

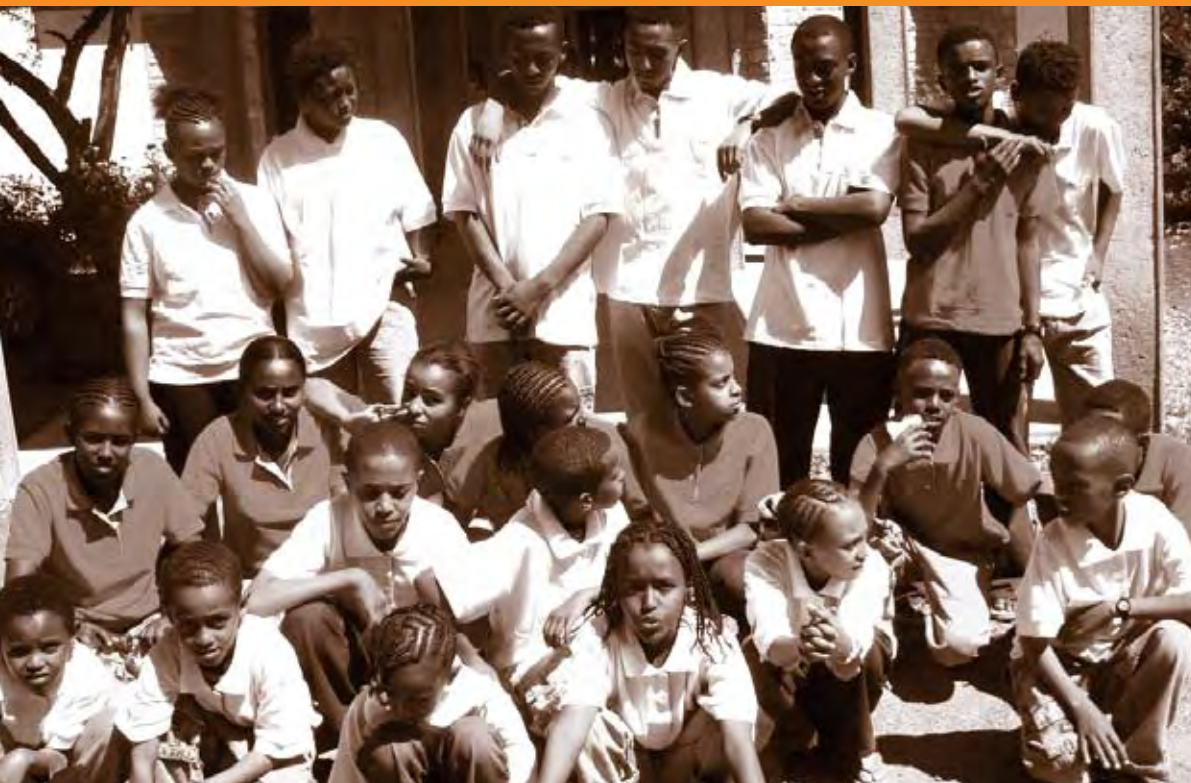


Memory Book

**memory, grief and
identity: life stories from
orphaned children**

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'There is stigma and discrimination in the community against everybody including children and adults. HIV/AIDS patients and their family are stigmatized and discriminated against. Some still consider it risky to let their children eat, exchange books and education materials, and play with a child whose mother is HIV/AIDS patient. I don't know why people behave like this. Why do they have such a destructive approach? HIV/AIDS patients do not live for long. So why should we further complicate their short life? Instead we should be caring and loving to these people so that they do not have time to think about the killer disease.'

Dereje, age 13

Executive summary

This book is the result of a memory project undertaken by Save the Children Sweden and Handicap National in a deprived area of Addis Ababa, Ethiopia, during December 2005. Eighteen children were involved in the project all of whom come from particularly poor urban backgrounds and have experienced the death of one or more parent, in nearly all cases from HIV/AIDS.

There are very important messages which come across from these moving narratives and these represent key challenges for all those working with children living in communities affected by HIV/AIDS.

Discrimination One very clear message is that there is a huge amount of discrimination against orphans and people associated in any way with HIV/AIDS. This discrimination has a powerful impact and permeates throughout these children's lives. It results in secrecy and shame about the nature of parents' illness and death resulting in much confusion and distress. Many of these children describe how they were not allowed to attend their parents' funerals or given space or time to grieve properly. It also means that they do not always have access to reliable information about HIV/AIDS enabling them to protect themselves adequately.

Another important issue is the unequal impact HIV/AIDS has upon girls and women. It is women who shoulder the responsibility for caring for families devastated by HIV/AIDS (all of the children whose fathers have died live with their mothers; none of the children whose mothers have died live with their fathers). The fact of poverty further heightens the vulnerability of women to HIV/AIDS and in some of these stories we hear of how women were trafficked to Addis Ababa from rural areas for domestic work, were involved in sex work and were compelled to marry at a very early age.

Another aspect of discrimination faced by these children is that many of them now live with their extended family and talk movingly of how they are treated differently, often as second class members

of the family, who are expected to take on a large burden of household work.

Lack of participation Many of these children describe a lack of discussion within the family concerning HIV/AIDS perhaps due to cultural influences and taboos around sexuality and death and a lack of skills in communication within the family setting. In Ethiopia, participation of children in family affairs generally is very limited and much needs to be done to convince parents that children have the right to have access to information and to participate meaningfully in plans for their future.

Right to education Although all of the children involved in this memory work are in school, it is clear that the death of their parents has compromised their ability to pursue their education either because they now have to combine work with school to support themselves, because they can no longer afford fees, because their new families are not especially supportive or because they are too deeply affected by their grief.

A way forward The most effective way of supporting children living in communities affected by HIV/AIDS is to strengthen the circles of care and influence which surround them. These circles begin with their family, their extended family, their schools, their communities and extend further out to the broader circles of the media and the legislative frameworks and policies that affect children's lives.

More specifically such programmes and policies should focus on:

- Targeting discrimination by designing education and training programmes to change attitudes of discrimination and stigmatisation associated with HIV/AIDS.
- Creating structures, systems and values which promote equity for children in terms of accessing their rights so that children affected by HIV/AIDS have an equal chance of fulfillment of their rights with particular attention to

underlying gender discrimination.

- Ensuring that all children have equal access to age appropriate information and material and services concerning HIV/AIDS. This should be through both formal channels (such as within schools and child-targeted media) as well as informal channels (such as targeted to street children.)
- Ensuring that vulnerable children in particular are protected from all forms of economic and sexual exploitation, including ensuring that they do not fall prey to prostitution networks, and that they are protected from performing any work likely to be hazardous or to interfere with their education, health or physical, mental, spiritual, moral or social development.
- Protecting children from all forms of maltreatment by parents or others responsible for the care of the child and providing resources and structures which support parents and adults in the protection of children living in communities affected by HIV/AIDS.

At a time when the numbers of children orphaned by HIV/AIDS is growing at an alarming rate in Ethiopia, these stories bear witness to the daily reality behind these statistics. They are extraordinary testimonies because of the strength and resilience with which the children confront such dramatic loss and change in their lives and also because the devastating experiences these children have had are not at all unusual but indeed increasingly common place.

It very rarely happens that children are given a space to tell their stories and to be listened to. It almost never happens to children who live in poverty and come from precarious family backgrounds; these stories are all the more remarkable for being so rarely heard. Having been heard, it is essential that the messages that they convey are acted upon by all those involved with working with children living in communities affected by HIV/AIDS.

The Memory Project

'I always miss my mother. I wouldn't have been so lonely had she been alive. Besides, she would have served me with good food when I return from school; she would have raised me in the proper way; I would have been saved the worry of finding money for the next bread, saving enough for clothing and schooling; I wouldn't have become somebody's laundress; I wouldn't have been insulted by some as a child who burned her mother to death.'

Meron, age 16

Objective of the memory project

The overall objective was to enable orphaned children in a deprived area of Addis Ababa to talk freely about their feelings and experiences in a safe and supportive environment. It was intended that this be an empowering process for the children involved and that it should enable them to develop strategies for coping and to learn from one another. In the process of remembering their bereavement, central issues of identity, memory and heritage were clarified and a narrative emerges from them relating how and why their parents had died and the repercussions this has had on their lives.

It was also intended that by giving these children a voice, the larger community could benefit and learn from them; in particular it is hoped that the telling of these stories will enable surviving parents and extended family members to provide the support these children need and that the broader community in which they live can in turn understand and support these children and their families in a better way.

Who took part?

Twenty-four children, twelve boys and twelve girls, between the ages of 9 and 17 participated in the memory book project although only eighteen completed their life stories. They were selected in order to represent different groups in terms of gender, age, cause of parental death, current living

situation and geographic distribution.

All but one of them has lost one or both parents. The little girl whose parents are both still alive has a mother who lives with the HIV virus. All go to school and all live in and around Arat Kilo and the Parliament in central Addis Ababa both of which are very deprived neighbourhoods where the most common forms of employment are housework, laundry, shoe shining and sex work.

Ethical Considerations

The project was conducted in a participatory and child-friendly way to enable the children to share their stories openly. Psychosocial support services were provided to the children during and after the consultations in order to diminish any trauma they may experience in the story-telling and to help them cope with their grief.

Furthermore, essential ethical considerations were taken into account. All of the children and their guardians or extended families gave their consent to take part and to have their stories and pictures published. It was agreed that all information would be gathered and used in a transparent manner and it would only be used taking into account the best interests of the children and respecting the dignity and privacy of the families involved.

An Empowering Process

It was vital that the whole process be as empowering as possible for those involved

and that the techniques used to gather information enabled an appropriate environment to build the children's self-esteem, encourage the sharing of experiences and initiate learning and discovery. Children were the principal source of information. Information from other sources was used only to substantiate data gathered from children and sometimes to verify certain facts. The adult researchers' role was limited to collating the stories told by the children in an organised manner.

The stories were gathered during the course of three workshops held over consecutive weekends lasting seven days in total. Different techniques were deployed to ensure that the children felt comfortable and happy to talk openly. These included a series of one to one interviews with both the children and their parents or guardians, drawings, poems, essays, negotiation exercises amongst the children themselves to agree upon the worst things said about orphaned children, role plays, playing, games, entertainment, group work, photography, artwork and worksheets. Parents and guardians were also interviewed in order to enrich the children's stories and to seek clarification (this was particularly important for some of the younger children whose narration of events could be uncertain at times).

As a means of ensuring that children were actively involved in their story-telling, drawing was used a great deal dur-



ing the workshops. Specifically they were asked to draw a time line highlighting important events in their lives and then to draw a special memory of a deceased parent and anything that depicted their loss, grief and worry. There was also a group drawing of community and health mapping to help them identify important places and health problems in their community and their feelings towards them.

Children were also given assignments to complete at home writing about their memories of their parents, their grief and loss as well as their relationships with current guardians and other family members.

Every child participated in the preparation and presentation of two role plays which focused on the treatment of orphans at home, in school and in the community. Furthermore, worksheets were prepared to substantiate some of the data and information gathered using other methods. These included: Basic information about

me, What I hate about what people say to me, What I do during the day, My family members and how I feel about them, and What I want to be in the future.

The workshops involved small group and plenary discussions on different issues including the role of the community and the extended family in bringing up children, the advantages and disadvantages of living in an extended family situation, the importance of letting go of grief and loss, care and support services available in the community, and what should be done to improve care and support services to orphans.

Two poetry assignments were given to the children. One was entitled "I hate HIV/AIDS" while the other was open for the children to choose a title. Children were also given cameras to take any pictures they chose during the workshop and at home. Finally, there were many organised entertainment activities which were led by the children and included a poetry

recital, campfires, a fashion show, singing and dancing.

Active Participation

Throughout the process the children themselves were active participants who played a role in defining topics for the plenary discussions, the sequence of the workshop activities and the group formation and participation. They also formed their own task forces which enabled them to manage their time, collect feed back, be event and entertainment organisers, child protection personnel, and overall advisors and coordinators.

Given that ethical considerations were taken into account and a wide variety of proven participatory techniques were deployed, the process of gathering these children's life stories was very successful and the stories which follow were told freely and willingly in a supportive and caring environment.

'I always remember my father and think about what I lost due to his death... I resent the fact that I was denied the opportunity of visiting him when he was in hospital. I begged and begged my aunt and uncle from my father's side to take me to where he was being treated. They promised to take me there but no one actually ever took me. I have resented it all my life and I hate my relatives who have denied me this chance. I only wanted to see him, tell him about my love for him and say goodbye.'

Amanuel is a nine year old boy who lost his father when he was seven. He was born in a village in the Kobo district - Northern Wollo, Amhara Region.

Amanuel's parents married young and his mother was just fifteen when she gave birth to him a year after her marriage. This is common practice in the Amhara Region. Amanuel's father was a local businessman engaged in the trading of cattle, camels, sheep and goats.

The name given to Amanuel by his father was Mengesha, even though no one calls him by that name any more.

My father was a trader who was always going away somewhere, staying away for many days, and coming back with lots of things. I clearly remember his departure and his arrivals from these business trips. I was sad when he went away and when he was not around the house. On the other hand, I was happy when he came back because he used to bring me lots of things from his trip such as sweets, sugar-cane, fruits and new clothes and shoes. When he returned from these trips, I used to run towards him, grab and hold him tight, hug and kiss him. He would then lift me up and say, "Mengesha I have come back to you." He would then ask me about how I was doing

in his absence, if I was well and about the condition of the cattle and sheep I herded. I have looked after cattle and sheep since I was a little boy. It was only after we moved to our house that he started to give me the presents he brought from his trips. Not only that, I also remember him taking me to the nearby urban places (like Woldia and Kobo) where I would be offered delicious foods. He bought me lots of other things that I liked at the time, including footballs, balloons, candies, and whatever I asked for.

We were well off because my father was a wealthy man and we had lots of cattle and sheep. Our good life was not however to continue for long. My parents contracted TB and the wealth of the family was spent on their treatment. Even though both were sick, it was my father who got sick more frequently. He was finally admitted to Woldia Hospital, where he died soon afterwards. My mother was seriously sick after the death of my father and there was little money left for her treatment. Fortunately her sister, came from Addis to rescue my mother. Her sister flew back to Addis with my mother leaving me behind with my uncle and aunt. I remember nothing but physical punishment, starvation and verbal abuse while living with these relatives. I came to Addis with my mother who came back for me after her recovery.

I always remember my father and think about what I lost due to his death. My mother is not good enough and active to fill the gap created by my father's death. I resent the fact that I was denied the opportunity of visiting him when he was in hospital. I begged and begged my aunt and uncle from my father's side to take me to where he was being treated. They promised to take me



there but no one actually ever took me. I have resented it all my life and I hate my relatives who have denied me this chance. I only wanted to see him, tell him about my love for him and say goodbye. I currently live in Addis with my aunt. My mother is also around, even though she is mostly sick and in bed. My aunt takes care of me even though she is a mother of four and is a daily laborer. I have reached third grade due to her support and encouragement.



Amanuel 10

Age 10 Education 3rd Grade Student
Parental Information Father died in 2003. Mother is alive but feels sick all the time **Living circumstances** Lives with his aunt and mother. **Future plan** To be a pilot or train driver.



Anteneh 15

Age 15 Education 7th Grade Student **Parental Information** Father died in 2001. Mother is alive. **Living circumstances** Lives with his Mother. **Future Plan** To get educated and help my mother.

Anteneh’s father died four years ago and he lives with his mother who is a daily laborer. He shoe shines to earn money to buy clothes and to cover his education expenses. His also has savings to be used in an emergency.

Last month, his mother fell sick with typhoid and she had no money at her disposal. She used Anteneh’s savings to get medical attention and to buy antibiotic drugs. Anteneh is proud of that contribution.

He also tells stories of the suffering and hardship his mother endured to ensure his survival and development.

My mother is originally from Gondar, Amhara Region. She was brought by her aunt to Addis on the promise of continuing her education. She did not pursue her education for long. One thing she got from her education was acquaintance with my father and ultimately me. My mother is



now a daily-laborer who does all sorts of things including selling home-made bread (Ambasha), laundry for other households, and cleaning honey shops. I also earn an income as a shoeshine boy. We use the money she gets to cover the house rent while my income from shoeshining is used to cover other livelihood expenses including food, clothing, water etc.

My father was a soldier during the Dergue Regime. He died when I was a third grade student, four years ago. I am now a grade seven student. My father was separated from my mother after my conception and has another family of two daughters. I have known about the identity of my father since I was a little boy. I also lived with him and his family briefly some years back. My step-mother was so unkind that I came back to live with my mother after only a little while.

I am called after my grand father as my father was not around much when I was born and not at all when I enrolled in school. I then went with my mother and she gave me the name Anteneh Tegegn instead of Anteneh Demissew. I remember my father very well before he fell sick and while he was sick and in bed. He was addicted to many things including ‘chat’, cigarettes and alcohol. I was very close to him before his death.

My father called me when he got seriously sick and told me he felt that he was dying. My mother took me to see him and I visited him on a regular basis afterwards, till his death. He told me that he was sick with tuberculosis. I do not know if he was telling the truth or not. And when I asked him for a medical certificate he refused to show me saying that it was not something for a kid to see. His illness was so horrible.

His cough was so loud and continuous. He could not move by himself. He also smelled bad when you went near him. His body was full of rashes and swollen glands. He gave me some advice while he was so sick. He said, “Take care! Everything in this world is worthless. Get yourself free from any form of addiction. Learn from me, your father. It is as a consequence of my bad conduct that I am suffering in such a way and you see me like this. The disease is killing me and I am suffering so much lack of dignity. Do not consider having multiple sexual partners when you grow up. Take care of your sexual behavior when you grow up. I am telling you all this as you are my first son so that you will not repeat my mistakes”. I cried and cried when he died remembering his situation and his affection towards me.



‘My father called me when he got seriously sick and told me he felt that he was dying. My mother took me to see him and I visited him on a regular basis afterwards, till his death. He told me that he was sick with tuberculosis. I do not know if he was telling the truth or not. And when I asked him for a medical certificate he refused to show me saying that it was not something for a kid to see.’



Asrat 13

Age 13 Education 5th Grade Student **Parental Information** Father died four years ago. Mother died five years ago. **Living circumstances** Lives with three brothers and a sister. **Future plan** To take care of children who are infected with HIV/AIDS.

Asrat has lost both parents as well as her two sisters and a brother. She now lives with two older brothers, one younger brother and a sister. She is 16 and a fifth grade student.

Her mother was born in Addis Ababa while her father was from Wolayita, Southern Region. Everything in her life seemed to collapse after the death of her mother five years ago.

Her father died a year later followed by her brother and two sisters.

I was ten or eleven when my mother died. She died of TB after taking medicine for 60 days. First, my father contracted malaria; but it turned out to be TB later on. My father was treated in bed for three years but my mother was not in bed that long. My mother was serious and impatient. She was easily angered by her children and what we say or do. My father, on the other hand, was so innocent and patient. He asked after our health, checked if we were

'My father....was so innocent and patient. He asked after our health, checked if we were given enough to eat, and how we spent our day in school. He loved listening to our blabbering about school and what we came across on the way to and from school. He also taught us the alphabet and words. He had time to spend with us.'

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I have also lost two sisters and a brother. One of my sisters died of HIV/AIDS. She had a journalist partner, who also died in the same way. She was hospitalized in Yekatit 12 Hospital and died there. She knew that she tested positive for HIV/AIDS. My second sister died after she was betrothed to a friend and became mentally sick since then. We never understood the cause of her illness. She was acting like a crazy person and refused to go to a hospital denying that she was sick. My brother died of an acute stomach disorder. We never helped these two to have access to health services due to lack of money. Five of us are now living in our parent's house. Basically everyone in the family looks after himself or herself. However, everyone helps everyone else when the need arises. We share all the expenses including power supply, water and sanitation. Cooking, cleaning and washing clothes are the job of the female members of the family. The household is headed by my sister, who is a year older than me. She serves in a pastry shop which is more respectable than what I do. I earn my living serving as a laundress for three households. I do not have much time to study. I am always busy either at work or doing household chores in our house.

I have lost many things as a result of my parents' death. I am not following up my education to the best of my potential. I am



engaged in a job that is degrading. I am forced to shoulder responsibility that is not compatible with my age. The agony and suffering that befell our family is unbearable. I am surviving it by joining hands with my sisters and brothers. Our family does not mix with the people in the neighborhood. There seems to exist an unwritten rule to stigmatize and discriminate us because we lost so many in the family.



Aster is sixteen and her father died ten years ago. She says that her life at present exposes her to sexual abuse and exploitation.

She lives with her mother selling home-brewed local beer (tella) around Arat Kilo, where prostitution is also common. Tears roll down her cheeks when Aster talks about her mother. She is afraid of losing her mother especially after the deterioration of her health. She regrets the kind of life that her mother has lived and she wants to better it for the sake of her mother.

I lost my father when I was just six. Yet, I still remember my father. I guess this is because my mother told me a lot about him. She told me that he loved me very much as I was his only child. I remember him buying me shoes, clothes, etc. He used to buy me whatever I asked for. My mother also told me that he loved me more than himself.

When I was around six my father became very sick and he passed away. I heard from people that he died of TB but at that time I did not know the health problem he had. The only thing I knew then was that he was very sick. He was in bed for a very long time. I also remember the day he passed away. Neighbors told my friends to take me away from home so that I wouldn't know about his death. I asked people what happened in the house and why there were so many people around. Their response, to my dismay, was that someone had died; that was all. Later I asked my mother where my father was and she told me he went to the regional states because he felt better and needed to work.

My mother was a sex worker before she met my father. She stopped it after she met him. She stayed at home and took care of the family because my father earned enough money to support his family. He used to buy me things that I have asked for but after my father's death, my mother started to work again as a sex worker because she had no skill or any other way to generate income. She sup-



ported us with the money she gets from it. I have come to know about the situation she is in because she often says, especially when she is angry with me or when frustrated by life, "I sell my body to feed and clothe you".

Now we earn money by selling "tella" at our house because my mother is sick. My mother opened the "tella bet" four or five years ago. My cousin and I help my mother with the preparation of the drink, in serving it to customers, in collecting the bill as well as in taking care of sanitation tasks like washing glasses, cleaning the table, etc. Serving tella to customers is a very difficult and risky job. People get drunk easily and when they are in that state their behavior completely changes. They start

to say nasty things to me. They ask me to sit next to them or something like this. Sometimes they even insult my mother. It is very bad work to do. I feel very sorry about my mother's sickness. She is very weak but I do not know what her actual problem is. When her sickness started, it was herpes zoster but then this changed into pneumonia, now she is not well most of the time. I hate to see her suffer.

I spend my spare time with my friends. I have friends from my neighborhood and some from school. I failed my grade seven exams. The class was tough. I had also no time to do my homework because I was too busy at home. I usually do my homework at school because I know that I will not be able to do it at home.



Aster 16

Age 16 Education 9th Grade Student **Parental Information**

Father died ten years ago. Mother is still alive but unwell.

Living circumstances Lives with her mother and cousin.

Future plan To go abroad and change my life and my family's.



'I am not performing well in school largely due to my grief. I cry at almost anything. All my family members, my friends and some of my teachers know that I cry easily.'

Bethelihem is eleven years old. Her father was a truck driver from Jimma-Oromia who died of pneumonia and TB four or five years ago. Her mother has been seriously sick but recovered after she went to hospital and was treated for an extended period of time.

Her grandmother says that Betty's mother has not left the compound where she lives since the death of her husband. Betty has also lost an uncle, who was like a father to her, due to pneumonia and TB.

Betty is profoundly affected by the death of her father and uncle and her mother's situation. She is constantly on the verge of crying when discussing her double loss and issues of parenting.

My father died when I was four years old. Although I don't remember him in detail, I do remember him buying me clothes and that he was sick for sometime before his death. I have heard that he was suffering from TB. My mother is alive but she gets sick now and then. For some time now she has stopped socialising and mixing with other people due to her sickness. I do not know exactly what the cause of her sickness is. I am not that much attached to my mother. I grew up with my

grandmother, who lives with my aunts and uncles, in an extended family. I started to live with grandma after the birth of my little sister, Kidist, when I was two years old. I was here with my grandmother when my father died.

My father was buried in Jimma where his mother lives. My mother and sister joined the extended family immediately after the death of my father. The head of the larger family was my Uncle Henoc, whom we call Chuchula. He was like a father to me. He died last year after catching TB while taking care of a very close friend of his. He was barely thirty when he died. It is his loss which has affected me a great deal. Chuchula was my protector, provider and father-figure. He used to tell me funny stories and tales. He used to help me study very well. He used to take me out to different places including to Anbesa Gibi (the only zoo in the city), to different restaurants, pastry shops and



garden squares. Chuchula was a carpenter who built and painted houses. He was the one who used to buy me new clothes every major holiday including Christmas and Ethiopian New Year. He was also responsible for covering my education fees and related expenses. I lost my father but Chuchula was around. I lost Chuchula and there is no one left. And my mother is not always healthy, and even when she is, she prefers doing household chores to taking me out.

Life for the family is not easy because of the death of Chuchula. My grandmother sells 'injera' (pancake bread) and 'anbasha' (traditional bread) to earn an income. One of my aunts is a bartender and the other weaves traditional clothes. Thanks to the joint effort of the family members, we do not have to worry about dying of hunger. I attend my education in a public school and my aunt pays the fees. I am not performing well in school largely due to my grief. I cry at almost anything. All my family members, my friends and some of my teachers know that I cry easily. I cry when my friends tell me about the time they spent with their father and the clothes their parents have bought them, when there is any discussion about parent-child relationships, when I see a father taking care of his child, and if anyone attacks me verbally. I have become a very sensitive child who cries very easily.

Bethelihem 11

Age 11 Education 4th Grade Student **Parental Information** Father died 4 or 5 years ago. Mother is alive and not well. Uncle died a year ago. **Living circumstances** Lives with her mother and grandmother. **Ambition** To be a doctor and help people who are suffering from diseases such as HIV/AIDS.



Bizuayehu 12

Age 12 Education 3rd Grade Student **Parental Information** Father died 6 months ago. Mother is alive. **Living circumstances** Lives with her mother, a brother and two sisters. **Future plan** To be educated and support my mother and orphans.

Bezuayehu lives with her mother, younger brother and two older sisters. She is 12 years old and a 3rd grade student. Her grandmother and uncle live next door to them.

Bezuayehu feels very comfortable talking about her family, especially about her father. She talks repeatedly about how close she was to her father but does not talk about her mother much unless she is asked directly.

My father was a soldier and lived most of his life in military camps, and we never had a chance to spend sufficient time with him. I remember that we used to move from place to place. My father used to give money to my mother after we settled here in Addis. The money was not enough, however. Hence, my mother sold bananas, charcoal, etc to support the family. Sometimes my mother had to write many letters to get a reply from him or to get money. My mother also went as far as "Badme", the place of his last assignment, together with me and my younger brother. We went to see him and brought back some money.

My father came back to Addis from Badme and lived here for five years till his death six months ago. The cause of his death was TB. He got sick after he came to Addis. He first had a cold and then it developed into pneumonia and then it changed to TB. My father had the habit of drinking and then quarrelling with any member of the family. He had once come home drunk and tried to hit my sister with a pestle claiming that she had disobeyed him. He was arrested and detained for

three days. That was not the only day that he was drunk. He did it habitually. My father continued getting drunk even after he was sick of pneumonia. He got drunk everyday and he would do anything to drink. He once sold a tape recorder my mother bought.

He became very sick and unable to go outside for two years or so before his death. He became thinner and thinner and he coughed day and night. He was a different person to who he had been while he was in the military; the comparison brings tears to your eyes. He himself used to cry when he looked at his earlier photographs. He used to cry a lot in the evenings, after we all slept. I heard him crying most of the time. I then started weeping with him but without letting him know about it. I felt sorry for him most of the time because he cried a lot after we slept and because he looked at his photograph with anger and sadness. My father loved me a lot. I was his favorite child. When he and my mother quarreled over something he let me stay and sleep with him. I loved him for allowing me that opportunity. My mother is very strict. She is also very cruel when punishing us. She once broke my fingers and burnt them because I was hungry and ate more than half of the bread I was asked to buy for my younger brother. The injury was so serious that my father took me to hospital for treatment.

Six months ago, his sickness got worse and my mother took him to hospital where he was admitted. I never saw him again after that. My mother used to go and visit him but she refused to let us go. He

passed away after a few days in hospital. Surprisingly, just before he died he told my mother that there was Birr 300 (approximately USD40) in a pillow case. He told her to use the money for his funeral. It seems that he knew he was dying and he was getting prepared for it.



'He became very sick and unable to go outside for two years or so before his death. He became thinner and thinner and he coughed day and night. He was a different person to who he had been while he was in the military; the comparison brings tears to your eyes. He himself used to cry when he looked at his earlier photographs. He used to cry a lot in the evenings, after we all slept.'



Binyam 16

Age 16 Education 6th Grade Student **Parental Information** Father died in 1994, apparently from HIV/AIDS. Mother is alive and is HIV positive. **Living circumstances** Lives with his mother. **Future plan** To be a football player because in football Ethiopians always come last and I want to improve that.

Binyam is a thoughtful boy who tries to overcome the challenges of accepting and living with his mother’s HIV positive status. His mother is open and frank about her HIV status, including to him, which is rare in Ethiopia mainly due to the attached fear of discrimination and stigma. His mother is also proud of her close relationship with Binyam, who is to her “a lovely son, an intimate friend and a brother”.

My father was a major in the army. He died in 2002. He died, I believe, of HIV/AIDS, even though we were told that TB was the cause of his death. My father used to come home every two or three years. I was a little boy but I remember him as a middle-aged person. I also recall that he either bought new clothes for me or bought me some here. I had no private



time with my father outdoors and he was never at my birthday which was celebrated till I was ten.

My mother is employed at the Ministry of Defense, formerly as a cook and now as a cleaner in the military hospital. She has been tested HIV positive and she lives with the virus taking anti-retroviral drugs. It was last year she told me about the HIV/AIDS virus in her blood. I was shocked and very angry when she told me about it. That information was so disturbing that my school performance was not good last year at the end of the first semester. I stood 8th in the class, which is my lowest mark as far as I can remember. In the meantime, she was telling me to accept and live with the fact of her virus like her. I am very close to my mother. We have a culture of openness and discussion between mother and son. As a result of access to mass media and regular discussion with her I have finally got over the shock and frustration caused by the news of her HIV positive life. I have also improved my school performance since I came to terms with the fact of my mother’s status.

It never crossed my mind that the virus could be transmitted from her to me because both of us have basic awareness. We are also careful not to share sharp materials and tooth brushes. I am now used to living with my HIV positive mother. I am as happy as I was before the knowledge about my mother’s HIV status. I am even closer to her than before. She helps me in my education and I do my best to help her in almost everything. We are happy with our life together and it is my hope that this will last a long time.

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Dereje is a 13 year-old who has lost both parents and he now lives with his elder sister and brother. He is a seventh grade student.

Dereje is at present suffering from seizures. He experiences them in school, on his way to and from school or anywhere at home. He does not know what causes the seizures. He wakes up somewhere and finds people all around him giving him encouragement. He wishes his mother were alive so that she could do something about his illness.

I do not remember much about my mother. I was a little boy and in grade two when she died. I know however that she was a young person and beautiful. I also remember that she cared about my health and education. I have also the memory of her seeing me off to school. She was sick and in bed for sometime before her death. I do not know what caused her death.

I have a full recollection of my father's death, on the other hand. My father died when I was in grade four, which was three years after my mother died. He was a truck driver who lived in Mekele. He used to send money while he was there. I remember the day he came from Mekele. He was so sick and thinner than I remembered him being. He came in a taxi and people supported him to get out of it and move to our house. I do not know what he was sick with. I thought he had had a car accident. I was not allowed to go near him. He discussed things with my sister and brother. He stayed sick and in bed for some time before he passed away. During all those days, it was my brother or sister who sat beside him, took care of him, took him to hospitals and so on. I was always told to go away and not go near him. I never sat in the house while he was there; I went out and played with other kids. My father had some money when he came from Mekele, which he spent on his medication.

I lived with my sister and brother after the death of my parents. I know that my sister is doing her best to take care of me.



Dereje 13

Age 13 Education 7th Grade Student Parental Information
Father died three years ago. Mother died five years ago. **Living circumstances** Lives with his brother and sister. **Future plan** To eradicate HIV/AIDS from Ethiopia because it is killing many people.

She has left school and started to do all sorts of menial jobs. My brother is also doing his best to be a role model and care provider for me. They have never beaten me or done anything that would upset me. They do not pressure me to study too hard either. Instead, they advise me to take life easy and to relax. Not only my family but also everybody in our community is so caring and loving that I feel indebted to them. Nonetheless, deep in my heart, I feel that my mother would have done something about my seizures. She would have taken me to where there is a cure for it, be it hospital or holy water. I was getting sick once a week in the beginning, but the frequency is now increasing but I do not know the cause of this. The sickness is affecting me very much and hence I ranked last in my class. I was performing well till grade sixth. I used to sell chewing gums and tissue paper to earn money but I stopped doing that after my sickness and my sister took full responsibility to provide for us.

There is stigma and discrimination in the community against everybody including children and adults. HIV/AIDS patients and their family are stigmatized and discriminated against. Some still consider it risky to let their children eat, exchange books and education materials, and play with a child whose mother is HIV/AIDS patient. I don't know why people behave like this. Why do they have such a destructive approach? HIV/AIDS patients do not live for long. So why should we further complicate their short life? Instead we should be caring and loving to these people so that they do not have time to think about the killer disease.



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'Don't ask me about what I miss as a result of my mother's death. It means I have no one to care for me. I don't mean about clothing and material things. I was so stupid that I wouldn't have imagined what it means to lose your parents, especially your mother. It means a big hole in my life.'

Gezahegn has lost both parents. He is the youngest child in the family and has three older brothers. He was born and currently lives around Arat Kilo. He joined the children involved in this memory book a little late, after the first workshop. It was, however, easy for him to settle in and become part of the project. He has an interesting story to tell.

My father died when I was six years old. I believe, and my siblings would also agree, that the cause of my father's death was not HIV/AIDS. I do not remember much about him. What I remember about him is that he was elderly with grey hair. I also remember some things about the funeral and the gathering of many people afterwards. I know a lot about the death of my mother, its cause and the life of my mother preceding her death. My mother, who was a cleaner in a government office, died of HIV/AIDS after a long period of illness, spanning four to five years. My mother had a sexual partner after the death of my father. Everyone in the family knew him and about the relationship. My mother went for the virus test long after everybody speculated about it and she knew deep inside her that it would be positive. She didn't tell me on her own free initiative about her HIV positive status. I learned about it accidentally and then told her about it to her dismay. She preferred my ignorance.

My knowledge about her HIV status never affected my relationship with her. I attended to her devotedly and careful-

ly. I was the closest person to her in the last months, weeks, and days of her life. It was my younger brother, me and my mother who used to share a single room residence, in the five year long period of my mother's illness. I was thus running around doing chores all day long. I was sometimes relieved of that duty when my youngest brother came home at night. My tasks included all the household chores and attending to my mother. Laundry was the only task given to others thanks to the contribution of my brothers, who also contributed money for other expenses.

Things went relatively better after the acquittal of my oldest brother, who was accused of a criminal offence, and his immediate employment in the local government structure. He was so responsible that he used to regularly come and check on our and our mother's situation. It was however unfortunate and sad that my mother was getting weaker and sicker. She died on September 3, 2005.

Attending to my sick mother was a full time commitment and quite an experience for me. I have learned to be patient because of it. My mother's demands were so many. I particularly remember the difficulty of feeding her. She hated the smell of food. I had to beg her for so long and so patiently so that she would take just one or two bites. I remember one day when she demanded leftovers from hotels. I had to try to make the food look like it came from a hotel before serving it to her. Even then, she took only a mouthful and told me that she was satisfied. There were times when I used to burst out crying in the midst of attending and taking care of her and she always got the energy to rebuke me. (she would say "atamuartbign"

which literally means don't call the demons of death or don't portend my death).

I have also learned that goodness pays and there are some good persons in the neighborhood. I am referring here to our neighbors who used to care for my mother and helped us in handling her and the household, sometimes even in our absence; such as when I went out to earn some money as a plumber's assistant, or to solicit aid including food and medication or for any other anti-HIV/AIDS initiative in the kebele (community organisation). Everybody was helpful to my mother. I attribute this to my mother's good nature and helpful behavior when she was healthy. She was known as a kind person who enjoyed doing good to others. I can boldly say that I am the most affected member of the family by my mother's sickness and death. I was attending my education in the best public school in Arat Killo (Sillassie) where the schooling was better than government schools. I was then moved to a government school because my mother couldn't afford to pay the school fees. I stayed there for two years then I was forced to quit my education wholly to attend to my sick mother. I am now a seventh grade student while my peers are in the tenth grade.

Don't ask me about what I miss as a result of my mother's death. It means I have no one to care for me. I don't mean about clothing and material things. I was so stupid that I wouldn't have imagined what it means to lose your parents, especially your mother. It means a big hole in my life. I particularly miss her during holidays and the preparation for them. And unfortunately, I have no one who could be a mother figure to me.



Gezahegn 18

Age 18 Education 7th Grade Student **Parental Information** Father died in 1987. Mother died Nehassie 27, 1997 from HIV/AIDS. **Living circumstances** Lives with his two brothers. **Future plan** To be a doctor and support orphans.



Meron 16

Age 16 Education 8th Grade Student **Parental Information** Father died in 2003 from TB. Mother died in 2000, also from TB
Living circumstances Lives with elder sister, Fikirte. **Future plan** To go abroad after I finish my education and come back with lots of money to educate and provide for orphans.

Meron's parents have both been dead for five years. She does not know much about her father and the cause of his death. She knows something about the circumstances and death of her mother however. She is an 8th grade student in one of the public schools where monthly fees are paid and class attendance is day long from 8:30-4:30.

Meron's current situation shows that she is stressed and vulnerable to sexual abuse and exploitation. Without the proper care and follow-up and considering the neighborhood she lives in, it is highly probable that she could become a sex worker, particularly considering the fact that she lives in the midst of people in that business.

My father died when I was five years old. I don't know the cause of his death. He was not with us when he died; my parents had been separated for a long time. I remember my mother taking me to visit him and he used to give me some money to buy candies and biscuits. I only knew that he was sick before he died. I am his only child.

I know a lot about my mother and the cause of her death. She died of TB after staying in bed for some time. She was so sick in the last two months of her life that she could barely speak. I also remember that my mother had a sexual partner I know of after the death of my father. He used to come and sleep with her frequently. I am not alone on my mother's side of the family. I have an older sister whose father is dif-

ferent from mine. My mother never had a job. She earned income to raise us by selling home-made bread, and by working as a laundress or as a caretaker of any household chore for different households. That meant there were no savings when she fell sick and stayed at home, which was often the case for about two years. Secondly, it meant someone had to go to work and earn an income. Hence, my sister and I were on the street earning money by selling chewing gum and providing change for taxis (1Birr for 0.95 cents). My sister was also working as a daily laborer to get additional income for our subsistence. The money we got from this work barely covered the necessary expenses for our survival. As a result, my mother had to also wash clothes and the like whenever she felt healthy and strong.

My mother knew that she was dying and she was very much concerned about me as I was the younger child. I was also responsible for taking care of her during her illness. I used to get her up to feed her and she always advised me to take care of myself and to take my education seriously. She frequently threw up, so I had to get something for her to vomit in to. She had also a problem of diarrhea, which was uncontrollable in the last days of her life. She used to give me and my sister a lot of advice. She advised my sister to take care of me after her death. She even asked my sister to promise that she would take care of me and support me in my education and that she would not abandon me when she was better off, and that she should leave the house for me if ever she was to get married.

However, my sister has not kept the promises she made to our dying mother. First, she got married and started to live in our house with her husband. She then promised to cover all my education and living expenses. I said ok but we lived only for a year in peace and harmony. Then, my sister failed to be caring and concerned about me and worse still, she started ordering me around as if I was her slave. She wanted me to take care of her newborn daughter and do all the household chores. Besides, her husband was selfish and unconcerned about me and my needs. It was clear that nothing was going according to my mother's wishes. Consequently, I had to leave my sister and her family to start living with a woman who is like a grandmother to me. She is my mother's aunt and the one who raised my mother. I didn't stay for long even there, not for the fault of my grandmother, but because of her son. He never considered me as a member of the family. He used to beat and insult me.

As I had no better choice, I had to come back to our house to live with my sister and her family. However, this time, I was living on my own. We only shared the house. We did not eat together. I sleep in a very high bed that is close to the ceiling to save space. I climb the bed with a ladder. I earn an income as a laundress with which I cover all my expenses including the monthly school fee. Close relatives and her friends have tried to reconcile me and my sister. We never made peace, because she blamed me for everything instead of apologising.

I always miss my mother. I wouldn't have been so lonely had she been alive. Besides, she would have served me with good food when I return from school; she would have raised me in the proper way; I would have been saved the worry of finding money for the next bread, saving enough for clothing and schooling; I wouldn't have become somebody's laundress; I wouldn't have been insulted by some as a child who burned her mother to death.

Meseret was born in Yeju-Wollo, Amhara Region. She came to Addis Ababa when she was five just after her mother had died of TB. She was brought to Addis by her aunt, her current guardian, who went to Yeju to visit her brother after the death of his wife. Meseret's aunt recalls that Meseret's father begged her as follows: "Please, take her with you. Give her food from the leftovers of your children to eat, old and worn out clothes to wear. It is good if you get shoes to give her. If not, let her walk on her bare foot. The main thing is she gets the opportunity to go to school".

Meseret has lived with her aunt for more than ten years. Meseret is now a mature seventh grade girl who also earns an income of her own.

My mother died when I was a little girl. I don't remember how and why she died. I only recall the mourning in our house at the time of her death. I don't remember anything about my father and I am not sure whether he is alive or dead. I grew up under the guardianship of my aunt considering myself to be a full orphan; my father is a dead person to me. Yet, I do not tell others, including my friends, that I am an orphan. I let everyone believe that my aunt is my mother.

My cousins, whom I also consider to be my sisters and brothers, are all older than me. My aunt didn't raise me as an equal to them and my cousins never considered me so. I grew up wearing their worn out clothes, washing their clothes, cooking for them, eating their leftovers. In short, I was their housemaid. To them, I have always been the



destitute relative from the rural area who is better off in their house and whose first obligation is to serve them and the family. There are also times when they beat and degrade me, sometimes in front of others. There are also times when they would suggest that I can be nothing but a whore particularly, if I get my hair done, or buy a new dress, or wear something clean and nice. They believe that I deserve maltreatment and discrimination just because I am an orphan.

There are times when my aunt speaks up on my behalf against her children but that is the exception rather than the rule. I never accepted servitude and low esteem. I only consider myself unlucky. It is my destiny to grow up without knowing the true meaning of parental love, and love among siblings, cousins or close relatives. Discriminatory treatment follows me everywhere when I am around my relatives. I have become more and more assertive and independent recently. That is, after I failed my grade six exams and after joining a private school. I had thus to start earning money, since my

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aunt was not able to pay my school fees in the new school. Having my own income, I started to challenge discrimination and unequal treatment. I earn an income, selling 'kollo' (roasted cereal) and by making hand made paper files/ folders. I may earn 30 to 40 Birr (approximately USD 5) a week by producing these paper files.

The problem is that the job is not regular. I still live with my aunt and I still take care of the household chores. I still go to school without breakfast and come home having nothing to eat unless I cook for the family and myself. I still wait up for my cousins and other members of the family in the evenings; I will only sleep after everyone else is fed and has gone to sleep. I have no enthusiasm for holidays, as I do not know its meaning. I envy those children who enjoy holidays with their parents. I also envy those who have time to play. I can only play in school, where no one reminds me that I am an orphan



Meseret 15

Age 15 Education 8th Grade Student **Parental Information** Father is assumed alive. Mother died when Meseret was 5 years old **Living circumstances** Lives with Father's Sister. **Future plan** To go abroad and do better. Or to be a business woman, get enough money and support those children who cannot provide for themselves.



Mikias 12

Age 12 Education 6th Grade Student **Parental Information** Father died three years ago. Mother is alive **Living circumstances** Lives with his mother. **Future Plan** To complete his education successfully.

Mikias is a single orphan who lives with his mother. She is not educated and has no reliable source of income. Mikias says that they live on the money his mother gets by renting a room to strangers at the rate of Birr 10 a night (approximately USD 1). He also says that people around the kebele administration give his mother money for reasons he does not understand. Mikias has two brothers older than him who now live with a grandmother from their mother's side in Adwa.

I live with my mother and my father died of TB three years back. He was a policeman here in Addis Ababa. He got sick due to the nature of his profession. He was exposed to cold because he had to work in the evenings. I remember him coming in at night to eat his dinner and go for

duty. I remember him buying me clothes during holidays, bringing beef home (and lots of it), buying me a ball and wearing uniforms. He was diagnosed with TB and he decided to go to his homeland to die. He was a Tigrean from around Mekelle. He said, "It is better to die in the village where my mother lives. She will take care of me till my death". My mother and I saw him off when he finally went to his mother and his homeland. He traveled by bus and we went together with him in the bus as far as Megenagna (a neighbourhood in Addis). We then said good bye to him and came back home by taxi.

We heard about his death first from his friend who came to our house crying, to inform us about the death of my father. My grandmother also confirmed his death by calling us from Mekelle. Life is not good since the death of my father. We cannot



be sure that the room, which is our only source of income, is rented everyday. There are thus times when we may not eat anything for the whole day. I have also had the experience of begging for food from our neighbors. This was especially the case before we started renting the room in our house. My father's employers refused to allow us to benefit from our pension rights saying that the cause of my father's death was not known. They think that he shouldn't have gone to Mekelle to die. It would have been good if he had died here in Addis. It is difficult for me to understand why he chose to die so far away from us; and how my mother agreed to his departure from us so that he could spend the last days of his life in his mother's house.

My mother has never been seriously sick, to my knowledge. My performance at school is improving as a result of advice and motivation I got from my relatives when I visited them last year. I hate it when people say that my father has died of TB and there is one particular neighbour who says that whenever she quarrels with my mother.

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Mistre 10

Age 10 Education 3rd Grade Student **Parental Information** Father is HIV/AIDS negative. Mother HIV Positive **Living circumstances** Lives with both parents **Future plan** To be a doctor because I want to help people who are sick. I also want to find a cure for HIV/AIDS and save lots of lives.

Mistire’s story is complicated. Her father is free from the HIV/AIDS virus while her mother is living with it. Her mother was tested and confirmed positive while giving birth to Mistire’s sister who is now four years old and free from the virus. Mistire’s father lived for two years believing that he had the virus; concluding so from the result of his wife’s test. Fortunately, he has since proved to be negative. Mistire’s mother is happy about the result for the benefit of her daughters and herself because he can raise them and take care of her, when and if she gets sick. The reality is far from this. Her father blames his wife for being positive while at the same time seeking unprotected sex with her. His behavior has changed for the worst since he learned about the different status of him and his wife. Consequently, the marriage as well as the life of the children has become complicated and difficult.



I live with my mother, my father, my younger sister, my uncle and my father’s brother. We have also a house maid. My father is a carpenter; he goes out for work early in the morning before I wake up and comes back later in the evening after I am asleep. Thus, it is with my mother that I spend most of my time. She takes me to school. She helps me to study. I also help her in fetching things after returning from school.

I know that my mother is living with HIV/AIDS. I heard about it from her and I have never been afraid of being infected. She has been trained on how to take care and she is always careful. She also teaches other people about living with the virus and its mode of transmission. She used to get sick but this has stopped since she went to hospital and got treatment.

I also know that my father is free from the virus. However, my father does not help my mother in raising us. She is the one who does everything for us. He only buys me biscuits when I see him in the weekends. He also beats and verbally abuses me for different reasons including when I quarrel with my little sister and mostly because he gets drunk. He always comes home drunk and disturbs the peace of the family. My mother and father used to love each other. Nowadays, however, they argue, insult each other and quarrel. I am always sad and angry as a result. I don’t know why they are behaving like this. I always want to know why but I never asked them and they never told me about the reasons behind their disagreement. I always wonder why. I am particularly sad about my father. He always comes home late and drunk. I feel sorry

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I would like to tell my father not to get drunk, not to come home late in the evening, to care for my mother and not to quarrel with her. I would like to tell him that every problem in the house is in some way caused by his drinking habit. I hate his drinking. I also look forward to dining out and having fun with both my father and mother as we used to. I would also like to tell my mother to keep quiet when he comes home drunk and late, and to ignore whatever he says then. I am disturbed and fed up with the conflict without knowing the reason. I feel sorry about my mother. I pity myself but I pity her more. I will always love her. I will never hate her.





Tamirat lost his father and his older sister due to TB. His father passed away three years ago after he had been sick for a long time. His sister also died of TB. She was two years older than him and was a grade nine student. Tamrat's father was a football coach and the bread winner in the family. After his death, Tamirat's mother has started selling "injera" (traditional pancake bread) to feed the family. Tamrat is pleased to talk about his father and how they used to spend time together. He is however too shy to talk about his mother. He talked only about the fact that they live together and that he has the best of wishes for her.

I had a very good relationship with my father and I can say that we spent some good times together. When my father was alive and well, we used to go to "Jan Meda" (sporting field around Sidist Killo), where my father coached football. I loved to watch him play and coach players even though I do not like football. Moreover, he used to take me to the stadium and to many other recreational places whenever he had free time.

I enjoyed spending time with him, even if it was watching football. What mattered to me was staying with him and getting his attention. I clearly recall all the moments that I spent with my father.

I also remember about his sickness before his death. He never told me about the cause of his sickness but I heard from other people that he was suffering from pneumonia and TB. He was sick and had treatment at home for a very long time. I was unaware of what he went through in his last days because my father sent me to Dire Dawa to stay with my aunt so that I would not see him when he suffered. He said, "I don't want my son to see me like this". Then I was sent to Dire Dawa to stay with my aunt. He passed away when I was there.

I did not get the opportunity to attend



'I wished I had attended his funeral. It would have been an ideal opportunity to express my grief and loss.'

the funeral and let go of my grief. My aunt did not tell me the news when she heard it. She came to Addis Ababa with other relatives to attend the funeral without telling me. It was after they came back to Dire Dawa from Addis that she told me about his death and the purpose of her visit to Addis Ababa. I was sad and angry because they did not tell me. I wished I had attended his funeral. It would have been an ideal opportunity to express my grief and loss. I did not stay long in Dire Dawa after the death of my father. When I came back to Addis, the first thing I did was visit my father's graveyard. My memory of that visit was not good as it was hard for me to imagine his body underneath.

My family sent me to Dire Dawa interrupting my education. I was a grade three student at that time. After I came back, I resumed my formal schooling. It was a year ago that I lost my sister. She caught TB from my father when she was taking care of him. She was sick for a while and was admitted to hospital. She could not make it mainly because she was already very sick. This was worsened by the fact that my family was not able to afford the best medication and nourishment. Our life was turned upside down after the death of my father. My mother sells injera to support us but it is my uncle who covers all my expenses. He pays for my school fees, uniform, exercise books and also gives money for my food. He is like a father to me. When I need anything it is my uncle whom I ask.

Tamirat 17

Age 17 Education 7rd Grade Student **Parental Information** Father died of TB. Mother is alive. **Living circumstances** Lives with his mother and is supported by his uncle. **Future plan** To find a cure for HIV and other diseases. My other ambition is to be a heavyweight or karate champion.



Yared is a double orphan who lives with his aunt (his mother's younger sister). Yared earns the livelihood for the family by shoe shining. He was born in a rural area in Gondar, Amhara Region. His father died there when he was a little child and he does not know his father's name. At the time his mother was living in Addis and had left Yared behind with his grandmother in Gondar. Yared's mother was living in Addis with her younger sister who lured her to come to Addis from Gondar. His mother went back to her place of origin and to her son about two years ago because her mother, Yared's grandmother, whom Yared knew till then as his mother died. Yared lived with his real mother for about two years in Addis Ababa until she died last October. He has started shoe shining to support his family since then.

I never asked about my father when I was in the countryside. I started asking about him here in Addis Ababa. I was told that he died when I was very little and that I do not have to worry about him. I still do not know the name of my father. I am named after my mother's father. I was herding cattle and sheep while I was living with my grandmother whom I considered to be my mother till her death. She was the one who took care of me and raised me. She died of old age. At her funeral my real mother came to see me. No sooner had I lost one mother then I found another. I was so happy. My mother was also very much concerned about me, particularly about my education. She thought that I was attending school in the village which was not so. Instead I was herding cattle and helping relatives with their farming activities.

I lived with my mother and aunt when I came to the city. My aunt was working as a house maid till my mother fell ill. My mother was engaged in a petty trade which was good enough to provide for our survival and household expenses. When my mother got ill, my aunt left her job to take care of my mother and my little brother, Johnny, who is not yet a year old. His father is a soldier in the federal army. My mother had been getting sick on and off for some time. During her illness, my mother was coughing, vomiting and getting thinner. She did not eat well either; she had no appetite. When we finally took her to hospital, she was diagnosed with pneumonia and TB. She was supposed to take medicine for 120 days to recover from her sickness. She died before even finishing that medicine. She was in bed



'I earn between four to six birr a day (about 50 cents to US \$1) Every penny I get, I give it to my aunt. I work all day long and I go to school late afternoon, between 3:30 and 6:30p.m. I also work in the weekends. I do not have that much time to spare to play with others.'

only for a few months. I used to sit beside my mother when she was sick and in bed. I fetched water for her, reminded her to take her medicine and so on.

My mother was so concerned about me. I still remember what she advised me about crossing the street, why I should be serious about my education, and the wisdom of listening when others speak. She also advised me to be careful in all the things I do, pointing out that there are many possible accidents in life. I was a good listener and I loved her advice. My aunt is now staying at home raising Johnny. I am now working as a shoeshine boy to support the family. The shoeshine box was bought for me by a neighbor who recognised the problems our family had. I never worked to earn money before the death of my mother. She forbid me from getting engaged in any such thing saying, "You will not work for a living while I am alive and healthy. Your job is to study". I earn between four to six birr a day. Every penny I get, I give it to my aunt. I work all day long and I go to school late afternoon, between 3:30 and 6:30p.m. I also work in the weekends. I do not have that much time to spare to play with others.

Yared 13

Age 13 Education 3rd Grade Student **Parental Information** Father is presumed to be dead. Mother died in October 2005 from pneumonia **Living circumstances** Lives with an aunt and his baby brother. **Future Plan** To be a pilot or a teacher



Yewubdar 10

Age 10 Education 7th Grade Student **Parental Information** No information is available about her father. Mother died sometime after giving birth to Yewubdar. Yewubdar was brought up by her grandmother who died three years ago. **Living circumstances** Lives with her aunt. **Future plan** To be a doctor; I want to be a person who can help others who are in need.

Yewubdar, who is ten years old, tells the story of her life with her grandmother, who brought her up and died three years ago. Yewubdar's mother, who used to live in Harar, died only a year after she gave birth to Yewubdar. It appears that when her mother died, Yewubdar's father handed her over to her grandmother. Neither her grandmother nor any other member of the family knew about the identity and whereabouts of her father. Because of that, Yewubdar has taken her grandmother's brother's name as her father's name. Her grandmother raised Yewubdar until she died.

I do not remember my mother; she died when I was too young to remember. Nor do I know anything about my father. I don't even know his name or if he died or not. I have nothing to say about my parents. I know only my grandmother whom I miss very much. She is the one I knew as my parent. She died three years ago here in Addis Ababa, in the house I currently live in with my aunt and Chuchu (A distant relative whom Yewubdar calls 'sister'). She died of TB which kept her in bed for a long time. It is from others that I learned about the disease. She never told me.

I nursed my grandmother while she was sick. I used to cook for her and feed her. It was difficult for her to eat. She had no appetite and hence she never ate much if you served the food and left it up to her to eat. She would take a bite or two and push it away. Nevertheless, when I was around I begged her to eat more and

more. I would say to her, "Don't you love me?" She would answer that she loves me very much and then I would beg her to eat if she loved me. I always had tricks to make her eat. Making her eat was a serious issue between me and her when I cooked for her. I usually cooked fried eggs with onion and tomatoes for her. (She really knows how to cook; she describes the recipe very well.) She sometimes asked me to stroke her head and sit beside her. I also helped her to hold her head up and be in a seating position. She also loved telling me stories, jokes and puzzles, whenever she felt well. She was rich in stories. Most of the time there were new ones I never heard of. I would in return tell her about school, friends I met and all that sort of stuff. She never tired to hear of my stories. She also gave me pieces of advice concerning my over-activeness and my education. She sometimes became emotional and cried feeling that she had made me take care of her instead of her helping me. She used to say aloud, "You are taking care of me as if I am the child. What a fate?!"

I miss my grandmother very much. I miss her stories and our chats. I miss eating with her. I miss taking care of her. Above all, I miss her presence. I also miss what she used to do for me when she was healthy. She was always there for me and fulfilled my needs. I have something to remind me of her kindness and generosity. I have a dress she bought me just because I asked for it. She was like that. I ask her for something today and she buys it the next day. She bought me the particular

dress I am talking about, which has many colored round spots, borrowing money from her friends. She was like that.

I was at the home of a very close friend of my grandmother's when she died. I was called from there to attend the funeral service by escorting the body to church. I never saw her dead body. Nor did I see her burial. Everything became clear for me when I returned to our house and could not find her. I am currently taken care of by Chuni, my aunt. Chuni has become my guardian after the death of my grandmother. I love Chuni very much. She also provides me with everything I need. She buys me sweets, she cooks me the food I like, she helps me study, and she takes me to places. I am not afraid when I am with her. Chuni earns money for our subsistence working as a laundress in different households.

I do not care if my father is dead or alive. I do not think I would talk to him if he approached me. If he were alive and tried to approach me, I would say to him, "How come you appear out of nowhere to claim your paternity. Don't come near me at good or bad times. I do not know you and I don't accept your paternity. I hate you! I hate you!"

'I nursed my grandmother while she was sick. I used to cook for her and feed her. It was difficult for her to eat. She had no appetite and hence she never ate much if you served the food and left it up to her to eat. She would take a bite or two and push it away. Nevertheless, when I was around I begged her to eat more and more.'

'Yohannes wants to know nothing about his mother's positive status. She has tried to tell Yohannes her HIV positive status, which he took to be an unpleasant joke. What is more, he has given her an ultimatum that she should never make fun of him telling that kind of story again. She seems to have been unable to find a way of passing on the information to him.'

Yohannes never met his father who died in 1999. His mother has tested positive for HIV. Yohannes however denies this. As a result, his story comes mostly from his mother rather than from himself. He is his mother's only son, whereas his father is said to have had other children from his legal wife. His mother lives knowing her HIV positive status while Yohannes's father died six years ago apparently from AIDS. Yohannes was born as a result of his father's extra-marital relationship with his mother, who was a sex worker in a bar at that time. His father went to pay for sex with a sex worker right after his wedding. She remembers getting acquainted with him and then having a sexual relationship with him while his friends were calling him 'Mushiraw' (which means a newly wedded man). His father was his mother's client until his death on the understanding that she would go out with him whenever he requested and on condition that she would be free to go out with other clients when he was not around. His mother knew that his father was married and that he had children and that he lived with his family around Gerji-Bole Sub City in Addis Ababa. She also knew that he was a college graduate and civil servant who had served at Debre Markos, Eastern Gojam Amhara Region before he came to live in Addis Ababa.

Yohannes' mother joined the sex trade in Addis Ababa like many girls and young women coming from rural areas. She came to Addis looking for a better future. She

is originally from Bure – Mankusa Woreda in Gojam Amhara Region. She was one of those girls who came to Addis lured by the promises of city life and abundant job opportunities and who was pushed into sex work by harmful traditional practices like early marriage.

She was a grade two student and just nine years old when she was forced to marry the man her father chose for her. She was against the marriage and hence walked out of it to live with her older sister. Soon after this, the daughter of her father's friend who lived in Addis Ababa came to the village. The woman looked so happy, modern and fashionable. This woman approached her, and offered to facilitate job opportunities, provide education opportunities and pay transportation if she was willing to come with her to the city. She believed her and came to the city to find herself working as a housemaid. Worse, the wages paid to her were collected by the husband of the woman. She soon learned about the unfair arrangement and walked out from where she was hired. She then fell in the hands of brokers who encouraged her to join the sex trade rather than finding her a job as a house maid. She was a commercial sex worker for over ten years. She says she left the sex trade after she knew about her HIV status. Yohannes says that her source of income is daily labor in the form of washing clothes to different households.

Yohannes has never lived with his father and he has no recollection of him. He knows nothing about the married life of his father and the fact that he might have sisters and brothers. His father's paternity was never established while he was alive nor is there any way for his mother to prove it now.



Yohannes is not interested in finding out more about his father and if he has half sisters and brothers. "I don't want to know and I don't care" is his reply to any question probing into that. In a similar fashion, Yohannes wants to know nothing about his mother's positive status. She has tried to tell Yohannes her HIV positive status, which he took to be an unpleasant joke. What is more, he has given her an ultimatum that she should never make fun of him telling that kind of story again. She seems to have been unable to find a way of passing on the information to him.

Yohannes prefers to live in denial of his mother's situation. His reaction is denial and he is sometimes defensively aggressive about it. The only person close to him is his mother; he has no other family although his mother has plans to take him to her birth place in Mankusa in the Amhara Region and introduce him to her living parents and relatives, if any, in the near future. Yohannes is an average fifth grade student. He is apparently healthy and energetic and his mother says that he has never been seriously sick. She has also added that she takes precautionary measures in the household to prevent transmission of the virus.



Yohannes 11

Age 11 Education 5th Grade Student **Parental Information** Father died in 1999. Mother is alive and HIV positive **Living circumstances** Lives with his mother. **Future plan** To be a pilot and earn money. I want to take people from country to country. I, want to give the money I get out of it to my mother



Shewaye 10

Age 10 **Education** Non-Formal Education **Parental Information** Father died when she was a baby. Mother is alive and HIV/AIDS positive **Living circumstances** Lives with her mother and younger brother. **Future plan** To be a Teacher.

Shewaye, otherwise known as Shewayenesh, is 9 years old. Her father died when she was just a baby and her mother is HIV positive. Shewaye was born in a rural area in Tigray Region and lived there till the death of her father caused reportedly from AIDS. Shewaye’s mother became desperate after his death. She has, as a result, left Shewaye to live with her aunt for some time believing that she will not survive for much longer. Fortunately she came to Addis Ababa and survived longer than she thought. As a result, Shewaye came from Tigray to Addis Ababa to live with her mother and brother.

Shewaye’s mother tongue is Tigrigna and she speaks broken Amharic with a

Tigrean accent. Yet, she understands Amharic very well and has an aptitude to freely communicate and interact with others. Shewaye’s mother does everything to protect her children from the virus. She said everyone knows about her status but that her children do not understand the implications of living with the HIV virus. Shewaye’s brother has been tested and proven to be HIV-negative.

My father died when I was a baby and I do not remember very much about him. I have heard that he died of HIV/AIDS. I also know that my mother left her homeland to come to Addis due to his death. I was living with my aunt after the death of my father and because my mother was not around. It is my mother who brought me from where I lived with my aunt to Addis Ababa. My mother left me there in the first place because she was sick and she thought she was going to die.

My mother is much better now although she still gets sick now and then. She gets sick of pneumonia, stomach disorders and skin rashes. She also suffers from a swelling gland around her back which seems agonising. Yes, I have learned that she is an HIV/AIDS patient who gets material and medical support through the Kebele due to her status. I live with my mother and brother in a plastic house she made adjacent to a church compound. It is so small and suffocating. It is also difficult to cook inside. There are many families living like us in such plastic houses. Most of them survive as beggars. My mother gets

an income by selling ‘tuaf’ (home-made candle sticks) around churches. She also receives aid from the Kebele and other welfare organizations who support people living with HIV/AIDS. (Shewaye’s mother adds that she begs to survive and to raise her children; she does so in parallel with the selling of tuaf. Shewaye denies that her mother begs and that she has any involvement with begging).

I do not go to school like the other children. I am learning by attending non-formal education, which has started recently in our area. I spend the morning sweeping the floor of our plastic house and washing kitchen wares, playing with friends and sometimes fetching water and washing clothes in the day time and cooking and buying Injera and bread in the evening. I go to the alternative basic education center late in the afternoon before dinner. I am not happy because I don’t go to school like other children. I am however doing well in my education. I can read and write. (Shewaye attends non formal class in the evening because her mother cannot afford to send her to school. The fact that the family do not have a regular residence is also another problem. Shewaye feels very sad when she talks about the fact that her daughter does not go to school.)

The above sequence applies when my mother is not sick. When she gets sick I take care of the whole family. I cook, clean and do every household chore. Our neighbors also help me in taking care of my mother and my little four year old brother.



‘I live with my mother and brother in a plastic house she made adjacent to a church compound. It is so small and suffocating. It is also difficult to cook inside. There are many families living like us in such plastic houses. Most of them survive as beggars.’

Emerging Issues

During a group negotiation exercise amongst the children, they were asked to agree upon the key things they most disliked about being an orphan. They were; being discriminated and stigmatised against because they are orphans and because of their association with HIV/AIDS; being overburdened with work to the extent that it affects their education; and having little opportunity to grieve and cope with the loss of their parents.

The following are clear and urgent issues emerging from these stories reflecting the above priorities.

Discrimination

Children orphaned by HIV/AIDS face a huge amount of discrimination because of their association with the epidemic and associated diseases such as TB and pneumonia.

This discrimination permeates throughout every aspect of their lives and compromises the fulfillment of their rights such as access to education, access to information, the right to be heard, the right to be protected from exploitation and violence and so on.

Discrimination attached to HIV/AIDS makes it very difficult for children to live with their loss and to get the support they need so urgently from people who are close to them such as school friends, neighbors, and relatives.

Because of stigma, parents of these children were often unwilling to seek proper counseling and testing which may have helped them to disclose their status and to help prepare their children for their illness and possible death. This also has implications for the children's own health since they too may be fearful of accessing HIV/AIDS information and services, especially voluntary counseling and testing. This may be one of the reasons none of the children know their HIV status.

The combination of economic marginalisation and the stigma of HIV/AIDS creates a potent double discrimination.

Women and girls are particularly vulnerable to the effects of the epidemic: The fathers of some of the children have been described variously as mobile workers such as soldiers or truck drivers or men with different sexual partners the implication being that they are likely to become infected with HIV; among 15-24 year olds in sub-Saharan Africa, young women are six times more likely to be infected than men; following the death of a father it is always the mother or a female relative who takes the responsibility to support the orphaned child or children yet following the death of a mother, no fathers take on this responsibility; and finally, a recurrent theme in these stories is of female members of the

family dropping out of school either to care for sick members of the family or to do work which increases the risk of exposure to HIV/AIDS such as working in a bar, as a street vendor or as a house-maid.

Participation

Participation of children in family discussions concerning their future is very limited; it is marked that only a few of these children were informed of their parents' HIV status, many were taken away by relatives in the last stages of their parent's sickness and death and did not participate in the funeral services. Sometimes they were not told of their parent's death until a long time afterwards. This is in part because of the stigma surrounding AIDS which leads to secrecy about why a patient dies.

Children are often not given the space and time they need to grieve following the death of a parent or loved relative.

Right to survival and development

One very clear effect of HIV/AIDS on children from poor backgrounds is that family resources, already meagre, are dramatically depleted owing to the drain of medical expenses and the loss of income of principal bread-winners. Life becomes even more vulnerable in the absence of parental incomes.

HIV/AIDS can have a very negative impact on children's ability to pursue education. In the absence or limited availability of social support, children often drop out of school to take care of a sick family member or to earn an income for a child headed family. Their absence from school may prevent them from learning about HIV/AIDS and how to avoid infection. Their exposure to risky working environments, such as working in a bar or on the street shining shoes, may also make them more susceptible to abuse and exploitation. This in turn further increases their risk of contracting the disease.

In fact all of the children involved in this project do attend school. However, their experience of school has been profoundly marked by their family circumstances. A few of the children describe how their





grief has interfered with their ability to perform at school.

It must also be remembered that children need protection whilst living with parents who are HIV positive and extremely ill. Studies have found that uninfected children born to HIV positive mothers have higher mortality rates than other HIV negative children in the community. Children are also affected by resuming responsibilities as breadwinners and caring for sick parents and young siblings in families where parents are ill. Responses to the epidemic

have often focused upon older children because the time lag between infection and death of a parent means that children are generally orphaned at ages 10 years and older. However, it is younger children in the most formative period of their lives who are living with sick and dying parents and in worsening household conditions.

Right to special assistance and protection

Living within the extended family is not always in children's best interests.

In many cases, these children have benefited greatly from the care of extended family members and have succeeded in continuing with their education as a result. However, although perhaps the best, if not the only, available option for many of these children, the extended family arrangement has not benefited all of them.

Some of them describe flagrant discrimination between foster and biological children, denial of basic needs like food and clothing, being forced to leave school, and serving relatives as unpaid household help.

Recommendations

The moving stories told by these children illustrate the need in Ethiopia to build and strengthen governmental, family and community capacities to provide a more supportive environment for children affected by HIV/AIDS.

Adequate measures to address HIV/AIDS can be provided to children only if their rights are fully respected. Children are confronted with serious challenges to their rights as a result of HIV/AIDS. The UN Convention on the Rights of the Child (CRC) and in particular the four general principles it contains (non-discrimination, participation, best interests of the child and survival and development) with its comprehensive approach provides a powerful framework for efforts to reduce the negative impact of the epidemic on the lives of children. The other very important right is that of special protection and assistance to children who are deprived of their family environment. The holistic rights based approach required to implement the CRC is the most effective tool available to address the broader range of issues that relate to prevention, treatment and care efforts. Also of importance is the African Charter on the Rights and Welfare of the Child (ACRWC). The rights in the Charter largely mirror those in the CRC but they are phrased in a way that is more in tune with an African context.

Efforts to support children are best directed at the concentric circles of care and influence which surround them – families, schools, neighbourhoods and extending outwards to the media, legislative frameworks and policies that have a bearing on children's lives. Therefore policies and programmes should be directed at providing resources and structures to support the circles of care and influence around children living in communities affected by HIV/AIDS and in particular supporting families who have direct care for them.

The following recommendations arise di-

rectly from the experiences described by the children in this book. Taking a rights based approach they aim to strengthen the structures for care which surround children who are affected by HIV/AIDS.

Right to non-discrimination

These children describe many violations of their rights under the CRC but the common theme is the discrimination they face as a consequence of their association, whether real or perceived, with HIV/AIDS. There is a real need for children to be protected from any form of discrimination arising from their association with the epidemic.

- Education and training programmes are needed which are explicitly designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS taking into account the different ways it affects men and women, boys and girls.
- The State must ensure that law, policy, strategy and practice should create structures, systems and values which promote equity for children in terms of accessing their rights so that children affected by HIV/AIDS are not discriminated against and that particular attention should be paid to the way in which HIV/AIDS impacts upon girls and women. This does not mean that interventions should target women only but they must address men and women, boys and girls.
- Where appropriate, the involvement of children living with HIV/AIDS in raising awareness, by sharing their experiences with their peers and others is critical both to effective prevention and to reduce stigma and discrimination.

Best interest of the child

The responses to the HIV/AIDS epidemic have often focused upon adults rather than children as if children were merely an ex-

tension of adults. This is at a time when the difficulties experienced by children, care-givers and families living in communities affected by HIV/AIDS are increasing dramatically as the epidemic matures.

The best interests of children should be a core consideration for the design and implementation process for all HIV/AIDS policies and programmes. This should include consultation with children, and providing children with a safe and friendly context for participation.

Right to participate

A child has a right to participate in decisions in accordance with his or her age and maturity. This includes decisions about a child's care or placement following family breakdown which ideally should be made through a suitable legal process and consultation and should be periodically reviewed.

A child also has the right to participate in family discussions which concern him or her again in accordance with their age and maturity. It is also vitally important that children are able to participate in the grieving process and are provided with the space, time and resources to grieve.

- Education and training programmes are needed to encourage families affected by HIV/AIDS to listen to children particularly when discussions are taking place about their future.
- Legal structures and policies should ensure that children are actively involved in all decisions concerning their future made by government bodies.
- States, international agencies and NGOs must provide children with a supportive and enabling environment to carry out their own initiatives, and to fully participate at both community and national levels in HIV policy in terms of programme conceptualization, design, implementation, coordination, monitoring and review.
- Where appropriate, the involvement of children living with HIV/AIDS in raising awareness, by sharing their experiences with their peers and others is critical both to effective prevention and

- to reduce stigma and discrimination.
- Children should have equal access to simple, concrete and direct information (relevant to their age and maturity) about HIV/AIDS. This means that children's confusion about the disease is lessened and that they are less likely to acquire misleading or inaccurate information via rumours in the wider community. This should be through both formal channels (such as within schools and child-targeted media) as well as informal channels (such as targeted to street children.)
- Post test counseling services should include information on how parents should disclose the information to their children.

Right to survival and development

For children living in communities affected by HIV/AIDS where there is little or no social security, it is essential that families and communities have strengthened capacity to provide them with a standard of living adequate for their physical, mental, spiritual, moral, economic and social development. Because the children in this book are poor, they face a potent double disadvantage, experiencing discrimination on the basis of both their social and economic marginalisation and their association with HIV/AIDS.

Protection from exploitation

HIV/AIDS policy and programmes should take into account the vital importance of protecting vulnerable children from all forms of economic and sexual exploitation, including ensuring that they do not fall prey to prostitution networks, and that they are protected from performing any work likely to be hazardous or to interfere with their education, health or physical, mental, spiritual, moral or social development.

Right to education

Education plays a critical role in providing children with relevant and appropriate information about HIV/AIDS which can contribute to a better awareness and understanding of this phenomenon and prevent negative attitudes towards people living

with HIV/AIDS. Furthermore, education can and should empower children to protect themselves from the risk of HIV infection.

States have an obligation to ensure that education is available to all children and children affected by HIV/AIDS should have their right to education safeguarded.

Every child should be protected from HIV infection and children living with HIV should have access to comprehensive health care.

Protection for children who are carers

Programmes and policies should address the issues of different age sectors of children and must not forget to include components addressing young children who may be caring for sick members of their family.

Right to special protection and assistance

HIV/AIDS being a highly communicable sexually transmitted disease, parents often become sick and die within a short period of each other. Members of the extended family are usually the first help children turn to when parents can not take care of them due to sickness or death. The extended family, with the support of the surrounding community, may be the least traumatic and therefore the best way to care for orphans when there are no other feasible alternatives. Indeed there is both ample scientific evidence as well as general agreement that long-term institutional care is potentially damaging to children's development, especially for children who are placed when very young, or those who spend a significant portion of their childhood in institutional care.

The State's first responsibility to children is supporting the capacity of families to provide adequately for their children's needs. Article 20 of the CRC makes it clear that children who are deprived of their family environments are entitled to special protection and assistance by the state. Such support should be made available through a social welfare system, which may include services provided by the state as well as those of non-gov-

ernmental organizations. A large part of a social welfare system should focus on prevention of child separation through targeted support to families, both financial and otherwise. A social welfare system must also provide appropriate alternative care for children who cannot be cared for in their biological families.

Support for adults with responsibility for children

Programmes and policies supporting children living in communities affected by HIV/AIDS should target adults surrounding children as far as possible rather than the children themselves so that adults themselves are able to protect and care for children and fulfill their responsibilities to them.

A social welfare system provided by the States as well as those of non-governmental organizations should be in place. This should focus on the prevention of child separation through targeted support to families, both financial and otherwise. A social welfare system must also provide appropriate alternative care for children who cannot be cared for in their biological families.

Organisations that provide child care must ensure that services are delivered to meet the developmental needs of the child and that staff are trained in child protection procedures. All forms of care, whether in a foster family or residential facility, must be subject to appropriate standards, and adequate provisions must be made for their implementation.

Policies and programmes should help to facilitate the organisation of parents and other adults to improve conditions for children.

Protection for children

The state has an obligation to protect children from all forms of maltreatment by parents or others responsible for the care of the child and to provide resources and structures which support parents and adults in the protection of children living in communities affected by HIV/AIDS.

Policies and programmes must be established for the prevention of abuse within families and the treatment of victims.

Resources

Beegle, K., De Weerd, J., & Dercon, S. (2005). Orphanhood and the long-run impact on children. Washington, DC: World Bank, DANIDA, Economic Research Council (UK).

Birdthistle, I. (2004). Understanding the needs of orphans and other children affected by HIV and AIDS in Africa: The state of the science (Working draft) Washington, DC: USAID.

Case, A., Paxson, C., & Ableidinger, J. (2004). Orphans in Africa: Parental death, poverty and school enrollment. *Demography*, 41, 483-508.

Chirwa, W. (2002). Social exclusion and inclusion: Challenges to orphan care in Malawi. *Nordic Journal of African Studies*, 11, 93-113; Verhoef, H. (2005). 'A child has many mothers': Views of child fostering in northwestern Cameroon. *Childhood*, 12, 369-390.

Clay, S., Bond, V., & Nyblade, L. (2003). We Can Tell Them: AIDS Doesn't Come Through Being Together. Children's Experiences of HIV and AIDS-related Stigma in Zambia 2002-2003. Zambart Project and Kara Counselling and Training Trust Lusaka, Zambia.

Desmond, C., Richter, L. & Makiwane, M. (2003). Dissecting our understanding of who is at risk: Child-headed households. *Children-FIRST*, 56-58.

Ethiopia Ministry of Labour and Social Affairs, Ethiopia. (2003). Proceedings of a conference on HIV/AIDS orphans survey findings and programmatic response to orphans and vulnerable children in Ethiopia, April 8-10/2003, ECA Conference Hall, Addis Ababa

Foster, G. (2005). Under the Radar - Community Safety Nets for Children Affected by HIV/AIDS in Extremely Poor Households in Sub-Saharan Africa. Geneva: United Nations Research Institute for Social Development.

Foster, G. (2005). Bottlenecks and Drip-feeds - Channeling resources to communities responding to orphans and vulnerable children in Southern Africa. London: Save the Children (UK).

Germann, S. (2005). An exploratory study of quality of life and coping strategies of orphans living in child-headed households in the high HIV/AIDS prevalent city of Bulawayo, Zimbabwe. Unpublished doctoral dissertation, University of South Africa, Pretoria.

Gewirtz, A. & Gossart-Walker, S. (2000). Home-based treatment for children and families affected by HIV and AIDS. Dealing with stigma, secrecy, disclosure, and loss. *Child and Adolescent Psychiatric Clinics of North America*, 9, 313-330.

Horizons (2005). Providing psychosocial support to AIDS-affected children. Washington, DC: Population Council.

NGO Working Group on Children Without Parental Care (2005). Proposed international guidelines for the protection of children without parental care: An initial overview of issues to be addressed. Geneva: NGO Working Group on Children Without Parental Care.

Richter, L. & Hundeide, K. (in preparation). Human care for very vulnerable young children: Principles for helping children and their caregivers in conditions of poverty, violence and HIV/AIDS. New York: Zero to Three Press.

Richter, L., Manegold, J., & Pather, R. (2004). Family and community interventions for children affected by AIDS. Cape Town: Human Sciences Research Council.

Richter, L., Foster, G. & Sherr, L. (2005). Meeting the psychosocial needs of children in the context of HIV/AIDS: Background discussion document. Bernard van Leer Foundation: Third Workshop on Psychosocial Wellbeing and Support: Findings and Field Applications, Abuja, December 2005.

Save the Children Alliance (2005). Child rights programming handbook. Stockholm: Save the Children Sweden

Streak, J (2005) Government's social development response to children made vulnerable by HIV/AIDS: Identifying gaps in policy and budgeting. Children's Budget Unit Information Service

Subbarao, K. & Coury, D. (2003). Orphans in Sub-Saharan countries: A framework for public action. Washington, DC: World Bank.

UNAIDS, UNICEF, & USAID (2004). Children on the Brink 2004: A joint report of new orphan estimates and a framework for action. New York: UNICEF.

UNAIDS (2005). AIDS epidemic update. December 2005. Geneva: UNAIDS

UNICEF (2003). Africa's orphaned generations. New York: UNICEF.

UNICEF & ISS (2004). Care for children affected by HIV/AIDS: The urgent need for international standards. New York: UNICEF.

UNICEF (2005). Strengthening national responses to children affected by HIV/AIDS: What is the role of the state and social welfare in Africa. Background paper for Wilton Park conference, Nov 14th-16th 2005. In New York: UNICEF.

USAID (2004). Economic strengthening to improve the well-being of orphans and vulnerable children. Washington, DC: USAID.

Williamson, J (2000). Finding a way forward: Principles and strategies to reduce the impacts of AIDS on children and families. Washington, DC: USAID.

World Vision (2005). More than words? Action for orphans and vulnerable children in Africa. London: World Vision UK.



Working to secure the rights of children

Save the Children Sweden started working in Eastern and Central Africa in 1965. It has offices in Addis Ababa, Ethiopia; El Fasher, North Darfur; Nairobi, Kenya; and in Juba and Khartoum, Sudan.

Save the Children Sweden has long-term child-rights based development programmes in Ethiopia and Sudan, and it supports local partners in Kenya, Eritrea, Somaliland and Uganda. The organisation focuses on building the capacity of local people, community-based structures and organisations.

In Eastern and Central Africa, it works with more than forty different non-governmental organisations and government

bodies. In addition, it has adopted a direct implementation approach in southern Sudan and the refugee camps of western Ethiopia.

All of the work in the region focuses on children's rights, and tackles issues that affect marginalised children. The core of the work focuses on children affected by conflict, abuse, education, discrimination and exploitation.

Save the Children Sweden's focus also includes HIV/AIDS, child participation and good governance in the best interest of the child.

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