The situation of orphans and vulnerable children in selected Woredas and towns in Jimma Zone

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Orphan and vulnerable (OVC) children are children that are susceptible to various types of physiological, psychological and social problems. A qualitative research was conducted to assess the situation of orphans and vulnerable children in four woredas and two towns of Jimma Zone, Southwest Ethiopia. 21 focus group discussions and 29 key informant interviews were conducted to collect data required for the study. The data collected were analyzed using thematic analysis. The study revealed that OVC are vulnerable to malnutrition, poor hygiene, child sexual abuse, drug use, child labor exploitation. Moreover, 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 supports being offered by the non-governmental organizations were insufficient, intermittent, duplicated and limited to few children in terms of their coverage. Consequently, a number of OVC are still in a difficult situation and seek immediate attention. Thus, 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 were recommended based on the findings.

Key words: Jimma zone, child, orphan and vulnerable children, vulnerability.

INTRODUCTION

Orphans and vulnerable children are the main problems of developing countries, especially sub Saharan Africa. UNAIDS (2010) estimated that of the 16.6 million children (aged 0–17) who have lost one or both parents to AIDS, 14.8 million are in sub-Saharan Africa.

Within Ethiopia 5.5 million children, around 6% of the total population, are categorized as orphans or vulnerable children (OVC). OVC comprise almost 12% of Ethiopia’s total child population. Over 83% of these OVC are living in rural settings of which 855,720 of them are orphaned children as a result of the death of one or both parents due to HIV/AIDS (Save the Children UK, 2008).

The Ethiopian Demographic and Health Survey (EDHS) estimates that 72% of children in the country live with both parents, 14% with mothers only, 3% with fathers only and 11% live with neither of natural parents. The
same survey indicated that 18% of Ethiopian households are caring for orphans while 0.6% or 11,577 households were estimated to be child headed (CSA, 2011). Poverty, deaths of parents due to HIV/AIDS, war, recurrent drought and its subsequent food shortage/famine are the major factors that made a number of children become vulnerable in Ethiopia (Tsegaye, 2001). However, vulnerability might be caused by other additional factors that include: severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, direct experience of physical or sexual violence, or severe chronic illness (Skinner, 2006). Orphans and vulnerable children have been suffering from a lot of problems associated with these vulnerability factors. Some of the problems they face include hunger, lack of access to health and education, physical and psychological abuse, lack of love and affection and negative communities’ attitude towards them ( Berry and Guthrie, 2003). Because of these, orphans and vulnerable children require urgent basic needs and services supports that can be provided either within the community or institutionalized care.

In Ethiopia, as in most traditional societies, there was a strong culture of caring for orphans, the elderly, the sick, and disabled and other needy members of the society in the past. Most of these care and protections were being carried out by the nuclear and extended family members, communities and religious organizations (Tsegaye, 2001; Radeny and Bunkers, 2009). However, the advent of urbanization, widespread of HIV/AIDS, recurrent drought, high population growth, shortage of land and other resources to meet the ever increasing demand have been challenging the informal efforts to address the problems of these destitute segments of the society including the OVC. These manmade and natural factors have also claimed many lives. Consequently, thousands of children were left unaccompanied as neither family nor communities and religious organizations were unable to discharge their traditional roles and functions (Tsegaye, 2001). Under such circumstances, it is important to undertake deep investigation to come up with evidence based interventions measures to be taken which are the main purposes of this study.

**Problem statement**

Ethiopia counts one of the largest populations of orphan and vulnerable children in the world (Zewdineh, 2008). Berry and Gutrie (2003) stated that orphans and vulnerable children are exposed to various social, psychological, economic and health problems. The impacts of being OVC are especially profound on girls as they face many challenges in general and in the absence of parental care in particular. Early initiation for sexual activity, exploitation, abuse and sexual violence and female few to mention among the various challenges girls face under such circumstances. These expose them to greater risk of becoming infected with HIV in most cases (Save the Children UK, 2008; Radeny and Bunkers, 2009; Star Foundation, 2011). Garadew (2006) further added that the probability of becoming victims of violence, exploitation, trafficking, discrimination and various types of abuses is high among orphans and vulnerable children.

The largest groups in need of support in Ethiopia were orphans and vulnerable children directly affected by HIV/AIDS, extreme poverty, continuous risk of famine, and internal and external migration. From the more than five million Ethiopian children considered to be orphaned or vulnerable, 77,000 were living in child-headed households and their situation calls for the response of all concerned bodies (Radeny and Bunkers, 2009).

Cognizant of the situations of OVC in the country, Ethiopian government has formulated policies and guidelines that specify the standards of the services provided to OVC, the roles and responsibilities of stakeholders participate in giving services and supports for these children. The main policies, plan of actions and guidelines available in Ethiopia regarding OVC are: Child right Con vention adopted by Ethiopian government, Developmental Social Welfare Policy, National Plan of Action for Children, National OVC Plan of Action and Guideline on Alternative Child Care program. These policies, plan of actions and guidelines are meant to create conducive and supportive environment for proper growth and development of the OVC. To this end, the policies, the strategies and the guidelines have paid attention to the need for psychosocial support, education and vocational training, health support, shelter, economic strengthening, social protection of the children (Save the Children UK, 2007).

There is no national wide comprehensive study conducted in Ethiopia recently regarding the situation of orphans and vulnerable children as well as community responses to the needs of the children except baseline surveys by different non-government organizations in different parts of the country. According to the information from these baseline surveys, orphans and vulnerable children are in difficult circumstances that call for the attention of all concerned bodies. For instance, the situational analysis of orphans and vulnerable children report in Tigray Region by Star Foundation (2011) indicated that OVCs lack basic necessities, educational fees and school materials support, parental supervision, emotional care and supports as consequences of which they have become exposed to various types of abuses and exploitations.

However, no study has been conducted yet in Jimma Zone regarding the situation of orphans and vulnerable
children, the communities’ awareness of the problems of these children as well as the responses made after the formulation of the national strategies, guidelines and the plan of actions as far as the knowledge of the researchers is concerned. Therefore, this study is conducted to fill information gap in this regard. Thus, the study was conducted to meet the following objectives:

1. to identify community awareness about the situations of orphans and vulnerable children
2. to identify the problems of the orphans and the vulnerable children
3. to analyze the communities’ and concerned bodies’ responses to meet the needs of the OVC
4. to examine the existing gaps that need further interventions

Delimitation of the study

The study was delimited to four woredas (districts) of Jimma zone namely Dedo, Kersa, Seka Chokorsa, Limu Kossa, and the two towns namely Agaro and Jimma.

METHODS AND MATERIALS

Study time and areas: The study was conducted from March 04-16, 2012 in two towns and four woredas (districts) of Jimma zone mentioned above. Jimma Zone, the study setting, is located in Oromia National Regional State, South West Ethiopia at a distance of 310 km from Addis Ababa, the capital of the country. The Zone has 18 Administrative Woredas (District) and Jimma town (special administrative town). The total population of Jimma Zone is estimated to be 2,868,151 of which children below 18 years constitute 29% of the populating according to the Federal Democratic Republic of Ethiopia 2007 report.

Sampling technique: Non-probability (purposive) sampling technique was used to select these woredas and towns. Because as consultation made with the zonal Children’s and Women’s Affairs Office prior to the study, there was repeated personal report of child abuses and vulnerabilities to the office mainly from these studied sites. Hence, the office wants to get detail information supported with empirical evidences from the grass-root community in order to design strategies with an NGO known as SOS Children’s Village Ethiopia for future intervention. The researchers had also no adequate time, finance and other resources to conduct survey. Therefore, interviews, focus group discussions and document review were used to conduct the study.

Interview: key Persons from Women and Children Affairs Office, Health Office, Education Office, NGOs, Social and Labor Affairs Offices were interviewed in their offices regarding the problems faced by OVC, various services being provided for OVC such as food, shelter, health care, education and gaps in rendering services. In addition, in-depth interview was conducted with street children in Jimma and Agaro towns. Interview guide prepared in English and translated into Afaan Ormo and Amaharic languages to ease the interview process was used for this purpose. Totally, 29 key informants and 7 street children were interviewed.

Focus Group Discussion (FGD): The researchers also conducted FGDs with members of CBOs and religious leaders, mothers, fathers and the youths selected from the community. These groups were selected to be involved in the focus group discussions based on the depth of their knowledge about the situation of OVC in their community. Totally, 21 FGDs were conducted for this purpose. 10-12 persons were participated in each of the FGD.

Document review: The Women’s and Children’s Affairs Offices of the respective woredas and towns were the responsible government body in charge of children related information. Hence, available documents of these offices were also reviewed in order to get relevant information.

Tools employed: In order to collect the data required for the study, the following tools were developed by the researchers based on the review of the literature relevant to the research thematic objectives. These were thematic issues check list for focus group discussions and an interview guide for the interviews. The tools were first prepared in English and translated into Amharic and Afaan Oromo so that the participants can easily understand and give appropriate responses. Both the interviews and the focus group discussions were tape recorded with permission of the participants. Moreover, the researchers have established rapport with the participants and briefed the objectives of the study in order to get valid and reliable information.

Methods of data analysis: The qualitative data obtained from the study was transcribed and translated back into English. Then, it was thematically analyzed based on the objectives of the study.

Operational definition: The following are the operational definition of the terms/concepts used in this study.

A child: is every human being below the age of 18 years.

Orphan: The Alternative Childcare Guidelines on Community-based Childcare, Reunification and Reintegration developed by Ethiopian Ministry of Women’s Affairs in 2009 defines an orphan as a child who is less than the age of 18 and who has lost one or both parents, regardless of the cause of the loss.

Vulnerability: is a state of reduced capacity to withstand social, economic, cultural, environmental and political threats both acute and chronic; the susceptibility of individuals, households, and communities to becoming poorer and poorer as a result of events or processes that occur around them. Three aspects that cause children to become vulnerable are reduced capacity to cope with calamities, resilience weak points (e.g. education, health, welfare, safety, play and participation and inadequate care and services (Tanzania Institute of Social Work, 2010).

According to Radeny and Bunkers (2009), a vulnerable child is a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights. Vulnerable children include children whose rights to care and protection are being violated or who are at risk of those rights being violated. Children who have been orphaned by AIDS and/or affected by the HIV and AIDS pandemic, children living with sick parents, children living in highly affected communities and children living without adult care are also categorized under vulnerable children.

RESULTS

Data collected from the focus group discussions (FGDs), document review, key persons and in-depth interviews
Table 1. Number of orphans by Woredas and towns.

<table>
<thead>
<tr>
<th>S/No</th>
<th>Woreda/Town</th>
<th>Number of orphans</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Both sex</td>
</tr>
<tr>
<td>1</td>
<td>Agaro Town</td>
<td>379</td>
<td>370</td>
<td>749</td>
</tr>
<tr>
<td>2</td>
<td>Limmu Kossa Woreda</td>
<td>134</td>
<td>196</td>
<td>326</td>
</tr>
<tr>
<td>3</td>
<td>Seka Chokorsa Woreda</td>
<td>340</td>
<td>244</td>
<td>584</td>
</tr>
<tr>
<td>4</td>
<td>Dedo Woreda</td>
<td>1,607*</td>
<td>1,185*</td>
<td>2,792*</td>
</tr>
<tr>
<td>5</td>
<td>Kersa Woreda</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>Jimma Town</td>
<td>1,282</td>
<td>1,635</td>
<td>2,937</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3,742</td>
<td>3,630</td>
<td>7,388</td>
</tr>
</tbody>
</table>

Source: The respective Woredas and Towns Women’s Affair Offices document, 2012.* in the table indicates both orphans and Vulnerable/ at risk children while NA—indicates information was not available.

are thematically analyzed based on the objectives of the study as follows.

**Community awareness about the situation of orphans and vulnerable children**

One of the objectives of the study is to identify community awareness about the situation of vulnerable children. Accordingly, both the participants of the FGDs and the key informants revealed that there are a number of OVC in their community though they are not quite sure of the exact number of these children. But documented information obtained from the respective study woredas’ and towns’ Social and Labor Offices indicated that the number of Orphaned and Vulnerable children seems to be the following (Table 1).

Participants of the focus group discussions and key informant interview stated that the communities were well aware of the situation of orphans and vulnerable children in their respective areas. They stated that the number of orphans and vulnerable children is rising from time to time. In addition, the failure of indigenous institutions in providing services for OVC and maintaining social system increased the concern of community regarding the problems of OVC.

**Children categorized as OVC by the community**

The study tries to identify groups of children categorized as orphans and vulnerable children by the local community. From the in-depth interviews and the focus group discussions, it was understood that orphans, street children, abandoned children, children with mental and physical disability, and children of the poor and sick families were considered to be orphans and vulnerable children.

**Problems faced by OVC**

These OVC have the following specific problems according to the study participants.

**Orphans:** The local community called orphans “Yetima”. Participants of focus group discussions stressed that most of these children are vulnerable to hunger; lack of shelter, clothes, health and education due to loss of their parents who take care for them. They live with their poor relatives such as grandparents who had no regular sources of income. The livelihoods of these poor relatives and grandparents are based on meager income they get from daily labor and selling of coffee straw. Moreover, these poor relatives/parents have large family size, 3-6 children, in most cases. Hence, they face many difficulties to meet the basic needs of the children let alone others.

**Street children:** Participants of the focus group discussions and the interviews revealed that there were no street children in most of the woreda towns covered under this study. Street children are found in Jimma and Agaro towns, relatively large commercial towns having more than 40,000 populations. Most of the street children migrate to these towns mainly from the surrounding woredas of the zone and the South Nations, Nationalities and People’s Region in order to search for basic needs and services they could not get at their place of origin. But this does not mean that children born in these two towns do not join street life. The following two cases are children born and became street dwellers in Agaro and Jimma towns.

“I was born in Agaro and became street dweller in the same town due to the death of my both parents. I am making a living from street vending. I spend the whole day and night on street as I have no home. As a consequence, I was snatched my money and the things I
Another 16 years old street boy interviewed in Jimma town described that in addition to lack of access to basic needs and social services, street children are considered as deviants and thieves by the community. In case properties are stolen by anybody else, the street children are the first to be suspected and assaulted to reveal who has stolen it.

Other street children also stated that they use drugs, alcohol, and benzoic, locally called “Mastish” to overcome cold and feeling of starvation at night. They also chew chat (green stimulant leaf). Moreover, they consume left over foods collected from garbage centers and different hotels in the towns. According to the key informants from the respective woredas health offices, such life styles expose the children to various types of health problems like intestinal parasites, skin diseases and cough. Their health problem is aggravated by the prolonged exposure to the scorching sun heat during the day and cold during the night. They have no access to water and clean environment to keep their personal hygiene as they live in dilapidated areas.

Furthermore, participants of the focus group discussions stated that OVC have become vulnerable to sexual abuse such as rape. One of the focus group participants from Jimma town indicted that 13 years old girl from poor family was raped while her mother and father were at work. However, her case was not brought to court due to lack of evidence. A 14 years old orphan girl interviewed in Jimma town also described how being an orphan exposes girls to sexual abuse as follows,

“I am 14 years old girl. I am seventh grade student. Both my father and mother are not alive. I was brought up by my step sister. Since our father and mother left nothing for us, my step sister faced a lot of ups and down to bring up I and my junior brother. I have nothing to buy school uniforms and educational materials let alone to other things. Meanwhile one of my school classmates introduced me to one rich guy whom she told me that he has an intention to support me in cash as well as in kind. Of course, the person supported me in a number of ways. However, he requested me to give him my virginity. For the time being I was very much disturbed with his request and I wanted to refuse it. But I thought that he interrupts supporting me if I refuse him. After long time contemplation, I accepted his request and engaged in sexual affairs for the first time with the person. I missed my virginity this way. After that I was feeling severe pain for about one week. Still today I am being disturbed when I remember the pain associated with my first sexual contact with the person. Since I fear, I did not disclose this issue to my step sister let alone to somebody else”.

Abandoned Children: These are children born out of illegal marriage and discarded on streets and in invisible places such as toilets. In most cases, such children are abandoned by their biological mothers especially girls as emphasized by the key informants and the focus group participants. The presence of such children is raised from all the woredas and towns covered by the FGDs and the key informant interviews. Every year, 2-4 children are abandoned and reported to the police. Unwanted or unplanned pregnancy is the main cause for child abandonment especially among girls migrated to Jimmatown in order to search for employment as indicated by the key informants interview and FGDs. Some divorced or widowed women also abandon their children because of their economic inability to provide the necessary care and support for the children. There is little/no foster care, local adoption and other alternative institutional care for such children as described by the FGDs participants.

Children with physical and mental disabilities: The focus group discussions participants of all the studied area described that children with disabilities do not go to school. The health and wellbeing of these children is also at risk. Even if there are schools in their surrounding, the physical environment and school facilities are not suitable for children with various disabilities. Families of the children also do not allow the disabled children to be exposed to the community because they fear that the community considers the disability of the children as the result of punishment to the wrong deeds of the families. Hence, children with mental and physical disabilities are whose situation is even worse than that of the other children. However, key informants interviewed from the schools and education offices in the studied areas argued that they were making attempts to take into account the special needs such children. Schools have launched inclusive education program for this purpose.

Children of the poor and the sick families: The presence of the families by itself is not a guarantee for a child to get necessary care and protection from various types of vulnerabilities according to the key informants. Even if alive, the poor and the sick families lack time, money and other resources to invest in the physical, health, emotional and social wellbeing of their children that make their children susceptible to various vulnerability factors. Participants of the focus group discussions also revealed that children of the poor and the sick families constitute the majority of vulnerable children whose situations call for immediate attention. For instance, one of the FGDs participants from community based organizations in Jimma town said “children whose families are bed-ridden due to various disease and infirmity are in danger even compared to children of the
HIV/AIDS families because the latter are in a better position in terms of their access to various supports from GOs and NGOs due to the special attention given to people affected by the disease”.

In summary, the focus group participants and the key informant interviews revealed that the OVC were in difficult circumstances from the following dimensions.

**Basic needs:** The OVC were unable to get three meals a day, whatever the quality of the food is. They have no appropriate clothes and live in dilapidated houses or on streets of major towns of the study area. The abandoned and the street children have no access to even the demolished houses.

**Health:** They are more vulnerable to various types of disease due to lack of appropriate nutrition, clothes, houses, hygiene care and their exposure to disease causing polluted environment.

**Education:** Primary education is free in Ethiopia. The main problems of OVC are lack of educational materials and basic needs to go to school. Most of OVC are unable to start school at appropriate school age, they constitute the majority of those who are absent from and drop out of schools even if they begin school. Moreover, they 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. Majority of them work for their survival needs or to supplement their families/relative meager income.

**Work situation:** Most of the OVC are in adolescent age. However, they engage in work which is physically, psychologically and socially harmful to their growth and development. Such work includes street vending, shoe shining, house maids, metal and wood working. In rural areas, OVC are forced to be hired as cattle keepers and agricultural works.

**Economically:** The OVC who have reached working age have no sustainable sources of income. They have little opportunities for vocational training that enables them engage in gainful activities.

**Sexually abuse:** The orphans and vulnerable girls constitute the majority of girls sexually abused at early age either deceived or forced by their perpetrators. Especially, street girls are victims of repeated rapes. Participants of FGD stated that large number of child prostitutes are also flourishing in Jimma town.

**Child trafficking:** Some of them especially girls were being recruited for human trafficking/illegal migration to the Middle East and Sudan and internally to large cities in the country.

**Socially:** The OVC have little/no time to interact with the significant others including their parents/guardians who play vital role in their socialization. Thus, they are poor in their social skills and exhibit deviant behaviors which are potentially harmful to the community. In-depth interview conducted with street children revealed that they believe that the community has negative attitude towards them and street children have also see member of the community as potential danger to them.

**Communities and concerned bodies response to the situation of the OVC**

In this study, attempts were made to identify the efforts being made by governmental, non-governmental organizations and the communities in general to ameliorate the situation of vulnerable children at risk children. Key informant interview conducted with various governmental officials and experts revealed that the government offers various services such as free access to primary education, facilitating conditions for NGOs to provide basic services such as access to health with very minimum cost. In addition, Women’s and Children’s Affairs Offices engaged in awareness creation on rights of children, their vulnerability to various problems and the collection of data regarding orphans and vulnerable children at risk. Of course, the women and children affairs have played important role to facilitate the conditions that children of this kind get support from health, educational offices and NGOs. However, the services provided by these governmental organizations were very minimal. They could not provide food, shelter, cloth, health service freely as understood from the key person interviews as well as the FGDS participants.

The non-governmental organizations (faith based and secular) offer supports for OVC in the towns and the woredas covered by the study. Some of the non-governmental and the faith based organizations offering services to OVC are Organization for Social Service for Aids (OSSA), facilitator Change (FC), World Learning Ethiopia, Family Health International (FHI), UNICEF, Kidanmihiret Child Development, and Faya Integrated Child Development as repeatedly mentioned by the FGDS participants. The services offered by these organizations include the following.

**Financial Assistance:** Some NGOs, for instance, Mekane Yesus (Ethiopian Evangelical church) have been offering financial assistance to very few HIV/AIDS orphans in Dedo Woreda. However, it was explained on the FGDs that the coverage of the financial assistance is so limited and very few children are benefiting from it. The amount of financial support provided itself is so
meager. Hence, it could not enable the children to fulfill their basic needs. Since there was limited follow up from the financial supporters, guardians of the children also sometimes use the financial assistance for their own purposes rather than meeting the basic needs of the OVC as the FGDs participants stressed.

Educational Materials support: Some of the faiths based and the secular non-governmental organizations were also offering school uniforms and other educational materials for OVC on a yearly basis. However, the provision of school uniforms and educational materials alone does not bring long lasting solutions for these children because this is not the only needs of the orphans and the vulnerable children. Apart from educational material support, these OVC have many unmet basic needs such as food, clothing, shelter and health care. Unless otherwise they eat, they cannot go to school or cannot listen attentively to their education. Very few non-governmental organizations are providing food support for very few malnourished children as the participants mentioned. These non-governmental organizations are OSSA and Kale Hiwot in Agaro town, AAIM, Compactions and Faya in Jimma town.

Health care cost support: Few non-governmental organizations have also been engaging in providing health care supports for the OVC. They provide health care supports such as covering medical check up costs for the OVC once or twice annually as described by the FGDs and key interviewed participants. The non-governmental organizations providing these services for the OVC are Menore Le Ethiopia in Dedo woreda and Kale Hiwot in Jimma town.

Income generating support for Schools: Ethiopian Red Cross Society and World Learning Ethiopia in Jimma and Agaro town and UNICEF in Limmu Kossa woreda were supporting schools on income generating activities so that the schools themselves can generate income and support the OVC particularly with educational materials as key person school directors in Jimma revealed.

Income generating activities for OVC parents and guardians: Efforts were being made to intervene in the problems of OVC by strengthening the poor families’/guardians’ economic activities through income generating activities. For instance, non-governmental organizations such as Global Fund in Seka Chokorsa and Menore Le Ethiopian in Dedo Woreda have been making efforts in this regard. However, it was argued on the FGDs and in-depth interviews that these supports and assistances being provided to the OVC and their guardians are inconsistent, inadequate and uncoordinated. One of the beneficiary guardian interviewed also revealed the same fact.

“I am the guardian of three orphan children. I live in Jimma town. I have got only 2,500 birr cash support from one non-governmental organization operating in Jimma. This cash support was meant to help me start petty trade as income generating source. However, I could not do so because the financial support was so meager to run such business”.

The summary of the supports offered by some non-governmental (faith based and secular organizations) in the respective woredas and towns are presented in Table 2.

Service gaps identified

The following are the main services gaps identified from the analysis of the services offered by non-governmental to improve the situations of OVC.

Absence of training for families or guardians on how to raise and socialize children: Some families have little knowledge on how to socialize and bring up children. They have little knowledge on how to handle children smoothly. Many families conflict with their children for simple matters. Due to this, there is a situation in which children leave their homes and migrate to the surrounding towns for simple conflicts with their families or guardians. However, there is no intervention by the organizations operating in the respective woredas to resolve this issue as understood from the FGDs and the interviews.

Lack of coordination and inadequacy of the services: Though there are organizations providing various services, the services being provided are not adequate and lack coordination. The supports being made are mainly focused on provision of educational materials. However, the OVC not only need educational materials and uniforms but also feeding support either in kind or in cash. Even the educational material support itself could not reach all needy children as the FGDs participants mentioned repeatedly.

Little/no availability of services for infant OVC: There are a number of OVC who have not yet reach school age. The provision of educational materials and school uniform supports by the non-governmental and faith based organizations operating in the woredas and towns mainly focuses on those OVC of school age or already in schools. Infant OVC need food, clothes and hygienic material support. However, these services are not available for them.

Little/absence of income generating activities for families/relatives/guardians: There are a number of
Table 2. NGOs operating in the respective woredas/towns, services provided and number of children supported.

<table>
<thead>
<tr>
<th>S/No</th>
<th>Towns/Woredas</th>
<th>NGOs/faith organization</th>
<th>Services provided</th>
<th>No of children supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agaro Town</td>
<td>Kale Hiwot</td>
<td>Educational materials, school uniforms, yearly medical checkup, soap, 13 kg of wheat once in a year for few malnourished children</td>
<td>250</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mekane Yesus</td>
<td>Educational materials, school uniforms, soap,</td>
<td>360</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meserete Kiristos</td>
<td>Educational materials, school uniforms</td>
<td>253</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Missana</td>
<td>Educational materials, school uniforms</td>
<td>250</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OSSA</td>
<td>Educational materials, school uniforms, food and skill training (only for few work age children)</td>
<td>780</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICP</td>
<td>Educational materials, school uniforms,</td>
<td>219</td>
</tr>
<tr>
<td></td>
<td></td>
<td>World Learning</td>
<td>Income generating activities for schools, school renovations, educational materials, school uniforms and 130 birr financial support for only 100 children in five primary schools</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Limmu Kossa Woreda</td>
<td>Illu_ Women and Children</td>
<td>School uniforms and educational materials support</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Integrated Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNICEF</td>
<td>Educational material support and school uniforms for very few children</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Seka Chokorsa</td>
<td>Global Fund</td>
<td>Educational materials in 13 kebeles of the 36 kebeles in the woreda, counseling, startup capital for income generating activities for 45 poor females and financial support for few children</td>
<td>363</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LiTINK</td>
<td>Provides education on how to reduce maternal and child mortality</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Dedo Woreda</td>
<td>Menore Le Ethiopia</td>
<td>Medical checkup twice a year, educational materials, school uniforms</td>
<td>60-70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mekane Yesus</td>
<td>Educational materials, school uniforms and 100 birr monthly for very few children</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan Ethiopia</td>
<td>Educational materials, school uniforms</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mekene Yesus</td>
<td>Educational materials, school uniforms for few children</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faya Integrated Community</td>
<td>Income generating activities for orphan children(sheep breading)</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ethiopian Orthodox Church</td>
<td>Financial support for few children</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FC</td>
<td>Reunification, skill training and educational materials support for street children, trainings on child right protection and establishing child right clubs in schools</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OSSA</td>
<td>Establishing HIV/AIDS clubs, Educational materials, school uniforms, skill training only for few work age children</td>
<td>2,720</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AAIM</td>
<td>Adoption, 150 birr monthly for 60 children through sponsorship, kindergarten education for 30 children by providing food support at schools</td>
<td>90</td>
</tr>
<tr>
<td>5</td>
<td>Kersa Woreda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Jimma Town</td>
<td>Faya Integrated Community</td>
<td>Educational material support and food support for very few children</td>
<td>153</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Development</td>
<td>School materials, uniforms and food support for few malnourished children</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COMPACTIONS</td>
<td>Income generating activities like cafeteria services for schools</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ethiopian Red Cross Society</td>
<td>Educational material support, uniforms, house rent and psycho social support for street children</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Life in Abundance</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medihan Act</td>
<td>Financial support through sponsorship</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FGAE</td>
<td>Educational material support, skill training and adolescent reproductive health</td>
<td>NA</td>
</tr>
</tbody>
</table>

Source: Women’s and Children’s Affairs Office of respective woredas/towns and document analysis. N.B: (NA) indicates the data is not available.
vulnerable children being brought up by poor parents/ families and guardians as the key informants and the FGDs participants revealed. Such families have low income. On the other hand, they have large family size. Hence, they are unable to fulfill the basic needs (cloth, food, shelter, health and education) for the OVC. However, most of the efforts being done so far by the non-governmental organizations are focused on the children alone without taking into account strengthening the economic capacities of such families through income generating activities.

Little/absence of trainings and provision of startup capital: Most of the families, relatives and the guardians of the OVC live in abject poverty. Hence, they need skill trainings on various economically gainful activities and start up capital (credit services free of interest rate). However, little attempt is made by very few organizations operating in the woredas/towns.

Absence of temporary dropping centers for abandoned and OVC with no relatives: About 2-4 children are abandoned every year in each of the woreda and towns covered by this study as understood from the FGDs and the in-depth interviews. However, there is no temporary dropping center for such kind of children at risk in the areas covered by the study.

Absence of promoting local adoptions and guardianship: The efforts being done by few organizations to seek solutions for abandoned and OVC with no relatives mainly focus on international adoption. There are some families with no children in the study area. These families have interest to adopt abandoned children provided that they get minimal basic needs supports as understood from many of the FGDs participants. However, no effort is made both by the governmental and the non-governmental organizations to promote local adoption.

Absence of marriage counseling services: Some families form marriage without understanding clearly the roles and responsibilities associated with marriage such as caring for children and meeting the basic needs of families as understood from in-depth interviews, particularly with Jimma towns Women’s and Children’s Affairs. Hence, there is a situation in which some husbands leave their wives and children in empty houses and flee elsewhere or chase the wives with their children from homes. As a result, there is situation in which women face economic problems.

Lack of awareness on family planning: Most families/ guardians/relatives living with orphans and other vulnerable children have large family size. Though there is effort being done by government and the Family Guidance Associations of Ethiopia to make avail family planning services in the woredas and towns covered by this study, the coverage of the service is very minimal. There are also various socio-cultural factors that inhibit many parents from using the services and need further intervention.

Low community participation in solving the problem of OVC: There is very little attempts made to involve Middle and upper class families in OVC support programs as understood from FGDs.

Absence of suitable school for children in special needs: There are a number of children with mental and physical disabilities in the studied areas. Most of these children have not got educational opportunities yet. Moreover, the physical environment and school facilities are not suitable for the very few children who have got the opportunities. As understood from the key person and the FGDs participants, the children also require body supporting materials like brace and crunches; however, such support is not available.

DISCUSSION

There are a number of limitations that must be kept in mind when interpreting the result of the study. The first limitation is lack of financial assistance to conduct quantitative research (survey) that helps us to know the exact magnitude and problems of all OVC in a measurable way. The findings of the study reflect only the perspective of the respondents not validated by quantitative data. Secondly, lack of secondary data that indicate the exact total number of orphans and vulnerable children is another main challenge of the study. Finally, since the data are collected from key informant interview and focus group discussions, it cannot represent the whole study population. That means the findings work only for specific studied areas.

Despite these limitations, the research has come up with important findings in identifying community awareness about the situations of orphans and vulnerable children (OVC), the problems of the OVC, in identifying the efforts being made by concerned bodies to respond to the needs of these children. It also assessed the strengths and weaknesses of the existing responses based on which future interventions will be designed to fill the existing gaps. In addition, most of the researches on OVC focus on assessment of basic need but this research fills the limitation in research by assessing the overall situation of OVC.

Accordingly, it was found that the communities were aware of the existence of a number of orphans and vulnerable children (OVC) in their localities. HIV/AIDS, poverty, conflict in family and death of parents are the
major factors for the vulnerability of the children as the study participants emphasized. This finding is similar with the reports of concerned government bodies such as Ethiopian Ministry of Women’s Affairs, Ministry of Health, and the baseline surveys of non-governmental organizations such as Family Health International and Save the Children. These reports and baseline surveys state that the high number of orphans is attributed to the loss of one or both parents to HIV/AIDS, other diseases such as tuberculosis and malaria, high maternal mortality rate, extreme poverty, famine, armed conflict (FHI, 2010:10; MOWA, 2010:1). About sixteen percent of the orphan population of 5,423,459 is orphaned by HIV/AIDS (MOH, 2007:8) and 537,501 of those orphans under age 18 have lost both parents (Population Census Commission of Ethiopia 2007:239). Approximately 18% of Ethiopian households are caring for orphans (Save the Children, 2009:1).

Most of the children categorized as OVC have no/little access to basic needs such as food, shelter and clothes. Majority of these OVC particularly the orphans live in dilapidated houses with the poor and the sick relatives/guardians unable to meet these needs for them. They are unable to get even three meals a day, whatever the content of the food. They have no regular or sustainable sources of income to sustain their lives as they have no family or live with poor relative/guardians. This finding goes in line with the findings of Berry and Guthrie (2003) and Star Foundation (2011) situational analysis in Tigrai region, Northern Ethiopia. Berry and Guthrie (2003) stated that the main challenges of orphans and vulnerable children are lack of food, shelter, schooling, medical care, vulnerability various forms of abuse and economic exploitations. Likewise, the Star Foundation (2011) situational analysis report in Tigrai region identified lack of basic necessities (water, food, shelter), school fees and educational materials, parental supervision, free medical care, electricity and toilet facilities, poor nutrition, child labor, grabbing of children/orphans’ property, sexual abuse, early marriage/teenage pregnancy, discrimination among children (disabled and orphans), poor self esteem and high drop outs in both primary and secondary schools as are the major problems faced by OVC.

Their opportunity to start education at appropriate school age is limited. Even if they start, they frequently absent from school in order to work and earn their means of survival or support their poor families’ meager income from daily labor. Most of them engage in works which are physically, psychological and socially harmful to their healthy growth and development. They are poor in their academic performance and rarely pass from one class to the next class. Lack of basic needs, schools materials, adequate time and place to study are the major factors for their academic related problems as described by the study participants. The situation is even worse for the mentally and physically disabled children who have no access to educational opportunities because families/relatives do not want to expose such children to the public as they fear community perception of attributing disabilities to punishment by supernatural force against the families/relatives’ wrong deeds.

In terms of their health, the OVC are vulnerable to various types of disease due poor nutrition, hygiene and polluted environment they often live in. Moreover, particularly OVC girls are exposed to child sexual abuse and trafficking which has detrimental effects on their health and wellbeing. Garedew (2006) also indicated that the probability of becoming victims of violence, exploitation, trafficking, discrimination and various types of abuse for orphans and vulnerable children’s are high and adversely influence such children’s physical, social and intellectual developments.

Furthermore, OVC, mainly street children, suffer psychological problems. Street children have negative attitude towards the community and the community also sees them as deviants. They are undermined, seen as violent, thieves, and users of various types of drugs. Community attitude, poverty, living condition, physical abuse, economic exploitation and lack of care, support and affection are the main factors for the psychological problems of OVC. This finding is in line with the findings of Nduna and Jewkes (2012) that linked structural factors with children distress. Nduna and Jewkes (2012) stated that death of parents, poverty, unemployment, gender inequality, negative home dynamics and lack of communication with parents cause distress in interconnected ways.

Some non-government and faith based organizations have designed programs to respond to the needs of the OVC. They mainly engage in provisions of educational materials, school uniforms and income supports. The supports they provide are based on the felt needs of the OVC; however, there is no coordination among these organizations. This resulted in duplication of resources. This is one of the factors for the imbalance between the supports being provided and the number of the OVC in need of the supports because there is a situation in which a given child gets benefit from more than one organization while still there is a child who has not get any opportunity to be supported. Even there are no/little programs for the abandoned children. The supports being provided also focused mainly on the material needs of the children neglecting their emotional and social needs.

CONCLUSION

OVC in the studied area are in difficult situations. The major problems of the OVC are malnutrition, poor hygiene, lack or shortage of proper clothing, essential social services (such as health, education, and shelter).
Because of these problems, some of the OVC have also become exposed to child labor exploitation, child sexual abuse, drug abuse and child trafficking. The major factors indicated for the vulnerability of these children were death of parents due to HIV/AIDS and other disease, poverty, child abandonment, child neglect and rural-urban migration related to food insecurity.

Some government sectors and most of the NGOs operating in the studied areas have been making efforts to intervene the problems of the OVC. However, the services and supports they have been providing for the OVC are intermittent, inadequate, duplicated, lack coordination and very limited in their coverage. Most of them are providing a hand to mouth support that focused only on the material needs of the children neglecting the social and emotional dimensions. Such supports hardly bring a lasting solution for the OVC. There are even no support programs for the abandoned, the physically and the mentally disabled children.

RECOMMENDATION

1. Efforts should be made to provide skill training and startup capital for the poor parents/guardians so that they will be economically capable to fulfill the basic and others needs of their children. Provision of technical and vocational training is also important for children who have become working age.
2. Intervention programs should also give attention to the social and emotional needs of the children.
3. It is important to promote local adoption for abandoned and orphan children with no relatives. Further intervention program should also take into account the needs of the physically and mentally disabled children.
4. It is important to create coordination among the government and non-government organization in order to avoid the duplication of resources and increase the coverage of the services for the OVC.
5. Moreover, zonal wide representative survey has to be conducted to understand the situation of OVC in the zone to come up with findings that can be generalized.

ACKNOWLEDGEMENT

First of all our sincere thanks go to SOS Children’s Village Ethiopia who sponsored this research. They readily provided all the logistics and help to conduct this research smoothly. We thank the Head of Jimma Zone Women’s and Children’s Affairs office who showed deep interest in the study and helped us in directing the town and Woreda officials to fully cooperate with the researchers. We also thank Women and Child Affairs Offices of Jimma town, Agra town, Limmu Kosa, Seka Chekorsss, Deedoo and Kersa Woreda who readily provided all the required supports. We thank to all the people – male and female – who readily participated in the study and provided valuable information.

REFERENCES

Tsegaye Chemet (2001). Overview of Services for Orphans and Vulnerable Children in Ethiopia. Addis Ababa

1 The 4th administrative unit from top to bottom in the current Ethiopian Federal Government structure.