan family caregivers. The perspective of the caregivers towards the effect of orphan care on household appears positive although they reported it increases costs of living.

The second most challenging component of care and support was education particularly transportation cost, scholastic materials and providing school uniform. Lack of properly providing clothing and bedding related services is another concern of the caregivers. How to manage psychosocial behavioral and emotional problems were still worries of the caregivers. Of these, the top challenges of the caregivers in relation to behavioral problem is poor communication and lack of trust on side children.

The study concluded that caregivers lack sufficient resources to provide basic needs to orphan children to the standard. It was also revealed that the government and other institution have not done much in helping the orphan caregivers in caring for orphans. The findings, therefore, called on the government to seriously look into the problems of orphans by setting up strong social service system to complement and enhance the extended family system in supporting orphans.

References

Abebe, T. and Aase, A. (2007) *" Children, AIDS and the politics of orphan care in Ethiopia:* The extended family revisited " Journal of Social Science and Medicine, 64, 2058-69.

Balew G, Worku N, Tilaye T, Huruy K, Fetene T.(2010). *Assessment of household burden of orphaning and coping strategies by guardians and families with orphans and vulnerable children*: The Case of Hossana town, SNNPR: Ethiopia Med. J. 2010 Jul;48(3):219-28.

Lowiti (2013). *Coping strategies of older persons in the provision of care for orphans and vulnerable children:* a case of Mithini location, Kitui county: 2013- March - 26.

Kalibala, S. and Elson, L. (2009), " *Protecting Hope: Situation analysis of vulnerable children in Uganda ".* Ministry of Gender, Labor and Social Development, Kampala, Uganda.

Drah.B. (2012). *Orphans in sub-Saharan Africa: the crisis, the interventions, and the anthropologist: orphans foster care anthropological research.* Africana Periodical Literature bibliographic data base, http://muse.jhu.edu/journals/africa today/v059/59.2.drah.pdf:Africa Today (ISSN 0001-9887)

Grace Zhou (2012). *Understanding the Psychosocial Well-being of Orphans and Vulnerable Children*: the case of five countries: Cambodia, Ethiopia, India, Kenya, and Tanzania.

Michael L Goodman (2012), "*Impact assessment of a community-based orphan and vulnerable children empowerment program in semi-rural Kenya*" (January 1, 2014).*Texas Medical Center Dissertations(viaProQuest).* PaperAAI3639421.http://digitalcommons.libraray.tmc.edu/dissertation/AAI363639421

Bimal. K. Nayak,, (2014). *Orphan Problems and Community Concern in Ethiopia*: International Journal of Management and Social Sciences Research (IJMSSR): Volume 3, No. 1, January 2014

Belay.T, Missaye.M (2014). *Risks, protection factors and resilience among orphan and vulnerable children (OVC) in Ethiopia*: February 24, 2014 from http://www.academic journals.org / IJPC

Tekalign .A, (2010). *Risks, resilience and adaptations in child life*: success stories of resilient children and youths, Arba Minch, 2010.

Teklemariam. G, Endalkew .S, Girum .S (2014). *Nutritional status and associated factors among orphan children below the age of five years*: Gondar, Ethiopia: *Journal of Food and Nutrition Sciences.* Vol. 2, No. 4, 2014, pp. 179-184. doi: 10.11648/j.jfns.20140204.23

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

Ahimbisibwe.W (2010). *Challenge and strategies of orphan family caregiver*: Uganda, September 2010.

Lincoln .H , Faith .Z , Nyatsanza. T (2015). *Challenges of copying with orphans and vulnerable children at household level:* a caregivers perspective, Zimbabwe: International Journal of Scientific and Research Publications, Volume 5, Issue 1, January 2015 ISSN 2250-3153.

Mangoma, J., Chimbari, M. And Dhlomo E. (2008), "*An enumeration of orphans and analysis of the problems and wishes of orphans*: The case of Kariba, Zimbabwe" Journal of Social Aspects of HIV/AIDS, 5:3.

Oleke, C., Blystad, A., Rekdal, O.B. and Moland, K.M. (2007), " *Experiences of orphan care in Amach, Uganda:* Assessing policy implications ". Journal of Social Aspects of HIV and AIDS, 4:1.

World Health Organization (2005), " *Guiding principles for feeding non-breastfed children 6-24 months of age ".* WHO Library Geneva.

Lungile P. Thembela, (2007). *An evaluation of a psychosocial support intervention for vulnerable children.*

Sylvia M. Makape (2008). *Exploring formal and informal arrangements for care of orphans*: a study in the Maseru district of Lesotho.

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

Wubitu. H & Solomon .G (2002). *Coping strategies of aids orphans in adds Ababa*: Swedish save the children: March 2002 Addis Ababa.

Zewdineh B. Haile (2008): *Review of the Legal and Policy Frameworks Protecting the Rights of Vulnerable Children in the Federal Democratic Republic of Ethiopia*: Revised Family Code: Save the Children, UK.

Ministry of health and child welfare (2008). *Situation analysis of orphan and vulnerable children in Zimbabwe:* HSRC press www.hsrcpress.ac.za

Sebsibe.T, Fikadu.D, Molalign. B,(2014).*Psychosocial wellbeing of orphan and vulnerable children at orphanage:* Gonder, Ethiopia: August 26,2014 from http://www.academic journals.org/ JPHE

Gilborn L, apicella L,Brakarsh J,Dube L,Jemison K,Kluckow M,Smith T and Synider L (2006).Orphan and vulnearble youth in Bulawayo, Zimbabwe : *An exploratory study of psychosocial wellbeing and psychosocial support,* Horizons final report. Washington, DC:Population Council.

Tigere, A et.al (2006). *Introduction to Psychosocial Support*: REPSSI Publishers, Randburg.

STATEMENT OF AUTHOR

First, I declare that this thesis is my bona fide work and that all sources of materials used for this thesis have been duly acknowledged. This thesis has been submitted in partial fulfillment of the requirements for M.A degree in Social Anthropology in Jimma University and is deposited at the University Library to be made available to borrowers under rules of the library. I solemnly declare that this thesis is not submitted to any other institution anywhere for the award of any academic degree, diploma, or certificate.

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Name: Firafis Dereje

Signature ----------

Place: Jimma University

Date of Submission: June, 2015

DEDICATION

I dedicate this thesis manuscript to my wife Lensa Gemechu for supporting me with affection, love and for her dedication in the success of this thesis.

BIOGRAPHICAL SKETCH

The author was born on April 21, 1986 G.C in Amuru town, Horo Guduru Wollega, Oromia Regional state. He attended his primary, Junior Secondary, secondary education and preparatory at Amuru school.

Then he joined Jimma University department of Psychology and graduated with B.A degree Psychology and Sociology and Social work (minor) and Economics in 2008 and 2012 G.C respectively. Currently he is working in: The Ethiopian Evangelical Church Mekane Yesus - Illubabor Bethel Synod - Development and Social Service Commission (EECMY-IBS-DASSC), Jimma HIV/AIDS Prevention and Control Program as a project manager. The author is married and has no child.

He joined the School of Graduate Studies at Jimma University in September 2014 in order to pursue further studies and now he is prospective graduate of the university.

APPENDICES

Appendix I / Interview schedule with caregivers

መግለጫ

Jimma university

ጅማዩኒቨርሲቲ

College of Social Science and humanities

የሶሻል ሳይንስና ሂዩማኒቲስ ኮሌጅ

Department of Sociology and Social work

የሶሾሎጂና ሶሻል ዎርክ ዲፓርትመንት

በሚጥር የሚዝ / **Confidential**

AN INVESTIGATION OF CHALLENGES AND COPING STRATEGIES OF ORPHAN CAREGIVERS IN JIMMA TOWN.

INTERVEIW SCHEDULE FOR CAREGIVERS

To be administered to caregiver with primary responsibility over the orphans in the household.

በጅማ ከተማ የሚ ኙ የ ወላጅ አልባ ህጻናት አሳዳጊዎች/ተንከባካቢዎች ተግዳሮቶችና የ ተቋቋሚት ስልቶችን ለማጥና **ለአሳዳጊዎች** የ ተዘጋጀ ቃለ ማጠይቅ.

በዋናነ ት በቤቱ ወስጥ ያሉትን ህጻናት ለሚ ከባከብ አሳዳጊ የ ሚቀርብ

የ ጥናቱ ተሳታፊዎች ቃለስምማ ት / Verbal Consent Form for Participants of the Study

Introduction

Good morning/Evening/Afternoon Sir/Madam

My name is Firafis Dereje. I am from graduate school of Social Anthropology at Jimma University. I am currently collecting data regarding challenges and strategies for coping with the orphan problem in Jimma. As part of my investigation, I am talking to a wide cross section of people in the town.

The study is being undertaken among orphan caretakers and the children under their care from selected households in Jimma town. It is in this regard you are selected to provide information,

which can serve several purposes, especially guiding policy makers in designing programs for improving orphan care at household level.

መግቢያ

ደህና አደሩ/ደህና ዋሉ/ደህና አሞሹ አቶ/ወ/ሮ

ስሜ ፍራፍስ ደረጀ ባላል፡ ፡ በጅማ ዩኒቨረሲቲ በሶሻል አንትሮፖሎጂ የትምህርት ዘርፍ የደህረ ምረቃ ተማሪ ነኝ፡ ፡ በአሁኑ ወቅት በጅማ ከተማ የወላጅ አልባ ህጻናት ተግዳሮቶችና ህጻናቱ ችግሮቹን የተቋቋሚባት ስልቶች ዙሪያ ሚጃ በሚነባሰብ ላይ እገኛለሁ፡ ፡ ከተለያዩ የጅማ ከተማ ሰዎች ጋር መነጋገር የምርምሬ አንዱ አካል ነዉ፡ ፡ ጥናቱ የሚተኩረዉከጅማከተማበተሚጡወላጅ አልባ ህጻናትና አሳዳጊዎቻቸዉላይ ነዉ፡ ፡ በዚሁ አኳኃን እርስዎ ለተለያዩ ዓላማዎች ልያገለግል የሚችል በተለይ ደግሞ በቤተሰብ ደረጃ የወላጅ አልባ ህጻናት ክብካቤ ልያሻሽሉ የሚችሉ ፕሮግራሞች እንዲወጡ/ሊሲ አወጪዎችን የሚዳ ጠቃሚሚጃ እንዲሰጠተሞጠዋል፡ ፡

Confidentiality and consent

I may ask some personal questions that some people find difficult to answer. I am not going to talk to anyone about what you tell me. Your answers are completely confidential. Your name will not be written on this form and will ever be used in connection with any of the information you tell me. You do not have to answer any question that you do not want to answer, and you may end this interview at any time you want. Your name will not appear on the questionnaire and even in the report. I would greatly appreciate your help in responding to this study. The interview will take 45 minutes to an hour. Would you be willing to participate?

(Ask respondent for any comments, clarifications or questions before starting the interview).

ሚጃን በሚሰጥር ስለመያዝና ቃለስምማ ነት

ሌሎች ሰዎች ልሚሉት የሚዳግታቸዉ እርስዎ ግን ልሚሉት የሚችሉ አንዳንድ ጥያቄዎችን እጠይቅዎታለሁ፡ ፡ የሚ ግሩኝን ነገር ለማንም አሳልፌ አልናገርም፡ ፡ ለጥያቄዎቹ የሚጠሉ ሚልሶች ሁሉም ፈጽሞ በሚሰጥር የተያዙ ይሆናሉ፡ ፡ ስምዎ በዚህ ቅፅ ላይ አይጻፍም፤ ከመረጃ ጋር ተያይዞ ምለማንምአይነገርም፡ ፡

ለመሚለስ የሚፈልጉትን ጥያቄ ለመሚለስ አይገደዱም፤ ቃለ ማጠይቁንም በፈለጉት በማንኛዉም ጊዜ ማቋረጥ ይችላሉ፡ ፡ ስምዎ በቃለ ማጠይቁምሆነ በሪፖርቱ ላይ አይወጣም፡ ፡ ለዚህ ቃለማጠይቅ ሚልስ በማጠሉ ለጥናቱ የሚደርጉትን እገዛ በጣምአደንቃለሁ፡ ፡ ቃለማጠይቁ ከ 45 ደቂቃእስከ አንድ ሰዓት ጊዜ ልወስድ ይችላል፡ ፡ ለማተፍ ፈቃደኛ ኖት፡ ፡

(ቃለማጠይቁን ከመጀመር በፊት አስተያየት፣ ማበራሪያ ወይምጥይቄ ካለዉካላት ተሳታፊዉን/ዋን ጠይቅ/ቂ)

(ተሳታፊዎች ለቃለስምማ ቱ የቃል ሚጋገጫሰጥተዋል)

(Respondents have given certifying that informed consent verbally)

ከተማ_____

ቀበሌ _____

ቃለመጠይቅ የተደረገበት ቀን _____

የተጀመረበት ሰዓት _____ የተጠናቀቀበት _____

1. የቤተሰዎቹ ሚጃ / Household information

Request the respondent that in order to analyse family challenges surrounding orphan care, and the strategies families are using to cope with the problem, it is important to get details of each of the family members. Request him/her to provide you with the following information beginning with him/her:

የወላጅአልባ ህጻናት ክብካቤ ዙሪያ ያሉ ተግዳሮቶችና አሳዳጊዎች ችግሮቹን ለመቋቋምየተጠቀሟቸዉን ስልቶች ለማጥናት የእያንዳንዱን ቤተሰብአባል ጥልቅ ሚጃ ማገኘት አስፈላጊ መሆኑንና ሚጃዉን በጥልቀት እንዲሰጡ ጠይቅ፡፡ ተሳታፊዉዋ ከራሱ/ሷ በመጀመር የሚከተሉትን ጥያቄዎች እንዲመልስ/እንድትመልስ

የቤተሰቡአባል መጻሻ ሚጃ / Initials of Household Member

አሳዳጊዉወላጅ ከህጻኑ ጋር ያለዉግንኙነት / Relationship of caregiver to orphan

ፆታ / Sex

በሄር/Ethnicity

ዕድሜAge / years

የጋብቻ ሁኔታ / Marital Status

የትምህርት ደረጃ / Education Level

በቤቱ ያሉ ህጻናት ብዛት / No. of children in household

የወለዳአቸዉህጻናት ብዛት / No. of biological Children

የገቢ ምንጭ/ Source of Income

2. የቤተሰቡ አጠቃላይ ሚጃ / General Household Information

1. How many orphans are under your care in this household ?
   በዚህ ቤት ዉስጥ ስንት ወላጅአልባ ህጻናት እየተንከባከቡይገኛሉ?
2. How many orphans under your care live outside this household?
   ከሚከባከቧቸዉህጻናት ስንቶቹ ከዚህ ቤተሰብ ዉጭይኖራሉ?
3. Of the orphans under your care, how many are not your biological children?

ከሚከባከቧቸዉህጻናት ያልወለዳቸዉ ስንት ናቸዉ ?

4. What prompted you to offer care for the orphans that are not your biological children?

ያልወለዷቸዉን ልጆች ለመከባከብ ምን አነሳሳዎት ?

3. ለወላጅአልባዎቹ ህጻናት የሚደረገዉ ክብካቤና ድጋፍ ሁኔታ/ Nature of care and support offered to orphans

1. What type of care do you provide to orphans under your care?

ለሚከባከቡአቸዉህጻናት ምን አይነት ክብካቤና ድጋፍ ያደርጋሉ?

2. On average, how long have you cared for each of the orphans?

እያንዳንዱን ህጻን በአማካይ ለምን ያህል ጊዜ ተንከባክበዋል?

3. How long do you anticipate continuing to offer this care to the orphans?

ለምን ያህል ጊዜ ቀጥለዉለመከባከብ ያስባሉ?

4.ትምህርት / Education

1. How many orphans under your care are currently enrolled in school?

ከሚከባከቧቸዉ ህጻናት ስንቶቹ ትምህርት ቤት ገብተዉ እየተማሩ ነዉ?

2. What type of school and levels of education are they enrolled in?

ምን ላይነት ትምህርት ቤት ? ስንተኛ ክፍል?

3. Who is paying school fees and other scholastic materials for those orphans?

ለትምህርት ቤት ክፍያና ለትምህርት ቁሳቁስ ማን እየከፈለ ይገኛል?

4. (If caretaker is the one paying) on average how much money do you pay per term in school fees and scholastic materials for these orphaned children?

(አሳዳጊዉ ራሱ እየከፈለ ከሆነ) ለዚህ ወላጅ አልባ ህጻን የትምህርት ቤትና የትምህርት ቁሳቁስ ወጪ በሴሚስቴር በአማካይ ምን ያህል እየከፈሉ ይገኛሉ?

5. How many of your own children are currently enrolled in school?

ከወለዷቸዉህጻናት ስንቶቹ ትምህርት ቤት ገብተዉእየተማሩ ነዉ?

6. On average how much money do you pay per term in school fees and scholastic materials for your own biological children?

ለእነዚህ ለወለዷቸዉ ህጻናት የትምህርት ቤትና የትምህርት ቁሳቁስ ወጪበሴሚስቴር በአማካይ ምን ያህል እየከፈሉ ይገኛሉ?

7. Are your own children attending the same schools with the orphans under your care? (If no, probe for reasons why).

የወለዷቸዉ ህጻናት ከወላጅ አልባዎቹ ህጻናት ጋር በተመሳሳይ ትምህርት ቤት ይማራሉ ?

8. Are you satisfied with the education you provide to the orphans under your care?

የሚከባከቧዉ ህጻናት በሚገኙት ትምህርት ረክተዋል?

5. የህክምና / የጠፍ ክብካቤ / Medical / health care

1. How would you describe the health status of the orphans under your care?

የሚከባከቧዉህጻናት የጠፍ ሁኔታእንደት ይገልጻሉ?

2. What do you do when orphans under your care fall sick?

የሚከባከቧዉህጻናት ስታመሙምን ያደርጋሉ?

3. Are you satisfied with the health care you provide to the orphans under your care?

ለነዚህ ወላጅአልባ ህጻናት በሚደርጉት የጠፍ ክብካቤ ረክተዋል?

4. On average how much money do you spend on health care of the orphans under your care in a year?

ለዚህ ወላጅአልባ ህጻን የጠፍ ወጪበዓመት በአማካይ ምን ያህል ይከፍላሉ?

6. አመጋገብ / Nutrition / feeding

1. What meals do your children (including orphans) eat in a day?

በቀን ዉስጥ ልጆችዎ (ወላጅአልባዎቹን ልጆች ጨምሮ) ስንቱ ይመገባሉ?

2. What are the main sources of food used to feed the family?

ቤተሰቡ የሚመገበዉምግብ የሚጋጀዉ ከምንድን ነዉ

7. SÖKÁ **/ Shelter**

1. How many people regularly live in this household?

u²=l u?}cw ¬eØ e”ƒ c¬ Ã*^M;

2. Does each of the children under your care have separate beddings (bed, mattress, bed sheets, and blanket)?

›`e- ¾T>ÁdÉÕ†¬ MÐ‹ G<K< ¾¾^d†¬ S˜ ›L†¬ (›MÒ' õ^ï' w`É Mwe “ ›”fL);

3. How satisfied are you with the quality of accommodation for children in your household?

uMÐ‡ ¾S˜ታG<'ታ U” ÁIM Åe}— ’-ƒ;

8. e’Mx“© ¡w”u? / Psychosocial care

1. Do the orphans under your care look withdrawn and lose interest in interacting with others?

Å`e- ¾T>”ŸvŸvD†¬ ¨LÏ ›Mv-‡ MÐ‹ ŸK?KA‹ MÐ‹ Ò` SÑ“–ƒ Ãð^K< ¨ÃU ÃqÖvK<;

2. Do the orphans under your care exhibit strange behaviour?

Å`e- ¾T>”ŸvŸvD†¬ ¨LÏ ›Mv-‡ MÐ‹ K¾ƒ ÁK vl`Ã ÁdÁK<;

3. Do the orphans under your care perform poorly at school?
   ‰`e- ¾T>"ŸvŸvD†¬ ¨LÏ ›Mv-‡ MÐ‹ uƒUl`ƒ u?ƒ uT>ÁeS²Óu<ƒ ¬Ö?ƒ Å"T "†¬;
4. Do the orphans under your care ask questions about the cause of death of their parent?
   ‰`e- ¾T>"ŸvŸvD†¬ ¨LÏ ›Mv-‡ MÐ‹ ¨LÐ‰†¬ uU" ‰"ÅV~ ØÁo ÃÖÃnK<;
5. Do the orphans under your care appear worried about the future?
   ‰`e- ¾T>"ŸvŸvD†¬ ¨LÏ ›Mv-‡ MÐ‹ eK¨Åòƒ '<a›†¬ ÃcÒK<;
6. Do the orphans under your care report being stigmatized at school and at home?
   ‰`e- ¾T>"ŸvŸvD†¬ ¨LÏ ›Mv-‡ MÐ‹ uƒUl`ƒ u?ƒ ¨ÃU u?ƒ ¬eØ TÓKM ‰"ÅÅ[cv†¬ Ã'Ó[-ƒ·M;

7. What do you do when the children experience stress, anxiety, felling of hopelessness and other related issues?
   MÐ‹ ¾SÚ'p' ¾eÒƒ' ¾}eó Sl[Ø" '}SddÃ eT@„‹ eÁd¿ U" ÁÅ`ÒK<;
8. What kind of support is being given to these orphans?
   K'²=I ¨LÏ ›Mv lé"ƒ U" ¾}Å[ÑL†¬ ÉÒõ ›K;

9. ¾¨LÏ ›Mv lé"ƒ ¡w"u? }ÓÇaƒ / Challenges of orphan care

1. In your opinion, is the care and support being provided to the orphans in your household adequate?
   ‰"Å ›SK"Ÿƒ- ‰`e- KT>"ŸvŸvD†¬ ¨LÏ ›Mv-‡ MÐ‹ ¾T>Å[Ñ¬ ÉÒõ" ¡w"u? um '¬ ÃLK<;
2. What other form of support or assistance would you have liked to provide to these orphans?
   U" ¯Ã'ƒ K?KA‹ ÉÒõ" ¡w"u?¬‹ K'²=I ¨LÏ ›Mv MÐ‹ u=Å[Ó Åe ÃKA·M;
3. What particular challenges do you face in providing care and support to orphans with regard to education, food and nutrition (feeding), housing, behaviour of children (upbringing) and health care? Andrank the challenges in order of importance?
   ¨LÏ ›Mv-‡" lé"ƒ e"ŸvŸu< ƒUl`ƒ'UÓw'SÖKÁ'¾MÐ‹ vl`Ã(›e}ÇÅÓ) ‰ " ¾Ö?" ¡w"u? ›eSM¡„ U" ¾}K¾ }ÓÇaƒ ÑØV·M; }ÓÇa„‡" ‰"Å¾ ›eðLÑ>' ·†¬ uÅ[Í ÁekU×D†¬::
4. On what items do you mainly spend money (cash or payment)? Food, school fees, medical care, entertainment (drinking, smoking, parties), other domestic necessities (salt, soap, fuel, etc) other, specify and **(**Rank in order of importance from the perspective of the respondent).
   Ñ"²w uU" uU" LÃ Á¨×K<; UÓw' ¾ƒUl`ƒ ¡õÁ' KÖ?"'S'"—(SÖØ'eÒ^'Ç"eu?ƒ)' K?KA‹ Ku?ƒ ¾T>ÁeðMÑ< ldlf‹ (Ú¬' dS<"' 'ÇÏ' ¨²}Ò' K?KA‹ "K< Ã²'\&(Ÿ}ÖÁm¬ ›SK"Ÿƒ ›"é' ‰"Å¾ ›eðLÑ>' ·†¬ upÅU }Ÿ}M ›ekUØ)

5. On average, how much money do you spend on these items per year for food, school fees, medical care, other domestic necessities (salt, soap, fuel, e.t.c.) Other, specify and put its amount?

KUÓw' KƒUl`ƒ ¡õÁ' Kl¡U"" KK?KA‹ u?ƒ ¬eØ ldlf‹ u¯Sƒ u›T"Ã U" ÁIM Ñ"²w Á¨×K<; K?KA‹ "K< Ã²`'\"
¾Ñ"²u<" SÖ" ¾ekUÖ<::

6. On average, how much money do you earn per month?
u›T"Ã ¨H© Ñu=- U" ÁIM '¬;
7. How has the care and support you offer to these orphans affected your household?
K'²=l ¨LÏ ›Mv lé"ƒ ¾T>ÁÅ`Ñ<ƒ ÉÒõ" ¡w"u? U" ÁIM u?ƒ-" ÔÉ...M;
8. Would you be able to provide care for any additional orphan(s) if such a need arose?
U"Mvƒ ¾ÉÒõ ØÁo u=S× ¦ÚT] ¨LÏ ›Mv lé" KSÅÑõ Ã‹LK<;

10. SssT>Á S"ÑÊ‡ / Coping strategies

1. How have you managed to ensure that the orphans under your care stay in school?
uå`e- ÉÒõ" ¡w"u? e` ¾T>Ñ–< ¨LÏ ›Mv lé"ƒ uƒUl`ƒ u?ƒ ?å"Ç=q¿ KTÉ[Ó ¾‰K<ƒ uU"É '¬;
2. How have you managed to ensure that there is food for the people in your household?
uu?ƒ- ¬eØ LK< c-‹ ¾T>Å`e UÓw å"É•` KTÉ[Ó ¾‰K<ƒ uUÉ" '¬;
3. How have you managed to offer accommodation to the orphans under your care?
KT>"ŸvŸvD†¬ lé"ƒ um TÅ]Á x,ª å"Ç=•` TÉ[[Ó ¾‰K<ƒ uU"É" '¬;
4. How have you managed to ensure that the orphans under your care receive health care?
KT>"ŸvŸvD†¬ lé"ƒ ¾l¡U" ›ÑMÓKAƒ ?å"Ç=•` TÉ[[Ó ¾‰K<ƒ uU"É" '¬;
5. What do you do to cope with your own psychological needs resulting from orphan care?
¾¨LÏ ›Mv lé"ƒ ¡w"u? ›eSM¡„ ¾^e-" e'Mx"© õLÔ„‹ ?å"Èƒ ÃssTK<;
6. How do you manage to raise extra income to meet the demands placed on your family?
¾u?¦cw-" õKÔƒ KTTELƒ ¦ÚT] Ñu= KTÓ–ƒ U" ÁÅ`ÒK<;

11. Ÿ¬ß eK¦kuK<ƒ ÉÒõ / External assistance received.

1. How has your community helped you to provide care and support to orphan(s) under your care?
eKT>"ŸvŸvD†¬ ¨LÏ ›¡v lé"ƒ Tcu[cu< ?å"Èƒ [Ç-ƒ;
2. What particular kind of people in your community have assisted you to provide care to orphan(s) and how?

ŸTIu⌈cu< U” ¯Ã’ƒ c-‹ “†¬ K¨LÏ ›Mv-‡ MÐ‹ ¡w"u? ÉÒõ ¾cÖ<-ƒ; uU” SM¡;

3. Have you received any assistance from any organization? Name of organization? Assistance received?

ŸT”—¬U É'Ïƒ ¾}kuK<ƒ Ã'Ç‚ ›K; ¾É'Ï~ eU; ¾}kuK<ƒ Ã'Ç‚ ;

THANK YOU SO MUCH FOR YOUR TIME AND IDEAS

eKcÖ<˜ Ñ>ª?“ Ndw u×U ›ScÓ“KG<

Appendix II / Guiding interview question for FGD participants

FGD with kebeles leaders

Confidential

AN INVESTIGATION OF CHALLENGES AND COPING STRATEGIES OF ORPHAN CAREGIVERS IN JIMMA TOWN.

IN-DEPTH INTERVIEW GUIDE FOR KEBELE LEADER

To be administered to the kebele leader.

በሚከጥር የሚጸዝ

በጅማ ከተማ የሚኙ የወላጅ አልባ ህጻናት አሳዳጊዎች/ተንከባካቢዎች ተግዳሮቶችና የተቋቋሚት ስልቶችን ለማኖና ት **ለቀበሌ ተወካይዎች** የተዘጋጀ ቃለመጠይቅ

Verbal Consent Form for Participants of the Study

Introduction:

Good morning/Evening/Afternoon Sir/Madam

My name is Firafis Dereje. I am from graduate school of Social Anthropology at Jimma University. I am currently collecting data regarding challenges and strategies for coping with the orphan problem in Jimma. As part of my investigation, I am talking to a wide cross section of people in the town. The study is being undertaken among orphan caretakers and the children under their care from selected households in Jimma town. It is in this regard you are selected to provide information, which can serve several purposes, especially guiding policy makers in designing programs for improving orphan care at household level.

xxx

የጥናቱ ተሳታፊዎች ቃለስምማ ት

መግቢያ

ደህና አደሩ/ደህና ዋሉ/ደህና አሞሹ አቶ/ወ/ሮ

ስሜ ፍራፍስ ደረጀ ባላል፡፡ በጅማ ዩኒቨረሲቲ በሶሻል አንትሮፖሎጂ የትምህርት ዘርፍ የደህረ ምረቃ ተማሪ ነኝ፡፡ በአሁኑ ወቅት በጅማ ከተማ የወላጅ አልባ ህጻናት ተግዳሮቶችና ህጻናቱ ችግሮቹን የተቋቋመባት ስልቶች ዙሪያ ሚጃ በማህባሰብ ላይ እገኛለሁ፡፡ ከተለያዩ የጅማ ከተማ ሰዎች ጋር መነጋገር የምጦሬ አንዱ አካል ነዉ፡፡ ጥናቱ የሚተኩረዉ ከጅማ ከተማ በተመረጡ ወላጅ አልባ ህጻናትና አሳዳጊዎቻቸዉ ላይ ነዉ፡፡ በዚሁ አጭጎን እርስዎ ለተለያዩ ዓላማዎች ልያገለግል የቻል በተለይ ደግሞ በቤተሰብ ደረጃ የወላጅ አልባ ህጻናት ክብካቤ ልያሻሽሉ የቻሉ ፕሮግራሞች እንዲወጡ ፖሊሲ አወጪዎችን የሚዳ ጠቃሚ ሚጃ እንዲሰጡ ተመርጠዋል፡፡

Confidentiality and consent

I may ask some personal questions that some people find difficult to answer. I am not going to talk to anyone about what you tell me. Your answers are completely confidential. Your name will not be written on this form and will ever be used in connection with any of the information you tell me. You do not have to answer any question that you do not want to answer, and you may end this interview at any time you want. Your name will not appear on the questionnaire and even in the report. I would greatly appreciate your help in responding to this study. The interview will take 45 minutes to an hour. Would you be willing to participate?

(Ask respondent for any comments, clarifications or questions before starting the interview).

ሚጃን በሚጥር ስለማጠዝና ቃለስምማነት

ሌሎች ሰዎች ልሚለሱት የሚዳግታቸዉ እርስዎ ግን ልሚለሱት የቻሉ አንዳንድ ጥያቄዎችን እጠይቅዎታለሁ፡፡ የሚ ግሩኝን ነገር ለማንም አሳልፌ አልናገርም፡፡ ለጥያቄዎቹ የሚሰጡ ሚለሶች ሁሉም ፈጽሞ በሚጥር የተያዙ ይሆናሉ፡፡ስምዎ በዚህ ቅፅ ላይ አይጻፍም፤ ከሚጃ ጋር ተያይዞም ለማንም አይነገርም፡፡ ለመሚለስ የሚፈልጉትን ጥያቄ ለመሚለስ አይገደዱም፤ ቃለማጠይቁንም በፈለጉት በማንኛዉም ጊዜ ሜረጥ ይችላሉ፡፡ ስምዎ በቃለማጠይቁም ሆነ በሪፖርቱ ላይ አይወጣም፡፡ ለዚህ ቃለማጠይቅ ሚለስ በሚጠት ለጥናቱ የሚደርጉትን እገዛ በጣም አደንቃለሁ፡፡

ቃለማጠይቁ ከ45 ደቂቃ እስከ አንድ ሰዓት ጊዜ ልወስድ ይችላል፡፡ ለመጎተፍ ፈቃደኛ ኖት፡፡

(ቃለማጠይቁን ከጀመር በፊት አስተያየት፣ ማበራሪያ ወይም ጥይቄ ካለዎ/ካላት ተሳታፊዉን/ዋን ጠይቅ/ቂ)

(ተሳታፊዎች ለቃለስምማቱ የቃል ሚጋገጫ ሰጥተዋል)

(Respondents have given certifying that informed consent verbally)

ከተማ_____

ቀበሌ_____

ቃለማጠይቅ የተደረገበት ቀን _____

የተጀመረበት ሰዓት _____ የተጠናቀቀበት _____

Result of the Interview: / ¾nKSÖÃl ¬Ö?ƒ

a. Completed on first visit / uSËS]Á¬ Ñ<w˜ƒ ¨pƒ ¾¦Ö“kk

b. Completed on second visit / uG<K¦—¬ Ñ<w˜ƒ ¨pƒ ¾¦Ö“kk

c. Incomplete (specify reasons / ÁM¦Ö“kk (U¡”Á~” ÓKî)

1. What is the orphan situation in this kebele?
   ¾²=I kuK? ¾¨LÏ ›Mv Ié“ƒ G<'@ታ U” ÃSeLM;
2. What care and support services are available to orphans in this kebele?
   u²=I kuK? ¬eØ K¨LÏ ›Mv Ié“ƒ ¾T>J” U” ¯Ã’ƒ ¾ÉÒõ“ ¡w"u? ›ÑMÓKA„‹ ›K<;
3. What are the main problems faced by families that offer care and support to orphans?
   K¨LÏ ›Mv Ié“ƒ ÉÒõ“ ¡w"u? ¾T>ÁÅ`Ñ< u?¦cx‹” ¾T>ÑØT†¬ ‹Óa‹ U”U” “†¬;
4. What strategies are families using to meet the needs of orphans under their care?
   ¾T>”ŸvŸvD†¬ ¨LÏ ›Mv Ié“ƒ õLÔ„‹ KTTELƒ ¨LÐ‹ ¾T>ÖkTE†¬ eM„‹ U”É” “†¬;
5. In your opinion, to what extent do you think families are coping with the orphans'problem?
   uÅ`e- ›e¦Á¾ƒ ¨LÐ‹ U” ÁIM ¾¨LÏ ›Mv Ié“ƒ ‹Óa‹” ¦slSªM wK¬ ÁevK<;

6. Are there any external organizations that have assisted orphans and their families in your community? If yes, which ones and what assistance have they offered?
   uÅ`e- Tlu[cw ¨<eØ ¨LÏ ›Mv Ié“ƒ” ¨ÃU ›dÇÑ>-‰†¬” ¾T>[Ç É`Ïƒ ›K; ›- "K< ¾ƒ™‡ “†¬; U” ¯Ã’ƒ Å`Çታ cØ¦ªM;
7. What gaps remain un-addressed with regard to care and support for orphans in this kebele?
   ¾¨LÏ ›Mv Ié“ƒ ÉÒõ“ ¡w"u? ›eSM¡„ u²=I kuK? ¬eØ ›M¦c^uƒU ¾T>K<ƒ ¡õ¦ƒ U”É” ’¬;

THANK YOU VERY MUCH FOR YOUR IDEAS AND TIME

eKcÖ<˜ Ñ>ª?“ Ndw u×U ›ScÓ“KG<

FGD with Community based organization

Confidential

AN INVESTIGATION OF CHALLENGES AND COPING STRATEGIES OF ORPHAN CAREGIVERS IN JIMMA TOWN.

IN-DEPTH INTERVIEWGUIDE FOR COMMUNITY BASED ORGANIZATIONS.

To be administered to CBO's Chairman or Vice Chairman or CBO Secretary

በጅማ ከተማ የሚገኙ የወላጅ አልባ ህጻናት አሳዳጊዎች/ተንከባካቢዎች ተግዳሮቶችና የተቋቋሚነት ስልቶችን ለማጥናት **ለ°Éሪ ፟"ይዎች** የተዘጋጀ ቃለማጠይቅ

Verbal Consent Form for Participants of the Study

Introduction:

Good morning/Evening/Afternoon Sir/Madam

My name is Firafis Dereje. I am from graduate school of Social Anthropology at Jimma University. I am currently collecting data regarding challenges and strategies for coping with the orphan problem in Jimma. As part of my investigation, I am talking to a wide cross section of people in the town. The study is being undertaken among orphan caretakers and the children under their care from selected households in Jimma town. It is in this regard you are selected to provide information, which can serve several purposes, especially guiding policy makers in designing programs for improving orphan care at household level.

የጥናቱ ተሳታፊዎች ቃለስምምነት

XXXIII

መግቢያ

ደህና አደሩ/ደህና ዋሉ/ደህና አመሹ አቶ/ወ/ሮ

ስሜ ፍራፍስ ደረጀ ባላል፡፡ በጅማ ዩኒቨረሲቲ በሶሻል አንትሮፖሎጂ የትምህርት ዘርፍ የድህረ ምረቃ ተማሪ ነኝ፡፡ በአሁኑ ወቅት በጅማ ከተማ የወላጅ አልባ ህጻናት ተግዳሮቶችና ህጻናቱ ችግሮቹን የተቋቋሚነት ስልቶች ዙሪያ ሚረጃ በማሰባሰብ ላይ እገኛለሁ፡፡ ከተለያዩ የጅማ ከተማ ሰዎች ጋር ማጋገር የምርምሬ አንዱ አካል ነዉ፡፡ ጥናቱ የሚያተኩረዉ ከጅማ ከተማ በተመረጡ ወላጅ አልባ ህጻናትና አሳዳጊዎቻቸዉ ላይ ነዉ፡፡ በዚሁ አኳኃን እርስዎ ለተለያዩ ዓላማዎች ልያገለግል የሚችል በተለይ ደግሞ በቤተሰብ ደረጃ የወላጅ አልባ ህጻናት ክብካቤ ልያሻሽሉ የሚችሉ ፕሮግራሞች እንዲወጡ ፖሊሲ አወጪዎችን የሚረዳ ጠቃሚ ሚረጃ እንዲሰጡ ተመርጠዋል፡፡

Confidentiality and consent

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(Ask respondent for any comments, clarifications or questions before starting the interview).

ሚጃን በሚከጥር ስለማያዝና ቃለስምማነት

ሌሎች ሰዎች ልሚሌሱት የሚዳግታቸዉ እርስዎ ግን ልሚሌሱት የሚቹሉ አንዳንድ ጥያቄዎችን እጠይቅዎታለሁ። የሚግሩኝን ነገር ለማንም አሳልፌ አልናገርም። ለጥያቄዎቹ የሚጠቹ ሚሌሶች ሁሉም ፌጽሞ በሚከጥር የተያዙ ይሆናሉ። ስምም በዚህ ቅፅ ላይ አይጻፍም ከሚጃ ጋር ተያይዞም ለማንም አይነገርም። ለመሚስ የሚፌልጉትን ጥያቄ ለመሚስ አይገደዱም ቃለማከይቁንም በፌለጉት በማናቸዉም ጊዜ ማቋረጥ ይችላሉ። ስምም በቃለማከይቁም ሆነ በሪፖርቱ ላይ አይወጣም።

xxxiv

ለዚህ ቃለማከይቅ ማሌስ በማሌጠት ለጥናቱ የሚደርጉትን እገዛ በጣም አደንቃለሁ።
ቃለማከይቁ ከ45 ደቂቃ እስከ አንድ ሰዓት ጊዜ ልወስድ ይችላል። ለማቋረጥ ፌቃደኛ ኖት።
(ቃለማከይቁን ከመጀመር በፊት አስተያየት፣ ማበራሪያ ወይም ጥይቄ ካለዉ/ካላት ተሳታፌዉን/ዋን ጠይቅ/ቂ)

(ተሳታፌዎች ለቃለስምማቱ የቃል ሚጋገጫ ሰጥተዋል) (Respondents have given certifying that informed consent verbally)

ከተማ_____

ቀበሌ_____

ቃለማከይቅ የተደረገበት ቀን _____

የተጀመረበት ሰዓት _____ የተጠናቀቀበት _____

Result of the Interview: / ¾nKSÖÃl ¬Ö?ƒ

a) Completed on first visit / uSËS]Á¬ Ñ<w˜ƒ ¨pƒ ¾}Ö“kk
b) Completed on second visit / uG<K}—¬ Ñ<w˜ƒ ¨pƒ ¾}Ö“kk
c) Incomplete (specify reasons / ÁM}Ö“kk (U¡”Á~” ÓKî)

1. What role do you play in this community based organization?
   u²=l °É` ¬eØ HLò'ƒ- U”É” '¬;
2. How does you role relate to care and support and protection of orphans?
   HLò'ƒ- Ÿ˙LÏ ›Mv lé“ƒ ÉÒõ“ ¡w"u? Ò` Ã”Èƒ '¬ ¾T>Ñ“–¬;
3. What major problems do orphans face in your locality that your CBO s operationalized?
   °É`- uT>c^uƒ u²=l ›"vu= ¨LÏ ›Mv lé“ƒ” ¾T>ÑØT†¬ ‹Óa‹ U”U” “†¬;
4. What are the main challenges faced by orphan caregiver in your locality that your CBO' s operationalized?
   É`Ïƒ- uT>c^uƒ u²=l ›"vu= ¾¨LÏ ›Mv lé“ƒ ›dÇÑ>-‹” ¾T>ÑÖT†¬ }ÓÇa„‹ U”U” “†¬;

5. What strategies are caregiver uses to manage the orphan problem in your locality of your CBO s operationalized?

É'Ïƒ- uT>c^uƒ u²=I ›"vu= ¾¨LÏ ›Mv Ié“ƒ ›dÇÑ>-‹ ¾Ié“~” ‹Óa‹ KSõ ƒ ¾T>ÖkTE†¬ ¾SõƒN? ›p×Ý-‹ U”É” “†¬;

6. What challenges do you face as a leader in regard to orphan care in your community of your CBO's operationalized?
É'Ïƒ- uT>c^uƒ u²=I ›"vu= ¨LÏ ›Mv Ié“ƒ” ›eSM¡„ ?Ä”ÅS] ¾ÑÖVƒ }ÓÇa„‹ U”É” “†¬;
7. In your opinion, do you think caregivers are coping with the orphan problem?
¾¨LÏ ›Mv Ié“ƒ ›dÇÑ>-‹ ‹Óa‡” }slSªM wK¬ ÁevK<;
8. In what ways, if any, has the community assisted caregiver to offer care and support for orphans? U“Mvƒ "K ¾¨LÏ ›Mv-‡ Ié“ƒ ›dÇÑ>-‹ Ié“~” ?Ä”Ç=ÅÓñ“ ?Ä”Ç="ŸvŸu< Tlu[cu< uU” S”ÑÉ K=[Ç†¬ Ã‹LM;
9. What are the perspectives of caregiver/community views on the effects of family based orphan care? ›dÇ-‡U J' Tlu[cu< eKu?}cw S' ¾J' ¾¨LÏ ›Mv Ié“ƒ ¡w"u? U” ¯Ã'ƒ ›e}dcw ›L†¬;

THANK YOU VERY MUCH FOR YOUR IDEAS AND TIME

eKcÖ<˜ Ñ>²?“ Ndw u×U ›ScÓ“KG<

FGD with religious leaders

Confidential

AN INVESTIGATION OF CHALLENGES AND COPING STRATEGIES OF ORPHAN CAREGIVERS IN JIMMA TOWN.

IN-DEPTH INTERVIEW GUIDE FOR RELIGIOUS LEADER

To be administered to the religious leader.

በሚከጥር የሚዝ

በጅማ ከተማ የሚኙ የወላጅ አልባ ህጻናት አሳዳጊዎች/ተንከባካቢዎች ተግዳሮቶችና የተቋቋሚት ስልቶችን ለማኮናት **ለሃይሞት ሜዎች** የተዘጋጀ ቃለጣይቅ

XXXVI

Verbal Consent Form for Participants of the Study

Introduction:

Good morning/Evening/Afternoon Sir/Madam

My name is Firafis Dereje. I am from graduate school of Social Anthropology at Jimma University. I am currently collecting data regarding challenges and strategies for coping with the orphan problem in Jimma. As part of my investigation, I am talking to a wide cross section of people in the town. The study is being undertaken among orphan caretakers and the children under their care from selected households in Jimma town. It is in this regard you are selected to provide information, which can serve several purposes, especially guiding policy makers in designing programs for improving orphan care at household level.

የጥናቱ ተሳታፊዎች ቃለስምምነት

መግቢያ

አቶ/ወ/ሮደህና አደሩ/ደህና ዋሉ/ደህና አመሹ

ስሜ ፍራፍስ ደረጀ ባላል፡፡ በጅማ ዩኒቨረሲቲ በሶሻል አንትሮፖሎጂ የትምህርት ዘርፍ የድህረ ምረቃ ተማሪ ነኝ፡፡ በአሁኑ ወቅት በጅማ ከተማ የወላጅ አልባ ህጻናት ተግዳሮቶችና ህጻናቱ ችግሮቹን የተቋቋሚበት ስልቶች ዙሪያ ሚጃ በሚባሰብ ላይ እገኛለሁ፡፡ ከተለያዩ የጅማ ከተማ ሰዎች ጋር መነጋገር የምርምሬ አንዱ አካል ነዉ፡፡ ጥናቱ የሚተኩረዉ ከጅማ ከተማ በተመረጡ ወላጅ አልባ ህጻናትና አሳዳጊዎቻቸዉ ላይ ነዉ፡፡ በዚሁ አጭሩን እርስዎ ለተለያዩ ዓላማዎች ልያገለግል የሚችል በተለይ ደግሞ በቤተሰብ ደረጃ የወላጅ አልባ ህጻናት ከብካቤ ልያሻሽሉ የሚችሉ ፕሮግራሞች እንዲወጡ ፖሊሲ አወጪዎችን የሚዳ ጠቃሚ ሚጃ እንዲሰጡ ተመርጠዋል፡፡

Confidentiality and consent

I may ask some personal questions that some people find difficult to answer. I am not going to talk to anyone about what you tell me. Your answers are completely confidential. Your name will not be written on this form and will ever be used in connection with any of the information you tell me. You do not have to answer any question that you do not want to answer, and you may end this interview at any time you want. Your name will not appear on the questionnaire and even in the report. I would greatly appreciate your help in responding to this study. The interview will take 45 minutes to an hour. Would you be willing to participate?

(Ask respondent for any comments, clarifications or questions before starting the interview).

XXXVII

ሚጃን በሚጥር ስለማዝና ቃለስምምነት

ሌሎች ሰዎች ልሚሰሱት የሚዳግታቸዉ እርስዎ ግን ልሚሰሱት የሚችሉ አንዳንድ ጥያቄዎችን እጠይቅዎታለሁ፡፡ የሚ ግሩኝን ነገር ለማንም አሳልፌ አልናገርም፡፡ ለጥያቄዎቹ የሚጠት ሚሶች ሁሉም ፈጽሞ በሚጥር

የተያዙ ይሆናሉ፡ ፡ስምም በዚህ ቅፅ ላይ አይጻፍም፤ ከሚጃ ጋር ተያይዞም ለማንም አይነገርም፡ ለመመለስ የሚፈልጉትን ጥያቄ ለመመለስ አይገደዱም፤ ቃለመጠይቁንም በፈለጉት በማንኛውም ጊዜ ማቋረጥ ይችላሉ፡ ፡ስምም በቃለመጠይቁም ሆነ በሪፖርቱ ላይ አይወጣም፡ ለዚህ ቃለመጠይቅ መልስ በመስጠት ለጥናቱ የሚደርጉትን እገዛ በጣም አደንቃለሁ፡ ፡ ቃለመጠይቁ ከ45 ደቂቃ እስከ አንድ ሰዓት ጊዜ ልወስድ ይችላል፡ ፡ ለመሳተፍ ፈቃደኛ ኖት፡ ፡

(ቃለመጠይቁን ከመጀመር በፊት አስተያየት፣ ማበራሪያ ወይም ጥይቄ ካለዎ/ካላት ተሳታፊዉን/ዋን ጠይቅ/ቂ)

(ተሳታፊዎች ለቃለስምመሳቱ የቃል ሚጋገጫ ሰጥተዋል)

(Respondents have given certifying that informed consent verbally)

ከተማ_____

ቀበሌ_____

ቃለመጠይቅ የተደረገበት ቀን _____

የተጀመረበት ሰዓት _____ የተጠናቀቀበት _____

Result of the Interview: / ¾nKSÖÃl ¬Ö?ƒ

a. Completed on first visit / uSËS]Á¬ Ñ<w˜ƒ ¨pƒ ¾}Ö“kk

b. Completed on second visit / uG<K}—¬ Ñ<w˜ƒ ¨pƒ ¾}Ö“kk

c. Incomplete (specify reasons / ÁM}Ö“kk (U¡”Á~” ÓKî)

1. How do you support orphan from the side of your own religion?
   ?እ”ÅNÃT*ƒ- ¨LÏ ›Mv lé“ƒ” ¾T>ƒ[Æƒ ?እ”Èƒ ’¬;
2. How does you role relate to care and support orphans?
   uHÃT*ƒ- ÁK-ƒ HLò’ƒ Ÿ¨LÏ ›Mv lé“ƒ ÉÒõ“ ¡w"u? Ò` ?እ”Èƒ ÃÑ“—M;

3. What are the major problems do orphans faces from your side?
   u`e- uŸ<M ª“ ª“ ¾¨LÏ ›Mv lé“ƒ ‹Óa‹ “†¬ ¾T>K<ƒ UÉ” “†¬;
4. In your opinion, what are the main challenges faced by orphan caregiver?
   u`e- ›e}Á¾ƒ ª“¬ ¾¨LÏ ›Mv lé“ƒ ›dÇÑ>-‹ }ÓÇa„‹ “†¬ ¾T>K<ƒ UÉ” “†¬;
5. In your opinion, what strategies are caregiver uses to manage the orphan problem?
   uእ`e- ›e}Á¾ƒ ¾¨LÏ ›Mv-‡” lé“ƒ ‹Óa‹ KSõ,ƒ ¨LÐ‹ ¾}ÖkTE†¬ eM„‹ U”É” “†¬;
6. What challenges do you face as a leader in regard to orphan care from your side?
   ?እ”ÅS] ¨LÏ ›Mv lé“ƒ” ›eSM„ u`e- uŸ<M ¾ÑÖVƒ }ÓÇaƒ U” ›K;
7. In your opinion, do you think caregivers are coping with the orphan problem?

uእ`e- ›e¦Á¾ƒ ¾¨Lï ›Mv-‡ Ié“ƒ ›dÇÑ>-‹ ¾Ié“~” ‹Óa‹ ¾¦ssS< ÃSeM-ታM;

8. In what ways, if any, has the follower of the religion assisted caregiver to offer care and support for orphans?
   የርስዎ ሃይማኖት ተከታዮች የወላጅ አልባ ህፃናት ሳዳጊዎች ለህፃ~ uTÁ>Å`Ñ<ƒ ¡w"u? ምናልባት ረድተዋቸዉ ከሆነ በምን ሁኔታ ነዉ የረዷቸዉ
9. What are the perspectives of caregiver/community (follower of the religion) views on the effects of family based orphan care?
   የህፃ አሳዳጊዎች/የማህበረሰቡ (የሃይማኖቱ ተከታዮች) ቤተሰብ መሠረት ያደረገ የወላጅ አልባ ህፃ e¦ÇÅÓ u¦SKŸ¦ ÁL†¬ አSK"Ÿƒ U”É” ’¬

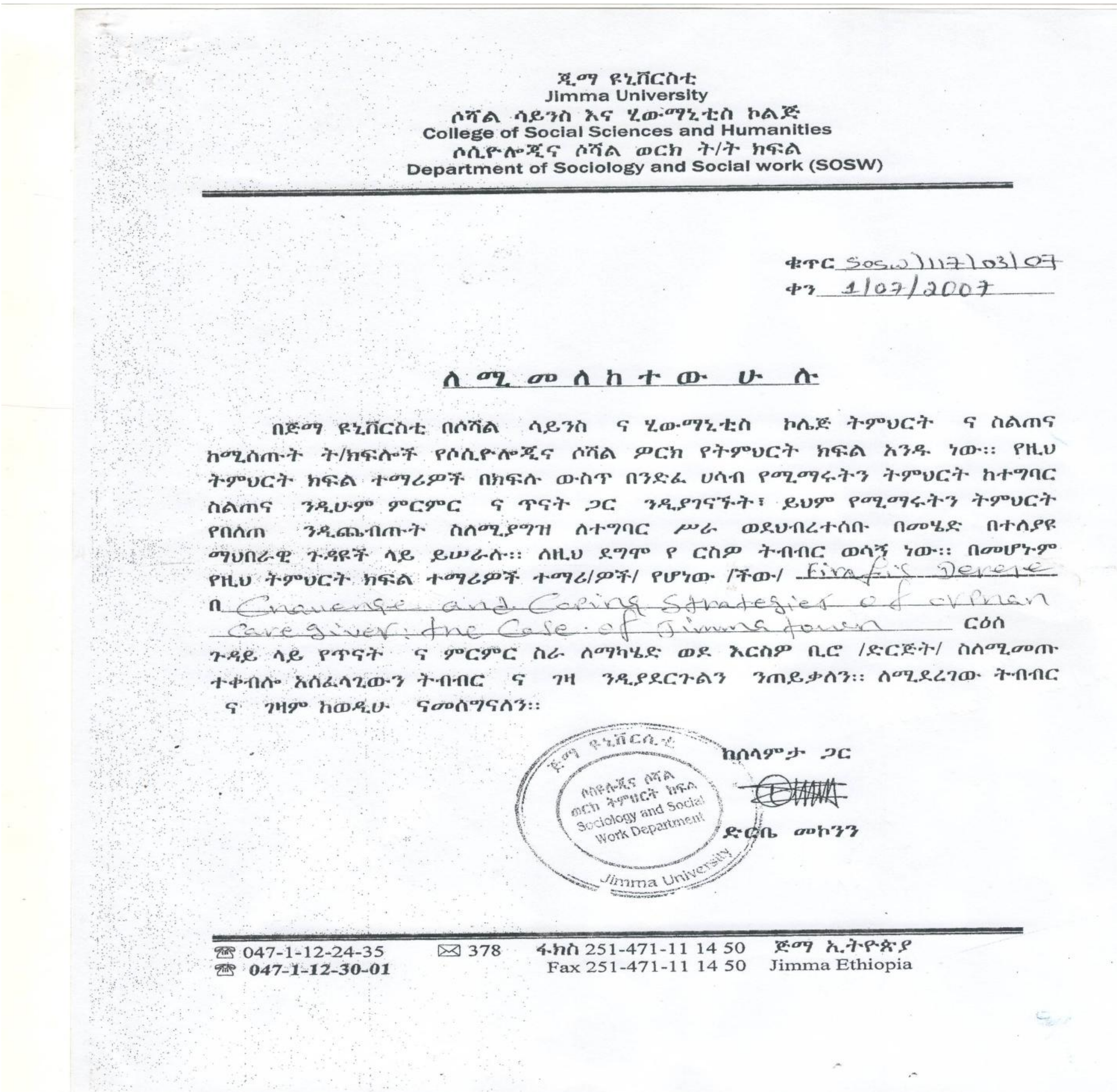
THANK YOU VERY MUCH FOR YOUR IDEAS AND TIME

eKcÖ<˜ Ñ>²?“ Ndw u×U ›ScÓ“KG<

Appendix III

Introductory letter from Jimma university

College of humanities and social science



ጂማ ዩኒቨርስቲ
Jimma University
ሶሻል ሳይንስ እና ሂውማኒቲስ ኮሌጅ
College of Social Sciences and Humanities
ሶሲዮሎጂና ሶሻል ወርክ ት/ት ክፍል
Department of Sociology and Social work (SOSW)

ቁጥር SOSW/117/03/07
ቀን 1/07/2007

ለ ሚ መ ለ ከ ተ ው ሁ ሉ

በጅማ ዩኒቨርስቲ በሶሻል ሳይንስ ና ሂውማኒቲስ ኮሌጅ ትምህርት ና ስልጠና ከሚሰጡት ት/ክፍሎች የሶሲዮሎጂና ሶሻል ዎርክ የትምህርት ክፍል አንዱ ነው። የዚህ ትምህርት ክፍል ተማሪዎች በክፍሉ ውስጥ በንድፈ ሀሳብ የሚማሩትን ትምህርት ከተግባር ስልጠና ንዲሁም ምርምር ና ጥናት ጋር ንዲያገናኙት፣ ይህም የሚማሩትን ትምህርት የበለጠ ንዲጨብጡት ስለሚያግዝ ለተግባር ሥራ ወደህብረተሰቡ በመሄድ በተለያዩ ማህበራዊ ጉዳዮች ላይ ይሠራሉ። ለዚህ ደግሞ የ ርስዎ ትብብር ወሳኝ ነው። በመሆኑም የዚህ ትምህርት ክፍል ተማሪዎች ተማሪ/ዎች/ የሆነው /ችው/ Firafis Derese በ Challenges and Coping Strategies of orphan care giver: the Case of Jimma town ርዕስ ጉዳይ ላይ የጥናት ና ምርምር ስራ ለማካሄድ ወደ እርስዎ ቢሮ /ድርጅት/ ስለሚመጡ ተቀብሎ አስፈላጊውን ትብብር ና ገዛ ንዲያደርጉልን ንጠይቃለን። ለሚደረገው ትብብር ና ገዛም ከወዲሁ ናመሰግናለን።

ከሰላምታ ጋር

ድርቤ መኮንን

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ፋክስ 251-471-11 14 50
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ጅማ ኢትዮጵያ
Jimma Ethiopia

Scanned letter from JUCHSS, department of SOSW, to Jimma town women and children affairs

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Appendix V

Support letter from Jimma town women and childern affairs

Lakk: Dh·DUDA /624/07

Guyyaa: 5/07/07

Wajjirra/Gandollee magalaa Jimmaa jalaa jiraan hundaaf

Dhimmii isaa: Deegarsaa akkaa gootan gaafachuu ta'aa

Akkumaa armaan olittii ibsuuf yaalamettii, barataa Firaafis Darajjee kan jedhamuu Yuuniversittii Jimmaati muumme Sooshal Antiroopolojiin diigirii lammaffaa barachaa akka jiruu ×alayaa Jimmaa uninveersitii irraa **LAKK.SOSW /117/ 03 /07** nuu ergameen hubanerraa. Haalumaa kanaan barataan kun yeroo ammaa qo'annoo dhimmaa daa'iimmani kessattuu **rakkoo maatiin ijjoollee hadhaa fi abbaa hin qabnee yeroo guddisaan arganii fi rakkoo sanaa hiikuuf tooftaa isaan ittii fayyadamanii (challenge and coping strategies of orphan caregiver: the case of Jimma town)** illaachisee qo'annoo gagessaa waan jiruuf, isiinis kanaa beekitanii deegarsaa barbachisuu akkaa gootaniif kabajaan isiin gaafana.

Nagaa wajjiin

Girmaa Zargaaw
ግርማ ዘርጋዉ
Girma Zergaw
A/A/Ho/Dh.Daa'immanii W/ra Dh.Du.
fi Daa'imman Bu/M/Jimmaa
በጅማ ከተማ ሴቶችና ህፃናት ጉዳይ
የህፃናት ጉዳይ የሥ/ሂደት ኃላፊ

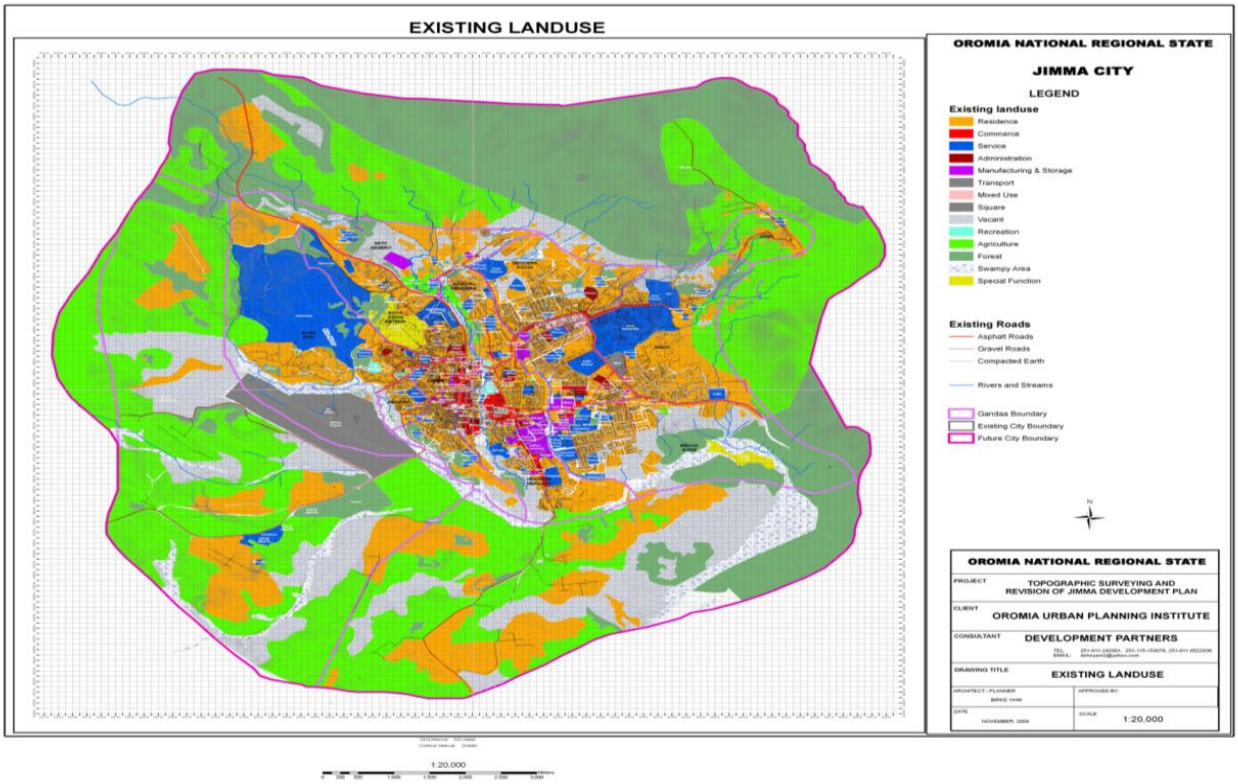
Scanned letter from Jimma town women and childern affairs to different Kebeles of the town.

XLI

Appendix VI

Jimma town map

JIMMA TOWN MAP



Source: Jimma city administartion,April,2015