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I. Introduction

The National workshop on Responses of FBO's to HIV/AIDS was organized on December 4, 2003 at the Ghion Hotel, here in Addis Ababa by the Ethiopian Inter-Faith Forum for Development Dialogue and Action (EIFDDA), sponsored by the Christian Relief and Development Association (CRDA), Christian AID (CA) and Norwegian Church AID (NCA).

EIFDDA is an alliance of faith-based organizations (FBO's) in Ethiopia working in areas of food security, HIV/AIDS, Peace Building and conflict resolutions as well as in social service delivery activities. Since its establishment in December 2002, the forum has served as a meeting place for the exchange of knowledge, information, ideas and experience among its members to achieve its objectives.

It was with this spirit that the workshop on responses of FBO's to HIV/AIDS was conducted by EIFDDA. The workshop was graced by the presence of the four religious leaders namely Ethiopian Orthodox Church, Ethiopian Islamic Affairs Supreme Council, Ethiopian Catholic Church and Ethiopian Evangelical Church Mekane Yesus, of member faith-based agencies, who made the opening addresses.

The one-day workshop was officially opened with the introductory remarks of Dr. Tesfaye Yacob, chairman of the EIFDDA board. In his utterance, Dr Tesfaye made a briefing on past occurrences that immensely contributed to the stage that EIFDDA reached presently and outlined the objectives of the workshop.

According to Dr. Tesfaye, faith based groups have long years history of working together, which has resulted in the formation of strong Associations at national level such as CRDA and OSSA. He also acknowledged that the conference is a product of the successive workshops that were held in different regions by various faith groups. All took place in the year 2000, including the workshop in Bahirdar, the workshop held in Debrezeiet organized by KHC, and the workshop in Jijiga, organized by Ogaden Welfare Society in Somali Region, which particularly resulted in the common understanding of various FBO's on the need to have and realization of a common strategy, joint charter formulation, and identification of development areas where FBO's can intervene, and the last founding conference was held in December 2002 in Addis Ababa with the motto 'Thoughtful start for a better future'.

Dr. Tesfaye further stated that the association has nine board members and three taskforces, namely HIV/AIDS, Food security and Peace building, and the ongoing workshop was prepared by the HIV/AIDS taskforce in collaboration with EIFDDA Secretariat. The board chairman also appreciated the role NCA has played to the current strength of EIFDDA. Moreover, he thanked the participants for their presence, and Christian Relief and Development Association (CRDA), Norwegian Church AID (NCA), and Christian AID for their financial support and making the workshop a success.

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Shortly after, Dr. Tesfaye introduced Dr. Negussu Legesse, facilitator of the morning session and concluded his remark after inviting guest of honors from the four religious sects to make some opening statements.

2. The main activities of the workshop

The following main activities were carried out during the workshop.

2.1 Invited participants were registered prior to the beginning of the workshop. (The list of participants is attached here with as annex)

2.2 In their opening remarks, the four religious leaders, namely His Holiness Abune Natnael from Ethiopian Orthodox Church (EOC), Sheik Abdurahman- Islamic Council, EIASC, His Holiness Berhane Iyesus from Ethiopian Catholic Church, and Reverend Eteffa Gobebna, from Ethiopian Evangelical Church Mekane Yesus (EECMY) have stressed on the following, among others.

- The role played by religious organizations in the prevention, education and counseling of HIV/AIDS patients
- The contribution of religious organizations in development activities such as education, health, food security, etc. and in combating the recurrent drought.
- The importance of the joint efforts of FBO's for the realization EIFDDA's objectives
- The significant contribution of religious leaders in the settlement of Ethio-Eritrean boarder dispute
- The need for strengthening of information exchange and the joint efforts of all EIFDDA members in the campaign against HIV/AIDS
- HIV/AIDS and Poverty are common enemies of FBO's. So they should stand together to fight these threats of the society. The problems are international in nature and must be resolved collectively.
- Asserting the indispensability of integration, Sheik Abdurahman, mentioned that the unilateral efforts of Islamic relief agencies couldn't bring ultimate changes and that necessitated the collaboration of other faith organizations to effectively deal with the issue of HIV/AIDS. Among the problems that they faced, information communication, lack of awareness and lack of coordination are the major ones. He also urged that the alliance should work with government and NGOs on other development endeavors and asserted their commitment to the association on behalf of Islamic communities. (The opening remarks of religious leaders is annexed at the end of the document)

2.3 Following the opening addresses of the religious leaders, Dr. Nugussie Legesse, facilitator of the session presented the summary of their deliberations.

2.4 Next to the opening addresses by the religious leaders, EIFDDA members held an experience sharing session on lessons learnt from their previous HIV/AIDS interventions. Representatives of EOC, EIASC, ECS, EECMY, KHC, and HAPCO

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made their deliberations on their experience in the fight against HIV/AIDS. The summary of their presentations is as follows: -

Dr. Mesfin Tegegn, Ethiopian Orthodox Church (EOC)

According to Dr. Mesfin, EOC started its HIV/AIDS interventions about 16 years ago with free distribution of pamphlets, when it was even difficult to discuss the issue with others. The different trips made by the Patriarch and the Archbishops have played a sizable role in enhancing the commitment of religious leaders at local level to effectively participate in the mitigation process through teachings. It has been observed that the dedication of bishops and clergy in HIV/AIDS education is optimum in areas where higher level religious leaders have visited. The incorporation of other religious groups in the project advisory committee has raised the acceptance of the project activities and receptiveness by the communities. Community ownership of distributing basic needs to HIV/AIDS orphans, the execution project activities by voluntary Para-councilors coming from the community, and the cost sharing mechanism in which certain church congregations families have taken the responsibility of fund raising for different HIV/AIDS alleviation schemes are some good experiences of EOC.

Ato Nuredin Jemal, EIASC

Speaking on the experiences of EIASC in HIV/AIDS prevention and mitigation efforts, he pointed out that the Supreme Council shoulders the major responsibilities in the fight against HIV/AIDS.

Places of worship such as mosques were used as a teaching center and the active participation of religious leaders such as Imams in teaching without pay, have played crucial roles in creating awareness about the epidemic in the communities. He also mentioned an example that one Imam is taking care of 12 orphans catering them 50 kg of wheat flour each month. Para-councilors were also taken from the communities and given trainings by the Imams, who themselves have also taken similar trainings. Besides material support, Religious counseling focusing on repentance has succeeded well in attaining moral and physical changes and the comfort of community members through psycho-social support and spiritual counseling.

The Imams are teaching pre-marriage HIV/AIDS testing, but that led to the increasing request of VCT centers from the communities. National and religious holidays and solat/prayer hours are being used for teachings on the epidemic aided by IEC materials produced in 12 different languages. Sheiks and members of community associations like Idir were also included in the training on HIV/AIDS prevention and mitigation.

Ato Dereje Tolosa, EECMY

Ato Dereje noted that the objectives that EECMY set out to accomplish with regard to HIV/AIDS were to reduce the spreading out of the disease and giving care and support to HIV/AIDS affected individuals. Founded in 1967, EECMY has 20 establishments in all

CORDA

over Ethiopia with a congregation number of 5,000 members. It started operation on HIV/AIDS in 1996 with a slogan 'serving the whole being of mankind'. Evaluation of the 10 years experience revealed that it is not enough to work only through the 20 institutions and the need to integrate HIV/AIDS into the daily life and work of the church. It is believed that integration will bring wide coverage, enable leaders to have more knowledge of the disease and use religious gatherings for transparent mass discussions and break the silence about the disease. Ato Dereje also mentioned EECMY's involvement in the production of IEC materials in two languages, preparation of a comprehensive training manual, and giving care and support; promoting self-support initiatives among those affected by the disease with all kinds of encouragements and showing directions and alternatives, particularly for bar ladies

Ato Timotios, Ethiopian Kale Hiwot Church (EKHC)

Ato Timotios mentioned that EKHC has organized experience visits to various countries and conducted pre-project assessment prior to the launching of the project in 1996 with 9 components. An advisory committee from various sectors was organized. The post project evaluation also indicated some lessons that are vital to the realization of the HIV/AIDS mitigation process in the future. The home-to-home voluntary home-based care delivery has also managed to attain the trust of the communities towards the project. Some foster families were also found to support some orphans. Some successes were gained in reducing stigma after the project has given attention to the perception of community members about the disease. The other thing that was noticed is that creating awareness and care and support for HIV/AIDS orphans alone is not enough and the communities should be introduced to different income generation activities, such as barber shops and cart riding. Volunteers have played crucial parts in mobilizing the communities for HIV/AIDS prevention ventures pursued by the church development force. However, they have transportation problems and since few months started to retreat from project works. The former problem and the latter trend have to be resolved in the near future supported by prior studies.

Ethiopian Catholic Church (ECC)

ECC's approach to HIV/AIDS pandemic have evolved progressively while the nature of the disease and its consequences were not only better captured but also allowed better vulgarization and mass communication. The ECC taking advantages from lessons learnt had further refined her approach to the issue. Among others, ECC has produced the following in its commitment to address the problems of HIV/AIDS.

- Production of ECC-HIV/AIDS policy (draft)
- Production of ECC-HIV/AIDS 5 year strategic plan
- Strengthening HIV/AIDS Desk at ECS and Dioceses level
- Fulfilled pre-requisites to improve and boost social service delivery through provision of required human & material resources for Health facilities, schools, Home based care, shelters for orphans, etc,
- Extended support to allow PLWA to organize themselves, etc.

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ECC rely much more on collective and concerted actions by all FBO's rather than the parcel or approaches that necessitate to be run single-handedly without achieving substantial result on targeted impacts. The report highlighted some of these collective and concerted actions, which have bore fruits by involving a number of stakeholders as illustration.

- Participated in the draft policy formulation and strategic plan, in the drafting/production of legislative instruments to be used by government authorities to curb the pandemic impact (promulgation regarding the National HIV/AIDS Council & Secretariat), and lobbying/Advocacy for donor support targeting areas of national concern to mitigate HIV/AIDS impact in collaboration with the government.
- Establishment of OSSA, Mekdem and Tesfa Goh, and conducting councilors training in collaboration with FBO's & other partners.

Ato Biru Birmeji, HAPCO

It is appreciated that FBO's come together to solve their common problems. FBO's are feasible developments agents for they have the capacity to cover both urban and rural parts of the country, mobilize communities with less effort and threat the internal /spiritual parts of the human soul. The HAPCO representatives confirmed that his bureau will work in its full might to give financial and technical support to the Association. HAPCO realized the crucial role of FBO's in the fight against HIV/AIDS.

2.5 As part of Experience sharing, Ato Tsegaye Cherenet, from World Conference on Religion and Peace (WCRP) presented a case study paper on African FBO's. Among the important points he mentioned that the role FBO's can play in the overall development process has received recognition from the international community, particularly with regard to HIV/AIDS and its impact on children. He said that irrespective of faith, FBO's have other common interest areas that they can work together and they are now supporting large number of orphans. His presentation was based on a survey conducted in order to know what religious groups are doing to meet the needs of orphans and vulnerable children (OVC) and to develop an improved and detailed understanding of the responses of religious organizations in east and southern Africa in caring for children affected by AIDS.

Primarily, Ato Tsegaye explained the definitions of FBO's that include congregations, religious coordinating bodies (RCB's), NGO's and CBO's. Speaking on the participation of volunteers in HIV/AIDS mitigation initiatives, he pointed out that 231 FBOs have involved 9,236 volunteers and in overall 349 FBOs supported 156,835 OVC. Overall, 82% of OVC responses were community based (Appendix, Table 5 of the document) and of these, 56% were in urban areas.

The capacity assessment made on FBO's indicated weakness in three areas. These are technical support, financial support (half of the congregation is affected in one way or

ECRDA

another by the epidemic and that resulted in the decline of their capacity to support other vulnerable groups), and administration support. It is recommended that FBO's fully utilize their existing structures such as churches and Mosques for counseling and teaching purposes. One problem observed in FBO's is that they are not willing to report their accomplishment to pertinent GO and NGO structures saying 'why should we report? It is merely our commitment to our faith/religion'. Responding to other weaknesses of FBO's Ato Tsegaye said that the contribution of Volunteers must be measured and incorporated in the design of a project proposal and items like land acquired from government free of charge should also be included in a project proposal.

The assessment on the other hand disclosed that the constructive attributes of FBO's, such as sound deinstitutionalization (community based responses), community ownership, service delivery, financial systems, Governance and Human resources.

The evaluation also witnessed that FBO's community responses are proliferating and community members initiate most of the OVC activities. Community-level FBO's are well organized and provide a broad range of community-based services. They are responding in similar ways to address community problems, but it is probable that they have limited long-term impact. Congregations support significant number of OVC's.

The overall organizational capacity of local FBOs in terms of governance and financial accountability was on equivalence with many larger NGOs. Most FBO's initiatives receive little or no external technical or financial support and as a result rely on their own skills and material resources. Lack of funds, training, accountability and monitoring, are some of the constraints of FBO's he mentioned, which came out in the survey.

Speaking on the role of Religious Coordinating Bodies, he said that RCBs differ in structure, function and size and are well situated to provide technical and financial support to congregations. He also said that some RCBs have established OVC initiatives but many of them are unaware of their own congregations' OVC initiatives and stressed on the need for development of RCB HIV/AIDS and OVC programs.

Ato Tsegaye wrapped up his presentation forwarding some recommendations to Donors, External Religious Partners, and Religious Coordinating Bodies and Congregations.

- Identify the comparative advantages of FBO's and utilize their strengths
- Recognize and utilize existing religious structures and work with appropriate tiers of RCBs
- Support small grants offered by RCBs to resolve the financial needs of FBO's
- Funding strategies
- Ensure FBO representation in policy and program development
- Target program planning, monitoring and evaluation and sub-granting capacity at RCB level
- Support coordinated information sharing and mapping between RCBs and congregations

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- Should support the operation of small grants funds through RCBs to support activities initiated by congregations.
- Partnerships between religious organizations and inter-governmental organizations such as UNICEF, donors and other organizations will be strengthened so that the work FBOs are doing at community level to address the needs of children affected by HIV/AIDS can be expanded.
- Though FBO responses to-date have tended to be small scale and localized, in the long run, these groups, which are present in affected communities, are better placed than external agencies to provide appropriate support and deal with complex social issues of children affected by AIDS
- Develop action plan (to UNICEF)
- Use information kit (to UNICEF)

The full text of the survey document is attached as an annex.

2.6 Following Ato Tsegaye's presentation, a short intervention was made by Ato Asfaw Mekuria, from DPPC NGO's coordination office. First he put that including the term disaster prevention in the name of the association may give a sense of urgency and commitment to member FBO's and reminded that NGO have problems of working together for a common end even though all have uniform implementation modalities. However, he said, the integrated approach of faith-based organizations in the campaign against HIV/AIDS is highly appreciated and disclosed the willingness of his bureau to closely work with the coalition.

2.7 Role of FBO's in addressing care and support needs of AIDS orphan children and female sex workers, Dr. Mesfin Tegegn

The paper presented is divided into two parts. The first part deals with orphans and is written in English whereas the second part dwells on sex workers and is written in Amharic. He mentioned that FBO's have remarkable effect in addressing the urgent and sustainable needs of AIDS orphans and female sex workers. In addition, he outlined the comparative advantages of FBO's in some areas, i.e. grass root approach, acceptability, convincing religious approach, capacity to mobilize, reliability and sustainability, with respect to HIV/AIDS mitigation.

Speaking on the overall situation of Female workers in Ethiopia, Dr. Mesfin started his discussion on the historical background of Female sex work, and briefed the underlying reasons to get into such a way of life, other related escalators of Female sex work, Psychological and moral build-up of Female sex workers, the perception they have about themselves, problems of Female sex workers, and the plans or wishes they have for the future. Eventually, he pinpointed the responsibilities of FBO's in tackling the problems of Female sex workers. The major ones include, helping those living with the virus through spiritual counseling and other supports to relive them from the pain incurred as a result of the disease, showing them our love, cares, and preparedness to listen to their problems, giving teachings on marriage, family and basic children rights, the need to have a sound approach and personal skills in counseling Female sex workers, reaching the youth with

CCRDA

teachings that condemn adultery and harmful traditional practices, and giving trainings and involve in the creation of various income generation activities. For the details, the presentation is attached at the end of this document)

2.8 After the presentations, the facilitator declared the floor for discussion. The interventions of the participants in the form of questions and suggestions are presented below.

- I appreciate what is being done on female children within 12-15 years of age, who are still victims of commercial sex work.
- How do you calculate persons living with HIV/AIDS? How can you know HIV/AIDS orphans?

According to Dr. Mesfin, verbal autopsy, which is a technically valid technique, was prepared and used to test and identify orphans

- What is the significance of labeling HIV/AIDS orphans?

Dr. Mesfin replied that the donor's pressure is one factor in dividing between AIDS orphans and other orphans.

- The underlying element of commercial sex workers is poverty. Do we have the capacity to address their problem? As quoted from one commercial sex worker " I will not live more than two days if I didn't get a penny to buy bread, but I can survive five to six years with HIV/AIDS". I think FBO's can do more in alleviating the problem of commercial sex workers.
- When we suggest strategies and approaches of resolving problems like HIV/AIDS orphans and commercial sex workers, they have to be made only in the context of our faith-based organization or doctrines. We have to design alternatives in relation to faith/religion apart from others' theories and experiences. Islam has strong principles on adultery and marriage. I am sure the rest of us have these values and we have to make them practical to realize our objectives.
- I hope we can redeem our past failures through this forum. Are there any gaps you identified in policy and codes of law that can be presented to relevant organs to deal with? Do you have any success or failure stories with regard to mitigating the problems of commercial sex workers? I am asking this because this is the time that everyone has considered it vital to listen to alternative solutions. Institutional orphanage centers have negative impacts. So community support based initiatives are encouraged. But we have problems in resource utilization. What amount of the funds we secured are really spent for their purposes?
- You mentioned orphan children add up to 14% in rural areas and also said that the urban prevalence of HIV/AIDS is 14%. What does it signify?
- Dr. Mesfin responded that it may be a technical error that often encountered in a research environment. Most importantly, the study has taken only pregnant women as a focus of study. The figures can also show that the prevalence of the disease is more or less similar in both areas. He also said that FBO's should pass

CRDA

collective decisions and design concrete strategies concerning female sex workers.

- Most of the time we do not present alternatives when we talk about the problems of women sex workers. Our focus should not be only on the women sex workers. We also have to give emphasis to other underlying factors.

2.10 Remarks by panelists

The afternoon session, facilitated by Ato Feyissa Kayemo, began with a panel discussion. The three panelists have spoken on three different topics and the summary of their presentations is as follows.

Comparative advantage of FBO's in addressing HIV/AIDS affected people: What different things do they have other than other actors? Ato Ahmed Bedasso

According to Ato Ahmed, FBO's have some distinctive characteristics that delineate them from other governmental and non-governmental actors. Their comparative advantages include,

- They are community-based institutions
- They have viable strategies to address community issues
- They are guided by all abiding spiritual norms and values and have the capacity to provide moral and spiritual treatments, which government and others are incapable of.
- Religious leaders have the utmost respect and confidence from the community than any one else
- They have the capability to mobilize community members with minimum efforts through religious leaders
- Religious leaders themselves take part in the teaching and dissemination activities
- They present a common interest area, i.e. religion, to attract huge amount populace at a given time
- FBO's have all the needed facilities to mobilize community members and stage dialogue
- They have no super-imposed strategies to deal with community problems
- They relate to communities in reference to spiritual incentives like the presence life after death
- They ensure sustainability of project activities
- They do not depend on budget securing for the implementation of their activities
- They are result-oriented
- They have long established structures for relief support
- They have good reputation in rendering care and support services to the community

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How do FBO's mobilize internal and external resources for HIV/AIDS intervention? Dr. Negussu Legesse

- Through extensive urban-rural outreach
- Confidentiality bestowed on religious fathers have enabled the communities to consult them without any hesitation
- Financial resources can be easily mobilized during religious community gatherings and festivals such as *Senbete*
- Voluntary commitments are signatories of members of a congregation to any initiatives pursued by the religious organization.
- FBO's are endowed with the required human resource, meeting places and facilities like speakers and other audio-visual equipments
- FBO's are civic organizations and reflect and respond to the entire image of a community
- They play important role in mediation or peace building owing to the respect given to religious leaders by the communities.
- As the capacity assessment result shows that much trust is given to FBO's in the delivery of humanitarian and other development works, access to external donor funding is imminent if FBO's get organized with a common vision and accountable and tangible targets.

Some identified weaknesses of FBO's in mobilizing internal and external resources include, lose interaction, weak network, effective utilization and coordination of human resources, and lack of common perception of development undertakings.

- Gaining the endorsement from religious leaders will smoothen the strengthening of EIFDDA as a full-fledged association.

How do FBO's maintain good traditional practices in fight against HIV/AIDS? Dr. Alemayehu H/Gebriel

The focus of the presentation was on how to preserve traditional norms, customs, and ethical values in the fight against HIV/AIDS. FBO's have common characteristic features, mainly 'human beings are created in the image of God' and 'It is proper that one does good for others'. The accountability of FBO's to the almighty God has also made them to be transparent to their communities. Among the attributes that FBO's should safeguard, Dr. Alemayehu stressed on the vitality of fraternal or familial relation among the society. FBO's, he said, has to take the first initiative to support and care for vulnerable people, ensure that ethical norms are properly kept or propagate moral teachings especially to the youth, and conserve family integrity in divorce cases. The panelist also mentioned that FBO's should be active in vulnerability reduction schemes of the society, such as promotion of work ethics and conduct close follow up of whether resources or services appropriately reach to the intended beneficiaries.

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After the presentations, the facilitator of the session declared that the floor was open for discussion. The following were responses from the participants in the form of questions and suggestions, particularly around commercial sex work.

- When searching for alternative solutions to the problems of commercial sex workers, it has to be looked at holistically, i.e. from policy, culture, etc. dimensions
- FBO's should utilize their existing potential to the fullest for the mitigation of commercial sex work crisis. It is a pity that most of our initiatives remain at the proposal stage.
- FBO's are not close to the realities in bars. So they should work with NGO's, CBO's and GO's to alleviate the problems of women sex workers.
- FBO's have good access for funding but it needs their strong coalition efforts and commitments
- FBO's are appropriate mediums to address the prevalent gap in community mobilization, which the country is badly lacking.
- Focus should be given to teenagers around 12 years of age, often noted 'windows of hope', as the presentation confirmed that the majority of them are already sexually active and thus vulnerable to HIV/AIDS infection.

2.12 A one-act play was staged by a group of four performers. It was an education play, which depicted the current reality and awareness status of HIV/AIDS among urban dwellers, particularly in an office environment.

2.13 Recommendations and way forward for future collaboration

a. Some of the points raised by the participants as issues of concern

- HIV/AIDS is killing the nation, not only its peoples. FBO's should collaborate not only in the fight against HIV/AIDS but should also work hand in hand in the propagation of moralistic values and virtue into the society to redeem the present and next generations. To that end, such meetings of FBO's should be strengthened.
- All FBO's spiritual and moral responsibilities and historical obligation to bring about attitudinal change among the public about HIV/AIDS.
- Although FBO's have been doing their best in the HIV/AIDS campaign, it is now time to act together in an integrated manner. It will indeed give us universal outlook on the epidemic and resolve some of our problems, which we couldn't deal with working on individual basis.
- We must begin with the assets we have at hand and go out to the target areas to have first hand information about HIV/AIDS. Policy, dialogue and office level discussions are not adequate.
- We must react on practical agreement and begin it now
- The government should stand by our side with clear commitment.
- We must be able to define our directions

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- Most of us are not actively involved in the mitigation efforts of HIV/AIDS at school level, thus we must do so.
- We must be able to examine the family planning method of the public and identify which roles can be best carried out at school and religious level.
- We should be able to enhance

- Humanitarian outlook prior to our religious commitments
- Youth-focused IEC materials production and other mitigation strategies
- Reaching commercial sex-workers and bars as part of an awareness creation campaign
- Teachings on Family and child raising by religious leaders
- Discuss issues related to films displayed to youngsters through the mass media with relevant organs
- Request the government to give air time to FBO's and involve them in policy dialogue
- FBO's should be partakers of community-centered development processes undertaken by the government starting from policy design. In this regard, the gaps that FBO's may fill should be identified and recognition should be given to them to address these issues.

- A mechanism should be worked out for resource sharing, and information exchange among FBO's
- FBO's should come up with a policy designed in view of themselves and focused on issues like advocacy reference framework, orphans policy stressing on alternative care, information exchange, and modalities of working with other civil organizations
- FBO's should have a clear understanding on other important issues such as resource mobilization guidelines, rights of asking government's support, identify who is doing what, modalities of working with the media or proposal of advocacy, and conduct a joint strategic planning
- With regard to EIFDDA

- The works of the Association cannot be fully handled by part-time personnel
- A venue where the board consults with religious leaders must be designed on a continuous basis.
- Prepare a structurally in-ward looking statement based on the issues raised in workshop
- Each religion sect should give unreserved support to the works of the Association and other FBO's

b. At the conclusion of the discussion the participants of the workshop unanimously passed the following resolution: -

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1. Preamble

We, the participants, at the one day workshop on HIV/AIDS organized by EIFDDA at Ghion Hotel on December 4, feel honored and inspired by the presence at the opening of the workshop of leaders of the four main religious groups in Ethiopia: The Orthodox, the Catholics and the Ethiopian Evangelical Church Mekane Yesus on the Christian side, and the Ethiopian Islamic Supreme Council from the Muslim side. In their message to the workshop participants the religious leaders emphasized that, in spite of the differences in ethnicity and the religious diversity in Ethiopia, we Ethiopians, have developed a unique and enviable tradition of living together and resolving our differences through dialogue. This social fabric of mutual understanding, tolerance and respect underlies our country's unity and capacity to live together in the face of serious adversities and challenges that threatened Ethiopia as a country of diverse nationalities. The religious leaders evoked concrete examples in order to illustrate the point they were making. As to the religious leaders EIFDDA was another example of a living project that the Ethiopian inter-faith leaders put together as they discern the way forward together for a collaborative action on issues of critical importance for the country and its people. All participants found the content of the message very inspiring and felt that such messages of unity need to be repeated in different forums where the religious leaders speak out in unison. It was felt that the Ethiopian youth is in particular need to hear such messages of unity repeatedly as they prepare to take over the responsibility of running the country from the current generation. Having been inspired by the opening message from the religious leaders, the workshop participants delved into the various agenda items as designed by the EIFDAA board and Secretariat and committed themselves to work collaboratively on the following issues that emerged from the workshop deliberations:

2. Workshop resolutions and statement of commitment

1. Addressing HIV/AIDS is one of the biggest challenges for Ethiopia's future and FBOs will put it on top of FBOs work priority

2. The workshop participants endorse the call of the religious leaders to work in unison to address the challenge and the participants call upon the same leaders so that they continue giving their unswerving support for the continued work of FBOs on HIV/AIDS.

3. The workshop participants realized that the problem of HIV/AIDS is extremely complex and it is related with a number of root causes that reinforce its propagation and threaten the future of our country. These include:

    a. The decline of moral values among the youth and school going children
    b. The decline of work ethics and morals education among the same
    c. The rampant unemployment among the youth and the cheap and easy availability of soft drugs such as alcoholic drinks and 'chat' which in the long run will inflict irreparable damage on the Ethiopian youth and people

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d. The wide spread poverty and cultural attitudes which undermine the right of women and thus driving them into prostitution and destitution

4. The workshop calls upon EIFDDA, its member and supporting organizations to deepen research and understanding on the above underlying root causes that fuel the spread of HIV/AIDS so that concrete actions could be taken by members and others to stop the spread of the pandemic and to organize appropriate care and support for those people living with the virus and their families.

5. The workshop recognized that religious bodies and FBOs have enormous resources to address the challenge of HIV/AIDS and its consequences on society.

   In fact, it was encouraging to hear reports from the FBO representatives on their own response in Ethiopia and to learn from the research report commissioned by UNICEF and the World Conference on Religion and Peace (WCRP) in 5 African countries that FBOs have already started tapping on those resources but participants agreed a lot more could still be done by FBOs and the local communities with their own existing resources. Such initiatives and experiments of best practice need to be documented and widely circulated. External resources therefore need to be seen complementary and not determining for the FBOs and related groups to face up the challenge of the pandemic on their own.

6. The workshop recognizes that the FBOs are doing a lot in areas of dealing with AIDS orphans, sex workers and PLWAs. The work needs to be intensified and best practices be widely disseminated. In this regard, particular attention needs to be given to the problem of unemployment among the youth and to address gender imbalances that lead to the disempowerment women.

7. It is stressed that strong efforts need to be done to work together with government. In this regard the workshop recognized the readiness of FBOs to be involved in policy making and implementation of programmes designed to address the challenges of the pandemic. The FBOs require facilitation of access to mass media for FBOs so that they disseminate their HIV/AIDS related education actively and widely.

2.14 Finally, Dr. Tesfaye Yacob, board chairman of EIFDDA, made the closing remark on behalf of the board members. Dr. Tesfaye thanked the participants, the facilitators, paper presenters and sponsors of the workshop. He then reminded the past achievements of FBO's and pointed out that the workshop and the joint venture of FBO's is also a sign of good beginning. Finally, he requested the participants to put into practice what has been said in the workshop and urged them to act homogenously in that regard.

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Annex 1. List of Participants

SN	Name	Organization
1	Birru Birmeji	HAPCO
2	Feyessa Kayemo	EECMY/DASSC
3	Dereje Tolessa	EECMY/HIV/AIDS
4	Abadi Amdu	EOC-DICAC
5	Teshome Emana	WIBD Consult
6	Abba Tsegaye Keneni	ECS
7	Moges Tafesse	GBCDP
8	Abdul-karim Ali	EMRDA
9	Adane Mamuye	EMRDA
10	Dr.Tesfaye Yacob	KHC
11	Tsegaye Cherinet	WCRP
12	Melaku Demessie	The Reporter
13	Mekuria Yadeta	EECMY
14	Timotewos Genebo	EKHC
15	Negussie Habteyes	Consultant
16	Dawit Kebede	NCA
17	Abiy Hailu	Christian Aid
18	Tamirat Reta	ECS
19	Dr. Eyassu Mekonen	DCA
20	Dr. Girma Tolossa	AJJDC
21	Dr. Anwar Mohammed	EMDA
22	W/t Belaynesh Fikre	EOC-CFAO
23	Debebe Ero	HACI
24	Asfaw Mekuria	DPPC
25	Dr. Mesfin Tegegn	EOC-DICAC
26	Shirit Daied	E.M.D.A
27	Saed Negash	EOC-DICAC
28	Kesis Kefyalew	EOC-DICAC
29	Yacob Ahmed	WAO-PMO (WCAA)
30	Kidist Belayneh	NCA
31	Misganaw Lisaie	HAPCO
32	Kedija Zeinu	UNICEF
33	Abdulafiz Kemal	EMDA
34	Bereket Tarekegn	Consultant
35	Nuredin Jemal	EMDA
36	Dr.Alemayehu H/Gabriel	EKHC
37	Yeshiwork Mekuria	Dawn of Hope Ethiopia
38	Ahmed Bedasso	EMRDA
39	Rev. Eteffa Gobena	EECMY
40	Yemegnshual Takele	CRDA
41	Aragaw Mohammed	EMERD
42	Omer Mohammed	EMDA

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43	Salhaddin	EMDA
44	Dr. Nigussu Legesse	EOC-DICAC
45	Abune Natnael	EOC
46	Abune Berhaneyesus	ECC-Archbishop
47	Dr.Ashenafi Mamo (MD)	EOC-DICAC
48	Tsadiku Abdu	EFEBC
49	Mengistu Abebe	Addis Admas
50	Gebremichael Heramo	EIFDDA

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2

Annex 2. Time Schedule

National Workshop on Responses of FBOS to HIV/AIDS

December 04, 2003, Ghion Hotel, Addis Ababa

Time	Activities	Responsible Body	Facilitator
08:30-09:00	Registration	EIFDDA	EIFDDA
09:00-09:10	Introductory remark on the objectives of the Workshop.	Dr. Tesfaye Yacob Chairman of the EIFDDA Board	**Dr. Nugussu Legesse**
09:10-09:50	Opening address by Religious Leaders- **(EOC, EIASC, ECC&EECMY)**	Religious Leaders	**Dr. Nugussu Legesse**
09:50-10:30	Experience sharing from EIFDDA Members **(Lessons from HIV/AIDS Intervention)**	Representatives of **EOC, EIASC, ECS, EECMY and KHC**	**Dr. Nugussu Legesse.**
10:30-11:00	Tea/coffee Break	Ghion Hotel	EIFDDA
11:00-11:15	Continue Experience sharing	Representatives of FBOs	**Dr. Nugussu Legesse**
11:15-11:30	Experience sharing from African FBOs case study Paper	WCRP Representative	**Dr. Nugussu Legesse**
11:30-12:00	Role of FBOs in addressing care &support needs of AIDS orphan children and female sex workers	Dr. Mesfin Tegegn	**Dr. Nugussu Legesse**
12:00-12:30	Discussion on the presentation	Participants	**Dr. Nugussu Legesse**
12:30-2:00	Lunch Break	Ghion Hotel	
2:00- 2: 30	Remarks by panelists: 1. Comparative advantage of FBOs in addressing HIV/AIDS affected people. 2. How do FBOs mobilize interval and external Resources for HIV/AIDS intervention? 3. How do FBOs maintain good traditional practices in fight against HIV/ AIDS?	Ato Ahimed Bedasso Dr. Nugussu Legesse Dr. Alemayehu H/Gebriel	**Feyissa Kayemo** >> >>
2:30-3:30	Panel Discussion	Participants	
3:30-4:00	Coffee Break	Ghion Hotel	EIFDDA
4:00- 4: 20	Drama Show		**Drama Group**
4:20-4:55	Recommendations and way forward for future collaboration	Participants	**Feyissa Kayemo**
4:55-5:00	Closing	Chairman	

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ROLE OF FAITH BASED ORGANIZATIONS

IN

ADDRESSING

THE CARE AND SUPPORT NEEDS

OF

AIDS ORPHANS

AND

FEMALE SEX WORKERS

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Mesfin Tegene (D/n Dr)

AIDS ORPHANS STATUS IN ETHIOPIA.

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1. ETHIOPIAN SCENARIO

The rate of HIV infection is growing globally; however, Africa has the highest incidence of HIV infection in the world. That is, out of the total 40 million people living with HIV, 95% are said to be living in the developing world and among these, 71% (28.5 million) are found in Sub-Saharan Africa. The rate at which the pandemic is spreading is also much higher in this region (1) .In Sub-Saharan Africa, Ethiopia is among the countries that are highly affected by the pandemic.

One of the devastating consequences of the HIV/AIDS pandemic is the vast number of children it leaves orphaned. According to a joint report released by the UNAIDS, currently more than 13 million children under the age of 15 have lost one or both parents to AIDS, and most of these children are found in Sub-Saharan Africa. The number of AIDS orphan children is expected to rise in the coming years. by the year 2010 among all the orphan children, the percentage orphaned due to AIDS in Ethiopia will reach 43% (2) .

The prevalence rates of AIDS orphan among the total child population in the major cities, small towns and rural areas are, respectively, 14.69%, 16.67% and 14.77%. There is no statistically significant difference across the three strata implying that the HIV infection is increasing the rate of AIDS orphans in urban, semi-urban and rural areas is similar.

Results of a study carried out in North Wollo, Ethiopia (3) have shown that AIDS orphans prevalence of relatively urban areas and rural areas are comparable. Hence, the contention that the rates of AIDS orphan prevalence of relatively urban areas and rural areas are comparable.

According to the MOLSA national survey done (February 2003), the majority of the children are from three ethnic groups, namely, Amhara (58.0%) followed by Oromo (17.0%), Tigrai (9.0%).

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The majority (74%) of the AIDS orphans and non-AIDS orphans (72%) live with their families while about 20 percent of the AIDS orphan group and 19 percent of the non-AIDS orphan group live with relatives. Thus, it has been learnt that only six percent of the AIDS orphans and nine percent of the non-AIDS orphans live outside: with neighbors, alone by themselves, hired as house servants, etc.

Soico-economic status

The socio economic status of the households of AIDS orphans, as reflected by the educational status of head of households; households' monthly income; households' size and crowding, and facilities available the households, as reported by the head of the households themselves, was examined. Accordingly educational status of the heads of the households shows that 36.8% AIDS and 34.4% non-AIDS orphan's heads of households, were illiterate. Regarding monthly income of the households, equal proportion (63%) of households of both AIDS orphan and non-AIDS orphan children a monthly income of less than 100.00 Birr, and only 5.7 and 4.9 of the AIDS orphan and non-AIDS orphan households earn more than 500.00 Birr per month, respectively. The results on family size and crowding have shown that the median is 5.00 for both households with AIDS and non-AIDS orphans.

With regards to the availability of facilities in households, it was found that only 65.3% of AIDS orphan and 67.8% of non-AIDS orphan households have pipe water and the remaining households rely on other sources, such as, protected well water (AIDS orphans -2.8%; non-AIDS orphans - 1.6%); unprotected well water (AIDS orphans - 1.2% non-AIDS orphans - 0.4%); rivers (AIDS orphans - 3.3%; non-AIDS orphans - 3.0%); springs (AIDS orphans - 2.4%; non-AIDS orphans - 3.2%); and

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community common water points (AIDS orphans - 23.9%). In relation to the availability of toilets, it has been found out that approximately one out of every ten households with AIDS orphans do not have any form of toilet.

2. Problems of AIDS Orphans

The impacts of AIDS on children are both multifaceted and complex. AIDS orphans endure overwhelming and largely unmitigated losses, living as they do in societies already weakened by underdevelopment, poverty and the AIDS pandemic itself. This is particularly true in sub-Saharan Africa, where few social support systems exist outside of families and where basic social services are largely inadequate.

Neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents, stigmatized by society through association with HIV/AIDS, plunged into economic crisis and insecurity by their parents' death and struggling without services or support systems in impoverished communities. Children suffer psychosocial distress and increasing material hardship due to AIDS. They may be pressed into service to care for dying parents, required to drop out of school to help with farm or household work, experience-declining access to food, housing, clothing, and health services. Many are at risk of exclusion, abuse, discrimination and stigmatization.

One of the best indicators showing whether children are benefiting from social services is the rate of school attendance. According to a review made by UNICEF, in 20 sub-Saharan African countries, children between the age of 5 to 14 who had lost one or both parents were less likely to

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attend school and more likely to work for more than 40 hours a week. A survey of 646 orphaned children and 1,239 non-orphaned children in Kenya revealed that 52% of the orphaned were not in school, while only 2% of the non-orphaned children were not enrolled. A study in Zambia showed that 32 percent of orphans in urban areas were not enrolled in school, as compared with 25 percent of non-orphaned children. This problem of inability to benefit from social services is expected to be more severe for AIDS orphans due to stigmatization and the probability of losing both parents. For example, a study conducted in Addis Ababa, found that 15% of the AIDS orphans had defaulted schooling after the death of their parents and 4% had AIDS. The same study revealed that some AIDS orphans faced abandonment, displacement and lack of medical care at the time of illness (Save the Children, Denmark, 2002).

The Vulnerability of Orphans

Of the many vulnerable members of society, young people who have lost one or both parents are among the most exposed of all. Orphans, particularly AIDS orphans, run greater risks of being malnourished and stunted than children who have parents to look after them. Children who have been orphaned by AIDS may also not receive the health care they need, and sometimes this is because it is assumed they are infected with HIV and their illnesses are untreatable. A study in North Wollo explains the case of a 5 year old AIDS orphan who encountered serious problems because no relative was willing to take care of him after the death of his mother because of economic problem, lack of knowledge about the sero-status of the child, and the misconceptions surrounding AIDS orphans.

Orphans enduring the grave social isolation that often accompanies AIDS, when it strikes a family, are at far greater risk than most of their

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peers of eventually becoming infected with HIV. Often emotionally vulnerable and financially desperate, orphaned children are more likely to be sexually abused and forced into exploitative situations, such as prostitution, as a means of survival.

Grief before Death and the Tragedy of Losing Parents

A child whose mother or father has HIV begins to experience loss, sorrow and suffering long before the parent's death. And since HIV can spread sexually between father and mother, once AIDS has claimed the mother or father, the children are far more apt to lose the remaining parent. Children thus find themselves thrust in the role and responsibilities of mother or father or both -doing the household chores, looking after siblings, farming, and caring for the ill or dying parent or parents, experiencing stress that would exhaust even adults.

In addition, because HIV infection progresses from initial infection to mild HIV-related illness to the life-threatening illnesses children can live with long periods of uncertainty and intermittent crises, as both parents slowly get sick and die. In sub-Saharan Africa, where effective relief for pain or other symptoms is often unavailable, children who live through their parent's pain and illness frequently suffer from depression, stress and anxiety. Many children lose everything that once offered them comfort, security and hope for the future Orphans witness the prolonged illness and death of one or more family members and suffer mental distress as a result. According to a study carried out in Ethiopia, some of the many challenges faced by orphans are

- loss of family,
- depression,
- malnutrition,

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- lack of immunization and health care,
- lack of schooling,
- early entry into paid or unpaid labor,
- loss of inheritance,
- early marriage,
- Exposure to abuse and increased risk of HIV/AIDS (Save the Children, Denmark, 2002).

The AIDS Stigma

The distress and social isolation experienced by children, both before and after the death of their parent or parents are strongly exacerbated by the shame, fear and rejection that often surround people affected by HIV/AIDS. A study conducted in North Wollo showed that most AIDS orphans were considered to be **ill mannered and thieves** since they did not have families to discipline them. This attitude was reported to be more visible in urban areas, particularly among AIDS orphan children living on the streets. Some of the children had been exposed to harsh treatments from the police.

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Impact on the Community

One of the impacts of the growing number of orphans on the community is its strain on household resources and community safety nets. AIDS has orphaned more children in Africa that anywhere else in the world. The deep-rooted kinship systems that existed in Africa, extended-family networks of aunts, uncles, cousins and grandparents, etc., are an age-old social safety net for such children that have long proved resilient even to major social changes. This is now unraveling rapidly under the strain of AIDS and soaring numbers of orphans in the most affected countries.

In many developing countries, particularly in Africa, **the extended family takes the responsibility of raising orphan children**. In many cases, children are sent to different households to minimize the burden however; this is traumatic for the orphans since they also lose the support coming from siblings. Furthermore, many of the extended families are already poor or elderly people who have been dependent on the dead parent/s. Therefore, they have to stretch the already minimal resources to provide for the orphans and their own family members. For instance, a study in Ugandan households in 2000 showed that foster-caring has aggravated the already entrenched household poverty (Children on the Brink, 2002).

Similarly, a report on Zambia showed that after Uganda, Zambia has the largest number of AIDS orphans. Families already worn out by widespread poverty are stretched beyond capacity. About 80% of the country's rural population is considered to be below the poverty line, more that 50% of children are chronically malnourished, and 42% of all young Zambian children suffer from stunted growth. Among the more than 75,000 street children exposed to sexual exploitation half are orphans (UNAIDS, 1999).

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In general, the AIDS pandemic has spread at an alarming rate. As indicated earlier HIV/AIDS is not only a health issue, but also a development and social issue. One of the serious repercussions of the AIDS epidemic is the great number of children it has left orphaned. Though all orphans are vulnerable to various economic and social problems, several studies show that AIDS orphans suffer more because of the misconceptions surrounding AIDS and the social stigma attached to it.

3. Role of Faith based Organizations

Faith-based organizations have remarkable effect in addressing the urgent and sustainable needs of AIDS orphans. Number of reasons can be listed to explain the comparative advantages of FOB's in respect to HIV/AIDS. The following are some the comparative advantages

a) Grass root approach.

FBO's have structural and functional feasibility to address the issue at grass root level. One has to remember that the presence of the structural and functional feasibility is one of the strong assets for an organization to reach to the society hence establishing such feasibility needs huge amount of money. In relation to this we can see also that most other NGO are localized to urban and semi urban area but FBO's have the capacity to reach area that the other NGO can not reach area. As we know more 80 % of the Ethiopian Population is living in the rural part of Ethiopia with this respect the contribution of FBO's.

b) Acceptability

c) Convincing religious approach

d) Capacity to mobilize

e) Reliability

f) sustainability

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I have strong belief that faith based organizations can address the care and support needs of AIDS orphans if they are organized, determined and supported by partners.

REFERENCES

1. (UNAIDS 2002:190).
2. Brink (2002), a joint report of USAID/UNICEF/UNAIDS
3. Save the Children - Denmark, 2002
4. MOLSA 2003 AIDS orphans national survey

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ዛሬ በሕብረተሰባችን ውስጥ አሳሳቢ ሆነው ከሚገኙት ማኅበራዊ ችግሮች መካከል አንዱ ሴተኛ አዳሪነት ነው። ለሴተኛ አዳሪነት መስፋፋት መሰረታዊ ምክንያቶቹ ምንድን ናቸው? ሁሉም ወደውት ይሆን ሴተኛ አዳሪነትን መተው ያቃታቸው? ኤች.አይ.ቪ/ኤድስ እንዳለ በሚነገርበት በአሁኑ ጊዜ ወደ እነዚህ ሴቶች የሚሔዱ ወንዶችስ በችግሩ መስፋፋት ላይ ተጠያቂ አይደሉም ወይ? በህብረተሰባችን የነበረው ባህልና ወግ ተጥሶ ሴተኛ አዳሪነት የአደባባይ ትዕይንት እንዴት ሊሆን ቻለ? እነዚህን ሴተኛ አዳሪዎች ወደ ሃይማኖት ተቋማት መክሮ ለመመለስ የሚደረግ ጥረትስ አለወይ? ለእነዚህና ለሌሎችም ጥያቄዎች መልስ ለማግኘት ይህንን ጽሁፍ ማቅረብ አስፈልጓል።

የሴተኛ አዳሪነት መስፋፋት የገጠሙት መስፋፋትን ያመለክታል። ሴተኛ አዳሪዎችን እንደ ጥፋተኛ ኮንኖ ብቻ ማራቅ ለችግሩ መፍትሔ ሲያመጣ አልታየም።

ሴተኛ አዳሪነት ከማኅበራዊ ችግሮች መካከል ዋነኛው ሲሆን የኢኮኖሚ ችግር ውጤት ብቻ ሳይሆን በተለያዩ ባህላዊ፣ ማኅበራዊና ስነልቦናዊ ምክንያቶች ሳቢያ የተስፋፋ ነው። ሴተኛ አዳሪነት ለመዋጋት እነዚህን ጉዳዮች ሁሉ ግምት ውስጥ ያስገባ ጥረት ማድረግ ይገባል።

ሴተኛ አዳሪነት ታሪካዊ ዳራ በአጭሩ

ሴተኛ አዳሪነት ከጥንት ጀምሮ የነበረ ችግር ቢሆንም ዋነኛ የህብረተሰብ ችግር በመሆን በኢትዮጵያ መስፋፋት የጀመረው ግን ከስልሞች አጋማሽና መስፋፋት ጋር በተያያዘ መልኩ ነው።

አንዳንድ የተደረጉ ጥናቶች እንደሚያመለክቱት በ16ኛው መቶ ክፍለ ዘመን ሴተኛ አዳሪዎች በአፄ ልብነ ድንግል ቤተመንግስት አካባቢ ሰፍረው ይገኙ እንደነበር ይገልጣል። ሴተኛ አዳሪነት በከፍተኛ ፍጥነት የተስፋፋው ግን የአዲስ አበባ ከተማ ከተቆረቆረች በኋላ ነው። የትንሽ መጠጥ ቤቶች መከፈት ለሴተኛ አዳሪነት መስፋፋት አስተዋጽኦ ያደረገ ሲሆን የመጠጥ ቤቶች ባለቤቶችም ሴቶች እንደነበሩ ይገለጣል።

የ1928 ዓ.ም አካባቢ የተከሰተው የጣሊያን ወረራ ሴተኛ አዳሪነት በከፍተኛ ደረጃ እንዲስፋፋ ምክንያት ሆኗል። የጣሊያን ወታደሮች በሰፈሩባቸው ካምፖች አካባቢ ሴቶች በውድም ሆነ በግድ እንዲስፍሩ ይደረጉ ነበር። በሺዎች የሚቆጠሩ ሴቶች ከገጠር ፈልሰው በመምጣት ሴተኛ አዳሪነትን ሙያቸው አደረጉት። ከዚያን ጊዜ ጀምሮ ሴተኛ አዳሪነት እንደ ሥራ ተቆጥሮ መስፋፋት ጀመረ።

በ1966 ዓ.ም በአዲስ አበባ 80,000 ሴቶች ከሴተኛ አዳሪነት በሚገኝ ገቢ ይተዳደሩ ነበር። በ1982 ዓ.ም በአዲስ አበባ ይኖሩ ከነበሩት ሴቶች መካከል 7% ያህሉ በሴተኛ አዳሪነት ይተዳደሩ እንደነበር ጥናቶች ይጠቁማሉ። በአሁኑ ጊዜ የሴተኛ አዳሪዎች ቁጥር ይህንን ያህል ነው የሚል ጥናት በቅርቡ ባይደረግም በመቶ ሺህ የሚቆጠሩ ሴቶች በሴተኛ አዳሪነት እንደሚተዳደሩ ግምት አለ።

ሴተኛ አዳሪነት በዓለማችን ላይ በከፍተኛ ደረጃ እየተስፋፋ ያለ ብቻ ሳይሆን ለአንዳንዶችም ከፍተኛ የንግድ ትርፍ የሚያገኙበት ሆኗል። በተለይም ከአንዱ አገር ወደ ሌላው አገር ወጣት ሴቶችን ለሴተኛ አዳሪነት በመሸጥ /በማከራየት/ ከፍተኛ ገቢ የሚያገኙ ነጋዴዎች ቁጥራቸው ቀላል አይደለም። በአንዳንድ መንግሥታትም ሴተኛ

CCRDA

አዳሪነት ሕጋዊ እውቅና አግኝቶ የሚንቀሳቀስ አለ ለምሳሌ፣ በአውስትራሊያ እራሱን የቻለ ሴተኛ አዳሪዎችን የሚያስተዳድር መስሪያ ቤት አለ።

በባህላዊ እይታም በኩል ቢሆን ቀድሞ በማኅበረሰቡ ዘንድ እንደ ነውር ይታይ የነበረው ዛሬ የአደባባይ ምስጢር ሆኗል። በተለይም ሴተኛ አዳሪ መሆን እንደትልቅ ነውር ይቆጠር የነበረው ዛሬ ለብዙዎቹ እንደ አዲስ ወይም አስነዋሪ መታየቱ ቀርቶ እንደአንድ የሥራ ዘርፍ መታየቱ አልቀረም።

ሴቶች ወደ ሴተኛ አዳሪነት ለምን ይገባሉ?

የሴተኛ አዳሪነትን ጉዳይ ስናነሳ ብዙ ሴቶች ለምን ሴተኛ አዳሪነትን መረጡ የሚል ጥያቄ በህሊናችን ሊመላለስ ይችላል። ሰው ምንም ቢሆን ክፋና ደጉን ለይቶ ያውቃልና በሰው ዘንድ የተናቀ ሕይወትን እንደኑት ይመርጣሉ እንላለን። በእርግጥም መልስ የሚያስፈልገው ጥያቄ ነው። መነሻ ምክንያቶችን ማወቁ የመፍትሔ አቅጣጫውንም ለመፈለግ ስለሚረዳ ከእነዚህ ምክንያቶች ውስጥ ከብዙ በጥቂቱ እንመለከታለን።

1. የኢኮኖሚ ችግር

ወደ ሴተኛ አዳሪነት የሚገቡ አብዛኛዎቹ ሴቶች ለዚህ መዳረጋቸው ከፍተኛ ከሆነ ድህነት የተነሳ መሆኑን ይናገራሉ። እራሳቸውም ሆነ ቤተሰባቸው ከችግር የተነሳ መሐዳቸውን አብዛኛው ሰው አይረዳውም። ባሏ የሞተባት ሴት ልጆቿን ለማሳደግ ስትል፣ ወላጆቻቸውን ያጡ ሴቶች እራሳቸውን ለማስተዳደር ሲሉ እንዲሁም ከገጠር ወደ ከተማ ኑብልለው የሚመጡ ሴቶች በደላሎች እየተመከሩ የተሻለ ገንዘብ እንደሚያገኙና የተሻለ ኑሮ እንደሚመሩ ስለሚነገራቸው በዚህ ተገፋፍተው ለሴተኛ አዳሪነት እንደተዳረጉ ይናገራሉ።

2. ከትዳር ጋር በተያያዘ እና በሴቶች ላይ በሚደርሱ የተለያዩ ችግሮች

በተለይ ከገጠር ወደ ከተማ ሥራ ፍለጋ መጣን በመጨረሻም ለሴተኛ አዳሪነት ተዳረግን የሚሉ ሴቶች ከአገራቸው ኑብልለው ወይም ትዳር ይቅርብኝ ብለው እንዲመጡ ያደረጋቸው በልጅነታቸው ለባል ተሰጥተው በፈጠረባቸው መንግላታት መሆኑን ይናገራሉ። በዕድሜ ከማይመጥናቸው ጋር በጋብቻ መጣመራቸውና ከማይወዱት ሰው ጋር ተገደው እንዲያገቡ መደረጋቸውን ይዘረዝራሉ። በተጨማሪም በአስገድዶ መደፈር የተጎዱ ሴቶች ከሚደርስባቸው የጎሊና ሽክም የተነሳ አብዛኛዎቹ ሕይወታቸው እንደተበላሸ በመቁጠር ለሴተኛ አዳሪነት ይጋለጣሉ።

3. ከቤተሰብ ጋር ከሚፈጠር ግጭት የተነሳ

በከፊል የሚሆኑት ወጣቶች ደግሞ ከቤተሰብ ጋር በሚፈጠር አለመስማማት የተነሳ ለሴተኛ አዳሪነት እንደተጋለጡ ይናገራሉ። ምናልባትም ይህንን ጉዳይ ስናነሳ ጥፋቱ የወላጆች ወይስ የልጆች ሥነ ምግባር ሊሆን ይችላል። ወላጆች በመጥፎ ሥነ ምግባር አርአያ ከሆኑ ልጆችም ሥነ ምግባር ያጣሉ፤ ስለዚህ በመደብደብ ለመመለስ መሞከር መፍትሔ አይሆንም በመጨረሻም ከቤት ኮብልሎ መውጣት ይፈልጋሉ። ወላጆች በሥነምግባር መልካም ቢሆኑ ልጆች ከአካባቢያቸው፣ ከትምህርት ቤት ብዙ መጥፎ ደርጊቶችን ሊያገኙ ስለሚችሉ በዚያ ሊገፋፉ ይችላሉ። በዚህና በሌሎችም ምክንያቶች በሚፈጠር ችግሮች የተነሳ ኮብልለው ለሴተኛ አዳሪነት የተጋለጡ አሉ።

CCRDA

4. በብልጭልጭ ነገር መታለል

ሕይወቱን ላላወቁት ሴተኛ አዳሪነት ደስታ ያለበት ገንዘብ የሚታፈስበት ያማራቸውን ለብሰው አጊጠው የሚኖሩበት የሚመስላቸውም አሉ ጎረቤቶቻቸው በሴተኛ አዳሪነት ሲተዳደሩ የሚለብሱትን በማየት መልካም ሕይወት መስሏቸው ወደ ሴተኛ አዳሪነት የገቡ ልጆች አሉ።

ለሴተኛ አዳሪነት መስፋፋት ሌሎቹ ምክንያቶች ምንድናቸው?

ሴተኛ አዳሪነት ከመጠጥ ቤቶች መበራከት ጋር አብሮ የተስፋፋ ነው። የመጠጥ ቤቶች መስፋፋት ደግሞ የጠጪዎች ቁጥር መጨመሩን ያሳያል። ሰዎች በመጠጥ ኃይል ተገፋፍተው ያልተገቡ ድርጊቶች እንደሚፈጽሙ የታወቀ ነው። ሴተኛ አዳሪዎች ብዘዎቹ ደንበኞቻቸው በስካር መንፈስ ወደነሱ እንደሚመጡ ይናገራሉ። ስለዚህ ሕብረተሰቡ ለሴተኛ አዳሪዎች ቁጥር መጨመር ተጠያቂ ሲሆን መንግሥት ደግሞ ችግሩን ለመቆጣጠር ያደረገው የጎላ ጥረት ባለመኖሩ ይወቀሳል። ከዚሁ ጋር በተያያዘ ጥቂት ነጥቦች ለመጠቃቀስ ያህል፣

- ባለሃብቶች መጠጥ ቤቶች በመክፈቱ ላይ ይረባረባሉ።
- ጠጪው የህብረተሰብ ክፍልም መጠጥቤቶችን በማዘወተሩ በመጠጥ ኃይል ተገፋፍቶ ሴተኛ አዳሪዎች ዘንድ ይሄዳል። /እነዚህ ሴቶች ፈላጊ ባይኖራቸው ገላቸውን ለመሸጥ አደባባይ ባልወጡ ነበር/
- ወጣቶች ተስፋ በመቁረጥ በኑሮ እርካታን ባለማግኘት ወደመጠጥ ቤቶች ይሄዳሉ። በዚህ ረገድ ወጣቶች ስለነገ እንዲያስቡና ራዕይ እንዲኖራቸው ለማድረግ የሃይማኖት ተቋማት መጣር አለባቸው። ወላጆችም በዚህ በኩል ቁልፍ ሚና መጫወት ይችላሉ። መንግሥት ደግሞ በመገናኛ ብዙኃን የመጠጥንና የሌሎች ሱሶችን ጎጂነት ማስተማር ይኖርበታል።
- መንግሥት ባለሀብቶች ከመጠጥ ንግድ ይልቅ በሌሎች ንግዶች ላይ እንዲያተኩሩ አላደረገም።
- መንግሥት ህብረተሰቡ መጠጥ ቤቶችን እንዳያዘወትር ሌሎች አማራጭ መዝናኛ ስፍራዎችን አላዘጋጀም። /በዚህ ረገድ ባለሀብቶችም ሊጠየቁ ይገባል/
- መንግሥት አደነዛዥ እጾች የሚዘወተሩባቸውንና ህገወጥ ተግባራት የሚከናወኑባቸው መጠጥ ቤቶችና ሆቴሎች ተከታትሎ አይዘጋም።

ከሴተኛ አዳሪነት ጥቅም የሚያገኙ ሴተኛ አዳሪዎች ብቻ ናቸው?

ሴተኛ አዳሪዎች ስንል በየመጠጥ ቤቱ በዚህ መሥ ተሰማርተው የሚገኙትን ሴቶች ብቻ ማለታችን አይደለም። እስክዛሬ ድረስ በየሀገሩ የሴተኛ አዳሪዎችን ቁጥር በትክክል ለማወቅ የተደረገው ጥረት ውጤት አለባ የሆነው በርካታ ሴቶች በድብቅ ሴተኛ አዳሪዎች በመሆናቸው ነው። በሀገራችንም ይኸው ሁኔታ አለ። ከዚህ በተጨማሪ ከሴተኛ አዳሪነት የሚገኘውን ገቢ የሚቀራመቱ ብዙሆች ናቸው።

- ደላሎች ወጣት ልጆችን ከአውቶቡስ ተራ ከሌላም ስፍራ አታለው በመውሰድ ለቡና ቤቶችና ለሌሎች በዚሁ መሥ ለማተዳደሩ ሴቶች ይሰጣሉ በዚህም ጥቅም ያገኛሉ።

- ሴተኛ አዳሪዎቹን ቤታቸው በማኖር ከሚገኘው ገቢ እኩል የሚካፈሉ ሴቶች /ባሉካሆች/ አሉ። ባሉካሆች በአብዛኛው ቀድሞ ሴተኛ አዳሪዎች የነበረሩና

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በእድሜ መግፋት ስራውን ትተው ከወጣቶቹ ሴቶች በሚገኘው ገቢ የሚተዳደሩ ናቸው::

- ሴቶቹን ከወንዶች ጋር የሚያገናኙና ከዚህ ገቢ የሚያገኙ ሰዎች አሉ::
- የቤት አከራዮች እጅግ ጠባብ ክፍል ለሴተኛ አዳሪዎች በማከራየት ከፍ ያለ የኪራይ ገቢ ያገኛሉ::
- የቡና ቤት ባለቤቶች በሴተኛ አዳሪዎቹ አማካኝነት ከሚገኘው የመጠጥ ሽያጭና የአልጋ ከራይ ገቢ ይጠቀማሉ::
- ልጆቻቸው ከሴተኛ አዳሪነት በሚያገኙት ገቢ ብቻ የሚተዳደሩ ወላጆችና ሌሎች የቤተሰብ አባላትም አሉ::

ለሴተኛ አዳሪነት መስፋፋት አንዱ ምክንያት ከገቢው ተጠቃሚ የሚሆኑ ሰዎች በርካታ መሆናቸው ነው:: ጥቅም የሚያገኙት ደላሎች፣ ባለካሎች፣ የቡና ቤት ባለቤቶች በየጊዜው ምንም የማያውቁትን ህፃናት በማታለል በስራው እንዲሰማሩ ያደርጋሉ:: የሴተኛ አዳሪዎችን ሕይወት ለመለወጥ የሚደረጉ ጥረቶች ሁሉ እነዚህን ከገቢው የሚጠቀሙ ግለሰቦች የሚመለከቱ መሆን አለባቸው::
እነዚህ ሴቶች ሴተኛ አዳሪ የሆኑት ፈልገው ሳይሆን በተለያዩ ምክንያቶች ተገደው ነው::

ሆኖም እነዚህ ሴቶች ቢያንስ ቢያንስ የቤት ሰራተኞች ሆነው የእለት ጉርሳቸውን ማግኘት ሲችሉ ለምን ሴተኛ አዳሪዎች ሆኑ? የሚለው ጥያቄ መልስ የሚገባው ነው:: ይህንን ጥያቄ ማንሳቱ አግባብ የሚሆነው ሴቶቹ ሳይፈልጉ በሴተኛ አዳሪነት ሥራ መሰማራታቸውንና ሥራቸውንም ለመልቀቅ ከፍተኛ ፍላጎት እንዳላቸው ስለሚናገሩ ነው::

- ሴቶቹ በሴተኛ አዳሪነት ሕይወት ውስጥ እነደገቡና በውስጡም እንዲቆዩ የሚያደርጓቸው ዋነኞቹ ስነልቡናዊ ምክንያቶች ናቸው:: እነዚህ ሴቶች በሚጠሉት ሕይወት የተሰማሩትና በውስጡም ለመቆየት የተገደዱት የመንፈስ ጥንካሬ ስለሌላቸውና ለራሳቸው የሚሰጡት ግምት ዝቅ ያለ በሆኑ ነው:: ከነዚህ ምክንያቶች ሴቶቹ በቀላሉ የሚታለሉና በቶሎ የሚሸነፉ ናቸው:: በቀላሉ ተታለው ሴተኛ አዳሪዎች ይሆናሉ:: የመንፈስ ጥንካሬ ስለሌላቸው ከገቡበት ሕይወት ለመውጣት ብርታት የላቸውም::

ሴቶቹ መንፈስ ጠንካራ እንዳይሆኑ ያደረጓቸው ምክንያቶች ምንድናቸው?

ሀ. በአስተዳደጋቸው በራስ የመተማመን ስሜት እንዲያድርባቸው አልተደረገም

- ሰላም የሌለበት ቤተሰብ ውስጥ አድገዋል::
- በልጅነት ያልፈለጉትን ሰው እንዲያገቡ በመደረጉ ፍላጎታቸው ተረግጧል:: ለአቅመ ሄዋን ሳይደርሱ ተጠልፈው ተድረዋል::
- በርቺ እያለ የሚያሳድግ ቤተሰብ አልነበራቸውም:: ጥረት ቢያደርጉ እንኳን ጥረታቸው በአጭር እንዲቀጭ ተጽእኖ ተደርጎባቸዋል::

ለ. ተገቢውን ፍቅር አግኝተው እንዲያድጉ አልተደረገም:: ይህም አርቀው እንዳያስቡ፣ ግዴለሽ እንዲሆኑና በራሳቸው ሕይወት ጭምር እንዲጨክኑ ምክንያት ሆኗል::

- የብዙዎቹ ወላጆች አብርው አይኖሩም /በፍቺ ተለያይተዋል/
- ሁልጊዜ ፀብ ካለበት ቤተሰብ የተገኙ ናቸው::

ሐ. ካለበት የመከራ ሕይወት እንደሚወጡ ጽኑ ተስፋ የላቸውም::

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መ. የጥፋተኝነት /የነውረኝነት/ ስሜት የሚሰማቸው ናቸው::

- ብዙዎቹ በልጅነታቸው ተገደው ተደፍረዋል:: / በእንጀራ አባት፣ በአጎት፣በጐረቤት በሌሎችም የተደፈሩ ናቸው::/ ይህንን ሁኔታ ለእናታቸው እንኳን ሳይነግሩ እየተጨነቁ ኖረዋል:: ለደረሰባቸው ጥቃት ተጠያቂ የሚያደርጉት እራሳቸውን ነው:: ነውር የፈፀሙ እንደሆኑ ስለሚሰማቸው ይሸማቀቃሉ:: የጎደፋና ምንም አይነት ነገር ሊያነሳቸው እንደማይችል ያስባሉ::
- እግዚአብሔር እንኳን ይቅርታ እንደማያደርግላቸው አድርገው በጥፋተኝነት ስሜት እራሳቸውን ይጎዳሉ::

ከላይ እንደተገለጸው ሴቶቹ በቀላሉ የሚታለሉና የሚሸነፉ በመሆናቸው በሌሎች አማባቢነትም ሆነ በራሳቸው ፈቃድ ሴተኛ አዳሪዎች ይሆናሉ:: ሕይወቱ ውስጥ ከገቡ በኋላም ቢጠሉትም እንኳን መውጣት ያዳግታቸዋል::

- ሴተኛ አዳሪነት በቀላሉ ገንዘብ ይገኝበታል ብለው ያምናሉ:: ለምሳሌም በቤት ሰራተኝነት ማግኘት ከሚችሉት በላይ በሴተኛ አዳሪነት የተሻለ ገቢ ያገኛሉ::
- ተስፋ የቆረጡ በመሆናቸው ሌላ ሕይወት መኖር የሚችሉ አይመስላቸውም:: ተፍጨርጭረው ሕይወታቸውን ለመለወጥ ሲጥሩ አይታዩም:: <<እስካለሁ ልደሰት>> የሚሉ ናቸው::
- ዘመዶቼ ሳያውቁብኝ ትንሽ ጊዜ ሰርቼ ኑሮዬን አሻሽላለሁ ብለው ያስባሉ:: ሆኖም ሕይወቱ ውስጥ ከገቡ በኋላ በቀላሉ ለመውጣት ያዳግታቸዋል::
- ደላሎችና ሌሎች ሴተኛ አዳሪዎች የሚነግሯቸውን ያምናሉ:: በሴተኛ አዳሪዎች ያሸበረቀ ልብስና አኗኗር ተማርከው በሥራው ይሰማራሉ::

ሴተኛ አዳሪነት የኢኮኖሚ ችግር ውጤት ብቻ ሳይሆን ከላይ የተገለጹት ምክንያቶች ሁሉ ውጤት ነው::

1.3 የሴተኛ አዳሪዎች ሕይወት ምን ይመስላል? ሴቶቹ ስለሕይወታቸው ምን ያስባሉ?

የሴተኛ አዳሪነት ሕይወት መከራ የበዛበትና ሰብአዊ መብት በከፍተኛ ሁኔታ የሚጣስበት ነው:: ሴቶቹ ኑሯቸውን ለመለወጥ ከፍተኛ ፍላጎት አላቸው::

1.3.1 ሴተኛ አዳሪዎች ምን ምን ችግሮች አሉባቸው?

- በህብረተሰቡ የተናቁና የተገለሉ ናቸው:: ይህ ደግሞ የበታችነት ስሜት ይፈጥርባቸዋል:: ሰዎች ጓደኛ ሊያደርጓቸውና ብሶታቸውን ሊካፈሏቸው ፈቃደኞች አይደሉም:: እጃቸውን ለመጨበጥ እንኳን የሚጸየፏቸው ብዙዎች ናቸው::
- በአሁኑ ጊዜ በከፍተኛ ሁኔታ ዕለቂት እያስከተለ ላለው የኤድስ በሽታ በዋነኛነት የተጋለጡ ናቸው::
- በአንድ ጥናት እንደተረጋገጠው ከኢትዮጵያ ሴተኛ አዳሪዎች መካከል ሦስት አራተኛዎቹ ቫይረሱ በደማቸው ውስጥ ይገኛል::
- ሴቶቹ በየጊዜው በኤድስ ምክንያት የሞቱ ጓደኞቻቸውን እንደሚቀብሩ ይናገራሉ::
- የኤድስ ቫይረስ ይኖርብኝ ይሆን በሚል የሰቀቀን ኑሮ ይኖራሉ:: በቅርቡ ልሞት እችላለሁ ብለው በማሰብ ሕይወታቸውን ለመለወጥ ጥረት አያደርጉም ስለምንም ነገር አይጨነቁም::
- በደንበኞቻቸውና በሌሎችም ይደፈራሉ፣ ይደበደባሉ:: በዚሁ ምክንያት እራሳቸውን ከኤድስ ለመጠበቅ የሚያደርጉት ጥረት አይሳካም::

CCRDA

- ንብረታቸውን ይዘረፋሉ::
- ከደንበኞቻቸው ማግኘት የሚገባቸውን ክፍያ ይከለከላሉ::
- በተለያዩ ሱሶች ተይዘዋል::
- በአባለዘርና በሌሎችም በሽታዎች ይሰቃያሉ::
- አስተማማኝ ገቢ የላቸውም::

አንድ ሰሞን ብዙ ገንዘብ ያገኛሉ፣ ሌላ ጊዜ ለብዙ ቀናት ገበያ የላቸውም:: ይህ ደግሞ ያልተረጋጋና የስጋት ኑሮ እንዲኖሩ ምክንያት ይሆናል:: በአሁኑ ጊዜ ገበያቸው በእጅጉ እንደቀነሰ ይናገራሉ::

- ገንዘብ ይዞ የመጣው ሁሉ በገላቸው ማዘዙ ያሳዝናቸዋል:: የመርከስና የመቆሸሸ ስሜት ይሰማቸዋል::

1.3.2 ሴቶቹ ስለህይወታቸው ምን ያስባሉ?

ሁሉም የሴተኛ አዳሪነት ሕይወት እንዳንገሸገሻቸው ይናገራሉ:: አዲስ ሕይወት ለመጀመር ይናፍቃሉ:: ሰዎች <<እንደሰው<< ክብር እንዲሰጧቸው ይፈልጋሉ::

አዲስ ሕይወት የመናፈቃቸውን ያህል ከሴተኛ አዳሪነት ለመላቀቅ የሚያደርጉት ጥረት የለም:: በቂ ጥረት ላለማድረጋቸው ምክንያቱ ደግሞ የመንፈስ ጥንካሬ የሌላቸው መሆኑ ነው::

እነዚህ ሴቶች ከዚህ ሕይወት ለመላቀቅ የሌሎችን ድጋፍ ይሻሉ::

የሴተኛ አዳሪዎችን ሕይወት ለመለወጥ ምን መደረግ አለበት? እስከዛሬስ የሴቶቹን ሕይወት ለመለወጥ ከተደረገው ጥረት ምን እንማራለን?

የሴቶችን ሕይወት ለመለወጥ በቅድሚያ የመንፈስ ጥንካሬ እንዲኖራቸው ማድረግ ይገባል ትኩረት የሚሻው የጠባይ ለውጥ የማምጣቱ ጉዳይ ነው::

ከኢኮኖሚው ድጋፍ በፊት የጠባይ ለውጥ መምጣት አለበት::

- እግዚአብሔር ይወደኛል፣ ይረዳኛል ብለው የሚያምኑ እንዲሆኑ
- በራሳቸው የሚተማመኑ እንዲሆኑ
- በቀላሉ ተስፋ የማይቆርጡ እንዲሆኑ
- ሰዎች ሊረዱኝና ችግሬን ሊካፈሉ ፈቃደኞች ናቸው ብለው የሚያምኑ እንዲሆኑ::
- ነገሮችን የማመዛዘንና የሚቀጥሉና የሚጎዳቸውን የመለጠት ችሎታ እንዲኖራቸው ማድረግ ይገባል::

2.1 የሴቶቹን ሕይወት ለመለወጥ ከእያንዳንዱ ዜጋ ምን ይጠበቃል? ሃይማኖት ተቋም ምን ማድረግ አለባት?

- ጥፋተኞች ነን፣ የረከስን ነን በሚል እራሳቸውን ከማግለል እንዲቆጠቡ መርዳት::
- እህቶቻችን መሆናቸውን የተቀበልን መሆናችንን በአቀራረባችን ልናሳያቸው ይገባል::

CCRDA

- ብሶታቸውን ለማዳመጥ ዝግጁ መሆናችንን ማሳየት አለብን፡፡ የመሰልቸትና በሚናገሩት የመደንገጥ ምልክት ማሳየት የለብንም፡፡
- ከተለያዩ ጥናቶች ለመረዳት እንደተቻለው ሴቱቹ የልባቸውን የሚያጫውቱት ሰው ሲያገኙ ደስ ይሰኛሉ፡፡ ዓለም በሙሉ ጠልቶኛል የሚለው አመለካከታቸው ይቀየራል፡፡
- ከሚረዷቸው ድርጅቶች ሰራተኞች በተገኘው መረጃ መሠረት ሴቶቹ ምስጢራቸውን የሚካፈል ሁነኛ ሰው ይፈልጋሉ፡፡ ይህንን ሰው ሲያገኙ ሕይወታቸውን ሙሉ ይዘው የቆዩትን ምስጢራቸው ሲናገሩ ይቀላቸዋል፡፡ ከዚያች እለት ጀምሮ ሕይወታቸውን ለመለወጥ ቆርጠው ይነሳሉ፡፡ ወደ የድርጅቶቹ የመጡት ሴቶች <<እዚህ በመምታችን ተስፋችን ለምልሟል፣ ስለነገ ማሰብ ጀምረናል፣ ቀድሞ ስለዛሬ ብቻ ነበር የምናስበው፡፡ ከሁሉም በላይ የምናገኘው የምክር አገልግሎት በሕይወታችን ለውጥ እንድናመጣ ምክንያት ሆኗል ብለዋል፡፡

ስለዚህ የሃይማኖት ተቋማት እነዚህን ሴቶች ቀርበው በማነጋገር ሸክማቸውን ሊያቀሉላቸው ይገባል፡፡ ማነጋገር፣ አብሮ መጫወትና የእግዚአብሔር ቃል ማስተማር ታላቅ ለውጥ ይስከትላል፡፡

- ሕብረተሰቡ ሴተኛ አዳሪዎችን ከማግለልና በንቀት አይን ከማየት እንዲቆጠብ የሃይማኖት ተቋማት ማስተማር አለባቸው፡፡ እነዚህ ሴቶች እንደማንኛውም ሰው የፍቅር፣ የርህራሄ ስሜት ያላቸው መሆናቸውን ማስተማር ያስፈልጋል፡፡
- እስከዛሬ ድረስ ሴቶቹን ከሚረዱ ድርጅቶች ልምድ ለመረዳት እንደተቻለው የሴተኛ አዳሪዎችን ሕይወት ለመለወጥ የሚደረገው ጥረት እጅግ በጣም አስቸጋሪ ነው፡፡ ይህ በሆነም ቁርጠኛ ሰዎች ለዚህ ተግባር ያስፈልጋሉ፡፡
- የሴቶቹን ሕይወት ለመለወጥ የሚችል ሰው ከፍተኛ ትዕግስት ይጠይቃል፡፡
- የሴቶቹን ሕይወት ለመለወጥ አስቸጋሪ የሚሆነው በቅድሚያ የጠባይ ለውጥ ማስገኘት ስለሚገባ ነው፡፡
- ሴቶቹ በተለያዩ ልማዶች የተተበተቡና ፍጹም ተስፋ የቆረጡ በመሆናቸው በቀላሉ የጠባይ ለውጥ አይታይባቸውም ብዙ ተደክሞባቸው መሻሻል አያሳዩም፡፡ ለምሳሌ ቀን ተመክረው ማታ መንገድ ቆመው ደንበኛ ሲጠብቁ ይገኛሉ፡፡
- በሕይወታቸው ላይ ለውጥ ማምጣት ቢቻልም እንኳን ይህ የተገኘው ለውጥ ቶሎ የሚታይ ባለመሆኑ <<ምን አገኘሁ?>> የሚል ጥያቄ ያስነሳል፡፡
- የሴተኛ አዳሪዎች ቁጥር እጅግ በርካታ በመሆኑ ጥቂት ሰዎች መርዳታችን <<አባይን በጭልፋ>> መሆኑ ነው በሚል ግለሰቦች ተስፋ ሲቆርጡ ይታያል፡፡

ሆኖም የሃይማኖት ተቋማት እነዚህን ሰዎች በትዕግስት በመቅረብና በማስተማር የበርካታ ሴቶችን ሕይወት ለመለወጥ ይችላሉ፡፡ ጥቂቶቹን ብንቀርብ እንኳን ሌሎቹም ጓደኞቻቸውን ተከትለው ወደኛ ይመጣሉ፡፡

- የሃይማኖት ተቋም እንደተለመደው ስለመልካም ትዳርና ልጆችን በፍቅርና በሥነምግባር ስለማሳደግ ማስተማር አለባቸው፡፡

- ቀደም ብሎ እንደተገለጸው ብዙዎቹ በትዳር መፍረስ፣ በመልካም አስተዳደግ ጉድለት ተስፋ ቆርጠው ወደሙያው የገቡ ናቸው፡፡
- ወጣቶች ጋብቻን መምረጣቸውና ከዝሙት መታቀባቸው የሴተኛ አዳሪዎች ደንበኞች ቁጥር እንዲቀንስ ያደርጋል፡፡ የሃይማኖት ተቋማት የዝሙትን ኅጢኑት /አጥፊነት/ ማስተማር አለባቸው፡፡

CCRDA

- በርካታ ሕፃናት በሴተኛ አዳሪነት መሥ የተሰማሩ ሲሆን ለዚህ ዋነኛው ምክንያት የቤተሰብ መፍረስ ነው። የሃይማኖት ተቋማት ስለሕፃናት መብት በስፋት ትምህርት መስጠት አለባቸው።
- የሃይማኖት ተቋማት ከባህል ጋር የተያያዙና ሴሎችም ጥቃቶች በሴት ልጆች ላይ እንዳይደርሱ ይበልጥ ማስተማር ይኖርባታል።
    - ሴቶች ልጆች እንዳይደፈሩ
    - የበታችነት ስሜት እያደረባቸው እንዳያድጉና በዚሁ ምክንያት ለራሳቸው መስጠት የሚገባቸውን ክብር እንዳያስቀሩ
    - እንዳይጠለፉ
    - እንዳይደበደቡ
    - እንዳይሰደቡ ማስተማር ይገባል።
- ሴቶቹን ቀርቦ ለማነጋገር ጥንቃቄ ማድረግ ያሻል። ጥፋተኞች ናችሁ ብለን ልንቀርባቸው አይገባም። <<ሴተኛ አዳሪዎች>> እያልን በአደባባይ ልንጠራቸው አይገባም። ከየድርጅቶቹ ልምድ ለመረዳት እንደሚቻለው የሴቱቹን ልብ ለማግኘት የሚቻለው ከብዙ መቀራረብ በኋላ ነው። ሴቱቹ በቀላሉ የሚረበሹ፣ የሚጠራጠሩና እራሳቸውን የሚያገሉ በመሆኑ እምነታቸውን ለማግኘት በትዕግሥት መቅረብ ይገባል። ሆኖም ይህ ሁሉ ቁርጠኛ ለሆነ ሰው አስቸጋሪ አይደለም። የሴቶቹን ሕይወት መለወጥ አለብን ብሎ ቆርጦ ያልተነሳ ግለሰብ ውጤት አያገኝም፣ ተስፋ ቆርጦና ተማሮ ስራውን ይተወዋል።

ሴቶቹ በራስ የመተማመላ ስሜት ካደረባቸው በኋላ የኢኮኖሚ ድጋፍ ይሻሉ።

ለዚህ ደግሞ ሃይማኖት ተቋም የበኩሏን አስተዋጽኦ ለማድረግ ትችላለች። ሴቶቹ በተለያዩ መሥያዎች እንዲሰለጥኑ በጋራ መጣር ይገባል።

- እስከዛሬ በድርጅቶች የሚረዱት ሴቶች በሚሰጣቸው የመሥ ስልጠና ከፍተኛ ውጤት አስመዝግበዋል።
- ሰልጥነው በሥራ የተሰማሩትም ምስጉን ሰራተኞች ናቸው።

ቀደም ብሎ እንደተገለጸው፣ እህቶቻችንን ወደሴተኛ አዳሪነት ከሚገፋፉ ምክንያቶች ዋነኛው ድህነት ነው። ድህነትን ለማስወገድ በኢትዮጵያ እራሱን የቻለ ወጥ ፖሊሲ ባይኖርም በተለያዩ የኢኮኖሚና ማኅበራዊ ዘርፎች የተቀረጹት ፖሊሲዎች ድህነትን ይቀንሳሉ ተብሎ ይታመናል።

ሴተኛ አዳሪዎችን ለመርዳት የሚደረገው ጥረት ለመንግሥት ብቻ የሚተው ሳይሆን እያንዳንዱን የህብረተሰብ ክፍል የሚመለከት ነው። ምክንያቱም፣

- በሴተኛ አዳሪነት መራራ ሕይወት ውስጥ የሚጓዙት እህቶቻችን በመሆናቸው እያንዳንዳችንን ድጋፍ ልናደርግላቸው ይገባል። ከዚህ ሕይወት ገላግሉን የሚለውን ጥሪያቸውን ሰምተን እንዳልሰማን ልንሆን አይገባም።

- የኤድስ በሽታ ህዝቡን እየጨረሰና የሀገርን ኢኮኖሚ እያደቀቀ ባለበት በአሁኑ ወቅት በበሽታው በከፍተኛ ደረጃ በመጠቃት ላይ ያሉትን እህቶቹን ማዳን የሁሉም ዜጋ ግዴታ ነው። የሴተኛ አዳሪነትን ሕይወት መለወጥ ማለት የኤድስ ስርጭትን መግታት መሆኑን መገንዘብ ይገባል።

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Documentation Study of the Response by Faith-Based Organizations to Orphans and Vulnerable Children

World Conference of Religions for Peace

United Nations Children Fund - UNICEF

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Report compiled by Dr Geoff Foster, Study Consultant

Views expressed do not necessarily represent those of the World Conference of Religions for Peace or UNICEF.

This report incorporates data and analysis from country reports produced by groups in the six countries participating in this study.

Acronyms

CI	Community Initiative
CBO	Community-Based Organization
FBO	Faith-Based Organization
HACI	Hope for African Children Initiative
HIV	Human Immuno-deficiency Virus
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PI	Principal Investigator
RCB	Religious Coordinating Body
SAG	Study Advisory Group
SC	Study Consultant
UNICEF	United Nations Children's Fund
WCRP	World Conference of Religions for Peace

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"*Out of Africa, always something new*". Pliny, 1st Century BC

I. INTRODUCTION

International agencies are increasingly recognizing the role of religious organizations in establishing effective HIV/AIDS interventions. Despite some negative perceptions of their role and impact, faith-based organizations (FBOs) are among the most viable institutions at both local and national levels and have developed experience in addressing the multi-dimensional impact of AIDS and its particular impact on children. Religious organizations are prevalent throughout Africa. In the six countries chosen for this Study, the number of local congregations is estimated to be in excess of 150,000. Yet most faith-based responses are small scale and remain undocumented. It is difficult to measure their cumulative impact compared to the more visible project responses of development agencies. Consequently, FBO HIV/AIDS activities remain under-supported.

During 2002-2003, the World Conference of Religions for Peace in collaboration with UNICEF carried out a study to survey what religious groups are doing to meet the needs of orphans and vulnerable children (OVC) and to develop an improved and detailed understanding of the responses of religious organizations in east and southern Africa in caring for children affected by AIDS. The Study took place in six countries (Kenya, Malawi, Mozambique, Namibia, Swaziland and Uganda) with a combined population of 85.2 million people. There are currently around 5.8m orphans in these countries, with close to half being due to AIDS. This figure is set to increase to 6.9m by 2010 by which time some 1.4m children (20% of orphans and 3% of the child population) will have lost both parents.

Research teams in the six countries conducted interviews with 690 FBOs, mostly congregations and Religious Coordinating Bodies (RCBs) that coordinate the religious activities carried out by congregations. Over 9,000 volunteers supported more than 156,000 OVC in these initiatives, mostly through community-based initiatives involving spiritual, material, educational and psychosocial support. Though many individual congregational initiatives supported under 100 children, the cumulative results are significant. The overall organizational capacity of local FBOs in terms of governance and financial accountability was on a par with many larger NGOs. Most FBO initiatives receive little or no external technical or financial support and of necessity rely on their own skills and material resources. One of the major recommendations of the study is that donors should support the operation of small grants funds through RCBs to support activities initiated by congregations.

This Study is the first part of a strategy designed to increase the numbers of vulnerable children cared for by religious organizations. The second stage will involve the provision of targeted technical assistance and increased resource mobilization for religious organizations to improve their capacity to care for affected children. This will involve the strengthening of multi-religious collaborative structures in the six Study countries. As a result of the Study, it is anticipated that partnerships between religious organizations and inter-governmental organizations such as UNICEF, donors and other organizations will be strengthened so that the work FBOs are doing at community level to address the needs of children affected by HIV/AIDS can be expanded.

The Impact of AIDS on Children in Africa

The devastating consequences of HIV/AIDS on African societies, and its particular impact on children, is requiring every organization involved in fighting the pandemic to find new strategies to adequately address both the scale of the problem and its duration. The crisis of children left behind by AIDS is a humanitarian, development and human rights challenge of unprecedented proportions.

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It is estimated that in 41 African countries, the number of children who are orphaned, for any reason, will nearly double between 1990 and 2010. In 1990, AIDS accounted for three percent of deaths that left children orphaned in African countries; by 2010, the proportion will be 48 percent. In seven countries in southern Africa, the most severely affected region, the number of orphaned children who have lost both parents will increase by a staggering 1,250 percent (from 0.2 to 2.7 million). By 2010, orphans will account for at least 15% of the childhood population in twelve countries in Africa; almost three quarters of double orphans in the world will be from Africa. Human Immuno-deficiency Virus (HIV) infection and AIDS are making millions of additional children vulnerable, including those with ill parents, those in poor households that have taken in orphans, and those living in communities impoverished by HIV/AIDS. Current HIV prevalence levels only hint at the much greater lifetime probability of becoming infected. In Lesotho, for example, it is estimated that a person who turned 15 in 2000 has a 74% chance of becoming infected with HIV by his or her 50th birthday.

Although there have been substantial gains in improving overall child survival, these gains are being eroded in African countries hardest hit by the epidemic. The scale of the AIDS epidemic on this continent makes its repercussions qualitatively different from those in other parts of the world. The economic and social effects of HIV infection and AIDS on children include malnutrition, migration, homelessness, and reduced access to education and health care. Psychological effects include depression, guilt, and fear, possibly leading to long-term mental health problems. The combination of these effects on children increase their vulnerability to a range of consequences, including HIV infection, illiteracy, poverty, child labor, exploitation, and the prospect of unemployment.

It has traditionally been said that there is no such thing as an orphan in Africa. Children who lose their parents are normally incorporated into a relative's family. For the most part, relatives treat orphans they care for in the same way as their own biological children. Many go to considerable lengths to keep orphans in school, including borrowing money through informal networks and selling their own assets. But with increased numbers of orphans, reduced numbers of caregivers, and weakened families, the extended family is no longer the safety net that it once was, though it remains the predominant source of care for orphans in Africa. The epidemic is leading to an ever-increasing "caring deficit," as the number of children in need increases while the number of caregivers declines. This erosion of caring capacity has a double impact, because as well as being parents, many of the adults dying are also teachers, health workers and civil servants. Given the scale of the AIDS epidemic in Africa, it is not surprising that children are on the streets, in child-headed households, or working as laborers. What is remarkable is that so few children are slipping entirely through the safety net and ending up in situations of extreme vulnerability. In many other parts of the world, the number of children fending for themselves would almost certainly be higher under these circumstances.

Women are almost invariably left bearing even bigger burdens—as workers, caregivers, educators and mothers. At the same time, their legal, social and political status often leaves them more vulnerable to HIV/AIDS. Over half of the 28.5 million people currently infected with HIV in sub-Saharan Africa are female. The health and life situation of any woman is critical to the health and life chances of her children, not only during pregnancy, childbirth and the early months of life but throughout their entire childhood. A mother's capacity for child care - the time and energy she can devote to her children, the conditions in the home, her material resources, her skills and knowledge continues to govern a child's passage from childhood to maturity socially, physically and emotionally. Whether or not an HIV-infected mother transmits the virus to one or more of her children, her early death from AIDS will have profound impact on all of them. If she is the k

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provider of food, clothing and household utilities for all her children, a mother's death has profound social and economic consequences for her orphans and for her husband if he survives.

Families and local communities are the front-line caregivers and they have demonstrated remarkable resilience and creativity in addressing the myriad needs of affected children. Extraordinarily, all the evidence suggests that the traditional fostering systems in Africa, backed up by community programs, will continue to meet most of these children's basic needs, provided that coping mechanisms are not undermined. Because these systems are so effective, they are the ones that need the most support. Indeed, it is somewhat paradoxical that the effectiveness of the traditional African social systems in absorbing millions of vulnerable children has contributed in the past to the complacency of governments and agencies in addressing the orphan crisis. Affected communities need to be strengthened because institutional responses to the crisis, such as orphanages, will never be able to address the scale of the problem, run counter to local traditions and fail to meet children's social, cultural and psychological needs. In this context, proven interventions must be extended widely and expanded deeply through all levels of society to address the multiple dimensions of care required by the children. Though FBO responses to-date have tended to be small scale and localized, in the long run, these groups, which are present in affected communities, are better placed than external agencies to provide appropriate support and deal with complex social issues of children affected by AIDS.

Definitions of Faith-Based Organizations

Four categories of religious organizations were distinguished for this Study:

Congregation: a local grouping of believers such as a church, mosque, temple or synagogue that meet on a regular (usually weekly) basis.
Religious Coordinating Body (RCB): intermediary organizations responsible for coordinating and supporting congregations.
Non-Governmental Organization: faith-based NGOs employ staff, receive external donor support and are answerable to a broader group than a congregation or RCB.
Community-Based Organization (CBO): local groups differentiated from NGOs because they do not employ full-time staff.

Study Methodology

The World Conference of Religions for Peace (WCRP) initiated the Study with support from UNICEF. WCRP appointed a Study Consultant in July 2002 to develop the Study protocol and research instruments and to supervise the Study. In each country, a Study Action Group (SAG) consisting of representatives from WCRP and UNICEF appointed a research team consisting of a Principal Investigator (PI) and data collectors and advised on selection of study sites. The Consultant supervised orientation of SAGs and training of the research teams. Each country developed its own Study plan and was responsible for analyzing data and developing a country report. The PI in each country supervised the study design, training of data collectors, data collection, analysis and report writing.

The Study took place during 2002-3. Interviews were conducted with 690 FBOs consisting of 410 Congregations, 167 RCBs, 60 faith-based CBOs and 53 faith-based NGOs. These were situated in Uganda (194 FBOs), Kenya (171), Mozambique (106), Namibia (91), Malawi (68) and Swaziland (60). Overall, 81% of FBOs were Christian, 14% Muslim, 0.8% Bahai, 0.6% Hindu, 0.6% Traditional and 0.2% Jewish. The Study also involved over 500 children and 200 key informants who were interviewed or took part in focus group discussions (Appendix, Table 1).

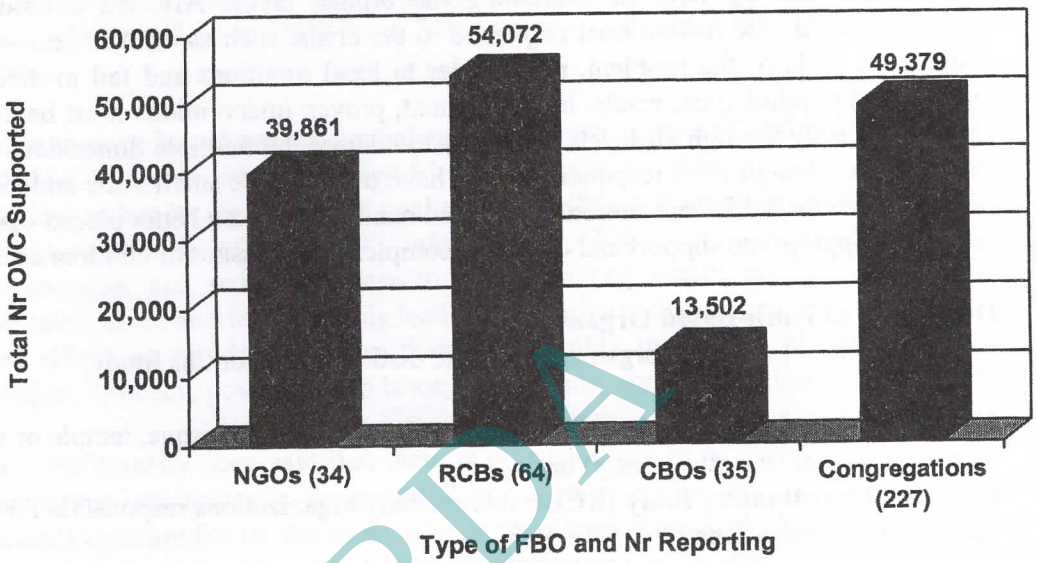
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II. STUDY FINDINGS

Number of Children Supported by Initiatives

Respondents were asked to estimate the total number of OVC supported by their initiative and the number of beneficiaries who were orphans and non-orphans. Overall, 349 FBOs supported 156,835 OVC (Fig 1). Estimates were not obtained from many FBOs because of lack of records, or because respondents were unable to provide estimates; 70% of beneficiaries were orphans and 30% non-orphans.

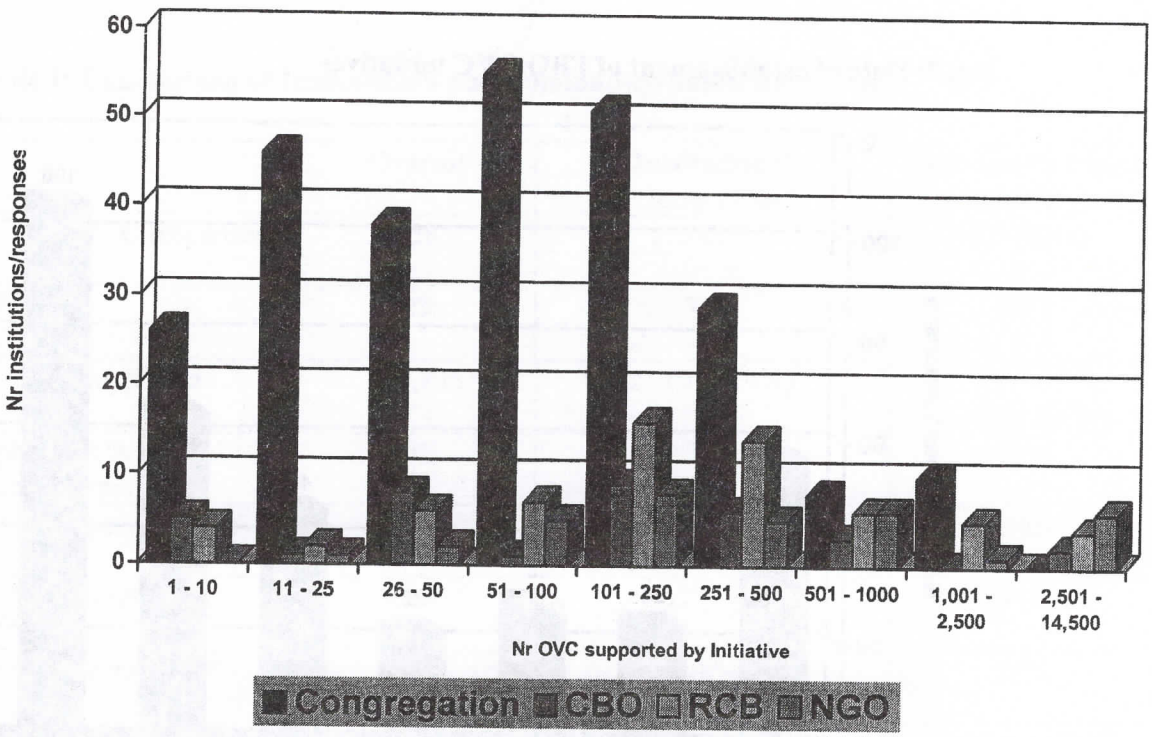
Fig. 1: Number of OVC supported by different types of FBOs



Congregations and CBOs supported significantly fewer OVC per initiative on average than NGOs and RCBs (217 and 385 vs. 1,172 and 845 respectively). Nonetheless, there were 88 moderate-sized congregational initiatives supporting 100-1,000 OVC and a ten large initiatives supporting over 1,000 OVC; 12 FBOs had OVC programs supporting over 2,500 OVC (Fig 2).

Fig. 2: Size of initiatives by type of FBO

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Volunteers Involved in Initiatives

Most FBOs rely on volunteers to carry out OVC support activities. 231 FBOs involved 9,236 volunteers. The average numbers of volunteers per initiative was greatest for RCBs (107 per initiative) and NGOs (101) and lowest for Congregations (21) and CBOs (30). On average, there was one volunteer for every ten children supported by the initiatives. Most volunteers providing OVC support were female congregation members aged between 30 and 50 years old. A majority of volunteers involved in HIV prevention activities were youth.

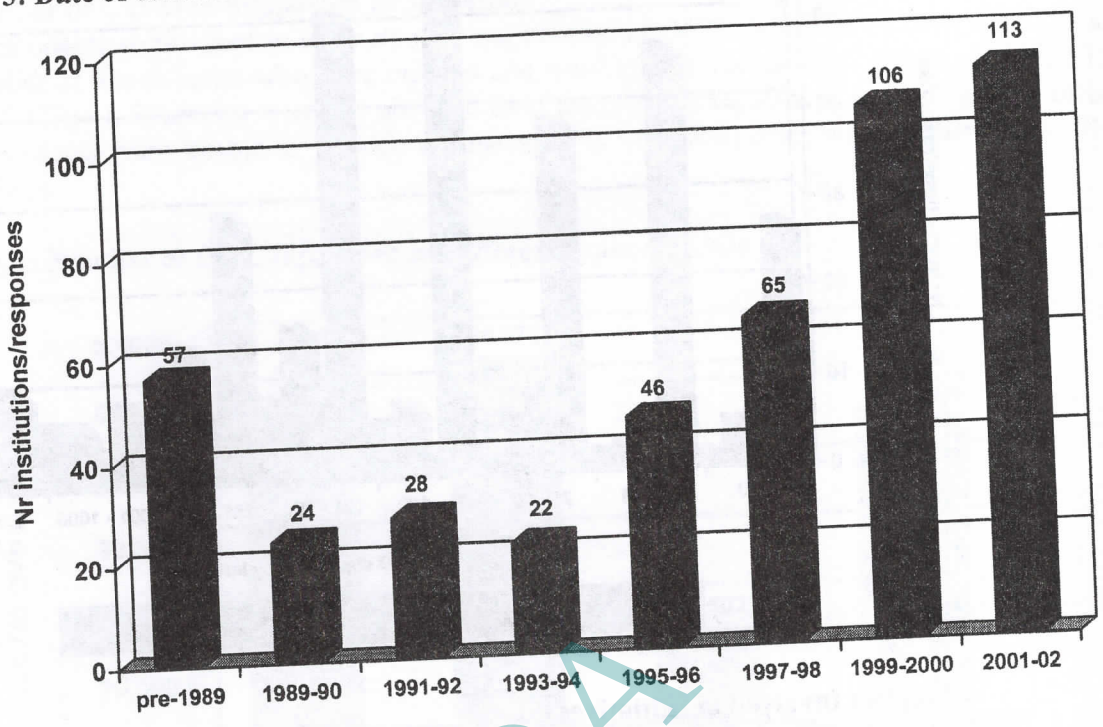
Volunteers managed and implemented OVC projects and offered their services free. Most volunteers received no incentives, though a few received material support, transport and meal allowances from their community or congregation. Other incentives included certificates of appreciation, attendance at workshops or exchange visits to other OVC initiatives. Most volunteers received no training on HIV/AIDS and orphan care. Some gained knowledge about HIV/AIDS through attending workshops, seminars, talks and exchange visits. In some congregations, training was facilitated by RCBs and NGOs covering issues such as the role of committees in program management, child development, home based care, counseling and the impact of HIV/AIDS. Volunteers were motivated by good will, compassion, the plight of seeing vulnerable children, the necessity of helping the needy and a calling to serve God.

Date of Establishment of Initiatives

Some of the earliest FBO OVC initiatives were established in the 1960's and 70's, prior to the HIV/AIDS era; these included orphanages, shelters and scholarship programs for underprivileged children. During the mid-90's, FBO responses proliferated as HIV/AIDS pandemic increased the number of OVC (Figure 3). Almost 50% of the OVC initiatives documented in the Study were established since 1999.

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Fig. 3: Date of establishment of FBO OVC initiatives



Nature of OVC Support Activities

Almost all faith-based OVC initiatives provide children with religious teaching and spiritual support. The provision of material support and school assistance were other common support activities, followed by HIV prevention activities, the provision of home-based care to chronically ill patients and counseling for people living with HIV/AIDS. (Fig 4).

A. Community-Based Initiatives by Congregations, CBOs and NGOs

Overall, 82% of OVC responses were community based (Appendix, Table 5). Of these, 56% were in urban areas. Community-based responses were commonest in Anglican, Seventh Day Adventist and Catholic groups. Community OVC initiatives have proliferated recently, with 52% established since 1999. The proliferation was strongest in Namibia (78% during 1999-2002) and Malawi (65%). It was also strongest amongst Pentecostal groups (64%) and amongst Congregations (59%). Large numbers of volunteers are involved in community-based responses, suggesting strong community ownership of responses. (Community-based responses are compared to institutional responses in Table 1.)

FBOs provide a broad range of community-based services. Most initiatives provide more than one service. Congregations were more likely to provide material support, home visiting and day care centers. They were less likely to provide HIV prevention, medical care, income generation/vocational training, community schools, madrassa religious education or promotion of fostering compared to other FBO groups. It is evident that RCBs and NGOs are more engaged in school fees support than CBOs and congregations. This is partly explained by the fact that school sponsorship requires relatively large sums of money. CBOs and congregations instead concentrate on support activities that require less financial resources, such as home visits, food support, and counseling. The types of community-based activities carried out by FBOs are described below.

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Table 1: Comparison of Institutional and Community-Based Responses

	Overall	Institutional Responses	Community-based Responses
Nr. FBO OVC responses	658	153 (22%)	505 (82%)
Urban	61%	79%	56%
Nr OVC supported	156,835	21,615 (14%)	134220 (86%)
Orphans as % of total children supported	70%	51%	73%
Av. OVC per response	396	208	463
Nr. Volunteers	9,236	937 (10%)	8299 (90%)
Established since 1997	55%	48%	56%
*Faith groups with highest rates for institutional and community-based responses respectively		Muslim (26%) Pentecostal (26%) Other Protestants (21%)	Anglican (95%) SDA (86%) Catholic (81%)

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1. **Material Support**

Material support was the commonest OVC support activity, provided by three-quarters of FBOs. This support includes the provision of clothing, food or meals. Material support by FBOs is more prevalent in poorer countries – 96% of FBOs in Malawi and 75% in Uganda provide material support – and is provided more frequently by congregations than by other types of FBOs.

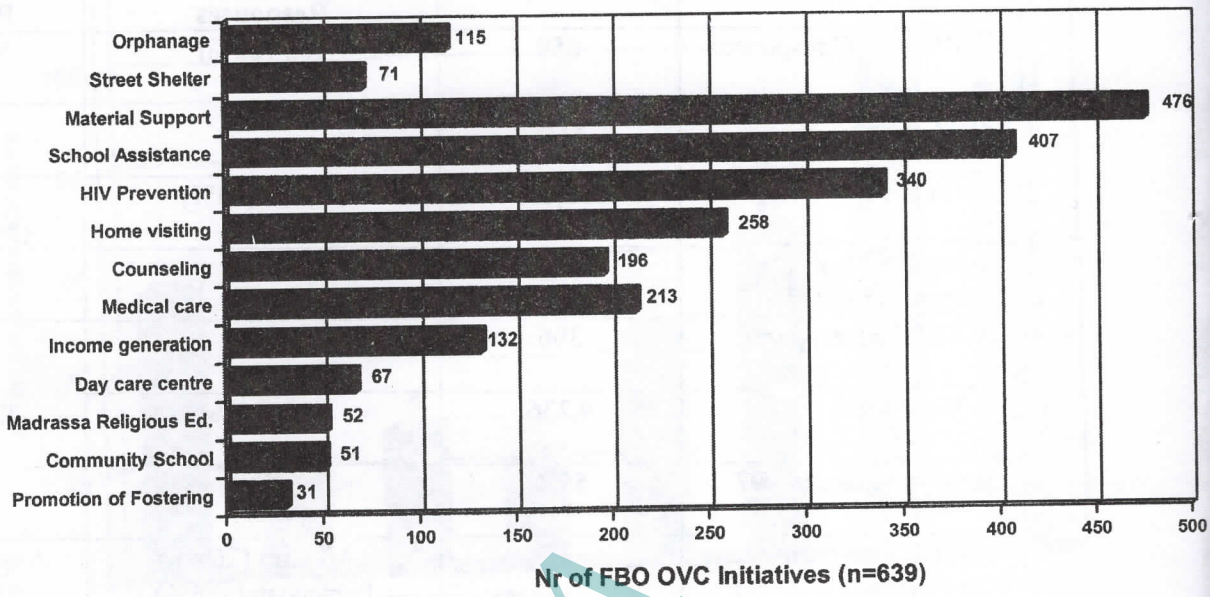
2. **School Assistance**

In order for children to attend school in the Study countries, fees and levies must be paid. Many FBOs provide vulnerable children with fees, for primary and sometimes for secondary, vocational and tertiary education. Some programs also provide uniforms, equipment, books and boarding fees. Many RCBs and NGOs that operate some distance from affected communities provide educational support to individual children as an isolated activity without the provision of psychosocial support or household economic strengthening activities.

3. **HIV prevention**

Just over half of FBOs were involved in increasing awareness of HIV amongst vulnerable children and providing moral guidance. It was difficult to assess the effectiveness of HIV prevention activities. Few initiatives provide sexual and reproductive health life skills, or information about the provision of condoms and accessing treatment for sexually transmitted infections. Only a handful of FBOs sought to promote HIV testing as a preventive measure.

Fig 4: Main OVC activities of FBOs



4. Visiting / Home-Based Care

Volunteers identify needy families in their neighborhood and regularly visit affected households. Some OVC visiting programs have developed from home-care programs for the terminally ill. Some of the most vulnerable households such as child-headed households are visited several days a month or even daily, with volunteers becoming like surrogate parents. Visitors provide advice and household supervision, prepare meals, eat together with children, help in maintaining dwellings and assist in household agriculture or income generating activities.

5. Counseling and Psychosocial Support

Many FBO initiatives specifically provide counseling and psychosocial support activities to address psychosocial needs of children. Examples of such activities include sports and cultural activities that involve both vulnerable children and other members of the community, or counseling provided to specific children.

6. Medical Care

Some initiatives enable vulnerable children to access essential medical support through the provision of medical fees or medicines.

7. Income Generation and Vocational Training

Some initiatives establish income-generating projects in order to raise money for school fees to support vulnerable children. Projects include nutrition gardens, husbandry projects, manufacturing co-operatives and buying-and-selling initiatives. Many projects also serve an important role by providing children and youth with experience in managing projects and training in specific vocational skills. Additionally, such activities bring together volunteers to discuss their work.

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8. Day Care Centers

These provide stimulation, care and food for pre-school children during the day, often whilst caregivers are working

9. Religious Education

A number of Muslim initiatives specifically provided education for OVCs through religious schools (Madrassas).

10. Community Schools and Child Development Centers

Some groups set up education facilities to provide basic education at primary level to vulnerable children who would otherwise be out of school.

11. Promotion of Foster Care

Some programs specifically encourage fostering and adoption by persons unrelated to orphaned children and identify and screen potential foster parents.

B. Institutional Responses (Appendix, Table 4)

Two main categories of institutional responses were established, predominantly in urban areas:

1. **Residential children's home**

Residential institutions, also referred to as orphanages, provide shelter, food, clothing and medical care for vulnerable children. Most provide school fees to enable residents to attend nearby schools, though some provide schooling to residents. Some also provide vocational training and HIV prevention activities.

2. **Street Children Shelters**

These provide temporary accommodation and food for street children. Some also provide education, vocational training and HIV prevention activities

Institutional responses were commonest in Mozambique (47% of initiatives), Kenya (33%), Swaziland (22%) and Malawi (16%) and least common in Uganda (9%) and Namibia (7%). This may be a reflection of whether there are national policies on institutional care, whether FBOs have connections with religious groups outside Africa and whether strong community-based OVC responses are present various countries. Institutional responses were most commonly established by Muslim, Pentecostal and "other Protestant" groups. Institutions are being established with increasing frequency, as nearly half of those noted in the study have been established since 1997. Proportionately fewer volunteers are involved in institutional compared to community-based responses, suggesting less community ownership of institutional responses (Table 1).

Organizational Capacity of FBOs

A capacity assessment was carried out on 216 Congregations, 30 CBOs, 7 NGOs and 11 RCBs. The assessment consisted of 30 questions in eight areas of organizational development: governance, financial systems, human resources, community ownership, service delivery, administration, financial support, and technical support. Overall differences in average scores between the four categories of FBOs were relatively small. FBOs in Kenya and Namibia had higher capacity scores than Uganda and Malawi (69% & 67% vs. 62% & 57% respectively). Capacity scores for technical and financial support and administration were significantly lower for congregations and CBOs

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compared to NGOs and RCBs.

Expansion of activities

Despite resource constraints, nearly all congregations and CBOs expanded their initiatives in terms of range of activities, number of children supported and geographical areas covered. In view of growing numbers of vulnerable children, most FBOs wished to expand their initiatives further but faced constraints.

Lack of funds was the major limitation facing 52% of FBOs. Funds were required to provide direct assistance to children for school uniforms or food, or to provide incentives or transport costs for volunteers. Funds were also needed in some instances for operational costs such as salaries and office equipment. Few FBOs have sufficient human resource capacity to address burgeoning numbers of OVC, and some require salaried personnel to expand their activities.

The need for training on project implementation and on OVC interventions was cited by 21% of FBOs. Members of congregations understand what is needed to support OVC and are eager to respond, but often lack confidence concerning the range of "best practice" activities and strategies. This weakness within FBOs was echoed by interviews with HIV/AIDS personnel at national level. Congregations are well placed to spearhead community responses to OVC, but they need structures and tools to sustain and manage projects. Accountability and monitoring were mentioned as crucial elements of project management needed to develop FBO programs. The provision of training alone was deemed insufficient to expand programming and could lead to community groups' feeling frustrated in their ability to deliver quality services unless the training is accompanied by injections of resources to build the capacity and sustainability of their initiatives.

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III. CONCLUSIONS AND RECOMMENDATIONS

This is the first study of community-level OVC responses in Africa. It is also one of the first to draw attention to the characteristics and distinctive roles of RCBs in responding to HIV/AIDS and orphans and vulnerable children. Analysis of data obtained from the studies led to the following conclusions:

A. Community-Level Responses

Local Faith-based OVC responses are proliferating

Researchers had little difficulty identifying FBOs with OVC activities. 410 congregations were interviewed and over 97% had OVC activities. Yet these congregations represent less than 0.25% of the estimated 150,000-plus congregations in the Study countries. Faith-based OVC responses are widespread throughout Africa and are more prevalent than was imagined prior to the Study. FBOs are coping with the epidemic by adapting, not simply relying on existing, customary systems but responding to changing situations by developing new approaches. This finding runs contrary to the widespread belief that communities with severe epidemics are disintegrating and support systems are faltering.

Most OVC activities are initiated by community members

Congregations started initiating responses to children affected by AIDS during the 1990's. Recently, the trickle became a flood. Over half of congregational responses were established in 1999-2002. This proliferation occurred without significant external facilitation or financial support. Few congregational responses in this Study resulted from community mobilization as part of OVC projects implemented by RCBs or NGOs. This reflects the motivation of local religious groups who commit their own time and resources to ensure the future well-being of vulnerable children. Responses were initiated after seeing growing numbers of children who were going hungry, lacking adequate clothing, not going to school, lacking spiritual or parental guidance, or were exploited, abused, raped or pregnant.

It is also important to note that while many congregational initiatives begin by targeting children in their own faith, most quickly transform to provide support to any family prioritized for assistance by the wider community.

Congregations and CBOs are supporting significant numbers of OVC.

In the past, proponents of scaling-up have argued that, in view of their idiosyncratic nature, it is inappropriate to support small-scale OVC initiatives. This has led to community initiatives being overlooked as potential partners by external agencies. In this Study, most congregations and CBOs supported less than a hundred OVC. However, many of the smaller initiatives were established recently and are still expanding. Though most congregations and CBOs support small numbers of children, the cumulative impact of thousands of such initiatives is considerable. There were 120 medium-sized initiatives supporting between 100 and 999 OVC and 14 large-scale initiatives supporting 1,000 or more vulnerable children. The 40 largest community responses supported as many OVC as the 34 NGOs documented in the Study.

Community-level FBOs are responding in similar ways

Over 80% of recently established initiatives were community-based. Most community responses involve the provision of religious support, material and educational assistance, HIV prevention, home visiting and counseling. Most initiatives are supervised by regularly convened committees. Almost all initiatives rely on volunteers - in some cases, every member of a congregation is involved in OVC

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support activities. The activities and structures of congregational initiatives were remarkably similar throughout the Study countries. Yet most had never visited or read a description of another congregation's initiatives. Community responses were initiated without literature reviews, situation analyses or fact-finding visits to model programs. The fact that so many different yet unconnected groups have developed similar OVC initiatives suggests that homegrown approaches based around community priorities are the most appropriate and sustainable responses to the crisis.

Community-level FBOs are well organized

One reason why little financial support has been provided to community groups is that such groups are said to lack capacity to manage grants. The Study demonstrates this notion is erroneous. Governance and financial systems of FBOs, including many small, newly established OVC initiatives, were as well-organized as those of larger NGOs and RCBs. Transparent financial administration and clear lines of authority are essential elements of volunteer-driven organizations. Organizations lacking these components are unlikely to succeed in mobilizing communities and maintaining volunteer-driven responses. The fact that religious groups have established and expanded their initiatives despite limited financial and human resources is an illustration of their organizational ability.

Community OVC initiatives probably have limited long-term impact

The main thrust of the Study was to document the nature of FBO OVC responses through collecting data from service providers. FBO community initiatives have improved the situation of thousands of vulnerable children, their families and communities. Positive changes that have been brought about by OVC initiatives and which are observable to community members include:

- increased morale amongst vulnerable households as a result of the provision of spiritual, material and psycho-social support
- the establishment of income-generating projects
- a strengthened community social safety net, through increased support to vulnerable families
- employment provision, assistance with agricultural and domestic tasks or house construction and in-kind or cash contributions
- reduced stigma through regular visiting of households affected by HIV/AIDS
- a noticeable increase in the number of children who have returned to school
- better adjusted children, involved in social, cultural, educational and sporting activities
- reduction in sexual abuse and physical exploitation through increased child protection

Though FBO OVC initiatives are prevalent, it is likely that the amount of support provided pe affected household is much less than what is needed to enable families to function adequately i meeting children's needs. The desire of most groups to expand their activities is in part a reflection o the limited ability of most community OVC initiatives to substantially improve the situations o destitute households over time.

Community-level FBOs need external financial support

Community members are constantly aware of families that need essential material support. In th poorest situations, the provision of material support by initiatives to destitute households wa ubiquitous. This is an indication on the priority placed upon material support as an intervention b congregations and CBOs. Yet, paradoxically, community initiatives that have excessive demand placed upon their philanthropy are also those that have the fewest financial resources.

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Many congregations indicated that their only source of support consisted of contributions made by the members of their congregations. Faith-based community groups raise finances and materials to contribute to the families of vulnerable children through congregational collections and contributions from volunteers. Since many of the volunteers are also caring for orphans, it seems that in these self-resourced initiatives, the beneficiaries and donors are virtually identical. As a result, the actual amount of money raised by many initiatives is small and the ability of initiatives to provide meaningful material support to destitute families is limited. A few congregations received funding from their RCBs but due to inadequacy of resources at RCB level, funds received were minimal and did not meet the needs of the ever-increasing numbers of the OVC.

B. The Role of Religious Coordinating Bodies

RCBs differ in structure, function and size

The diverse structure, function and terminology of religious organizations poses a problem to agencies trying to understand and work with FBOs. Some congregations, traditional and independent groups for instance, have no bodies responsible for coordinating their activities. Organizations such as some Pentecostal, Baptist and Muslim groups have RCBs that are single-tier networking bodies that function without offices and rely on volunteers to enable coordination of their activities. Larger denominations are often supervised by RCBs responsible for appointing clergy and supporting the religious functioning of congregations. In some cases, these structures are quite complex. Catholic and Anglican denominations, for instance, have hierarchical structures and several tiers of RCBs with national and provincial-level RCBs supervising lower-level RCBs rather than congregations

RCBs thus differ markedly in terms of their structure, function and the number of congregations they supervise or coordinate. Some groups are responsible for supervising a dozen congregations, while others coordinate several hundred. One reason why RCBs have received little external support in the past is because it is difficult for outsiders to understand their distinctive organizational structures.

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Some RCBs have established OVC initiatives

Many RCBs were involved in the provision of support to OVC, though this took several forms.

- Some RCBs implement their own projects that directly support vulnerable children. Activities typically involved scholarship programs or institutions to cater for OVC needs such as schools, orphanages, and baby homes. This mechanism of support frequently was associated with narrowly targeted interventions and limited involvement of affected families, communities and congregations. Many RCB projects do not tap existing community resources to strengthen their own initiatives. The approach of targeting individual children puts these interventions at risk of remaining detached from communities, and thereby communities seeing the OVC problem as a responsibility of external agencies.

- Other RCBs facilitate implementation of programs through their local congregations. In a few cases, RCBs had designated personnel responsible for OVC issues. While congregations implement these responses, they are primarily RCB initiatives, because RCBs negotiate with donors and mobilize congregations as partners to implement projects.

- Relatively few RCBs established OVC programs that recognized the crucial role of congregations as main service providers and that sought to provide congregations with essential technical and material support. However, some of the largest OVC support programs such as Catholic AIDS Action in Namibia (supporting 14,500 OVC) and the

Livingstonia Synod AIDS Control Program in Malawi (12,056 OVC) functioned on the basis of working extensively with congregations.

Need for development of RCB HIV/AIDS and OVC programs

Many RCB programs, like their NGO counterparts, lack best practice procedures. Service delivery components such as written plans, monitoring systems, record keeping and reporting were limited in scope. Many FBOs function on the basis of motivation and trust, responses based on a "good heart" to help, rather than on being an effective or efficient organization or program. One common feature of RCBs is the tendency to employ trusted "religious persons" rather than professionally qualified staff in their programs. These approaches favored by FBOs may lead to programs that are no less effective than those of NGOs. However, the Study highlighted the need to strengthen RCB programming through the provision of technical and financial support.

Many RCBs are unaware of their own congregations' OVC initiatives

The main functions of RCBs are to supervise and provide support to religious leaders of congregations, organize meetings to bring together leaders of congregations and administer religious networks. Many RCBs were unaware of the fact that their own congregations were implementing OVC programs. Of those that were aware, most provide little financial and technical support to the congregations that are implementing OVC activities. This was largely a consequence of limited resources since most RCBs have few staff and lack the necessary knowledge and skills to provide technical support to strengthen HIV/AIDS-related activities implemented by local congregations.

RCBs are well situated to provide technical and financial support to congregations

Increasingly, RCBs are establishing committees, appointing full time staff and initiating programs to respond to HIV/AIDS and support vulnerable children. Congregational initiatives are also proliferating and requesting that support be provided from their denominations and religious networks. Yet, surprisingly, a disconnection exists between responses at different levels. External agencies have an opportunity to facilitate OVC responses by enabling RCBs to map their own congregations' initiatives and to provide congregations with appropriate support. The provision of technical support allied with small grants of a few hundred dollars to community groups could help congregations do immeasurably more than at present.

In terms of community development, RCBs have a considerable "multiplier" advantage over NGOs. Most NGO probably have no more than a dozen or so active partnerships with community groups for project delivery. Yet most RCBs have at least a hundred congregations in their network and some of the largest bodies reach thousands of individual congregations. RCBs occupy a strategic position in relation to scaling up OVC responses. Development organizations should partner with inter-religious groups to carry out efficient mapping of these religious networks.

C. Recommendations

At an end-of-study workshop in May 2003, representatives of the study teams in all six countries, as well as WCRP and UNICEF, developed the following summary recommendations based on the overall findings from the study process.

Donors and External Religious Partners

1. In view of the difficulty of working with strict donor project proposal and reporting requirements these need to be made more flexible and accessible to FBOs.

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2. Donors should recognize and utilize existing faith-based structures and work with the appropriate tier of RCBs to ensure that support reaches communities.

3. Donors should seek to identify the comparative advantages of FBOs and utilize their strengths.

4. UNICEF is well positioned to involve FBOs in networking and training activities alongside other partners with existing FBO networking.

5. Donors that have been more involved in HIV prevention than OVC activities should earmark FBO funding for OVC care/support and capacity building in addition to prevention activities.

6. Congregations have the capacity to implement OVC support activities and receive funds but most receive no external support. Funding should therefore be provided through small grants funds operated by RCBs to support activities initiated by congregations. Donors should ensure that a majority of RCB funding is spent at community level.

7. External support needs to be guided by experience of local religious partners rather than programs being designed by external partners with little local involvement.

Religious Coordinating Bodies and Congregations

1. Since RCBs are often unaware of the existence of effective programs run by RCBs in other religious communities, inter-religious collaboration and networking should be encouraged.

2. RCBs should be enabled to better understand the OVC responses of congregations belonging to their religious network through involvement in mapping exercises.

3. RCBs are well placed to provide technical support and build the capacity of congregational OVC responses through training, resource mobilization and documentation. RCBs may need external assistance to carry out such programs.

4. Leaders of religious organizations are well positioned to influence the practices of their member FBOs as well as government institutions, and they should advocate publicly for child rights, stigma reduction, behavior change, policy development, and increased resource allocation to religious bodies and governmental institutions for OVC programs.

5. FBOs need to recognize and utilize community resources for OVC care and support.

6. FBOS at all levels should increase the participation of children, youth and people living with HIV/AIDS in program design and implementation.

7. FBOs should be encouraged to establish committees to guide the development of OVC and HIV/AIDS initiatives.

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Appendix:

Table 1: Details of Study Subjects by Country

	Kenya	Uganda	Mozam bique	Malawi	Namibia	Swazi-land	Total
Nr Interviews							
RCB Interviews	16	78	33	14	16	10	**167**
Congregation Interviews	139	71	55	49	52	44	**410**
CBO Interviews	13	15	14	2	13	3	**60**
NGO Interviews	3	30	4	3	10	3	**53**
Total Organizations Interviewed	**171**	**194**	**106**	**68**	**91**	**60**	**690**
FBOs without OVC initiative	0	10 (5%)	14 (13%)	1 (2%)	8 (8%)	3 (6%)	**36** (7%)
Study Sites Urban	118	94	87	26	27	35	387
Rural	53	100	19	42	39	25	278
% Urban	(69%)	(48%)	(82%)	(38%)	(41%)	(59%)	(58%)
Children:							
Interviews	57	1	0	24	38	13	133
Focus Group Discussion	10	25	20	0	0	0	55
Informants: Interviews	36	22	43	16	0	14	131
Focus Group Discussion	3	2	0	0	0	0	5

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Table 2: Religious Affiliation of RCBs and Congregations by Country

	Kenya		Uganda		Mozambique		Malawi		Namibia		Swaziland		Total	
	RCB	cong	RCB	cong	RCB	cong	RCB	cong	RCB	cong	RCB	cong	RCB	cong
TOTAL	**16**	**139**	**78**	**71**	**33**	**55**	**14**	**49**	**16**	**52**	**10**	**44**	**167**	**410**
Bahai	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**3**	**2**
Hindu	**0**	**2**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**3**
Muslim	**2**	**33**	**15**	**8**	**4**	**7**	**2**	**6**	**0**	**1**	**0**	**1**	**23**	**56**
Unspecified/Other	**0**	**1**	**1**	**0**	**4**	**4**	**0**	**0**	**0**	**1**	**0**	**0**	**5**	**6**
Total Christian	**13**	**103**	**62**	**61**	**23**	**44**	**12**	**43**	**16**	**50**	**9**	**42**	**135**	**343**
Catholic	0	23	18	9	1	17	1	12	5	12	1	3	26	76
Anglican	0	9	32	20	1	2	3	4	1	4	0	1	37	40
Pentecostal	0	17	0	3	11	13	2	10	1	12	2	3	16	58
Other Christian	11	46	8	26	7	10	3	10	6	22	0	26	35	140
Seventh Day Adv't	2	8	3	3	1	2	1	3	0	0	1	2	8	18
Inter-denominational	0	0	1	0	2	0	2	4	3	0	5	7	13	11

Table 3: Religious Affiliation of faith-based NGOs and CBOs by Country

	Kenya		Uganda		Mozambique		Malawi		Namibia		Swaziland		Total	
	NGO	CBO	NGO	CBO	NGO	CBO	NGO	CBO	NGO	CBO	NGO	CBO	NGO	CBO
TOTAL	**3**	**13**	**30**	**15**	**4**	**14**	**3**	**2**	**10**	**13**	**3**	**3**	**53**	**60**
Muslim	**0**	**4**	**3**	**2**	**0**	**3**	**0**	**2**	**0**	**0**	**0**	**0**	**3**	**11**
Unspecified	**3**	**0**	**8**	**0**	**0**	**2**	**0**	**0**	**3**	**13**	**0**	**0**	**14**	**15**
Total Christian	**0**	**9**	**19**	**13**	**4**	**9**	**3**	**0**	**6**	**0**	**3**	**3**	**36**	**34**
Catholic	0	0	6	8	0	0	1	0	1	0	0	0	8	8
Anglican	0	0	2	3	0	0	0	0	1	0	0	0	3	3
Pentecostal	0	0	0	0	1	4	0	0	1	0	0	0	2	4
Other Christian	0	0	0	1	0	0	1	0	0	0	0	1	1	2
SDA	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Inter-denominational	0	9	10	1	3	5	1	0	4	0	3	2	21	17

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Table 4: Orphanages and Shelters established by FBOs

Other: CBOs, NGOs and RCBs	Kenya		Uganda		Moza-mbique		Malawi		Namibia		Swazi-land		Total	
	cong	other	cong	other	cong	other	cong	other	cong	other	cong	other	cong	other
Nr FBOs with shelter / orphanage	**44**	**11**	**3**	**14**	**27**	**22**	**8**	**4**	**2**	**5**	**9**	**4**	**93**	**60**
Religious Group: Muslim	**11**	**1**	**0**	**2**	**7**	**4**	**3**	**3**	**0**	**0**	**0**	**0**	**21**	**10**
Hindu, Bahai,	**1**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**2**
Christian	**32**	**8**	**3**	**10**	**20**	**15**	**5**	**1**	**2**	**2**	**9**	**4**	**71**	**40**
Anglican	2	1	0	2	1	0	0	0	0	0	0	0	3	3
Catholic	7	0	0	5	2	0	1	0	0	1	1	1	11	7
Pentecostal	7	1	1	1	6	7	1	1	0	0	0	0	15	10
Other Christian	16	6	2	2	11	7	3	0	2	1	8	3	42	19
Not known	**0**	**1**	**0**	**2**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**9**
Establishment pre- 1991	8	1	0	7	1	4	3	0	0	0	2	1	**14**	**13**
1991-94	5	2	0	4	0	2	1	2	0	0	0	0	**6**	**10**
1995-98	12	2	2	1	3	4	2	0	0	0	2	0	**21**	**7**
1999-2002	13	4	1	1	7	7	1	1	1	1	4	3	**27**	**17**
Not known	6	2	0	1	16	5	1	1	1	4	1	0	**25**	**13**
Location (Nr) Urban	30	9	3	9	27	21	2	3	2	0	8	3	**72**	**45**
Rural	13	2	0	5	0	1	6	1	0	1	1	1	**20**	**11**
Nr children (nr respondents)	4740 (42)	2666 (6)	330 (3)	7738 (9)	1182 (6)	2460 (3)	815 (7)	830 (3)	238 (2)	210 (2)	405 (7)	1 (1)	**7710 (67)**	**13905 (24)**
Nr volunteers (nr respondents)	173 (19)	39 (3)	10 (1)	51 (4)	63 (3)	457 (6)	15 (3)	1 (1)	10 (1)	62 (2)	54 (6)	2 (1)	**325 (33)**	**612 (17)**
Average capacity score (nr respondents)	61 (44)	69 (7)	0	66 (1)	0	0	61 (6)	0	0	78 (1)	59 (9)	48 (2)	**61 (59)**	**66 (11)**
% of FBOs with institutional response	33	34	4	11	50	43	16	21	4	13	20	25	**23**	**21**

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Table 5: Community-Based OVC Responses by Country

Other: CBOs, NGOs & RCBs	Kenya		Uganda		Mozam-bique		Malawi		Namibia		Swazi-land		Total	
	cong	other	cong	other	cong	other	cong	other	cong	other	cong	other	cong	other
Nr FBOs	**95**	**21**	**65**	**102**	**27**	**23**	**40**	**15**	**44**	**32**	**32**	**9**	**303**	**202**
Religion : Muslim	22	5	6	17	7	4	3	1	1	0	1	0	**40**	**27**
Christian	71	14	58	76	20	15	37	14	42	18	30	8	**258**	**145**
Anglican	7	0	20	35	1	0	4	3	4	2	1	0	**37**	**40**
Catholic	16	0	9	23	2	0	11	2	12	5	2	0	**52**	**30**
Pentecostal	10	0	2	0	5	7	9	2	9	2	2	0	**37**	**11**
Other Christian	38	14	27	18	12	8	13	7	17	9	25	8	**132**	**64**
Other	2	0	1	0	0	4	0	0	1	0	1	1	**5**	**5**
Not defined	0	2	0	9	0	0	0	0	0	14	0	0	**0**	**25**
Established -1991	17	4	4	18	1	4	0	3	0	0	3	0	**25**	**29**
1991-94	4	3	5	10	0	2	3	0	1	1	0	0	**13**	**16**
1995-98	16	5	13	14	3	3	7	1	1	7	7	2	**47**	**32**
1999-2002	49	6	18	13	7	7	17	9	20	15	14	7	**125**	**57**
Not known	9	3	25	47	16	5	13	2	22	9	8	0	**93**	**66**
Location Urban	60	18	23	55	27	21	11	10	18	1	25	8	**164**	**113**
Rural	35	3	42	47	0	1	29	5	24	11	7	1	**137**	**68**
Nr children (nr respondents)	20972 (70)	604 6 (8)	700 2 (43)	31607 (71)	1182 (6)	9430 (6)	10290 (27)	20056 (2)	819 (14)	25050 (11)	1300 (26)	516 (5)	**41565 (160)**	**92705 (98)**
Nr volunteers (nr respondents)	886 (41)	59 (5)	284 (15	1896 (34)	63 (3)	457 (6)	1169 (30)	175 (2)	388 (15)	2667 (12)	137 (15)	106 (3)	**2939 (119)**	**5360 (62)**
Av. capacity score (nr respondents)	61 (145)	64 (13	0	55 (11)	0	0	49 (38)	0	67 (9)	60 (12)	49 (24	56 (8)	**58 (216)**	**58 (44)**
Type of Support Activity Nr														
1. Material support	67	10	55	70	8	10	39	14	24	14	31	7	**224**	**125**
2. School Assistance	71	13	43	67	9	8	18	5	15	11	24	4	**180**	**108**
3. HIV prevention	43	13	11	44	13	8	34	12	30	25	22	7	**153**	**109**
4. Visiting / home-based care	48	10	29	35	8	5	10	5	22	18	22	6	**139**	**79**
5. Counseling	30	1	20	38	4	0	19	5	12	12	16	6	**101**	**62**
6. Medical Care	19	4	19	47	4	7	6	3	4	11	6	3	**58**	**75**
7.Income generation	15	2	4	28	0	4	18	8	0	11	4	2	**41**	**55**
8. Day care Centers	9	0	0	2	1	0	11	2	11	12	3	3	**35**	**17**
9. Madrassa Rel. Education	5	0	7	11	6	2	2	0	0	0	0	0	**20**	**13**
10. Community schools	1	3	0	11	5	0	3	0	3	1	2	2	**14**	**17**
11. Promotion of Fostering	0	0	5	3	0	0	1	2	0	0	6	1	**12**	**6**

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Table 6: Orphan Estimates for Study Countries, 2000 - 2010

2001

	adult HIV prevalence %	popn (m)	number children 0-14yr	total orphans as % of all children	total number orphans, all causes	total number of orphans due to AIDS
Kenya	15.0	30.1	13,428,000	**12.4**	**1,659,000**	892,000
Malawi	15.0	10.9	6,350,000	**17.5**	**937,000**	468,000
Mozambique	13.0	19.7	6,196,000	**15.5**	**1,274,000**	418,000
Namibia	22.5	1.7	780,000	**12.4**	**97,000**	47,000
Swaziland	33.4	1.0	388,000	**15.2**	**59,000**	35,000
Uganda	5.0	21.8	11,852,000	**14.8**	**1,732,000**	894,000

2010

		popn (m)	number children 0-14yr	total orphans as % of all children	total number orphans, all causes	total number of orphans due to AIDS
Kenya		35.2	14,708,000	**14.3**	**2,099,000**	1,541,000
Malawi		13.9	6,305,000	**18.2**	**1,150,000**	741,000
Mozambique		23.1	9,340,000	**19.5**	**1,820,000**	1,084,000
Namibia		1.9	851.000	**18.3**	**156,000**	118,000
Swaziland		1.3	393,000	**22.1**	**87,000**	71,000
Uganda		29.8	16,253,000	**9.8**	**1,554,000**	805,000

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- ጥሪ የተደረገላችሁ እንግዶችና ተሳታፊዎች
- ክቡራትና ክቡራን

ኢትዮጵያ አገራችን የተለያዩ የእምነት ድርጅቶች በትብብር፣ በሰላምና በፍቅር የሚኖሩባት ብቸኛ አፍሪካዊት አገር ናት።

ይህም በኢትዮጵያ ውስጥ ያለው የእምነት ድርጅቶች ሕብረትና ትብብር በአፍሪካ ብሎም በዓለም ደረጃ ታላቅ ግምት የሚሰጠው በሰላም አብሮ የመኖር ተምሳሌት ሆኖ ይቀጥላል።

የኢትዮጵያ የእምነት ድርጅቶች በተለይ ከ1992 ዓ/ም ጀምሮ ትብብራቸውን በማጠናከርና በጋራ ጉዳዮች ላይ ትኩረት በመስጠት የሚጠበና የልምድ ልውውጥ ለማድረግ የሚያስችላቸውን ተከታታይ አውደ ጥናቶችን በማካሄድ በምግብ ዋስትና፣ በኤች.አይ.ቪ፣ እንዲሁም በሰላምና አብሮ መኖር ዙሪያ ውይይት አድርገው የጋራ ሰነድ አዘጋጅተዋል።

ከነዚህም የውይይት መድረኮች ውስጥ፡

1/ እ.ኤ.አ በጥር 2000 በጅጅጋ በሙስሊሙ ሕብረተሰብ አዘጋጅነት፡

2/ እ.ኤ.አ በመጋቢት 2000 በኢትዮጵያ አርቶዶክስ ቤተ ክርስቲያን አዘጋጅነት፡

3/ እ.ኤ.አ በሐምሌ 2000 በኢትዮጵያ ወንጌላውያን ቤተ ክርስቲያናት አዘጋጅነት፡

CCRDA

የተከበራችሁ የኃይማኖት መሪዎች

በተደረጉት የልምድ ልውውጥ አውደ ጥናቶች ላይ በቀረቡ ሰነዶች ዙሪያ ሰፊ ውይይትና መግባባት የተደረሰባቸው ሃሳቦች በሀገር አቀፍ ደረጃ የሐይማኖት አባቶችና መሪዎች በተገኙበት እ.አ.አ ሐምሌ 2000 የጋራ ኮሚቴ በማቋቋምና ጠቃሚ ሃሳቦችን በመንደፍ ተጠቃሏል። 1992

ለጋራ ኮሚቴው ከተሰጡት ጠቃሚ ሃሳቦች መካከል ዋናዋናዎቹ፡-

ሀ/ የጋራ መድረኩን ራዕይ ስልትና ዓላማ መንደፍ፣
ለ/ የእያንዳንዱ የእምነት ድርጅትን ድርጅታዊ መዋቅርንና ፍላጎትን ማጥናትና
ሐ/ የእምነት ድርጅቶችን የጋራ መድረክ መፍጠርና ለዚህም አስፈላጊውን የጋራ ቻርተር ማዘጋጀት ነበሩ።

የጋራ ኮሚቴውም ንዑስ የቴክኒክ ኮሚቴ በማቋቋም፡-

1. የጋራ መድረኩን ራዕይ፣ ስልትና ዓላማ ቀርጿል፣
2. በኢትዮጵያ የሚገኙ የእምነት ድርጅቶችና አመሰራረታቸው፣ ብዛታቸውና የሚሳተፉበት የልማት ዓይነት ተዘርዝሮ በባለሙያዎች ተጠንቷል፣
3. የጋራ መድረኩ መተዳደሪያ /ቻርተር/ ተረቋል።

ከላይ የተጠቀሱት ሰነዶች ማዘጋጀታቸው ከተረጋገጠ በኋላ የጋራ ኮሚቴው የእምነት ድርጅቶች የልማት መድረክ መስራች ጉባዔ እንዲጠራ ባቀረበው ሃሳብ መሠረት መስራች ጉባዔው ታሕሣሥ 10 ቀን 1995 ዓ/ም (Dec. 19, 2002) "ለተሻለ ነገ በሕብረት የማሰብ ጅምር" በሚል መሪ ቃል በጊዩን ሆቴል አዲስ አበባ ተደርጓል።

የተከበራችሁ የኃይማኖት መሪዎች

የመሥራች ጉባዔው ዓላማ

1. በተዘጋጁ ሰነዶች ላይ ውይይት አድርጎ ማጽደቅ፣

2. የኢትዮጵያ የእምነት ድርጅቶችን የልማት መድረክ /ፎረም/ በይፋ ማቋቋም፣

3. ለፎረሙ ቀጣይ የሥራ እንቅስቃሴ የቦርድ አባላትን መምረጥ ነበር።

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በዚህም መሠረት የተዘጋጁትን የስትራቴጂ ሰነድና የመተዳደሪያ ቻርተሩን ጉባዔው በሙሉ ድምጽ በማጽደቅ የኢትዮጵያ የእምነት ድርጅቶች የልማት መድረክን በእንግሊዘኛው ምሕጻረ ቃል Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA) በይፋ መስርቷል።

በመቀጠልም ፭ አባላት ያሉት የቦርድ አባላት መርጧል። እነሱም፡-

1. የኢትዮጵያ ኦርቶዶክስ ቤተ ክርስቲያን፣
2. የኢትዮጵያ እስልምና ጉዳዮች ጠቅላይ ምክር ቤት፣
3. የኢትዮጵያ ቃለ ሕይወት ቤተ ክርስቲያን
4. የኢትዮጵያ ወንጌላዊት ቤተ ክርስቲያን መካነየሱስ፣
5. የኢትዮጵያ ካቶሊክ ቤተ ክርስቲያን ጠቅላይ ጽ/ቤት፣
6. ሰብሪ የልማት ኢንስቲትዩት /በሃይ/
7. የኢትዮጵያ ኦርቶዶክስ ቤተ ክርስቲያን የሕማማትና ቤተሰብ ጉዳይ ድርጅት፣
8. የኢትዮጵያ ሙስሊሞች ዕርዳታና ልማት ማሕበር፣
9. የክርስቲያን ዕርዳታና ልማት ማሕበር፣ (CRDA)
10. የኖርዌይ ቤተ ክርስቲያን የእርዳታ ድርጅት ኢትዮጵያ፣
11. የክርስቲያን ኤይድ ኢትዮጵያ ናቸው።

የልማት ፎረሙ በይፋ ሥራውን ከጀመረ በኋላ ቦርዱ ተከታታይ ስብሰባዎችን በማድረግና ውሣኔዎችን በማሳለፍ የተጠናከረ የጋራ እንቅስቃሴ አድርጓል።

CCRDA

ከነዚህ ውስጥ ዋንኛው የፎረሙን ዋና ጽ/ቤት (ማቋቋም ሲሆን፣ ቀሪው ደግሞ በተነደፈው ስትራተጂ ሰነድ መሠረት በተለይ በኤች.አይ.ቪ. ኢድስ ዙሪያ የመድረኩን የጋራ ጥረትና ተሳትፎ አመላካች የሆነውን ይህን አውደ ጥናት ማዘጋጀት ነበር። ~~በዚሁ አውደ ጥናት ማጠቃለያም የአንድነታችን መግለጫ የሆነውን የጋራ አቋማችንን እንደምናድስ ይጠበቃል።~~

የተከበራችሁ የኃይማኖት መሪዎች

የፎረሙ ቀጣይ የተቀናጀ ተሳትፎ

የኢትዮጵያ የእምነት ድርጅቶች ከ90% በላይ የኢትዮጵያን ሕዝብ በእምነቱ ዙሪያ ያሰባሰቡ ስለሆነ በቀላሉ የልማት ሥራዎችና መልዕክቶችን በተሟላ መልኩ መስራትና ማስተላለፍ ይቻላል። በመሆኑም፡-

ሀ/ በኤች.አይ.ቪ. ኢድስ ዙሪያ በተለይ በሕፃናትና ወጣቶች እንዲሁም በገጠሩት አዳሪ ሴቶች ዙሪያ ከበሽታው ጋር አብረው የሚኖሩትን ቁጥር የመንከባከብና ሥርጭቱን ለመግታት የሚደረገው ጥረት ተጠናክሮ ይቀጣላል፡

ለ/ አገራችን የምትታወቅበት ድህነትና ረሃብ እስኪጠፋ ድረስ የጋራ ጥረታችን ይቀጥላል፡

ሐ/ የታመሙትን ማስታመም፡ የተራቡትን መመገብና የተራቆነ ልማት ሊከናወን የሚችለው ሰላም ሲኖር ስለሆነ፡ የኢትዮጵያ የእምነት ድርጅቶች ሰላምን በማስፈንና ግጭቶችን በማስወገድ ዙሪያ ቀጠናከረ የጋራ ጥረታችን ይቀጥላል።

World conference Religion for peace

CCPDA

የኃይማኖት መሪዎችና አባቶች እንዲሁም ጥሪ የተደረገላችሁ እንግዶች ለዚህ አገራዊ አደጋ የጋራ ምላሽ ለመስጠት ክቡር ጊዜያችሁን ሰውታችሁ በመገኘታችሁ በፎረሙ ቦርድና በራሴም ስም ምስጋና እንዳቀርብ ይፈቀድልኝ::

በመጨረሻም ይህ አውደ ጥናት እውን እንዲሆን ከፍተኛ ጥረት ያደረጉትን፣ እንዲሁም የገንዘብ ድጋፍ ያደረጉትን የክርስቲያን በጎ አድራጎት (CRDA) ፣ የኖርዌይ ቤተ ክርስቲያን እርዳታ ድርጅት (NCA) እና የክርስቲያን ኤይድን (CA) ከልብ እናመሰግናለን:: "ለተሻለ ነገ" ሕብረታችን ይቀጥላል:: አመሰግናለሁ::

ተስፋዬ ያዕቆብ /ዶ/ር
የፎረሙ ቦርድ ሰብሳቢ

CCRDA

CHASC

ቢሰሚላሂ አረህማን አረሂም

በአሁኑ ወቅት የሃገራችን ዋነኛ ቀንደኛ ጣምራ ጠላት የሆኑትን ኤች.አይ.ቪ/ኤድስና በድህነት ዙሪያ የተለያዩ ድርጅቶች ከመንግስትን ጋር ከፍተኛ ጥረት እያደረጉ ሲሆኑ፣ ከነዚህ ድርጅቶች መካከልም የኢትዮጵያ የሃይማኖት ድርጅቶች በግንባር ቀደም የሚጠቀሱ ናቸው። በመሆኑም የኢ.እ.ጉ.ጠ.ም/ቤት ኤድስንና ድህነትን ለማጥፋት እየተደረገ ላለው ጥረት የበኩሉን ለማበርከት እንቅስቃሴ በማድረግ ላይ ሲገኝ በተለይ በኢስላማዊ እይታ የኤድስ በሽታን ስርጭት በመከላከሉም ሆነ በሽተኞችንና ወላጅ አልባ ልጆችን በመንከባከቡ ረገድም መልካም አበረታች ውጤቶች አስመዝግቧል።

ነገር ግን እኛም ሆነ ሌሎችም ድርጅቶች ያስገኘናቸው እነዚህ ውጤቶች አንድ ላይ ተዳምሮ በሃገር ደረጃ ሲታዩ ከግምት ውስጥ የማይገቡ ሆነዋል። ምክንያቱም የኤድስ ችግር እየቀነስ ሳይሆን እየተስፋፋ በመሄድ ላይ ስለሆነ ለዚህ ደግሞ በእኛ በኩል እንደ ዋና ምክንያቶች ከሚጠቀሱት ውስጥ 1. በመካከላችን የመረጃ ልውውጥ አለመኖር 2. የመረዳዳት ችግርና 3. የቅንጅት ችግር ግንባር ቀደሞች ናቸው።

ለዚህም ነው ይህን የኢትዮጵያ የሃይማኖት ድርጅት የጋራ መድረክ የመሠረትነው። በእኛ በኢ.እ.ጉ.ጠ.ም/ቤት ይህንን የጋራ መድረክ በማጠናከሩ ረገድና ጣምራ ጠላቶቻችንን ለማጥፋት አሁንም ቃል እንገባለን። ይህ ቅንጅት በሃይማኖት ድርጅቶች መሃል ብቻ ሳይሆን ከመንግሥትና መንግሥታዊ ካልሆኑ ድርጅቶች ጋርም ልማትን በተመለከተ የጋራ መድረክ በፈጠረ የልማቱን ፕሮግራም በተሳካ መልኩ ለማካሄድና ለሰው ልጅ የቁሳቁስ፣ የቴክኒክና የገንዘብ ድጋፍ ብቻውን በቂ ስላልሆነ ከነዚህ ጋር የሞራልና መንፈሳዊ ድጋፎች ያስፈልጋቸዋል እነዚህን ድጋፎች ማግኘት የሚቻለው ከሃይማኖት ድርጅቶች በኩል ነው። በመሆኑ በዚህም ረገድ የቅንጅቱና የሕብረቱ ጉዳይ አስፈላጊ ይሆናል። እነዚህ በጎ አላማዎችን ትርጉም ባለው መልኩ መወጣት እንድንችል የጋራ መድረኩን ማጠናከር ከመስራች ድርጅቶች ብዙ እንደሚጠበቅ ይታመናል። በመሆኑ በኛ በኩል የሚጠበቅብንን ሁሉ ለማድረግ አሁንም በድጋሚ ቃል እንገባለን።

መሰላሙ አለይኩም

CCRDA

Excellencies Religious Leaders,
Distinguished Guests and Participants,
Ladies and Gentlemen,

Introduction

Thanks to the knew-how, perseverance, tenacity combined with vast exposure and individual wisdom of a people of good will belonging to various religious denominations, EIFDDA has became a reality. Furthermore, staging such a workshop forum has been possible to address one of the major national concerns, i.e. HIV / AIDS pandemic. May I, be allowed in the name of ECC, and on my own behalf express our utmost admiration and appreciation to all those involved in the joint venture of establishing EIFDDA as a forum.

Bird eye-view on the Ethiopian Catholic Church (ECC) Experience

Approaches to HIV / AIDS pandemic have evolved progressively while the nature of the pandemic and its consequences were not only better captured but also allowed better vulgarization and mass communication. The ECC taking advantages from lesson learned had further refined her own approach to the issue
The following, which possibly could be of interest for other parties, are among the most prominent ones:

- Production of ECC - HIV / AIDS Policy (draft),
- Production of ECC- HIV / AIDS 5 year Strategic Plan,
- Strengthening HIV / AIDS Desk at ECS and Dioceses level,
- Fulfill pre-requisites to improve and boost social service delivery through provision of required human & material resources for Health facilities, Schools, Home Based Care, Shelters for orphans, etc,
- Extend support to allow PLWA to organize themselves,etc,

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Unity is Strength!

However laudable the ECC's activities in the last two decades could be in the area of HIV / AIDS impact mitigation, it is by no means commensurate, alas, with the nation-wide size requirements of the pandemic!
This is precisely the rational explaining why the ECC rely much more on collective and concerted actions by all FBOs rather than the parcel or approaches which oblige all of us to run thin without achieving substantial result on targeted impacts.
To highlight some of these collective and concerted action whch have bore fruit by involving a number of stakeholders the following could be cited as illustration:

Collaboration with the Government

- Participation in draft policy formulation and Strategic Plan,
- Participation in the drafting/ production of legislative instruments to be used by government authorities to curb the pandemic impact (Promulgation regarding the National HIV / AIDS Council & Secretariat)
- Lobbying / Advocacy for donor support targeting areas of national concern to mitigate HIV / AIDS impact

Collaboration with FBOs & other Partners

- Establishment of OSSA,
- Establishment of Mekdem and Tesfa Goh,
- Conducting counselors training,

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Conclusion

To help government curb the drought calamities, FBOs decided to create two instruments: CRDA and JRP!
The achievements recorded in mitigating life causalities country-wide is well documented and need not to be addressed here except the lesson learned of working collectively in a concerted undertakings.
Three decades later FBOs are coming together to help government effort bare fruit in the fight against the devastating pandemic.
United, their success is inevitable in the long term.
The fundamental instrument would undoubtedly be the consistent an sustained unequivocal choice of always giving the lead to concerted effort on all other form of interventions by all religious leaders and their respective teams.

Thank you!

CCRDA