



*Project evaluation:*  
Care and support for orphan  
and vulnerable children

*Mekdim, Ethiopia*



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This report is part of a series project evaluation, focusing on prevention of HIV/AIDS in Ethiopia.

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# Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACRWC	African Charter on the Rights and Welfare of the Child
CBOS	Community Based Organisations
CRC	UN Convention on the Rights of the Child
FBOs	Faith-based Organisations
FGD	Focus Group Discussion
HIV	Human Immune Virus
IEC	Information Education Communication
MOH	Ministry of Health
NGO	Non Governmental Organisation
GO	Governmental organisation
OSSA	Organisation of Social Service for AIDS
OVC	Orphan and Vulnerable Children
SCS	Save the Children Sweden
SPSS	
VCT	Voluntary Counseling and Testing

## Introduction

In Ethiopia Save the Children Sweden (SCS) works to promote children's rights through advocacy, direct support, capacity building, research and awareness raising.

In line with this SCS has been supporting six local partner organisations whose implementation area is in Addis Ababa. Mekdim Ethiopia is one of the local partners of SCS working on HIV orphans assistance.

This document is the report of the evaluation by focusing on major achievements and suggestion on points to be improved in the future.

## Methodology

Both secondary (literature review) and primary data collection have been employed in this evaluation. Under the primary data collection quantitative and qualitative methods have been used by the consultant. Under the quantitative approach staff members, orphans, guardians and community leaders were interviewed using structured and open ended questionnaire.

FGDs were performed under the qualitative approach with stakeholders, orphaned children and guardians. Data entered in a computer and analysis was performed using SPSS software.

## Findings

Documentation of activity reports and clear list of beneficiaries is found to be incomplete. On the other hand as confirmed by the project staff and the beneficiaries, the following planned activities have been accomplished by Mekdim Ethiopia:

- Though over 70 per cent of the orphan children know the modes of transmission of HIV/AIDS, less than 50 per cent of the interviewed orphan children believe that condom can protect from HIV/AIDS.
- The majority of the orphans and the guardians confirmed as the project benefited orphans in the project area and assisted in continuing their education with out interruption.
- Both orphans and guardians participated in the research suggested for improvement of psychosocial counseling and provision of adequate and timely support for beneficiary targets.
- The project did not involve beneficiary children during its designing and planning phases.
- Stigma and discrimination against orphan children is still prevalent in neighbourhoods, schools and other places. Some children reported that their guardians subject them to heavy workload.
- The concern given by Mekdim to target children at risk of separation from their families or vulnerable children is worth to mention as strength.
- Efforts of Mekdim to create link of its activities with other partner organisations could also be cited as a good practice.
- The link of the project to community based organisations such as IDIR, youth clubs, associations and others is found to be loose.

## Recommendations

- Mekdim Ethiopia is now much more focused on provision of assistance and support to orphan children and their families. Bearing in mind the sharp increase

in the number of orphan children and sustainability of its services, this pioneer organisation needs to shift its focus to advocacy, coordination and establishing networks for learning, etc roles for wider impact and benefit of the orphan children it is trying to support.

- Focus should be given to equip orphan children with additional knowledge on modes of transmission and prevention and use of condom as their situation puts them at risk of contracting HIV.
- Mekdim Ethiopia should make progress in its effort to continuously assess the situation of orphan children in different care arrangements and need to seek their views to ensure that the quality of care provided to these children is adequate and is not against the rights of the child outlined in the UN CRC or ACRWC as there are indications of children involvement in heavy tasks and exposure to abuse and maltreatment.
- Planning with the beneficiaries is an important step in the development of a sound project. Mekdim should develop the tradition of taking in to account the view of the target children when planning, implementing, monitoring or evaluating a project. Any future project should leave a room for voices and say of target children early from their synthesis stage.
- As part of sustaining the support being rendered to beneficiary groups, the project should consider activities which can lead to income generation schemes and making the beneficiary children and families self sufficient. Activities designed to develop the income level of the families are likely to result in lasting support to beneficiary children even long after the completion of the project.
- In order to result in to sustainable way of addressing the problems of orphan children in the project area, Mekdim should initiate an advocacy exercise together with other like minded NGOs so as to bring relevant actors on board and include them to carry out their duties imposed by the UN CRC. An example could be advocating for free treatment of orphan children in government health institutions. For this particular purpose the advocacy could be targeted to ward, for example, Ministry of health officials, regional health bureau heads, health professional associations, owners of private health institutions, etc.
- Mekdim should strengthen its close cooperation and working relationships with community based organisations like the youth associations, 'idirs', faith based organisations, and others as a means of developing involvement of the community in addressing the and drawing community resources to feed in to the wider efforts of fulfilling the rights orphan and vulnerable children.
- SCS should extend its support in gearing Mekdim toward right based programming approaches and provision of technical support as in advocacy works, establishment of effective networks, systematic documentation of project experiences so that Mekdim could be heading to become an effective advocate for the rights of orphan and vulnerable children.
- It is essential for Mekdim to separately document target beneficiaries and operational areas as per their distinct donor agencies. This would enable the implementing agency, donating organisations, and other stalk holders to successfully track changes and find out who it is attributable to, etc.

## 2. Introduction

So far, HIV/AIDS has claimed 21.8 million lives. Africa is the hardest hit by the epidemic accounting for three quarter of deaths worldwide. Out of 36.1 million that are living with HIV/AIDS worldwide, 70 per cent of the adults and 80 per cent of the children are from Africa. Ethiopia has the third largest population of HIV infected persons accounting for about 9 per cent of the world's HIV/AIDS case. The first Ethiopian sera found positive for HIV-1 antibodies was in 1984. The first AIDS case was diagnosed in Addis Ababa in 1986.

Since its introduction, its spread has been no fewer explosions. The principal route of HIV transmission is through heterosexual contact. According to the Ministry of Health (MOH) report, more than 87 per cent of new HIV infections are due to the practice of multiple partner sexual contact.

HIV/AIDS has now emerged as a major national health problem in Ethiopia.

According to the 2000 Ministry of Health report, 2.0-3.2 million Ethiopians are already infected with HIV, prevalence rates ranging between 4 per cent in rural towns to 20.8 per cent major towns have been reported, in the years 1999/2000.

It is estimated that the number of AIDS orphans is close to a million and will reach two million by the year 2009.

HIV has also contributed significantly to an increase in child mortality rates. For example, between the years 2005 and 2010, it is anticipated that 61 of every 1000 infants will die before the age of -- as a consequence of HIV infection. In light of the existing poverty and lack of basic health and social services for the majority of Ethiopians, this will be a very serious challenge.

Mekdim Ethiopia was founded in September 1999 with the aim of fighting and curbing the spread of the virus through the provision of care and support for those living with HIV/AIDS and children orphaned by AIDS.

It is an Association established by people infected and affected with HIV/AIDS. Currently, Mekdim Ethiopia established two branch project offices in the Amhara and Oromia regions. The new branch offices are running similar projects for people infected and affected by HIV/AIDS.

Its major objective is to promote a development that will contribute towards the reduction of HIV/AIDS and Associated psychosocial, cultural and economical impacts on the lives of the affected persons and their families.

Current data indicates that in Ethiopia one of every eleven people in Ethiopia is living with HIV/AIDS (World Bank African region office 2000)

The current adult prevalence rate is estimated to be higher in urban (13.4 per cent) than in rural areas (5 per cent). Out of the total infected individuals in Ethiopia, 250,000 are children under the age of five.

More than 1 million AIDS orphans are left without their immediate caretakers. Their rights are highly violated, discriminated and ostracized by the public due to misconception associated to HIV/AIDS. Due to the lack of adequate and well coordinated care and support, most AIDS orphans are depressed, and feel inferior. They are joining the open job (child prostitution and streetism) to solve their immediate problems and to fulfil their basic needs. Many of the orphan children have already dropped out of school and the rest are at risk due to a host of problems.

Bearing this in mind Mekdim Ethiopia National Association has developed and submitted this project for funding to Save the Children Sweden. The project is entitled; Care and Support for Orphan and Vulnerable children. The project has been under implementation since 2003.

The evaluated project is; initiated to provide care and support for children who lost their parents, living in poor and sick families and residing in child headed households, ect.

Children will be offered house rent, school Materials, and school uniform and psychological counseling and support. To ensure sustainability some skills training were given to the elder child in the household and responsibility will be gradually transferred.

The overall objective of the project is to help children (AIDS orphans) to be Productive and self-Supportive citizens through the provision of adequate care and support.

### **The Specific Objectives include**

- To provide psychological support for 200 AIDS orphans who lost their immediate parents in the year 2003.
- To conduct supplementary tutorial class for 40 orphans attending education in junior and high schools.
- Provide HBC and counseling trainings for 20 community volunteers in the year 2003. Survey on the need and rights of orphans Things they need, thing they want to do? What right do they have?
- To provide vocational training, skill for 30 child headed AIDS orphans house hold.
- Advocacy and networking workshop with kebele, Eiders and other CBOs leaders.
- To advocate for their rights of AIDS orphans to Local/International stake holders.
- To do awareness raising on stigma/discrimination

One of the components of the activity is to evaluate the progress of the project to suggest any corrective measures during the implantation of the project in the remaining time.

The next sections present objectives of this evaluation, methodology used to evaluate, results/finding, over all conclusion and recommendation.

## 3. Objectives

### 3.1 General Objectives

The general objective of the evaluation is to review project implementation process and outputs of the afro mentioned projects of Mekdim National Associations projects' area against the original plans and objectives set in the projects document.

### 3.2 Specific Objectives

- To discuss with the project staff to check achievements comparing with plan of action.
- To discuss with beneficiaries mainly the orphans and guardians on the benefit of the project and any improvements for the remaining period of the project time.
- To discuss with stake holders on the participation and opinion for on additional strategies of intervention in the project.

### 3.3 Study methodology

The first step conducted was literature review on project proposal and reports on related subjects. In general both quantitative and qualitative methods were applied to collect information form selected subjects. Under the quantitative approach structured and semi-structured questionnaire were developed to interview the appropriate targets. In the case of qualitative information a focus group discussion were applied to collect detailed comprehensive information.

#### 3.3.1 Document review or secondary data

Efforts were made to collect secondary data from the project proposal and quarter reports, annual project reports. On top of this other documents such as UN CRC, SC Child right programming principle, ACRWC, and other books related to rights-based programming were consulted.

#### 3.3.2 Quantitative approach

Under the quantitative approach information was collected from program staff, children, guardians and stakeholders (community leaders and kebele officials etc) for each target semi structured and open ended questionnaire (Q1 Q2 Q3 Q4) was prepared to collect information related to the general and specific objectives of this evaluation.

The first questionnaire (Q1) was prepared for the program staff and included:

- Activities under the project.
- Achievements.
- Problems observed.
- Comments for future interventions.
- Others.

The second questionnaire was prepared for the beneficiaries, the orphans (Q2a) and the guardian (Q2b).

These included:

- Address of the study subjects.
- Background characteristics.
- Information , knowledge and attitude on HIV/AIDS.

- Opinion on the benefit of the project.
- Opinion on future direction.

The third questionnaire (Q3) was open ended questionnaire designed to interview orphans and guardians.

- Major activities performed by the staff members.
- Major achievements, constraints and future direction.
- Activities accomplished and others.

In the selection of individuals care was taken to have a balanced sex and age group of study participants from the clients.

The four target groups were interviewed from selected kebeles around the project area... In general 30 orphan children, 30 guardians and 10 community leaders were interviewed using semi structured questionnaire.

All data collection instruments were pre-tested and all the necessary modification were to be incorporated before the final application.

### ***3.3.3 Qualitative approach***

Focus Group Discussions (FGD) were used to collect the qualitative information from the selected targets. Four FGDs were conducted: two FGDs with children (male and female group), one with guardians and the fourth with community leaders. Discussion guide points were prepared on the role, relevance and on the specific objective of the assessment. During the discussion one person moderate and the second recorded points raised by the participants. For some FGDs the forum was recorded.

### ***3.3.4 Organisational arrangement***

During data collection a supervisor was employed to follow up the process and to ensure the quality. Interviewers who completed 12th or 10th grade and who can speak the local language were employed for the quantitative data collection. They got the necessary training on the objective of the study and on how they collect the information.

The focus group discussion and key informant interview was conducted by the supervisor and the consultant.

### ***3.3.5 Data entry and analysis***

After appropriate final editing and coding, the collected data entered into a computer using SPSS/DE. Encoders/data entry clerks were employed on a temporary basis to enter the data in a computer.

The consultant supervised the entry process and ensures the quality of the work.

Finally the analysis was performed using SPSS/PC. Uni-variate and bi-variate analysis was performed to generate the baseline information that can answer the general and specific objective of this assessment.

The necessary tables and graphs were produced for report writing.

Finally this report was written up clearly depicting the benefits, achievements, future directions, challenges and other related issues of the project.

## 4. Findings

### 4.1 Results of the Quantitative Study

#### 4.1.1 Highlights about the organisation

"Mekdim", meaning pioneer or the first, is an Association which was first founded by three HIV positive persons and nine AIDS orphans as a support group.

The name symbolizes the fact that the association is the first to expose itself when there was a widespread stigma attached to HIV/AIDS.

Mekdim was founded on 28 September 1996 in accordance with Article 404 of the civil code. Structure wise, it has the General Assembly (the supreme body), Executive committee, Technical Advisory Board, different departments and sections.

It has a regional license from the Addis Ababa city Administration and a national one from the Federal Ministry of Justice. Operational agreements were signed with the DPPC, Region 14 FRDCB, Region 3 DPPC, and region 4 DPPC.

To date, Mekdim has three branch offices. Currently it has a total of 50 employees. Its current projects are on HBC Services, Social Support, Counseling, and Awareness Creation.

Mekdim's major partners are NACS (HAPCO), UNAIDS, GNP, NAP, ICW, UN Agencies, church-based organisations and the private sector.

#### 4.1.2 Project activities and achievements

The staff members reported the following major activities planned and performed by Mekdim Ethiopia by means of fund obtained from Save the Children Sweden (SCS):

##### **Selecting and Training of community volunteers**

20 jobless youths were selected for training. The training was on how to provide home based care for HIV/ AIDS patients, counseling services for PLWHA and HIV/AIDS orphans who have lost one or both of their parents to the deadly virus, and how to refer HIV/ AIDS patients and PLWHA to the project clinic.

This group of youth volunteers receive a monthly 100 Birr stipend to cover their transport cost.

The volunteers also distribute educational materials to beneficiaries.

It is reported that these group of youths have been instrumental in disseminating information about the disastrous effect of HIV/ AIDS. They are also the most effective way of reaching the target population and essential part of working with the communities at the gross root level.

The staff members further stated that monthly consultations meeting are held to deliberate on achievements made and problems encountered during activities implementation.

It is worth stating that some of these, community volunteers are HIV/AIDS orphans while a few of them might be living with the virus.

##### **Advocacy workshop on human rights in general and the rights of the child in particular**

Resource person on the CRC was invited by Mekdim Ethiopia to discuss the rights of children in general and orphaned children in particular in a workshop attended by guardians and various stakeholders.

## **Impact Assessment**

The impact of the pandemic on the physical, social, emotional and intellectual development of HIV/ AIDS orphans has been assessed by the project.

The assessment on the impact of AIDS is said to have been conducted as part of a mid-term review of the project.

## **Advocacy**

Mekdim has carried out advocacy work for the protection of street children and seeking ways to reduce the number of HIV/AIDS orphans who resort to streetism.

## **Provision of assistance**

Orphans are assisted with educational materials, house rent, uniform and tutorial facilities.

According to the staff members, not only activities were executed as per the schedule but also resources were effectively utilized. In other words, no deviations from the plan were observed.

As regard to major benefits obtained by the community parents and children's the staff mentioned that a major problem of keeping the children in school when they lacked the money to buy educational materials was achieved.

As the result of project intervention, the community has developed interest for the protection of the rights of HIV infected people.

The number of HIV/ AIDS orphans who drop out school due to lack of basic necessities of life is decreasing.

### ***4.1.3 Major challenges or constraints faced***

Some of the challenges or constraints faced include:

- Lack of awareness about the convention on the right of children (CRC) on the part of law enforcement bodies such as the police, the community and kebele officials.
- Resource constraints i.e. significant disparity between the needy and the available resources.
- No training opportunities to staff, because they were not included in the project document.
- Target population are living far away from the project offices. Hence enormous amount of resources are injected to cover travel expense to and from operational areas.
- There is no experience sharing opportunity between the project staff and other agencies who are implementing more or less similar activities.
- High staff turnover rate.
- Heavy work load and non-commensurate remuneration

To alleviate its critical shortage of resources, Mekdim has designed project proposals and submitted to donor agencies for funding.

Accordingly, it is expecting positive response from CARE/Eth and Save the Children U.S.A. It has also signed grant agreement with pathfinder to be used for activities implementation here in the Metropolis and in the so-called AIDS corridor towns (high HIV transmission areas) such as Dukem, Debrezeit, Nazereth, Wilinchiti and Metehara.

### ***4.1.4 Best practices or lessons learned***

The following are the best practices or lessons learned by the project (Mekdim Ethiopia)

- The economic burden of those affected by the pandemic can be minimised by holistic approach (joint action).

- It is possible to minimize the Spread of HIV/ AIDS by giving the necessary care and support for PLWHA and orphan children.
- Behavioural change can be achieved by intensive awareness creation of the target population.

#### *4.1.5 The way forward*

The organisation has planned to follow the following strategies in the future:

- Address the problem of orphans regardless of the cause they have lost their parents i.e. the problem of vulnerable children will be critically considered.
- Set up HIV/AIDS information center in one of the recreational facilities developed by Gash Abera Molla Project (In close proximity to the ministry of Justice).
- Mekdim has created a very strong working relationship with a agency called AIDS ET (AIDS Empowerment and treatment). It has already stated provision of Antiretroviral drug (ART) for PLWHA and who are eligible for it. It wants to continue supplying the drugs in a well organised manner in the future. It has also secured about 3 computers and CD - 4 Machines from the aforementioned Humanitarian agency.
- Mekdim has also secured big house around Horha to by a philanthropist Ethiopian. It will serve as an activity center in the area.
- Mekdim Ethiopia has also been entrusted with the responsibly of coordinating the activities of 24 NGOS that are involved in the provision of care and support to their target groups. This is to avoid duplication of efforts and facilitate effective utilization of meagre sources in deprived settings.

## 5. Interview with the target group

### 5.1 Interview with orphan Children

A total of 31 orphans were interviewed stratified by sex, child headed household, relative guardians and non-relative guardians.

Among the 31 children interviewed 48.4 per cent are male and the rest 51.6 per cent are females.

By age 33.3 per cent are in the interval 5-9, 40 per cent in the interval 10-14 and the rest above 15 years.

More than 80 per cent of them have completed at least elementary education. The majority are living with relative guardians (58 per cent) followed by non -relative guardians and child headed.

A total of 24 orphan children (77.5 per cent) have got information on HIV/AIDS.

The major source of their information is radio followed by school and friends.

Over 70 per cent of the orphan children know the modes of transmission of HIV/AIDS.

According to them, the major modes of transmission are multiple sexual partners, mother to child and sharing sharp items.

Only 19 children know that sharing sharp materials such as needles and razors as modes of transmission of HIV.

Only 12 children believe that condom can protect from HIV/AIDS. Again focus has to be given to teach orphans on the use of condom.

Over 70 per cent of the orphan children confirmed as the project benefited orphans in Addis Ababa. Some of the identified benefits were paying house rent, basic needs and others.

Almost half of the orphans confirmed as they have started stable life due to the project. Over 80 per cent of the orphan children are continuing with their education without interruption and over a quarter of them have improved in their educational performance. Only 24 per cent of the orphan children witness as they get quality and sufficient.

From the 31 orphans interviewed 26 of them have confirmed that they get the following items from Mekdim Ethiopia:

- House rent.
- Educational material.
- Uniform.
- Continues education.

30 per cent of the orphans receive tutorial assistance by the project and 30 per cent of these testify that this has improved their school performance.

Among 28 children who are living with guardians 64.3 per cent are relatives and the rest are non relatives.

The majority of the interviewed orphans (96.7 per cent) stated that their relationship with their guardians is good. They reported that they get the necessary care and support from their guardian.

Out of the 31 interviewees, only 9 orphan children know the objective of the project.

Only 1 orphan said the implementers discussed with him or her on the project before they started.

Almost half of the interviewed children support the continuation of the current assistance as it is while the remaining 50 per cent feel the current assistance should be modified.

Only few respondents reported some problems such as not taking a good care for patients. The majority stated that there was no significant problem observed.

The orphans suggested an introduction of cash assistance and an improvement on the current intervention.

## 5.2 Interview with guardians

A total of 30 guardians were also interviewed to get their opinion on the benefit of the project and their relationship with the orphans.

About 37.9 per cent of the guardians interviewed were male and the rest 62.1 per cent female.

By age over 60 per cent were above 30 years and the rest below 30 years.

By marital status 40 per cent are single, 26.7 per cent currently married and the rest 33.3 per cent not currently in union who are divorced or widowed.

By education 17.2 per cent are illiterate, 27.6 per cent literate, 37.6 per cent above nine grades and the rest 17.1 per cent grade 1-8.

By occupation the majority of them are housewives, followed by student, unemployed, and others.

Almost half of the guardians have two orphan children followed by three and above, only 10.5 per cent with one orphan. 3 per cent of the guardian has relative orphans, 36.7 per cent single orphan and 10.0 per cent non relative orphan.

Some 93.3 per cent of the guardians have got information on HIV/AIDS and major sources of the information are radio, friends and church.

Over 80 per cent of the guardians know two or more modes of HIV transmission and over 60 per cent know two or more modes of prevention.

Almost half of the respondents (53.3 per cent) believe that condom can protect from HIV/AIDS while the remaining 46.7 per cent do not believe that condom can protect HIV.

The main reason for those who do not believe are mainly religion does not support it followed by it has the virus and the community do not support it.

The majority of the guardians (93.3 per cent) have witnessed that the project has benefited the community.

The guardians have stated that they get house rent (27.6 per cent), educational material (13.8 per cent), uniform (10.3 per cent), tutorial (6.9 per cent) and both house rent, educational material and uniform (41 per cent).

Almost all confirmed as there was no any assistant before this project.

Half of the respondents (50 per cent) said that this assistance was decisive.

Almost half of the guardians (46.7 per cent) confirmed that the lives of orphan children who live with them have improved and is almost becoming stable after the project implementation.

The majority of the guardians have also reported that the orphans are following their education without interruption after the project started to support them.

Among the supported orphans 63.6 per cent of them are said to be performing better in their school examinations.

Only 34.5 per cent of the guardians appreciated the quality and the adequacy of the counseling services.

This result is in agreement with the interviewed orphan children. Some mechanism has to be done to improve the service in this direction.

The guardians get assistance in the area of house rent, educational material, and uniform, tutorial as a single or multiple packages. About 53.6 per cent confirmed that this assistance is continuous without interruption while the remaining 46.4 per cent reported discontinuity of the assistance.

This is a significant percentage that needs investigation by the implementing organisation.

Only 31.0 per cent of the guardians reported tutorial service for the orphans they follow. Among these 22.2 per cent reported as it improved the educational performance of the students and 81.3 per cent suggested the continuity of this assistance.

The majority of the guardians (60 per cent) are relatives of the orphans, 6.7 per cent non relative and 33.3 per cent single orphan living with either the father or the mother.

The opinion of the guardian on the upbringing of orphan children includes those in favour of:

- Institution (16.7 per cent).
- With guardians who are relative of the orphan (46.7 per cent).
- Both institution and relative guardians (23.3).
- Others (13.4 per cent).

Almost half of the respondents (48.1 per cent) know the objective of this project.

On the other hand only 10.3 per cent of the guardians reported as they were not asked and a need assessment were not carried out at the initial stage of the project.

Only 23.3 per cent of the guardians confirmed to continue with the current kind and level of assistance as it is. On the other hand 73.3 per cent want the current assistance to be changed and improved.

The majority of the guardians (61.5 per cent) have reported a serious problem as they do not get their assistance on time, 26.9 per cent said no problem and the rest 11.5 per cent presented other problems.

Some of the points recommended by the guardians include:

- A serious follow-up must be done to assist the orphans until they are able to manage and support themselves.
- The current assistance must reach the beneficiaries on time.

## 6. Results of the Qualitative Study

### 6.1 Focus group discussions

#### 6.1.1 Focus Group Discussions (FGD) with stakeholders

All of them did not participate in Mekdim project either during the planning and intervention stage. The lady who came from the kebele HIV/Desk is a new comer and did not want to give many comments on the project.

On the other hand, the other two who came from the youth club members strongly witnessed that Mekdim is not working with the local partners around the project area.

They have strongly suggested that Mekdim should involve all local partners including the youth clubs for a better success in all sorts of the intervention.

The youth club members even suggested contacting the funding agency directly to get assistance to conduct intervention in their community

#### 6.1.2 Focus Group Discussion with orphans and guardians

##### A. FGD with orphaned children

All the FGD participants said that they are getting 75 birr allowance per month and educational materials. But they explained that the allowance is not enough and not being given timely. They used to get some items but do not know the reasons for discontinuation of those things.

A girl living with non relative foster parents said, 'we are most importantly missing family love. There is no one to encourage you, to support your stamina and so on'. Another boy said for sake of supporting our lives we work too much.

Though we go to school we can not follow the lessons as intently as other students. When there is a holiday that is the time you really feel that you are missing your family'. We need psychological support from the organisations that are willing to work with us.

A girl running a household said, 'I did discontinue my secondary school just to take care of my baby sisters and brothers'.

All agreed that education about HIV transmission and prevention ought to be given to young and child orphans.

The education could be given interims of counselling at least once in a month. Other possible means of teaching them could be by means of drama, theater, music shows, etc.

Almost all of them said their first preference for care is their biological mother and father. Second preference is relatives.

And third choice for care is institutions. According to them institution care is more likely to become long lasting than non relative care. Some of them believe that non relative and relative supporters are more for financial and other support they are getting from Mekdim than the mental/spiritual benefits of caring for orphans.

As one boys stated, 'the fact that they discriminate against us in comparison with their own biological children explains it all.'

A girl said, 'my aunt takes good care of me but I wonder how long this would continue.'

Another girl said, 'as far as I am concerned, I have not experienced any but a friend of mine who is also an orphan experiences those things. Young people in her neighborhood, who noticed that she has neither a parent nor a brother to take care of her, quite often attempt to harass and do a lot more things.

This is obviously because she does not have any one to protect her.'

One boy said, 'in fact my neighbors take a good care of me and my younger brothers and sisters as well.'

A boy said, 'we need to get a psychological advice very often. This will help us to build our morale and our future life. We also need enough financial support so as we can follow our school duties well.'

Another boy, 'we need to get job opportunities so that we could end in something we could call our own. If for example we can attend vocational training that would improve our life significantly.'

A boy said, "Families should not subject children to heavy work. Mekdim should closely follow families to make sure that they are offering a standard support and care.'

Another boy said, 'Mekdim should see equally all children and try to fulfill the needs of all children. We need to see smiling faces when we come to Mekdim office.

First of all when we come to Mekdim, we have a sort of inferiority feeling and if they do not show us smiling faces, then this would hurt our feeling to a great extent.' A girl said,

'When we get sick we are supposed to purchase medicine from drug stores and submit the receipt. But most of us do not have money to pay for examination and drugs in the first place.

Nobody will give us money to buy drugs. Please help us to get access to treatment from nearby health institutions on credit basis or any other way possible.'

## **B. FGD with guardians**

The Participants of the discussion were a woman taking care of a boy and a girl of her sister-in-law, a man who took in his brother's son, a woman supporting her grand daughter, a woman taking care of her brother's daughter, a woman caring for her grandson, a woman in charge of her brother's daughter, a young man taking care of two of his young sisters and a young woman sheltering two of her brother's daughters

According to the guardians the supports they are getting from Mekdim include:

- Money support of 75birr per month. It was 100 Birr at the beginning.
- Blanket and bed sheets once a year.
- Educational materials once a year.
- Fee for school once a year.
- T-shirts once a year.

Two of them said they got school materials but not school fee.

Most said they were used to be given soaps and detergents but not recently.

All of them said the support is very crucial to the survival of their children. It is helping them much to reduce the burden on the rest of their families.

All commented that the monthly payment should be done timely. For example there was Ethiopian Christmas but we did not get any money yet. If it could be given with in the first five day of the month it would help us a lot. Sometimes we have to borrow money from neighbors when the payment gets late. As one woman explained, most of them face problems when they are in shortage of cash to pay rented houses because the money is late.

One woman said Mekdim should find a way to help these children in a sustainable way.

Most commented that the payment is very low and should be thought of very well.

One woman said Mekdim gives 75 birr per month for all guardians irrespective of the number of children they support: "Some of us support two or three children but we are given the same amount with other guardians who are taking care of only one child. When you have three or more children and you are only getting 75 for one child, it hard to support only child and leave the others. Instead you have to share the 75 birr to all children you are supporting and the portion each child gets becomes so small that it would do nothing for them. "

“For example you can not buy a cloth for one child and give nothing to other children. This is impossible; if Mekdim could offer us clothing for our children twice or once a year, it would be a great help for us.”

A woman taking care of her brother's HIV positive six-year-old daughter said "my husband left me after I took this girl to my house". He used to say “Echi Edsam” "she has to go out of my house with her brother's daughter". She was crying all the time when she shared her story. She said once I gave her a candy and she was playing with her friends, her friends asked her to give them a candy and she broke the one in her mouth and gave to her friends. All the mothers of the children who ate the candies took the children and washed them up with water and 'grawa leaf'. One day the girl asked me “Do I have HIV?” I said, "No, No, No" But she is very good at school and stood first in the last semester. So we want to be taken to a place where we have freedom. Where no one identifies us and insults us for having HIV positive children.

Another woman said the child she is taking care of is HIV positive and falls sick very often. She said, "I have to spend a lot of money for taking her to hospital. Since I have no job, I do not get salary"

A man said, "I have seven children of my own but I have to take in this boy because his father (my brother) is dead."

One woman said, 'Things are getting better now.'

Another woman said, 'Since these home to home care givers are providing education to the community, things are getting better nowadays.'

A guardian taking care of a girl child said, 'In some places the problem is so serious that they do not let us use their things'.

According to the suggestion of the guardians for sustainable care and support of orphan children it is better if we find an organisation bigger than Mekdim to provide us with most of our needs.

They have also suggested in arranging foreign adoption for the following reasons:

- To get a bigger organisation that gives a chance to education
- When they get older arranging a means to get job
- If possible skill training to these young growing children.
- It is good if guardians could be trained on IGAs.
- To let the children living with HIV get free antiretroviral drug.
- To let these children access housing free of charge from kebeles.

## 7. Discussion

According to the interview with staff members of Mekdim all major activities of the project: training of community volunteers, advocacy workshop on human and child rights, impact assessment, advocacy and provision of assistance are completed entirely in accordance with the plan of action. Some of the challenges or constraints faced by the project were: low understanding on the concepts of child rights and the convention on the right of children (CRC) on the part of law enforcement organs such as the police and on others like the community and kebele officials, inadequacy of resources, lack of training opportunities to staff members, staff turn over and dispersed residential situation of beneficiaries in Addis Ababa.

Percentage of orphan children who know sharing as sharp materials as modes of transmission and on the importance of condom is not significant as expected. Almost all orphans must be aware on these modes of transmission and on the importance of condom since they are vulnerable group for child prostitution and streetism. On top of this they have to learn also on sexuality issues to build their knowledge in the area to take the necessary care.

Both the orphans and the guardians have appreciated the benefit of the project on the survival of the orphan children. They suggested strengthening counseling service to get their assistance on time. They strongly recommended vocational training for the older orphan to have job opportunity for his /her siblings and IGA facilities for guardian to ensure sustainability.

One of the problems mentioned both by the orphans and their guardians is problem of accessing medical institutions for free treatment when they get sick of different diseases. According to African Charter on the Rights and Welfare of the Child OAU Doc. CAB/LEG/24.9/49 (1990) article 14, every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health and states parties to the present Charter ensure the provision of necessary medical assistance and health care to children with emphasis on the development of primary health care.

The assessment has shown that some guardians expose orphan children to heavy work loads and at times treat them improperly. To improve such problems Mekdim should set up mechanisms to continuously track the situations of orphan children in family care arrangements and follow the level of satisfaction of orphans, in the care they receive and on how to take protective measures. It will also be very helpful to involve both orphans and guardians during project design and planning to ensure that they design appropriate ways of voicing out their views at any point through the course of the project.

Although some of the activities are advocacy works to aware government officials and community members on their responsibilities, these efforts were just limited to grass root level officials who mostly have only execution role and not capable of decision making. Future efforts need to target higher government officials and offices that are at the heart of decision making process and involved in issuing policies or guides.

In general based on the qualitative and quantitative information collected the following general points are concluded and recommended.

## 8. Conclusions

- The staff members of Mekdim are over burden with different projects. Due to this documentation of activity reports and list of beneficiaries is found to be weak. On the other hand as confirmed by the project staff and the beneficiaries planned activities are accomplished by Mekdim Ethiopia entirely.
- Though over 70 per cent of the orphan children know the modes of transmission of HIV/AIDS efforts should continue to build their knowledge by providing continuous and appropriate information on sexuality. Less than 50 per cent of the orphan children believe that condom can protect transmission of HIV/AIDS.
- The majority of the orphans and the guardians confirmed as the project benefited orphans in the project area and assisted in continuing their education with out interruption.
- Both orphans and guardians in both the qualitative and quantitative method suggested to improvement of the counseling system and provision of assistances on time.
- Stigma and discrimination is still observed by neighbourhoods, schools and other places. Spouses sometimes are not happy with the relative orphans.
- Assistance given to the guardians is not proportional to the number of orphan children they assist.
- Planning to assist vulnerable children with sick family and trying to link its activity with other partners working in the same area is a good practice of Mekdim.
- The link between community based organisation such as IDIR, youth clubs and others is loose.

## 9. Recommendations

- Mekdim Ethiopia needs to improve its documentation system in the area of performance, best practices and lessons learned as documentation is key to development of the better programs in the future.
- Mekdim Ethiopia is now much more focused on provision of assistance and support to orphan children and their families. Bearing in mind the sharp increase in the number of orphan children and sustainability of its services, this pioneer organisation needs to shift its focus to advocacy, coordination and establishing networks for learning, etc roles for wider impact and benefit of the orphan children it is trying to support.
- Focus should be given to equip orphan children with additional knowledge on modes of transmission and prevention and use of condom as their situation puts them at risk of contracting HIV.
- Mekdim Ethiopia should improve the quality of psychosocial counseling service and provision of adequate and timely support and assistance to the beneficiaries.
- Mekdim Ethiopia should make progress in its effort to continuously assess the situation of orphan children in different care arrangements and need to seek their views to ensure that the quality of care provided to these children is adequate and is not against the rights of the child outlined in the UN CRC or ACRWC as there are indications of children involvement in heavy tasks and exposure to abuse and maltreatment.
- Planning with the beneficiaries is an important step in the development of a sound project. Mekdim should develop the tradition of taking in to account the view of the target children when planning, implementing, monitoring or evaluating a project. Any future project should leave a room for voices and say of target children early from their synthesis stage.
- As part of sustaining the support being rendered to beneficiary groups, the project should consider activities which can lead to income generation schemes and making the beneficiary children and families self sufficient. Activities designed to develop the income level of the families are likely to result in lasting support to beneficiary children even long after the completion of the project.
- In order to result in to sustainable way of addressing the problems of orphan children in the project area, Mekdim should initiate an advocacy exercise together with other like minded NGOs so as to bring relevant actors on board and include them to carry out their duties imposed by the UN CRC. An example could be advocating for free treatment of orphan children in government health institutions. For this particular purpose the advocacy could be targeted to ward, for example, Ministry of health officials, regional health bureau heads, health professional associations, owners of private health institutions, etc.
- Mekdim should strengthen its close cooperation and working relationships with community based organisations like the youth associations, 'idirs', faith based organisations, and others as a means of developing involvement of the community in addressing the and drawing community resources to feed in to the wider efforts of fulfilling the rights orphan and vulnerable children.
- SCS should extend its support in gearing Mekdim toward right based programming approaches and provision of technical support as in advocacy works, establishment of effective networks, systematic documentation of project experiences so that Mekdim could be heading to become an effective advocate for the rights of orphan and vulnerable children.

- It is essential for Mekdim to separately document target beneficiaries and operational areas as per their distinct donor agencies. This would enable the implementing agency, donating organisations, and other stakeholders to successfully track changes and find out who it is attributable to, etc.

## Save the Children Sweden in Eastern and Central Africa

Save the Children Sweden started working in Eastern and Central Africa in 1965. It has offices in Addis Ababa, Ethiopia; Nairobi, Kenya; and Khartoum, Sudan. Save the Children Sweden has long-term child-rights based development programmes in Ethiopia and Sudan, and it supports local partners in Kenya, Eritrea, Somaliland and Uganda.

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All of the work in the region focuses on children's rights, and tackles issues that affect marginalised children. The

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Save the Children fights for children's rights. We deliver immediate and lasting improvements to children's lives worldwide.

Save the Children works for a world;

- which respects and values each child.
- which listens to children and learns.
- where all children have hope and opportunity.

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**Save the Children**  
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