



Risk Map Assessment

A Socio-Economic Study on
Vulnerable Children and Adolescents
In
West Hararge Zone
Chiro and Gemechis Woredas

Comitato Internazionale per lo Sviluppo dei Popoli (CISP)

*(International Committee for the
Development of Peoples)*

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support of vulnerable children and adolescents in Ethiopia

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LIST OF ACRONYMS

AIDS	Aquired Immunodeficiency Syndrome
CISP	International Committee for the Development of Peoples
CRC	Child Rights Convention
CSA	Central Statistics Authority
DPPC	Disaster Prevention and Preparedness Commission
DPPO	Disaster Prevention and Preparedness Office
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
HCP	Harmful Customary Practice
HIV	Human Immunodeficiency Virus
HTP	Harmful Traditional Practice
IG	Income Generation
MCH	Material and Child Health
MGH	Millennium Development Goals
MOLSA	Ministry of Labor and Social Affairs
NGO	Non-Governmental Organization
NPA	National Plan of Action
ODA	Oromiya Development Association
OVC	Orphans and Vulnerable Children
PA	Peasant Association
UNICEF	United Nations Children's Fund

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Executive Summary

Nowadays, thousands of Ethiopian children and adolescents are living under appalling condition facing the challenges of abject poverty and other human made or natural calamities. They are the prime victims of various forms of abuses and exploitations which intensify their vulnerability to physical, emotional and psychological damages. Despite the fact that Ethiopia has ratified the convention on the rights of the child and designed favorable policies and national plans to address the plights of children, the emphasis directed to mitigate the problems of children living under difficult circumstances still requires much more effort to be exerted from all concerned actors in the sector. In recognition to this, The International Committee for the Development of peoples (CISP) in collaboration with its partners has been making quite significant contribution towards alleviating the problems of vulnerable children in the country for over a decade.

Currently, CISP, in collaboration with the Oromia Regional Food Security DPPC, Labor and Social Affairs Bureau, and Zonal and Woreda structures, commenced a project entitled “Children and Adolescents Living in Difficult Circumstances” in Oromia regional state West Hararge Zone Chiro and Gemechis woredas. The project envisaged a wide range of activities based on Child rights Convention and in line with the National Plan of Action for children, through building local capacities in order to address the root causes of poverty and vulnerability of disadvantaged children and adolescents. It is also believed that this effort in one way or another contribute to the attainment of the Millennium Development Goals (MDGs).

The main objective of the study was to identify root causes, magnitude, types of risks and their effects on the vulnerability of children and adolescents and to assess how these risks actually hamper children’s access to social, natural and economic needs in the West Hararge Zone, Chiro and Gemechis Woredas. Based on the findings, it was also expected to come up with viable recommendations for actions in the areas of awareness raising and advocacy on children rights protection and priority needs.

The study was focused on the rural settings of the two woredas and conducted in 15 selected sample Kebeles, (9 PAs from Chiro and 6 PAs form Gemechis Woredas). From these PAs, 100 children and 50 parents participated in a face to face individual interview, while about 100 participants were also addressed through focus group discussions and as key informants of the study. In general, about 250 participants have taken part as primary sources of information. To gather information, two sets of data collection tools were developed and administered. One set involves semi-structured questionnaires for children/adolescents and parents; while the other set was a checklist of items that was designed for guiding focus group discussions and key informants’ interviews. Before administering the tools the research team provided orientation for 12 enumerators recruited from the sample kebeles in order to familiarize them with the tools and on the procedures of data collection. Then, data was collected after the questionnaires being pre tested and relevant amendments made. The quantitative data was then analyzed using the SPSS software package and the findings of

which were substantiated with a detail qualitative data obtained through focus group discussions.

According to the findings 63 % of the children live with both parents. About 10% of them are orphans where elder sons and daughters are shouldering responsibility to take care of their younger siblings. The remaining (27%) have lost at least one parent out of which 17% of the children are living in women-headed families looked after by mothers only.

Concerning parents' educational status, the majority (44%) of the respondents are illiterate while only 28% have attended formal education in primary and secondary schools, with 24% and 4%, respectively. Average family size of the two woredas is found to be 8 persons per household, which is slightly above the national average.

Farming is a means of living for the overwhelming majority of families that accounts for 79.3%, followed by a combination of trade and farming, which is found to be the second highest (10.7%). About 42% of the children contribute for family income as a coping mechanism to fill the shortage of income. More than half of the respondents' families 60% do not possess oxen. Over half (60%) of the respondents reported that they are not getting adequate meals every day. Only 29% affirmed acquisition of 3 meals a day.

As far as education al enrolment of children is concerned, girl's enrolment rate is 41.7% as compared to boys which is 58.2 %. Drop outs account for 17.5 % of the population. In aggregate, children never attending school (never enrolled or drop outs) all together constitute 46.7%.

About 62% of the families fetch water from rivers, springs and ponds while 14% use hand dug wells and 24% get water from communal water points. This indicates that families' level of access to potable water in the woredas is very low. 61.3% of children have no access to health facilities in their locality and 42.7% families depend on traditional treatment.

About 40 % of the children experienced violence and abuse most of which are physical attacks (87%) followed by deprivation of food and attempt of abduction (13%). Over half of the parents (57.4%) lack adequate knowledge about child right. According to parents' response, FGM76%, tonsillectomy (52%) uvulectomy and extracting milk teeth (48%) and early marriage 17% are customary practices reported as applied on their children. As far as work load ids concerned, 42% and 58% of them are engaged income generating (IG) and on Domestic chores respectively, while 61% reported experiencing workload that affect their education. 22% of the Children and adolescents in Chiro and Gemechis woredas are not well aware enough about HIV/AIDS.

Orphaned children, children living in poor families, malnourished children, children not attending school, disabled children , street children, school drop outs, female children and children exposed to child labor are major categories of vulnerable children identifies by participants in the Woredas.

As far as major problems of children and adolescents is concerned, malnutrition (shortage of food), lack of educational access, luck of employment, dropping out of school, child labor and FGM are major problems identified at the top list in focus group discussions and individual interviews.

Recurrent drought, limited ownership of economic resources by families, lack of institutional services, various cultural beliefs and practices are found to be major root causes for exposing children and adolescents to vulnerability.

Based on the findings of the study, the following recommendations were suggested.

- As the problems of vulnerable children and their root causes have a multifaceted nature it is very commendable to design an integrated development approach of interventions.
- It is advisable to design a capacity building program to strengthen technical material and human resource capacities of the local institutions (local administrative structures, service giving organizations and sector offices), whose roles and functions are related to the development of children and adolescents.
- Promote community participation starting from the inception point of intervention and through out the project cycle.
- Efforts have to be made to develop alternative means of income to build the economic power of the families with creating access to credit services, introducing improved agricultural technology, develop irrigation and water development, creating market accessibility for farmer's products, etc.
- Expansion of alternative basic education centers in areas where school services are absent and rehabilitating existing schools with adequate facilities and human resource.
- Establish hostel services in high schools to reduce the magnitude of school dropouts particularly girls in an integration with the capacity building effort to enable schools run the hostel service in a sustainable manner.
- Efforts need to be made to break through such cultural barriers like FGM, abduction, early marriage, preference for large family size, including HIV/AIDS by making use of community conversations as a traditional media.
- Expand the Mother and Child Health Programs to alleviate child and maternal mortality and to promote family planning services.
- Design interventions to reach out of school children and adolescents in the rural community on HIV/AIDS awareness.
- Establish and strengthen Child Right Child Right Clubs in schools:
- Establish child protection units at each woreda and in some satellite sites of kebeles in the rural areas with a local human resource.
- Create awareness programs to parents specifically on the rights of the child and developmental needs and also work on the legal measures of various forms abuse.
- Develop partnership and form networks at various operational levels involving local government and Non-governmental organizations to work in collaboration to curb the problems of vulnerable children and adolescents.

Part One

Background

1.1 Introduction

Ethiopia is a multi ethnic and multi lingual country with diversified child rearing practices and early child bearing or early mother hood practices resulting in longer reproductive span and high fertility rate and serious health risk of the young mother. From the population of 72 million, 44% accounts for children less than fifteen age groups in the country. About 52% of the population is below 18. Educational coverage is 27% and access to basic health care and education is extremely confined to the urban centers and safe mother hood is inaccessible (NPA, June, 2004:MoLSA).

In Ethiopia, thousands of children and adolescents are living under difficult circumstances and many are victims of abuses. It is currently estimated that there are about 4.6 million orphans and out of which 1 million of them have lost their parents due to AIDS (UNAIDS/UNICEF/USAID, 2004). Many studies indicated that there are at least 100,000 street children in Ethiopia (about 25% are girls) UNICEF's projected estimate puts the figure to 185,000 in 2003 (GFDRE and UNICEF, 2001). Children with disabilities account for 51%, out of the estimated 4.9 million persons with some impairment in the country (NPA, 2004). It is to be noted that there are also a large number of Ethiopian children who are juvenile delinquents, children working in hazardous conditions, displaced and refugee children drug addicts and suffering from HIV/AIDS.

Challenges facing children in the Ethiopia are varied and immense. Thousands of children have been victims of various forms of abuse and exploitation that resulted in physical, emotional, psychological damages. The types of child abuse vary in form and magnitude with the effects ranging from visible physical effects to behavioral and social maladjustment, disability, long lasting illness and even death. Children are abused in their homes, schools and in orphanages or foster families, as well as on the streets. Orphan children and abandoned children are victims of abuses from adults. Recent reports from hospitals, schools, institutions, police stations, etc show that the magnitude of abuse specifically sexual abuse on very young children is on the increase. Children in rural areas suffer from child labor with workload and corporal punishment as well as very low participation for their own matters in addition to abuses of various forms.

Like in many under developed nations, children in Ethiopia are also major contributors to family income. Children work for a variety of reasons. The most important is poverty. Children work to ensure the survival of their family and themselves. A study (CSA, 2001) revealed that 85% of the children in the country are engaged in some kind of productive and household activities, and 33% of them combine schooling and work. Concerning the contribution of children in developing countries, one of the literatures stated the following:

Children are often prompted to work by their parents. According to one study, parents represent 62 percent of the source of induction into employment. Children make their own decisions to work only 8 percent of the time (Syed et al. 1991). In fact, a possible reason parents in developing countries have children is because they can be profitable. Children seem to be much less of an economic burden in developing versus developed countries. Children in developing countries also contribute more time to a household than they deplete as compared to their counterparts in developed countries (Lindert 1976). Therefore, parents in developing countries make use of children's ability to work.”

1.2 Policy and Legal Framework.

Ethiopia ratified the Human rights convention in 1991 and based on this adopted a new constitution of the country in 1995. Among the other articles of this constitution article 36 particularly focused on the legal protection of children taking into account the provisions of the Child Rights Convention (the CRC). The Ethiopian Government also adopted the African Charter. This includes issues of Handicapped children, Child labor, protection against child abuse and torture, Administration of Juvenile Justice, Protection of family, Parent care and protection, Protection against harmful and cultural practices, Children under armed conflicts, Refugee children, Adoption, Separation from parents, protection against apartheid and discrimination, sexual exploitation, drug abuse, Child sell, trafficking and abduction, children of imprisoned mothers, Responsibilities of the child. The African charter includes and emphasizes these articles to the original CRC, in order to address the special condition of children that need immediate measures in most of the African countries.

The ILO Convention on the worst forms of child labor and minimum working age was also taken into consideration in the labor law of the country. Additionally the Child Rights Convention was translated into Amharic and other 11 major languages spoken in the country to be used for training purposes and awareness on child rights.

The National plan of action (NPA) was drafted by the Ministry of Labor and Social affairs in collaboration of the concerned organizations for the years of 2003- 2010 and beyond. The NPA was prepared with the objectives of implementing the CRC in the areas of provision of quality education, promoting healthy lives of children, protection of children against abuse and exploitation and Combating HIV/AIDS. The NPA emphasizes on the principles of putting children first, eradicate poverty ,leave no child behind, care for every child , educate every child, protect children from harm and exploitation , protect children from war, listen to children and ensure their participation , Protect the earth for children. Some of the plans on *Education, Health, HIV/AIDS* and the need for adequate *budget* for its implementation are seen as follows.

1.3 Background and objectives of the study

Despite legal provisions and favorable policy frameworks, the underlined risk factors entrapping children and adolescents into vulnerability are far from being well addressed. It is indeed very much evident that the immense and intertwined nature of the problems requires a concerted effort of all concerned actors. In view of this, many developmental and humanitarian organizations (both international and national), have been making an enormous contribution in this respect for over a decade in the country.

As in many developing countries NGOs in Ethiopia take the responsibilities of filling the gap of the social services that are not yet provided by the government system specifically on the materialization of child rights. International Committee for the Development of Peoples (CISP) is an Italian non profit making and non governmental organization which has been working in Ethiopia since 1986, making a relentless effort to mitigate the plights of children and other vulnerable segments of the population in the country. Recently, CISP, in collaboration with the Oromia Regional Food Security and DPPC, Labour and Social Affairs Bureau, and Zonal and Woreda structures, commenced a project entitled “ Support to Children and Adolescents Living in Difficult Circumstances” in Chiro and Gemechis Woredas of West Hararge Zone, Oromia Regional State.

The project envisaged a wide range of activities based on Child rights Convention and which commensurate with the National Plan of Action for children, through building local capacities in order to address the root causes of poverty and vulnerability of disadvantaged children and adolescents. However, paucity of baseline data in the area, and the need for contextualizing the nature, magnitude and dimensions of risk factors and vulnerability groups as well as the intent for securing benchmark measures of quantitative information has necessitated to conduct this risk map assessment. The outcome of this assessment will give an insight about risk factors of vulnerability and alternative strategic issues for future intervention of CISP in general and other partners and stakeholders embarked on a similar cause in the area in particular. In doing so, CISP envisages to contributing to the realization of the Millennium Development Goals particularly for education for all, reducing maternal and child mortality, and HIV/AIDS in the target Woredas.

1.4 Objectives of the Study

1.4.1 General objective

The general objective of the study is to gather data, which will be considered as baseline data useful to identify appropriate indicators to monitor and evaluate the project’s activities,

1.4.2 Specific Objectives

- To elaborate and carefully develop the map of risks of children and adolescents living in vulnerable condition.

- To identify root causes, nature magnitude, types of the risks and their effects on children rights and to assess how these risks actually hamper children's access to social, natural and economic services.
- To identify and categorize main typologies of children living in difficult circumstances, including those exposed to sever poverty, HIV/AIDS, orphans, school drop outs, those exposed to street life , malnutrition, labor exploitation and abuse.
- To map out areas of high risks and diagnose and differential impacts of the risks and differential mechanisms (initiatives) taken by children, adolescents and women, community and institutions at different levels to avert the risks,
- To gather data that would help to assess opportunities and space for the successful implementation of the program/ activities of the project and for benefiting children and adolescents and to come out with information relevant for policy issues at micro and macro-levels and net working,
- To identify harmful traditional practices about children in general and those living in vulnerable conditions in particular, and
- To come out with viable recommendations for actions in the areas of awareness raising and advocacy on children rights protection and priority needs.

1.5 Overview of the Study area.

West Hararge Zone is one of the 12 Administrative Zones of the Oromiya Region located in the eastern part of Ethiopia. Covering 17, 635 km² area, the zone is inhabited with the total population of 1, 952, 101. It consists of 12 woredas, 384 PAs, 24 urban centers and 334,254 households.

Chiro and Gemechis are two of the 12 Woredas found in the West Hararge Zone. The two woredas in total constitute 72 kebeles (peasant associations). Until very recently, all the 72 PAs were under the same administration of then Chiro woreda. Now that, for the purpose of administrative conveniences, PAs have been restructured into two independent administrative woredas named Chiro and Gemechis. There are 39 and 33 PAs in Chiro and Gemechis woredas respectively. Each PA is also subdivided into villages (*Gaxxi*) and neighborhoods (*Garee*).

Population: according to the the 1994 Population and census report of the Central Statistical Agency (CSA), the total population of both Chiro and Gemechis (the then chiro woreda) was estimated to be 294, 295. Currently, according to the data obtained from the administration of the two woredas the projected estimate of the total population reached about 439,699 , with males 226, 323 (51.5%) and females 213,376 (48.5%). Children below the age of 15 comprise 46.9% of the population, while those under 5 constitute 15.7%. Agriculture being the major economic activity of the people, about 92.9 % of the inhabitants resides in the rural part of the woredas. Though data is scanty about the nature and degree of ecological and climatic condition, both woredas involve the three type of relief and climate i.e. highland, midland and low land, which agro-ecologically called, 'Dega', 'Woinadega', and 'Kola',

Ethnic composition and religion: The Oromo ethnic group constitutes 86.2% of the total population in the Woredas. The Amhara ethnic groups comprise 12.6%. Other groups, the Argoba, Gurage Silti, Tigraway and others constitute 1.2% of the population. As far as religion is concerned, Muslim faith is the majority with 82%, while the share of orthodox Christianity is 17%. The proportion of Catholics, Protestants, traditional and other religious groups is 1% (CSA, 1994).

Education and Health services: The total health coverage of the both woredas is about 30-31%. There are 4 clinics, 3 health posts and 1 zonal hospital in Chiro woreda and 4 clinics, 4 health posts and one health center available in Gemechis Woreda (Chiro and Gemechis Woreda Health Offices). According to the woreda education offices, the current education coverage is about 59%. As to the distribution of schools, in Chiro Woreda, there are 219 schools functioning from grade 1-4 level, 8 schools from grade 1-6 levels and 5 schools from grade 1-8 level, one high school and 10 non formal education centers available. Where as, 18 schools from grade 1-4, 16 from grade 5-8 and 6 none formal education centers are available in Gemechis woreda.

1.6 Structure of the report

This assessment report is organized in four sections. Part 1 is the introduction section which provides background information about situation of children, purpose of the study and its specific objectives and profile of the study area in brief. The second part deals with the methodology of the study, (the data collection procedures, techniques instruments/tools and participants involved in the study). Data findings and discussions of the results have been presented in the third part of the report. Finally, conclusions and recommendations are given in the last part of the report. The research instruments/tools, map of the study area, list of participant organizations and other relevant documents are also annexed.

Part Two

Methodology

This section deals with the design of the study, participants of the study, sampling and data collection procedures, the type of instruments used for data collection and the data analysis process. The research has employed both qualitative and quantitative methods, which constituted the major design of the study. The methodology includes participatory techniques that allow the involvement of the target groups and pertinent stakeholders such as children and adolescents, parents, community leaders (Iddir Leaders), Zone, Woreda and Kebele Administrations, relevant Government sector Offices (Labor and Social Affairs, Education, Health, Police, Justice Offices) and non-governmental organizations operating in the area. The first step of the study was to conduct a literature review. Accordingly, relevant documents regarding CISP's programs and other secondary sources pertinent to children and adolescents in general and those living in vulnerable conditions in particular were thoroughly revisited. In addition, a consultative discussion was also held with the CISP's project management about the general framework of the risk map assessment. Information acquired from literature review and consultations assisted the team in the designing the primary data collection instruments.

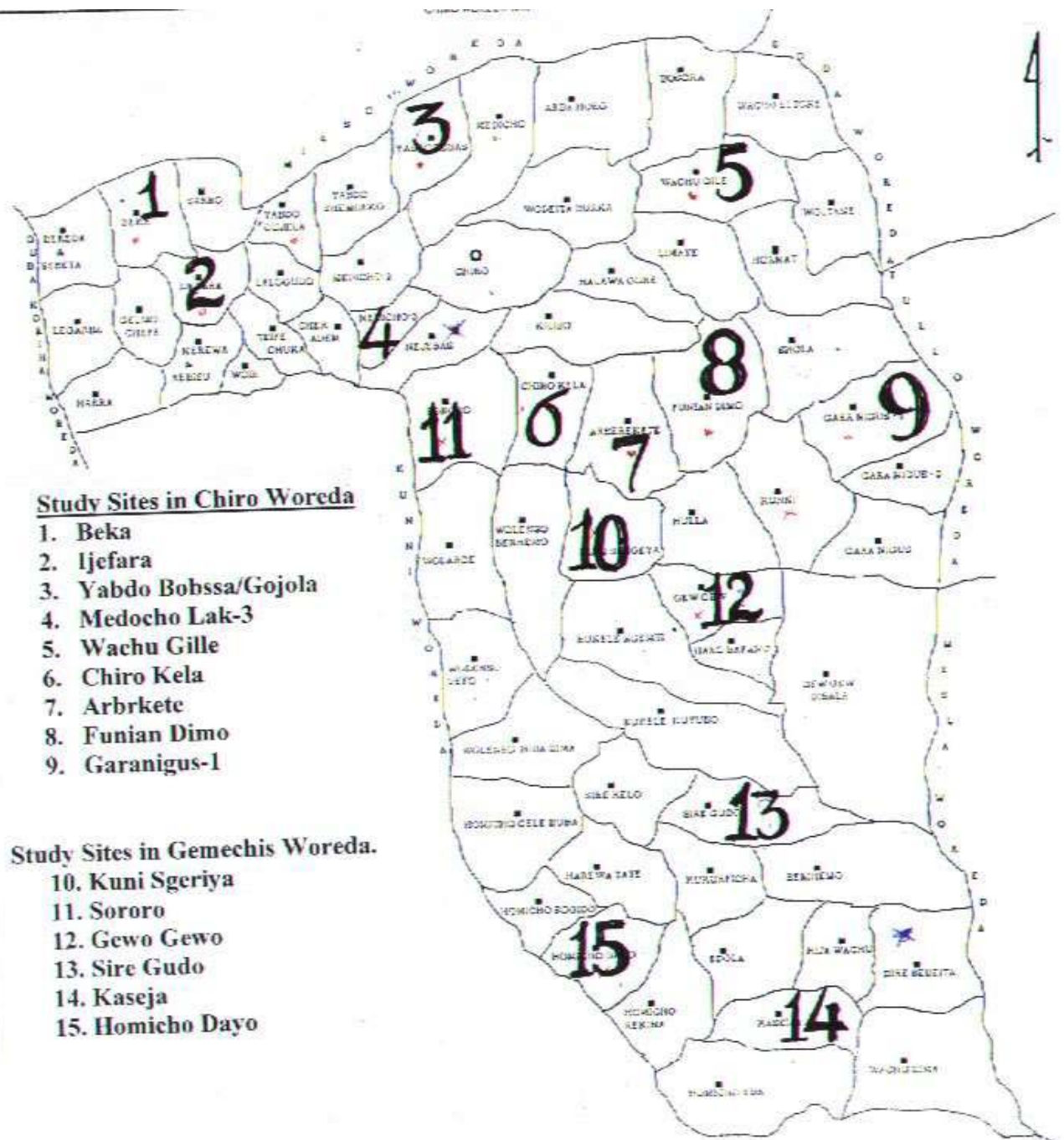
2.1 Instruments

In view of obtaining both quantitative and qualitative types of data, two sets of instruments were developed and administered. One set involves semi-structured questionnaires for individual interview for children/adolescents and parents; while the other set was a checklist of items that was designed for focus group discussions and key informants' interviews. The overall structure of the questionnaires was framed into core thematic areas related to the objectives of the risk assessment. These include background of the interviewee, access to services and resources, experience of abuse and exploitation and other cross cutting issues such as HIV/AIDS, disability and gender. As to the checklist, each guiding question was made to correspond to the specific objectives of the study and used to triangulate the findings.

2.2 Selection of the Study Sites.

The study was conducted in 15 Kebeles, (9 kebeles from Chiro and 6 kebeles from Gemechis Woredas) of the West Harare Zone. Identification/selection of the study sites (kebeles or PAs) was carried out with the participation of the two Woreda administration, labor and social affairs offices and CISP staff in Chiro. The clustering procedure of the sample PAs was made purposive because a better representation of PAs would be maintained and the composition would give a clear picture of the Woreda. Moreover, by doing so, high-risk areas could not be omitted. High-risk areas were identified based on criteria, which include: large population size, areas where there are shortage of basic social services, and those with chronic food shortage, etc. At the outset, the selection team obtained a Woreda map and a list of PAs from two Woredas with their respective

population size. Then, the team worked on some parameters for identifying the kebeles. Accessibility/inaccessibility, ecology, population size, vulnerability for human made and natural calamities, socio economic life of the people, etc were some of the parameters followed in the process of selecting the target PAs. Accordingly, 9 PAs were selected from Chiro Woreda , which constitutes 39 PAs, and 6 PAs from Gemechis woreda, out of 33 PAS exiting in the Woreda. 15 selected study sites are indicated in the map below.



2.3 Sampling

The size of the sample was based on the population size in general and the different categories of the community in particular; that is, children, adolescents and representatives of various offices in both Woredas. The sample from each group was made using purposive as well as random methods. Careful considerations were given in order to commensurate representative sample size with the time and resource allotted for the assessment. From both woredas, 100 children and 50 parents participated in a face to face individual interview. Where as over 50 participants were addressed through focus group discussions and as key informants of the study. In general, about 225 participants have taken part as primary sources of information.

2.4 Data Collection and Management

The study was organized and designed by a consultant and an assistant. In the data collection process, 12 enumerators were recruited in each kebele (PA) to conduct the interview and collect data. The data collectors were all teachers from the local primary and junior school in the woreda who were selected by the consultant in collaboration with Woreda Administration Community Mobilization Office. The selection was made purposive with consideration that the work should be undertaken by responsible persons who are well acquainted with the geographical location and sociocultural life of the society. Before commencing the fieldwork, enumerators were given a daylong training and orientation on the content of the questionnaire and the methods of data collection, so that enumerators would be able to put across the very message of the questions correctly, in a proper and interactive manner. Following the training, the instrument was pre tested by the enumerators on one child and one parent each based on which certain amendments and improvements were made on the questionnaires.

- **Interview**

Following orientation, the 12 enumerators were deployed to the target PA's in their respective localities to conduct individual interview with children and parents. Each woreda assigned one coordinator from labor and social affairs office to facilitate, supervise and assist the study team during the entire data collection process. The selection of children and parents was both random and purposive. On average, 7 children were interviewed from each kebele and 3-4 parents respectively. Open-ended interview was also administered to Key informants; namely Heads of Zonal Administration, Woreda Administrations, the Zonal Labour and Social Affairs Department, Woreda Education, Health, Police Office, Judicial court Food security, disaster prevention and preparedness office, school directors, Kebele, and health workers and other concerned line Offices as well as non -governmental organizations operating in the study areas.

- **Focused-Group Discussion**

Focused group discussions were conducted with a total of 9 groups (with 5 groups of children and adolescents and 4 community groups) in some selected kebeles of the study area. One of the focus group discussions was held with women group. This was done with the view that women would be able to openly reflect important issues pertinent to the research project. Amazingly, in all the focus group discussions, women's participation was impressive

and the ideas they generated were found to be valuable for this research project. The size of each FGD group was between 8-12 persons for community groups and 6-8 for children groups. One of the five children groups was held with street children in Chiro town. Case presentation and role-plays were some of the participatory techniques used to facilitate discussion with children groups. Social mapping, wealth ranking and pair wise ranking techniques were applied for community groups. All the FGDs were tape recorded and later transcribed for analysis. The transcribed data was then categorized and interpreted. The overall data collection including children and parents interviews, focus group discussion with parents and community, and key informant interview took 10 days.

2.5 Data Analysis

The data were tallied and coded, organized and tabulated by three professionals. The analysis of the data was conducted on the basis of the objectives of the study with application of quantitative and qualitative techniques. All the focus group discussion sessions were tape recorded and later transcribed for analysis. The transcribed data was then categorized and interpreted. Analysis of the findings using quantitative method was carried out in such a way that base line data generated from semi-structured questionnaires has been categorized on different thematic issues and displayed in a tabular using percentage and graphic presentation. The qualitative method of data analysis enriched the quantitative data and enabled to capture data, which were not obtained through semi-structured interview. Findings are also interpreted to show the combined results on the situation of children and adolescents in the two Woredas in totality as well as separately. Interpretation of the findings was substantiated with a detail qualitative data obtained through focus group discussions. A total of 10 days was spent to complete data analysis.

2.6 Limitation of the Study

The execution of this research project is not without limitation. The research team has faced time constraint to carry out the project. The total time allocated for execution of the study from instrument development to submission of the first draft report was only 30 days. This has forced the research team to limit the project to a sample of 100 children and 50 parents from both Woredas. However, to have a clear picture of the situation of children and adolescents in both Woredas, the team gave due emphasis to focus group discussion and key informant interview so that information not gathered through Semi-Structured Interview would be obtained through these techniques. During the process of data collection, the research team could not get the required secondary data from schools (particularly dropout, repetition, and repetition rates) and some sectoral government offices, which basically emanated from lack of having proper documentation.

2.7 Validation Workshop

Before finalizing the study, a one day in-house workshop was conducted with the view to enrich the study findings. More than thirty participants from among different stakeholders including government organizations (different line offices), NGOs, schools, community leaders and CISP staff were in attendance in the workshop. The workshop was found to be a good forum to enlighten the participants about the findings of the study and get their reflections on it. Moreover, additional inputs and recommendations were also forwarded in relation to problems under consideration and on the way forward. The summary of the workshop inputs are annexed in the last part of the report.

Part Three Findings and Discussion

3.1 Respondents' Profile

Table 1: Profile of Children/Adolescent Participants by sex.

Description	Classification	Chiro Woreda			Gemechis Woreda			Both Woredas			
		M	F	Total	M	F	Total	M	F	Total	%
Age	8-11	10	13	23	7	3	10	17	16	33	33
	12-15	16	12	28	8	10	18	24	22	46	46
	16-18	6	9	15	2	4	6	8	13	21	21
	Total	32	34	66	17	17	34	49	51	100	100
Educational Level	Illiterate	4	13	17	3	5	8	7	18	25	25
	Read & Write only	0	0	0	0	0	0	0	0	0	0
	1-8	26	21	47	14	12	26	40	33	73	73
	High School	2	0	2	0	0	0	2	0	2	2
	Total	32	34	66	17	17	34	49	51	100	100
Parental status	Live with parents	19	21	40	13	10	23	32	31	63	63
	with father only	2	5	7	0	3	3	2	8	10	10
	With mother only	5	7	12	4	1	5	9	8	17	17
	Orphan	6	1	7	0	3	3	6	4	10	10
	Total	32	34	66	17	17	34	49	51	100	100

As shown in table 1 above, nearly equal proportion of males and female children have participated in the study, which account for 49 and 51% respectively. The age composition of children ranges from 8-18 with the majority (46%) falling under 12-15-age category, while the next larger group is in the age range of 8-11, which accounts for 33%. Children between 16-18 account for 2%. As far as the educational level of the children/adolescent respondents is concerned, 25% of the respondents are illiterates and the rest of the respondents are literates with the overwhelming majority (73%) in the first and second cycle of the primary level. Sex segregated data also indicates that out of the total illiterate respondents, females account the highest proportion which is about 72% as compared to males which is 28% only. Those in primary level of education account for 73% and insignificant number of children (2%) are in the high school level.

With regard to parental status of children, the large majority, (63 %) of the children live with both parents. About 10% of them are orphans where elder sons and daughters are shouldering responsibility to take care of their younger siblings. The remaining (27%) have lost at least one parent out of which 17% of the children are living in women-headed families looked after by mothers only. This condition has an implication on the vulnerability of children to lead their life in utterly difficult situations. Among 37 children who lost either one or both of their parents, death accounts for 67% of the reasons for losing parents,

divorce 28 % and other factors such as separation and imprisonment account for close to 5%. The findings have shown significant correlation between parental status and children's vulnerability. A substantial number of respondents 29 (64.4%) who have lost either one or both of their parents reported that at least one of their siblings have left home to live with relatives or non relatives.

Table 2. Profile of parent respondents

Description	Classification	Chiro Woreda			Gemechis Woreda			Both Woredas			
		M	F	Total	M	F	Total	M	F	Total	%
Age	20-30	6	3	9	3	2	5	9	5	14	28
	31-40	10	10	20	4	2	6	14	12	26	52
	41-50	3	0	3	2	3	5	5	3	8	16
	51 and above	1	0	1	1	0	1	2	0	2	4
	Total	20	13	33	10	7	17	30	20	50	100
Marital Status	Unmarried	0	0	0	0	0	0	0	0	0	0
	Married	20	7	27	10	5	15	30	12	42	84
	Divorced	0	1	1	0	1	1	0	2	2	4
	Widowed/er	0	5	5	1	0	1	1	5	6	12
	Total	20	13	33	11	6	17	31	19	50	100
Education	Illiterate	3	11	14	3	5	8	6	16	22	44
	Read & Write	8	1	9	3	2	5	11	3	14	28
	Elementary	8	1	9	3	0	3	11	1	12	24
	High School	1	0	1	1	0	1	2	0	2	4
	Total	20	13	33	10	7	17	30	20	50	100
Religion	Muslim	17	10	27	9	5	14	26	15	41	82
	Orthodox	3	3	6	1	2	3	4	5	9	18
		20	13	33	10	7	17	30	20	50	100

With respect to parent respondents the data shows that majority of the respondents (60%) are males as compared to females (40%). Though the number of women participants in the individual interview was less than men, an attempt was done to enhance their participation in the focus group discussion. Accordingly, almost equal or more number of women participated in the focus group discussion in all the sites. Data in Table 2 also shows that 52% (the majority) of the respondents are within the age range of 31-40 years while the next larger group is in the age range of 20-30 years. Only a small percentage (4%) is above the age of 50. The mean age of the respondents is approximately 32 and this indicates that the respondents are more of youths and adults.

Regarding their marital status, the large majority (84%) is married and the second largest proportion (12%) is widowed and the remaining are divorced (4%). The prevalence of 16% parental separation due to death or divorce has implication on losses of proper care and protection of children among these families. Male parents were asked about the number of

wives they got married and the response depicted that out of 30 men participated in the individual interview, 8 (26.6%) have got two or more wives and while remaining percentage married to a single wife. Concerning parents' educational status, the majority (44%) of the respondents are illiterate while only 28% have attended formal education in primary and secondary schools, with 24% and 4%, respectively. According to the data females are more disadvantaged than men in education. Out of 22 illiterates in the two woredas, women constitute 16 (72.2%). The situation can have a negative impact on the child rearing style of the family as well as on their socioeconomic life.

3.2 Family size

Table 3: Family Size in the respondent's household

Chiro woreda			Gemechis woreda		Both woredas	
Family size range	Frequency	%	Frequency	%	Total frequency	%
< 5	15	15.2	9	17.6	24	16
5-8	52	55.5	29	56.8	81	54
9-12	31	31.3	13	25.6	44	29.4
>12	1	1.0	0	0	1	0.6
Total	99*	100	51*	100	150	100

** Number of persons (both children and parents) interviewed in each woreda.*

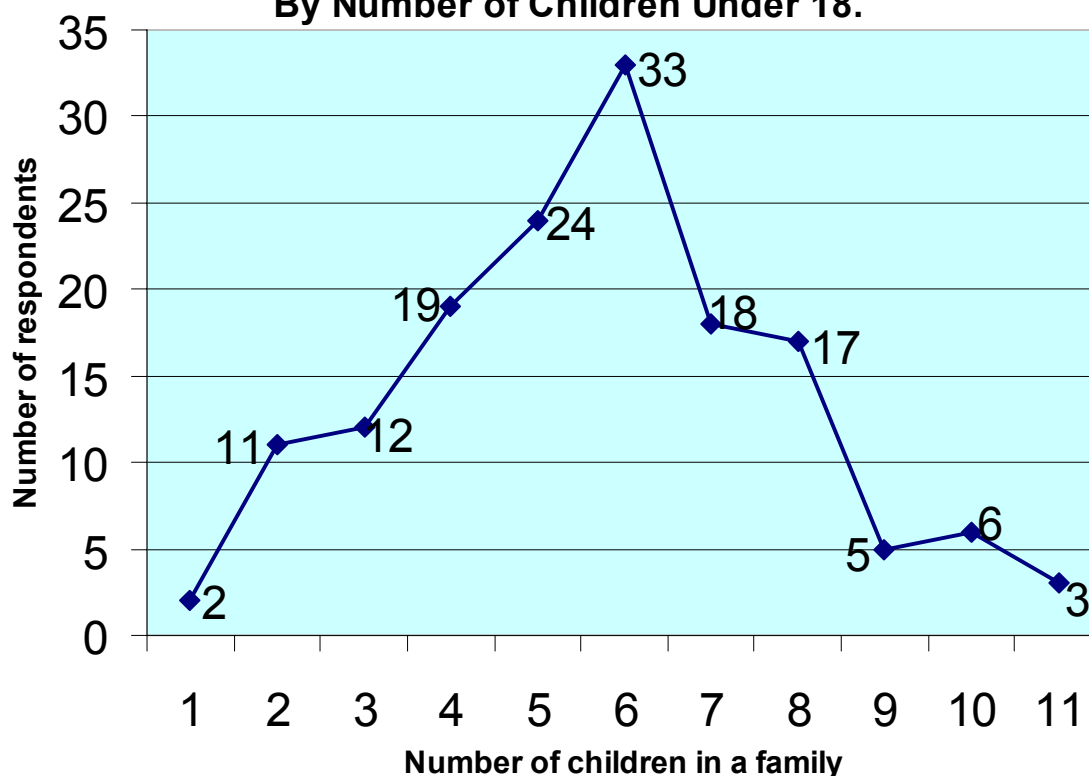
Table 3 shows the family size of the aggregate number of respondents (children and parents) participated in both Woredas. The smallest family size was 3 and the maximum 13. Thus, average family size of the two woredas is found to be 8 persons per household, which is slightly above the national average. The highest concentration belongs to the range of 5-8 persons per family, which constitute about 54%. The second highest concentration falls between 9-12, which accounts about 29.4%. The distribution in the two woredas seems proportional having a similar trend. The rest 16 % of the families have less than 5 persons per household. From these findings one can deduce that large family size and high population density in the area could be indicators for scarcity of resources in the community that may contribute to weaken the economic capacity of the households.

Family size has an adverse effect in intensifying the vulnerability of children on poor households due to the fact that it entails resource dilution and inadequate distribution in the family. These will likely create impact on access to the resources by vulnerable groups of the family including women and children. In addition, considering the fact that the majority of the adult respondents being at the childbearing age, the family size can be anticipated to increase in due time.

In relation to family size, the number of siblings living within respondents' families was also examined. Accordingly, it was found out that majority of the respondents/parents (60%) said they have from three to five children. 29% of them said that they have more than seven children. The remaining 11% have got less than 3 children. The overall figure shows that the number of children per household is so large that, coupled with low family income could leads to poor living conditions. As shown in figure 1 below, there are few number

households concentrating around the two extremes. The distribution sharply goes up to its pick around middle numbers ranging from 5-7, meaning that many households have on average 6 children.

**Chart 1: Frequency Distribution of Households
By Number of Children Under 18.**



3.3. Source of income

As summarized in the table 4 below, farming is a means of living for the overwhelming majority of families that accounts for 79.3%, followed by a combination of trade and farming, which is found to be the second highest (10.7%) source of income in the locality. Some 5%, 4% and 0.7% of the families earn income from trade alone, from daily labor and civil service jobs respectively. The nature of income source of households in both woredas has more or less a similar character. Though household income in general is perceived as inadequate by a significant number of respondents, one can see a marked difference between the perception of children and parents. When asked about how sufficient is the family income to sustain family members, 32 (32%) of the children and 6(12%) of parents reported it as sufficient. Conversely, 68% of the children and 88% of parents have perceived their family income as inadequate to fulfill the needs of their children. Though not possible to generalize to all households, some families during the focus group discussion indicated that they could only feed their families for not more than 6 months with own production. Being engaged in daily labor (both parents and children) and food aid are the means by which a family fills the gap in food deficit. It was found out that, about 42 out of 100 children interviewed are contributing to supplement household income, with a proportion of 44 %

and 47% in Chiro and Gemechis woredas respectively. This implies that, with in the context of insufficient economic capacity of the households, children’s engagement in income earning activities whenever possible (to support themselves and their family) is indispensable. In such conditions, children may face a challenge of exploitation or unable to exercise their rights for education and protection.

Table 4: Source of income by Woreda

Source of income	Chiro Woreda		Gemechis Woreda		Total	
	Freq.	%	Freq.	%	Freq.	%
Farming	79	80	40	78.2	119	79.3
Trade	5	55	3	6	8	5.3
Daily labor	3	3	3	6	6	4
Civil service job	0	0	1	2	1	0.7
Others (both trade and farming)	12	12	4	7.8	16	10.7
Total	99	100	51	100	150	100

3.3.1 Farm land holding

As this study mainly concentrates on rural settings, examining farmland ownership of families is of paramount importance to assess the economic capacity of families, which in one way or another affect the wellbeing of children. The finding apparently shows that except very few 8(16%), the majority (84%) of the households owned farmlands and this also corresponds with the finding in Table 1 in which it was shown that the vast majority are farmers. Chat, sorghum and maize are the main farm products crops produced by the entire farming households in the area. The difference lies on the size of land that belongs to each household. Table 5 below summarizes the average size of land holding per household in both woredas.

Table 5: Farmland Ownership of the Children’s Families by Size of Land

Size of the farm land	Chiro		Gemechis		Both woredas	
	Freq.	%	Freq	%	Total	%
None	5	15.1	3	17.7	8	16
Less than ½ hectare	14	42.4	7	41.2	21	42
½ - 1 hectare	10	30.3	6	35.3	16	32
> 1 hectare	4	12.2	1	5.8	5	10
Total	33	100	17	100	50	100

According to the responses shown in table 5, 16% of them reported that they have no land at all that belongs to their ownership. The majority of households' 42% possess farmland the size of which was estimated less than 1/2 hectare. The next larger proportion (32%) of the families owned land size estimated between 1/2-1 hectares. Only a small percentage of families (10%) have farmland with a size greater than 1 hectare. One can see a similar picture of land holding in both woredas.

Possession of oxen is another important means of production for a farming community irrespective of the size of the land they owned. Respondent parents were asked whether they have oxen or not. The finding shows that more than half of the respondents (60%) do not possess oxen at all although the majority of them are farmers as indicated earlier. The proportion of Chiro and Gemechis woreda is said to be 34% and 26% respectively. This implies that the farmers lack the major means of production and this will more likely lead to less or no production, shortage of income and poor living condition of the family in general and children and adolescents in particular. It was mentioned during the focus group discussion that the youth migrate to other areas in search of better life and support themselves as well as their families.

3.4 Access to Services and Resources

3.4.1 Access to education

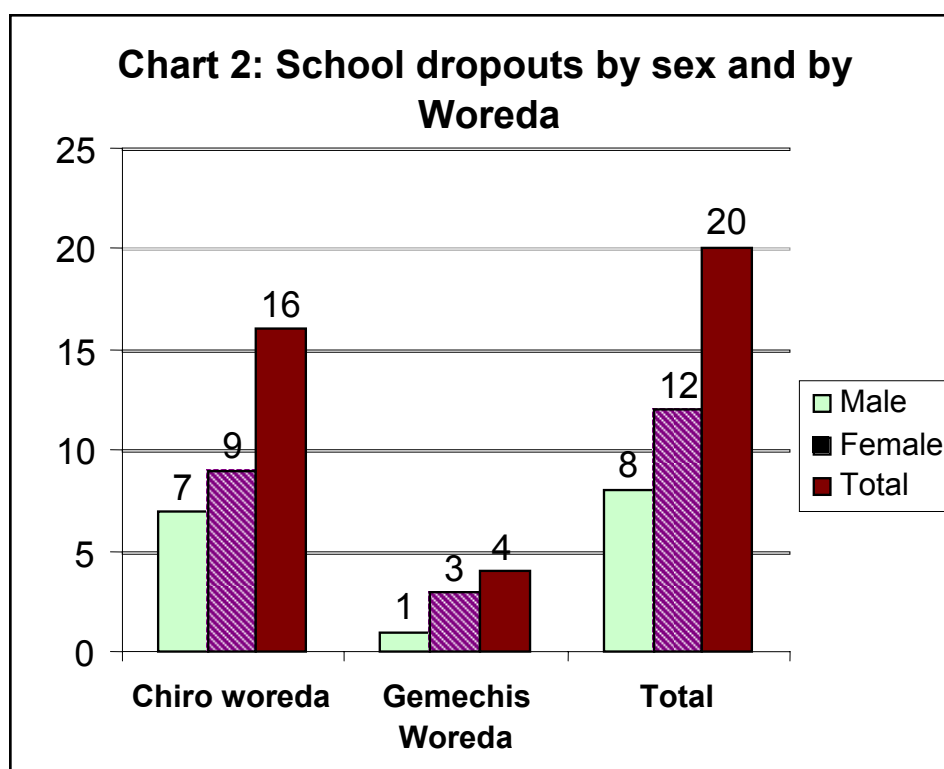
Table 6: School enrolment of children in sample households.

Description	Chiro Woreda				Gemechis Woreda				Both Woredas			
	M	F	Total	%	M	F	Total	%	M	F	Total	%
Attending school	32	23	55	53.9	14	10	24	52.2	46	33	79	53.3
Never enrolled	10	18	28	27.4	4	11	15	32.6	14	29	43	29.1
Drop out	6	13	19	18.7	2	5	7	15.2	8	18	26	17.6
Total	48	54	102	100	20	26	46	100	68	80	148*	100

* Number of school age children reported by parents in 50 households of both woredas.

Table 6 above shows that out of the total 148 school age children (those beyond age 6) reported by parents in 50 sample households of both woredas, 79 (53.3%) found to be currently attending school. From the data it is possible to deduce that nearly about 3 school-aged children are available in each household. Where as, a significant number 43(29.1%) have never been enrolled to school in spite of the fact that they are at school age. Drop outs account for 17.6 % of the population. In aggregate, those children never attending school (never enrolled or drop outs) all together constitute 46.7%. With regard to the sex composition, in both attending and non attending groups, females are in a disadvantage position. As data indicated, girl's enrolment is 33 out of 79, which is 41.7% as compared to boys which is 58.2 %. Regarding enrolment rate of each woreda, even though the proportion of school participation is almost similar, lack of enrollment in Gemechis woreda is slightly higher than Chiro by 4.6% Among reasons given by parents for not sending children to

school, financial/economic problem was cited as a major factor for the majority 28(56%), while parent’s need for children’s labour was the second major reason that accounted for 14(28%). The two factors are interrelated for children may be forced to work due to family poverty and lack of capacity to fulfill children’s basic needs. Distance/absence of school and sickness were other factors mentioned by 10% and 2% of the respondents respectively.



The total drop out rate among children respondents in the two woredas is found to be 20%. This figure also corresponds with the data indicated in Table 6 which is very close to this figure. The data shows a significant difference observed between the two Woredas. There are 16 dropouts out of 66 participants in Chiro which accounts 24.2%, while 4 out of 34 in Gemechis which is 11.7%. This implies that the ratio of dropouts is much higher in Chiro Woreda. In terms of sex distribution however, the situation in both cases seem to be the same, where females constitute the majority of the dropouts. It is in fact worthwhile to note that the drop out rate in the remotest kebeles is expected to be much higher than these figures. For instance according to the data obtained from Ijafara and Kaseja primary schools located in the remote distance, over 40% of the students who finished the primary school can not continue education because of the distance factor. In Beka primary school, it was reported that about 20- 25 female students drop out because of early marriage in one term of the academic year alone. Economic factor, workload, distance and early marriage are reasons most frequently reported by the children respondents for being unable to continue education.

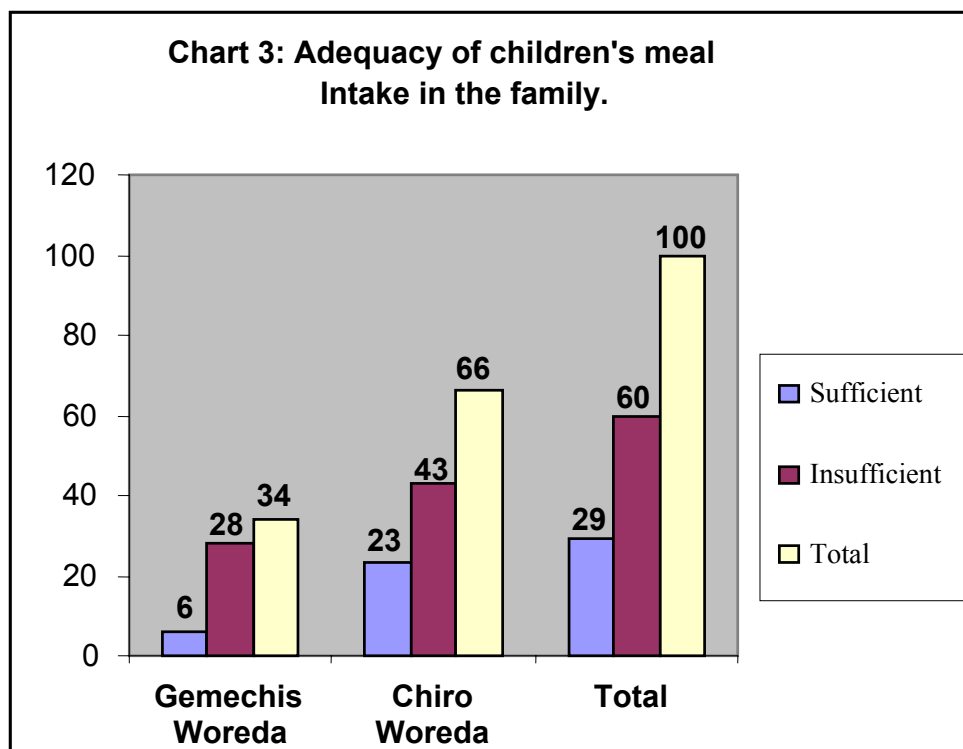
3.4.2 Distance from School

Table 7: Estimated distance of schools from children's village as reported by different age groups

Age group	Distance			Total
	< 1 km	1-3km	>3 km	
8-11	7	10	16	33
12-15	12	21	13	46
16-18	5	9	7	21
Total	24(24%)	40 (40%)	36 (36%)	100

As discussed above, inaccessibility/absence of schools is one of the factors that hindered children from education. In this regard, children were asked about the distance of the nearest school from their village/residence. According to the summary of the responses in table , the majority 40 (40%) reported distance between 1-3 kilometers, followed by 24 (24%) who said that the distance is approximately less than 1 kilometer. The remaining 36 (36%) reported that they should travel over 3 kilometers, which is absolutely inaccessible especially for children under 12 years of age.

3.4.3 Adequacy of meal



Woreda specific data about sufficiency of meal is displayed in figure 3 above. According to children and adolescent respondents, in general, over half (60%) of the respondents reported that they are not getting adequate meals every day. Only 29% affirmed acquisition of 3 meals a day. This may be due to large family size, limited farm plots and limited harvest. The situation has an adverse effect on child growth and development. Looking into the data of each woreda, 65.1% of children in chiro woreda mentioned that they don't get sufficient meal in the family while 82.3% in Gemehis responded the same. However, access and availability of meal is seasonal. During harvesting season, children could get adequate meal per day (in terms of quantity).

3.4.4 Source of water

Table8 : Source of water and distance.

Water source	Chiro	Geme chis	Total	%	Distance	Freq	%
River/pond/ spring	61	32	93	62	< 1 kilometer	57	38%
Well	13	8	21	14	1-2 kilometers	68	45.3%
Water point	25	11	36	24	> 2 kilometers	25	16.7%
Total	99	51	150	100	Total	150	100

Table 7 depicts the finding about source of water and distance as reported by both children and parents respondents. About 45.3 % fetch water traveling about 1-2 kilometer distance. A significant percentage 16.7% should travel far a distance over 2 kilometers, while 38% fetch water from a short distance (< 1km). As far as the source of drinking water is concerned, the large percentage of households in both woredas (about 62%) fetch water from rivers, springs and ponds while 14% use hand dug wells and 24% get water from communal water points. This indicates that families' access to potable water in the woredas is very low. Additionally, respondents who fetch water from sources other than water points were asked whether the source of water is protected or not. Only 9(7.8) % of the respondents reported that he source of water is protected, which is actually insignificant figure. All these have an implication for the likelihood of vulnerability of children to water born diseases. Moreover, as it was reported by the respondents, female siblings and mothers are the ones most often fetch water in many of the families. The fact that fetching water is a typical activity left to female children the distance maximizes the burden of work load and their vulnerability to various problems. Fear of abduction, dangers that may occurred due to flood, and falling down carrying heavy load of water are some of he dangers children worry about when fetching water or fuel wood, as disclosed in most of the discussions with children groups.

3.4.5 Access to Health Service.

Table. 9 Availability of hearth services and type of treatment families apply when children get sick.

Availability of Health Service	Chiro	Gemechis	Total	%		Type of treatment	freq.	%
YES	37	21	58	38.7		Traditional medicine	64	42.7
NO	62	30	92	61.3		Modern treatment	39	26
						Both	47	31.3
TOTAL	99	51	150	100		Total	150	100

The finding in table 8 above indicates that children/adolescents do not get adequate health service according to the response of the majority (61.3 %). The situation is likely to have adverse effect on the growth and development of children. The level of access to health service in both woredas is 38.7%, which is low. The proportional difference between the two woredas on health service coverage is only 3.8%. According to the data obtained from the woreda health offices, the total health coverage is estimated to be 30-31%. The finding in the above table shows slightly higher figure compared to the woreda information. This could possibly be due to the fact that only few PAs from the remotest areas were included in the study. According to the two woredas health offices, there are 8 health institutions in Chiro woreda including the zonal hospital that is, 4 clinics, 3 health posts, and 1 hospital and 9 health institutions (1 health center, 4 health posts and 4 clinics.) in the Gemechis Woreda. This implies that there is a wider gap in the ratio of health institutions to the population size of the woredas and one institution serves at least 4-5 PAs.

As to the way of treatment families often follow, the majority of the respondents (42.7%) said that they use traditional medicine as best means of treatment when children get sick, the situation of which may be risky for children’s health and life. The second largest group (31.3%) use both modern and traditional treatments. The remaining 26% of them said they depend on modern health institution. Distance or absence of health services and cultural belief systems are major reasons forwarded by most of the respondents who opted for traditional medicines.

3.4.6 Place of delivery

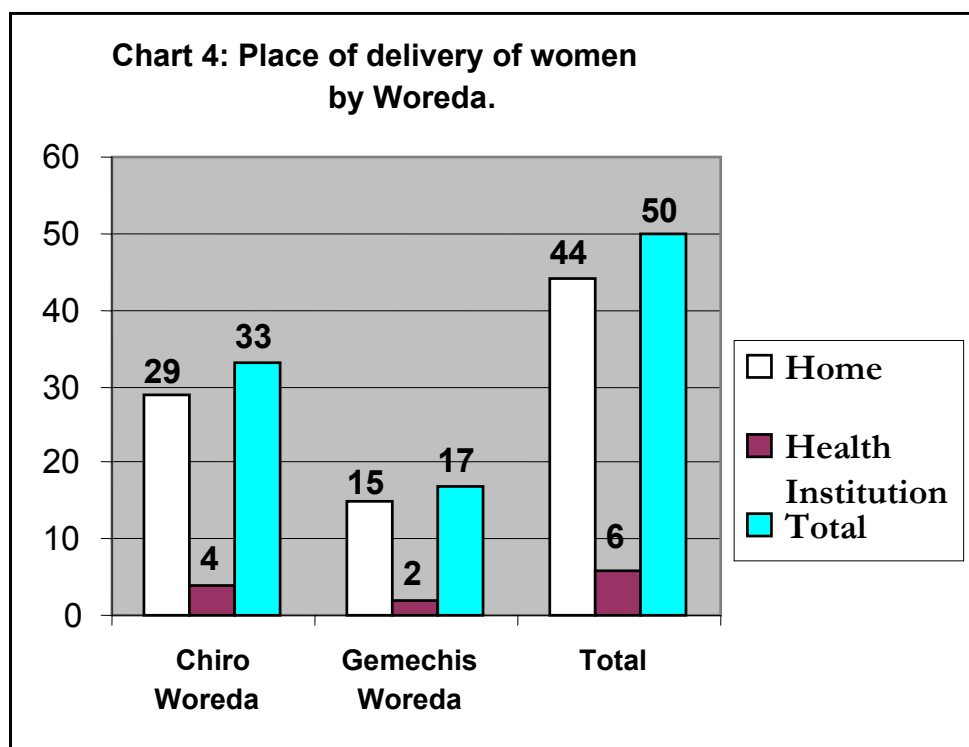


Figure 4 displays data on the place of delivery as reported by 50 households (parents). According to the finding the large percentages of families (88%) undergo delivery at home. Only 12 % of the families have the practice of delivery in health institutions. Among those respondents who reported home delivery, nearly half of them 21(48%) said delivery assisted by trained traditional practitioner, while the remaining 23(52%) often assisted by untrained neighbors or birth attendants. This condition reflects the prevalence of risks for maternal and child mortality at birth.

Table – 10 :Common diseases affecting children and adolescents.

Chiro wereda	Frequency*	Gemechis Woreda	Frequency*
Pneumonia /cold	42	Diarrhea	29
Intestinal problems	35	Pneumonia/cold	21
Diarrhea	15	Malaria	20
Malaria	13	Intestinal problems	14
Flue/common cold	8	Flue/common cold	9
Skin disease	4	Skin disease	8
Eye problem	2	Head ache	3
		Bleeding nose	1

* These figures are counts from multiple responses of children and parents.

Both parents and children were asked whether there are diseases frequently affecting their children, 54% of children and 41% of parents responded ‘No’ to this question. The responses of those who said ‘Yes’ has been ranked and summarized in table 9 above by woreda. Even though the ranking is different the types of diseases in both woredas correspond with the Top 10 diseases categorized by the woreda health offices.

Top Ten Diseases In 1997 EC in both Woredas.

1. Respiratory Tract infection
2. Intestinal parasite
3. Diarrhea disease
4. Malaria
5. Gastritis
6. UTI
7. Anemia
8. Skin disease
9. Conjunctivitis
10. Trauma

Source: Chiro woreda health office.

The data shows that most common diseases affecting children and adolescents listed at the top seems to have been associated with malnutrition, lack of hygiene and clean water.

3.5 Child Abuse and Exploitation

Table11: Child Abuse, Violence and Exploitation

Having experience of abuse/ violence		Having experience of abuse/ violence		Total		
Chro		Gemechis		Yes	No	Total
Yes	No	Yes	No	40	60	100
23 (34.8)	43 (65.2%)	17 (50%)	17 (50%)	(40%)	(60%)	(100%)

Children were asked if they had experienced any kind of abuse and exploitation. As indicated in table 10, the majority (65.2%) answered they didn’t experience any abuse while 34.8% experienced some form of abuse in Chiro Woreda. Those who experienced and not experienced abuse in Gemechis Woreda share equal percentage, which is 50%. Among those who reported to have experienced abuse, workload and being beaten/physical attack are the most frequent responses given by 87% of the respondents. Other abuses such as an attempt of abduction and deprivation of food are responded by few (13%) of the respondents. Many children also reported that they have preferences of telling their parents and siblings

whenever they encounter any form of abuse. The situation of abuse against children and adolescents has been substantiated by the woreda police rural department. According to the Police Office record, out of 10 cases reported in the last 5 months period, 4(40%) of the cases were on account of physical attack, while rape is the second highest case, which accounts for 30% of the total. Female children were reported to have been more exposed for different forms of abuses.

Table 12: Daily Chores of children by sex and woredas.

Chiro Woreda						Gemechis Woreda						Both Woredas		
IG Activity			Domestic Chores			IG activity			Domestic			IG	Dome stic	Total
M	F	T	M	F	T	M	F	T	M	F	T	Total	Total	
21	10	31 (47%)	11	24	35 (53%)	12	7	19 (55.9%)	5	10	15 (44.1%)	42 (42%)	58 (58%)	100 (100)

In order to examine the level of work load children experience in their daily life, they were asked about their daily chores. Results in the above table revealed that in total, 58% of the children are engaged in domestic chores while 42% engaged in some type of activities to earn income either to support themselves or their families. Table 11 is the result of the specific inquiry on workloads. According to the data, males in both woredas outnumber females in income generating activities while the reverse is observed in the case of domestic activities. Farming for family or others, collecting/selling chat, fetching water for sale, and house maid/baby sitter like activities, etc were common income earning activities they were engaged in. Tending cattle, fetching water and fuel wood, washing clothes, cooking food, caring for young children etc are domestic chores reported.

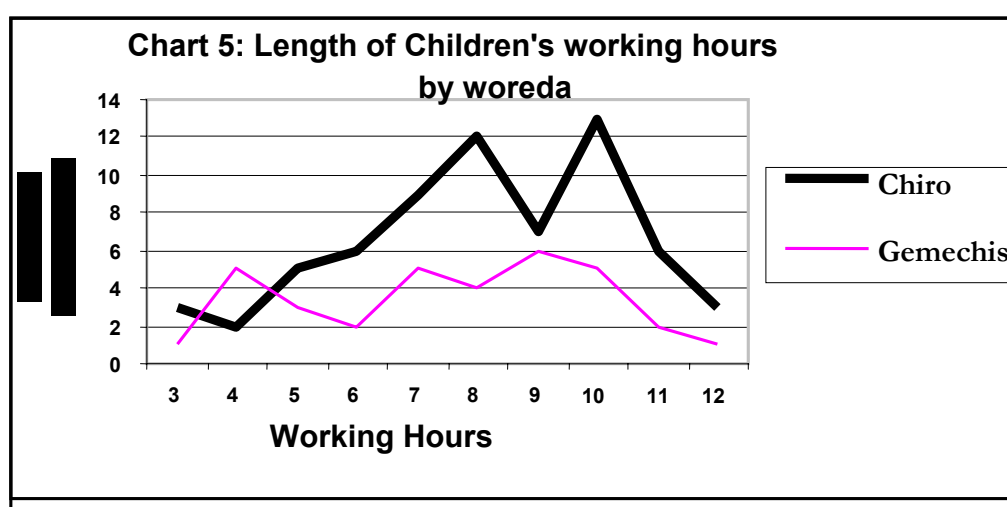
Following this response, the opinion of children was examined on whether they feel workload in their daily chores or not. About 61 % of the total respondents said yes and 39% said no. See the data in table 13 below.

Table 13 : work load and its effect on children’s life

Response	Workload		Total	%	Affecting child’s life		Total	%
	Chiro	Gemechis			Chiro	Gemechis		
	YES	31 (47%)			30 (88.3%)	61		
NO	35 (53%)	4 (11.7%)	39	39	20 64.5%	25 83.4%	45	73.8
TOTAL	66	34	100	100	31	30	61*	100

**Total number of respondents who affirmed work load.*

As one can see from the above data, it is possible to infer that work load is abundant in most of the children and adolescent's daily chores. It was found out that most of the negative effect is on education (as responded by 64%). Specifically they said workload deprives them from having a study time, being late or absent in the school, being weak in the school performance and being forced to drop out of school, lack of time for play, experienced body harm, and exhaustion were common effects reported by the children. However, there is quite clear disparity of figures showing inverse relationship between those who affirmed workload and those who mentioned its negative consequence on their education or life. This implies that though children in actual sense work beyond their capacity, due to economic or cultural reasons they may not consider heavy duties as work load. Moreover, data on the length of work load (as shown in the chart below) is a substantial evidence for this assertion.



As displayed in figure 5, the length of working hours for the majority of children in both woredas, the highest number of hours fall in the range of 7-10 hours a day. This is slightly above the national minimum working age and hour which indicates that the minimum working age for children is 14 years and children 15-18 years should not work more than 7 hours a day. The least hours reported was 3 hours and the maximum was 12 hours. From this finding one can conclude that regardless of the type of activities and locations, children in the rural community work for a long e hours. The length of hours children work is also an indication for workload and the prevalence of child labor. It is not difficult to imagining how it affects the children's time for education and study, when they are supposed to work for more than 7 and 8 hours a day.

Table 14: Children by age and length of working hours.

Age group	Length of working hours			Total
	< 5hrs	5-8hr	>8 hrs	
8-11	6	16	11	33
12-15	4	22	20	46
16-18	1	7	13	21
Total	11(11%)	45(45%)	44(44%)	100

As indicated in table 13 above, the highest majority 45% of the children work for 5-8 hours a day while the next majority (44%) works for more than 8 hrs a day. Only 11% of the children reported working for a length of 5 hours and less in a day. Much worse from this finding is the proportion of children under the age of 12 working over 8 hours constitutes 25%. This condition calls for the attention to be given on sensitizing parents and the community about child work and child labor.

Table 15: Parent’s disciplinary measures as reported by children

	Disciplinary Measures	Chiro	Gemechis	Total
1	Physical punishment	17	11	23 (23 %)
2	Verbal punishment/ scolding	9	5	14(14%)
3	Advice	14	3	17(17%)
4	Deprivation of food	4	5	9 (9 %)
5	Verbal & Physical punishment	12	5	17(17 %)
6	Verbal Punishment & advice	8	4	12 (12 %)
7	No response	2	1	2 (2 %)
	Total	66	34	100

From the data above one can see that all kinds of disciplinary measures are applied by families in each woreda with the intention to shape children’s behavior. In this regard corporal punishment and verbal attacks (insults and scolding) together constitute the highest percentage (37%) in the family. It should be noted that such measures in most cases end up in bringing negative impacts on the life of children. Consequently, children are subject to a lot of abuses physically, emotionally, etc. 17% of the children reported that their parents give advice many times before they apply other form punishment.

Table 16: Customary practices experienced (figures in bold are applicable for females)

	Customary practices	Chiro	Gemechisa	Total
1	Female Genital Mutilation	35	12	47 (92.2%)*
2	Tonsillectomy	13	11	24 (24%)
3	Abduction	2	1	3 (6%)*
4	Uvuloctomy	25	18	43 (16%)
5	Incision of eye lid	6	2	8(8%)
6	Tattooing	16	1	17 (33%)*
7	Extracting milk teeth	15	5	20 (20%)
8	Early Marriage	3	3	6 (11.8%)*
9	Bloodletting	34	24	58 (58%)
10	Burning skin	22	13	35 (35%)

** Percentage calculated on total number of 51 female respondents. Others calculated out of 100 children respondents.*

The above table shows the customary practices that could bring harm to children. The most frequently responded practices are Bloodletting FGM, Ovulactomy, and Burning of skin and tattooing. Abduction and early marriage are the least responded in both woredas. Among the list of harmful Customary practices (HCPS), FGM, tattooing, early marriage and abduction are types of HCPS practiced against female children as reported by 92.2%, 33.3%, 11.8% and 6% of female children respectively. The distribution of figures in this regard follows a similar trend in both woredas. Similarly, parents were also asked which types of customary practices they exercised on children. a large majority (38(76%) reported that they let their female children undergo FGM, 26(52%) tonsillectomy and 24(48%) uvulecomy. extracting milk teeth and 17% said that they made their female children marry early.

Concerning early marriage, female children were asked if they experienced this practice or not. 6(11.8 %) of them were found to be victims of such practice. Commenting on the decisions made about their marriages, all of them pointed out that it was with out their consent and as a result they escaped from their husbands and they are currently living with their parents. The Respondents commented on the bad effect of early marriage as they were forced to drop out of school, developed a sense of hopelessness in their future and experienced violence in the process of abduction.

Table 17: Parents' Knowledge, and Attitude about Child Rights

Issue/child rights	Level of agreement					
	Agree	%	Disagree	%	Total	%
Regardless of their capacity, children have to be involved in any type of work to support the family.	28	56	22	44	50	100
Physical punishment is necessary to make children self disciplined.	29	58	21	42	50	50
Children's issues is only domestic matter and parents/guardians can do what ever they wish to their children	32	64	18	36	50	100
Boys and girls have equal right	24	48	26	52	50	100
Children born out of wedlock have equal right as children born with marital relationships	20	40	30	60	50	100
If I have a disabled child, I do not let him/her go out of home and play with other children	23	46	27	54	50	100
Children need to have freedom of expressing their ideas and opinions on issues concerning them	21	42	29	58	50	100

The above data is about parents' knowledge, awareness and attitude about child rights in relation to the four principles of CRC-protection, freedom of expression, non-discrimination, and best interest of the child.

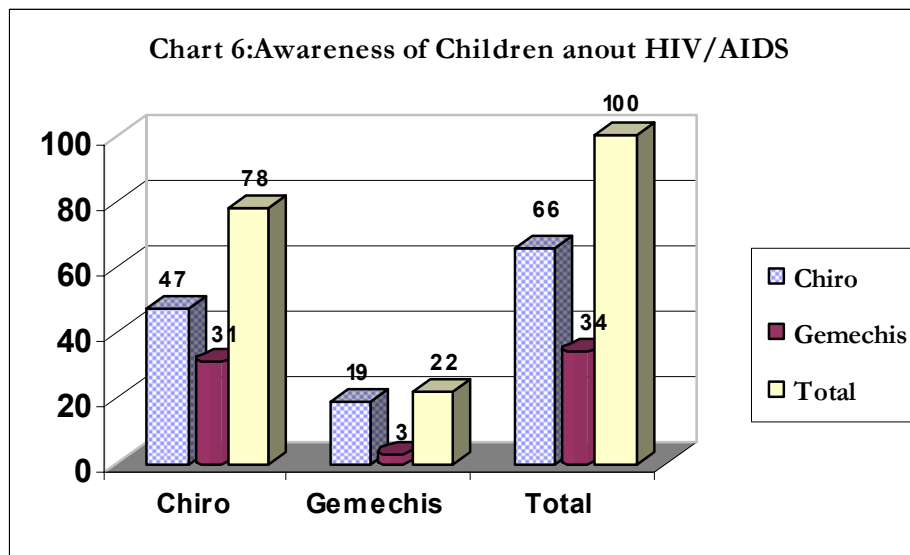
With regard to protection right, 56% responded that regardless of their capacity, children should be involved in household and other activities to support their families while 44% showed their disagreement on the issue. 58% also agreed that physical punishment is necessary to discipline children while 42% showed their disagreement. Parents' response to the non-discrimination right of children indicates that 52% showed their disagreement on the equality of boys and girls while 48% said that boys and girls have equal right. Such discrimination from the beginning in psychosocial and social stimulation process accorded to boys and girls will perpetuate on how the society treats women in different ways from men. In connection to this, the majority (60%) reported that children born out of wedlock do not have equal right with those born with marital relationships while only 40% agreed on the equality of these children with those born with marital relationships. Moreover, 54% reported that if they have children with disabilities, they will not let them to play with those who are able bodied. In the Focus Group Discussion, it was mentioned that parents think the comparative advantage they are getting from able bodied children, especially in domestic and farming activities and overlooked children with disabilities as they are not in a position to serve on equal footing. As a result deliberate discriminatory acts such as confinement at home and prohibiting from getting enrolled to school are observed in the studied communities.

With regard to freedom of expression and participation, 42% reported their agreement while 58% showed their disagreement. The attitude and practices regarding child participation showed that the views of children are not considered in the decision making process. The motive is reflected in the local saying, which goes 'the child does not know what is good and bad' and children should only be 'seen' not 'heard.' Such practice has long term implication on children's active involvement on issues affecting their lives in family and community levels.

The overall response rate of the parents on the issue of child rights revealed that most (57.4%) lack the basic knowledge of child rights while 42.6% seem to have awareness. However, the percentage of awareness (42.6%) of the parents cannot indicate the actual knowledge of the parents on rights of children they are entitled to in Convention on the Rights of the Child. Rather it is the local knowledge they informally get in their day-to-day interaction with children. Though substantial level of awareness is observed, the actual practice seems quite different. Discriminatory practices between boys and girls, physical punishments and other child right violations found out in the study could witness this assertion.

When children were asked about the issue of participation in their own matters at home, the majority reported that their voice is not heard or accepted by the adults in giving comments or involving in decisions (69%) while those who said they are heard constitute 31%. The response was further consolidated when reflecting their views about the issue of confronting parents on matters of their concern. According to the finding the majority (90%) of them reported that their parent's reaction is always negative and accompanied with harsh punishment. Only 5% of them said their parents are passive on confrontation, which is very insignificant figure. The remaining 5 % failed to respond to this item.

3.6 Knowledge on HIV/AIDS.



The majority of the respondents said they have awareness about HIV/AIDS (78%). The remaining group of children 22% has no awareness and this is not actually insignificant proportion as compared to the dangers of HIV/AIDS. Level of awareness seems very low in Chiro which is by 20% less than that of the Gemechis woreda. Participants were also asked to comment on the way of transmission of HIV. Many 68% mentioned blood contact through needles, blades, etc and sexual intercourse as the major mode of transmission, while 24% of the total respondents have no clear understanding about the ways of transmission. These groups wrongly responded the ways of transmission which are far from the actual such as mosquito bite, food shortage, through breathing, feeding and sleeping with PLWHA, etc. The remaining 8% did not respond to this question as they have no awareness about it. When it comes to preventive measures the same pattern was observed. Those that have the knowledge cited the preventive measures properly. But children who are not getting information well in schools or at home don't know the causes as well as the proper preventive measures.

Table 18: Knowledge on HIV/AIDS by Age and Sex.

Age groups	Knowledge about preventive measure and means of transmission						Total
	Yes			No			
	M	F	Total	M	F	Total	
8-11	16	8	24	3	6	9	33
12-15	24	11	35	2	9	11	46
16-18	9	10	19	1	1	2	21
Total	49	29	78	6	16	22	100

Age and sex segregated data also revealed that, among those 22 children who don't have clear knowledge, the majority 72.7% were females. 41% of the children in the age group 8-11, 50% from the age group 12-15 and 9% from age group 16-18 hardly know about the way of transmission and preventive measures of HIV/AIDS.

Table 19. Vulnerability as compared between boys and girls.

Vulnerability to abuse and exploitation					Total
Chiro		Gemechis			
Male	Female	Male	Female		
10 (15 %)	56 (84.8%)	5 (14.7%)	29 (85.2 %)		100%

The respondents expressed children's high vulnerabilities for abuse and exploitation in general both boys and girls have labor exploitation, physical abuse and neglect. But the difference between the sexes was one of the questions. In both Chiro and Gemechis Weredas, most of the respondents witnessed that girls are more vulnerable (84.8%) and (85.2%) respectively. Reasons given for the above response are:-

- Females are not allowed to play with boys
- Females not allowed to go to school
- Females children are forced to get married with someone whom they don't know
- More workload on females than males
- Females are beaten by their husbands.

3.7 Vulnerable children:

As the views of the respondents the most frequent responses on children at the high risk are; children who have nothing to eat and wear, orphans, female children whose fathers have died, children who are not attending school/dropouts, disabled children, Sick children, children exposed to chat sell, etc are also mentioned to be at high risk. This pattern goes with the definition of OVC (Orphan and vulnerable Children) in general terms.

Children and adolescents also cited some of the major problems of these children in their localities. The following are the most commonly mentioned ones:

- Lack of parents and care
- Lack of schooling
- Scarcity of school materials
- Malnutrition/ food shortage
- Violence on children
- Exploitation by people
- Abduction on girls
- Illiteracy
- Lack of potable water.
- Diseases (malaria and skin rash)
- Over burdened with workload

3.8 Suggestion/Solutions Forwarded By Children and Parents in Both Woredas.

Support to the poor children and Orphan children

- Food aid for poor and orphan children.
- Food, Shelter, health facilities, clothing, etc, for poor children
- Rich people should support poor children.
- Taking legal measures on those families who exploit children
- Survival needs should be taken care of by the community

Support in schooling

- Children need to be supported for education
- Begging parents for sending us to school..
- Teaching the families and community for girls to go to school
- Construct schools in the locality.
- KGs should be developed in the area especially for children under 7 years.
- School material support for poor children
- Provisions of non formal education in the villages
- Provision of a high school in the area

Rights of children

- Children's rights should be given priority
- Children need to participate on their own matters.
- Disabled children's rights should be given attention

Support in medical care

- Provide medical care for sick children
- Awareness raising and training on HTPs
- Hygiene education to the village people
- Provision of health facilities in the remote parts of the Woredas

Economical support and provisions

- Financial support for parents
- Establishment of local market in the area (Gemechia woreda)
- Water points should be planted in the near areas of the villages
- Provision of potable water
- Government plan in supporting the woreda with provisions of water, health centers schools.
- Train the community in the development of IG
- Support to the orphan children
- Teach the farmers for Modern farming system for more production
- Skill training / handicraft on pottery to the unemployed groups
- The establishment of supporting organizations (NGOs) in the area is essential

Part Four

Analysis and Discussion of qualitative Data

4.1 Typology and Risk Factors of Vulnerability

4.1.1 Typology of Children and Adolescents at Risk

The categories of children and adolescents in vulnerable conditions in Chiro and Gemeches Weredas was given by different groups of respondents of the study all of whom gave good insight to picture out the major typologies and risk factors of vulnerability. This classification is based on the data obtained from children and adolescents, parents and community group, and key informants at PA and district levels.

Table 20: Typology of children and adolescents at risk

Group of informants	Typology/Categories
Classification by children	<ol style="list-style-type: none"> 1. Orphans. 2. Children who have lost their father 3. Children whose parents do not have land and cattle. 4. Those who are starved and not going to school. 5. Children who lack school materials 6. Sick children 7. School drop outs 8. Children exposed to child labor exploitation 9. Female children
Classification by parents and community group	<ol style="list-style-type: none"> 1. Orphans. 2. Children from the poor families 3. Children exposed to malnutrition 4. School drop outs 5. Children exposed to child labor exploitation (working children). 6. Children under 7 years of age. 7. Disabled children.
Key informant classification	<ol style="list-style-type: none"> 1. Children from destitute families who are exposed to malnutrition and deprived of basic social services such as education. 2. Orphans. 3. Children exposed to child labor exploitation 4 children and Adolescents living with HIV/AIDS 5. School drop outs 6. Children under 5. 7. Disabled children. 8. Street children. 9. Female children 10. Teenage prostitutes

Based on the triangulated data from the children, parents and community group, and key informants, the research team has summarized the following major typologies of children and adolescents in vulnerable conditions.

1. Orphans.
2. Children from destitute families (which include children who are exposed to malnutrition and deprived of basic social services such as education and health).
3. Children exposed to child labor exploitation.
4. School drop outs
5. Disabled children (those who are paralyzed, fully or partially blind, mentally retarded, etc).
6. Children affected and infected with HIV/AIDS
7. Street children
8. Female children
9. Children under 7 years
10. teenage prostitutes

4.2 Root causes of Vulnerability for Children and Adolescents

4.2.1 Draught

The study has identified that drought is one root causes for children's vulnerability in the studied Weredas. According to Chiro Wereda Disaster Prevention and Preparedness Office, draught affects the area almost annually. The recurrent draught coupled with pest infestation has led to crop failure, which eventually resulted in chronic food shortage among the people of the areas over the past years. It was also mentioned by Chiro Wereda DPPO head that, in 2001 almost 75% of the people of the Wereda (including Gemechis) was target of relief support. Due to the effect of draught as well as low fertility of the land, which partly emanated from deforestation and degradation, people do not grow varieties of crops, which adds to the high nutritional value.

All these resulted in deterioration of the households' income. The land holding size of most of the households is very minimal due to the population pressure (less than one hectare) and the crops produced are not adequate to feed the family members. Some families pointed out, with their own production only, they cannot feed more than 6 moths. Even own production cannot feed all family members especially for those who have large family size unless they work to earn additional income and get food aid. This corresponds with the quantitative data obtained from parents. Many families do not send their children to school and afford medical expenses. It has been pointed out that, most of the times, the family members skip their lunches and stay all day long with breakfast only. Even the daily meals are not nutritious. According to Chiro Wereda DPPO, a nutrition survey conducted on highland, semi highland, and lowland areas of the Wereda indicates that the problem of malnutrition among children under five years is common in the low land areas.

4.2.2 HIV/AIDS

All the children and community group respondents did not willingly admit whether HIV/AIDS is a problem in rural areas or not and if there is any person who died of it. However, the research team observed the risk of HIV/AIDS prevalence in the studied areas. It was mentioned by the district level key informants that due to its geographical setting, the people of Chiro are highly vulnerable to the disease. Chiro is found in the high-risk corridor, in the main highways from Addis Ababa to Djibouti, Dire Dawa, Harar, Jijiga where influx of traders is very high.

Due to the crop failure and other reasons, many farmers migrate to urban to urban areas in search of better life. During their stay in urban areas, the possibility of having sexual relationship with commercial sex workers and risk of being infected by HIV is very high. Up on their return to home, they will infect their wives which eventually results in the death of partners leaving their children with no one to support them.

Orphans: The study revealed that there are a number of children who are either full orphans or half orphans due to HIV and other health problems. In one of the Focus Group Discussion sites (Yabdobobassa PA), the participants pointed out that there could be 20-30 orphans in their PA. These groups of vulnerable children face the worst life and deprived of basic social services which children are entitled to in the Convention on the Rights of the Child. Following the death of their parents, there is no one who will take care of them as their parents used to do. They try all possibilities of life to survive. Some of them especially those grown ups migrate to urban areas and survive by working as daily laborers and street life. Many girls are employed as domestic servants or become commercial sex workers who eventually be exposed to HIV/AIDS. Those children who stay in their birth places, especially the younger ones, live with their relatives or hired by others for a variety of activities. The foster care parents or employers take them with the promise that they will educate them. However, they do not send them to school. A child during the Focus Group Discussion in Fugnandimo site pointed out that " *These groups of children were our friends who used to attend in the same school. Now, after the death of their parents, most of them live with their relatives while some of them are hired for about 100-200 Birr per year. They do not go to school though they had started before and have the interest to learn. They work all daylong. Their relatives need only their labor though they initially promised to educate them.*"

Although the magnitude of orphanage is not clearly known, the following data shows the prevalence of the problem.

Table 21: Data on the number of orphans in Chiro woreda.

Year	Number of orphans			Remark
	Male	Female	Total	
1998	211	200	411	In 9 PAs only and data is being collected about the rest of the PAs.
1997	269	209	478	Rural area only
1997	78	83	161	Chiro town only
1997	165	52	217	190 in urban and 22 from rural area being supported by SC-USA

Source: Chiro Wereda Labor and Social Affairs Office (1998 E.C).

The data above shows only reported cases and one can infer that there could be large number of orphans in the Weredas under study, who are looking for support.

According to key informants' views, the problem of streetism is increasing in urban areas from time to time. A sample survey conducted on 84 street children in Chiro town by Chiro Wereda Labor and Social Affairs office in 1997 (E.C) indicated that there are many children coming from rural areas due to various factors. The following data gives an insight.

Table 22 : Data on Street children in Chiro town

		Sex					
	Male	%	Female	%	Total	%	
	63	75	21	25	84	100	
Areas come from							
	Rural	%	Urban	%	Total		
	50	59.6	34	40.4	84	100	
Reasons							
Economic	%	Death of parents	%	Other	%	Total	
49	58.3	35	35.7	5	6	100	

Source: Chiro Wereda Labor and Social Affairs Office (unpublished).

The data above clearly shows that 59.6% of the street children under study come for rural while 40.4% come from surrounding urban areas. Economic factor is cited as the main factors that forced children to migrate to urban areas by 58.3% while 35.75% indicated the death of parents as the main reason for leaving their birthplace. 6% of them reported that they left their birthplaces due to family conflict, abuse, etc. This is a good indicator of how the low level of household income correlated with lack of access to basic social services eventually deteriorates the absorptive capacity of the rural areas and puts pressure on the socio-economic condition of the urban areas. Moreover, the finding indicates how possibly HIV/AIDS impacted children and adolescents by leaving them parentless and affect the overall socio-economic situation of the community.

According to the head of Chiro Wereda Labor and Social Affairs Office, the problem of streetism is increasing in the town as evidenced by increase in begging and anti-social activities such as crime (stealing, and all sorts of abuses on children). It was also indicated that little effort has been undertaken to address the problem, which calls urgent need for collaboration of stakeholders to systematically address the problem.

4.2.3 Institutional and Economic Factors

➤ Child labor and exploitation

Orphaned children and those from destitute families are exposed to child labor exploitation. Article 32 of the UNCRC states that "*the child should be protected from economic exploitation and from performing any work that is hazardous or interferes with the child's education, or be harmful to the child's health or physical, mental, spiritual, moral and social development.*"

Like in many other woredas in the Zone, Chiro and Gemeches Weredas are also chat producing and selling areas in West Hararge, where many young children are exposed to the worst forms of child labor exploitation either to support their families or themselves. The children group during the Focus Group Discussion indicated that in some of the PAs, the worst form of child labor exploitation is practiced. For example, in Kasiga and Homicho Dayo PAs, many young children and adolescents are engaged in collecting chat all day long and earn 20 Birr per day. It was also mentioned during the Focus Group Discussion that, there are times when children work during the nighttime and earn 30 Birr. Small children aged 8-9 years are also engaged in collecting chat with plastic bags which they locally call it 'tachero' which means one plastic bag of chat and get one Birr. There are times when young children collect chat for the community chat owners and get 0.25 cents per 'tachero'.* What makes this work the worst is that the risk of starting chewing chat at a very early age is very high among children in such communities.

Many young girls also engage in backbreaking jobs like fetching water from rivers which they travel about 2 to 3 hours and sell it to teachers and community members (one Birr per Jerican). They also collect fuel wood and sell it to Chiro town traveling 22 km from home. Girls are also engaged in grinding crops manually to help their parents as well as earn income. Boys are hired for tending cattle and farming activities for about 100-250 Birr per year. There are times where the employers leave the child with no payment exploiting his labor all the year (s).

Market inaccessibility for those PAs, which are located at distant places from the central market areas, was also mentioned as one problem for some families. The farmers face difficulty in selling their products at appropriate price, which has a direct impact on the household economy, which in turn exposes children to vulnerability.

In areas where there are no modern health services such as Yabdo Bobasa and Yabdo gojela PAs children are often exposed to various health hazards. Moreover, in most of the PAs, there are no any centers, which give service for children under 7 years. Hence, young children, do not have the opportunity to socialize themselves in the school environment and start actualizing their potentials early in life.

* Tachero-locally it means on plastic bag. One tachero of chat means one plastic bag of chat.

Dropouts

The study has identified two groups of children under this category: those who have already dropped out and those who are at a high risk of drop out. It has been mentioned in all the study sites that, recently, there is high rate of dropout among school children. In most schools, enrollment is high in the beginning of the year. But after the end of the first semester, many children especially girls drop out. It was also indicated by many teachers that drop out is higher in higher-grade levels when children join junior or high school which largely is attributed to inability of their parents to cover school and living expenses.

Table 23 : Data from the two visited schools in Chiro Wereda reveals the high rate of drop out.

Name of school	Enrolled children			Drop outs			%	Remark
	Male	Female	Total	Male	Female	Total		
Beka (1-8)	1035	424	1462	103	68	173	12	First semester only
Fugnandimo (1-6)	676	391	1067	73	41	114	11	“”

Source: Beka and Fugnandimo Primary schools (1998 E.C)

Moreover, data from Ejifara primary school shows that out of 1705 enrolled children in the beginning of the year, 303 (18%) of them dropped out at the end of the first semester. In the same school, out of 163 students who sat for 8th grade national examination, 135 of them passed to the next grade level. Out of 135 students who passed the examination, only 80 (59%) of them were able to continue their high school education while 55 (41%) dropped out. Data from Gemechis Wereda Education Office indicates that out of the 19,370 enrolled in 1998 (E.C) in grades 1-8, nearly 8% of them dropped out at the end of the first semester only. Taking in to account the rate of enrolment, the proportion of female drop outs is high as compare to males.

Underlying Factors for dropout

The children, parents and community group, and key informants attributed the problem of dropout to various interrelated socioeconomic factors. Among others:

- **Low economic level of the households:** most children respondents mentioned that their parents are not able to fulfill their basic necessities and cover school expenses. The parents and key informants response is not different from this. One of the suggestions forwarded by the participants in almost all sites was the need for school meal. It was pointed out children in rural areas wake up early in the morning and come to school empty stomach. This has a negative impact in their school attendance and eventfully contributes to increase in school dropout.
- **Distance of schools:** In many rural areas, one school serves two to three peasant associations and children have to travel long distances. Young children particularly

- girl students are at risk of sexual abuse such as rape and abduction on their way to and from the school. Due to this, many girls are forced to quit their schooling.
- **Low level of awareness of parents about the importance of education:** The study indicated that there is generally low level of awareness of the communities on the importance of education in general and girls education in particular even in those households who have the capacity to send their children to school. In many instances, parents do not want to send their children to school but want them to be engaged in household and farming activities.
 - **Schools are not inviting for children:** As it is the case in the country, most rural schools in the studied areas are not well equipped with the required facilities such as adequate teachers, children's desks, reading rooms, textbooks, mini-media and audiovisual equipments. The research team observed children learning sitting on floor and stones, which would be hazardous for their health condition. One key informant teachers mentioned this" *kids do not mind learning sitting on floor or stones. But when they grow up and join next grades, they need comfort and hence many of them drop out.*" A large number of children also learn in one classroom. In many schools visited, the average classroom student ration is about 1:120 to 1:135, which adds to increase in school dropout. Moreover, most rural schools lack water. Children travel long way from home to school and sometimes, they have to stay all day long in the school compound. Hence, children cannot resist the thirst drive, which contributes to increase in school dropout.
 - **Early Marriage and Abduction:** Many schoolgirls who complete their primary school education (1-8 grades) do not join high school education because either they are forced to marry early or become victims of abduction.

4.2.4 Cultural Factors

A given culture plays significant role in shaping both individual and group behavior and transmits values, norms, and practices from one generation to the next generation. A given culture could have both positive values, which have to be encouraged, and negative elements, which have to be discouraged. Various types of customary practices are committed on children by the name of the culture. The influence of cultural factors on children's vulnerability was examined observed in the studied areas in the following ways.

4.2.4.1 Male preference within the household

In the communities under study, families prefer to have a son to a female child. The birth of a boy is a boon to a rural family. Some of the widely held stereotypical beliefs of the society for male preference include the following.

- The son carries on the family lineage and some inheritance of laws favor males. A family is identified by males.
- Sons are necessary to perform religious and burial rites. The son will be future 'sheik', priest, warrior, and maintains family's name and security.
- The son will help his parents in times of old age while a female child will serve only her husband out of the family.

-
- If you educate a male child, he will be successful, but if you educate a girl she will not be successful as boys.

Discrimination on girls starts at birth. The birth of a baby boy is received with a joy and applause and ‘elilita’ (ululation). At the birth of a boy, family and neighbors (friends) ululate three times while they ululate one time or even not at the birth of a female child. Even there are times when a man fires bullets on the sky if his wife gives birth to a male child. Any woman is cared for during maternity. She is given food of special value with butter, is allowed to more rest, and is not expected to do any household tasks. She is expected to breast feed and care for the baby. However, the husband and his relatives give a women who gives birth to a boy better special treatment and more respect than a women who gives birth to a girl. This sex preference in the early days of a girl has a severe impact on how she exercises her position in the society. Unequal power relationships between men and owmen emanate from such discriminatory practices and often limit women control over sexual activity and their ability to protect themselves from all forms of violations and from having access to basic social services.

4.2.4.2 Need for many children (Lack of family planning)

The study found out there is low level of awareness of the society on issues like family planning and child rights. Family planning is not well practiced. There are households whose who have children up to 15 even with limited family income. Children are considered as assets and needed for lineage. Large family size coupled with low family income has exposed many children to vulnerability. It was mentioned that NGOs like Care Ethiopia has been working in the area and family planning has been one of its major interventions. And yet, no major behavioral change has been observed in the society, which indicates the need for intervention. A case from Beka PA community discussion group discussion is a good indication for this. People said the following when discussing about family planning issues “..*Nowadays, we gave up bearing as many children as we used to. We did this not because we are taught about family planning or used any contraceptives, but nature and life itself is controlling us today. As we have nothing to feed the children; our economic capacity is getting deteriorated from time to time, therefore it is much of a risk to have many children these days.....*” The meaning of this statement is twofold. One, people have limited access to service and knowledge of family planning and second, even if they do, still they prefer having many children so long as their economy allows.

4.2.4.3 Prevalence of Harmful Customary Practices

- **Female Genital Mutilation:** There is no parent who knowingly hurts his or her children but assuming that those practices will benefit his or her children. In the studied communities, FGE is highly practiced.

One of the common explanations for the prevalence of Female Genital Mutilation is adherence to local custom and tradition. Women are often heard saying that they are unwilling to change the customs since such practices have passed from generation to generation and are not about to change. The practice is based on the prevailing belief that female sexuality must be controlled. A women in one of the Focus Group Discussions (Wachugile PA) was heard saying“ *a girl has to undergo FGE whether she is from*

Christian or Muslim religious background. Earlier we used to eliminate the whole part of the female genitalia-labia minora, labia majora, and clitoris. But now, we only remove the sensitive part of it, the clitoris, which is not illegal and that is why this type is still being practiced. If a girl is not mutilated, she will not get a husband ---."

Though the government has prohibited the practice, it is still prevailing problems for girls. This shows that legal measures alone cannot bring lasting change unless it is synchronized with intensive community awareness programs.

Underlying Beliefs about Female Genital Mutilation in the community

- **Psychosexual reasons:** reduction or elimination of the sensitive part of the outer genitalia, particularly the clitoris, in order to attenuate sexual desire in the female, maintain chastity and virginity before marriage, and fidelity during marriage and in order to increase men's sexual desire.
- **Sociological reasons:** FGM is being practiced with the view that it is identification of the cultural heritage, initiation of girls into womanhood, social integration and maintaining social cohesion, to avoid ostracization and stigmatization.
- **Respect for the tradition:** parents attribute the practice with the name of the culture. It is believed that if a girl does not undergo FGM, she will not be chosen by men for a wife. An Unmutilated girl is believed to be hot tempered and break the household utensils, she will not be stable and faithful to her husband, be wasteful, absent-minded and too bold.

➤ **Marriage by Abduction:**

Marriage by abduction is one of the many Harmful Customary Practices (HCPs) prevailed in the studied areas. The society relates it as an accepted cultural practice, which has been carried over the years. The respondents identified the major places where abduction often takes place. Many young girls including school girls are abducted on their way to and from school, when they fetch water and fuel wood, when they go to market places, etc. A teacher in one of the visited schools pointed out that every year more than 15 girls become victims of abduction in their school. A child during Focus Groups Discussion in Wachugile site mentioned this "*---recently schools have become places where abduction is facilitated. The practice is taking different form. The girls' friends facilitate the abduction with the pretext that the girl is willing to accept the proposal. This is done to escape from being defendant. The practice is also facilitated by the daughters parents themselves. For the time being, the daughters' parents seem to oppose the abduction. But once, the perpetrator has taken her to his home and s raped her, they do nothing. They even facilitate the marriage.*"

The practice is further facilitated by a cultural practice called "*chabsa*"* where by the perpetrator's friends, neighbors, community and religious leaders come to the victim's family's house with chat to request her parents to give their daughters for marriage and make

* *Chabsa*-locally it means that when a man abducts a girl and wants her for marriage, he sends a group of people including his friends and elderly people with chat to request her family. And till their request gets acceptance, they will not leave the daughter's family home.

it formal. The parents have no option except accepting the proposal. Other wise, the people will not leave the house till their request gets acceptance. The girl's consent is not taken into consideration. There is a widely held belief in the communities that a female child is not only for her parents; rather, she is for the society. If a girl misses her first chance, she will not get another marriage partner. It was also indicated that abduction is seasonal/more frequent during the harvesting seasons.

➤ **Early Marriage**

It is a privilege for a family whose daughter is requested for marriage. On the average, girls as early as 8 years are ready for engagement and 13 year for marriage. The girls is not wanted to continue her education if she is about 12 years The reasons they mentioned is that if she stays in school once she is 12 years (reach puberty), she is suspected to have started sex which they call it “*dargaguma*” in Oromigna.

➤ **Polygamy**

Almost all the participants of the Focus Groups Discussion in all the sites, did not deny the existence of polygamous marriage which people attribute to cultural and religious reasons. A man can marry up to 3 or 4 wives as long as he can afford family expenses. One of the Focus Group Participants in Yabdobobassa PA stated the following. .

“---I am a father of 10 children from three wives. I married my first wife and she gave birth to only female children. Again, I married another women and she gave only female children as my first wife. Again, for the third time, I married another Women and she gave birth to female children. I did so just to get a male child and also the culture and religion provides the right to marry up to three wives. Fortunately, I got a male child from my first wife. But now all my wealth is shared among the three wives (resource dilution and I am not in a position even to support one of my families. Due to this, I will not marry another wife and I do not recommend others to do so.”

This case is a good example of how polygamy exposes children at risk. The more number of children a family has from different wives, will result in resource dilution of the family income which in turn impacts children's access to basic necessities and social services.

Though the government is trying to stop it is still being practiced. Generally the practices is said to be decreasing not because people have understood and accepted the practice as legally and culturally unacceptable, but because of the economic pressure it created on the household income.

Moreover, communities are not ware of child rights. It is because of this that all sorts of harmful customary practices are being committed on children, with the view of benefiting their children.

4.3 Major problems of children and Adolescents

Results of the pair-wise ranking exercise.

A pair wise ranking exercise was conducted with the community and children groups in both woredas for the purpose identifying and prioritizing major problems of children and adolescents. Outcomes of the exercises have been presented for each group in the following table.

Table 24: Pair wise Matrix result from Community Groups in Beka PA (Chiro).

FD	ED	EP	MG	DO	FGM		Score	Rank	Major problems
-	FD	EP	FD	FD	FD	FD	4	1	(FD)Food shortage (Malnutrition)
-	-	ED	ED	ED	ED	ED	4	1	(ED)Education
-	-	-	EP	DO	EP	EP	2	3	(EP)Employment
-	-	-	-	DO	FGM	MG	0	5	(MG)Migration
-	-	-	-	-	DO	DO	3	2	(DO) Drop out
-	-	-	-	-	-	FG M	1	4	Female Genital Mutilation.

Table 25: Pair wise Matrix result from children Groups in Homicho Dayo PA (Gemechis).

ED	FD	WL	MD	AB	CW	CL		Score	Rank	Major Problems
-	FD	ED	MD	ED	CW	ED	ED	3	2	ED: Education
-	-	-	MD	FD	FD	FD	FD	4	1	FD: Food shortage
-	-	-	MD	WL	WL	WL	WL	3	2	WL: Work Load (labor)
-	-	-	-	MD	CW	CL	MD	4	1	MD: malaria Disease
-	-	-	-	-	CW	CL	AB	0	4	AB: Abduction
-	-	-	-	-	-	CW	CW	4	1	CW: Clean water
-	-	-	-	-	-	-	CL	2	3	CL: Clothing

Table 26: Pair wise Matrix result from Women Groups in Wachu Gille PA (Chiro)

FD	DO	WL	RP	AB		Score	Rank	Problems of Children
-	DO	WL	FD	FD	FD	2	3	FD: (Food Shortage)
-		DO	DO	DO	DO	4	1	DO: (School Drop Out)
-			WL	WL	WL	3	2	WL: (Work load)
-				AB	RP	0	5	RP: (Rape)
-					AB	1	4	AB: (Abduction)

As indicated in the above three matrixes, malnutrition or shortage of food, lack of educational access, dropping out of school and work load (labor) are identified at the top list of the ranking, which reflect certain commonalities of major problems children and adolescents face in their community. Strange enough, in each group, those problems, which are particularly related to customary practices such as abduction and FGM, are not applauded as serious problems and ranked in the bottom list regardless of their severity. This might have an implication on the attitude and wrong perceptions of the community towards such problems. However, beyond the ranking and prioritization, the mere citation/identification of the problems by the groups itself could reflect the prevalence of the problems as the main area of concern. When the lists of problems in the three matrixes are summarized, the entire picture of problems of children and adolescents could be prioritized as follows:

1. **Insufficient access to food.**
2. **lack of access for education**
3. **Dropping out of school**
4. **Labor exploitation**
5. **Unemployment**
6. **lack of access to clean water**
7. **Diseases such as malaria.**
8. **Abduction**
9. **Clothing problems**
10. **Rape**

4.4 Local Initiatives

- Support to orphans: In almost all studied areas, the tradition of upbringing children who lost their parents especially by their relatives is common. Most orphans live with their relatives (grandparents, uncles, aunts, etc). This has a number of advantages for those who are interested to support such vulnerable groups of the community. Individuals and organizations can easily get access to these children for their programmatic intervention. It is also easier to support and follow up these children being with their foster care parents or relatives than being alone.
- In Muslim Religion, the culture of helping poor families, which they call it 'Zeka' and 'Sedeka' exists in the communities under study. Such practice can further be exploited and strengthened in the support of children in vulnerable conditions in the study areas.
- In Gemechis Wereda, Oromo Development Association (ODA) is establishing Alternative Basic Education Centers (ABECs) in 6 PAs to increase access and equity of basic primary education for school age children. Establishing Alternative Basic Education Centers will enable vulnerable children particularly those from the poor families and female children get access to basic education opportunity at nearest distance. Such initiatives will help to address development issues in general and the problems of children and adolescents in particular easing collaborations and networking with similar development actors.

4.5 SWOT Analysis

Based on the data collected from the community group and key informants, the research team has identified some opportunities, which may facilitate the proposed intervention, and threats, which may hinder the effectiveness of the project as well as strengths and weaknesses of organizations/institutions.

<p>Strengths</p> <ul style="list-style-type: none"> • The existence of the two autonomous Woredas (Chiro and Gemeches) with all sectoral government offices, which enables to reach the target communities. • The existence of organizational structure-Labor and Social Affairs Office, which directly works for the betterment of children in the area. • Zonal Administration has Food Security plan, which directly addresses the needs and rights of children in general, and vulnerable children and adolescents in particular. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Gemechis has become an autonomous Wereda recently. The sectoral government offices do not have well organized offices, facilitates, and human power. As the Wereda is in the process of transition, the respective offices are not in position to carry out their daily duties in general and the issue of children in particular effectively. • Shortage of human power, communication, transportation and networking in many offices/institutions and social services (schools and health services) to carry out their duties and responsibilities effectively. For example, there is Child Protection Unit under the police office in each Woreda. However, the committee/unit is not yet functional due the shortage of trained human power and facilities. • Low level of awareness of teachers about child rights. Such knowledge gap among schoolteachers may hinder to effectively address the issue of child rights in the area easily.
<p>Opportunities</p> <ul style="list-style-type: none"> • High level of Community participation. Almost in all the communities under study, there is high level of community participation in all development initiatives like 	<p>Threats</p> <ul style="list-style-type: none"> • Draught: The recurrent draught over the years has resulted in disruption in the living condition of the society in

<p>constructing school and health posts/clinics. Hence, CISP can use this as an opportunity to scale up its education intervention.</p> <ul style="list-style-type: none"> • Enabling working environment: there is favorable government policy environment and the respective sectoral government departments and offices are willing to work in collaboration with development actors in general and NGOs in particular. • Settlement: The way of settlement of the community is in close proximity (compact), which will ease to get access to the community and make development intervention easy. The government structure is also formed down to the community at village (Goxxi*) and neighborhood (Geree*) levels, which would make community mobilization possible. • The existence of NGOs working in the area is an opportunity for CISP to work in collaboration in the area of information sharing, networking, training and complementing interventions to bring about sustainable change in the lives of the community in general and children and adolescents in particular. • The existence of the problem itself also invites development actors to intervene in the area of children and adolescents. 	<p>general and children and adolescents in particular. This has made the problem of children and adolescents very wide and complicated to address it effectively and efficiently.</p> <ul style="list-style-type: none"> • Deep rooted cultural belief system in the communities: the existing cultural belief system which perpetuated Harmful Costmary Practices (HCPs) affecting the development of children and adolescents may take sometimes to reduce or stop it. • HIV/AIDS: Being in the high risk corridor (Chiro and Gemechis) coupled with the prevailing HCPs, the risk of being orphans for many children is high which in turn aggravates the problem of children and adolescents in the areas.
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* Goxxi-under the government structure, it is a way of administration of dwellers according to village level.
 • Gerre-under the government structure, it is away of administration of dwellers according to neighborhood level. Both Gexxi and Geree have their own leaders to ensure security and ease communication with the kebele administration.

4.6 Case Studies

Case One: A Street child

Fuad* (code) is 14 years old child. He was born in Chiro Kela PA, some 3 km from Chiro town. His mother died three years back in 1995 (E.C). Following the death his mother, his father married another women. His father is a farmer as well as petty trader. Then the child, left for Kuni and employed as a shepherd in a certain family. The child stated his life as follows.

"Since my step mother did not want me to stay with her, I left the family and employed in a certain family to tend cattle. Initially he promised to send me to school. But he did not let me attend school while he needs my labor. One day my father got me while I was tending cattle and warned me to leave the area. And I asked the employer to give my salary. After the employer exploited me for 1 and 1/2 years, he dismissed me from home with no payment. Then, I left for Chiro town and started street life. Currently, I work daily labors, which I often get one Birr or 50 cents and have my daily bread. One day I remember, I slept empty stomach with my friends. Imagine sleeping empty stomach on the street all the night. As to my family, I have no contact with my father, brothers and sisters. One day, my father saw me on the street while he was with my brother (on my fathers side) and he did not want to talk to me though my brother wanted to. Living in the street, I face a lot of problems. During the nighttime, gangsters roam around and disturb us. And sometimes, they snatch what we have. Any ways, its is life and should enjoy it till I get any one who supports me to leave this worst life."

*

Case Two: Orphan

Tariku* (code) is 13 years old child who leaves with his grandparents (from his fathers side). He is an 8th grader in Beka Kubi primary school. He lost his parents when he was two years old with one-year gap. He has two sisters of whom one is married and the other lives with him. The major source of income for the family is farming. His grand parents have 3/4 hectares of land, which is given for another farmer on share crop basis. They get 5 quintals of corn per year, which is not enough to feed the family members. Tariku says that he supports himself by working daily labors in the village. He explained his life situation as follows.

"I lost my parents with one year gap. In fact, I do not know how they died. Though I lost my parents, I get my daily bread living with my grandparents. We are 6 in the family. We do not have oxen to till our lands. That is why we gave the land on share crop basis. No one buys me clothing and fulfills educational materials. Hence, I work as daily laborers like packing sugar and giving running errands services for merchants and petty traders in the village and they give me little money. By doing so, I support myself. I believe that I should not worry my grandparents to fulfill everything I need. Recently, I participated in a 10 days HIV/AIDS workshop, which was organized in Asebe Teferi and got 550 Birr (perdiem). With some of the money, I bought my clothes and exercise books and pens. And now, I have 100 Birr left which I will use it for the future. When I see my friends going with their parents, I feel depressed. Any ways, it is already passed. I should think about the future. While I engage in daily laborer, it interferes with my education. I do not to have much time to study. I wish I could get any one to support me and be able to pursue my education. There are also other children like me who are looking for support."

* This is not a real name; it is rather a pseudo name.

Case three

Ato Gameda* (code) is 40 years old man, who lives in Beka Kubi PA. He is a father of 8 children (3 females and 5 males). He has ½ hectares of land, which he gave on share crop basis. Annually he gets a maximum of 4 quintals of maize, which is not enough to feed the family members. The family is in serious economic problem. He stated the family living condition as follows. "*---just to survive, I and my wife collect fuel wood and sell it to inns and bakeries. And yet I cannot sustain my family and educate children due to the low income and large family size. The crop I get per year is not enough even to feed us for about 6 months due the large family size. I do not forget the day when my wife slept empty stomach giving all what she had to the children. We are in a serious condition. Out of my 8 children, 5 of them are school ages and only one is going to school. Before, I did not have awareness about the importance of family planning service. But now, my wife is a beneficiary of family planning service. And I have not still decided whether I should have another child or not.*"

Part Five

Conclusions and Recommendations

5.1 Conclusions

In general, the assessment has figured out the risks of vulnerability, major problems children and adolescents are facing, categories of children who are enmeshed into vulnerable conditions as well as major root causes exposing children to live in difficult circumstances in Chiro and Gemechis Woredas of West Hararge Zone. The major findings of the assessment have been summarized as follows:

- Families could not fulfill the basic needs of their children due low income. Even though most of the families are farmers they have limited farmlands with little or no alternative means of income. Majority of households and children respondents reported that income is not sufficient to fulfill their needs. This condition, coupled with large family size makes the living condition of family members in general and children in particular much worse.
- Children have limited opportunity for education as substantial percentage of families reported. Parent's inability to afford for school expenses, distance or absence of school facility and work load of children are some of the major reasons forwarded as hindering factors. The rare of school drop out is so high among girls. Access to potable water and health services is so insignificant that it appears a challenge for the survival and development of children.
- Children in Chiro and Gemchis have experienced a great deal of abuse and exploitation mainly corporal punishment, workload, and very less participation in matters that concerns them. The effects workloads on the lives of the disadvantaged children specifically on their education are very high. One should not be surprised on their low performance in school achievements. Children in these areas represent and reflect the lives of all rural children in the country. Ethiopia is losing the future hopes by neglecting these issues today.
- The girl child specially is victim of the harmful traditional practices like FGM, and ovulotomy. According to the community's response the girls are abducted and given to arranged marriage which is against their right to get school. Children and adolescents in Chiro and Gemechils woredas are not well aware enough about HIV/AIDS. There are some who have still wrong conceptions concerning the mode of transmission of HIV/ADIS and its preventive measures. This implies that fast measure has to be taken to deliver proper information to disadvantaged children.
- Orphaned children, children living in poor families, malnourished children, children not attending school, disabled children, street children, school drop outs, female children

and children exposed to child labor are major categories of vulnerable children identified by participants in the Woredas.

- As far as major problems of children and adolescents is concerned, malnutrition (shortage of food), lack of educational access, lack of employment, dropping out of school, child labor and FGM are major problems identified at the top list in focus group discussions and individual interviews.
- Recurrent drought, limited ownership of economic resources by families, lack of institutional services, various cultural beliefs and practices are found to be major root causes for exposing children and adolescents to vulnerability.

5.2 Recommendations

The following recommendations were forwarded based on the findings of the study for practical interventions so as to mitigate vulnerability of the disadvantaged children in the Woredas.

1. The findings of the study clearly indicated that the problems of vulnerable children and their root causes have a multifaceted nature. Thus, in order to alleviate the problems and bring about a long lasting change and improvement in the life of children who live at high risk of vulnerability, it is very commendable to follow a multidimensional and integrated development approach of interventions.
2. It is worthwhile to make an endeavor in the aspect of building the capacity of local institutions (local administrative structures, service giving organizations and sector offices), whose roles and functions are related to the development of children and adolescents, through training, material and technical supports, so that sustainable intervention becomes possible.
3. The other significant element, which is worth mentioning, is the promotion of community participation. Any sort of intervention in a community is futile with out the genuine and active participation of its members. Therefore, efforts need to be made to foster the involvement of the community from the inception point of intervention (in defining the problems of children in their areas of concern, and in targeting the vulnerable groups) through implementation and evaluation its effectiveness.
4. In this study it was learned that one of the major root causes for children and adolescents' vulnerability is poor economic base of the families. Thus, efforts have to be made to develop alternative means of income to build the economic power the families. This can be achieved through creating access to credit services, introducing improved agricultural technology, develop irrigation and water development, creating market accessibility for farmer's products, etc.
5. Educational intervention should be another area of concern to mitigate the problem of children adolescents. One of the strategies could be establishing and expansion of alternative basic education centers in areas where school services are absent. The

programs of alternative education should be flexible enough to create convenient time for working children. It is also advisable to rehabilitate and strengthen the existing schools with adequate facilities and human resource, so that more number of children could be enrolled and their capacity to provide quality education would be enhanced.

6. Establish hostel services in high schools to reduce the magnitude of school dropouts particularly girls. The study showed that large number of students in remote areas of the woredas give up perusing education after completing primary and junior secondary levels owing to distance and economic reasons. This condition created a sense of hopelessness particularly among girls to resort to marriage before reaching their age. Therefore, establishing an integrated hostel service in high schools with the contribution and participation of the community would make a difference in declining girls' dropout rate. This approach has to be linked with the capacity building effort to enable schools run the hostel service in a sustainable manner.
7. **Awareness through community conversation:** In the study, several cultural beliefs and practices have been identified and discussed as risk factors entrapping children into a risk of vulnerability. Efforts need to be made to break through such cultural barriers like FGM, abduction, early marriage, preference for large family size, including HIV/AIDS by making use of community conversations as a traditional media, and face-to-face individual consultations with the involvement men and women, young and olds, tribal and religious leaders. In addition, continuous and consistent effort should be exerted to sensitize the community on child rights, importance of education and child protection.
8. Expand the Mother and Child Health Programs to alleviate child and maternal mortality and to promote family planning services.
9. From the finding it was learned that, children attending schools have better understanding about the risk of HIV/AIDS than those out of school. Therefore it is important to design interventions to reach out of school children and adolescents in the rural community.
10. **Establish and strengthen Child Right Clubs in schools:** Child right clubs need to be established in schools so that school children will play a major role in promoting their own rights and protect themselves from abuse and violence. Enhancing the capacity of the clubs and school teachers on child right issues would enable them to play a pivotal in influencing the community on protection of child rights.
11. Establish child protection units at each woreda and in some satellite sites of kebeles in the rural areas with a local human resource. The establishment of the unit will contribute to form a protective system for vulnerable children against maltreatment, abuse and neglect. The unit can also play a sensitizing and child watch role in protecting the legal rights of children.
12. Create awareness programs to parents specifically on the rights of the child and developmental needs and also work on the legal measures of various forms abuse.

13. **Promoting the social and economic power of** women in general and female headed households in particular would contribute to improve the living conditions of families in general and the growth and development of children in particular
14. **Networking:** Develop partnership and form networks at various operational levels involving local government and Non-governmental organizations to work in collaboration on issues of promoting child rights and in curbing the problems of vulnerable children and adolescents.

Annex- 1

Validation Workshop Summary

A validation workshop has been conducted on 19, May 2006 in Chiro town for the purpose of enriching the findings of the risk map assessment, where more than 30 participants were in attendance from the two woredas. Participants include; higher officials from the zonal administration, representatives from various line offices, school principals, community leaders, and CISP staffs, etc, whose roles and duties are related to the wellbeing of children and adolescents. The workshop was facilitated by the consultant and an assistant who conducted the study. Following the presentation of the findings to the participants discussions were held to gain the reflection of the participants on the findings. Participants have shared their views on the following points.

- Rural urban linkages of the problems of children and adolescents who live under vulnerable condition and on the importance of focusing the study in the rural settings.
- How the parent's level of awareness was examined in relation to the articles stipulated on the Convention on the Rights of the Child.
- The inclusion of schooled and non schooled children in the study.
- The issue of child labor. How it must be defined for m the local context and socio economic and cultural influences on working children.
- Other logistical and administrative matters.
- In general the finding of the study was thoroughly discussed and the feedback of the participants signified the problems investigated by the assessment as the reflections of the practical realities of vulnerable children in both woredas.

Next to the reflections, group work has been done based on two brainstorming issues. The first group worked on additional comments and recommendation points, other than those forwarded by the consultants in the report. The second group also worked on future collaborations, roles and responsibilities of different stakeholders. The reports of the two groups are summarized as follows.

Group 1: Additional Suggestions and Recommendations.

- It is advisable to focus on enforcing the law taking appropriate legal measures on child right violations side by side with the awareness creation programs.
- It is commendable if other NGO also conduct similar study on the root causes of the problems in the areas of their concern.
- Special bench has to be established to treat child offenders in the court.

- Various information and communicational and educational materials should produce in the local language and distributed to the schools in the rural settings.

Group 2: Major Roles and Responsibilities of stakeholders

- **Local Government:** Give awareness on the legal measures for violation of the child rights and enforce legal measures on violation.
- **NGOs:** build the capacity of the local institutions, assist vulnerable children, and carry out sustainable developments programs for he rural community.
- **Community:** Participate in the development endeavors, Take over the development works after the project phased out, and properly utilize the development programs designed by the government and NGOs. Work on traditional structures to change the attitude of the community members.
- **Children and Adolescents:** Establish or join child right clubs in the schools and in their community, free themselves from bad habits and harmful conducts, report cases of abuses to the nearby kebele administrations so that appropriate measures would be taken.

Annex -2

Semi Structured Interview Schedule for Parents

Annex -2

Wereda: _____

Kebele (PA) _____

Date _____

Name of interviewer _____

1. Background

- Name of the interviewee (parent): _____
- Sex: Male: _____. Female: _____
- Age _____
- Marital status (circle one) Married, Divorced, Unmarried, Widowed/er.
- If married, number of wives (for men only) _____
- Educational level: Illiterate: _____. Read and write only _____.
Literate: Primary _____. Secondary _____. Above secondary _____.
- Religion: _____.
- Ethnicity: _____.
- Family size: _____.
- Number of children: _____.

Age and sex category			
	M	F	Total
0-5			
6-12			
13-18			
Total			

1. How many of your children are going or not going to school?

	Male	Female	Total
School going			
Never going			
Drop out			

If children are not attending school or drop out, what are the main reason?

- Reasons for never attending: _____.
 - Reasons for dropout: _____.
2. What is the main source of income for the family?
1. Farming
 2. Livestock
 3. Trade
 4. Civil service job.
 5. Other _____.

3. How adequate is your source of annual income for the family?

1. Very sufficient 2. Sufficient 3. Insufficient

4. Do you have land? Yes ____ No _____. If **yes**, how much is your land holding in hectares? _____. What kinds of crops do you produce _____? Is the product enough to sustain the family? _____.
5. How many livestock do you have?
 ▪ Oxen _____ Goats: _____
 ▪ Pack animals: _____ Cows _____
 ▪ Sheep _____ Chickne _____
6. What is the source of water supply for your family? (Put a tick mark).
 1. Pond/river/spring 3. Water point
 2. Well 4. Others (please specify): _____
7. Did you make your children get vaccination? Yes ____ No ____.
8. What do you do when your children get sick?
 1. Take them to the nearby health center
 2. Take them to traditional healers
 3. Home made treatment
 4. Other (please specify) _____.

If you take them to traditional healer, why? _____.

9. Which health service is available at nearest distance to your home/village?

Type of institution	Number	Distance in km or time needed to reach	Remark
Health post			
Clinic			
Health center			
Hospital			

11. Which types of diseases are most frequent among children and adolescents in your community?
 Children 1. _____ 2. _____ 3. _____
 Adolescents 1. _____ 2. _____ 3. _____
12. When you get pregnant do you get medical check up? Yes ____ No ____.
13. Where do your /your wife delivery most often take place?
 1. At home
 2. Hospital/clinic/health center
- If it is at home, how?
 1. With the help of Traditional Birth attendants
 2. With the help of neighbors
 3. Other (please specify) _____.

14. How many times do household members get food per day?

	Average number of meals per day			
	One	Two	Three	Four
Children under 5				
Children 5-18				
Adults >18				

15. Do you breast feed your baby? Yes ___ No ___. If yes, how long do you breast feed? _____. What else (supplementary food) do you give to your baby?

16. Is there any center that gives services for children under 7 in your village? Yes ___ No ___. If yes, what type (priest school, quran school, kindergarten, feeding center, day care, etc) ? _____. Do you send your children under 7 to the center? Yes ___ No _____.

17. Give your views whether the following customary practices (if they are practiced) are harmful or not harmful for children including reasons for your response?. (Put a tick mark)

S. N	Type of the practice(s)	Harmful	Not Harmful	Reason
1	Female Genital Mutilation			
2	Tonsillectomy			
3	Abduction			
4	Uvulectomy			
5	Incision of the eyelid			
6	Tattooing			
7	Extracting milk teeth			
8	Keeping a new baby out of sun light			
9	Early marriage			
10	Feeding fresh butter to newly born baby			
11	Blood letting			
12	Applying butter on the umbilical cord			
13	Shaking during prolonged labor			
14	Food discrimination during pregnancy			
15	Pulling out of finger nails during weeding			
16	Forbidding food and fluid during diarrhea			
17	Burning the skin			
18	Others (please specify)			

18. Which of the customary practices mentioned above have you applied to your children? _____.

Knowledge and attitude about child rights

19. Do you agree or disagree on the following issues related to child rights?

Issue/child rights	Agree	Disagree
Regardless of their capacity, children have to be involved in any type of work to support the family.		
Boys and girls have equal right		
Children born out of wedlock have equal right as children born with marital relationships		
Children need to have freedom of expressing their ideas and opinions on issues concerning them		
Children's issues is only domestic matter and parents/guardians can do what ever they wish to their children		
Physical punishment is necessary to make children self disciplined.		
If I have a disabled child, I do not let him/her go out of home and play with other children		

20. What do you think are the most serious dangers, which you are worried about your children are at risk in you community: _____

21. Is there any child in your family who is under 18 hired to earn income for the family? Yes ___ No ___.

22. If **yes**, what type of employment?

- 1. Bonded labor 3. Self employed
- 2. Trafficked by brokers 4. Other (please specify): _____.

On what kind of activities does the child engage in?

- 1. Farming 3. Daily laborer 4. Baby seater 5. Peddler
- 2. Cattle tending 6. Other (please specify) _____

23. Has any of your children experienced violence? Yes ___ No ___. If yes, what type of violence? _____. Who is more often affected? Males or Females, _____.

24. Have you heard about HIV/AIDS and its transmission methods? Yes ___ No ___. If **yes**, how did you come to know about it? (Health workers, Schoolteachers, Children, Radio, Other (please specify) _____).

25. How does HIV/AIDS affects children and adolescents? _____.

26. Who do you think are the most vulnerable and affected children and adolescents in your community who deserve attention?

- 1. _____ 3. _____.
- 2. _____ 4. _____.

27. What do you suggest to alleviate the problem of these children?

Annex -3

Wereda _____
Kebele PA) _____
Date _____
Name of interviewer: _____

**Semi-Structured Interview schedule for children and adolescents
(Under the age of 18)**

1. Background information

1.1. Name _____ .

1.2. Age _____ 1.3 Sex _____

1.3. Educational status

- Illiterate _____
- Read and write only _____
- Grade 1-8 _____
- Grade 9-12 _____
- Others /specify _____

1.4. Family Background

1.4.1 Parents/ guardian situation

- Parents alive: Father _____ Mother _____ Both died _____
- If both alive, are they currently living together? Yes ___ No _____
- If one/both are alive, do you live with them together? Yes ___ No _____
- If you are not living with parents, with whom are you living? Where do your parents live? _____
- Family size: _____. Siblings: Male _____ Female _____
- Probe: whether siblings live together or not, if not what happened to them, etc. _____

1.4.2. Family Economical status

- What is your family's major source of income? _____
- What do father and mother do for a living?
Father: _____
Mother: _____
- Do you work for the family income? Yes ___ No _____
- Is the income enough to feed the family? _____
- Do children in the family get appropriate meals per day? Yes ___ No _____
- If Yes, how many meals per day? (Breakfast, lunch, dinner, etc).
- If the meal is not enough what do you think about the solution? _____
- How is the provision of clothing and other expenses you need is fulfilled? _____

2. Access to service/ resources.

2.1. Access to education

-
- Do you go to school (attend school)?
1. Yes 2. No
 - Probe: which school, how far /how near? If not attending why? Who else in the family is going or not going; feeling of going and not going etc?

- Did you drop out of school? Yes ___ No ___.

- If **yes**, why? _____
- 1. Could not afford school expenses 3. Parents were not willing to send me to school
 - 2. Had to work to support the family 4. I had no interest
 - 5. Other (please specify) _____.

2.2 Water and fuel access

- What is the source of water supply for your family? (Circle).
1. Well 2. River /spring/pond 3. Water point 4. Other (please specify) _____.
Probe: If it protected or not? _____.
- Who fetches water for the family? _____. How far is the water source from home? _____.
- Who fetches the fuel wood? _____.
- Is there a problem concerning protection while fetching? _____.
- Have you experienced any form of abuse or abuse trial while fetching? Yes ___ No _____. If yes, what kind of abuse? What happened due to the problem?

2.3 Access to health

- Do children in your family get vaccination? Yes ___ No _____.
- When you and siblings in the family get seriously sick, how do you get treatment?
1. In the health center/clinic 3. Home made treatment
2. By traditional healers 4. No treatment 5. Other (specify) _____.
- Is there any modern health service in your locality? Yes _____ No _____.
- Do you have any specific health problem/disease you frequently experience? Yes ___ No ___ If **yes**, specify the type? _____.

3. Abuse, Exploitation and participation

- 3.1. Have you ever experienced any harm or danger inflicted on you by others?
Yes _____ No _____.
If yes, what type, who inflicted, and how it affected your life?

3.2. Whom do you tell when abused or not happy?

3.3. What do you do in daily chores/ routines? Is there a workload? Yes ___ No ___.
(How many hours you work? _____).

3.4. Does the work interferes with your education or makes you vulnerable to any form of danger or abuse?
Yes ___ No ___ Explain _____
_____.

3.5. What measures do your parents often take to maintain discipline when you and siblings in the family misbehave?

- 1. Physical punishment 3. Verbal abuse
- 2. Advice 4. Material deprivation
- 5. Other (please specify) _____.

3.6. Which of the following customary practices have you experienced in the family? (Multiple responses can be recorded).

- 1. Female genital mutilation 5. Incision of the eye 9. Bloodletting
 - 2. Tonsillectomy 6. Tattooing 10. Burning skin
 - 3. Abduction 7. Extracting milk teeth 11. Others,
- specify _____.
- 4. Uvulectomy 8. Early marriage

3.7. Are you married? Yes ___ No ___

- If married, explain how you get married and who made the decision and what happened due to its effect on your education and life in general?

3.8. Participation of children on their own matters

- What is the level of your voice heard on your own matters? Like concerning marriage, schooling, clothing, food provisions, work load?

_____.
- Are you satisfied with the level of involvement you have in your family as well as school?
Yes ___ No ___
- What would happen if you confront your family on any issue that concerns you?

_____.

4. Cross cutting Issues

4.1. Do you know how HIV/AIDS is transmitted? Yes ___ No ___

If yes, how did you come about? _____.

4.2 Please probe for way of transmission and preventive measure?

Mode of transmission	Preventive measures
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

4.3 Is there any child in the family who is disabled? Yes _____. No _____.
If yes specify the type of disability and the reason for disability.

4.4 In your opinion, are males or females who are very much vulnerable for any form of abuse and exploitation in the community? Why?

4.5 Do parents discriminate between males and female children in terms of access to services?

(Access to education, recreation, work load, etc)? Yes ____ No _____. If yes, please explain _____

5. General views and recommendations

5.1 In your opinion, who are the children and adolescents that deserve the highest attention in the family and community? And Why?

5.2. What are the major problems of children in the community in general?

5.3 What is your future wish? _____.

5.4 What do you think should be done to alleviate the problem of children and adolescents?

- _____.
- _____.
- _____.
- _____.

Annex-4

FGD Guide for children Group

1. What do you think are the needs of children (ask the group about the needs they know and then rank)
2. Which of the needs you mentioned above are unmet (unfulfilled) for you? Why? **Pair wise ranking!!!**
3. How do you get access to service such as education, health, play time, etc. Is there any discrimination or priority given for a particular sex? (Gender discrimination) **Role play on educational setting!!!**
4. What do you think are your responsibilities to your parents and vice versa? **Children role play on family life?**
5. Do children in your community (neighborhood) encounter any incidence of abuse or violence? How often? What kind of abuses or violence? Who perpetrates the violence, etc? **Case presentation!!!**
6. In your opinion, which children are the most disadvantaged/poor or who live in a very difficult condition in your community? Why do you think this happened to them? What is the attitude of the people towards them? **Case presentation!!!**
7. Do you know how HIV/AIDS affects children? Its mode of transmission, preventive measures etc? **Children role play!!**
8. What measures do you suggest for the betterment of the children's life in you community?

Annex-5

Checklist (Discussion guides) for FGD With Community Groups

1. How do you describe children and adolescents according to the perception of the community? Perceived importance of the children, sex preferences and roles assigned to them?
2. What are the most pressing and common problems & risks of children/adolescents in your area? Which ones do you give priority and why did you consider it a priority. (Pair wise Ranking)
3. What are the root causes and effects of these problems discussed above?(Do the problem tree exercise).
4. What kinds of services are available for your children in the locality and how do they get them? Health, education, water, recreation, etc.
5. Are there any traditional practices affecting the development and rights of children? Which traditional practices are useful and which ones are not (should be avoided) why?
6. Which children do you consider are living in a vulnerable condition in your community, what do you think are the reasons for their vulnerability? Which ones deserve the most urgent attention? (categorization of CEDC and ranking in terms of magnitude)
7. Are there any local initiatives (practices) or cultural systems to support children at risk (discussed above)? How effective are they?
8. How do you describe the poor and rich families in you community? (Wealth ranking).
9. What is your suggestion to improve the condition of vulnerable children? What should be done and what could be the role of the community, parents, government and civil society organizations institutions.

Annex-6

Unstructured interview schedule for the Key Informants

While ratifying the CRC, Ethiopia has envisioned a country that respects and values each child, listens to and learns from children and where all children have hope and opportunity will be created. This vision will come true if efforts are made today even with existing socio economic conditions. This questionnaire is about children at risk and factors behind this.

Organization /institution _____

Position _____

1. What are the major problems of children and adolescents in the area/ district and which categories of children are living in a highly vulnerable condition?
2. What are the major causes for the vulnerability of children and adolescents discussed above?
3. Roles and responsibilities of your organization in mitigating the problem of children and adolescents who are living in difficult circumstances.
4. How is the nature of early care system and nutritional practice of children in your district? (Optional)
5. What kinds of services are available for the children in their early and later periods of development?
6. Is the number of street children increasing or decreasing? Why? What are the measures being taken to alleviate the problem? And what should be done?
7. What are the major violations of rights of children/adolescents?
On girls' _____ on boys' _____
8. Are there local initiatives/efforts being taken to prevent and to support children/adolescents and empower them to act on their rights?
9. What kinds of opportunities are there in the district to enhance /facilitate the efforts towards supporting vulnerable children/adolescents? And assumptions of threats?
10. What are the strengths and weaknesses (gaps) of your organization in supporting children living in vulnerable situation?
11. What do you suggest for the best alternative of children to have a better life here in the woreda? Explain from all levels (Parents, neighboring community, kebele, GOs , NGOs, Schools etc.)

Annex- 7
List of Institutions Participated in the Study

1. West Hararge Zone Administration planning and development Bureau.
2. Chiro and Gemechis Woreda Labor and social Affairs Offices
3. “ “ “ “ Education office
4. “ “ “ “ “ Heath Office.
5. Police office
6. Court.
7. Food Security, DPPO.
8. woreda Administrations Offices
9. HIV/AIDS Secretariat Offices.
10. Primary school s in Wachu Gile, Fugnan Dimo and Beka PAs.
11. Keble Administrations in Yabdo Bobassa, Homicho Dayo and Kasseja Pas.
12. Goal Ethiopia.
13. Children Rescue Committee (CRC)

References

- 1 African charter on the rights and Welfare of the Child, (adopted by the twenty six ordinary sessions of the Assembly of Heads of State and Government of the OAU), Addis Ababa, July 1990.
- 2 Child rights in Ethiopia, Save the Children, 2002.
- 3 Child Labor: Issues, causes and interventions, Richard 1998, USAID Evaluations; communication with Anthropologists.
- 4 Ethiopian National Plan of Action for Children (2003-2010 and beyond), MoLSA, 2004.
- 5 The Ethiopian Population and Housing Census, Central Statistical Authority, 1994.
- 6 ORPHAN and Vulnerable Children Affected by HIV/AIDS. Policy vs. practice review for Ethiopia, Save the Children Alliance, 2001.