INDIRA GANDHI NATIONAL OPEN UNIVERSITY

SCHOOL OF GRDUATE STUDIES

STUDY ON COMMUNITY BASED INSTITUTIONS IN THEIR ROLE OF ORPHAN AND VULNERABLE CHILDREN SUPPORT AT HAWASSA: THE CASE OF THREE SUBCITIES

A Thesis

Submitted to School of Graduate studies of Indira Gandhi National Open University in partial fulfillment of the requirement for the Degree of Master of Arts in Rural Development

By

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DECLARATION

I hereby declare that Dissertation entitled **STUDY ON COMMUNITY BASED INSTITUTIONS IN THEIR ROLE OF ORPHAN AND VULNERABLE CHILDREN SUPPORT AT HAWASSA: THE CAUSE OF THREE SUBCITIES** submitted by me for the partial fulfillment of M.A. in rural Development to Indra Gandhi National Open University,(IGNOU) New Delhi is my own original work and has not been submitted earlier to IGNOU or to any other institution for the fulfillment of the requirement for any course of the study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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Acronyms and Abbreviation

AIDS	Acquired immunity deficiency syndrome
BoFED	Bureau of Finance and Economic Development
CBI	Community Based Institution
CBO	Community Based Organization
CDA	Community Development Association
CLA	Cluster Level Associations
CSO	Civil Society Organization
FDRE	Federal Democratic Republic of Ethiopia
GEE	Guardians Economic Empowerment
HIV	Human Immune Virus
IDC	Italian Development Cooperation
IGA	Income Generating Activities
MoLSA	Ministry of Labor and Social Affairs
NGO	Non- Governmental Organization
OVC	Orphan and Vulnerable Children
SHG	Self Help Group
SNNPR	Southern Nation, Nationalities and Peoples Region
SPSS	Statistical Package for Social Science
UNICEF	United Nation Children Fund

STUDY ON COMMUNITY BASED INSTITUTIONS IN THEIR ROLE OF ORPHAN AND VULNERABLE CHILDREN SUPPORT AT HAWASSA: THE CAUSE OF THREE SUBCITIES

By: Melaku Hafebo **Major Advisor: Dr. Mengistu Hulka**

Abstract

The impact of poverty and limited involvement of community based institutions (CBIs) on orphan and vulnerable children (OVC) and their guardians are one of the challenges of communities in sub-Saharan countries encounter. Yet, in countries such as Ethiopia, the efforts of CBIs exert to combat and address the problem and extent of OVC has not been documented. This thesis begins to address role played by CBIs and the capacity gaps to provide standard quality service for orphan and venerable children (OVC) and their care givers. Its purpose is to come up with inputs for designing community- based programs and strategies to address the problems of OVC and their guardians in the study area.

The study was conducted in three sub cities of Hawassa, SNNPR. The methods employed are stratified random sampling to identify the community based institutions selected from the population of six kebeles and utilizing data collection technique such as interview with community based institutions, government line departments, community leaders, spiritual leaders, OVC self-guardians and civil society associations. The main findings suggest that role CBIs on the support of OVC and their care givers relatively encouraging in the study area, but the capacity of them to provide standard and quality services is low.

Lack of communality participation, skilled man power and financial problems are the main factors that attributes to the service provision of CBIs to OVC and care givers. Almost all OVC and care givers live in object poverty and are unable to meet basic needs. The NGOs and community based institutions are the main providers of care and support to OVC in the community. Nevertheless, some private organizations initiatives exist. The types of care and support provision mainly are education, community health, legal support and economic support, but food and nutrition, psychosocial support and shelter and care are still needs to improve.

The most challenges that the CBIs encounters in OVC care and support are fund, community participation and trained staff on community based care and support. There is also a need to build the capacity of local community responds to OVC, including advocating and lobbying for community based child care approaches, as well as resource mobilization for comprehensive care and support for OVC living in the community. Moreover, the study also suggests the need of more comprehensive community based, integrative approaches that incorporate the prevention of vulnerability in the community for children and families. Poverty alleviation programs for children and families.

Key words: *Challenges, Orphan and vulnerable children, Role, Guardians, community based organizations*

1. Introduction

There are various reasons why local communities and local institutions have not played more effective roles in rural development. These include: internal conflicts, lack of education, lack of experience and skill, psychological dependency and a correlated sense of inefficacy, imposition by local groups, unfavorable policy environment, psychology of paternalism, domination by financial interests and divisions along ethnic or other social faultiness.

In Ethiopia, Community Based Institutions (CBIs) have been known as local organizations who are identified by different names at different places, such as , Iddir, Equb, Debo, Wonfel, Maheber, Senbet, Ezen, Sera, 'community development associations', community development organizations, and so on.

The purpose of Community Based Institutions (CBIs) vary depending upon their vision, objective, philosophy, area of operation and the types of activities they undertake. Some of the institutions are organized and controlled by the local people for their own benefit. Some of them may be traditional organizations, or the more recently formed groups, are designed to help members meet their basic needs and further their common interests. Such groups includes self help groups (SHGs), saving and credit associations, cluster level associations (CLAs), village development committees, youth association, women associations, etc.

They are set up by collective efforts of indigenous people of homogenous or heterogeneous characteristic but living or working with in the same geographical location. Their common effort creates conditions for broadening the basis of self governance and distribution of power through a

wider circle of their members. The associations are seen as voluntary, non-governmental and highly localized or locality based institutions whose membership is placed at equal level and whose main goal is the improvement of the social and economic well being of their members.

CBIs are localized institutions in that their spheres of influence hardly extend beyond their immediate communities or locality. They are non-governmental because all members contribute towards the fulfillment of their responsibilities to their immediate environment and not depend on government; benefits obtained from members' contributions are shared with fairness. Some are also concerned with development problems of various areas. In most cases, they respond to community felt needs rather than to market demand or external pressure.

CBIs open ways for participation at grassroots level. In order to develop the necessary self-reliance and self-confidence in their immediate environment, they involve the local and indigenous people in the identification of their local needs and project formulation and implementation. The word 'Local' simply means the non-governmental individuals, voluntary organizations, indigenous social groups and collective members bound together by social and or traditional ties. Community based institutions therefore served as wheels or the medium of grassroots participation in indigenous projects to satisfy local needs. Such participation, as characterized in CBIs, could be in cash or in kind.

On the other hand large number of children left orphaned and vulnerable due to family disintegration and limitation in the involvement and contribution of community based organization towards the support of OVCs in the rural areas. The traditional way of coping with orphans by integrating children in to extended families are being eroded. This research tries to

explore the role and potential contribution of organized community based institutions in the reduction of vulnerability of children in the study area.

1.1. Statement of the Problem

In most heavily affected countries, an increasing number of communities and government structures are struggling to harness the impact of AIDS on orphans and their families. In the absence of support the impact on children and the development of these countries is greatly hampered. Failure to support children to overcome this trauma will have a negative impact on the society as a whole. Ethiopian government families, communities, and NGOs are in the front line of defense of four million orphans, including 1.2 million orphans due to AIDS (Policy Project, 2004; UNICEF, 2003).

Community Based Institutions (CBIs) in the area are engaged in activities aimed to alleviating the problem of basic needs of children. As a result of rapid increase of children orphaned or made vulnerable because of HIV and AIDS, the traditional way of coping with orphans by integrating children in to extended families are being eroded.

The OVCs in the study areas of Hawassa had faced a lot of problems, among which are lack of proper nutrition, illness, labour abusing , trafficking, rural-urban migration , exploitation, loss of inheritance rights and decrease access to basic services of education & health, school dropout, judged from the stand point of community leaders and administration, it is possible to assume that there is a desire in the organization of CBIs in the provision of basic services to orphans and vulnerable children through community mobilization that would have a synergetic effect in alleviation of poverty.

1.2 Objectives of the study

1.2.1 General objectives

To assess the role of community based institutions (CBIs) supporting orphan and vulnerable children (OVCs) and evaluate their involvement in services provision in viable and sustainable way.

1.2.2 Specific objectives

- To evaluate community based institutions involvement in OVC care and support;
- To assess the level of CBIs Support towards the OVC care ;
- To generate ideas regarding the strategies that would be used to improve the capacity of CBIs to support OVCs.

1.3 Significance of the study

In spite of the fact that community based institutions have undertaken community based child care programs within the community, mainly on integrated OVC care and support, there is no evidence in CBIs contribution towards child development. This study therefore, will try to investigate the role, capacity gaps, main challenges, and performances, to recommend and to initiate to the concerned bodies and CBIs on OVCs care and support activities. The findings of this study will be useful to provide valuable information to administrators, planners, charities, civil society organizations, policy makers and other stakeholders on the role and importance of community based institutions in the field of OVC care and support. Furthermore, the study will enable academics and researchers to use the information as a spring board for other related studies and also as reference point in their data base.

1.4 Limitation of the study

The study had two main limitations, one of scope and depth and the other of methodology. The research was confined and conducted at three sub cities. It would be better if done at all sub-cities of Hawassa. However, this would not possible because of time and financial constraints that the researcher had encountered. In addition, the study employed qualitative methods, and would be conducted in a small sample size of a larger population. Usually a research that employed both quantitative and qualitative methods was more reliable than employing one.

2. Literature review

2.1. Orphan and Vulnerable Children (OVC)

Orphan: A child who has lost one parent [maternal/paternal orphan] or both parents (double orphan) (Smart, 2003).

Vulnerable children:-A child who is less than 18 years and whose survival, care protection or development might have been at stake due to a particular condition or circumstance. These groups of children include those whose parents are terminally ill, children who are on and off the street, children who live in poverty, children who are vulnerable to HIV/AIDS, face exploitation of child labor, endangered sexual abuse (UNICEF, 2003; HAPCO, 2005; Foster, 2002).

One measure of the massive social change still to come is the number of orphans, children affected by HIV/AIDS, and other children made vulnerable by the pandemic. According to revised 2000 estimates, there are currently 34.7 million children under the age of 15 in 34 countries who have lost their mother, father, or both of their parents to HIV/AIDS and other causes of death. By 2010, that number will be 44 million. Without AIDS, the total number of children orphaned would have declined by 2010 to less than 15 million. In 2010, 20 percent to 30 percent of all children under 15 will be orphaned in 11 Sub-Saharan African countries, even if all new infections are prevented and some form of treatment is provided to slow the onset of AIDS in those infected with HIV (Children on the Brink, 2000).

2.2. Community based institutions

In Ethiopia, as in most traditional societies, there has been a strong culture of caring for orphans, the sick, and disabled and other needy members of the society by the nuclear and extended family members, communities and churches. (Tsegaye, 2001).

Recognizing that communities play an essential role in ensuring vulnerable children and their families receive appropriate health and social services strengthens multi-sector , community-level structures to improve coordination and advocacy for care. These structures play an integral role "shared responsibility" within communities in addressing issues related to OVC. Committee members are key community volunteers who monitor vulnerable households and ensure that children and their caregivers have access to health and social services. Roles and responsibilities of community care committees include coordinating OVC care at the community level, monitoring the status of vulnerable households and mobilizing local resources to address OVC problems (HAPCO, 2006).

2.3. Standard services and basic needs for OVC

Care and support for orphans and vulnerable children has primarily focused on addressing their material needs. The secondary focus of programs has been to address the needs for skill transfer and education for children. Some programs have been able to adequately address the medical, social welfare and psychological needs of children affected by AIDS. It is essential that medical care, socioeconomic, human rights and legal cases and psychosocial interventions are implemented in the mutually reinforcing manner necessary to provide comprehensive care and support to orphans and other vulnerable children.

Services for OVC may be broadly defined interventions that address the need to improve health, wellbeing and development of OVC. Service providers have a responsibility to assess, refer and potentially follow up. The basic needs of the OVCs in Ethiopia includes food and nutrition, shelter and care, education, health, psychosocial support, legal support and economic support (engage in activities not than generate income to the household) (FDRE, 2009)

2.4. The Impact of HIV/AIDS on Children

The impact of HIV/AIDS on children is just beginning to be explored not only are children orphaned by HIV/AIDS affected by the virus but also those who live in homes that have taken in orphans or those families who care to AIDS orphans are also affected. Children with few resource and those living in areas with high HIV prevalence rates are also impacted. Children who have been orphaned by AIDS may be forced to leave school, engage in causal labor or prostitution, suffer from depression and anger, (Salaam, 2005).

The extended family was the traditional social security system and its members were responsible for protection of the vulnerable, care for the poor and sick and the transmission of social values and education. Families, particularly in traditional societies, involve a large number of connections among people extending from varying degrees of relationships including multiple generations over a wide geographical area and involving reciprocal obligations (Foster, 2000).

The indicators that substantiate these phenomena include increasing number of child headed households, the separation of siblings from each other and their eviction from the locality where they were brought up in search of jobs for survival. These are some of the manifestations of the impact on communities where prevalence of HIV/AIDS is rampant.

Although a family member's death from AIDS may be a catalyst that propels children into escalating trouble, the psychosocial needs of children are too often perceived somehow less important than their economic necessities. If children are to develop the resilience to deal with the challenges in their lives, their psychosocial need must receive proper and prompt attention (Oak Report, 2004). Though the family network and social support in Ethiopia is the most dominate family structure that gives care and support for orphans and children made vulnerable by HIV/AIDS, support from government and NGOs is minimal.

.The existing programs are not as such community focused and participatory that puts sustainability. HIV/AIDS orphans in Ethiopia tend to have a minimal social services particularly education. Base line data conducted by World Food Program (WFP) found that an estimated 75 % of AIDS orphans were not attending school in Ethiopia (Policy/Project, 2004).

2.5 Alternative OVC Care and Support Services

The population in Ethiopia is generally characterized by a very young structure, with children below age 18 years accounting to 52% of the national population. Children below age 15 represent 44% of the national population. The number of children living in difficult circumstances is noted to be significant due to social, economic, political as well as cultural factors (MOLSA, 2005). It is currently estimated that there are about 4.6 million orphans, out of which 1 million have lost their parents due to AIDS (UNICEF, 2004). Many studies indicated that there are at least 100,000 street children in Ethiopia (about 25% are girls). UNICEF's projected estimate puts the figure to 185,000 in 2003 (UNICEF, 2001). Children with disabilities account for 51%, out of the estimated 4.9 million persons with some impairment in the country (NPA, 2004).

It is to be noted that there is also a large number of Ethiopian children who are in conflict with the law, children working in hazardous conditions, displaced and refugee children. Ethiopia has ratified the United Nations Convention on the Rights of the Child (UNCRC) and designed favorable policies and national plans to address the plights of children. However, the emphasis directed to mitigate the problems of children living under difficult circumstances still requires much more effort from all concerned actors. In this regard, various governmental and non-governmental organizations are making efforts to support children in general and children under difficult circumstances in particular through different modes of care and services. Despite the fact that the practice of rendering childcare services for unaccompanied children has a long history in the country, it was not until 2001 that standardized regulatory mechanisms (Alternative Childcare Guidelines) were developed. This was made possible by a joint undertaking of the Ministry of Labor and Social Affairs (MoLSA) and the Italian Development Cooperation (IDC), as part of the interventions to alleviate the problems of children under difficult circumstances in the country. (FDRE, Alternative childcare guideline, 2009.)

2.5.1 Community-Based Child Care

Community- based care and support is defined as the continuum of care and support that OVC and their caregivers receive in their locality through the members of their communities within a network of health and welfare systems in that community (HAPCO, 2005).

Community-based childcare is an alternative that provides care and support to the children in a state of condition that is familiar to the children who used to experience it. The objective of the Community-based Childcare Service is to mobilize the community, its resources and indigenous knowledge with the ultimate goal of addressing the needs and rights of orphans and other

vulnerable children (OVC) in a sustainable manner. Practically, community-based childcare is believed to be a better alternative because of the fact that it is by far cost effective and its greater advantage of reaching large number of target children in a given community.

This approach encompasses a wide range of preventive, curative and rehabilitative strategies which respond to the needs and best interests of the target children. The underlining rationale behind this approach is that the grassroots community structures and organizations can provide for and fulfill the emotional, social, physiological and spiritual needs of OVC and effectively protect them from abuse and exploitation, without such children being removed from their families or community environment. Thus, organizations engaged in the provision of community-based childcare programs should focus more on building the capacity of the community to care for its orphans and

vulnerable children and working with existing structures, institutions and organizations and empowering them to assume responsibilities for providing care and support for OVC.

2.5.2 Reunification and Reintegration Programs

Reintegration refers to a rehabilitative intervention meant for children whose parents/extended families are untraceable or for those who reach the maximum age limits in the institution to facilitate their permanent placement in a community environment either individually or in groups. On the other hand, reunification refers to a rehabilitative intervention designed to facilitate the reunion of orphans or other vulnerable children separated from their families with biological parents or member/s of the extended family to restore a family environment as a means of a

permanent placement for the proper upbringing and development of the child. The Children's Amba, the largest orphanage in Ethiopia has been transferred all children to the community through reintegration and reunification during the time of the study (Tsegaye, 2001).

Reunifying children separated from their parents/relatives due to natural or man- made catastrophe to their birth families or relatives is a widely recognized practice as a primary alternative against residential care and other out-of-home child welfare services. Undeniably, children can best develop a feeling of security, physical/mental health and personal identity within their families. Hence, organizations engaged in institutional care have a responsibility to implement reunification/reintegration as an ongoing and integral part of their services. Therefore, returning children as early and safely as possible to their families or communities is strongly recommendable as a means to achieve better outcomes for children, retention of important family connections and avoid their drift into long-term and often problematic pathways in out-of-home care. Such reunification and reintegration should not be done haphazardly, and there is a need to set standard procedures and modalities which can inform and guide the reintegration process.

2.5.3 Foster Care

Foster Care is one component in a continuum of alternative childcare services. It refers to short or long term care within the private house of foster families, mainly addressing those children who are unable to live with their biological parents and families. Providing foster care is often a difficult and demanding job, for both the organization and foster families and, as such, some financial contribution can be and is often paid to the foster family to compensate the additional costs incurred by the foster child. Although foster care is often difficult, it has several advantages over other alternative childcare services, especially over institutional care. First and arguably most

important of these benefits, is that Foster Care can provide the child with a high level of attention, nurturing and continuity only possible within a family. Placement in the foster parent's family gives the child a better chance of getting acquainted with life in a family environment and facilitates his/her smooth integration into the community at a later stage. Furthermore, as practice in some organizations has shown, placing children in a foster family has served as a stepping-stone to child-family reunification. In light of this, implementing foster care arrangement needs guidelines that should be adhered by foster care implementing organizations.

2.5.4 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. This condition also contributed to mushrooming of childcare institutions and adoption agencies in great numbers in the country, to address the plight of orphans and abandoned children through inter-country adoption service. While inter-country adoption is taken as an alternative form of childcare, local adoption seems largely neglected or utterly out of the focus of attention of many adoption service provider organizations. In any case, the provision of adoption service in general and that of inter-country adoption in particular requires strict adherence to the law of the land and guidelines and even stricter enforcement of the law on the part of the authorities in charge.

2.5.5 Institutional Childcare

It is widely accepted that childcare within an institutional setting should be used as a short-term alternative care strategy and only as a last resort when all other types of childcare options have been exhausted. Countries which have traditionally relied on institutional care are now making

major transformations to their childcare and social welfare policies, moving towards community care options. Such transformations are rooted in the research-based evidence of the impact of institutions on children's development the vulnerability to abuse within the institutional settings and the high operational costs such institutional care often requires (Better Care Network 2006).

Both international and local experiences have shown that long periods in an institution make it harder for a child to assimilate back into the community and deny them access to the life-long attachments and community support systems that family relationships and communities can provide. Hence, early intervention is of paramount importance for placing children in other alternative childcare programs, so that they would experience proper personality development. When all options are exhausted, upbringing children in institutions requires acceptable standards that should be adhered for the best interests of the child.

2.6 Community and Systems Strengthening

Recognizing that communities play an essential role in ensuring vulnerable children and their families receive appropriate health and social services, the Africare COPE (Community-Based Orphan Care, Protection and Empowerment for Children Affected by AIDS) model strengthens multi-sectoral, community-level structures to improve coordination and advocacy for care. These structures play an integral role in the COPE model by encouraging "*shared responsibility*" within communities in addressing issues related to OVC. Committee members are key community volunteers who monitor vulnerable households and ensure that children and their caregivers have access to health and social services. Roles and responsibilities of community care committees include coordinating OVC care at the community level, monitoring the status of vulnerable households and mobilizing local resources to address OVC problems. For instance, in fiscal year

2009, the COPE project trained more than 200 OVC community care committees representing close to 4000 caregivers in areas ranging from child protection to psychosocial support provision. In South Africa, where Africare implements a comprehensive HIV/AIDS prevention, care and treatment program, monitoring of OVC households is conducted by a group of volunteers from partner community-based organizations (CBOs). They provides follow-up on service referrals and direct intervention for the six mandatory services provided to OVC and their families. (Africare OVC model , 2003).

3 . Methodology

3.1 Description of the study area

Hawassa is the capital of Southern Nation Nationalities and People's Regional state since 1993. It is surrounded by Oromia Regional state in the north, Lake Hawassa in the west, Hawassa Zuria Woreda in the East and South. It is located 273 km from Addis Abeba. The total population of Hawassa is estimated to be 259,803, of which, 60% of the population resides in urban settlement while 40% lives in adjacent rural Kebeles of the city. Poverty and low level of household economy can be underlying cause of the various problems faced by children in Hawassa. Children are subject to long hours of work to augment family income that consequently robs their right to education, play, and recreation. They are forced to engage in informal businesses, domestic service, shoe shining, etc (SNNPR BoFED, 2000

3.2 Sample size determination and sampling procedure

The study was conducted at three sub- cities administration. From each sub- city two kebeles would be selected (a total of six) for the study. From each kebele community based institutions working in the support of OVCs were purposely selected due to the fact that a high rate of rural to urban migrated children, including street children residing at Hawassa. The sub -cities selected were Miserak, Bahel Adarash and Mehal, and the kebeles included in the study area were Tesso, Wukuro, Harrere, Andenet, Addis Ababa and Leku. The number of community based institutions in those kebeles was considered as the population of the study.

The study employed stratified random sampling to identify the community based institutions selected from the population of each kebele as strata. Accordingly, the sample size from each

Kebele depends upon the number of community based institutions available within the kebele i.e. the more community based institutions working on OVC per kebele, the greater the sample size would be. Accordingly 8 community based institutions were selected for the study (Table 1).

Table1. Sample size selected for the study

Sub city	Kebeles	CBI in the kebele/population	CBI involved in OVC support	Sample CBIs taken
Miserak	Tesso,	11	2	2
	Wukuro	15	2	2
Bahel Adarash	Harrere,	5	1	1
	Andenet	7	1	1
Mehal	Addis Ababa	5	1	1
	Leku	5	1	1
Total	**6**	**48**	**8**	**8**

3.3. Methods of data collection and analysis

The study was employed primary and secondary data collection. The primary data collection utilized key informant interview by using structured questionnaires for personal interviews. In-depth interviews would be carried out with representatives of community based institutions. The

completed questionnaires were coded and analyzed using quantitative method of analysis by using statistical package for social science (SPSS).

Moreover, the secondary data would be collected from literature, reports, etc. In this case, different documents available at the sub-city administration was assessed, analyzed and interpreted in light of the objectives of the study.

4. Result and discussion

4.1. Background information about sample CBIs

4.1.1. Name and types of CBIs

In Ethiopia, Community Based Institutions (CBIs) have been known as local organizations who are identified by different names at different places, such as , Idir, Equb, Debo, Wonfel, Maheber, Senbet, Ezen, Sera, ‘community development associations’, community development organizations, and so on.

The indigenous organizations were known by different names like neighborhood councils, community based associations, united community, community based organization, etc (Abegunde; 2009). Mahiber, Iddir, Equib,.etc are also the most cited CBIs in Ethiopia. Based on the sample taken for the purpose of this study, more than half of the sampled CBIs were Iddirs (n=4; 50%) and community development associations (CDA) (n=2; 25%), and the reaming were cluster level association (CLA) (n=1; 12.5%) and unions of Iddirs, (n=1; 12.5%). As far as their type concerned, they are categorized as charities, cooperatives and social services based on their registration from appropriate government office.

Table 2: Background information about sampled CBIs

No	Name of CBI's	Locally known as	Types of CBI	Year of establishment (E.c)	No. fami
1	Iddiroch Hiberet	Union of Iddirs	Social service	1993	
2	K2O3 kebele Iddir	Iddirs	Social service	1972	
3	Leku Kebele Iddir	Iddirs	Social service	1972	
4	Andenet Feteno Derash Iddir	Iddirs	Social service	1965	
5	Addis Abeba kebele Iddir	Iddirs	Social service	1975	

6	Bemenet Ensra CDA	Community Development Association(CDA)	Charity	1999	
7	Miserak Chora CDA	Community Development Association(CDA)	Charity	1999	
8	Enebera CLA	Cluster level Association (CLA)	saving & credit/Cooperative	2002	

The establishment of most iddirs were traditional and grass root self help institutions. Iddrs were established long years back (e.g. Andenet Feteno Derash Iddir-1965 E, C) as compared to community development associations (CDA) and cluster level associations (CLA) (Table 2).The involvement of Iddirs in supporting OVC and their guardians were late due to the time it took for the phase of transition from social service to developmental activities for members and target communities. According to the respondents, community development associations and cluster level association also involved in holistic community development activities as compared to their young age of establishment. Iddiroch Hiberet /Iddir union (1993) addressed large number of families. So, large number of children left orphaned and vulnerable due to family disintegration

and limitation in the involvement and contribution of community based institutions towards the support of OVC in the study areas.

4.1.2. The need to modifying the purposes of CBI establishment

The major reason of the emergence of Mahiber (self help community groups) and Tsewa, for instance, was religious, but had decided to include social function. The aim of Equib (saving associations) was financial and that of Iddir is social, but was expanding its roles to include development activities. Through community development, social needs were changing. As a result, traditional institutions undergo transformation to keep up with shifting need of the community which they work for. Although the traditional roles of CBIs have priceless importance to the members, currently CBIs are changing themselves in terms of objectives, strategy and scope to enhance their contribution to the society and to the nation at large.

Accordingly, Half of the respondents confirmed that CBIs were established for social function (n=4; 50%), basically to help each other in a time of death. On the other hand, significant number of CBIs was established for the purpose for development activities and financial purposes (n=2; 25%) to their members. The others were established to mitigate the impact of HIV/AIDS of members and to solve their Health problems. The purpose of Community Based Institutions (CBIs) vary depending upon their vision, objective, philosophy, area of operation and the types of activities they undertake; but according to the respondents, all sampled CBIs were involved in the support and care activities of OVC and their guardians.

Table 3: The purposes of the CBI's establishment

N	Purposes	Frequency	Percent

o		(N=8)	(%)
1	To Help in time of death(social services)	4	50
2	To mitigate the impact of HIV/AIDS for members (health services)	1	12.5
3	To generate income & involve in development activities (economic and social services)	2	25
4	To support economically	1	12.5

4.1.3. Members Constituency, legalization and clear operational area of CBIs

Community refers to a collection of people with shared identity and environment while an organization refers to a group of people who come together in order to carry out a goal or goals which are shared by members. Communities based Institutions can be established with a membership, beginning from two peoples and have acceptable number of members/defined constituency. Accordingly, the majority of CBIs members constituted from all group types (n=7; 87.5%), youth, adult, women, and children. While the remaining one, Enebera cluster level association, was constituted from women (n=1; 12.5%) groups.

Nowadays, possessing valid legal registration certificate from the relevant government body is mandatory to provide services to OVC and care givers in a transparent and accountable ways. All respondents (n=8; 100%) have legal certificate from respected government body to operate on OVC care & support. The charities and societies proclamation 621/2009 put in place to register

the new and existing CBIs. Accordingly, the law has established the CSO Agency mandated with registration and regulation of charities and societies. Furthermore, the respondents had revealed that all CBIs have their boundaries /territories, embarked within the kebele, to provide care and support to OVCs and their guardians.

Table 4: Members Constituency, legal entity and clear operational area of CBIs

No.	Parameters	Frequency (N=8)	Percent (%)
1	Membership constituency		
	• Women groups	1	12.5
	• All group types (Youth, adult, women, children groups)	7	87.5
2	CBI's legalization	8	100
3	Clear operational boundary	8	100

4.2. The role of CBIs in the support of OVC and their care givers

Roles and responsibilities of community based institutions include coordinating OVC care at the community level, monitoring the status of vulnerable households and mobilizing local resources to address OVC problems, which is manifested at the study area. Resource mobilization from

NGOs, government agencies, business organizations, members' contribution and establishing/strengthening of institutional income generating activities (IGAs),facilitating the activities of OVC and guardian care and support were also addressed while conducting the research. Parallel to this, the CBI leaders are also expected to be very enthusiastic in attracting partnership from government and nongovernmental organizations for financial and material support, as well as, capacity building opportunities to play a role to support and care of OVC and their care givers.

4.2.1. Financial sources of CBIs to support OVC and their care givers

Despite planning and execution of costly projects, revenue is not even adequate to cover expenditure requirements in most CBIs. Revenue source for the support of OVC and care givers are donation from NGOs and involvement in IGA schemes. CBIs had received technical and material support from NGOs (n=8; 100%) and they had developed manuals in order to mobilize resources (Table 5). In addition to that, most of the respondents (n=7; 85.5%) had confirmed that they have received support from private business organizations. Only one (n=1; 12.5%) has not received support from private organization. On the other hand, community members had contributed money to CBIs (n=3; 37.5%), but most of CBIs, (n=5; 65.5%) had not utilized community resources for OVC care and support programs. Furthermore, all CBIs (n=8; 100%) were involved in IGA activities and CBIs have office and office facilities (n=7; 85.5%) to implement the programs.

Table 5: Sources of fund for OVC care and support

	Sources	**Frequency (N=8)**	**Percent (%)**

	NGOs	8	100
	Private organizations	7	85.5
	Government agencies	5	62.5
	Fund raising from membership contribution	3	37.5
	involved in income generating activities	8	100

4.2.2. Service provisions to OVC and care givers

OVC services may be broadly defined as interventions that address the need to improve health, wellbeing and development of OVC. According to the 2007 Population and Housing Census of Ethiopia, children constitute about 52% of the total population. Yet the needs of children are often not adequately met. Children ought to grow up in a family environment in an atmosphere of happiness, love and understanding for them to develop to their full potential.

There are a number of interventions by CBIs in the study area attempting to address the myriad problems these children face each day in their lives. OVC service providers have a responsibility to assess, refer and potentially follow-up on cases that cannot be managed at community levels. Education, food, nutrition and financial support are the main services (n=8,100%) provided to OVC and their guardians. OVC develop personal strengths and skills to become self-confident, happy, hopeful, and able to cope with life's challenges. So that, psychosocial support (n=7, 87.5%) delivered to create positive discipline to target OVC. All OVC should have shelter, clothing, personal hygiene and adult caregiver which is the same as or similar to the non-OVC in community. According to the respondents, limited number of CBIs (n=2, 25%) addressed the

needs of shelter and care for OVC. Identification and mobilization of community resources to construct improve and renovate shelters for OVC and guardians should be a priority agenda for

	Parameters	Frequency (N=8)	Percent (%)
	Types of services the CBI delivers		
	• *Education*	8	100
	• *Food & Nutrition*	8	100
	• *Psycho-social support*	7	87.5
	• *Shelter & care*	2	25
	• *Legal Support*	3	37.5
	• *Financial Support*	8	100

CBIs. OVC should also receive legal information and access to legal services as needed, including birth registration, will write, property inheritance and protection from all forms of abuse and violence. Three CBIs (n=3, 37.5%) provide legal services OVC when necessary. As far as the health services is concerned, only one CBI (n=1, 12.5%) delivered the needed service.

Table 6: Services delivered by CBIs

	• *Health service*	1	12.5

Table 7: Internal and external capacity to provide services

4.2.3. Internal and External capacity of CBI to provide services

The study had assessed the capacity of the CBIs in terms of human resources, fund raising activities and capacity to provide services to OVC and their care givers. Accordingly, all respondents claimed that they had received technical support/professional services from NGOs (n=8,100%), while most of them (n=6, 75%) had also utilized community based volunteers. Coordinated care is not a service by itself but it is the vehicle through which all the other services

	Parameters	Frequency (N=8)	Percent (%)
	Received professional support		
	• *NGO*	8	100
	• *Community Volunteers*	6	75
	• *skilled staff*	2	25
	• *External volunteers*	3	37.5
	• *Government office*	3	37.5
	way of fund raising mechanisms		
	• *Project writing*	6	75
	• *Through IGA activities*	7	87.5
	• *Members' contribution*	2	25
	Existing potential capacity		
	• *Fund raising capacity*	6	75
	• *Technical & material capacity*	8	100
	• *Land for IGA activities*	4	50
	• *Partnership with stalk holder*	1	12.5
	• *Capacity building capacity*	1	12.5

are delivered to OVC. So that, government line offices and external volunteers (n=3, 37.5%)

should be encouraged to provide professional services to the target communities. Few CBIs had skilled staff (n=2, 25%) to fill their professional gaps in some CBIs. In order to deliver quality services to OVC, professional services should occur at all levels, not just at service delivery points. As a result of financial shortage, several project proposals were passively put on the shelves of many CBIs. For the same problem, all CBIs had not delivered quality and all rounded services to OVC and care givers.

However, most respondents who had exercised in writing projects (n=6, 75%) were involved in income generating activities (n=7, 85.5%) in order to collect fund for the support of OVC and their care givers. Only limited number of CBIs utilized community contribution (n=2, 25%). According to respondents, CBIs raising funds from different sources (n=6, 75%) and those who acquired land for different income generating activities (IGA) (n=4, 50%) need to improve the quality service provided to OVC. Creating partnership with different bodies to get capacity building support was still had a gap (n=1, 25.5%). On the other hand, technical and material support from different bodies for CBIs to provide quality services to OVC and their care givers is encouraging (n=8,100%) . Coordinated care is the over-arching framework through which services would be delivered in an integrated manner so as to reduce duplication, fill service gaps and increase service coverage (Table 7).

4.2.4. Strategies of the CBIs to implement program activities

Any institution must bring the strategies and objectives to attention of beneficiary and actors. Although a well formulated and up to standard strategic documents are lacking at an individual CBI level, in order to develop the necessary self-reliance and self – confidence in their immediate

environment, they should involve the local and indigenous people in the identification of their local needs and project formulation and implementation.

Hence; all the respondents had revealed that a need assessment and prioritizing the needs as a phase-in strategy (n=8,100%) be performed for the implementation of different programs and familiarizing workshops (n=8,100%) used by CBIs as an entry point.

Economic Empowerment of guardians is building the capacity of families to enhance the economic and social capacities of OVC caregivers. According to the respondents, building the capacities of families (n=8, 100%) is also the strategy supporting OVC families in a sustainable way. In the process of implementing the economic empowerment activity, the guardians/care givers receive technical and financial assistances from CBIs. The technical support include continuous orientation about the objective and procedure of the activity, training on basic business skills such as saving, marketing, records keeping, loan repayment and preparation of business plans. Upon completion of the training program, each of the guardians was provided with a working capital of varying amount either on grant or loan basis.

All respondents had tried to mobilize community resources and facilitated to get feedback (n=8,100%) on the support of OVC and care givers. The enormous problems of the community at the respondents target area of intervention challenges the service provision to OVC, however, the CBIs ensure the essential services to targets (n=8;100%) as a strategy for sustainability. All respondents had also confirmed creating an enabling environment for OVC care and support (n= 8, 100%). All the CBIs need strategic plan preparation and also seek support from different NGOs to be as a strategic partner to ensure the sustainability of the support programs.

Based on the research findings, CBIs utilize the social structure (n=8,100%) exist at local level to mobilize the community in OVC care and support. Linkage between the local government structure and the CBIs also facilitates the smooth implementation of different program activities. All the respondents (n=8,100%) utilizes the political structure, especially at sub -city and kebele level administration to ensure community participation as a strategy to execute program activities. Furthermore, local level micro finance institutions had also played a vital role in guardian economic empowerment as economic structure (n=8,100%) in order to mobilize the community towards the support of target OVC and care givers (Table 7).

Table 8: Strategies used by CBI's while supporting OVC

	Parameters	Frequency (N=8)	Percent (%)
	CBI's phase – in strategies		
	• *Need Assessment*	8	100
	• *Familiarizing workshops*	8	100
	• *Prioritizing OVC Needs*	8	100
	Sustainability Strategies of the CBI's		
	• *Build the capacity of OVC families*	8	100
	• *Mobilize & support community based responses*	8	100
	• *Ensuring essential services to targets*	8	100

	• *Creating enabling environment for OVC care & support*	8	100
	Strategy to facilitate community mobilization		
	• *Utilize existing social structure*	8	100
	• *Utilize existing economic structure*	8	100
	• *Utilize existing Political structure*	8	100

4.2.5. The working modality of CBIs

Community based institutions expected to acquire institutional and technical capacity for undertaking the task involved and to facilitate a community process of problem identification and prioritization , objective setting, strategy formulation, identify action that are expected to help solve problem that were identified. The respondents had revealed that there were criteria in selecting target OVC beneficiaries. Accordingly, victims of HIV/AIDS positive OVC (n=8,100%) got support as a target beneficiary of all CBIs. Disability and physically impaired OVC, age of the OVC and being orphan were the criteria most CBIs (n=7,100%) sat to select target OVC. Moreover, volunteers community development facilitators and represented committee from the CBI visits each households and collect overall information about the target OVC and the guardian. The collected information is refined and committee formed in collaboration with local government administration and the CBI leaders. Finally, the committee declares the approved OVC and guardians eligible to the support. However, respondents stressed still large number of children needs the support and the emphasis should be given to mitigate the problems of children living under difficult circumstances requires much more effort from all concerned actors.

Table 9: Criteria for selecting OVC, community participation and future plan of CBIs

	Parameters	***Frequency (N=8)***	***Percent (%)***
	Criteria in Selecting OVC targets		
	• *Disability*	*7*	*87.5*
	• *Age*	*7*	*87.5*
	• *HIV/AIDS*	*8*	*100*
	• *Orphan*	*7*	*87.5*
	Rate of Community Participation		
	• *High*	*6*	*75*
	• *Medium*	*2*	*25*
	Future plan to improve the Services of OVC Care & Support		
	• *Mobilize the community*	*1*	*12.5*
	• *Strengthen IGA activities*	*2*	*25*
	• *Promote Volunteerism*	*8*	*100*

As far as the rate community participation with CBI is concerned, most of the respondents had confirmed that the community was involved in different phases of the project, i.e. in the beginning of the project, in the implementation phase and in the phase- out stage. It was encouraging (n=6, 75%), but some CBIs were not satisfied by the community participation (n=2, 25%) and had a gap in mobilizing the community in OVC support.

CBIs have enormous future plans based on their vision, purpose, philosophy, area of operation and the types of activities they are carrying out. All the CBIs had planned to promote volunteerism (n=8,100%) in their target area of intervention in order to improve the service provision. They have limited capacity to address all the needs of OVC and needs voluntary based services at local level. Hence, strengthening income generation activities (n=2, 25%) and mobilizing the community for different resources (n=1, 12.5%) would be the future plan of the CBIs to improve the service provision to OVC and care givers.

4.2.6. Conflict management strategies of CBIs

Conflict in most CBIs is expected since they lack transparency to the general assembly, beneficiaries, partners and donors. Most conflicts arise due to lack of team spirit (n=7, 87.5%) among the leaders. But most conflicts were managed by CBIs through discussion (n=8,100%).

There are various internal and external factors affecting the support of community based institutions at their vicinity. Half of the respondents had replied that knowledge gap (n=4, 50%) was the reason for conflict among leaders. Conflict of interest (n=1, 12.5%) was also observed in limited number of CBIs due to lack of incentives to meet the daily needs. Almost all community leaders involved in this study had served the community voluntarily and without regular payment.

CBIs have enormous internal problems due to high poverty in the study area. Most of the respondents underlined, high demand for support and care from target community (n=6, 75%) and limited capacity of the CBIs to meet the demand are observed problems. Some leaders had tried to violate target selection criteria.

Furthermore, about half of the respondents revealed that shortage of finance (n=4, 50%) was also a critical problem that had affected the relationship of the leaders. Fund raising and community resource mobilization would be the main plan for CBIs to address the needs of OVC and care givers. Most of the respondents involved in income generation activities were provided with appropriate office set up to perform the services. Still limited number of CBIs need offices and IGA set ups (n=1, 12.5%) to provide services to the community. The local government administration and support agencies would play a role to ensure the care and support activities through CBIs.

CBIs had designed a strategy to meet the daily basic needs of OVC and care givers. All respondents provide daily needs to OVC and care givers (n=8,100%) as a strategy to solve the problem. Not only providing daily need solves the problems of OVC and care givers, but also ensuring the sustainably of the support through economic empowerment of OVC guardians (n=8,100%) was the strategies that all CBIs adopted with available resources. Providing basic business skill/entrepreneurship trainings to care givers (n=8,100%) was also used as a strategy by CBIs to solve the problem in a sustainable way.

As a whole, the role of community based institutions can easily bring the desired result and solving the enormous problems faced by OVC and their care givers in the study area.

Table 10: Conflict management, reason of arising and critical problem of the CBI

Parameters	Frequency (N=8)	Percent (%)
Conflict management by CBIs		
• *Conflict management through*	8	100

discussion		
• Conflict arising reasons among CBI leaders		
• *Knowledge gap*	4	50
• *Lack of team spirit*	7	87.5
• *Conflict of interest*	1	12.5
Problems related to conflict		
• *High demand of the community for support*	6	75
• *Financial problems*	4	50
• *Office & IGA set ups*	1	12.5
Problem solving strategies of the CBI		
• *Providing daily need*	8	100
• *Economic empowerment*	8	100
• *Providing training*	8	100

4.3 Results from Key informant interview

Key informants interview were undertaken so as to supplement and verify the information collected through the formal questionnaires. Key informants interview analyzed focusing on the capacity of CBIs, the service provision to OVC and guardians and future directions based on multiple roles on the support to OVC and care givers in the study area.

A total of 52 individuals had participated 6 respondents drawn from spiritual leaders, 6 civil departments, 6 community leaders and 12 OVC self guardian children and care givers from

six target kebeles). Accordingly, the majority of the respondents (n= 18, 34.6%) were from government structure. society associations, 18 respondents drawn from kebele and sub- city level government line.

Table 11: Constituency and position of Key informants

Characteristics	Frequency (N=52)	Percent (%)
Key informants categories		
Spiritual leader	6	11.5
Civil Society Association	10	19.25
Government partners	18	34.6
OVC guardians	12	23.1

4.3.1. Enabling environment to provide services

Key informant's level of awareness on the internal and external environment is vital to make participatory decision in all angels of CBIs affairs. In this connection, respondents were inquired to reveal their level of familiarities about the role to the support for OVC and care givers in their vicinity. In view of that, Iddirs (n=39, 75%) was the type of CBI operating widely on OVC and care givers in the study area.

Structure of an organization was the basic system that either enables or arrests the individual to operate the CBI. Most of the respondents had confirmed that legalization and board of management (n=47; 90.4%) were the typical feature of CBIs operating in the study area. The structure and composition of those bodies are not uniformly applicable to all CBIs. To some CBIs, general assembly means all members, to the others; it consists of representatives of the

members. Only limited respondents (n=15; 28.8%) clearly observed the general assembly and members of constituency of CBIs. The other variation among CBIs were that functional and technical committees did not exist in some CBIs, but in the CBIs that have diversified engagement in development works, substantial number of committee were operating. Furthermore; the transparency of target communities (n=22; 42.3%) and transparency in selecting executive committee members (n=20; 38.5%) need to be improved.

The bench mark for active participation can take a number of forms. There are ranges of activities to be performed by members apart from monetary and labor contribution in support of a member who is in need. Community participation in target selecting & identifying needs was summarized in Table 12 below. Almost 94.2 % respondents had revealed that CBI had participated in OVC and their guardians target selection and need identification. In addition to that, respondents had confirmed that CBIs were operating with a clear mission, vision and objectives (n=37; 71.2%) and succession plan (n=25; 48.1%) were not known by large number of the target community.

It is true that all citizens are responsible for the overall personality development of children at community level. The level of awareness of the respondents towards the responsibility for OVC was also assessed. Most of the respondents stated that family and relatives (n= 44; 84.6%) were the most responsible bodies for OVC care and support, and the community as a whole (n=37; 71.2%) is the second to take responsibility. Children themselves (n=23; 53.8%) also support each other as self guardians/caregivers according to the list most of the CBIs in the study area (Table 12).

Table 12: Key informants response on the enabling environment for CBIs to support OVC and care givers

Parameters	Frequency (N=52)	Percent (%)
Types of CBI operating in the key informants area		
• Iddir	39	75
• Women Association	3	5.8
• Cluster Level Association (CLA)	9	17.3
• Community Development Association	31	59.6
• Youth RH Association	2	3.8
Legalization & Board of Management of the CBI's	47	90.4
- General assembly & members constituency	15	28.8
- Transparency for target community	22	42.3
- Transparency of selecting executive committee members	20	38.5
Community participation in target selecting & identifying needs	49	94.2

Clear Mission, vision & objectives	37	71.2
Succession Plan	25	48.1
Awareness level on the responsible bodies for OVC care and support		
• Family & relatives	44	84.6
• Community	37	71.2
• NGO	29	55.8
• Government	32	61.5
• Children themselves	28	53.8

4.3.2. Service provision to support OVC and care givers

The benefits obtained from CBIs, ranging from services obtained as a traditional community based institutions (mostly on funeral ceremony) to the modern days of CBI role and functions. To mention the most prominent ones: social services, income sources, saving and credit schemes, supporting OVC and guardians and in some cases supply of customer items to withstand the escalating cost of living. Table 13 portrays proportion of respondents which CBI accessible in the study area, the types of programs services, the approach exercised to support OVC, the types of empowerment of care givers and important services demanded y the community mentioned.

The result presented reflects the fact that *Iddirs* were plying a vital role in providing services to OVC and their care givers. Most *Iddirs* revised their traditional services and involved in service provision in more structured way working as a partners with different stakeholders.

Likewise, a considerable number of respondents had stated that Community Development Association (CDAs) was also involved in service provision to OVC and care givers.

CBIs are heading towards a new direction and this change in emphasis was endorsed by outweighing members. First and for most, participatory approaches in all aspects are required

weather the direction was towards development activities or service provision. A large proportion

Characteristics	Frequency(N =52)	Percent (%)

of respondents (n=49; 94.2%) had indicated that CBIs used community based, child centered and family focused approaches to support OVC and care givers.

Community-based childcare is an alternative that provides care and support to the children in a state of condition that is familiar to the children who used to experience it. The objective of the Community-based Childcare Service is to mobilize the community, its resources and indigenous knowledge with the ultimate goal of addressing the needs and rights of orphans and other vulnerable children (OVC) in a sustainable manner.

In addition to the training provided on the basic business skill/entrepreneurship; OVC guardians injected startup capital to empower economically (GEE) (n=52; 100%) and they form small Self Help Groups (SHG) as a saving & credit scheme to support each other on social events (n=50:96.2%). Accordingly; the economic and social empowerment of OVC guardians had enable them to participate in any political activities (52:100%) at community level in order to play active role in the democratization process. Furthermore, respondents had confirmed that skill training (n=43; 82.7%) was the most important need the CBIs have to improve on and sustain.

Accessibility of services to OVC and caregivers in the study area		
Service from “Iddir”	23	44.2
Service from CLAs	6	11.5
Service from Women Association	2	3.8
Service from CDAs	14	26.9
Service from others	4	7.7
Program implemented by CBIs to OVC		
Education	46	88.5
Health	29	55.8
Food & Nutrition	21	40.4
Psychology	40	76.9
Shelter	8	15.4
Legal Support	20	38.5
Financial	41	78.8
Alternative approaches used by CBIs for OVC care & support in the study area		
Community based child care	49	94.2
Institutional child care	5	9.6
Foster care	20	38.5
Adoption	2	3.8
Kind of empowerment provided by CBIs to OVC guardians/care givers		
Economic	52	100
Social	50	96.2
Political	52	100
The most important type of support community demand from the CBI to ensure sustainability		
Skill training	43	82.7
Food & Nutrition	5	9.6
Shelter & care	8	15.4
Economic Support	29	55.8
Legal Protection	2	3.8

Table 13: Key informants response on the CBIs service provision in the Operational area

The livelihood income of OVC and their guardians and financial support (n=29; 55.8%) were also the demand of the community in order to provide daily consumptions.

4.3.3. Problems related to CBIs and future direction

The purpose of conducting this study as mentioned earlier was to investigate the role and the capacity level of CBIs towards the support of OVC and their care givers in general and related opportunities for the investigation at the study area in particular. Accordingly, emphasis was given to the general problems related to the quality of service provision to OVC and care givers associated with the work and system they were engaged.

Some of the limitations that are directly related to the service provision are presented in Table 14 by key informants. Accordingly; community mobilization (n=47; 90.4%) took the first rank as a priority problem. Lack of skilled volunteers / workers (n=34; 65.4%) and fund raising (n=33; 63.5%) activities were mentioned by more than half of the respondents. The other problems; availability of office and facility (n=4; 7.7%), meeting place (n=8; 15.4%) and training for leaders (n=9; 17.3%) were also reflected though not a significant limitations significant limitations, according to the respondents.

In line with this, the program and service area that an individual OVC and care giver demand as a quality service has to improve and to design a strategy to improve care and support activities. Shelter and care (n=39; 75%) is the service that should be improved in the study area as respondents realized. Large number of rural children has migrated and disadvantaged from the program services of CBI in the study area. Food and nutrition (n=33; 63%), legal protection (n=24; 46.2%) and Health services almost took the average respondents vote as an area of services to be improved. The remaining services and also the services that CBIs operating at the

time of the study had never hesitated to scale up the efforts to address large number of OVC and care givers.

Table 14: Key informants response on Problems related to CBIs and future direction

Parameters	Frequency (N=52)	Percent (%)
CBI's limitation to provide quality service in a sustainable way		
Lack of fund raising	33	63.5
Lack of community Mobilization	47	90.4
Limited access to land for IGA activities	21	40.4
Lack of training for leaders	9	17.3
Minimum Office facility & equipment	4	7.7
Skilled Volunteers /Workers	34	65.4
Meeting place	8	15.4
Programs and services to be improved for OVC in the future		
Educational	8	15.4
Health	21	40.4
Food & Nutrition	33	63.5
Psychological	12	23.1
Shelter & care	39	75
Legal Protection	24	46.2
Economic Support	9	17.3

5. Conclusion and recommendation

5.1 Conclusion

Community based institutions (CBIs) have a long history of existence in Ethiopia in their traditional form such as *Iddirs, equb, debo* in which services were/are limited to members in specific area like facilitating funeral events, rotating credit and saving services, taskforce campaign to share unusual bulky task of members, and the like. Their virtues of accommodating diversified segments of the society (including venerable groups i.e., women, children and elders) in an organized and institutionalized way had created a conducive environment for government and NGO intervention.

Both the national laws (primarily the constitution and other specific laws that have CBI implications, international laws (that the country has already accepted) have created fertile conditions for CBI to establish and function in the country. On the other hand there are clear indicators that prove that CBOs are really undergoing change away from their traditional role. In this particular study the participants have revealed several issues that considers as indicators of change in the role of CBIs. The study has also revealed the needs of OVC and guardians, based on the quality service provision guideline of FDRE, were not fully addressed by CBIs, which demands the efforts of different stakeholders to build the capacities of the institutions.

The various internal problems related to CBIs were also linked to diversified challenges. Those challenges are basically external in nature but have casual relationships with the key problems in the work and system of CBIs. Those challenges were identified to be lack of support from government, lack of credit facility, lack of capacity building trainings, poor monitoring and evaluation, and limited collaboration from NGOs.

Most of the CBIs had reported that skilled manpower to provide quality services to OVC and guardians was an important constraint next to finance and income generating capacity. Hence, having different partners, working together to improve the livelihood of disadvantage communities, accelerate to ensure enabling environment for CBIs to provide quality services to OVC and their care givers.

The study had also suggested that further research on situation of OVC and their care givers for the design and implementations of services that focus on children. Currently, the provision of care and support given by CBIs has to continue and other partner's interventions are necessary as the number of OVC is increasing at a faster rate. Individuals, groups, communities and the nation and local governments would solve most of those challenges through collective efforts.

5.2 Recommendations

Based on the information obtained from various sources and analysis of the same in relation to the role of community based institutions towards the support of OVC and care givers the following major recommendations have been drawn:

a) CBIs do not usually receive the desired level of support from concerned local administrative office. Hence, reversing such mindset of the local administrators is vital for CBIs to meet their new mission to address OVC and caregivers. In this regard, much effort should be exerted by concerned stakeholders and the CBIs themselves in making the working system and communication more conducive than ever.

b) CBIs should create an internal capacity to participate and mobilize the local communities, the private sector, local government officials ,NGOs and civil societies to seek resources in order to address OVC and guardians in need.

c) It is observed that most CBIs still use traditional working modality for the provision of services to OVC and caregivers. On the other hand, the quality service delivery guideline declared the standard of quality services to be effective to OVC in need. CBIs should adopt and use the experience of other partners and stakeholders to standardize the services for OVC and care givers.

d) CBIs must work seriously adhering to the formal ways if the anticipated directions are to be realized. In this regard, community mobilization, skilled volunteers / workers and fund raising activities should be contemplated to ensure the sustainability of care and support.

e) Community Based Institutions refers to organizations, which are non-profit, oriented and that provide social services to local communities. Building the social and economic capacity of extended families and child- headed households and ensure better care and support to OVC and caregivers.

f) CBIs are characterized by their being dependent on voluntary contributions, operate at local level, and they provide services. Scaling up good practices and replication of successful projects to other parts of the community

g) The objective of the Community-based Childcare Service is to mobilize the community, its resources and indigenous knowledge with the ultimate goal of addressing the needs and rights of orphans and other vulnerable children (OVC) in a sustainable manner. Linking and networking the existing modality to formal government and non governmental agencies leads to quality service provision to OVC and care givers.

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Annexes

Annex I. Guide Line For In -Depth Interview with community based association representatives.

Date----------

Questionnaire number----------

I. **Background information about the community based Institutions (CBIs**.)

1. Name and type of CBI the representative involved

   Type of CBI----------

   Name of CBI----------

Date of establishment----------

Number of OVC supported----------

2. For what purpose was your CBI established before involved in service provision for OVC and guardians?

a. To help in at time of death/social services b. to generate income/economic

C. To humanitarian and relief services d. Other (specify) _____

3. Which one of the following is member's constituency of your CBI?

a) Only youth groups b) only adult groups c) only women groups

d) Only children e) all groups f) other (specify) _____

4. Do your CBIs legal certificate from appropriate government office to operate on OVC care and support?

a) Yes ( ) b) No ( )

5.Do your CBI have clear operational area/boundary to support OVC and their guardians?

a) Yes ( ) b) No ( )

II. **Information about the role of the community based Institutions (CBIs**.)

1. Is your CBI got fund from NGOs for the support of OVC and their guardians?

a) Yes ( ) b) No ( )

2. Is your CBI involved private sector for the support of OVC and their guardians? a) Yes ( ) b) No ( )

.3. Is your CBI got technical and material support from government agencies for the support of OVC and their guardians? a) Yes ( ) b) No ( )

4. Is your CBI raised fund from members for the support of OVC and their guardians? a) Yes ( ) b) No ( )

5.If your answer is yes for question 1, 2, 3 and 4, list out the supports

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6. Is your CBI engaged in income generating activities for the support of OVC and their guardians? a) Yes ( ) b) No ( )

7. Which one of the following your CBI performed to get financial support for the support of OVC and their guardians?

a) Project writing b) members contribution

c) Engaged in IGA activities d) other (specify) ----------

8. Do your CBI have office and office materials to perform its activities?

a) Yes ( ) b) No ( )

9. Do your CBI involved in income generation activities?

a) Yes ( ) b) No ( )

10. Who technically support your CBI to perform the activities of OVC and their guardians care and support?

a) NGOs b) volunteers members c) skilled staff

d) External volunteers e) government officials f. other (specify) ----------

11.What kinds of approach your CBI applied to provide services to OVC and their guardians

a) Community based child care b) institutional child care c) foster care

d) Inter country adoption e) country adoption f) other (specify) ---------

12. Which one of the following standard services your CBI provided for your target OVC and their guardians

a) education b) food and nutrition c) psychosocial support

d) Shelter and care e) legal support f) financial support

g) other (specify)----------

13. What are the criteria's your CBI has to select appropriate target of clients

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14. Do your CBI participated community in the selection process of appropriate beneficiaries

a) Yes ( ) b) No ( )

15. For question (14) above the answer is (No), what was the reason----------

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16. In your opinion, which one of the following is the best way to solve the problem of OVC care and support for OVC and their guardian in a sustainable way?

a) Provide daily needs and consumptions b) gurdiand economic empowerment c) providing skill training for targets d) Adoption

e) Other (specify) ----------

17. Which one is the most important thematic issues for your CBI to provide quality services for OVC and their guardian currently?

a) Fund raising activities b) seeking technical and material support

c) Seeking land for IGA activities e) strengthen partnership with stalk holders

f) Other (specify) ----------

18. Which one of the following is your CBI priority agenda before conducting OVC care and support programs?

a) Need assessment b) prioritizing the need c) training d) all

f) Other (specify) ----------

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19. Which strategies your CBI used while dealing with the problems of OVC care and support in the community?

a) Build the capacity of families b) mobilize and support community based responses

c) Ensuring essential services d) create enabling environment for OVC care and support e) all

f) other (specify) ---------- ----------

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20. Which one is the best strategy facilitates community mobilization for OVC care and support?

a) Utilize existing social structure b) utilize existing economic structure

c) Utilize existing political structure d) all

e) Other (specify) ----------

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21. How do you rate community participation in the support of OVC care and support?

a) High b) medium c) low d) none

22. Which one of the following criteria focused mainly while selecting target OVC?

a) Disability/physical impairment b) age of the OVC

c) Being HIV/AIDS positive d) being orphan

e) all f) Other (specify) ----------

23. How your CBI manage conflicts among members and leaders?

a) Through discussion b) involving other partners

c) With legal process d) other (specify) ----------

24. Which one of the following is the most cause for conflict among CBI leaders?

a) Corruption b) Knowledge gap c) lack of team sprit

d) Conflict of interest e) other (specify) _____

25. Among the following, which one is the most critical problem in your CBI and not yet addressed?

a) High demand of the community for support b) technical and material inputs

c) financial problems d) office and IGA set ups

e) Other (specify) ----------

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26. Which one of the following your CBI future plans to improve the services of OVC care and support?

a) Mobilize the community b) apply strategic plan to get external donors

c) Strengthen IGA activities d) promote volunteerism

e) Other (specify) ----------

Annex II. Guide Line for Key Informants Interview.

I. Background information

1. Sex ----------

2. Key informant position in the community

a. community leader d. local government official

b. spiritual leader, e. OVC guardian or self-guardian

c. civil society association f. other (Specify)) ----------

3. Which type of CBI operating on OVC care and support in your area for OVC and care givers/guardians?

a. Idirs b. women association c. Cluster level Association

d. community development association e. other (Specify)) ----------

4. Do the CBIs operating in your area have legal certificate and board of management to support OVC and care givers?

a) Yes b) no

5. In your opinion, which one of the following is not applied by the CBIs in the operational area?

a. General assembly and member's b. transparency for target community

c. transparence of selecting executive committee members d. all

e. none f. I do not know e. other (Specify)) ----------

6. Which one of the following is facilities not available by the CBIs in your target area?

a. office facility and equipments b. skilled volunteers and workers

c. meeting place d. all e. none f. I do not know

7. Do the CBIs participat community in identifying and selecting OVC and guardians in need?

a) Yes b) no c). I do not know

8. Which one of the following is clearly known about CBIs?

a. clear mission, vision and objectives b. availability of succession plan

c. practice of reporting d. all e. none f. I do not know

II. The role of CBIs in OVC care and support

1. Have you ever been received services from any CBI for the last 3 years?

a) Yes b) no

2. If your answer is yes for question 1, which CBI provided services?

a. Idirrs c. women association b. Cluster level Association d. community development association e. other (specify) ----------

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3. Which of the following services received from CBI for OVC in your area?

a. education c. Food & Nutrition e. Shelter & care g. financial

b. Health d. psychosocial f. legal support h. Other (specify) ----------

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4. Which resources did you knew were mobilized for OVC care and support for the last three years?

a. resources from NGOs, government, business organizations b. members contribution.

c. establishing IGA institution d. all e. Other (specify) ----------

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5. Which type of approaches for care and support do you believe is suitable to OVC in the context of your area?

a. community based child care b. Institutional child care

c. Foster care d. adoption e. Other (specify) _____

6. What kinds of empowerment are needed for OVC guardians currently in this kebele?

a. economic b. social c. Political d) both d. other (specify) _____

7. Which of the following services are still not addressed by CBIs in your area?

a. educational c. Food & Nutrition e. Shelter & care g. economic support

b. Health d. psychosocial f. legal protection

h. if you say more than one specify----------

8. In your opinion, who do you think would be more responsible for OVC and care givers?

a. family and relatives b. community c. NGOs d. government

d. children themselves e. other (specify) ----------

9. Was the support of CBIs satisfied the target communities?

a) Yes b) no c). I do not know

10. If your answer is No for question (9) which CBI support is more important?

a. skill training b. Food & Nutrition c. Shelter & care

d. economic support e. legal protection f. other (specify)_____

11. Do you believe that children are able to involve in solving their own problems?

a) Yes b) no

12. If your answer for question (11) is yes, in what way they would be involved?

a. Participate in any aspect of their concern b. identify their need

c. implement child focused projects d. other (specify)_____

13. What do think should be improved in the current working modality of CBIs to OVC?

a. financial b. technical c. emotional d. other (specify) ----------

14. In your observation, which of the following would be improve the services provision of OVC care and support?

a) Fund raising b) community mobilization c) land for IGA activities

d) Other (specify) ----------

15. Do you have any additional comment on OVC care and support and community response in general? ----------

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