Graduate School of Development Studies

'Vulnerable to HIV':
Lives of Orphan Adolescent Girls in Addis Ababa,
Ethiopia

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Contents

List of Figures

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CCF	Christian Children's Fund
CRC	Child Rights Convention
CSA	Central Statistics Authority
FGD	Focus Group Discussion
HAPCO	HIV AIDS Prevention and Control Office
HH	Household heads
HIV	Human Immunodeficiency Virus
HoH	Head(s) of House Hold
MYSC	Ministry of Youth Sports and Culture
MOLSA	Ministry of Labour and Social Affairs
MOWA	Ministry of Women Affairs
NGO	Non Governmental Organizations
OAG	Orphan Adolescent Girl(s)
OVC	Orphan and Vulnerable Children
SSA	Sub Saharan Africa
STIs	Sexually Transmitted Infections
UN	United Nations
UNAIDS	The Joint United Nations Program on HIV/AIDS
WA	Women Affairs

Glossary of Amharic Terms

Adera: a passed responsibility to loved ones during time of death

Arekea: distilled traditional alcoholic drink prepared using grains

Iddirs: social support groups within Ethiopia who usually take responsibility in burial ceremonies and related household activity during the first week of death

Kebele: the lowest administrative unit in Ethiopia

Kolo: roasted barley usually used as snack

Teff: the flour which is used to prepare injera which is pancake like bread commonly used in Ethiopia

Tela: traditional/home made beer in Ethiopia

Woyala: taxi helpers, usually boys, in the city mini buses of Addis Ababa, they assist the drivers in collecting payments from customers

Ekub: traditional saving group

Abstract

HIV and AIDS has become one of the developmental challenges affecting the lives of many including children and youth in Sub Saharan Africa. Many children grow up without both parents due to parental loss to AIDS. There is related concern that orphan adolescent girls are at heightened risk of becoming infected with HIV through sexual risk behaviours which can be facilitated by their socio economic conditions. Though there is a lot of recognition and focus on problems of HIV and AIDS, there is gap in understanding the lives and vulnerabilities of orphan adolescent girls about whom little is known and are invisible in related programs and policies .This research explores the lives of these girls living in adolescent headed households and are between the ages of 15 to 19.The paper tries to qualitatively investigate the life experiences of five adolescent girls to understand conditions of vulnerability and resilience ,in relation to HIV and life chances, among orphan adolescent girls. Life history, key informant interviews and focus group discussion were the techniques used to collect the data. This paper argues that the conditions that facilitate vulnerability and resilience in relation to HIV among orphan adolescent girls in poverty context are mainly related to factors beyond the girl's sexual behaviour which goes in line with the study finding. It is evident from the study that though the orphan adolescent girls heading households are vulnerable to HIV and lacking attention by programs and policies, they do use copings strategies that contribute to their resilience. The paper recommends that it is important to actively involve the girls and understand their lives as well as context when designing related interventions.

Keywords

1. INTRODUCTION

1.1   Background of the Study

HIV and AIDS has become one of the developmental challenges affecting the lives of many including children and youth in Sub Saharan Africa. The recent UNAIDS report indicates that young people between the ages of 15 and 24 are the most threatened globally accounting for almost half of all new cases of HIV worldwide (UNAIDS 2008). This is true for Sub Saharan Africa (hereafter SSA), the most affected region in the world. Regional HIV/AIDS statistics of 2007 by UNAIDS and WHO indicate that 33.2 million people worldwide are living with HIV out of which 22.5 million are in SSA (UNAIDS 2007). A related report states that among those people who died of AIDS in the region, approximately half became infected between 15 to 24 years old (UNAIDS 2006). Women and girls are more infected and affected by HIV/AIDS; a staggering 75 percent of young people in SSA living with HIV are females (Ibid).In the region, HIV/AIDS in highly gendered and age specific with relatively higher risk of HIV infection among young women than young men and older people (Mabala 2006, Population Council 2009).

Ethiopia is one of the SSA countries highly affected by HIV/AIDS. The country's population is estimated at 79,000,000 million out of which 22 percent are young people between the ages of 15 to 29 years (CSA 2007:4). In 2009 an estimated 1,116,216 adults with 59 % of females are living with HIV with the prevalence being 2.3 % (HAPCO 2007:8). Adult prevalence in the capital, Addis Ababa is estimated to be 8.5 % accounting for 190,485 living with the virus out of which 59 % are females(Ibid:39).

Many children and adolescents grow up without their biological parents due to parental loss to AIDS. During the past few decades increasing number of children and adolescents orphaned by AIDS had been observed. By the end of 2003 12.3 million children had lost one or both parents to AIDS in SSA, with the number expected to increase to 25 million in 2005 which continues to increase by 2010(UNAIDS et al. 2004). Different data exist regarding orphan children in Ethiopia, the recent data according to the estimate by HAPCO

1

(2007:8) shows that in 2009 more than five million children make up the total number of orphan children who are under the age of 18 years and lost one or both parents due to death out of which 16 % have lost one or both parents due to AIDS. Many of these children orphaned by AIDS in the country are located in cities and urban areas (Abebe et al.2007). In the capital city Addis Ababa, there are 182,217 orphans out of whom more than half are orphans due to AIDS (HAPCO 2007:39).

Though Addis Ababa contains large numbers of orphaned children and adolescents, more than half of whom orphaned by AIDS, little is known about the day to day life experiences of the orphan adolescent girls (hereafter OAG) due to AIDS who are heading households. There is the need to learn about the context they live in which also explains their situation of vulnerability and resilience, the conditions that facilitate or minimize their vulnerability to HIV infection and the existing interventions. Previous findings show that these children and adolescents face social, economic and psychological problem due to HIV/AIDS which in turn increases their vulnerability to the infection through early onset of sexuality, transactional sex and sexual abuse(Foster and Williamson 2000:S282 , Sharp et al.1993).

This research, building on existing researches on orphanhood and HIV/AIDS, will focus specifically on OAG as the result of AIDS. A recent article by Edstrom and Khan (2009) on intergenerational vulnerability for adolescents affected by AIDS indicates that the adolescent are often deeply affected, poor and socially isolated. These orphans are structurally disadvantaged by HIV and AIDS in economic, educational, gender, and other social dimensions. For these reasons a research dealing specifically with orphans in relation to AIDS is warranted.

Though considered vulnerable to HIV, orphan adolescents lack attention by concerned bodies.There is a lot of recognition about the huge problem of HIV and AIDS but there is a gap in understanding the lives and vulnerabilities of OAG. Many policies and programmes for OVC affected by HIV/AIDS have been developed to lessen the impacts of AIDS and poverty for young

children whereby related supports include food and educational assistance (Foster et al. 2005 in Hallman (2008).

Not much is known about these young women and girls in the late teens. Related policies and programs abandon orphan adolescents and youth age 18 or above as in much of official policy childhood ends at the age of 18 which also translates to the existing OVC[1] programs. Adolescent orphans' age or vulnerability to HIV needs to be considered in majority of OVC interventions where it can incorporate those above 18 to 24 who also have the responsibility of heading households.

The focus of the study is mainly about the lives of these girls. It is crucial to have further exploration on their life conditions by giving them opportunity to share their life experiences, related support they obtained and the recommendations they forward. This will contribute to improved understanding on vulnerability and resilience in relation to HIV and their life chances which can be used to design and strengthen related interventions and support systems.

1.2   Problem Statement

Young women and girls are at high risk situation to HIV. Even of at higher risk are young girls in situation of disadvantage through poverty, living in urban slums and being out of school. Within this category there are also the most vulnerable OAG due to AIDS heading households and living in urban slums. Living without both parents because of parental loss to AIDS, these girls lack family protection and support. The adolescents take premature adult role as household heads partly because of the decline in extend family support once the parents have died. In SSA, "very large number of orphans many of whom are looking after their siblings are at the most vulnerable age and living in difficult circumstances" (Mabala 2006:419).

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[1] Orphan and Vulnerable Children due to AIDS

3

These adolescents are in most cases economically and socially disadvantaged which can facilitate their vulnerability to the infection. HIV risk is particularly heightened in SSA among young women and girls with limited social and economic assets who are unable to avoid, or leave unsafe sexual relationships (Population Council 2009). Low economic and social power among adolescent girls affects their economic survival strategies and leads them to unsafe sexual relations unlike others in the middle or higher class (De Guzman 2001).

Population based studies in SSA countries including South Africa, Uganda and Ethiopia show that OAG tend to begin sexual activity earlier than their non orphan peers and are especially vulnerable to coercive and transactional sex, unwanted pregnancy and infection with HIV and other STIs. A related study on adolescents from 14 to 18 in South Africa showed that orphans are more likely to have sex than non orphans and among the sexually active, orphans experience earlier sexual debut (Thurman et al. 2006). Similarly in Uganda, sexual debut occurred earlier in orphans as compared to non orphans. During early adolescent age 12, 30% of the orphan girls were sexually active increasing to 85% by age of 18(Sharp et al.1993). The finding from a recent study conducted on adolescent girls 10 to 19 in urban Ethiopia has also showed the association of orphanhood with risky sexual behaviour including involvement in transactional sex and sex work (Ferede and Annabel 2009).

There is lack of research comparing HIV status of orphan and non orphan girls is SSA which also applies for Ethiopia. Studies in Zimbabwe indicate that there is higher prevalence of HIV status among orphan girls. A survey conducted on 15 to 18 years old adolescents in Zimbabwe found that compared to non orphans female orphans were significantly more likely to be HIV positive, to have symptoms of sexually transmitted infections and pregnancy which was not the case for male orphans(Gregson et al.2005).A related study in Zimbabwe among 1,283 girls from age 15 to 19 showed that orphan status among girls never been married was significantly associated with testing positive for HIV infection and pregnancy(Birdthistle et al.2008).

Given the severity of the issue, the fact that empirically there is evidence on vulnerability of OAG and lack of research on their lives in Ethiopian context, there is a need to conduct further study. I was originally intending to look specifically at HIV vulnerability among OAG, however as I learned more about their lives the study broadened to include the day to day life experiences, coping strategies ,vulnerability to HIV , the existing interventions and support systems.

Therefore this research was conducted to gain a deeper understanding on the life experiences of OAG in order to understand vulnerability and resilience in relation to HIV and life chances. It is hoped that it will lead to greater in depth knowledge on the conditions that can facilitate or minimize vulnerability among the girls. The finding can be useful in designing related interventions to address the needs of the girls and minimize their vulnerabilities. Moreover, the whole research is a way of providing a framework on how to work with the girls to develop a more inclusive policy or strategy where they can actively participate.

1.3   Relevance and Justification

Young people play key role in the development process of a country. However, in SSA countries they are highly affected by and found to be more vulnerable to HIV transmission the risk being heightened among OAG. Though adolescents and older children are highly affected by HIV, there is lack of attention by related policies and programmes for adolescent (Mensch et al.1998, Edstrom and Khan 2009). This is partly because of the overall categorization of adolescents as children and not differentiating the problems and experiences between younger children and adolescents. Categorizing all young people under 18 as children is a "risk infantilizing those toward the upper limit and does not adequately address their needs" (Ansell 2005:4).

This requires attention by concerned bodies as the welfare of adolescent girls needs to be improved. It is also important to hear from the girls themselves about their circumstances in their day to day lives, the existing support systems and interventions and what needs to be done by concerned

bodies in the future. Unless their voices are heard and their needs are know, programs might not be effectively designed.

Thus, the motivation of this research is to explore and better understand the life experiences and conditions of OAG in Addis Ababa, Ethiopia. By doing this, the research can add knowledge and fill the existing gaps in the area. The research can also add value for designing and strengthening intervention and planning programmes from global to grass root level.

1.4   Research Objectives and Questions

1.4.1 Objectives

The main objective of the research is to probe the everyday lives of orphan adolescent girls in order to understand vulnerability and resilience in relation to HIV and life chances

More specifically it is used:

- To understand the social and economic situation of orphan adolescent girls;

- To get in depth knowledge on the potential factors that facilitate or minimize vulnerability to HIV infection among the girls;

- To explore the existing strategies, support systems and interventions that potentially reduce the risk to HIV infection among the girls

- To add knowledge for policy makers and practitioners to allow them to strengthen the existing interventions and support systems which address the needs of the girls and minimize their vulnerabilities

1.4.2 Research Questions

What is the situation of vulnerability to HIV and resilience among orphan adolescent girls?

Research Sub-Questions

- What is the social and economic situation of the orphan adolescent girls?

- Which are the potential factors that facilitate or minimize vulnerability to HIV infection among orphan adolescent girls in the study area?

- What are the existing interventions by the community, NGOs and the government to prevent or reduce the risk to HIV infection among the orphan adolescent girls in the study area?

- How can policy process be improved by taking into consideration the everyday lives of girls living in vulnerable situations?

1.5 Methodology of the Research

Primary Data

The study is qualitative in nature. Orphan adolescent girls are the focus of this study because they are considered more vulnerable to HIV infection than boys of the same age. The study is therefore used to have deeper understanding of their situation and let their voice be heard for it is vital in program and policy design as well as the implementation process .The qualitative methodological approach used in the research includes focus group discussions (FGD), life history and key informant interviews to get in depth information from the study participants and other concerned bodies.

Research Site

The study was conducted through a field work in the capital city of Addis Ababa, Ethiopia. The selection of the study sights in Addis Ababa was made based on the information obtained from an indigenous NGO namely AGOHELMA[2] (meaning Abebech Gobena Children's Care and Development Association) and government Women Affairs (WA) representatives. As a result, Arada and Addis Ketema sub cities were selected. Within these sub cities two Kebles (Lowest administration units in the city) were selected. Both Kebles are in slum areas.

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[2] Abebech Gobena Yeahisanat Enkibikabea egna Limat Mehaber

Research Participants

The study participants include five OAG between 15 to 19 years, three officials of a government agency Women Affairs (hereafter WA), one representative from Abebech Gobena Children's Care and Development Association (hereafter AGOHELMA), and seven community members including two home visitors. The key informant interviewee from the NGO and focus group participants, the iddir members, were accessed through the support of AGOHELMA that works in care and support of OVC at institution and community level among other activities. Community based home visitors in collaboration with Kebele level staffs from WA facilitated the access to the girls. WA staffs at the national, Arada sub city and kebele level were directly contacted by me with the facilitation of Institute of Social Studies student who is a staff there.

Selective sampling was used to select the orphan girls. School enrolment, economic condition, living arrangement, whether working or not were considered during the selection process. Four of the girls are from adolescent headed households headed by themselves while one girl is from sibling headed household .This girl grew up in grandparent headed household and as the grandmother got older the girl's older brother took the role of managing the household. Additionally those enrolled in school as well as those who dropped out were interviewed. In terms of economic status the research mainly focuses on those who are at the lower income level and includes girls who currently work to get income and those who don't work. Finally all the girls get support from the neighborhood and four are benefiting from NGO as well as community support, but the type of support they receive varies.

WA was selected because it is the government body with in the country with the mandate to work and decide on activities related to women and children at national, regional, sub city and the local level.

Focus Group Discussion

The focus group discussion was used to collect information from the *iddir*[3] representatives who are believed to have information on the situation within the community. FGD is a useful method for exploring specific set of issues as well as people's views and experiences (Kitzinger 1994:141). Focus groups can also be used for triangulating data and gaining feedback on findings obtained using other methods (Cronin 2002:168).The FGD was held among community group*, iddir,* organized for care and support activities of OVC. These groups are usually organized to support in burial activities. After having awareness about problems and needs of the OVC with the capacity building activity by AGOHELMA, the *iddir* members revised their bylaws and got reorganized to give care and support for OVC within their community at Arada sub city keble 10.The FGD participants were seven community core group members with different responsibilities including the chair and home visitors.

The FGD was used to explore about the context, communities' perception on factors facilitating the girls' vulnerability to HIV, the need assessment process used to understand the situation of the girls, existing support systems and interventions used in preventing or reducing risk to HIV infection among the girls. The method was advantageous unlike individual interviews to community's perception on the issues discussed. Moreover, given a short period of time for accessing and interviewing the *iddir* members individually, one FGD was used to get information from more *iddir* members who are knowledgeable about the situation of the study area and play key role in support of orphan children. The data was also used to supplement information collected using the others techniques.

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[3] Community social support groups within Ethiopia

Key Informant Interviews

Key informant interviews were conducted with individuals considered to be knowledgeable about the topic, reveal more about the lives and vulnerabilities of the girls and participate in the policy design, budget allocation and implementation of related activities in the study area. The key informants were one representative from a local NGO (AGOHELMA) and four representatives from WA, government agency, respectively. From the NGO Program Coordinator in charge of care and support program for children infected and affected by HIV/AIDS was interviewed. The interview included the need assessment process, situation of vulnerability to HIV infection among OAGs, existing care and support activities and related interventions used in minimizing the risk to HIV infection among the girls.

From government, interviews were made to WA office staff members coordinating women and children related activities at national, sub city and keble levels. Information was obtained about the need assessment process on situation of the girls, conditions of vulnerability to HIV infection and the existing interventions used in preventing or minimizing risk to HIV infection among the girls.

All the key informant interviews were useful to get information about the topic and supplement the data obtained from the girls. In addition, the research was complemented with informal discussion with the home visitors. Direct observation of the neighbourhood and the different activities was also used while conducting the interviews and FGD as well as walking around the study area.

Life History

The life history focused on five OAG to understand in depth their life experience, coping strategies, experiences regarding existing support systems and interventions. One of the girls is 15, while the rest are 19 years old. Older girls were selected in order to get more information about their live as they are considered vulnerable but lacking attention by programs and policies. Moreover, they are in most cases the ones who head the household and

assumed to be more at ease while discussing topics of sensitive and sexual nature.

Life history can contribute for understanding of "the relationships, the complex interaction between life and context, self and place" and also helps further in "comprehending the complexities of persons day to day decision making and ultimate consequences that plays out in the life so that the insight in the broader ,collective experiences may be achieved"(Cole & Knowles 2001:11).

Using life history is advantageous for this research because it is useful to learn more about the untold stories, life experiences and coping strategies of the girls by getting first hand intimate knowledge from themselves. The technique was used to probe everyday lives of the girls and get in-depth understanding on their condition of vulnerability to HIV infection and coping strategies that contributed to their resilience. The girls also shared their experiences and views about related interventions and forwarded recommendations. While conducting the interview, I probe to understand more the living conditions and experiences before and after parents' death including family background, education and schooling, work and livelihood, social relations, sexual activity, the existing support interventions and the possible recommendations they have. The girls actively participated in explaining their situations and needs and how their challenges can be solved.

The interviews were conducted in the houses of the girls. During my first visit for the interview to one of the girls, the younger sister was also there and participated in describing their life condition, the second time I visited this girl the interview was conducted with her alone. For the rest, the interview was one on one the whole time. Going to their houses, I was also able to see the living environment of the girls.

Reflexivity and Ethical Dilemmas

During my entire research work, before my departure to Addis Ababa and during my field work there people asked me why I chose to study orphan adolescent girls life experience. I have worked in programs related to OVC

11

which gave me a general idea about the condition of these girls who are usually categorized with younger children and lack focus as a result. This encouraged me to continue with the study and contribute in creating more understanding about their lives to be used for creating and strengthening interventions that are useful in addressing their needs and minimizing their vulnerabilities.

Being an Ethiopian who has cultural knowledge and work experience in OVC programs facilitated relatively easy access to the NGO and community participants as well as understand the context and communicate with them easily using local language. Accessing the girls was not an easy task though. Even though there are large number of orphans in the study area, finding OAG due to AIDS heading household was challenging at first. The support of community based home visitors working with WA and the *Iddir* played key role in accessing these girls.

When I met the girls not all were open at first as I am from different background educated and middle class. While doing the interviews, I spent time with each of the girls even before and after the interview. I was able to build friendship with them which was important to build trust and get more genuine information about their experiences. After creating rapport and friendship and explaining to them why I am interested to know more about their lives they were able to open up and share their life experiences. I observed that the girls were really happy that I was there to listen to what they had to share. Through the process, I learnt that they can play key role in design and intervention of policies and programs if they are given the opportunity to share their life experiences, practical needs, how these needs can be addressed and interventions be strengthened.

Overall purpose of the study was explained to all research participants and verbal consent was obtained before continuing the interviews and discussions. Pseudonyms are used to maintain the confidentiality of the girls.

Data Analysis

The information obtained through the life history interview, key informant interview and the FGD were tape recorded and later on transcribed in

Amharic, the local language. It was then translated into English. The qualitative data was analysed using main topics including background of the girls and their families, socio economic life experiences before and after parental death, resilience and coping, situation of vulnerability and existing support systems and interventions. Quotations from the qualitative data were used to present the study participants perceptions, opinions and feelings in their own words and to give more meaning to the analysis.

Secondary Data

Further secondary research was conducted on the existing literature. HIV/AIDS and other related policy documents, different reports, publications, related research and journals were reviewed to get secondary data. OVC and AIDS epidemic reports by UNAIDS, UNICEF, USAID, HAPCO and related data were consulted. Moreover, academic literatures and publications conducted on vulnerability and resilience of orphan adolescent girls and the related interventions were reviewed.

1.6   Scope and Limitation of the Research

Though the research is mainly based on the life history interview of five girls, it can reveal the situation and the context of the girls.Small scale qualitative research like this study cannot provide representative sample, however it can help in identifying new questions and reveal situations that may not have been understood using surveys or other research methods. In order to understand the lives of these girls in-depth, the small scale qualitative research is chosen to be the most appropriate. To supplement the data from the girls and obtain additional information on the topic five key informant interviews and one FGD were conducted. Though the sample may not represent all OAG, it is believed to reveal the condition of these girls and provide insight on situation of OAG in urban slums of Addis Ababa, Ethiopia.

1.7   Structure of the Paper

This paper is organized in five chapters. After this first introductory chapter the second chapter provides the conceptual framework used in the paper. Chapter three and four deal with interpretation and analysis of the data collected from the field. Chapter three provides mainly an overview on lives and coping strategies of the girls. Chapter four focus on situation of vulnerability and existing interventions for the girls. The last chapter outlines conclusions based on the study's discussions and analysis.

2. CONCEPTUAL AND ANALYTICAL FRAMEWORK

2.1 Concepts

Five concepts mainly used in the study are Adolescent, Orphan, Vulnerability, HIV risk and Resilience. These concepts are used to understand and explain more the lives of the girls. Being adolescent girl, living without parents, being vulnerable as OAG living in urban slums, and how the girls are coping and being resilient with the major changes in their lives is clearly explained during the analysis using these concepts. It is important to note that the girls are not victims simply led by the conditions in their environment rather at times they respond to overcome the challenges they face using different coping strategies.

Adolescent

Adolescents are young people between 10-19 years whose age overlaps between childhood and youth (Govndasamy et al.2002). Though it is considered the transition from childhood to adulthood, the issue of when adolescence ends and adulthood begins lacks clarity, it is culture specific and different between and within societies which can be as a result of varying social roles and responsibilities (Ibid).

Age based categories are mainly used by development agencies such as the UN to define children and youth which includes child, adolescent, teenage and youth (Ansell 2005). According to UNCRC Article 1, child is an individual below the age of 18 which is widely adopted and used worldwide (UN, 1998). Coming to youth UN defines youth to be between the ages of 15 to 24 years while adolescent to be between 10 and 19 (as cited in Ansell 2005:4). The Ethiopian Youth Policy (2004:3) considering the existing conditions in the country defines "those members of the society in the age range 15-29 years as youth." Adolescent as a category is different from child and youth in that it is considered a transition period from childhood to adulthood not only physically and psychologically but also socially where the adolescent starts to exercise

adult roles. Adolescents are also considered neither a child nor an adult with the period overlapping between childhood and youth.

The burden of new infections to HIV throughout Africa is concentrated in the 15-24 age groups. In SSA, the rate of HIV infection is higher within the age range of 15 to 19 years than in other continents (Bankole et al. 2004).He has also indicated that young women in SSA are at much greater risk of contracting HIV than young men (Ibid).

Though adolescents are vulnerable portion and are also categorised within the age group under 18 considered childhood, there is lack of attention to them by programs and policies. As stated by Edstrom and Khan (2009:47) "the key group of adolescents and older children are missed and excluded from policies and programmes that could empower them to break the cycles of transmission to HIV." Similarly, Mabala (2006: 412) explains on the invisibility of adolescents despite the fact that 60 percent of Africans are under the age of 24.He argues that adolescents are particularly un-empowered and "often have neither place nor space in their societies, in governance, in community affairs, in civil society and faith based organizations and they have little or no access to livelihoods and resources (Ibid: 412)."

The research's focus is on this group of the society older orphan adolescent or young girls between ages of 15 to 19 who are invisible in programs and policies, where the age category of youth and child overlap and the group where the rate of HIV infection is higher.

Orphan

There are different definitions for orphanhood including children who have lost one or both parents due to famine, war, malaria (Abebe and Aase 2007:2059). The impact of HIV and AIDS in the past few decades has also brought another categorization, children and adolescents orphaned by AIDS. The concept of Orphan and Vulnerable Children (OVC) which also include other vulnerable children is widely used to define orphans due to AIDS in related programs and interventions. As defined by Save the children, US (2009:11) OVC refers to "children under the age of 18 who have been

orphaned by AIDS and/or affected by the HIV and AIDS pandemic that includes children living with sick parents, children living in highly affected communities and children living without adult care." There is modification on OVC definition depending on the context of each community.

Though there are varing definitions of orphanhood, in this study I am dealing with the most extreme form of orphans, orphan adolescent girls between ages of 15 to 19 who have lost both parents due to AIDS and have been left in a situation where they have to run households. Orphans are among the at risk children and youth who have increased likelihood of contributing to HIV/AIDS pandemic (Germann 2005:74). These adolescents, despite their vulnerability to the virus, may not be prioritized in HIV/AIDS programming as they can be considered older orphans and traditionally not vulnerable groups.

There are lots of cases where when orphanhood and adolescence overlap, these individuals become the guardians of their younger brothers and sisters and live in households commonly referred as adolescent or child headed households. As defined by Germann (2006:16) a child headed household is a household where both parents are permanently absent and the person responsible for the day to day management of the entire household is with the age of 20 or younger than that. This definition is applied in the research and interchangeably used with adolescent headed households as it incorporates HoH with age 20 or younger.

Vulnerability / HIV risk

Vulnerability can be defined as a likelihood of being exposed or harmed. In the case of vulnerability to HIV infection it relates to the chances that an individual is exposed to the infection or the degree of exposure to unsafe sex. Mabala (2008:45) defined vulnerability both at individual level and beyond that level. For him vulnerability relates to the chances that an individual will be put or put her/himself in a dangerous situation for instance unprotected sexual intercourse that exposes him or her directly to the virus. Vulnerability is also more broadly defined in terms of risk of social and economic hardships that

resulted from the impacts of AIDS related morbidity among other factors and that can contribute to HIV risk (Mabala, 2008).

A related perspective, social vulnerability perspective, explains that social factors play key role in vulnerability of individuals to the infection.De Guzman (2001) recognizes that individuals are at risk to HIV/AIDS due to their social position. He argues that HIV/AIDS is concentrated in population groups that were already marginalized and discriminated against within society. Also indicates that knowledge alone does not always lead to preventive action as there are factors beyond the individual control. Unlike explanation on specific individual behaviours, he focuses more on social factors: gender relations that translate to powerlessness in sexual and economic relationship and reduced access and ability to utilize information which leads to vulnerability.

The concept HIV risk is interchangeably used with vulnerability to the infection. It refers to the risk that expose to HIV transmission. As heterosexual intercourse is the major means of transmission to HIV in SSA including Ethiopia in the study the risk to HIV infection is related to involvement in sexual risk behavior which includes early sexual initiation, transactional and unsafe sex as well as related social and economic conditions that expose the girls to sexual risk behavior.

Researches indicate that HIV transmission is facilitated by the environment the individual lives in or characteristics of the individual behavior. As stated by Cluver et al. (2008:28) "HIV risk can be multiple co-occurring factors which may operate simultaneously and at different levels of analysis such as individual, family and community rather than one predominant factor."

There is overlap between individual and structural factors contributing to vulnerability of girls. Structural factors are defined as "barriers to or facilitators of an individual's ability to avoid exposure to HIV (Sumartojo 2000:S3)." Mabala (2008) explained that it is the combination of these factors that lead to exposure of HIV infection among girls. These factors are "higher biological susceptibility at younger ages, lack of individual decision-making power, socio-cultural and economic gendered disadvantages that precipitate risk, as well as the extent to which existing policies and programmers do or do not protect

18

adolescent girls and young women" (Mabala 2008: 45).As explained above, in this research vulnerability is related to individual and structural factors that lead to HIV risk. The intersection of being adolescent girl, orphanhood, living arrangement, economic conditions, educational opportunities, attention by programs and policies and the global conditions can contribute to or minimize vulnerability to HIV infection among OAG which is explained in the analysis part.

Resilience

Resilience is another important concept used to explain the lives of these girls. Resilience refers to the active process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences and avoiding the negative paths associated with risks (Fergus and Zimmerman 2005).It is also defined as the ability to bounce back after facing difficult situation (Germann 2005). This study is not one sided focusing only on vulnerability and categorizing the girls as victims. It also tries to see the resilience of OAG. The concept of resilience suggest that adolescents who have engaged in behaviours such as unsafe sex can react to appropriate support, information, and services and are resilient enough to have productive and safer lives in the future(Resnick et al.1997 in Mensch et al.(1998). Eventhough children in child headed households are challenged by the difficult life experiences, with the right protective factors in their lives; they do bounce back rather than break (Germann 251:2005).

The concept of resilience is therefore used understand the general coping strategies used by the girls to overcome the difficulties in their lives. In the research the socioeconomic experiences of girls and their coping strategies are seen which also explain the possible factors that can contribute or minimize vulnerability to HIV infection. I use Germann's explanation on key factors contributing to resilience seen in the figure below (Germann 2005:249).

Resilience

Ability to bounce back and learn from adverse situations

Character Trait

Intrapersonal
Active
Affectionate
Intellect
Confident
Competent
Autonomy
Self esteem
Self discipline
Be a hero

Interpersonal
Popular
Positive relations
Empathy
Humorous
Take responsibility
Social competence
Creative
Resourceful

Environment

Parent / family
Stable emotional bond with at least one parent or other person
Secure attachments, routine
Resilient parents as role models

Community
Open, supportive educational climate
Social support systems, rituals
Fostering of moral development
Role models outside of the family

Ideology

Religious
Faith in God
Other faith
Religious affiliation
Active participation in religious groups
gives meaning to adverse life situation

Political
Parental activism
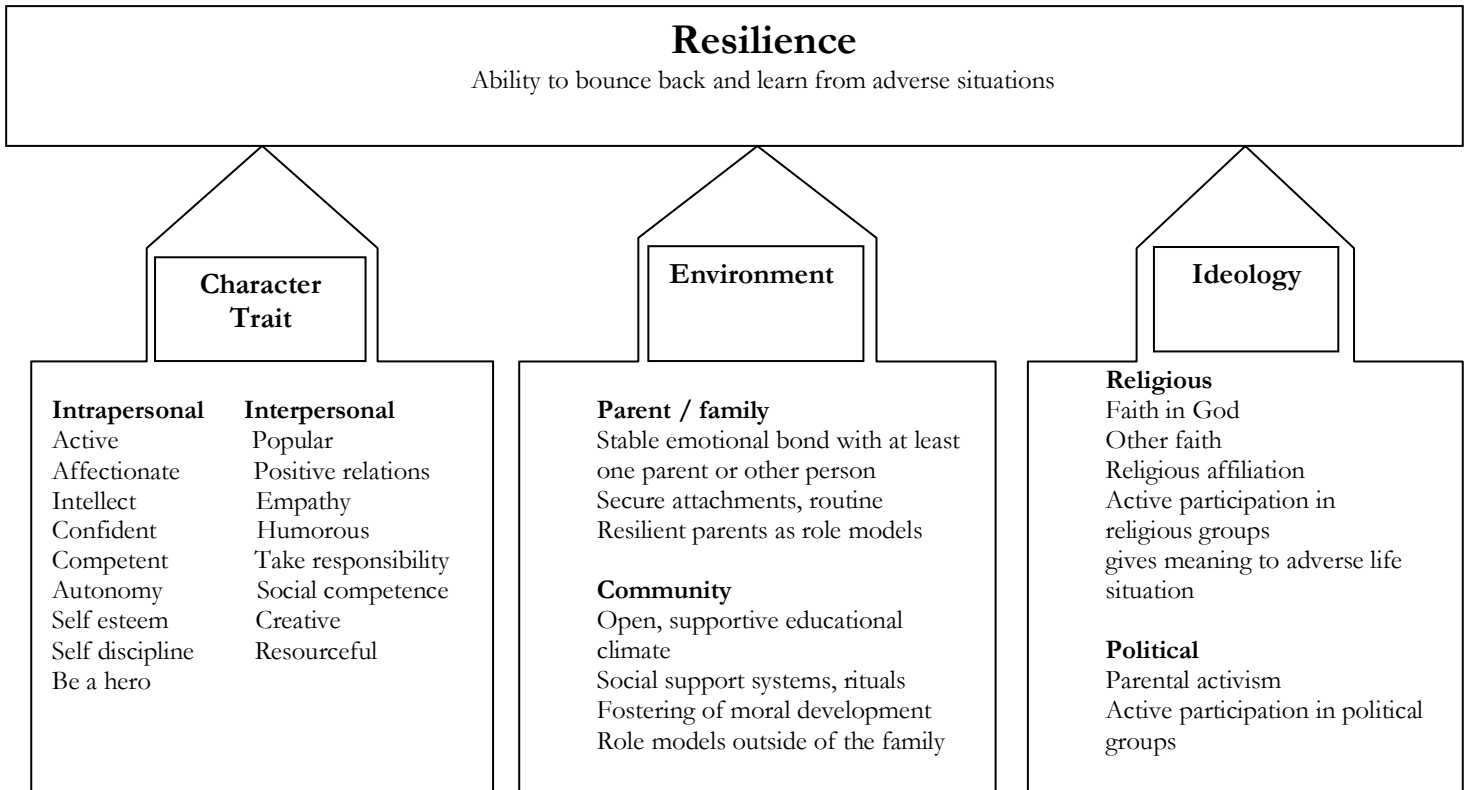Active participation in political groups

Figure 1: Key Factors Contributing to Resilience in Children

Source*:* Germann (2005:249)

3. OVERVIEW ON THE LIVES OF ORPHAN ADOLESCENT GIRLS

This chapter presents the analysis on the life experiences of the girls and their families. It presents findings related to the local context they are living in, living arrangements, the life experience before and after their parents' death and related social and economic conditions. The needs and strength of the girls will also be seen in the chapter. As an overview, the chapter elaborates how the girls lead their lives taking responsibility after parental death and adjust to a different way of life in their day to day activities.

3.1 Background of the Adolescent Girls and their Families

The social, economic and family background of the adolescent girls and their families can explain well their life experiences and reasons of the life choices that these girls make. This part describes the context they are living in, a brief description on the lives of each girl and their living arrangement. Though the girls have similarities in that they have lost both parents and have the responsibility to support siblings as HH except one of them (Seble), they have differences in the way they grow up ,survive and lead their lives. In the following paragraphs, an overview is given to introduce the background of the girls as well as show their differences and commonalities.

The local context

All the girls in this study were born in Addis Ababa. The city is the capital of Ethiopia having three layers of Government: City government at the top, 10 Sub city Administrations in the middle, and 99 kebele administrations at the bottom[4]. Addis Ababa is highly populated with an estimation of more than three million people (Ibid). The study focused on two sub cities namely Arada and Addis Ketema and more specifically two kebeles one in Piazza-Doro Manekiya and another Merkato-Awutobis Tera area.

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[4] (www.addisababacity.gov.et) accessed on 20 September 2010

Both areas are located in the major shopping centres in the city. Merkato neighborhood is one of the largest and most densely populated slum and market areas in Ethiopia (Erulkar et al.2008). It covers extremely poor area that includes the main bus station. Individuals from different parts of the country migrate to the city looking for a better opportunity. Merkato Awitobis Tera is the major bus station area where migrants from rural areas arrive and often met by brokers directing them into domestic or sex work (Ibid). Giving birth to children out of wedlock and single motherhood are common in the area. The mothers are forced to engage in different activities like the sale of *tella* or *arekea* to get an income to bring up their children. This can be partly due to the high prevalence of migration.Three of the girls in the study grew up in this area as a result of their parents' migration from rural part of the country to the capital city.

Piazza, the other study area, is the city centre and the second largest shopping area following Merkato. Doro Manekiya is one area located at the centre of Piazza. Though the population condition is a little bit lower when compared to Merkato there are still slum dwellers living in this part of the city. In the evenings shopping centres change into an entertainment venue. Doro Manekiya is an active red light area during the nights with the presence of sex workers living in that area or coming from other parts for that purpose. Two of the girls, Fana and Seble, were born and grew up in Doro Manekiya. The following table shows an overview of the girls' and their families' background.

Table 1. Background of the Adolescent Girls and their Families

No	*Name	Age	Living area	Living arrangement	No of Siblings	Age at the time mother's and father's death	Number of children
1	Beza	15	Merkato	Adolescent headed household	5	Mother at 13 Father at 15	None
2	Tigist	19	Merkato	Adolescent headed household	2	Mother at 13 Father-during early childhood	Had two children but both died with sudden illness at different times
3	Fana	19	Doro Manekiya	Adolescent headed household	1	Mother at 16 Doesn't know her dad	None
4	Roza	19	Merkato	Adolescent headed household	5	Mother at 18 Father at 17	She doesn't have a child of her own but is taking care of her sister's children in addition to her siblings
5	Seble	19	Doro Manekiya	Sibling headed household	5	Mother at 6 Father - She doesn't know her dad he died at a very young age	None

*Please note that the name used in these case studies are replaced with a false name for confidentially purpose

Beza

Fifteen years old Beza is the youngest participant in the study. She is shouldering all the responsibility of managing the household after her father's death seven months back. She was born and brought up in Addis Ababa Awutobis tera area. Both of her parents migrated from other parts of the country to Addis Ababa. Her dad came from Wolega, western part of the country, and her mom from Chancho a small town nearby Addis. They lived together at Merkato where all their children were born and raised. Both parents used to work but had a very low income .Her mom used to sell spices prepared at home. Her dad was a daily labourer who cleans streets. He used to drink a lot and did not have much income to support the family. Leading a life in poverty has not been an easy condition for the young and charming girl with a pleasant look and lovely smile. The little income the family had stopped when the mother fell ill. Beza used to work on petty trade selling chewing gam and napkin around Pizza area to supplement the little income the family had which she stopped when her mom became ill as she had to be there for her . After her father's death Beza continued working, washing clothes.

Though she is a mid child having a total of five siblings she is currently living with only her older brother 19 and her younger sister 14 who is mentally ill. One common phenomenon that results from orphanhood is the separation of siblings because once parents die the older child may not be able to take care of all the members in the household. Beza's youngest sister is living with a relative while both of her older sisters have gone to Middle East after their mother's death to earn better income for change of their and their families' lives. In Ethiopia many girls from low income families migrate to Arab countries looking for work opportunities. They are usually hired to work as domestic servants. There are times they are successful in earning a better income, on the other hand,   there are cases where they are vulnerable to abuse and exploitation especially if they migrate illegally.

Tigist

Tigist 19 was also born and grew up in Merkato Awitobis tera. She lives with her two siblings in a small room built out of mud and wood. She is the HoH managing the family after her mom's death. Her mom used to work hard in preparation and selling *tella* in their small house to earn income for the family. Both parents migrated from out of Addis dreaming for a better life in the economic centre of the country, Merkato where they were able to form a family and had two children. Tigist's brother is 18 years old and youngest sister who is born from a step dad is eight years old. Tigist's father had also another child a step sister but they did not grow up together; Tigist is not that close with her.

Tigist was the first born for her mom. She doesn't know her dad as he died when she was very young. As a result she was raised in a female headed household being protected from burden in life at a younger age till her mom's death. After her mother's death life became different she had to work as a daily labourer in the construction sector for a month which was difficult for her and she withdrew "I worked for a month, carrying heavy stones was not easy." It is there that she met her partner at first. At that age she didn't have enough knowledge and plan to have such relationships, having a child and taking care of it but wanted somebody to protect and be there for her.

> There was this guy whom I met while working as daily labour, I became pregnant not long after we met (Tigist).

At the very young age 14, she gave birth to her first child. She lost her first baby while he was a year old to sudden illness. She became pregnant for a second time and that child also tragically died at four years after having sudden sickness. It is not common to loose consecutively two children in such short period with no major reason than sudden sickness. Tigist did not have close relative who would be there for her in times of need and advise her on parenting. Overcoming the death of her children was not easy for her, though she did adjust later on and try to lead each day with hope. Having a loving and resilient mother who raised her children alone might be one encouraging

condition for Tigist to move on by following her footsteps and raise her siblings as her mom did.

During the interview I observed that there are religious pictures that indicate her religious inclination. I later learnt from her that she is a highly religious orthodox Christian who goes to church. "I pray to God for strength to continue life in such condition" she says. Her faith in God might have also contributed to cope with the difficult experiences she passed through and continue with life.

Fana

Fana 19 years old was at first reserved but gradually opened up to share her life. She is the first child for her mom, was born around Doro Manekiya. While she was a child she moved to another area named Arat Kilo where she used to live with her aunt. At 14 she came back to live with her mom and youngest sister. Fana doesn't know her father, her mom passed away when she was 16.Fana and her sister who is 14 years old grew up in a female headed household. The mother used to work as a daily labourer in the construction sector with very low income by which she tried to support the family till she was sick and bed ridden. Fana has beautiful picture of her mom hanging in front on a wall in one of the two room house made of mud and wood which they continued to rent from the Keble after her mother's death.

Heading the household and making the necessary decisions became her responsibility at 16 after losing her mom. She looks very sad even becomes emotional while talking about her life. She says "I sometimes daydream of my mom and wonder how those tough times have passed."Fana is currently living with her younger sister who is like a friend, very close to her. The fact that her sister is there and they can share happy and sad moments means a lot to Fana.

Fana and her sister sustain their life by monthly allowance of 300 birr (19 $) that they get from CCF (Christian Children's Fund) in support of her younger sister. This has been used as a coping mechanism to address their economic needs. Both the girls are religious. As the interview time was a fasting season for the Ethiopian Orthodox Christians, I learnt that the girls spend the morning and part of the afternoon praying at church and usually eat

after three in the afternoon. Having close relationship with her sister and faith in God might have helped her to face the adverse conditions since Fana managed to lead a stable life.

Roza

Nineteen years old Roza is friendly girl easy to interact with starting the first time we met. When I went to her home the first time, I observed Roza and her family confined in a very small room as it was raining. She and her siblings' were born in Merkato, awitobis tera area. The specific area they reside in is a place for sex work especially during evenings. Like the other girls residing in Awutobis tera, her parents migrated to the city looking for better opportunity and met there. Her mom separated from Roza's father, her first husband, and married for second time which did not last long. Roza grew up in a large family. Life was not easy for her mom heading the house with 10 children out of which three died. To support her children she used to sell *tella* and work as volunteer at the Keble till she was bed ridden.

Roza is heading the household with five family members living in a very small room built temporarily by the support of neighbours on a place that used to be a common area for the neighbourhood. "Young boys in the neighbourhood cooperated and built the house, my mom's friends contributed the materials for building the house." This was because the mother was no longer able to live in a keble owned house .Roza lives with two of her younger siblings, 16 years old boy and 14 years old girl and two children, age four and two, that of her sister's. Roza appreciates the good neighbourhood.

Her sister, Mulu, married and gave birth to her first child at fourteen. She was not able to raise her children as she was very young and lacked resources to raise the children. For this reason they lived at their grandmother's house and after her death the responsibility shifted to Roza. Two of Roza's siblings are living with a relative out of Addis which is one coping mechanism used to support the children. As indicated by Germann (2005:243), siblings are often divided out among relatives so that the economic burden of each family is reduced if they take responsibility for one rather than several children in one family.

Roza doesn't look healthy and was coughing now and then during the interview. She has tuberculoses, is taking medicine and resting at home as she is not able to work with such condition, but you can still see the smile on her face showing her willingness and welcome to share her life history. There is a possibility that Roza herself is living with HIV, this has been suspected by the home visitor seeing change in Roza's health condition recently.

Seble

Seble also 19 years old looks happy and feels she has a bright future. She is the girl with better opportunities compared to the other girls interviewed. This is partly explained by her background and responsibilities which are different from the others. Seble like Fana was born and brought up in Pizza Doro Manekiya area. She has lost both parents due to sickness which is common phenomenon for all the girls in the study. She doesn't have that much attachment to her parents since she doesn't know her father at all and that her mom died when she was very young.

Being the youngest in the family and with the presence of a grandparent and older siblings in the household, she was not burdened by the responsibility of heading the household. She and her siblings were brought up by their grandmother. The grandmother, 86 years old, is no longer active in heading the family as a result Seble's brother has taken the responsibility of heading the household. She has five siblings the oldest sister is married and living out of Addis. Her oldest brother is working and living on his own as well. The rest her two brothers, her older sister and herself are living together with the support they get from her brother heading the house, other older siblings, extended families and an NGO.

Though the grandmother is not heading the house anymore, her presence plays an important role in the household. Extended family support and visit her and the rest of the family. She also gives advices to Seble and her siblings. Even though the head of the child headed household needs to provide care, the presence of grandparent provides household authority and moral guidance to younger family members (Germann 2005:343).

Seble and her family live in two room house and I can say their condition is fairly better than that of the rest of the girls. She explains their life to be improving "our life condition is ok though I cannot say that it is fully satisfactory it has been improving from time to time." Seble is eagerly waiting for assignment to one of the government universities in the country after passing the national examination with a good grade which is among the major difference from the rest of the girls who participated in the study.

3.2 Leading a Life without Parents-Pre and Post Orphaned Experience

Parents leading the family play key role in addressing the holistic need of their children be it physical or psychosocial. This is true in a country like Ethiopia with an interdependent culture where immediate and extended family attachments are common and the presence of parents in the child's life is vital. However with the condition of HIV/AIDS the quality of child care changes when parents become sick and then die.

While the parents were alive, they tried to give their best to their children with their limited incomes and difficult living conditions. Roza explains that her mother used to give them the best of care and protect them. As a first born Roza did not have to think about her sibling in terms of providing care, her mom was shouldering all the responsibilities which she somehow managed. As Roza explained:

> My mom used to take care of us all providing what we need and protecting us. It is now after her death that I realize the care and attention we had and wonder how she was able to manage (Roza).

Roza's mother is a role model for her who contributed to her current strength. The mother used to give love and take care of her children very well without complaining or giving up. She was also active in her social life cooperating with neighbours which facilitates the social support for Roza and her siblings among her mother's friends and neighbours. Though their income is low, the love and protection they obtained from their parents and the fact that their needs were addressed helped the girls to enjoy a happy childhood.

> While our mom was alive and well we did not experience major challenges rather a happy life, life became totally different after her sickness then death. I did not think that I would continue to live after mom's death (Tigist).

Major responsibilities started when the parents were sick and bed ridden. Starting that time major life changes occurred with no other adult available, they took the role of caring for the sick and bed ridden parent. All the girls in the study except Seble experienced this as girls in the household who are supposed to take care of their sick parents and their siblings, at the same time manage the household activities. For Seble her grandmother and older siblings were there to take care of the parents moreover as she lost them at a very young age she doesn't have much memory of the life before her parents' death.

Beza and Roza faced the death of their parents, in short intervals one after the other, experiencing a lot of change in the roles they play in the family. There are times the adolescents suddenly find themselves playing the role of a mother, father or both, looking after their siblings and caring for the ill or bed ridden parent. In a household with both girls and boys are available such responsibilities for care giving of parents and younger siblings at home can probably lie on the girl child as usually in Ethiopian society the care giving role is given mainly for girls than boys. This is true for four of the girls Tigist, Fana, Roza and Beza.

Disclosure about HIV status by parents was only experienced by two girls. Only Roza and Beza learnt about their parent's HIV status before they died, the rest learnt after parents' death or when request came from an NGO relatives or close friends of the family revealed it so that the children can be provided with support. As explained by the home visitor, even if the parents know their HIV status since there is fear of stigma and discrimination, they don't usually disclose that they are HIV positive. Furthermore, family members including children do not want to let others know for similar reasons.

3.3 Education and Schooling

Adolescent girls who have to head households or provide care for sick parent/s are unlikely to be high performers in school. These girls have difficulty in concentrating in class since they are preoccupied with thoughts of

the dead parent or a parent who is alive but alone at home severely ill. They are also often unable to attend school because they care for the parent at home and have to work to earn an income. Both Tigist and her younger brother have dropped out from school after their mom died. Tigist joined school again but she did not succeed,

> I joined school again but I dropped out from grade five because I had to work to earn income. You can't live without working, nobody in there to support you (Tigist).

Except for the youngest sister who is grade six, the rest in Roza's family have also dropped out of school. Roza tried to continue school after dropping from regular program but did not succeed. "We resort to other activities to get money by leaving school" (Roza). Two of her siblings her younger sister and brother have also dropped out from elementary school. Education of her younger sibling and her sister's children is important for Roza. She plans to do anything she can for their successful future.

Fana continued her schooling till she reached 10+ for vocational school however she failed and was not able to continue after that. On the contrary, her sister has passed to grade nine with a good grade. The possible reason for Fana's drop out can be shift in responsibility and that no one is there to encourage her at the time. Fana encourages her sister to continue her studies and finish with good grades.

Beza is trying her best to continue her schooling with the full responsibility of working domestic activities at home. On top of that she has to work to earn income as she is responsible for managing the household. This condition with the recent experience of losing her dad is creating challenge in continuation of her schooling.

> Even if I go to school, I don't follow up because I have problems in concentrating .Sometimes I don't even go there (Beza).

Seble, who lives in a supportive environment with no responsibility of taking care of younger siblings rather being taken care of by older family members, has graduated from high school with a very good score and was waiting to join one of the government institutions by the end of September, 2010. Her brother who is heading the house, the grandmother and the other

older siblings encourage her to focus on and continue her studies. She doesn't have that much responsibility other than attending school and studying to succeed. Seble was not an outstanding student during the elementary years of schooling. Perhaps losing her parents motivated her to be strong and take her studies more seriously later on in her life.

> I was not a good student as such while I was a child, I did not even follow well, as I grew up there was change in my educational performance, I started scoring very good grades from grade seven onwards(Seble).

Only Seble and Beza are currently in school, the rest did not continue. All the girls mentioned having knowledge about HIV/AIDS the common source of information being the Media, Radio and TV. For Seble and Beza in addition to the mentioned sources, school has been a place to learn about HIV/ AIDS. Seble explained that it is even part of one subject she was taking. Beza and Roza indicated awareness creation sessions on HIV/AIDS by NGO as addition source. In addition to the awareness raising forums by NGOs, by going to school, these girls get information about HIV/AIDS and are somehow better protected and less vulnerable to the disease than girls who did not continue with school.

3.3 Work and Livelihood

Work and livelihood is important for the survival and quality of life of any individual. Fana and Seble are not working for pay currently. Seble has never worked for pay because she has the necessary economic provisioning from her family and she focuses on her studies. The girls' experiences show that usually it is older siblings who take responsibilities to work and get income for the younger members of the family. Seble's brother work as a taxi driver moreover her older siblings and relatives support them financially.

Fana has worked for a year as a waitress in a cafe on part time bases after her mom's death. During that time she used to earn 100 birr (6$) per month. She was not employed during the time of the interview but told me that she plans to work again after vacation time is over for regular students who will return to school and such work becomes more available then. Fana and her sister also used to wash clothes for the sex workers in their area till they get

income from an NGO 300 birr (18$) on a monthly bases for her younger sister's support .At home Fana is the one responsible for domestic activities her sister supports her sometimes but Fana wants her sister to focus on her studies.

Tigist started her first work after her mother's death. She worked as a daily labourer in carrying heavy stones at the age of 14 for a month which she found not easy and stopped. There she met her partner who is older than her and who currently supports her family financially. She also used to work domestic activities at neighbours and relatives houses for free but it became more of exploitive than the benefits she gets from such work.

> I was exploited at that time. I did not have time to rest. I used to work different activities since everybody calls you to work at their house but no one support or pays you. At first I used to work for free but when I grew older I started to refuse, be at home and try to find work for which I can have income. Whether I have income or not I learned to be on my own. Nobody opens and sees my condition in life whether I do have or not have I can manage (Tigist).

Tigist has developed a sense of confidence and independence after passing through challenging experiences. In addition to the support she gets from her partner, Tigist is now working part time washing clothes manually for her customers whenever they call her. She gets on the average 80 birr (5$) per month. Her brother is also working on a taxi as a helper usually referred as *Weyala* by which he earns low income.

Roza is not working currently as she is not in good health. She has been trying her best to earn income and support her family. She used to work as a waitress in a cafe before her mom died. Roza used to assist her mom with income, though the overall responsibility of addressing the family's need was on her mom. "I now know what mom went through, she tries to pay all the fees, iddir contribution, water, and electric bills at a time. Currently a neighbour helps us to pay the electric bills." The fact that the mom managed gives Roza the strength to overcome the challenges as HoH and continue with her role. After her mother's death, Roza moved to a small business, buying butter from

Wollega[5] with cheaper price and selling it for a better price in Addis. She was able to start the business after getting loan from an NGO. She used to work even though she was sick but couldn't manage to continue further.

The girls can engage in activities that can put them in a very vulnerable situation to HIV. Roza gets income from an older partner who supports her financially "I have known the guy a few years. Though I don't have a plan to live with him I used to go out with him because he gives me money which I use for myself and my family." As Roza is raising her sister's children, Mulu's husband supports her as well. Roza's brother is also working on a taxi as *weyala*.

Though Beza is not the oldest in the house she takes responsibility of getting income and managing overall activities. In addition to the financial support she gets from her uncle, Beza tries to get income by washing clothes on part time bases. Her brother who is the oldest does not involve in any income generating activity neither continued school. Rather he is addicted to smoking and chewing khat (leaves with narcotic effect) and takes money from the little income Beza gets. Beza's older sisters have gone abroad for getting a better income to support the family which is one hope for Beza regarding economic support for the family.

Overall the girls try their best to get income and survive by engaging in different activities which they think contributes for a better future both for themselves and their siblings. Further support from a partner, neighbours, an NGO or extended family has contributed to cope with lack of income in the adolescent headed households.

3.4 Decision Making in the Household

In the process of being an orphan, the role of decision making also changes with the girls trying to manage the household and making major choices in their and their families' life which is not an easy task. The adolescents are charged with taking major decisions about siblings, finances,

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[5] Western part of the country

and healthcare while parents are bedridden and die. This part explains the experiences in decision making and related household management in the household and how it influences their lives.

> It is not easy to manage and decide for the household. Imagine such responsibility was that of my dad and mom, when dad died it became only mom's responsibility and now that both are dead the full responsibility falls on me. I see myself like a mother to my siblings. I don't have a life of my own anymore I live for them as they are like my children. I have to keep the adera, what I promised to my mom (Roza).

During the will making or before parents die they usually tell close relatives, friends or family members to take care of their children and the ones who take this responsibility promise to do so as long as they live which in Ethiopian culture is called *Adera*. Having made these promises, adolescent girls heading households decide to miss important opportunities in their lives or take risks to get income or support their younger siblings in any way they can. Roza has good relationship with her siblings and they respect what she says. As shared by the girls making decision and managing the household is not easy but rather challenging task specially when there is no man or older adult in the household.

> If you are a man everybody respects you and go by your decision when you are a girl there is thinking that you will not go anywhere even if your decision is not respected. Let alone others your younger siblings don't respect what you say, I can't even manage my younger sister, other relatives also interfere in our decisions which creates more conflict among us (Tigist).

In the decision making processes there are times when there can be conflict because siblings don't treat and respect the girls as the major decision maker in the house as explained by Tigist. This is true for Beza in relation to her brother. "He does not feel responsible for the family, he does things the way he wants". Her brother wants to pursue his personal interest and wants to sometimes control or have the income without any contribution. He requests Beza to give him money for buying cigarette or khat. This creates conflict among them which frustrates Beza because she has the responsibility of taking care of the family and with this condition her brother is not cooperative and responsible.

35

However this is not always the case, for Fana and her sister they don't have that much conflict rather discuss and come to a common ground before making major decisions. Fana's sister respects her decision as well. In Seble's family as the HoH Seble's brother makes decision in major areas.

As adolescents heading households, girls' role change to be a decision maker and manager. Since they lack the economic and social power at times they have difficulty of making decisions as they want or manage the household. These girls might also lack experience in decision making. They might need more skill and information to manage the household.

3.5 Social Relations

Adolescent girls form friendships and involve in social activities which is vital for continuing a healthy and successful social life for themselves and their families. The social life, formation of friendship and involvement in such activities is highly influenced by the environment the adolescents are living in.

The girls heading households mentioned that they don't have close friends whom they can trust and share their lives. They feel a sense of loneliness in the absence of parents and close friends. Tigist doesn't have as such a person whom she trusts, sometimes her partner, boy friend, is there and her brother as well but most of the time she feels lonely and does not trust anybody after passing through difficult experience in her life. Roza has also indicated that there are times when she feels lonely; she misses her mother a lot.

> I don't trust anybody and I don't want anybody to know what I am facing. I can manage it on my own (Tigist).

> I miss mom a lot, I wish she was alive to be here amongst us in whatever condition she is whether healthy or not (Roza).

On top of lack of attachment of their loved ones the adolescents tend to be isolated and lonely because they have dropped out of school and involved in different responsibilities and activities in their lives unlike girls of their age. This limits the opportunity to meet with the friends they had before the change in their situation.

Though relatives can play a key role in encouraging and supporting them, Fana and Tigist indicated that the relatives are not there to visit and support them. Roza and Beza did mention the contribution of extended family in their lives though not on a regular basis. Seble's experience is different in that the grandmother is present in the household, which also plays a key role in active relatives involvement in supporting the household. Fana on the other hand state that community based home visitors visit them sometimes but no relatives. For Roza and Beza, in addition to relatives, their mother's friends were also there for them in times of need. They visit the girls and encourage them.

Neighbours are the other important group mentioned by the girls. As Roza says, "With Good neighbours you pass together during tough and good times". Though the girls live in a slum area with low income inhabitants the neighbours try to encourage them and at times as Roza says they support them financially and materially .Strengthening relations with good neighbours is used for coping and can contribute to the resilience of the girls. As indicated by Germann (2005), by building good relationships with people within the community, children in child headed households have a place to go in order to report perceived danger in their lives which contributes to their protection.Even without the active involvement of extended family, the households do cope with other support mechanisms.

There are support systems formed by the community such as *Iddir* who are usually there during burial ceremonies and *Ekub* traditional saving groups. Roza has continued in the participation with her mom's iddir this is not the case for the other girls in the adolescent headed households the main reason being that they don't have money for contribution fee.

Seble's experience is different from the rest of the girls in that she is able to use the opportunities to involve in social activities. She is actively involved in school clubs especially girls' club where members share experiences among one another, discuss about their successes and challenges and related life skills they need to be successful and overcome the challenges. She has also good

37

relationship with her peers, has both boy and girl friends at school and neighbourhood with whom she is very close to.

The recreation activities also differed. For Seble recreation is more related to spending time with friends having fun and celebrating the different days like culture day at school. Beza indicated that she feels happy when her family feels happy during holidays. They buy something special if they have the money and enjoy it as a family. For Fana going to church is considered as part of the recreation activity.

3.6 Resilience and Coping Conditions

The stories of the girls show that though they passed through difficult circumstances they do cope with the change, are resilient and continue with their lives. Being able to cope through adversity is clearly linked to resilience (Germann 2005:291).

Going to church and prayer has been a source of strength for the girls as shown in the lives of Tigist and Fana. This goes with previous findings that spirituality is an important resilience factor for child headed households (Germann 2005, Abiye 2008).Effective social relation with siblings and neighbours is also an important resource used for coping. The supporting neighbours and mothers' friends were found to be important which is reflected in Roza's and Beza's life.

The existence of grandmother and supporting siblings backed up with better economic source from siblings and relatives did make a difference in Seble's adjustment to changes. The importance of NGO support is also reflected as a coping strategy. Fana and Roza mentioned the financial support from the NGO as contributing to address their basic needs after parental death. Roza has also indicated benefiting from a loan to start up small business.

Tigist's life shows that support from friends, relatives and older adults is lacking .She doesn't get NGO support with no close friend present as there are different responsibilities and paths between her and previous friends. She resorts to other support systems to address her need. She has a partner who tries to provide her with emotional and financial support .After passing

through adversity Tigist has develop a sense of control and manages the challenges in life on her own. "Life has taught me to manage on my own whatever comes."She has a sense of responsibility and can manage changes that she faces.

Connectedness with siblings is also important in their lives. Fana mentioned importance of her sister, the same condition is seen in Roza's life, being together in happy and sad moment's means a lot to them. Importance of friends and other social networks has also been indicated. Roza has good interaction with her neighbours which facilitates a supportive environment by the neighbourhood. Seble has good social network as well. She is active with friends at school and outside school which contributes to her success in life.

Overall the adolescents managed to cope with the change and be resilient. The girls heading the household face challenges in that they directly move to parenting even when they lack parental skill. They have to have income to support the family which at times leads them to vulnerable conditions and they have to miss opportunities in their lives to be there for their siblings. As can be seen from the finding extended family, neighborhood and sibling support are essential components for their resilience and coping capacity which is similar to a related finding among child headed households in Zimbabwe (Germann 2005).

4. SITUATION OF VULNERABILTY AND SPACES OF SUPPORT

The chapter has two major parts which are situation of vulnerability to HIV infection and the existing interventions as well as support systems for the adolescents.

4.1 Situation of Vulnerability

Orphan adolescent girls can be vulnerable to HIV infection due to intersection of factors instead of a specific factor. The fact that they are OAG, missing different opportunities, living in urban slum with lack of attention by related programs and policies can explain their situation of vulnerability .The condition of girls can differ as has been seen from their life experience which also affects their exposure to HIV risk. As explained by Keble WA representative "There are those who don't have any support system and not living in a good neighbourhood, on the contrary there are those with good support system and living in a very good environment that shapes their lives." The following analysis will be made having that in mind.

4.1.1 Transition to Sexual Activity

Tigist, Roza and ,Mulu, Roza's younger sister are sexually active .They initiated sexual activity due to varying reasons that include their socioeconomic status, values, schooling and other social conditions.

Roza has a boy friend that she knows from few years back. She explains: "he does a favour for me and my family because of his financial support. I sleep with him in return of the favour and we don't usually use a condom."Roza doesn't have a plan to be involved in a marriage or committed relationships because she feels that she has a responsibility to take care of her younger siblings and wants to see them succeed. With lack of economic resource in the family she tries to address their needs by taking part in transactional sex. Roza doesn't request the man uses a condom as she might loose the relationship which means missing one source of income.

40

Roza's sister's transition to sexual activity is different. Mulu is living with her partner who is older than she is. She has two children from him. Mulu and her partner decided to live together when she became suddenly pregnant at the age of 14. Mulu dropped out from school from that time onwards. As Roza explains, they love each other but since they have financial constraints, the children are living with Roza with financial provisioning from Mulu's husband. Mulu's involvement in sex can be for love though the early pregnancy she encountered led her to marriage at an early age. Tigist has also initiated sexual activity early at the age of 14. She was involved in the relationship with her partner older than her not long after her mother's death.

> Nobody was there for me after mother's death. It is at that time I met this guy and got sexually involved, he does favours for me. He is the one who usually buys teff and gives me money sometimes; I never refused to have sex with him even if it was without condom after all the favours (Tigist).

At first she involved to gain love and attention from a person she considers a protective figure, which was followed by an unplanned pregnancy. She needed support to survive and continued the relationship even if it has to involve having unsafe sex. As indicated by Germann (2005:74) "preventing HIV is not a priority for children and adolescents whose main concern is meeting basic day-to-day survival needs."On top of supporting her siblings, she had additional responsibility of raising her children. At an early age, she gave birth to two children from the same person however both died due to sickness, one after the other.

4.1.2 Vulnerability to HIV

Tigist and Roza are sexually vulnerable which translates to their heightened vulnerability to HIV. Orphanhood, missing educational opportunities, gendered and economic disadvantages, social isolation and living in urban slums can explain Tigist's and Roza's involvement into early, transactional and unsafe sex. Related finding by Hallman (2008:40), indicates that among youth in SSA poor, orphaned and socially excluded girls are the most likely to be exposed to social environments that makes them vulnerable and specifically cause high risk sexual behaviours.

Orphanhood

Being orphan is found to be a contributing factor to HIV risk for the girls who are not living in a protective environment. The OAG may not have a monitoring and protecting adult especially if they are the ones heading the household. As HH they are the role models for the younger siblings. They also shoulder lots of responsibility and try to find easy way of getting income.

> When parents die if what the adolescent girl heading the house hold gets is only food, to address additional needs in the family she tries easy ways of getting money involving in transactional sex, dropping out of school and sometimes even run away from home, as she is the role model, younger siblings follow her footsteps (Community participant from the FGD).

On top of the responsibility to take care of siblings the girls can have children of their own for which they need additional income and skill. Tigist's experience can be one example as she had two children in condition of poverty and at a very young age without no skill and support from older adults to raise her children. Within the context of poverty, social isolation and lack of emotional support Tigist entered into sexual relations with an older partner to meet these needs which is similar to previous finding (Longfield et al.2004).

Gendered and Economic Disadvantage

Economic factors driving to HIV are closely interlinked with the existing gender and sexuality structure with especially low income women extremely vulnerable to the infection (Parker et al. 2000:S24). As explained by De Guzman (2001) adolescents can be at risk of HIV due to their low social position. On top of being an orphan, being an adolescent girl living in poverty context in urban slums leads to marginalization and in turn facilitates their sexual vulnerability which also applies for Tigist and Roza.

The relationship they have is not based on equal conditions rather basing the economic and social power of their partners. Both girls have older partners. The age of girls' sexual partners is significant because such differences are thought to relate to power differences in sexual relationships whereby a girl with less power than her partner is less able to decide about sexual activity (Mensch et al.1998).

These girls are not in a position to say no to unsafe sex because they are in low socioeconomic condition living in poverty .For them loosing the economic and social benefits means a lot than the sexual risk. As indicated Zierler and Krieger(1997) when one's partner is relied on for economic stability, the cost of ending the relationship can be higher than the risk of HIV infection if a condom is not used.Thus the girls continue the same path as any of their mothers, to survive and improve their lives and that of their families.

Missing Educational Opportunities and being Socially Isolated

Though school creates an opportunity for social participation, and protection from risk, Tigist and Roza have dropped out the major reasons being that they had to take care of their parents during illness and had to work to earn income for the family. As stated by Edstrom and Khan (2009:45) "being affected by HIV/AIDS in their families tend to affect children's access to education and increase risk of the older child to drop out of school" which is true for Roza and Tigist.

Orphan girls can be socially isolated with lack of connectedness with family and friends. Tigist is socially isolated from friends and family which can be associated to her sexual vulnerability. Previous study indicate that social isolation is associated with higher risk of early sexual experiences among boys and girls, with greater risk of forced or transactional sexual encounters and lower negotiating power for only girls (stated in Mabala 2006:417).

Living in Urban Slums

Both of the areas are in the study are urban slums with poor neighborhood, densely populated and poverty stricken. Low paying and unstable income work such as shoe shining, petty trade and commercial sex are common in both areas.There is indication that the prevalence of HIV/AIDS is higher in slums with higher proportion of poor girls (UN-Habitat 2007). During the FGD and key informant interviews participants explained that living in urban slums has high contribution for OAG vulnerability to HIV.

In Doro Manekiya area it is common to see very young girls from 14 to 18 years actively involved in sex work this influences not only orphan girls living in the area but other teens who live with their parents as well because seeing these girls well dressed they think that it is an easy way of getting money (Community Representative FGD).

As explained by a representative from the WA office it is common to see pubs where alcoholic drinks are sold. A community representative has also stated that the girls tend to involve in petty trade selling *kollo* around the pubs where they are easily vulnerable to sexual abuse and exploitation.

4.1.3 Protective Conditions

Being orphan by itself doesn't necessarily lead to unsafe sex. There is possibility that OAG are not involved in sexual risk behavior which is similar with a study finding in Zimbabwe among adolescents in child headed households (Germann 2005:335). Three of the girls in the study have resisted sexual relationships and this resistance was possible because they have economic support, social support and/or the opportunity to education which is different experience from Roza and Tigist.

Fana, Beza and Seble are not sexually active and don't plan to get involved in such relations in the near future. Beza indicated her reason to be responsibilities that she has and that she wants to continue her studies. Moreover, seeing the risky lifestyle of her brother and her dad she is afraid of having relationships with men because of the perceived negative consequences. Another protective condition can be the availability of economic support from her uncle and possible support from her sisters who are living abroad which implies she doesn't have to be sexually involved to get income. Related finding shows that existence of other income sources among girls is a protective factor not to involve in unsafe sex (Mmari 2009).

For Fana who is religious, with close relationship with her sister and economic support from the NGO, keeping her virginity till marriage is the value she holds. Finding from a recent study among adolescent girls in urban Ethiopia shows that the value of keeping virginity until marriage was widely held among the respondents in the study (Ferede and Annabel 2009). Seble holds a similar value. She has boy friend whom she met while attending high

school. They have good relationship and are very close. Seble indicated that they have agreed to wait till marriage before starting sex.

Seble and Beza are attending school which is another protective condition. Education plays key role in the lives of adolescents not only in providing information about sexual risks but also it creates a condition for peer support and social capital (Edstrom and Khan 2009:45). School also ensures that adolescent girls do not have to resort to dangerous forms of labor for survival (Mabala 2006:418).

The social support including supportive environment with the guidance and close relation with grandparent, siblings, friends and neighbours can also be the other possible protective condition in the lives of the three girls. For Seble who is the youngest in the family living in a supportive family environment without the responsibly of heading the household has been a protective condition. The vulnerability is higher among girls who take responsibilities as HoH than their younger siblings who are protected by the older ones. Moreover, Seble has good social relations both in school and neighbourhood. Fana has close relationship with her siblings where as Beza has her mother's friends who gives her advice, encourage and visit her.

Overall there are different factors that can facilitate or minimize vulnerability. The girls' experiences shows that in their immediate environment, a supportive family with economic resources, supportive neighbours and friends, having enough income to address daily need and being involved in school have been protective conditions which also contribute to their resilience. On the contrary, orphanhood, gendered and economic disadvantage, lack of educational opportunities, social isolation and living in urban slums can facilitate the risk to HIV infection among OAG in poverty context.

The finding shows that it is important not to categorize all OAG to be vulnerable the same way. Factors beyond the individual girls can also facilitate risk or protective conditions in relation to HIV vulnerability which is similar with previous findings in other countries (Nyambedha 2007, Cluver et al. 2008,

and De Guzman 2001). It is therefore vital to understand the context OAG are in when designing related interventions.

4. 2 Existing Interventions and Support Systems

This part of the chapter explains the existing intervention and support systems by the community, NGOs and the government[6].

4.2.1 Community

The extended family support is important in the lives of orphan adolescents. Seble and Beza have experienced this support by grandparent, uncle and aunt. Roza and Beza explained that they have benefited from the support of good neighbours including the visits, emotional and material support from their mothers' friends. The mothers' friends give advice and encourage the girls on how they can manage the family and lead their lives. Importance of the extended family and neighbours for the adjustment did come out from Seble, Beza and Roza's life history.

For Tigist and Fana they did not indicate the presence of supportive relatives or friends of the family in their lives. Fana has rather mentioned that the home visitors do visit them sometimes. The home visitors are usually living in the girls' neighbourhood. Their importance on assessing needs and following up OVC households was indicated during the key informant's interviews and the FGD. The home visitors, usually volunteer women living within the community, play key role assessing the needs facilitate the connection with support mechanisms. Though in most cases nothing might be paid for them, they are motivated by the positive change in the children's lives. "Seeing the change in the children's life means a lot to us than anything" (home visitor).

The iddir members after having awareness about problems and needs of the OVC, with the capacity building activity by AGOHELMA, revised their

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6 Please check profile of the organizations in the Appendix

bylaws and got reorganized, formed community core groups, to give care and support for OVC within their community at Arada sub city-keble 10.The *iddir* try to mobilize material, financial and human resources in their community to support OVC, they also had small sub grant from AGOHELMA for the same. Food, school material support, vocational training and organization of recreational trips are the type of supports indicated by the iddir. However, it was mentioned that there is gap when it comes to support for older adolescents

> Not much has been done on older OVC between 15 -19 most of the time the focus is on younger ones, most NGOs in the area focus on younger children infected and affected by HIV/AIDS(Community group Chair FGD).

This is also reflected during the individual interview with the adolescents, none of them stated support by iddir except the home visit.

4.2.2 NGO

In the country, NGOs play active role in care and support of OVC. Lots of efforts are drawn to meet the needs of OVC. One example can be PC3 (Positive Change: Children Communities and Care) program one of the largest OVC programs which was being implemented in partnership with the Government, NGOs and the community the lead taken by international NGOs[7] (Save the Children US 2009).

All the girls in the study indicated that an NGO-CCF(Christian Children's Fund) provide school uniform, exercise book and pen for school going OVC once a year. There is financial support in some cases. Fana indicated that CCF provides her younger sister 300 birr monthly. Roza has similar experience with another NGO which provides them 100 birr per month and loan for her so that she can start small business.

Two of the girls Roza and Beza explained that as part of the intervention to minimize HIV risk sometimes NGOs organize educational programs on HIV/AIDS. Roza indicated that in their area separate educational programs

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[7] See the Appendix for the program overview

for sex workers on HIV/AIDS and reproductive health has been organized by an NGO excluding the girls who are not sex workers. As she explains the awareness raising programs by NGOs should not exclude these girls because they live and grow up in the same context seeing what sex work means.

Finding from NGO representative indicate that AGOHELMA is a local child focused organization engaged in different activities from institutional based to community care and support activities for OVC. In the study area the organization capacitates keble 10 *iddir* to get organized, mobilize resources and provide support to OVC. School material, health care material and food, psychosocial (recreation), legal (awareness about child exploitation and child rights) and economic strengthening (vocational training for older OVC) supports are indicated to be provided by the *iddir* in collaboration with AGOHELMA.

To minimize vulnerability to HIV infection, different awareness creation events on child exploitation and protection have been organized by the NGO where community members and the children have participated. As an additional activity AGOHELMA provided mini media materials for schools around Doro Manekiya by which messages about HIV/AIDS can be easily transmitted to the adolescents.

The findings from the OAG indicate that the existing support systems are mainly food support and school materials for school going OVC. Monthly financial support and loan for business start up has also been indicated. The girls have also stated that minimal activities are being implemented by the community, NGO and government in the study areas to minimize the risk to HIV infection. Related literature indicates that most of such programs don't take in to account that the majority of orphans and other children affected by AIDS are adolescents who need information and skills on sexual and reproductive health (Hallman 2008 : 36).

It is worth noting that NGOs and government organizations are making efforts to provide different services aimed at enhancing reproductive health and wellbeing of adolescents. However, most of the efforts are focused on awareness creation programs on HIV and other reproductive health issues and

building youth centers that miss those girls living in vulnerable context with less time and access for such services.

As a recommendation the adolescent girls as well as participants from the community group , NGO and WA indicated that instead of focusing only on direct support , efforts have to be drawn to life changing interventions that minimize vulnerability to HIV among vulnerable adolescent which include involving OAG in vocational training, income generating activities and other accessible life skills programs. The girls have forwarded additional recommended that awareness raising and educational forums on life skills including reproductive health and parenting skills can also be beneficial for them.

4.2.3 Government

The interventions in the country for OVC are more of NGO and community driven. The government is more actively involved in coordination of activities rather than direct implementation or support. MOWA and HAPCO (HIV/AIDS Prevention and Control Office) work in coordinating OVC care and support activities with MOWA having the mandate on OVC issues in the country while HAPCO focuses care and support of children infected and affected by HIV/AIDS. WA assesses the needs of OVC in the area and link them with other implementers, NGOs so that their basic needs can be addressed. Interviewees from WA indicated lack of budget as a challenge in provisioning of such services for OVC.

MOWA representative indicate that OAG are invisible groups in polices who fall in both childhood and youth. This is major limitation with the government approach and related programs by other stakeholders. These girls are generally categorised as children under 18 or as adolescents who are not living in vulnerable situations. Not all adolescents are in the category of children or have the same problems like younger children. Furthermore, not all adolescents or youth are in the same conditions. There can be difference due to age, gender, orphan status, living arrangements, school attendance, residence and economic situation among them.

As explained by MOWA representative, the ministry works more on children including OVC while Ministry of Youth and Sports on young people between 15 to 24, however there is no agency as such taking the lead on issues of vulnerable and orphan adolescents who are neither a child nor an adult but in between.

> There is no special attention or policy for orphan and vulnerable adolescents including orphan adolescent girls. This group are vulnerable to HIV and yet not much has been done, attention and priority need be given to these teens (MOWA representative).

The government try to formulate policies and strategies to address the needs and minimize vulnerabilities to HIV among OVC and adolescents. The ones which were identified during the study are the HIV/AIDS Policy, National Youth Policy, OVC Plan of Action, National Women Policy and National Adolescent and Youth Reproductive Health Strategy.

The HIV/AIDS policy came out in 1998 however the policy was found to be too general lacking clear concern on OVC including the adolescents. The youth policy has considered youth and HIV/AIDS among the major issues stating that an environment should be created for youth orphaned by AIDS with the view to enable them to become self supporting (MYSC, 2004:31). This is also found to be too general with minimal implementation on the ground.

There was OVC plan of action from 2004-2006 designed to address the issues of the children. It was used to guide stakeholders in addressing the issue of OVC care and support. Currently there is no plan of action or policy regarding OVC at the national level one reason based on the interview finding being that there was gap during the shift of responsibility on children issues from another ministry, Ministry of Labour and Social affairs(MOLSA) to MOWA as few years back MOLSA used to take the lead.

There is National women's policy by MOWA on women and girls which aimed to create appropriate structure within the government offices and institutions to establish equitable and gendered sensitive public policies and

protect the rights of girls and women in the country[8].This policy doesn't clearly consider the issue of vulnerable adolescents including OAG.

The other effort made by the government is that Ministry of Health produced a ten year (2006-2015) strategic plan namely 'National Adolescent and Youth Reproductive Health Strategy'. In this strategic plan[9] the government acknowledges that youth have limited access to quality youth friendly services and are at increased risk of negative reproductive health outcomes. As clearly stated in the objective, the strategic plan categorized all adolescents as a homogenous group and aims to provide services for all adolescents with consideration that they are in the same condition. However as indicated earlier, among other conditions adolescents vary in age, sex, in economic status, education and schooling, living arrangements and place of residence. Formulating a policy assuming that adolescents' needs are similar might not be effective in addressing needs of vulnerable youth.

With the existing policies and strategies real action on minimizing vulnerability to HIV among orphan adolescent and other girls in poverty context was and is still limited. The existing OVC programs ,HIV/AIDS policy and OVC plan of action are too focused on those under 18 with lack of focus on youths after the age of 18.The fact that the adolescents are politically powerless with a little say might have as well facilitated to lack of attention and limited action.

The gap in implementation of related policies for the adolescents can also be due to "lack of capacity or inability" to enforce the policies (Save the Children Alliance 2001:6).This can be linked to the global conditions which affect the policy design and implementation process and contribute to vulnerability among OAG .The following figure shows how the global

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[8]Ministry of Women Affairs (1993) National Policy on Ethiopian Women. Addis Ababa.

[9] Ministry of Health (2006) National Reproductive Health Strategy. Addis Ababa.

economic condition contributes to vulnerability of adolescent girls in poverty context.
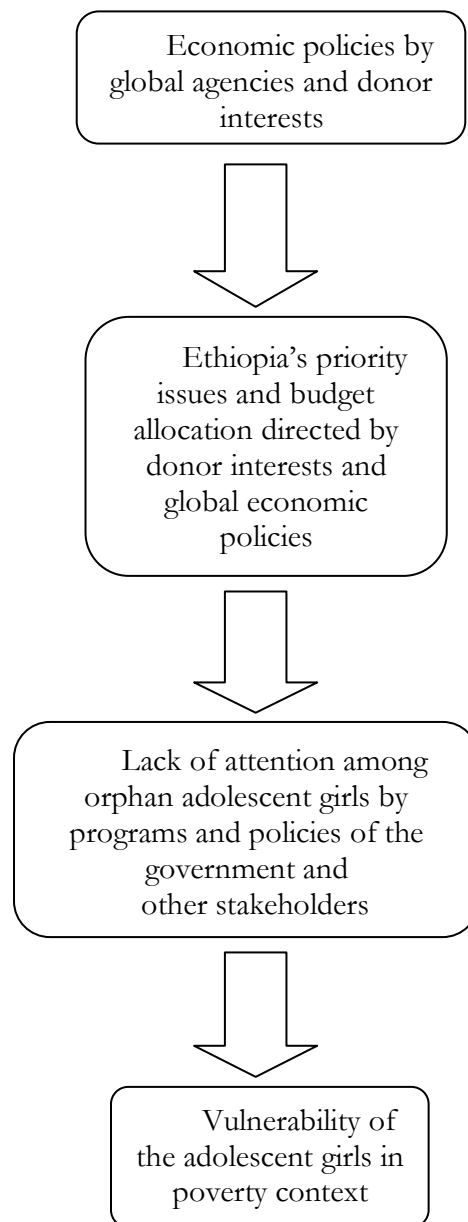
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┌─────────────────────────┐
│   Economic policies by   │
│  global agencies and donor │
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│    Ethiopia's priority   │
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│    Lack of attention among │
│   orphan adolescent girls by │
│  programs and policies of the │
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│      Vulnerability of    │
│    the adolescent girls in │
│       poverty context    │
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Figure 2: Contribution of Global Conditions to Vulnerability of Adolescent Girls

The functioning of national plans and guidelines into real benefits for orphan and vulnerable adolescents is dependent on government priorities and decisions. Government priorities can be seen in the budget allocation. Even if the policy is there if there is no capacity or budget allocation by the government there will be limited implementation. The lack of priority and

implementation by the government on adolescents in vulnerable context can be the push from the global economic conditions and donor priorities on other issues which diverts the government's attention and priories on other issues.

This is further explained in related findings. As indicated by Mabala, (2006) continuing debt burdens among developing African countries as well as inequality in terms of trade and related barriers by developed ones constrain the abilities of the governments to address vulnerable groups the focus shift to fulfilling the interest of donors in developed countries instead of the problem at hand. As stated by Lockhart(2008:111) " in East Africa, largely unregulated and sweeping structural adjustment policies and how they conjoin with local conditions affect .... the security of female headed households, and the capacity of health and social services." This affects the effectiveness of programs and policies in place to support vulnerable children which can be strengthened by broader changes to development policies at national and international levels (Ibid: 112).

The entire chapter showed different socioeconomic conditions and attention by programs and policies from local to global context can possibly facilitate or minimize vulnerability to HIV infection among OAG. There exists support and intervention from the community, NGO and the government however there is gap in related policies and programs in minimizing HIV risk among vulnerable adolescents. The finding further shows that the social support from the community including extended family, neighbours and friends is found to be important in building resilience of the girls.

5. CONCLUSION

In conducting the research an attempt has been made to understand the everyday life experiences and context of OAG due to AIDS which was also used to explain the conditions of vulnerability and resilience in relation to HIV and life chances. The finding shows that not all OAG are in similar conditions which explain that not all orphans are resilient and vulnerable the same way. The girls seem to be coping with adverse conditions and lead their lives which show that they are not simply victims influenced by their environment rather they do respond and adjust to changes using different coping strategies.

The intersection of socioeconomic conditions in the immediate environment of the girls explains their situation of vulnerability and resilience in relation to HIV infection. There was no sexual powerlessness and related vulnerability among three of the girls namely Seble, Fana and Beza. The possible reasons include having opportunity for schooling, values they have, having socioeconomic and emotional support from family, neighbourhood and friends and availability of enough income to address daily needs. The opposite is found to be possible condition for involving in sexual risk in lives of Roza and Tigist who are HH. Orphanhood, gendered and economic disadvantages, lack of educational opportunities, social isolation and living in urban slums are found to be possible facilitating conditions for HIV risk among these girls.

The findings further shows that lack of intervention and focus on vulnerable adolescents by existing programs and policies from global to grass root level can contribute to their vulnerability. Policies and programs did not give much attention to vulnerable adolescents including OAG as they are categorized under OVC which mainly focuses on younger children instead of adolescents. Moreover programs and strategies homogenise adolescents who are different among themselves due to age, gender, orphan status, social relations, education, living arrangements and residence. It is therefore vital to understand the context and differences of adolescent girls when designing related interventions.

Programs and policies need to give attention and include adolescent girls in vulnerable situation acknowledging the difference between the category of adolescents and children as well as the differences within the category of adolescents. The attention for the adolescents need to be at all levels starting from global international NGOs and related agencies .The global polices and directions can also be reconsidered to minimize the girls' vulnerability as it affects government, NGOs and community priority and implementation processes. Moreover, coordinated efforts from grass root-community to global level have to be strengthened to improve the lives of OAG in poverty context and minimize their vulnerability to HIV infection.

Existing related policies or those to be designed need to also be viewed in the light of current realities of the adolescent girls. Inclusive policy making on the actual lives of girls is important for a more effective intervention addressing their needs. The research has shown that providing opportunity for the girls in vulnerable situation to share their everyday lives and experiences can give them visibility and voice that brings out the realities, needs and possible intervention areas in the context they live in. Thus as the girls know their situations and needs best, it is important for concerned bodies to hear what the girls have to say and involve them actively in design and implementation of related programs and policies.

The study finding shows that minimal interventions in reducing vulnerability to HIV infection among these girls are observed. Interventions that include accessible services, that facilitate their resilience and strengthen community based supports can play role in minimizing risk. As immediate additional support the NGOs and the community can organize girls support groups. The support group can be used as a forum to encourage one another and discuss on issues of that develop the skills of the girls in vulnerable conditions. In such forum successful women (role models) can also share their experiences which can strengthen the resilience, the sense of confidence and control among the girls.

The finding showed that women in the community including home visitors and mother friends play key role in the resilience of the girls.

Participation of such resourceful women in the discussion group can be an advantage. Awareness raising and education about different issues including reproductive health and parental skills within the girls' community during such or related forums is important in empowering the girls. Furthermore providing more opportunity for vocational training, income generating activities and other accessible life skills programs for the out of school adolescent girls living in vulnerable condition will be beneficial. This was also recommended by the study participants.

Overall, HIV prevention activities have to recognize and address vulnerability effectively with particular emphasis on the most vulnerable that will be useful in changing the conditions that create vulnerability (Mabala, 2006). Specific to OAG, the fact that they are vulnerable implies that social protection for poor families need to consider orphans particularly girls and be linked to HIV prevention programmes to empower them in terms of their sexual awareness, control, and economic and social assets building (Hallman, 2008).

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Appendices

Annex I- Consent form and Interview Checklist for Life History Collection

Consent Form for the Adolescent Girls

My name is Feben Demissie, currently I am a development studies participant specializing in Children and Youth Studies at the Institute of Social Studies of Erasmus University Rotterdam in the Netherlands. I am conducting a study for which I will be interviewing orphan adolescent girls, Government and NGO as well as community representatives to get valuable information that contributes to successful completion of the research paper and most of all add knowledge which will be useful designing related interventions.

The purpose of the study is to learn more on your day to day life experiences and major factors that can contribute to or minimize the risk of HIV infection, among orphan adolescent girls, which is useful in designing interventions and related policies to address the needs and reduce vulnerabilities among the girls. I will be interviewing you to learn about your life experiences and existing interventions by government organizations, NGOs and the community in reducing vulnerability to the infection among Orphan Adolescent girls.

Participation in the study is your choice, voluntarily. You do not have to answer any question you do not want and are free to stop your participation at any time. If you agree to be in this study, I will have interview session with you between one and three times. You will share me your life experience, the questions I ask you will also be more or less related to that.

Confidentiality

Your records will be confidential. The record of this interview will be stored in a secured place and your identity will be coded even in my notes. When the results of the study are reported or published, your name will not be used.

The information you give will be valuable for the study,
Thanks!

Life History Interview Checklist

Family Background and related experiences

*Personal information: place of birth, age ,place she grew up

*Family life: Family size, parent/s place of birth, relationship with immediate and extended family, employment and education of parents, personal behaviour, their hopes for the children

*Household composition and relationship with siblings, extended family, friends, teachers

*Marital status

*Having children or not

*Unforgettable experience during early childhood

Education and School

*ability to attend school or not

*the reason for withdrawal

*description on the school environment

*unforgettable experience, memory in school

*source of encouragement and support in attending school

*Relationship with friends and teachers at school

Social Relations

*With siblings, friends, neighbourhood, extended family

*Socializing with friends

*Presence of close Friends-trustworthy person

*Relationship of trust, abuse and support

*Presence of adult/s who play/s key role in her life

*Condition of social relations before and after parents death

*Involvement in social groups and participation in church/Mosk, Iddir, Ekub
and other social groups

*Activities done for leisure/ Recreation

Work and Livelihood

*Whether working or not

*Reasons for working/not working

*Source of income for living

*The kind of work

*Work and livelihood experiences before and after parents death

Decision Making

*Experiences in day to day decision making

*The role in household decision making

*Experiences in decision making after parents death

*Decision making on the earnings and use of income

*Siblings and other people's perception on the girl being the major decision
maker in the household/be a household head

*Assistance of siblings in earning income and managing the household

Protection and wellbeing

*Feeling of protection or insecurity

*Feeling of protection in the community - the neighbourhood

*Support and interaction with neighbours

*Feeling of protection or loneliness

*Presence of protective person/adult in her life

*The kind of relationship available to protect herself

*Major challenges she faced in life

Memorable experience

*When growing up

*Happy and sad moments

Knowledge about HIV and AIDS

*Mode of transmission

*Knowledge about Safe sex

*Most common source of information about HIV/AIDS

Heterosexual Relationship

*Presence of a lover/boy friend or not

*Transition to sexual activity

*Sexual experiences

*Reasons for being involved in or not involved in such relations

*The age of sexual partner

*Involvement in sexual risk behaviour

*Perception of the possible conditions that facilitate or minimize vulnerability to HIV

Future directions

 Hopes and aspirations for the future

Existing support and interventions

Support/interventions =Psychological (Guidance), home visits, provision of information on reproductive health/HIV and AIDS, Material, Financial, Educational, Medical ,Economic Strengthening -vocational training, involvement in income generating activities, involvement in saving groups and others

Family and kinship Support System

*Did you get any kind of support   outside of the household from neighbourhood and extend families?

*If so what kind of support are you getting and from whom?

*For yourself, for the household, for your siblings

NGO/Government organization or Institutional support

*Do you receive any kind of support from organizations and/or the community in the area?

*What do you think are the existing interventions implemented to reduce vulnerability of orphan teenage girls to HIV infection by the NGO, community and government organizations based on your observation and experience?

*Do these supports fit your needs as an adolescent girl?

*What do you think is left and why? What do you think needs to be done-by the community, the government and NGOs?

Annex II - Focus Group Discussion Guide

Background information
Name of the community based organization/Iddir
Background information about the iddir

What is the condition of life among orphan adolescent girls heading households?

How do you build knowledge about the girls' lives? **Prob**-Reports, home visit-Interview with the girls etc

What are the existing care and support activities for orphans and vulnerable children?

What are the existing care and support activities for orphan adolescent girls 15 to 19?

Situation of vulnerability

Do you think that orphan adolescent girls are particularly vulnerable to HIV and AIDS? Why or why not?

Prob-How are they vulnerable because of their age, gender, cultural factors, living arrangement, orphan hood, economic conditions, residence ....
others?

Interventions to prevent/reduce vulnerability to HIV/AIDS

What are the available interventions used in Preventing/reducing the risk to the infection among orphan adolescent girls by the community group-CBO? Why?

In terms of reducing vulnerability, in your view, what is the most effective intervention performed by the community group-CBO? Why?

What needs to be strengthened/ improved?

Annex III- Key Informant Interview Guide

Consent Form-Key Informant Interview

My name is Feben Demissie, currently I am a development studies participant specializing in Children and Youth Studies at the Institute of Social Studies of Erasmus University Rotterdam in the Netherlands. I am conducting a study for which I will be interviewing orphan adolescent girls, Government and NGO as well as community representatives to get valuable information that contributes to successful completion of the research paper and most of all add knowledge which will be useful in designing related interventions.

The purpose of the study is to learn more on day to day life experiences and major factors that contribute to or minimize the risk of HIV infection among orphan adolescent girls which is useful in designing interventions and related policies in preventing and reducing the risk to HIV infection among girls. I will be interviewing you to learn about the situation of vulnerability of orphan adolescent girls to HIV infection and existing interventions by GO, NGO and the community in reducing vulnerability to HIV infection among the girls.

Participation in the study is your choice, voluntarily. You do not have to answer any question you do not want and are free to stop your participation at any time. I am interviewing you because you either work for the government, an NGO or are involved in voluntary activities within the community related to care and support of orphans and vulnerable children and adolescents. If you agree to be in this study, we can continue with the interview. The question I ask you will be more or less related to the situation of orphan adolescent girls, their vulnerability to HIV infection and the existing - related intervention by the government, NGO and the community.

Confidentiality

Your records will be confidential. The record of this interview will be stored in a secured place. When the results of the study are reported or published, your name will not be used.

The information you give will be valuable for the study,
Thanks!

A. Key informant interview guide for the government representative:

Background information

Name
Organization
Position
Duration with the organization

Situation of vulnerability

Assessment-How do you build knowledge about the girls' lives?

Prob-Reports, Interview with the girls, need assessments etc

What are the existing care and support activities for orphans and vulnerable children and Adolescents?

Do you think that orphan adolescent girls are particularly vulnerable to HIV and AIDS? Why or why not?

Prob-How are they vulnerable because of their age, gender, cultural factors, living arrangement, orphan hood, economic conditions, residence ....
others?

Interventions by the government

What are the available interventions (including existing policies)used by the government in reducing the risk to the infection among orphan adolescent girls?

In terms of reducing vulnerability, in your view, what is the most effective intervention performed by the government? Why?

Possible recommendations for the future?

B. Key informant interview questions for NGO worker:

Name
Organization
Position
Duration with the organization

Situation of vulnerability

Assessment-How do you build knowledge about the girls' lives?

What are the existing care and support activities for orphan adolescent girls?

Do you think that orphan adolescent girls are particularly vulnerable to HIV and AIDS? Why or why not?

Prob-How are they vulnerable because of their age, gender, cultural factors, living arrangement-orphan hood …others?

Assessment-How do you build knowledge about the girls' lives?

Prob-Reports, Interview with the girls, need assessments etc

Interventions by the NGO

What are the available interventions used in preventing/ reducing the risk to the infection among orphan teenage girls by the organization?

In terms of reducing vulnerability to HIV infection among the girls, in your view, what is the most effective intervention performed by the organization? Why?

What are the possible recommendations for the future?

Annex IV Profile of Organizations in the Study

Name of Organization-Ministry of Women Affairs (MOWA)

Organization Type-Government Organization

Description

MOWA is the Ethiopian government ministry in charge of women and children's affairs. It has the responsibility for all activities regarding children in Ethiopia including OVC. It has structure at National, Regional, sub city and keble level.

MOWA has responsibility for all activities regarding children in Ethiopia, including welfare, foster care, domestic   adoption, international adoption and investigation of neglect and abuse as well as developing policies related to orphans and vulnerable children.
Source: Interview with MOWA staff

Name of Organization- Christian Children's Fund (CCF)

Organization Type- International NGO

Description

Christian Children's Fund, inc. (CCF) is an international, nongovernmental, non denominational, humanitarian, organization.

It is dedicated to serving the needs of children around the world through one to one sponsorship program in their own families and communities. It works in 31 countries including Ethiopia, assisting approximately 15.2 million child-

ren and their family members, regardless of race, creed or gender(www.childfund.org).

CCF provides financial support for food and nutrition, primary health care, education, clothing and shelter to children as well as, credit and other economic development facilities to families with an ultimate achievement for self-sufficiency.

Please check the website http://www.childfund.org/ for further information

Name of Organization- Abebech Gobena Yea Hisanat Enkbikabea egna Limit Mahiber (AGOHELMA)

Organization Type-Local NGO

Description

Abebech Gobena Yea Hisanat Enkbikabea egna Limat Mahiber (which means Abebech Gobena Children's Care and Development Association)is a registered an indigenous non-governmental and non-political humanitarian organization founded by a lady Called Abebech Gobena during a severe draught caused famine in 1980 in the northern part of Ethiopia(www.telecom.net.et/~agos).

Besides institutional care and support of orphans, the organization works on developmental activities in rural and urban areas.AGOHELMA manages fund from external donors and local resources to address the needs of OVC and families. One of the programs of AGOHELMA is Positive Change Children Communities and Care (PC3) working with international and community based partners to facilitate coordinated care and support for OVC.AGOHELMA builds capacity of community based organizations to provide services that include educational support, psychosocial support, health and nutrition, economic strengthening, child protection and shelter improvement. Supports families and children affected by AIDS.

Check the website for further information http://www.telecom.net.et/~agos/

Name of Organization-Keble 10 Iddir

Type of Organization- Community based Organization/Iddir

One of the Iddir (Community based social support group)in Doro Manekiya area. The iddir has bylaw by which it operates. The members have monthly contributions .Before being involved in OVC care and support activities the iddir used to be actively involved in only supporting members' families during burial processes and few days after that.

Six years back members capacity building activities were done by AGOHELMA. The iddir members participated in awareness raising about the situation of OVC and how to mobilize resources within the community. More capacity building work in terms of material, financial and trainings have been provided by AGOHELMA to the iddir members in order to strengthen the existing coping mechanism and support systems by the iddir .

The community group is organized in a coordinated manner having a structure that incorporates chair, finance, casher, secretary, purchase, volunteer coordinators and home visitors. The iddir with the support of AGOHELMA and by mobilizing resources from the community has so far provided health care materials, school materials, psychosocial support(recreational activities for older children), vocational training for older children and support for people living with the virus.

Annex V- Overview on PC3 Program

The Positive Change: Children, Communities and Care (PC3) Program Overview

The Positive Change: Children, Communities and Care (PC3) Program is a five-year (2004-2009) program designed to provide care and support to more than half a million orphaned and vulnerable children and their families throughout the country of Ethiopia. The program emphasizes community-based, results-oriented, and family-focused efforts to reduce the negative impact of HIV and AIDS on children, families and communities and increases capacity of local organizations and communities to positively respond to the needs of OVC (Save the children US, 2009).

Tiered approach of partnership

The PC3 Program involves different actors and uses Tiered approach involving Tier I- international organizations, Tier II-national organizations and Tier III-community groups where information and communication flows from Tier I to Tier III and vice versa. The three tiers work in partnership to address the needs, together with the Government of Ethiopia, private sector and the communities and families themselves (Save the children US,2009). Funded by PEPFAR the President's Emergency Plan for AIDS Relief (PEPFAR) five international organizations namely World Vision, Care, World Learning, FHI and Save the Children/US with Save the children taking the lead worked together with 35 national NGOs and 575 community based organizations who together deliver coordinated and comprehensive care and support services to 530,000 orphaned and vulnerable children and their families in urban and peri urban areas of seven regions within the country(Ibid).