

***INDIRA GANDHI NATIONAL OPEN UNIVERSITY***

***SOCIAL WORK MASTERS PROGRAMME***

***THE ROLE OF NON – GOVERNMENTAL ORGANIZATIONS***

***IN ALLEVIATING THE PROBLEM OF ORPHANS AND***

***OTHER VULNERABLE CHILDREN (OVC)***

***IN AMHARA REGION NORTH SHOA IN DEBRE BIRHAN TOWN***

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## **CHAPTER ONE**

### **INTRODUCTION**

Orphans are these children who have no parents. If children have no parents, they face different problems. The problem of orphans and other vulnerable children has become the most serious issue currently in most countries including Ethiopia. For this reason, a lot of governmental and non-governmental organizations are participating to solve this serious problem, so the major concern of this study is to make an investigation into the role of non-governmental organizations (NGOs) in alleviating the problem of orphans and other vulnerable children (OVC) in Debre Birhan town in Ethiopia.

Hence, the introduction part of this thesis gives highlights about the role NGOs in alleviating the problem of orphan and other vulnerable children. The brief introduction includes the background of the study, the nature of the problem, the objectives and significance of the study, the scope of delimitation of the study and limitation of the study area, which are clearly presented sequentially here under.

#### **1.1 BACKGROUND**

Worldwide, about 2.2 billion children lived in 2005, (Shah, 2010). Out of these; one billion are living in poverty, 121 million lacked education, 12 million died from lack of access to safe drinking water and adequate sanitation, 2.2 million died from poor health service and 15 million children are orphaned due to HIV/AIDS.

In the developing world, Jolia (2010) explains that there are 132 million children who lost one or both of their parents, 25 million were orphaned by HIV/AIDS alone by the year 2009. Moreover, one billion children are currently living in poverty; over 9 million children are dying annually of preventable diseases and malnutrition and 77 million children are out of school, 44 million of these are girls.

According to the report of UNICEF (2006) in Ethiopia, orphans and other vulnerable children face a number of challenges, including finding money for school fees, food, clothing and access to basic health care. Their desperation make them more vulnerable to abuse and exploitation.

In today's world the role of non-governmental organization is becoming a high – profile agenda which influence political, economic and social policies of almost all counties of the world and is highly related to the well being of the poor and vulnerable groups of the society. It is undeniable fact that non-governmental organizations (NGOs) are said to have a pivotal role in alleviating the plight of vulnerable groups, reducing poverty and strengthening democracy.

The existence of non-governmental organization in Ethiopia is not a new phenomena rather it has long history in the form of self help system. Despite this, there is little written information on these systems. As Sisay (2002) explains, the emergence of modern, formal and non-government organizations (NGOs) is of recent phenomenon.

About 60% of the urban dwellers live under extreme poverty, poor sanitation, and lack of education and high prevalence of HIV/AIDS (CHAD-ET, 2009). Due to this and other factors, the number of children who become orphan vulnerable children has been increasing from day to day. Debre Birhan town in Ethiopia is also one of the worst slum areas. Hence, the role of non-governmental organizations in alleviating the problem of orphans and other vulnerable children is significant. Therefore, the study tries to analyze the role of non- governmental organizations in minimizing the problem of orphan vulnerable children and problems they encounter in alleviating the problem.

## **1.2 STATEMENT OF THE PROBLEM**

Debre Birhan town is found in Amhara National Regional State North Shoa Zone. In this town, the number of orphans is dramatically increasing due to various reasons. According to the report of Ministry of Health (MOH, 2007) in

Ethiopia there are 5,453,313 orphans and among these, 855,720 children are orphaned due to HIV/AIDS. In addition as Tsegaye (2001) explain there were around 150,000 – 2000,000 street and 2.7 million disabled children found in Ethiopia. The children are very vulnerable to exploitation and abuse and typically have no legal or social support.

Debre Birhan towns has a very congested settlement pattern with enormous social and economic problems like, poverty, poor sanitation, lack of education and HIV/AIDS. There are large numbers of orphaned and others vulnerable school aged children in the target area that roam and sleep along the streets deprived of the right to have education mainly due to poverty, AIDS, child trafficking and permanent disability of their family heads. Street children, are involved in theft in the town.

In general, in the town orphan and other vulnerable children do not have access to basic right such as access to proper care, food, education, health, psychological support and supervision.

Hence, since prevalence and effects of HIV/AIDS, unmet social services, child abuse, exploitation and the like makes thousands of children to be parentless the number of children who are vulnerable is increasing from time to time and this brings a big challenge to the society. Then, failure to support children especially the OVC will have a very negative effect on the society, regional and national development.

Since the problems related to OVC could not be solved by the government alone. A lot of non- governmental organizations are participating in alleviating the problem of orphans in may countries including Ethiopia. As far as Debre Birhan town is concerned there are a lot of OVC on one hand and NGOs working on supporting these orphans on the other hand.

The purpose of conducting this study therefore, is to assess the role of NGOs in alleviating the problem of orphans and other vulnerable children in Debre Birhan town.



### **1.3 OBJECTIVES OF THE STUDY**

The objectives of this study is to seek a better understanding about NGOs in alleviating the problem of orphans and other vulnerable children through examining trends and actual condition in Debre Birhan town and to strengthen the performance of non- governmental organizations.

The main objective of this study is to assess the role of non- governmental organizations in alleviating the problem of orphans and other vulnerable children in Debere Birhan town.

#### **1.3.1 SPECIFIC OBJECTIVES OF THE STUDY**

The specific objectives of the study are;

1. To gather information on the basic services delivered by the non-governmental organizations to orphans and other vulnerable children.
2. To identify the type and the numbers of OVC that are getting service by non- governmental organizations (NGOs).
3. To examine achievements of non-governmental organizations in alleviating the problem of OVC.
4. To assess the level of coordination among non – governmental organizations and different stakeholders in alleviating the problem of OVC.
5. To forward some possible recommendation, to improve the participation of NGOs in alleviating the problem of orphans and other vulnerable children.

#### **1.4 SIGNIFICANCE OF THE STUDY**

This research is expected to have the following importance

- The study will serve as an input for non – governmental organizations and make them to perform their activities effectively.
- It may help NGOs to have better awareness about the condition of services delivery to OVC.
- It may help NGOs to give comments and make research for the development to alleviating the problem of OVC by suggesting proper recommendation.
- The study will also be important in giving relevant information about the role of NGOs in alleviating the problem of OVC and for others who want to study further as a model or reference.

#### **1.5 DELIMITATIONS OF THE STUDY**

The scope of the study was delimited to assess the registered local NGOs focusing on OVC operating in Debre Birhan town in Ethiopia and the orphans and other vulnerable children in the study period or the beneficiaries in the age 0-18

#### **1.6 LIMITATION OF THE STUDY**

The researcher would encounter same limitations while conducting the study like lack of experience, unable to get reference materials and skilled social work professional in the study area and shortage of time.

**CHAPTER TWO**  
**REVIEW OF RELATED LITERATURE**  
**NON GOVERNMENTAL ORGAZIATION**

**2.1 MEANING AND TYPE OF NGOs**

In this section, first it is better to see the meaning and role of NGOs.

The term “NGO” include all nonprofit organizations that are independent of the state. It advocates the provision of services relating to economic and social development, human right, public welfare or emergency relief or NGOs are a voluntary grouping of individuals or organizations, which are autonomous, non – political and non – profit sharing, organized either locally, nationally or internationally for the purpose of enhancing the legitimated economic, social and /or cultural development or lobbying or advocating on issues of public interest or organizations (NGOs Act, 2009, cited in UNDP, 2006).

NGOs are intermediary institutions such as professional associations, religious groups, and foundations, community-based organizations, faith-based organizations, labor unions, citizen advocacy organizations that give voice to various sectors of society and enrich public participation in democracies. (UNDP, 2006).

**2.2. CHARACTERSTICS OF NGOs**

The main characteristics of NGOs which are related to this topic are voluntarism and plurality. NGOs vary from small membership organizations mainly engaged in self-help activities to large and medium scale organizations engaged in all sorts of services, development and advocacy activities (Bothwell, 1997 and Perlas, 1999 cited in Bahilu, 2008). Accordingly, they exhibit differences in their style of organizations, internal democracy and level of membership’s participation. However, voluntary membership and participation is one of the important characteristics of NGOs.

NGOs are not a uniform and homogeneous groups of organizations. On the contrary, NGOs are a myriad of particular interests, which have an organizational form or an organizational expression. They may act as integrated or disintegrated elements (Marcussen, 1996 cited in Bahilu, 2008).

### **2.3 ORPHANS AND OTHER VULNERABLE CHILDREN (OVC)**

Children are considered highly vulnerable and more likely to fall ill for mild infections and die of the consequence especially in the poorest communities, where one child in four dies before reaching the age of five (Smart, 2003). “The degree and type of vulnerability faced by children are shaped by the risk and stress characteristics (such as magnitude, duration, frequency and history) to which they are exposed and this tends to vary between countries and over time” (Subbarao and Coury, 2004:P.2).

According to Skinner (2006) “The loss of parent through death or desertion is an important aspect of vulnerability”. (Viewed 12 February 2011). The special category of children who are victims of or susceptible to the mentioned problems are categorized as OVC. Included in this category are orphans, abandoned children, street children, handicapped children as well as child soldiers. Regards to Subbarao and Coury (2004) this category of children are most at risk of facing increased negative outcomes compared with the “average” child in their society.

Though there is no single agreed definition of OVC (Smart, 2003), in Ethiopian context, OVC are those who face higher risk than their local peers of experiencing. The risk that OVC face more often than others are early death, poor health, lack of education, deprivation, abuse, neglect and exploitation (MOLSA, 2000).

A vulnerable child is a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a

particular condition and who is found in a situation that precludes the fulfillment of his or her rights (MOWA, 2009).

In Ethiopia, the following are categorized under OVC

- A child who lost one or both parents (orphaned);
- A child whose parent(s) is/are terminally ill and can no longer support the child;
- Destitute children- parent(s) can not support the child due to poverty;
- Street children;
- Abandoned children;
- A child exposed to different forms of abuse, violence and /or exploitation;
- A child in conflict with the law;
- Female headed or child headed households;
- A child with disabilities;
- Unaccompanied children due to displacement;
- Child labor;

#### **2.4 SOCIAL PROBLEMS OF OVC**

OVC face high prevalence of social problems such as prostitution, sexual abuse, exploitation, addiction with chat, shisha, alcohol and involvement in different types of crime (save the children, 2005). The main problems of OVC in the society are sexual abuse and lose their parents by the coves of HIV/AIDS.

HIV/AIDS pandemic is creating child welfare and rights crisis of unprecedented proportions. The survival and development of tens to millions of children is increasingly at risk. More than thirteen million children have lost their mothers due to AIDS and an even larger number are estimated to have lost their fathers

(Foster, 2001). The number of orphan children by AIDS is expected to increase in the coming years. In addition to the orphans, HIV/AIDS is making million of additional children vulnerable, including those whose parents are seriously ill, those in poor households that absorb orphans, those living in communities severely impoverished due to AIDS, and many others. The figure shown below illustrates the problem of children due to the spread of HIV/AIDS.

Experience with much large – scale international development assistance shows that it has often been poorly targeted and produced little impact at community level with extremely low levels of resources in proportionate terms reaching the poorest. Increasingly donors are recognizing that the most sustainable and cost-effective efforts to protect, support and assist orphans and other children made vulnerable by AIDS are those initiated and carried out by grassroots community groups (Foster, 2001). These groups include informal community initiatives, CBOs with voluntary membership, local NGOs with one or more staff who receive a full or partial salary, and religious groups.

## **2.5 NGOs and OVC**

Children form a future generation of a society and they have to be safeguarded not only by institutions established by the government but also by the public and NGOs working in the area (Kalmera and Sameji, 1998). As the problem of OVC are deep and diverse in nature. It is difficult to alleviate these deep rooted problems by government alone rather it needs the involvement of NGOs. Hence, participation of NGOs is important in alleviating the plight of OVC.

## **2.6 THE INTERNATIONAL LEGISLATIVE POLICY AND LEGAL FRAMEWORK**

Non governmental organizations (NGOs) have been established as a response to problem of OVC in Sub-Saharan Africa. Communities provide far more services and support for children affected by HIV/AIDS than government ministries, donors, or international NGOs (Gosling, 2005 cited in Foster, 2010). In

Tanzania, NGOs were trying to alleviate the plight of OVC by providing food, clothing and education assistance (WE, 1993 cited in Foster, 2010).

Most countries in the world have several policy instruments and pieces of legislation that relate to the rights, protection, care and support of children. Existing legislation needs to be reviewed and revised to reflect current international standards and address the challenges posed by HIV/AIDS regarding the rights of children. Most importantly, there must be effective structures for the implementation and enforcement of new and revised legislation (NUICEF, 2004).

Legislation that supports the care and protection of OVC includes:

Prohibiting discrimination in health care, schools, employment or other based on actual or presumed HIV status, providing placement and guardianship for children who lack adequate adult care, ensuring women's rights to own property and hold jobs, protecting the inheritance rights of orphans and windows as well as children against abuse, neglect sexual contact with adults children who live on the street eliminating the worst forms of child labor.

Accessing health care, attending school and developing policies that encourage and support family- based placements for children without adequate family care and establishing specific standards for alternative care of children without family support (UNICEF, 2004). Globally, the Convention of the Rights on Child is the principal framework to guide action on behalf of children. As such it is the single most important reference point conferring OVC. The relevant of the convention are

- Article 6 recognized that every child has the inherent right to life.
- Article 8 concerns the right of a child to preserve his or her identity, including name and family relations.
- Article 9 concerns a child's right not to be separated from parents

- Article 12 recognized a child's rights to freedom of expression and to be heard in any proceedings that concern him or her.
- Article 16 concerns a child's rights to be free from arbitrary attacks honour or reputation (Stigma).
- Article 17 recognized the right of access to appropriate information.
- Article 18 recognized the responsibility of the state to support parents and legal guardians in their child-rearing responsibilities and to develop services for the care of children.
- Article 19 concerns the protection of children from abuse, neglect, maltreatment or exploitation.
- Article 20 concerns the responsibility of the state to provide special protection for a child deprived of his or her family environment.
- Article 21 addresses safeguards regarding adoption.
- Article 24 recognizes the right of children to the highest standard of health and acceded to health services.
- Article 25 concerns the periodic review of the situation of a child who has been placed in care.
- Article 27 recognizes the right of children to an adequate standard of living.
- Article 28 concerns the right of every child to education.
- Article 31 recognizes a child's right to rest, leisure, play and recreation.
- Article 32 recognizes the protection of children from economic exploitation.
- Article 34 concerns the protection of children from sexual exploitation and abuse.



## **2.7. THE ETHIOPIAN LEGISLATIVE AND POLICY FRAMEWORK**

The Ethiopian government ratified and endorsed the Child Rights Convention (CRC) on 9 December 1991 and has included the child rights convention articles into the 1995 Federal Democratic Republic of Ethiopia (FDRE) Constitution. Among the articles of the Constitution, article 36 focuses on the legal protection of children and the CRC. Thus, article 36 reads as follows:

*“Every child has the following rights: The right of life, the right to obtain name and nationality, the right to know and be cared for by his/her parents or legal guardians, the right to be protected from labor exploitation and not to be forced to undertake work that may harm his/her education, health and well-being, the right to be free from harsh or inhuman punishments that may be inflicted on his body. In schools or child care institutions.”*

The Ethiopia National Plan of Action (NPA) is one of the major plans focused on improving children’s lives in the country. MOLSA drafted this National Plan of Action in collaboration with concerned organizations for the year 2003-2010 and beyond.

The NPA emphasized on the principles of putting children first, eradicate poverty, leave no child behind, care for every child, educate every child, protect children from harm and exploitation, protect children from war, listen to children and ensure their participation. The major components of the NPA are; providing quality education, health facilities, clean water and sanitation, and food and nutrition, combating HIV/AIDS, and protecting children against abuses, exploitation and violence (Mekedes and Tsegaye, 2006).

In addition to the Government, various NGOs as well as some public celebrities have played essential roles in advocacy for respecting the basic rights of children in general and OVC in particular.

### **2.7.1 Key Strategies in Ethiopia**

The five strategies outlined below are intended to target key action areas and provide operational guidance to governments and other stakeholders as a response to the needs of orphans and other vulnerable children. Pursuing these strategies within the context of national development plans will play key role to the achievement of goals established at the Millennium summit and at the UN Special Session on HIV/AIDS (UNICEF, 2004).

The strategies represent evolution of those presented in Children (Brink, 2002). Strengthening the capacity of families and communities continues to be of central importance. However, increasing access to services has been given greater prominence and will require the leadership of governments as well as support of nongovernmental, faith- based and community based organization. These strategies are to be implemented hand in hand with efforts to prevent to further spread of HIV, the loss of parents to AIDS and other causes of child vulnerability.

The strategies are

1. Strengthen capacity of families to protect and care for OVCs by prolonging the lives of parents and providing economic, psychosocial and other support.
2. Mobilize and support community- based responses.
3. Ensure access for OVCs to essential services, including education, health care birth registration and other.
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.

5. Raise Awareness at all levels through advocacy and social mobilization to create supportive environment for children and families affected by HIV/AIDS.

## **2.8. THE NATIONAL (ETHIOPIAN) GUIDELINES ON ALTERNATIVE CHILD CARE**

Despite legal provisions and favorable policy frameworks in Ethiopia, the underlined risk factors endangering children specifically in their early ages are far from being well addressed (Mekedes and Tsegaye, 2006)

Addressing the root problems requires integrated efforts of government, NGOs, FBOs and CBOs. One of the measures taken concerning the care and support of OVC is the joint program of the Ministry of Labor and Social Affairs and Italian Development Cooperation on drafting of the National Guidelines on Alternative Child care programs to be implemented under:

1. Child care institution.
2. Community- based child programs,
3. Foster family care programs,
4. Child-family reunification programs and
5. Adoption programs.

**2.8.1 Objectives and principles of the Guidelines:** The main objectives include upgrading the existing services of childcare institution, set regulations for service provision as well as requirements for establishment of childcare institutions, define optimal level of performance of practice on institutional childcare so as to achieve standards of excellence and create favorable conditions for efficient monitoring and evaluation of the services in childcare institution.

The principle of the guideline are based on the UN Convention on the Right of Children, Preamble articles 3, 12, 20 and 27, which is concerned with the responsibilities of state parties in supporting children under intricate situation.

The guidelines included the fulfillment of the child’s psychosocial needs in addition to the physical standardizations of the institutions.

Numerous organization in Ethiopia provide services to OVC; most have focused on increasing access to social services to reach as many children as possible. A situational analysis in 2007 found out that OVC service providers offered widely varying services, , and there was little evidence to show that these services were making a measurable difference in the lives of those being served (USAID, 2009). Hence, to measure the role of NGOs, standard service delivery guidelines for OVC care and support programs were prepared (MOWA, 2010).

The Basic Needs of the OVC in Ethiopia with their standard service as well as desired outcomes are stated in the table below.

**Table 1. Basic Needs of the OVC in Ethiopia with their standard service as well as desired outcomes.**

<b>No</b>	<b>The standard service</b>	<b>Desired outcomes</b>
1	Food and Nutrition	Balanced food is available of OVC and in accordance with their age and need.
2	Shelter and Care	All OVC have adequate shelter and care, clothing and personal hygiene and adult care giver in accordance with community norms.
3	Health Care	Child has access to health services, including HIV and AIDS prevention, care and treatment.
4	Education	OVC is enrolled, regularly attends school and completes a minimum of TVET and preparatory education.
5	Psychosocial Support	OVC copes with loss and other trauma and has improved self esteem and self-efficiency.
6	Legal Support	OVC receives legal information and access to legal service as needed including birth registration and property inheritance plans. OVC are protected from all forms of abuses, violence and neglect.
7	Economic Support	Households caring for vulnerable children have sufficient income to care for children.

**Source: MOWA, 2010**

## **2.9 Research Gaps**

Many researchers have carried out research on OVC, needs of OVC and problems of OVC. These researchers have been also contributing to the preparation of national guideline on child alternative care and standard service delivery guideline programs to OVC care and support. However, to the researcher knowledge, research on the role of non- governmental organizations in alleviating the problem of OVC has not been done in Debre Birhan town.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1. METHOD OF THE STUDY**

A descriptive or exploratory type research design method was used in this study because as the main objective of the study is to assess and describe the role of NGOs in alleviating the problems of OVC and as such this research design was found to be preferable to make deeper description and analysis about the issue under consideration.

#### **3.2. SUBJECTS OF THE STUDY**

In the town there are about 19 locally registered NGOs. But this study focuses on NGOs based on their activities. These NGOs were involved in the alleviating the problems of OVC. There are about 8442 OVC out of those 2400 OVC are from 10-18 years of age the rest are bellow age 10. Therefore, the NGOs that focus on OVC and all beneficiaries from NGOs project in the town were taken as the total population of the study.

#### **3.3. DATA SOURCES**

The researcher used primary and secondary data sources.

The primary data were collected more specifically from questionnaires, interview and observation instruments.

The secondary data were collected from various documents such as, reports, published and unpublished books or written materials from library of AAU and internet websites. The researcher got documents from government organizations and NGOs standard service directly guideline for OVC care and support programs.

### **3.4. INSTRUMENTS AND TECHNIQUES OF DATA COLLECTSION**

The researcher for this research used questionnaires, interview and observation documents. According to the researcher these instruments are the most important instruments for gathering useful information about the role of NGOs in alleviating the problems of OVC or beneficiaries. The researcher used both open and closed questionnaires and interview to choose and to allow the respondent a variety of response option.

To collect the data the researcher distributed the questionnaires for respondents (NGO workers) and for OVC used interview specially and also observation employed in the study in which the researcher observed externally. Additionally reading or referring different documents or research materials made the researcher to conclude the results and give recommendation.

### **3.5. SAMPLING TECHNIQUES**

In this study, both probability and non-probability sampling techniques were used. Non-probability sampling techniques specially quota sampling was used to collect OVC only with the age of 10-18 then simple random method of probability sampling was used to select those OVC respondents by using the lottery system from the age group specified.

The researcher has chosen this method because it gives equal chance to every respondent. Regarding, selecting sample from NGOs, non-probability sampling specifically purposive sampling was employed. Since, those NGOs have direct relation to OVC.

### **3.6. SAMPLE SIZE**

#### **A. SAMPLE SIZE FOR OVC**

For the purpose of this study, all OVC (from age 10-18) from NGOs projects in the town were taken as the population of the study. Set a formula to determine the sample size from population by specified margins of errors (Cochran, 1997, P.18 cited in Mesfin, 2010). Then by considering the level of acceptable error at 7%, the sample size required for this research was determined by

If  $N < 10,000$  (if total population less than 10000) then, sample size  $(n) = Z^2 pq/d^2$ ,

$$f_n = n/1+n/N$$

Where,  $N$  = population size (the number of beneficiaries)

$Z$  = the standard normal deviation of 93% (level of confidence is 1.81)

$P$  = the proportion in the target population estimated to have characteristics being measured (0.5)

$q$  =  $1-p$  the proportion in the target population estimated not to have characteristic being measured (0.5).  $d$  = the level of statistical significance set 7% margin of error.

Therefore assuming that the proportion of the OVC is 0.50, the  $Z$ - statistics is 1.81 and the desired accuracy of the 0.07 level.

$$N = Z^2 pq/d^2 \text{ where, } 1.81, p=0.5, q=1.05 \text{ and } d=0.07 \text{ is}$$

$$N = (1.81)^2 (0.50) (0.50) / (0.07)^2 = 167$$

Then, the sample size for the population less than 10000 would be:

$$f_n = n/1+ n/N, f_n = 167/ (1+167/2400) = 156$$

Hence, from the 2400 population 156 samples were drawn as a sample random sampling technique was used.



## B. **SAMPLE SIZE FOR NGOs**

By using purpose sampling techniques the researcher selected, 14 coordinaters and 14 social workers from NGOs that have direct relations with OVC in the town were taken as a sample. NGOs provide care and support for OVC in the town are Semen Showa Tesfa Berehan (CFDA), kids care for the poor Debre Berhan project office, school partnership serving OVC affected by HIV/AIDS of primary school project (SCOPCO), Addis Kidan, Almaz AShine and Kale Hiwot Bete Christian (Church) where taken as a sample. Generally, 156 OVC and 28 social workers were participate for this research.

### **3.7 TECHNIQUES OF DATA ANALYSIS**

Both quantitative and qualitative methods of data analysis are employed because the data are collected numerically and categorically. The primary and the secondary data are gathered through questionnaires, interview and observation analyzed by using to facilitate the interpretation of the result of the data analysis.

### 3.8 Conclusion

**Table 2 summary of the methodology**

No	Methodology	Techniques
1	sample design	descriptive (exploratory) types
2	source of data	primary and secondary data
3	sampling techniques	probability and non –probability
4	➤ population	2400 ovc,78 social workers
5	sample size	156 ovc, 28 social workers
	• 156 ovc	Interviews
	➤ 28 peoples from 7 non-governmental organizations	questionnaire
	➤ Check accessibility of basic services	observation
6	data collection methods	questionnaire interview and observation
7	data analysis	tables figers

**Source; researcher field survey , 2013**

## **CHAPTER FOUR**

### **ANALYSIS AND INTERPRETATION OF DATA**

#### **4.0. Introduction**

This study focused on the role of NGOs in minimizing the problem of OVC in Debre Berhan town. The analysis of the data and discussion of the findings was organized and presented in to three major sections. The first section includes the interview results of OVC that consists of responses regarding the family condition, basic services they have got, years of support given to OVC , type of child alternative care, and access to level of improvement in OVC life, weakness of NGOs and solutions to avoid the weakness. The second section includes analysis and discussion of questionnaire results of officials of NGOs. The last section presents the analyses of observation that focused on the accessibility of basic services OVC.

#### **4.1. Response Rate**

Table 3 Response Rate

No	Subject	Techniques	Sample Size	Response	Response Rate
1	OVC from age 10-18	Interview	156	156	100%
2	NGO officials	questionnaire	28	28	100%

Source: Researcher Field survey, 2013

***The result of the data collected through interview questionnaires are presented below.***

#### **4. 2. Interview questions for OVC**

**Table 4. FAMILY CONDITION OF RESPONDENTS**

<b>Category</b>	<b>No of respondents</b>	<b>Percent</b>
Both father and mother dead	61	39.1%
Father alive but mother dead	26	16.7 %
Mother a live but father dead	23	14.7 %
Both mother and father alive with health problem	34	21.8 %
Others	12	7.7 %
Total	156	100 %

**Source: - Researcher Field survey 2013**

According to the table above indicated, the majority of the OVC 39.1 percent included in the survey were orphans, out of those 16.7 percent lost their mother and 14.7 percent lost their father but 21.8 percent of children are living with their parents but they are poor/destitute children, street children child labor and disabled respectively.

According to Skinner (2006) “The loss of parents through death or desertion is an important aspect of vulnerability.” The special category of children who are victims of or susceptible to the mentioned problems are categorized as OVC. Included in this category are orphans, abandoned children, street children, handicapped children as well as child soldiers.

**Table 5. Years of support given to OVC**

<b>Category</b>	<b>Number</b>	<b>Percent</b>
0-2	68	43.6 %
3-5	41	26.3 %
5-7	33	21.2 %
Above 7	14	8.9 %
Total	156	100 %

**Source: Researcher Field survey, 2013**

As the table above indicates, out of the total respondents the majority 43.6 percent respondents got for 0-2 years support 26.3 for 3-5 years support. 21.2 percent for 5-7 years support while the last is responded a support for above 7 years.

**Table 6 Types of child alternative care**

<b>Category</b>	<b>No of respondents</b>	<b>Percent</b>
Economic support	32	20.5%
Education	84	53.8%
Psychosocial support	4	2.6%
Food and nutrition	22	14.1%
Health	14	8.9 %
All		
Total	156	100 %

**Source: Researcher Field survey, 2013**

According to the standard service delivery guideline (MOWA, 2010) this type of community based services given to the OVC includes food and nutrition, shelter and care, health, education, legal as well as psychological and economic supports. Then respondents have been asked the types of services they have got from NGOs. Hence, the responses of the OVC i.e 53.8 percent has obtained educational support 20.5 percent got economic support, 2.6 percent got psychological support 14.1 percent are getting food and nutrition and 8.9 percent are getting health support.

According to the table, there is no any child that got all the standard service or the seven basic needs especially psychosocial support. Most the agency efforts

are exerted in material support rather than attitude of behavioral change but most of the students are getting economic support, education, food, nutrition. As I understood most of local NGOs projects in the town are based on a short term basis rather than sustainable way.

**Table 7 Level of Improvement in OVC Life**

<b>Category</b>	<b>No of respondents</b>	<b>Percent</b>
Yes	19	12.18%
No	103	66.03%
Partially	24	15.4%
I don't know	10	6.4%
Total	156	100%

**Source: Researcher Field survey, 2013**

Concerning OVC interview results, the majority of the respondents 66.03 percent responded that, their life do not show improvement. The rest 12.18 percent responded that their life show improvement, the others 15.4 percent show partially improvement and the rest 6.4 percent of respondents didn't understand (Know) their life improvement.

#### **4.2.1 THE WEAKNESS OF ORGANIZATIONS**

The OVC put the major weakness or shortcomings of their organizations. According to the OVC respondents, the support is not sustainable, didn't contain all basic needs and also didn't reach at right time to the child and some times there was discrimination by volunteer care givers.

Some OVCs, get support from more than one NGOs, shortage of fund /money/, lack of clarity in selection of OVC some children are getting service without fulfilling the criteria of OVC (the children who have healthy and rich parents), the agencies project focuses /based on their own interest rather than OVC interest, shortage of office lack of coordination, or lack of psychosocial support because of that the OVC themselves drop out from school or education, training. According to the OVC, the behavior of the agencies workers is not good for OVC.

#### **4.2.2 The solution to avoid the weak side of the NGOS**

Of course the NGOs in the town are giving service to minimize the problem of OVC. A lot of children are getting education, economic, sometimes food and nutrition, health and psychological support from NGOs. However, according to the OVC response that mentioned the weak side or face challenges in alleviating the problem of OVC earlier in question number 4.2.1 the NGOs are giving service with their problems. Therefore, according to the OVC response, the solution to minimize or to avoid the weak side of the organization they must provide care and support with full basic needs at the right time to OVC, the behavior of the social workers should be good for OVC, they must give advice or counseling. The OVC (psychological support) in order not to drop out from education training the beneficiaries also participate in any implementation of NGOs project, the organizations project should focus on the basis of OVC interest.

### 4.3 Questionnaire for NGOs

**Table 4 Number of OVC in the organizations.**

Table 4 List of NGOs

List of NGOs operating in Debre Berhan town, focusing on OVC

No	Name of the NGOs	Focus Areas	NO of OVC
1	Semen Showa Tesfa Berehan (CFDA)	community based support programme for OVC	2414
2	Kids Care For the Poor Debre Berhan Project	community based care and support for OVC	2331
3	School Partnership Serving OVC affected by HIV (AIDS) of Primary School Project (SCOPCO)	HIV/ AIDS prevention. Food and Education Support Programme for OVC	198
4	Addis Kidan	Community based care and support for OVC	1352
5	Almaz Ashine	Community based (Women and OVC) based Support	143
6	Kala Hiwot Bete Christian (Church)	Food and Education Support for OVC	1004
Total			8442 (0-18 age)

**Source: researcher field survey, 2013**



The different NGOs in the town are Semen Showa Tesfa Berehan (CFDA), Kids Care For the Poor Debre Berhan project, School Partnership Serving OVC affected by HIV/AIDS of primary school project (SCOPCO), Addis Kidan, Almaz Ashine and Kale Hiwot Bete Christian (Church) are giving service from 0-18 age group or children. Each agency has its own number. According to the above table, Tesfa Berehan 2414 Children, kind care 2331 OVC, School Partnership 198 OVC, Addis Kidan 1352 OVC, Almaz Ashine 143 OVC and Kale Hiwot 1004 OVC. Generally there are 8442 orphans and other vulnerable children are getting service in the organizations.

#### **4.3.1. The criteria to select the orphans and other vulnerable children in the organizations.**

NGO respondents responded that, orphans are children who have no parents and also the children who have no father or mothers. Children's mother and father alive with health problem, destitute children (family situation), health condition, disability, street children, and economic status are criteria to select the orphans for the organizations. Based on these criteria the organizations give a chance for Kebeles to select OVC.

The kebele chairman and other committee members in each kebele select and register the names of OVC in the kebeles and transfer their names in to non governmental organization offices. Based on that the NGOs give service to minimize the problem of OVC.

#### **4.3.2 PROFESSION OF THE NGO WORKERS**

According to the NGO workers response, almost all the NGO coordinators or those working as social workers are not qualified social work professionals but they claimed to have more experience in social work activities.

According to the researcher social work profession is a heart or an interest profession. It is a helping or problem solving profession. Therefore, any individual can help the clients but if they are not qualified social work

professional, they can't give professional services or it may be they can't be effective, so if the social workers are social work professional, they can give better service for their clients.

**TABLE 5: BASIC SERVICES OF NGOs IN DEBRE BERHAN TOWN**

No	Name of the NGOs	The standard Basic Services						
		food and Nutrition	Shelter and care	Health care	Education	psychosocial support	legal support	econom ic support
1	Semen Showa Tesfa Berhan (CFDA)			✓	✓	✓		
2	Kids care for the poor Debre Berhan Project	✓			✓		✓	✓
3	School Partnership Serving OVC affected by HIV/ AIDS of primary school project (SCOPCO)			✓	✓			
4	Addis Kidan	✓			✓			✓
5	Almaz Ashine		✓			✓	✓	
6	Kale Hiwot Bete Christion (Church)	✓			✓			✓

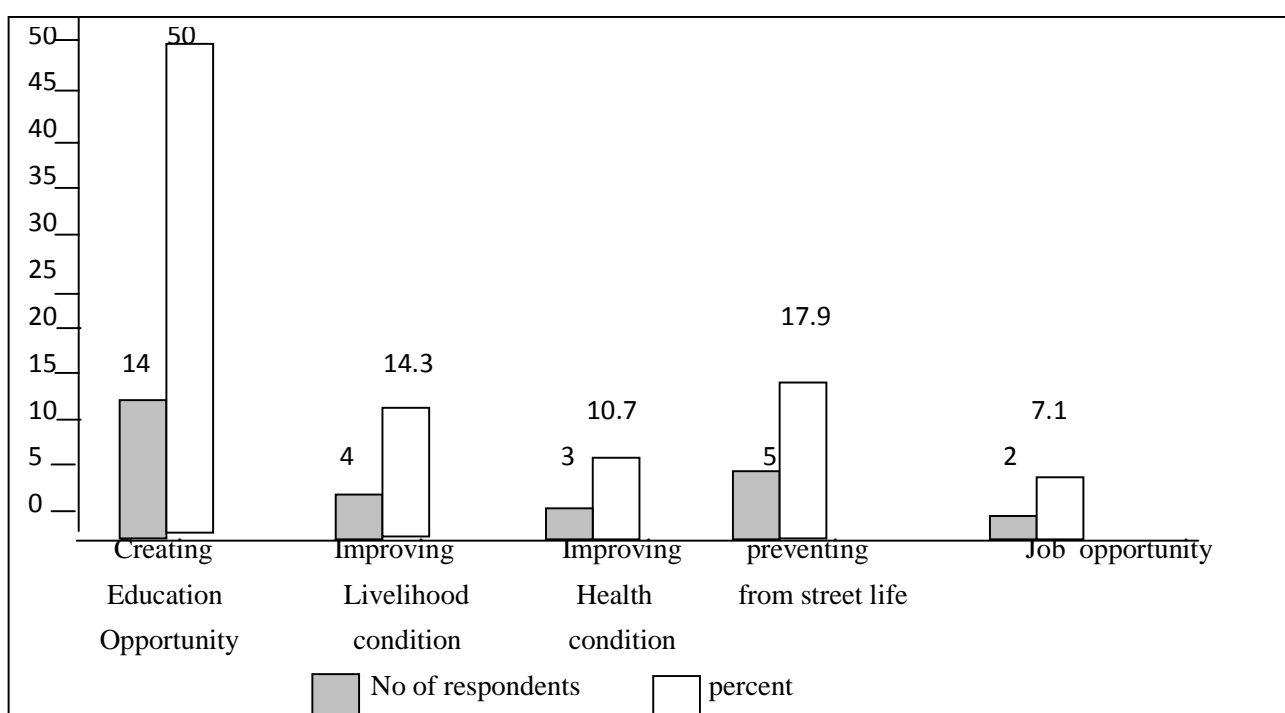
**Source: Researcher field survey, 2013**

According to the table above, among 6 NGOs is Debre Berhan town 5 organizations i.e 83.3 percent of organizations are giving educational support to OVC and 3 (50 Percent) of NGOs are giving economic and food are nutrition support. The rest 2(33.6 percent) of NGOs are giving health, Psychosocial and

legal support but only 1(16.6 percent) of organization is giving shelter support. NGOs should create opportunities to OVC to be self supportive, engaging them in any activities appropriate and favored by them i.e help the clients to help them selves.

NGOs are non profit organization that are independent of the State. It advocates the provision of services relating to economic and social development human right, public welfare or emergency relief (UNOP, 2006)

Fig 2 Achievement by NGOs



**Source: Researcher field survey 1213**

Concerning the NGO workers, the NGOs in the town are giving services with some short comings to minimize the problem of OVC. However, the NGOs have good impact in alleviating the problem of OVC. From the above figure shows that, majority (50 percent) of the respondents respond NGOs had achievements by creating education opportunity, by improving livelihood condition 14.3 percent and by improving health condition 10.7 percent. The rest 7.1 percent were creating job opportunity to parents guardians of OVC

Currently majority of local NGOs participating in alleviating the problem of OVC by building the capacity of CBO (Iddirs) to provide care and support of OVC in a sustainable manner. In addition, to reduce the cause of OVC, they are creating awareness as to how to prevent HIV/AIDS. However, it shows that more effort is expected.

#### **4.3.3 PROBLEMS (GAP) OF NGOs**

The respondents (the NGO workers) have put the major problems of the NGOs. According to the respondents, most efforts are exerted in material support rather than psychological support.

The support is not sustainable, didn't contain all basic needs even didn't reach at right time to the right child. (Food support is given in 3 or 4 months interval). Even some agencies didn't give any food for OVC, shortage of fund, lack of clarity in selection of OVC, even some children registered in different NGOs as OVC and they are getting services form different NGOs. This also created duplication of efforts in the agency and dependence on VOC. lack of professional social workers (shortage of skilled man power) because of that problem of co-ordination i.e lack of coordination with governmental organization and different responsible bodies, falling up status of beneficiaries (children) in health, and economic condition.

#### **4.3.4 THE SOLUTION TO AVOID THE MAJOR PROBLEMS (GAPS) OF NGOs**

According to the NGO workers it is best at least the coordinators /process leaders of the NGOs to be qualified professional social workers, to have better awareness concerning the standard Guidelines of the service delivery of OVC i.e to exert the social workers effort to fulfill the basic needs of OVC including psychosocial and legal supports and to improve (change) the attitude of students towards learning even to protect dropout from education.

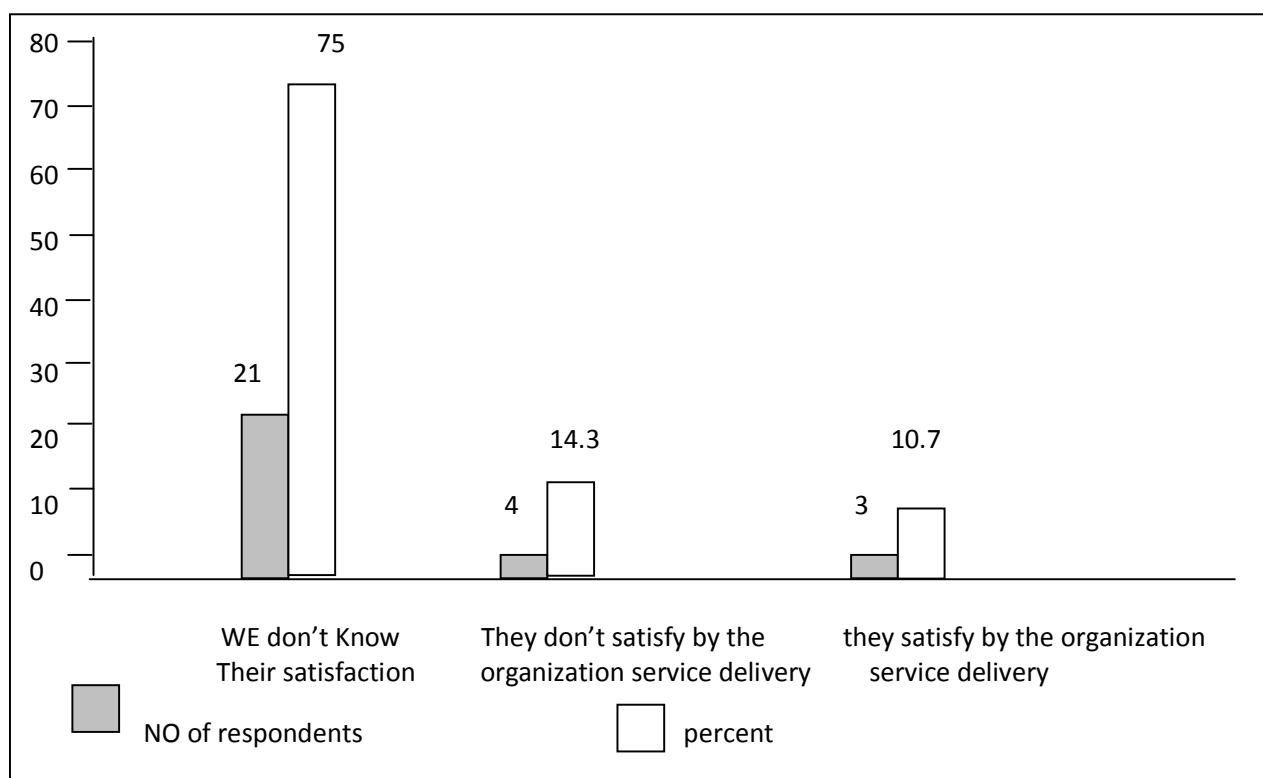
By improving their activities or service delivery and project proposal, improve the income of the NGOs.

The NGOs must work with kebele chair persons to avoid the duplication of efforts and to stop dependency of OVC by NGOs.

According to the researcher, to alleviate the problems of OVC high coordination among responsible bodies is essential. But in Debre Birhan town the level of coordination is weak and the beneficiaries also are not participating in any planning and implementation of OVC project.

All non profit organizations that are independent of the state must advocate the provision of services relating to economic and social development, human right, public welfare or emergency relief (UNDP, 2006).

**Fig. 3 SATISFACTION OF OVC BY THE NGOs**



**Source: Researcher field survey 1213**

Among social workers, 21 (75%) of the respondents responded that they don't know whether the OVC satisfied or not by the service delivery of the organization but 14.3 percent of respondents responded that, they don't satisfy by the organizations service delivery. The rest 10.7 percent responded that they satisfy by the organization. According to the researcher, most of the organization workers did not have discussion with their OVC whether they satisfied or not by the organization service delivery. Therefore, the relationship between the OVC and the organization workers are weak.

#### **4.3.5 UNDERSTANDING OF THE STANDARD GUIDELINE REGARDING THE BASIC SERVICES AND CHILD ALTERNATIVE CARE OF OVC**

According to NGO workers response, almost all the organization workers didn't know the standard guideline regarding the basic services and child alternative care of OVC. However, as they said, they are not qualified social work professionals. They simply give service based on the organization interest.

#### **4.4. FINDINGS**

The researcher tried to find out the problem and strength of NGOs through observation how much basic services (food and nutrition, shelter and care, education, health, legal as well as psychological and economic supports) were accessible to OVC. Concerning the accessibility of basic services of OVC in the town, the finding through observation guides revealed that out of 6 NGOs there is no one that provide all the seven basic services of OVC. However, almost all NGOs provide educational support by giving either school uniform or education material or both especially CF (child Fund). In addition, the researcher observed regarding food and nutrition, some NGOs provide food 50 kg wheat ones within 3 or 4months interval. Others give health services by allocating money with certain limit that enable them refer to other health institutions. The economic

support was given to parents or guardians of OVC in creating job opportunity for eligible beneficiaries in the form of income Generating Activity (IGA).

Regarding the NGO workers, the researcher observed from their documents there is no qualified social work professional. They graduated by other subject or professions. They have no enough awareness concerning the standard guidelines of child alternative care and basic services of OVC. The NGOs also have less networks (link) between the offices and with other stakeholders or governmental organization to minimize the problem of OVC.

#### **4.5. Interpretation and Discussion**

Children, a future generation need proper care and support to be a good citizen. Other wise the effect is worse to the community and the whole country. In this regard, the analysis tried to show the accessibility to the basic services particularly food and nutrition, shelter and care, education health, psychosocial, legal and economical support.

#### **Types of child Alternative care**

Regarding type of child alternative care, community based child support programs was the better opportunity to provide care and support to many OVC at a time with less cost and without separating from their parents or guardians and the community (Art 9 of CRC). This facilitates the opportunity of OVC to be good, hope full and happy children. However, most of the organizations support did not fulfill the needs of OVC

#### **Basic Services**

According to MOWA(2010) standard service delivery guideline for OVC care and support programs, there are seven types of basic needs /services of OVC in Ethiopia. Concerning the respondents that shows in table 5, 50 percent of the organization are giving economic support and 83.3 percent give education and 50 percent are giving food and nutrition and 33.6 percent give health

psychosocial and legal support but some OVC got three or four types of basic services. In addition according to table 7 12.18 percent responded that their life of the OVC show improvement and the other 15.4 percent responded to show partially improvement from NGOs care and support but 66.03 percent responded, that their life do not show improvement.

According to the respondents whatever the support they get from NGOs help them to live and learn in some extent otherwise it is difficult. However, in the current time the NGOs in the town do not deliver full basic needs to OVC. According to the guideline, to alleviate the problem of OVC provides care and support with full basic needs /services was crucial. Other wise it creates the opportunity to look another /additional NGOs to fill their needs. This also brings duplication effort, increase dependency and increase corruption.

### **Achievement of NGOs.**

Concerning the respondents, majority of NGOs 50 percent revealed that NGOs achieved by creating education opportunity, 14.3 percent improving livelihood condition, 10.7 percent improving health condition, 17.9 percent prevent form strict children life and 7.1 percent creating job opportunity of OVC and parents guardians. In current time majority of local NGOs are participating in minimizing the problem of OVC by building the capacity of OVC and others community based organizations to provide care and support to OVC in a sustainable manner. In addition, to reduce the causes of OVC, creating awareness how to prevent HIV/AIDS is very important

### **Challenges Faced by NGOs**

Non Governmental organizations are playing a great role in alleviating the problems of OVC in the town. However, most of the NGOs faced great deals of challenges. According to NGO workers response and the researcher findings observation, some of the challenges are shortage of fund, lack of skill man power/awareness/, lack of collaboration, lack of clarity in selection of OVC,



shortage of legal and psychosocial support, duplication of efforts, corruption by some NGOs and dependency of OVC and dropout of students from school,

NGOs mostly their fund is secured from abroad from donors since their project are for short period. Donors focus on their interest, wouldn't given fund due to inflation and economic crises. This shows NGOs face many challenges but from the researcher observation in the current time they are no the way to reduce the hindrances by focusing mostly on building the capacity of OVC.

### **Level of Coordination**

Regarding the level of coordination among NGOs, government organization and different stakeholders, there is no good integration among NGOs themselves and with others governmental organization.

According to the NGO workers response, 75 percent of the workers do not know whether their OVC satisfied or not satisfied by their service delivery even some OVC registered and were getting services from more than one NGOs. These situations according to the researcher bring duplication of effort, it can develop dependency of OVC on NGOs and can create problems to provide care and support to the needy of OVC Generally, the works of NGOs in the town is not monitored properly. The relation ships among NGOs and can corned bodies are lack of coordination, lack of hierarchal (network) system and also lack of effective mentoring and evaluation system.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATIONS**

#### **5.1 CONCLUSION**

The study was done by focusing on the role of Non-Governmental organization in minimizing the problems of orphans and other vulnerable children in Amhara Region North Shoa Zone in Debre Birhan town.

Based on questionnaires, interviewees and observation, the researcher got information about the role of NGOs in the town. The NGOs are giving service for OVC. The OVC in the town are getting some basic needs /services/ i.e educational, economical and sometimes food and health support. Prevented from street life and some got job opportunity the researcher also observed from the support of OVC in the document and in reality some students from OVC join higher education or university. Some OVC could be driven by getting training by the help of NGOs. Even most of the beneficiaries believed that they couldn't learn at all without the support of NGOs and some improved their livelihood condition. However, the finding of the study clearly indicated that, there are some shortcomings in giving care and support.

Of course any individual can help the clients but he/she can't be qualified social work professional. In the NGOs also almost all the workers are not qualified social workers. This also created some gaps in the roles of NGOs in the town i.e. they can't give professional services or they can't be effective because of lack of knowledge /awareness/ concerning the standard service delivery of OVC.

Regarding the level of coordination among NGOs, governmental organizations and different stakeholders, there is no good integration even among NGOs themselves and with other governmental organization.

According to the NGO workers response, 75 percent of the workers do not know whether their OVC satisfied or not satisfied by their service delivery. This also shows there is no relation ship /discussion/ between the NGOs and OVC. Only the NGOs also can not solve the problems of OVC.

NGOs mostly their fund is secured form abroad form donors since their projects are for short period. Donors focus on their interest wouldn't given fund due to inflation and economic crises. Therefore NGOs faced shortage of fund.

Based on the criteria only the kebele chairmen and others committed members in each kebele are responsible to select the OVC but according to the researcher findings, this responsibility only for kebeles chairmen lead those bodies toward corruption. They simply registered some OVC in different kebeles (NGOs) list to get services form more than one NGOs. This situation developed dependency of OVC in NGOs for NGOs also created duplication of efforts.

According to the social workers response and the researcher's finding, most of the time the NGOs workers exerted their efforts in material support rather than psychosocial or psychological support. However, some OVC is each organization dropout form school. They have no self confidence and also have bad behavior.

## **5.2 RECOMMENDATIONS**

The numbers of OVC is dramatically increasing due to spread of HIV/AIDS, Poverty, Child trafficking, disagreement of parents and so on in developing countries including Ethiopia. The problem of OVC in Debre Berhan town is also so complex. The government alone can not solve the problems. Based on the findings of the study and conclusion reached, the following recommendations were made.

- Almost all the social workers in the NGOs in Debre Berhan town are not qualified professional social workers. Therefore, the non-governmental organizations in the town should create an opportunity for their social workers to get training to skill up their power / to be social work professional / and to understand the guideline of OVC service delivery or to help the OVC in a sustainable way by fulfilling the basic needs of OVC i.e to minimize the number of OVC in the town, the organizations must create good awareness in the community about the spread of HIV/AIDS /to reduce the spread and to prevent HIV/AIDS and to prevent children from street life, to build the capacity of CBO(IDDIRS MAHIBER, IKUB....) and to create job opportunity to parents of OVC. In general, to provide care and support to OVC in sustainable manner, and the OVC to be good and hope full citizen, it is better to be qualified social work professional.
- Regarding the weak level of coordination among NGOs, government organization, CSOs (CBOs, FBOs) and different stakeholders, high collaboration and coordination among responsible bodies are essential specially, the NGOs are responsible to facilitate the activities that means to create a smooth link among NGOs and with others governmental organizations to work for one goal. But now the level of coordination is poor respectively even the NGO workers do not know whether their OVC satisfied or not satisfied by their service delivery, so to strengthening the capacity of NGOs and to provide good care and support in effective and

efficient way to OVC the NGOs need good collaboration or coordination with others organizations. Other wise the NGOs alone can not solve /minimize the problems of OVC in the town.

- One of the greatest challenge of NGOs in Debere Berihan town is shortage of find but according to the standard gridline, NGOs, governmental organization and others different stakeholders mist provide the basic needs to OVC by finding find from Donors and from others stake holders. NGOs also mostly their find is secured from abroad form donors since their projects are for short period. Donors also focus on their interest wouldn't given find due to inflation and economic crises. Therefore, to avoid the challenges /shortage of find in the town the NGOs and others stakeholders must need mobilization in the society to in crease find from local sources. They must use the natural resources properly, and create awareness to OVC to help themselves by avoiding dependency culture.
- To avoid corruption based on selection of OVC in each kebele, duplication of efforts in the NGOs and dependency of OVC is NGOs.
- Create link with the responsible bodies (different kebele committee members, NGOs and with governmental bodies) to participate in selection and preparation of lists in each kebele in the town and to follow up in selected OVC and provide the support based on the list.
- Create awareness in the community in clouding OVC to hate corruption and dependency of OVC/Tackle corruption by collaborating with the community/.
- All NGOs in the town are giving services for OVC especially educational service but according to the OVC response and the researcher findings, some OVC in each NGOs drop out from education, have no self-confidence by themselves even some OVC show bad behavior (they are addicted by drugs). Therefore, to avoid these problems the NGO workers:

- Must give psychosocial (psychological support to OVC in addition to material support.
- Create awareness in the society about the uses of education and disadvantages of drugs.
- Encourage/guide the OVC to strengthening their capacity and to have self-confidence.
- In general, according to the researcher all these recommendations are very important /vital/ to full fill the basic needs of OVC and to decrease the number of OVC in the town.

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## **Appendix A**

### **Interview questions for OVC**

#### ***Dear respondents***

First of all I would like to thank you for sharing me your precious time and ideas and I hope you could give me all gives me all the necessary information frankly and honestly.

I am a student of Indian Gandhi National Open University Social Work Masters Program. The purpose of this study is also collect (gather) information on the role of civil society organization in alleviating (minimizing) the problems of orphans and other vulnerable children in Debre Berehan town (sub-city).

You have been selected as a respondent from the orphans and other vulnerable children randomly, so I requested you to fill and /or to choose the answers carefully and sincerely. There is no right or wrong answers what important is to put honest answers. In addition, it is not necessary to tell your Name and the information you give will be strictly kept confidential.

Thank you in advance for your cooperation.

#### **Introduction**

##### **Part I**

Sex      male  female       Age           

Grade

Name of the organization that you are getting service

Others specify

**Part II**

1. What is the family condition?
  - A. Both father and mother are dead
  - B. Father is alive but mother is dead
  - C. Mother is alive but father is dead
  - D. Both mother and father are alive with health problem
  - E. Other specify
  
2. For how many years have you been supported by the organization?
  - A. 0-2
  - B. 3-5
  - C. 5-7
  - D. Above 7
  
3. What types of services have got from the organization?
  - A. Economic support
  - B. Education
  - C. Psychological support
  - D. Food and Nutrition
  - E. Health
  - F. Shelter and care
  - G. Legal
  - H. all
  
4. Do you believe that the help that you get from the organization improve your life?
  - A. No
  - B. Yes
  - C. Partially
  - D. I don't know

5. By your opinion, what is the weakness of the organization?

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6. What is the solution to avoid the weakness of the organization?

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7. Do you believe that the help that you get from the organization improve your life?

A. No                      B. Yes                      C. Partially                      D. I don't know

8. By your opinion, what is the weakness of the organization?

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9. What is the solution to avoid the weakness of the organization?

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Thank you in advance for your cooperation.

**APPENDIX B**

**Questionnaire for NGOs**

***Dear Respondents***

First of all I would like thank you for you sharing me your precious time and ideas and I hope you could give me all the necessary information frankly and honestly.

I am a student of Indira Gandhi National Open University social work Masters programme. The purpose of the study is also to collect or gather enough information on the role of civil society organization in alleviating the problem of orphans and other vulnerable children in Deber Birhan town.

You have been selected as a respondent in your organization by purposive sampling technique, so I request you to fill or to choose the answers carefully and sincerely your organization has relation and gives service to orphans and other vulnerable children. Finally I can promise to you that your response will be kept in absolute confidentiality and will not affect you and your organization.

Thank you in advance for your cooperation

**Part I.**

Sex :            Male                    Female       

Name of the organization:

Qualification:    certificate                diploma                degree      
                          master       

**Part II**

1. How many orphans and other vulnerable children are getting service in your organization? -----

- -----
2. What is/are the criteria to select the orphans and other vulnerable children by your organizations? -----  
-----  
-----  
-----
  3. Are you social work professional? -----  
-----
  4. What are the roles/ activities do you think civil society organization (NGOs) should play to minimize the problem of orphans and other vulnerable children? -----  
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-----
  5. What are the achievements from the NGOs in alleviating /minimizing/ the problem of orphans and other vulnerable children? -----  
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-----
  6. What is the weakness/gap/problem/ of the organization? -----  
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  7. What do you think about the major gap/problem/ of non-governmental organization In minimizing the problem of orphans and other vulnerable children? -----  
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8. Are the orphans and other vulnerable children satisfied by the services of your organization? Why? -----

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9. Did you understand the standard guideline regarding the basic services and child alternative care of OVC (Orphans and other vulnerable children) in all the CSOs (civil society organization members)? -----

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If yes, does the NGOs are giving the basic services to OVC according to the standard guideline? -----

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If NO, What measure did you take? -----

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10. What is your suggestion about the role of NGOs with others CSOs (Civil society organization) and governmental offices to decrease the problems of the orphans and other vulnerable children? -----

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## **ACRONYMS**

CSOs: - Civil society organizations

CBOs: - Community Based organization

FBOs: - Faith Based organizations.

UNICEF: - United Nations children's fund

OVC: - Orphans and other vulnerable children.

NGOs: - Non- Governmental organization.

HIV/AIDS: - Human Immune-Deficiency virus/An Immune-Deficiency virus/Acquired Immune Deficiency syndrome.

AHAD-ET-Children- AID-Ethiopia.

UNDP-United Nationals Development programme.

MOLSA- Ministry of Lab our and society Affairs.

CRC- Child Rights Convention.



**DECLARATION**

I Herby declare that the dissertation entitled

.....  
.....

Submitted by me for the partial fulfillment of the MSW to Indirea Gandhi National Open University; (IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other programme of 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.

Place: .....

Date: .....

Signature.....

Enrolment No.....

Name.....

Address .....

**CERTIFICATE**

This is to certify that Mr.....  
student of MSW form Indira Gandhi National Open University, New Delhi was  
working under my supervision and guidance for his project work for the course  
MSWP-001 His project work entitled.

.....  
.....

Which he is submitting, is his genuine and original work

Place: .....

Date: .....

Signature.....

Name.....

Address of the supervisor

.....

.....

Phone No:.....

**PROFORMA FOR SUBMISSION OF MSW PROJECT PROPOSAL FOR  
APPROVAL FROM ACADEMIC COUNSELOR AT STUDY CENTRE**

Enrolment No.....

Data of Submission.....

Name of the Study Centre.....

Name of the Guide.....

Title of the Project.....

Signature of the Students.....

Approved/ not Approved.....

Signature..... Name& Address of the Student.....

Name& Address of Guide.....

.....

..... Date.....