An Assessment of the Orphan Reunification and Rehabilitation Program in Zoba Ma'akel, Eritrea.

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Abstract

This study aims at investigating the orphan reunification and rehabilitation program in *Zoba* Ma'ekel, Eritrea. The orphan reunification and rehabilitation program is an intervention devised by Eritrean government in an attempt to address the ever present and continuing problem of orphans in Eritrea. This program aims at reunifying orphan children with their extended families (the uncles, the aunts, the elder brothers and sisters, the grand parents, and any other available relatives). It also aims at strengthening the participant families economically so that they provide the physical and social needs of the orphans under their care. Using data collected through in-depth interviews and questionnaires administered face-to-face in eight selected sites, this study examines the 'well-being' of the reunified orphans compared to non-orphans[1] in the same families using what were believed basic child needs indicators. The study was carried out over two months (December 2002 to January 2003).

The findings illustrate that reunified orphans are provided with food, clothing/shoes and health services. However non-orphans in those families are better off than orphans. Most of the caregiver families are economically poor and tend to privilege their own children when there is scarcity of resources within the family. The statistical findings show that 81.5% of non-orphans are supplied with food four times a day compared to 73.2% of the sample orphans. The expenses made for clothing /shoes are found to be slightly higher for non-orphans than orphans (65.9% compared to 59.1%). The findings also reveal orphans' enrolment rate is higher than the national school age children which means they are better off than other children of the country although they are enrolled 6.2% lower than the comparison group (79% vs. 85.2%). However, they work longer hours than non-orphans and among orphans, females do more work than male which deprived them time for play and study. Relationship with the orphans is found stronger where there is a close family tie between the orphans and the caregivers.
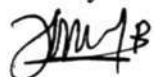
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[1] Non-orphans in this study refer to children in the same families sampled for questionnaires administered face-to-face.

Declaration

This dissertation, unless specifically indicated to the contrary, is the result of the author own work.

K. B. Ghebremariam
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Chapter One

Introduction

AIDS combined with other catastrophes such as conflict, famine and accidents has orphaned millions of children in Africa. Although it is difficult to estimate the total number of orphans caused from AIDS (acquired immune deficiency syndrome) (Black, 1991: 5), several studies show that today the proportion of orphans caused from AIDS has reached 15-17% of the total children population in certain Sub-Saharan countries (Nampanya-Sirpell, 2001: 3, Subbarao, et al, 2001: VII). In 1996, in addition, as a result of conflict 1 million children have been orphaned or separated from their parents in Sub-Saharan Africa (Nampanya-Sirpell, 2001: 2). Consequently, societies across the world are tackling the proliferation of orphan through orphanages and community based care. Orphans, whether they are orphaned of AIDS, war, famine or accident, often receive insufficient food, health services and too little stimulation and love. They suffer also from depression, abuse and neglect, exploitation and decreased access to education (Machel, 2001: 45).

At the time of liberation, in 1991, one of the many problems facing Eritrea was the large number of orphaned children. Due to the thirty-year war, drought and famine, AIDS, and diseases such as Malaria, Tuberculosis and pregnancy related deaths thousands of children were orphaned. According to the survey conducted in 1992, more than 90,000 orphans from all causes were identified in the country, 10,000 of whom were living in some form of orphanages. The rest were living in the community, on their own (orphan headed-households) and on the streets (UNICEF, 1994: 109, Stolte, 1994: 34). Of the 90,000 orphans, 61 percent had lost their fathers, 31 percent their mothers and 9 percent both parents. According to the survey, 52 percent of the registered orphans were boys and 48 percent were girls (UNICEF, 1994: 109).

In the Eritrean context the term orphan is defined as those children under 18 years of age who have lost either or both parents, or have been abandoned by or separated from their parents. Those children who lost one parent is referred as 'part orphan' two parents as 'full

orphan' and those who have been abandoned by or separated from their parents as 'effective orphans' (MLHW/UNICEF/SCF(UK), 2000: 13). However, when this definition is applied in practice, it is found to be too broad and the program tends to target those double orphans who live in orphanages, on their own (orphan-headed households) and on the streets. Thus the 90,000 (single and double) orphans registered by the program illustrates the extent of the problem at hand.

This study aimed to assess the orphan reunification and rehabilitation program in *Zoba* Ma'ekel, Eritrea. Accordingly, attempts will be made to examine the educational status of the reunified orphans (i.e., school enrolment, grade attained, educational motivation as well as achievement), food intake and the provision of clothing/shoes, availability of health care; protection from discrimination, neglect and exploitation of orphans compared to rest members of the family. Moreover, the study will investigate the support and encouragement given to the orphans by the caregivers to develop strong, supportive relationships within and outside the families.

1.1 Rationale of the study

Recognizing the role of the family in physical and moral support, an orphan reunification program in Eritrea was devised in 1992 in response to the growing number of orphans in the country. The program is run by the government of Eritrea with the help of donor governments and international organizations such as the government of Italy and World Bank. The program is aimed at reintegrating of orphans to their extended families (the uncles, the aunts, the elder brothers and sisters, the grand parents, and any other available relatives). The program is adopted on the assumption that there are traditional social structures that could provide care for orphans in the country. In the deep-rooted kinship system that exists in Eritrea, the extended family has theoretically long been a social safety net for orphan children. However, the traditional support structure has been threatened by recurrent war, famine and AIDS. (This will be discussed in chapter two.) Consequently accommodating one or more extra dependents - orphans – became difficult. In response, the program added a rehabilitation program aimed at strengthening the economic capacity of the households so that they can provide the needs of the reunified orphans. Moreover,

family dispersal and confusion lead to lack of knowledge regarding whereabouts the extended families. This creates difficulty in locating close relatives of orphan children.

Having worked with the Ministry of Labour and Human Welfare (MLHW), in the orphan reunification process, it came to the author's attention that several reunified orphans exposed to a number of risks. Possible common risks associated with reunified orphans include: social (neglect), school dropout, exploitation and abuse (e.g., extensive labour, physical and verbal abuse), and health (e.g., undernutrition) risks. Caregiver families may favour their biological children over the reunified orphans denying the needs of the orphans such as 'adequate' food, clothing, shoes, affection and access to education. In addition, reunified orphans could experience significantly less access to health services than children living with their own parents. It is my contention that, although the evaluation made in 1998 disclosed that the orphan reunification and rehabilitation program was successful, a thorough investigation should be made to assess the well-being[2] of the reunified children, and to what extent the assistance given improved the lives of the host families[3].

1.2 Framework for study

A framework was constructed to guide the analysis of this study. The framework traces the immediate problems faced by children upon the death of one or both parents and will be used as a basis for analysis of the findings of the present study.

This framework postulates that when children encounter premature parental death the most immediate risk factors in their lives associated are: loss of parental nurturance, a strong probability that they will suffer from malnutrition, abuses and exploitation, and poverty. With scarce resources and lack of adult support and supervision, orphans are more likely than non-orphans to drop out of school. Hence orphans are left with fewer opportunities for

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[2] The concept of well-being is a very broad one. In terms of the present study, the study focuses on physical and social variables directly affecting the normal development of the orphans growing up in their extended families.

[3] An evaluation was conducted in 1998 concentrated on the support provided by the program and investigated its impact on the lives of caregiver families and cost benefit analysis.

growth and development (Gow and Desmond, 2002: 65). Moreover, siblings are often dispersed to different homes within the extended family network (ibid: 64). The framework also suggests alleviating factors that might reduce the adverse effects of the orphan children. These alleviating factors include reunification of orphans with extended family and rehabilitating the caretaking families economically to care for the orphans. In the present study, the outcomes outlined in the framework analysis (see diagram below) are intended outcomes of the orphan reunification and rehabilitation program.

Framework for study

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Death of parent/s
        │
        ▼
Immediate problems for the orphans ◄─────────────────────┐
        │                                                 │
   ┌────┬─────────────┬──────────────┬──────────────┐     │
   ▼    ▼             ▼              ▼               ▼     │
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| Lack of self-esteem | School dropout | Malnutrition | Abuses and exploitation |

Aggravating problems

Before reunification

| Inadequate health services | Emotional vulnerability | Inadequate educational services | Economic problem (poverty) | Physical vulnerability |

Alleviating factors

| Reunification with extended family | Rehabilitating caregiver families economically |

Outcomes

After reunification

| Good health | Emotional well-being | Educational continuity | Sufficient food provision | No abuses/ exploitation | Social integration |

Chapter Two
Literature Review

AIDS and conflict has killed millions of people in Africa. A UNICEF (1999: 2) report showed that in 1998 in Africa 200,000 people were killed as a result of conflict and 2.2 million died because of AIDS. One of the consequences of AIDS and conflict is the creation of large numbers of orphans. Parental loss is the most fundamental loss that can be experienced in childhood (Ssemakula, 2002: 27). Loss of one or both parents impacts on children's social, physical and emotional well-being. Children are often placed in altered care and guardianship arrangements or live on own. In countries, where a large number of children are orphaned, traditional solutions are becoming overwhelmed and children and extended families struggle to cope with scarce resources (Foster, et al, 1996: 395).

Orphans who slip through the traditional safety nets -extended families, face an increased risk of physical, social, economic and emotional problems (Foster, 2000: 55). Their chances for receiving health care, clothing and adequate food are slim (Vision 2001). Their chances of starting, continuing or completing school could be jeopardised because extended families may not be able to afford to pay for school fees, uniforms or textbooks. Moreover, children's time at home may increase because their caregivers expect them to do additional work as a compensation for the care they received. In extreme cases children are taken out of school so that they can work to supplement the extended family income or help care for old or sick caregivers (ibid). Children who slip through these safety nets may end up in a variety of vulnerable situations. They may end up in child-headed households, street children and child labour (Richter, 2001: 33, Foster, 2000: 56). This chapter reviews literature on orphans and is related to orphan reunification programs. Accordingly, attempts will be made to examine the role of the extended families in orphan care. Furthermore, it gives a brief overview of the situation of orphans in Africa in general, and in Eritrea in particular.

2.1 Orphans in Africa

The creation of large numbers of children without adult care and protection has always been associated with war, famine, disease and political hostility in Africa (Vision 2001). But the numbers of children orphaned through war, famine, disease and political violence constitute only a small proportion of all orphans in Africa. The bulk of children are generally unaccompanied[4] children (ibid). In the past ten years however, unknown numbers of children who have experienced the death of parents due to HIV/AIDS has been increasing. In most African countries, orphanhood is currently being highlighted in the context of the HIV/AIDS pandemic. Before the AIDS crisis, orphans as percent of child population in most countries of Africa was 2% (Subbarao 2002, UNICEF, 1999: 3).

Of the 34 million people in the world living with AIDS, it is thought that 24.5 are African, and out of the 13 million cumulative numbers of children orphaned by AIDS, 12 million are African (Subbarao, et al, 2002: 2). A USAID report on orphans in Africa states: "Historically, orphaning on a large scale has been a sporadic, short-term problem, caused by war, famine and disease. HIV/AIDS has transformed orphaning into a long term, chronic problem....the serious social and economic dislocation that will result from the large and growing proportion of children who are orphaned will require comprehensive, creative and long-term solutions" (Cited in Hunter and Williamson, 1997: 4). The following figure shows total orphans as percentage of all children in selected African countries.

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[4] Refers to a child who is under the legal age of majority and is separated from a parent, guardian or other adult who by law is responsible for him or her (Williamson and Moser, 1987: 9)

Graph 2.1: Selected African countries: Orphan estimates by year and country
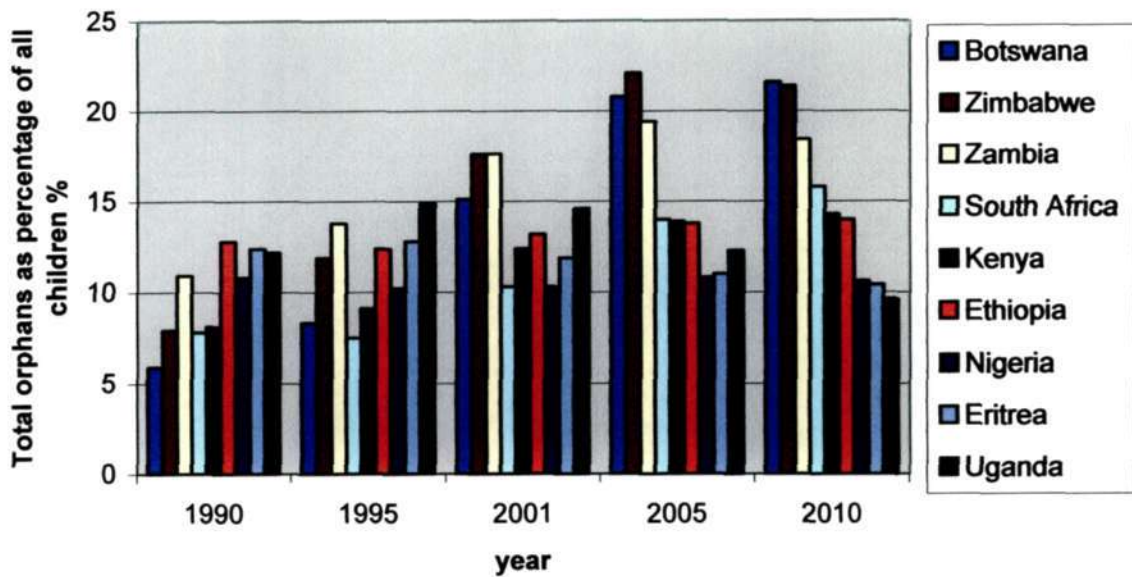
Source: USAID 2002

As illustrated in the above graph the numbers of orphans in the selected African countries have been increasing since 1990. Zimbabwe and Botswana had relatively small number of orphans in 1990 but it goes up starting 1995 and both countries are expected to have the largest number of orphans in 2005. By 2010 they will have the highest numbers of orphans in Africa. HIV/AIDS has rapidly increased in many African communities, combined with famine, diseases and multiple wars in Africa the numbers of parentless children are ever increasing.

No matter what the cause of orphanhood, there has been little known beyond conjecture of the situation of orphans in Africa. But existing studies do highlight that this is an issue that needs to be researched. Research has shown that children who have lost their families or been left without adult caregivers amongst other factors completely are more likely to suffer abuse and neglect, violence, exploitation, hunger, HIV, and lack of education (UNICEF 2002a, Machel, 2001: 45). A study in Kenya, for instance, notes orphans were abused and exploited in the extended families. Orphans have "increased vulnerability to exploitation, abuse, neglect or discrimination"… "many orphans face the danger of losing inherited properties at the hands of callous relatives and friends" (Ayieko, 1997: 78).

Children are also often burdened with the responsibility of caring for younger brothers and sisters or sick or old relatives (Gow and Desmond, 2002: 64, Martin and Van Sciver, 2000: 9). They may suffer due to weakened caregivers. Many orphans face increased responsibility to provide income for their extended families. Orphans have to enter the labour force and engage in petty trade as a result they drop out of school in early age. They may also engage in harmful forms of child labour (Subbarao, et al, 2001: 11).

Children in general face decreased access to education when families cannot afford to send all children residing in a household to school. In such situation the orphan children are the first to be denied education (UNICEF, 1999: 4, Mukoyogo and Williams, 1991: 8). Many children will lose out educational opportunities and resultant life choices (Subbarao, et al, 2001: 9).

2.2 Orphans in Eritrea

The phenomenon of children living without parental care in Eritrea has become increasingly visible and worrying over the last twelve years (Tesfay 2002). The prolonged war for independence from Ethiopia orphaned thousands of children in the country. Estimates of the numbers of orphans as a result of the war for independence vary: probably the most informed estimate places the numbers of war orphans (single and double) in the country at 60,000 (Stolte, 1994: 3). The numbers of orphans and vulnerable children in need of support has grown again in recent years because of the resurgence of conflict with Ethiopia, drought, famine and HIV. It is expected that thousands more children will be orphaned due to the 1998-2000 border conflict.

Nowadays, this inheritance from the conflicts is being further worsened by the HIV/AIDS pandemic. Although no complete and accurate statistical data is available countrywide for AIDS orphans in Eritrea, the number is growing rapidly. UNAIDS estimated by the end of 2001, 24,000 Eritrean children had lost one or both parents to AIDS (UNAIDS 2001). The numbers of orphans in the country might continue rising owing to the additional number of children to be orphaned because of AIDS.

Despite the increasing numbers of orphans in Eritrea, very little about their physical and psychosocial needs has been assessed. As a general pattern, children who lose parents are commonly left impoverished and unprotected. They lose love, affection and care; they suffer from neglect, loss of schooling and inheritance. They are also at risk of physical and sexual abuse and exploitation as child labour (UNICEF 2002a). The long-term effect of the loss of parents of 90,000 or more orphans in Eritrea, most of whom are orphans from causes other than AIDS, on their socialization, educational attainment, safety and labour force participation, will be substantial. As a developing country, Eritrea is economically poor. The average per capita income is 150 US dollars per year. Most of the people live in poverty (Manna and Gebremeskel, 2000: 1). Many extended families in particular live at a subsistence level and have to stretch already inadequate resources to provide for both the orphans and their own children. There is an increased likelihood that orphans suffer from physical and psychosocial problems.

There is a high illiteracy rate among children in Eritrea. 49% of school age children are illiterate (Manna and Gebremeskel, 2000: 1). Children who have lost one or both parents could be assumed to be among the most exposed of all. This is particularly true in places where few social support systems exist outside of families, and where basic social services are largely inadequate.

2.3 The role of the extended family in orphan care/orphan reunification

The family, in all its diverse forms, is recognized in all societies and it is the most universal and important unit of society (Mbambo, 2002: 9, Togni, 1996: 23, Hare, Weiendieck and Broembsen, 1979: 35). The role of the family in child welfare and socialization[5] is recognized as important and indispensable. UNICEF (1999: 28) argues that families provide the best environment for bringing up children and if adequately supported they will be best able to provide care for and socialize orphan children. In African societies members of the extended families especially grandparents have an important role in introducing children with societal roles, values, and traditions. They have relied largely on story telling,

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[5] Socialization is the process by which individuals learn behaviours, language, norms, values and ideas of a society or group so that they can function within it (Bloom and Ottong, 1987: 7).

proverbs and songs as techniques of socialization (Kayongo-Male and Onyango, 1984: 57). Through the process of socialization children learn to develop a concept of self in relation to society. Without a clear concept of self an individual cannot act independently and responsibility within the norms of the society but remains in a psychological state of infancy (Ottong and Bloom, 1987: 111). As a child grows the concept of self expands to include physical, cognitive and social components. For this the child needs to be exposed to other children of the same age, younger and older, and to adults and to a wider range of experience.

The child forms the social relationships that form the basis of the child's later understanding of the society in the family (Ottong and Bloom, 1987: 24). The family helps him or her to learn to relate to other members of society both peers and adults (Crosson-Tower, 2001: 23). Through socialization, children not only learn the values, norms and skills of their culture, but also acquire a sense of who they are and where they belong (Ottong and Bloom, 1987: 111). Reunification by which orphans are reintegrated into the extended families is one way of socializing orphan children within their society. Orphans who cannot get a chance of reunification may not have the opportunity to learn the value of their culture and traditions and other opportunities to develop basic life skills, which help them to function in their society. Besides this significant socializing child, the extended families provide care for orphans to grow into adulthood.

Studies in Africa show that the extended family has been providing the basic care for orphans (USAID 2002, Foster, 2000: 55, UNAIDS/WHO, 1998: 9). Although governments' responses to the orphan crisis in Africa varies across countries, studies demonstrate that the National orphan programs of the countries focus on communities and extended families in which orphans live in their traditional community, with the traditional structures in society creating sustainability (Subbarao, et al, 2001: 14-17, UNICEF, 1999: 8). This is because it is acceptable culturally; a cheaper option and the extended families are thought to best provide children with social, emotional, physical protection and guidance, which normally expected to be fulfilled by parents (Guest, 2001: 48).

Communities are also in the best position to assess their own needs, they would play an important role in addressing the orphan crisis (Subbarao, et al, 2001: 15, UNICEF, 1999: 12). In Zimbabwe, Botswana, Eritrea, Ethiopia, Zambia, Tanzania and Malawi the extended family still functioning its traditional care-giving role for orphan children (Guest, 2001: 47, Betty, Beard, Dimmock, and Sthreshley's 2001, Manna and Gebremeskel, 2000: IV). In rural Tanzania, for instance, out of the 297 rural orphans, 58% extended families, 27% surviving parents, 10% older orphan, and 5% community cared for orphans (Subbarao, et al, 2001: 13). Similarly, according to 1996 Zambian National survey, 93% extended families absorbed orphans, 1% older orphans and 6% non-relatives (ibid).

However, the extended family is constantly unable to cope with the crisis due to the pressures of AIDS pandemic, war and increasing poverty (Betty, Beard, Dimmock, and Sthreshley's 2001). This is because increasing numbers of orphans who need care have shared the already depleted resources of the extended family. In Uganda and Malawi although the extended family is currently taking the role of caring for orphans, families have been overburdened by large numbers of orphans. Recent evidence suggests that the bulk of the burden is falling on some of the poorest families. A study in Zambia showed that more than 70 percent of households keeping orphans belong to the "very poor," whereas only about 10 percent of orphans were cared for by "rich" households (Subbarao, et al, 2001: 9). Likewise, in Eritrea many families had been impoverished due to the war and consecutive drought and famine. Thus, receiving one or more orphans without the means to care for the orphans is an extra burden to the already impoverished extended families.

2.4 The welfare state

The state in developed and developing countries assumes a large role in child welfare when children's family can't carry out its responsibilities due to death of either or both parents (Hanson, 1982: 25). The state fulfils its duty by caring for orphans in state run institutions or other form of care such as group home care. However, social welfare in many developing countries was no comprehensive and coherent service rather fledging and basic. These basic welfare services sharply deteriorated in these countries since 1980's due to the

application of neo-liberal views (Joseph and Garland, 2000: 3, Cornia, Jolly and Stewart, 1987: 11). South Africa's social welfare system, for example, has operated within the context of neo-liberal approach (Manicom and Pillay, 2001:1-3). The state is not wholly responsible for welfare of individuals. Its social welfare system is designed to encourage the individual to take on part of the responsibility for welfare of other individual. This neo-liberal view grants a greater role to market forces in the field of health, education and social insurance, which are seen as driving forces for development. The remaining role of the state intended to focus on the provision of services and benefits only to those most needy (Cornia, et al, 1987: 12) has been linked to a reduction of government spending on social welfare services. Since child welfare is part of the state's social welfare system shares this problem.

In Eritrea, the present government policy with regard to the care of orphans relies on empowering the extended family and community to take care for orphans (MLHW, 1997a: 14). In traditional Eritrean society, orphaned children have always been taken care of by the extended family system; if no relatives can be traced, they are taken in by neighbours or other community members (Wolff 2002). The sense of duty and responsibility of the extended family towards orphaned children is the norm. However, the research underscores weakness of this norm due to urbanization, migration and displacement of families. Orphanages established to care for orphans are inadequate to accommodate large numbers of orphans (Asefaw 2001). Government has chosen to look at other option that is the extended family and community to care for their orphaned children.

Community-based orphan care is inexpensive in terms of direct cost to government compared to orphanages. Costs associated with providing basic care to orphans are high when salaries must be paid, buildings constructed and maintained, food prepared, and services provided. Orphanages are much more expensive to maintain than providing direct assistance to families and communities to care for orphaned children themselves. The cost comparison analysis of the orphan reunification program and orphanage conducted in 1998 in Eritrea, for instance, indicates that the reunification program was found to be cost-effective and sustainable. The numbers of orphans administered in the government run orphanage estimated to be 246 with an average unit cost of USD 1350.70 per year, as

opposed to the one-off cost incurred by the reunification program of USD 305.00 per orphan (Subbarao, et al, 2001: 26). In other words the cost for orphans in government administered orphanage is four times more expensive than that of the orphan reunification program.

Placing orphans under the care of community and extended family, however, increases the cost to the family and community in terms of time, energy and material resources to care for orphans (Gow and Desmond, 2002: 82). Critics point out that state unloads its responsibility of caring for orphan children by burdening the load to the extended family and community, which are already stretched economically because of the consistent poverty, war and AIDS. In South Africa Desmond (2002: 36) argues, "the burden of orphan care has been abdicated by government and placed on the shoulders of households whose meagre resources are already stretched to the limit".

In sum the literature reveals that community-based initiatives remain in the front line in response to orphan crises. In all the countries discussed in this chapter the extended family and community play an important role in an orphan's life and many of these countries rely primarily on the traditional community coping mechanisms. Although governments, community and NGOs responses to the crisis of orphan have been widespread, the growing numbers of orphans particularly due to AIDS and war threatens the capacity of the extended family in orphan care. The families are often stretched economically to care for orphans.

Chapter Three
Historical Background of Eritrea in the Context of
Child Welfare

Recognizing that Eritrea is a new country, the author believes that a brief historical background of the country is necessary to understand Eritrean the orphan reunification program in its context. Eritrea, approximately the size of England, is situated in the horn of Africa along the western coast of the Red Sea. It is bordered by Sudan to the northwest, Ethiopia to the south, Djibouti to the extreme southeast and Red Sea to the east. The coastline stretches for a thousand kilometres along the Red Sea, giving strategic significance to the region. The population, estimated at 3.6 million (Connell, 2002: 36) comprises mainly of nomadic and semi-nomadic herders and farmers in the lowlands and settled agriculturalists in the highlands. Eritrea is a heterogeneous society with diverse languages, cultures and religion. There are nine ethnic groups or nationalities. Approximately half of the population is Christian, and the other half Muslim. The major languages are Tigrigna, Tigre and Arabic (Tesfay, 1992: 5).

Historically, Eritrea has been the object of many waves of raids and colonizing impulses. The following a brief notes on Eritrean history describe and analyse the root causes of the present orphan problem in Eritrea. It also describes how the problem was dealt with during the colonial periods.

Successive raids by the Ottoman Turk, Egyptian and Tigrian empires marked the period before 1890 when 'Eritrea' first became a formalized entity. In 1890 Italy declared Eritrea a colony (Firebrace and Holland, 1984: 18, Davidson, Cliffe and Bereket, 1980: 23, Pool, 1979: 7). Thereafter the Italians began to recruit Eritrean men in the army to serve in their desire of expanding their colonial territory in east and north Africa namely Ethiopia, Somalia and Libya. Conflict as a result of Italians with Ethiopia in 1896 resulted in numbers of paternal orphans.

The coming of Italians also marked the beginning of formal childcare institutions in Eritrea. Prior to the colonial period, a child who had lost either or both parents had been cared for by either of the child's blood relatives (Wolff 2002).

Orphanages opened during the Italian colonialism were established to care for abandoned and orphaned children who had no relatives to care for them. The first orphanage established in 1894 by *Denagil Kidist Hanna* (Sisters of Saint Anna), and the institution began to expand its function and opened branches in other towns of the country. At the beginning, these institutions were admitting and taking care for only female orphans, but later on they began to receive poor children including infants who were abandoned by their parents regardless of their gender (MLHW, 1997a: 12).

The British forces defeated Italians in Eritrea during the Second World War. The war caused the death of thousands of Eritreans that added another wave of paternal orphans in the Eritrean communities. To tackle the orphan problem, new orphanages were established in 1940's in addition to the existed childcare institutions. Unlike to the previous institutions, the newly established orphanages were aimed at caring for infants whose mothers died during delivery and lacked anyone to care for. In such cases, the orphans were obliged to stay until the age of five, and after this age the child was given back to the nearest blood relative or to any volunteer to adopt the child (Dawit, 1998: 7).

After the end of the Second World War, the case of the former Italian colonies was referred to the General Assembly of the United Nations. The UN decided that Eritrea should constitute an autonomous unit federated with Ethiopia under the sovereignty of the Ethiopian crown. After 10 years of federation, Ethiopia breached the federation act and annexed Eritrea as fourteenth province of Ethiopia in November 1962. The annexation led for the birth of Eritrean armed struggle (Machinda, 1987: 13). During the 10 years of federation, there was no new development as far as child welfare is concerned.

Since the beginning of the independence war, the numbers of orphans and poor children increased dramatically. Drought, famine and disease were also factors that raised the

numbers of orphans. This resulted in the establishment of new orphanages. Money obtained from government workers, businessmen, companies and organizations was used to build new orphanages (Dawit, 1998: 8). Moreover, several international humanitarian mainly charities came to tackle the orphan problem in Eritrea.

As far as child welfare under the EPLF (Eritrean People Liberation Front) liberated areas is concerned, the Front caring for all orphans from the death of either or both parents in the war. Beside conflict with the massive flight of Eritrean families to neighbouring countries, unknown numbers of children were separated, abandoned and left without parents or adult caregivers.

Chapter Four

The Orphan Reunification and Rehabilitation Program

After more than three decades of armed struggle, famine and HIV/AIDS pandemic, a major social problem of Eritrea is a large population of orphans. The Ministry of Labour and Humane Welfare has responded to this challenge by identifying and registering orphans and reunifying them with their extended families. Children growing up without either or both parents are among the poorest and most vulnerable in Eritrea. They frequently lack the most basic commodities of sustainable living. The following chapter will attempt to describe the orphan reunification and rehabilitation program in Eritrea, which started in 1992 to deal with the orphan crisis and is ongoing till present day (MLHW, 1997a: 15).

4.1 Nature of the program

In dealing with the issue of orphans, the policy of the government of the state of Eritrea on the care and rehabilitation of orphans and other disadvantaged children was based on the legacy and experiences of the EPLF during the liberation struggle. Throughout the war, the EPLF sheltered and cared for children who lost their parents in the war and separated from their parents during the flight to escape from the war in orphanages established in the liberated areas (Silkin, Burguess, Rossiter, and Pearce, 1985: 7). But children living in those orphanages were not thriving, and there was difficult in reintegrating them into the community (MLHW, 1997b: 32). Studies have shown that children raised in institutional environment of an orphanage can feel like orphans their whole lives, thus social integration becomes difficult and stigma is maintained (Williamson, 2002: 24, Mulugeta and Rebecca, 2000: 22). The reunification program, by which primary socialization of orphans is provided, is thought to replace the natural family and provide orphans with physical, social and emotional needs.

The program is countrywide and has implemented in different *Zobas* (regions)[6] of the country. With financial support from the Italian government and money obtained from the world bank 816 orphans in 269 families and 9,000 orphans in 3,600 families were reunified in 1997 and 2000 respectively (UNICEF 2002b, Manna and Gebremeskel, 2000: 10). As part of a comprehensive program, the World Bank has been also funding an 'orphan reunification and rehabilitation projects' in other regions with the objective of reunifying 32,000 orphans (Tesfay 2002).

4.2 Objectives of the orphan reunification and rehabilitation program

The program has mainly focused on two interrelated objectives. Firstly, it aims to create an improved environment for orphans by reunifying them with extended families. Thus, by relying on traditional practices of child care that have been an implicit part of indigenous Eritrean culture for centuries, thousands of orphan children could be reintegrated into family environment in order to meet their physical and social needs. It is believed that raising orphans in families close them in blood ties, makes it more likely that orphans will receive the necessary love, care and attention. Orphans usually share a common biological and social bond with the extended family. Identity and sense of belonging is crucial for a child who has been orphaned and the extended family offers an orphan a family that it can identify with, and has a historical connection. Moreover, families in Eritrea often believe strongly that they only have responsibilities toward children who are related to them in blood ties (MLHW, 1997a: 16). It is also believed that children gain confidence in optimum circumstances and security through communicating and playing with the people nearest them. They recognize the value of their culture and traditions through traditional stories, proverbs and talk to older members of the community and have opportunity to learn as much as possible about their own society. It is argued that such benefits are gained by reuniting the orphans with their extended families.

Secondly, the program attempts to enhance and support the caregiver families economically to care for the orphans. Most of the caregiver families had been

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[6] *Zoba* Anseba, Gash Barka and Debub region

impoverished and unsettled by the thirty-year war and subsequent drought. Often accepting one or more children causes additional burdens on and extra labour to family functioning (Wolff 2002). Initially, the support was in cash. Later an income-generating scheme was devised and implemented whereby every potential caregiver family who hosted one or more orphaned children would receive in-kind assistance that could strengthen their economic capacity to fulfil social and physical needs of the reunified children.

4.3 The process of orphan reunification with their extended families

The reunification and rehabilitation is a three-phased process. Firstly, orphan reunification with the extended families, then rehabilitation/assistance is provided to the caregiver families and finally monitoring/evaluation is done. The reunification is a two-phased process of identification and placement.

4.3.1 Identification phase

The identification phase follows certain preparatory procedures during the process of reunification. Accordingly, a committee[7] is set up at local/village level to identify relatives of orphaned children who are willing to host these orphans[8]. Once a volunteer relative has been identified the second step is to ascertain, the extended families are asked the reason why they are accommodating the orphan child in order to confirm the intention and willingness of the family.

An assessment of the potential caregiving family is then carried out in-depth to determine if the caregiver is eligible to take care off the orphan child. One of the assessment of the family includes to investigate if there are any family ties between the would-be caregiver and the orphan child. Other criteria used are the age, health status, marital status and family

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[7] The village committee also collect information about the situation of caregiver families. It carries out follow-up studies to monitor the condition of the orphans. After the intervention of the income generation scheme, the committee submits assessment of its reports to sub-regional committee (Manna and Gebremeskel, 2000: 45-46).

[8] Based on the personal history of the would-be reunified orphan child, relatives are identified from the child origin if this is not successful relatives are traced from other village/place.

stability. In terms of family ties preference is given to a caregiver who has close family link than to those who don't while young and healthier adults are given priority. Also adults who are married and maintain stability in their homes are considered good caregivers. Once the potential caregiving family for the orphan is identified the next step is the actual reunification, that is, placing the orphan child to the new home.

4.3.2 Placement phase

Once the preparatory procedures that are mentioned above are accomplished, it will be preceded to the actual process of reunification of the orphan child, which is called placement phase. In case where the orphan child had no acquaintance with the extended family, arrangements will be made to introduce them. However, when the orphan child as in the case of paternal/maternal orphans is already taken care of by the extended family, the process of reunification precedes directly into process of rehabilitation phase.

4.3.3 Monitoring and evaluation phase

Monitoring/evaluation of the orphan reunification program is carried out every six months by social workers of the MLHW in cooperation with members of a village committee. Initially the monitoring was limited to checking whether the assistance provided was used 'properly' (e.g., if a planned shop was open, if livestock were still alive) and the reunified orphans psychosocial condition was included later. However, there is lack of continuous monitoring of the psychosocial progress of reunified children due to lack of trained social workers.

An evaluation of the orphan reunification program carried out in 1998 showed that the psychosocial condition of the reunified orphans was generally good. Accordingly, the reunified orphans were fully integrated with their extended families and developed self-confidence. They were perceived as full members of their new families rather than burdens to the families. It also documented the involvement of communities in the program. Communities participated in decision-making workshops concerning the reunification process (Hiwet, 1998: 6). According to the evaluation the outcome was measured by means

of already defined 'success indicators'. These include reunified children's health status, adjustment to school (progress through grade, school achievement), adjustment to host families (level of acceptance of child in the family, style of care and protection, social relationship between child and family), host family attitudes toward the child (support to child, guidance, parental response), child's social relationship with peer groups and community, food security in the family (adequacy of food provision) and results of economic support.

An evaluation report on orphan reunification in Anseba region also revealed that:

> Many families have increased their family income. They are able to feed and take care of *their* children (reunified orphans emphasised added). So as a result, many families will become self-reliant. The project has had a good effect on the food security of the families. Children will get better clothing, schooling and health services. The project should also have an overall positive result for the communities they are implemented in. it will lessen the burden for other families in the communities with their responsibility in looking after orphans (Manna and Gebremeskel, 2000: V).

While efforts have been made by the different governmental and non-governmental organizations, several constraints have prevented the full effectiveness of the orphan reunification program. Financial limitation, lack of skilled personnel and inadequate coordination among organizations involved in the orphan care are among other constraints of the program. A progress report on orphan reunification project in the Debub region of Eritrea, for instance, reveals that due to insufficient resources and shortage of skilled personnel the project was limited only to 14% of the total (17,358) of orphans in the region (cited in Hiwet, 1998: 6). Asefaw (2001) noted that the population of unidentified children who could not be traced to family proved larger than expected, and many children older than seven years old resisted relocation to rural areas. Moreover, insufficient attention to the special needs of orphans from various organizations and lack of sufficient and accurate information regarding the socio-economic status of orphans were limitations of the program. The deteriorating economic situation of the extended family, which results in

inability to care for orphans, was also identified in the evaluation report made in the Anseba region of Eritrea (Manna and Gebremeskel, 2000: IV).

Evaluation and monitoring of a program like 'orphan reunification' requires to develop some form of indicators at the outset. As far as the evaluation conducted in 1998 is concerned, there was no well-organised indicators which be used to measure the well-being of the reunified children. The method employed in the evaluation was in comparison with other children living in their surrounding area. This is due to the fact that there are no 'well-developed' indicators of well-being in Eritrean context.

4.4 Three initiatives of the orphan reunification program

An orphan reunification activity was carried out from 1992 to the first half of 1994. During this first initiative about 9,900 orphans were reunited with their extended families. The majority of these orphans, who were cared for in the government and non-government orphanages shortly after independence, were mainly children of those fighters who died in the war. A few children who lost either or both parents from AIDS and infectious disease and accident were also 'beneficiaries' of the early reunification program (MLHW, 1997a: 16).

In the first initiative, which was a transitory period, the support concentrated on the provision of monthly cash assistance. Caregivers received 150 Nfa (USD 27.8) per month per orphan child in order to empower them economically so that they provide the needs of the orphans. However, the monthly provision of cash support was discontinued after it was found that the beneficiary families and the orphans placed in their care became dependent on the monthly financial aid.

The second initiative of the program was undertaken between 1994-1997. Here 15% (or 13,768) of the 90,000 orphans were reunified and 6,947 caregiver families received support (MLHW, 1997a: 15). The monthly financial support was changed to that of "in kind"

welfare (oxen, cattle, camels, sheep or goats) or income-generating support[9] such as tea-
shop, retail shop, donkey driven cart, sewing machine and shoe polishing (ibid). The logic
of this strategy was that the support would provide steady flows of income to the family
there by benefiting the orphans, and the family would in the long run be self-sufficient and
need not depend on aid or assistance (for type of income generating support refer to section
4.5). The table below shows the numbers of reunified orphans by region, number of
assisted families, amount of money spent and sponsor organizations.

Table 4.1: Reunified and supported orphans by region from 1994-1997

Region	Number of orphans reunified	Number of families supported	Level of funding in Nkf	Funding agency	Duration
Gash Barka, Anseba (former Gash Setit and Barka)	2,321	1,214	5,234,31	UNICEF	1994/95
Gash Barka, Anseba and Southern Red Sea	3,850	1,719	5,696,425	UNICEF	1995/96
Debub (former Seraye)	2,912	1,140	4,095,869	UNICEF	1995/96
Debub	1,500	680	2,841,47	UNICEF	1997
Debub and Northern Red Sea (former Akeleguzai and Sahel)	1,435	1,132	3,847,426	Redd barna	1995/96
Maekel (former Hamasien)	1000	671	2,208,888	Redd barna	1995/96
Northern Red Sea	750	400	1,300,000	Redd barna	1996/97
Total	13,768	6,947	25,224,396		

Source: Hiwet, 1998: 8

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[9] Initially the income generating support, which was given to the caregiver families, was worth of 4,000
Nakfa. After 1997, however, it has raised to 10,000 Nakfa due to the Dollar-Eritrea Nakfa exchange rate rose
from 5.4 Nakfa/$ in 1994 to 9.2 Nakfa/$ in 1998.

The reunification program was suspended from 1998 till 2000 due to financial limitations and the border conflict with neighbouring Ethiopia. With the end of the war and fund granted by World Bank and other international organizations, however, the program resumed in the second half of 2000. 1440 orphans were reunified in 750 families in 2001 in Zoba Ma'eakel (MLHW, 2001: 7). Table 4.2 shows number of orphans reunified and families supported in *Zoba* Ma'ekel in 2001.

Table 4.2 Reunified and assisted orphans in sub-Zobas of Zoba Ma'ekel in 2001

Sub-Zoba	Number of orphans reunified	Number of assisted families	Number of assisted families in livestock	Number of assisted families in commercial activity
Serejeka	425	219	169	50
Berik	340	175	139	36
Gala-Nefhi	334	171	123	48
Semenawi-Mearab	132	69	18	51
Debubawi-Mearab	97	57	4	53
Semenawi-Mbrak	72	38	-	38
Debubawi-Mbrak	40	21	-	21
Total	1440	750	453	297

Source: MLHW, 2001: 8

4.5 The process of rehabilitation of the caregiver families

Rehabilitation is one component of the orphan reunification program. The idea was that most of the extended families were in need of urgent assistance to accommodate the reintegrated orphans. Eligibility for the rehabilitation program depends on the socio-economic situation of each care-taking family. The criteria for the economic support include those families in the poorest category (the poorest of the poor), i.e. families without any economic assets; families who are economically vulnerable may own land but have no camel or oxen to do the ploughing; family who own one or two cows or less than eight sheep/goats or have monthly income below 250 Nakfa. The criteria for eligibility exclude remarried widowed women or widower male from the economic support. The choice given

is either livestock or income-generating activities. These include agricultural/livestock (cattle, sheep, goats, camel, donkey) and commercial (tea-shop, retail shop, sewing, machines, donkey driven carts) inputs. The choices were based on the needs mostly felt by the beneficiaries and were the same for rural and for urban areas.

According to an evaluation conducted in 1998, the assistance provided has positively impacted the economic life of the host families. The following quotation illustrates how the assistance provided helped the extended families:

> ... there are a lot of indicators which evidence the positive outcome of the program. The livestock have multiplied, some families get milk and butter both for consumption and sale (thus the nutrition of families have improved), oxen and camels enabled some families to cultivate crops, camels bring returns from renting for transport, bee-keeping was a viable enterprise and many families who joined the business activities were successful. In addition, it is well observed that the program has transformed many families from a state of absolute poverty to a state of owning some productive assets (Hiwet 1998: 29).

The report has also indicated that the orphans have directly benefited from the assistance provided. It stated that most of the children were able to go to school and developed a sense of self-esteem and confidence. This is illustrated in the following words quoted from Hiwet (1998: IX):

> ... although few children had some reservations about the operation of current subsidies, most orphans were very happy in their present setting, they liked *their foster* (extended families, emphasis added) parents and had positive expectation in the future. ... The rate of enrolment to school ranges between 56.6 and 70.2 percent, a value higher than the national average. The majority of the orphans are in elementary education and all seem to exhibit a very high rate of participation.

Although the rehabilitation scheme was evaluated positively, the program was not well thought out enough to meet the needs of the caregiver families in terms of diversity income generation activities. Rehabilitation program that focuses on only limited activities leave

the family vulnerable. For example, if every family is facilitated in starting the same income generating activity, the market quickly becomes saturated. Also, it is difficult to get accurate information about the impact of these programs. Without this information much time and energy is wasted on activities that are not of much use to the orphans.

Chapter Five

Research Methodology

A range of methodologies can be applied in social research. A researcher can choose either qualitative or quantitative or a combination of the two (King, Morris and Fitz-Gibbon, 1987: 20). The advantage of using both quantitative and qualitative data collection methods in social research as Denzin (cited in Hall and Hall, 1996: 44) noted is to compensate the problems associated with one method by using the strength of another method. The present study adopted both quantitative and qualitative methods of data collection. This was done in order to balance the weaknesses of the quantitative method by the strength of the qualitative and vice versa. The qualitative method (in-depth interviews with 10 caregivers and 10 orphans) allowed the researcher to study the topic in depth, openness and detail, and enabled the interviewees to express their own experiences and feelings in detail (Flick 2002). The quantitative method (face-to-face administered questionnaires), however, supplied me with statistical figures that helped me to measure well-being of the reunified orphans. Prior to the main study a limited pilot was conducted in order to ensure the usefulness of the administered questionnaires with 10 caregiver families. The present study was carried out over two months (December 2002 to January 2003).

5.1 Data collection methods

5.1.1 Questionnaires

The questionnaire is a widely used research tool for gathering information. In this study administered questionnaire is adopted as a means of collecting the desired data. I adopted this technique because some of the orphan caregivers cannot read and write. The questionnaire is a more reliable and valid data gathering process from a large number of respondents compared to interviews and focus group discussions (Greig and Taylor, 1999: 127-128). Questionnaires could be open-ended or close-ended. Open-ended questions, which leave respondents free to express their answers as they wish, require single word or

phrase answers; and closed-ended questions supply respondents with a limited number of possible answers to choose from (Bless and Higson-Smith, 1995: 122). The type of questions the researcher employed in this study were a combination of closed and open-ended questions. A significant proportion of the questionnaire were framed open-ended enquires in order to allow respondents to answer freely. Because the author believes that open-ended questions can generate fresh ideas, which are not covered in the closed-ended questions. Whenever the questionnaire required open-ended questions, the interviewer recorded the answers given by the respondents without any attempt of summarize, paraphrase or correct bad grammar. The assumption was that of sameness of stimulus. The questionnaire administrators attempted to ask the same questions, with the same meaning, in the same words, same intonation and same sequence. The average time required to complete the questionnaire was between thirty to forty minutes.[10] The sampled primary caregivers in family were asked sub-questions about each orphan child of 153 they cared for and sub-questions about each natural child of 135. Both questionnaires – about the orphans and the non-orphan children - were administered face to face with the primary caregivers from december 2002 to january 2003. The 'primary caregiver' was self selected within the family – the researcher did not propose any criteria on this selection, beyond explaining that the respondent should be the person who has the responsibility for providing care and assistance to the orphan child.

5.1.2 Interviews

Social researchers use interviews in gathering data because it allows the researchers to study the topic in-depth, openness and detail. Cohen and Manion (1980: 308), for example, stated the advantage of interview as follows: "it allows for greater depth than in the case with other methods of data collection". Interviews establish rapport with the informants, and enables the researcher to understand the feelings, motives and thinking of the informants (O'Donnell, 1992: 47).

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[10] For the questionnaire, see appendix 3

Once the name and address of the informants - orphan caregiver, orphans- was obtained from the MLHW, *Zoba* Ma'ekel branch in Asmara, a visit was made to arrange a suitable time for an interview. Most of the informants were interviewed in their home in the afternoon when their housework was finished. The interview took an average of thirty minutes.[11] At first instance, the interview was conducted with the caregivers, and later respondents were asked if they were willing to allow an interview the orphan children they cared for.

All subjects were assured of anonymity for themselves and their addresses and that all their information would be treated with the strictest confidentiality. Privacy was emphasized for it gives the interviewees a chance to express their ideas freely without fear of being overheard. A tape recorder was used during the interview this is because, under normal circumstances, it records each and every word with total accuracy and requires a minimum of effort (Dunne, 1995: 19). Furthermore, interviews were carried out with 2 government officials from the department of social welfare in the Ministry of Labour and Human Welfare who are responsible for children's welfare and closely involved in the program.[12] After the interview was completed, subjects were thanked for their cooperation.

5.2 Sampling: Research population

Sampling is the process of selecting respondents who provide information about them and allow the research to construct a composite picture of the group those respondents represent (Babbie and Mouton, 2001: 168; Neuman 2000, 195-96). In this study, the researcher utilized both probability sampling to select caregiver families for the face-to-face administered questionnaire and non-probability sampling to choose orphan children and caregivers for the in-depth interview. Probability sampling technique, as Cohen and Manion (1980: 101) discussed involves random sampling so that each element in the sample has equal chance of selection. I used probability sampling in order my sample population have equal chance of being chosen. I employed non-probability sampling to

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[11] For details of the interview, see appendix 4a
[12] For details of the questions, see appendix 4c

choose caregivers and orphan children for the in-depth interview who could provide the information.

As far as the probability sampling is concerned, the sample frame, the list of names of the caregiver families that was available in the MLHW was used to draw the sample population. From the available list of names, 100 families for questionnaire were selected using stratified sampling method. In this type of sample each social group (research site)[13] is represented in the sample usually in proportion to the size of the group (site) in the population (Bless and Higson-Smith, 1995: 91). Stratified sampling was designed to ensure that all sites are represented in the study. The researcher received list of names of total number of 750 orphan caregiver families with 1440 reunified orphans from the MLHW, and each caregiver family was stratified in one of the 8 research sites in relation to family current residence. Then based on the proportion of the size of each site, the researcher decided to question specific percent of the sample population 11% from Beleza, 20% from Tsada-Kistine, 9% from Tseha-Flam, 9% from Merhano, 10% from Emba-Derho, 18% from Asmara, 11% from Adiguadad and 12% from Kushet and they were chosen randomly from the total number of families qualifying in that area.

Non-probability samples, however, is based on non-random sampling. For example, judgmental/purposive non-probability sampling is a process of selecting your informants on the basis of your own knowledge of the population and the nature of your research aims. Using purposive non-probability sampling technique, 10 caregiver families and 10 orphan children were selected for in-depth interviews from the same families sampled for the face-to-face administered questionnaires based on the availability at their home and age respectively. At first, the researcher identified two caregivers who were available at their home with the help of a village committee member. Then the researcher asked the caregivers to recommend others they might know who also available at their home. The researcher chose purposive non-probability sampling in order to enable him to select children who were old enough (aged 12-17) to give the information and caregivers who were accessible at their home and could provide the information.

[13] The research sites are Beleza, Tsada-Kistine, Tseha-Flam, Merhano, Emba-Derho, Asmara, Adiguadad and Kushet.

5.3 Gaining entry

After explaining aim and purpose of the study to the MLHW, branch *Zoba* Ma'ekel,[14] the officials agreed to allow the researcher to undertake his data collection process in the selected sites. Before the research began, the local administrators of each study site were requested for assistance in locating the homes of the participants chosen to participate in the study. Smith (1981: 183) noted the importance of some type of identification (official letter or identification card) in establishing legitimate identity. This measure is vital in establishing early rapport with respondents and it greatly facilitates data collection process (ibid).

The date of visit of each study site was also arranged. Before the researcher approached the sample population, the participants were asked their willingness to participate in the study. Thereafter participants were informed by a local committee member[15], two days in advance, that a researcher studying the orphan reunification and rehabilitation program in *Zoba* Ma'ekel would visit them. In subsequent visits, the researcher and two assistants arrived at the study sites and filled the questionnaire by visiting the homes of each participant. Before proceeding to fill the questionnaire each participant was informed the aim and purpose of the study that is to assess the orphan reunification and rehabilitation program in *Zoba* Ma'ekel, Eritrea. Participants were also informed that the study is done for academic purpose only not to any agency or government body.

5.4 Problems encountered

The researcher encountered various problems while filling the questionnaires. He was unable to interview the caregivers privately because relatives or neighbours refused to leave the scene of the interview. It is culturally normal for people in the study area to sit and hear while interviewing takes place. For this reason some caregivers did not feel

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[14] For the support letter to conduct this study, see appendix 5

[15] In each site where orphans reunified in extended families a committee set up at local level to monitor the conditions of the reunified children. The committee was established on the bases that its members could monitor the reunified children closely since they reside close to the caregiver families.

comfortable in responding some questions such as income of the household and causes of death of the orphan parents. It can be supposed that other questions regarding orphan welfare may not have been answered candidly either.

The families in most of the study sites visited were living scattered all over that filling the questionnaire on time became difficult. The researcher and his research assistants had to spend more time for limited number of families instead of finishing filling the questionnaire on the schedule. Moreover, travel between study sites was time consuming because the sites are located scattered in all different sides from the capital, Asmara.

5.5 The study area and population

The study was conducted in Zoba Ma'ekel, one of the six administrative regions of Eritrea; a case study of eight selected sites[16]. The sites are located at a distance of about 7 to 20 kilometres around Asmara, the capital city. The researcher's selection of the study sites was dictated by financial limitations and shortage of time. The 100 respondents who participated in this study are from eight sites in Zoba Ma'ekel – 11 are from Beleza, 20 from Tsada-Kistine, 9 from Tseha-Flam, 9 from Merhano, 10 from Emba-Derho, 18 from Asmara, 11 from Adiguadad and 12 are from Kushet. All are Tigrigna speaking and women account for 75% of the sample population.

In general the study population depends on subsistence agriculture, small-scale trade, and few earn their income by being employed in government and private sectors. The rural population primarily engage in the production of rain-fed annual crops such as wheat, sorghum, maize and local crop *taff*. They also raise livestock such as goats, sheep, cows but their herds tend to be meagre due to the poor pasture. The area like the rest of the country, suffered considerably from the long years of conflict (Connell, 2002: 5)

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[16] Location map of the study area, see appendix 6

Chapter Six

Findings and Discussion

This chapter will discuss the well-being of the reunified orphans as compared to non-orphans. These differences were analysed through cross tabulation.

6.1 Demographic and Socio-economic characteristics of caregivers

The mean age of the respondents[17] who were administered face-to-face questionnaires is 46.5, a maximum of 81 and a minimum of 18 years.[18]

The findings also illustrate that 69.9% of the reunified orphans are taken care of by caregivers aged 54 or below while 30.1% are taken care of by caregivers above the national life expectancy rate, 54.98 (CIA 2003). A face-to-face administered questionnaire was also conducted with the primary caregivers. Out of those interviewed 75% were females (35% married, 6% single, 3% divorced, 1% separated, 30% widowed) while 25% males (22% married, 3% single). Primary caregiver is a person who has responsibility for providing care and assistance to the orphan child.

Marital status of the orphan's caregivers show that 57% (n=57) are still in marriage, and widows (or widowers) account for 30% (n=30) of the total caregivers. About 9% (n=9), 3% (n=3), and 1% (n=1) are single, divorced, and separated, respectively.[19]

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[17] In this study, the word respondents refer to those individuals who participated in the questionnaires. The term informant is used to refer to those individuals who participated in the in-depth interviews.

[18] For the age and sex distribution of the caregivers, see appendix 1

[19] For marital status of the caregivers, see appendix 1
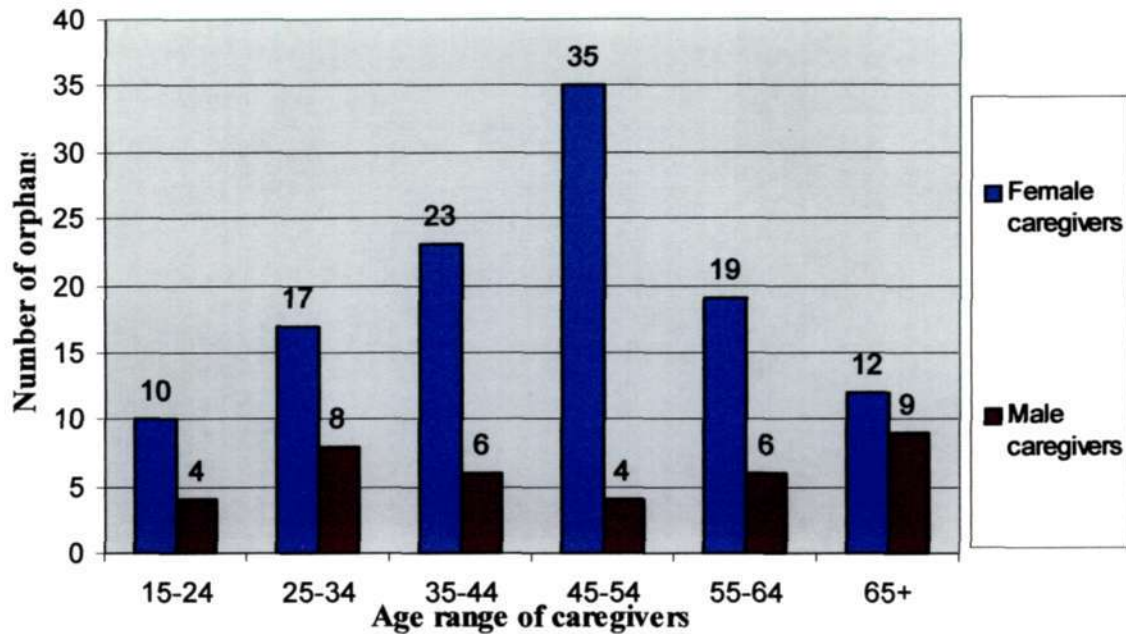
The well-being of a reunified orphan (all children for that matter), as Hunter (1990: 686) argues, is affected by age of the caregiver. Hunter states that many people caring for orphans are either "too young" or "too old" to manage the task. Sometimes not only are "old aged" people are found to be less able to provide basic needs such as food, clothing, shelter and health care, but they also need to be cared for by their grandchildren (reunified orphans). Children cared for by old relatives are more likely to be vulnerable, in that care arrangement of mutual dependency (Richter, 2001: 32). This is illustrated in the words of 14-year old orphan, Abraham, extracted from the interviews: "Although my grandmother supposed to care me, I look after myself most of the time because she is old." [20] Gow and Desmond (2002: 64) also note that orphans are frequently cared for by grandparents or great grandparents who die before the child reached the age of independence.

A significant number (30.1%) of orphans are reunified with caregivers above 55, which indicates that the well-being of the reunified orphans could be threatened in older caregiver families. As emerged from the interview with reunified orphans, as the caregivers get old, they leave the reunified orphans look after themselves, or at times expect to be cared for by the orphans. In Eritrea due to poverty (low standard of living) and prevalence of diseases

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[20] To protect the identity of the informants, all names are fictitious.

families. As emerged from the interview with reunified orphans, as the caregivers get old, they leave the reunified orphans look after themselves, or at times expect to be cared for by the orphans. In Eritrea due to poverty (low standard of living) and prevalence of diseases such as Malaria and Tuberculosis on a constant bases people tend to age faster and in this study I have put at age 54 for statistical reasons.

As far as educational level is concerned, 45% of the caregivers are without formal education, and 37% are either grade six or less. Only 10% and 8% have junior secondary and high school completed respectively. This indicates that most of the caregivers (82%) have below grade six. Lack of formal education of the respondents is associated with unavailability of schools during their school age, and if available women had limited access since they were relegated into the domestic work and motherhood roles. It is shown that most of the caregivers are female, that is, the majority of the orphans (approximately 76%) are being cared for by female either with a low level of formal education or none at all.

Yaqub (2000) cites three studies in which low education levels had negative effect on income levels. Educated parents may be more likely to desire educated children, to understand the potential benefits of education, and to be able help with studies. They are less likely to require their children's labour, and less likely to have to pull children out of school during lean periods (Behrman, Birdsall and Székely 1998; Tabberer 1998).

Educated caregivers are most likely to increase academic performance and higher quality homework complete of the orphans. As the parents are educated, they increase interest in higher educational aspirations and seek for improved parent-child communication and child's progress (Yaqub 2000). Although the majority of the caregivers in the present study have low formal education, most (77%) of the caregivers encourage their children (including the orphans) to attend school.

The economic status of caregiver families also shows that more than half (56%) depend on agricultural activities for living, 18% receive income from retail business, 9% are

employed in government sectors either as full time or part time employees and 6% receive income by working in private sectors, such as, domestic servants, labourers and part-time employees. About 8% reported rent or remittance as sources of income. They receive money from relatives who live abroad. The following table shows source of income of the caregiver families.

Table 6.1: Source of income of the caregiver families

Source of income	No.	%
Agriculture (farming and livestock)	56	56.0
Employed in private sectors	6	6.0
Government employed	9	9.0
Retail	18	18.0
Rent	5	5.0
Remittance (relatives abroad)	3	3.0
Other (pension, relatives in Eritrea)	3	3.0
Total	100	100.0

Most of the caregiver families are agriculturalists. Being an agriculturalist in Eritrea means more labour-hand is required in the field. Older orphans (aged 13-17) become contributors to the family who takes them in. They work 5.5-7.5 hours a day (see appendix 2b). Children's agricultural work is the most widespread and long-standing form of children's work. In the studied communities, children (both orphans and non-orphans) have a role to play at key times in the agricultural calendar. Children work from early age either directly helping in the growing of crops or aiding the process by fetching and carrying implements and food or water; by heading goats, sheep, or cattle; and by feeding, watering, and milking livestock (Ministry of Education 1999). Similarly, orphans assist their caregivers by selling goods in the shop. Orphans are more likely to work both at home and outside of

the home (see table 6.9). Essentially this means that orphans have to work longer and harder for intensive periods.

In sum, the demographic details of the caregivers show that a statistically significant number (30.1%) of the orphans are reunified with slightly old-aged, economically impoverished, and educationally less privileged families. As will be discussed later, age, education, income resources are related directly with the well-being of the reunified children.

6.2 Demographic details of the orphans and non-orphans

As far as demographic details of the reunified orphans and non-orphans within sampled families is concerned, there is no significant difference in age and sex distribution. As table 6.2 illustrates, the sample population are above the age of three, and the majority of orphans and non-orphans are between the age of 10 and 15. The findings show 65.8% (n=52) male and 78.4% (n=58) female orphans and 64.3% (n=45) male and 72.3% (n=47) female non-orphans are between the age range of 10-15. It is important that the age distribution of orphans and non-orphans within the families are generally within one range, this will encourage easy integration and socialization of orphans into the families. According to the Ministry of Labour and Human Welfare, such age range is the major criteria in the process of family selection during the reunification process (MLHW, 1997a: 15). Table 6.2 shows age and sex distribution of the orphans and non-orphans in percentage.

Table 6.2: Age and sex distribution of the orphans and non-orphan children

Age	Orphans						Non-orphans					
	Male		Female		Total		Male		Female		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4-6	6	7.6	1	1.4	7	4.6	5	7.1	3	4.6	8	5.9
7-9	14	17.7	11	14.8	25	16.4	11	15.7	11	16.9	22	16.3
10-12	26	32.9	29	39.2	55	35.9	14	20.0	14	21.5	28	20.7
13-15	26	32.9	29	39.2	55	35.9	31	44.3	33	50.8	64	47.5
16-18	7	8.9	4	5.4	11	7.2	9	12.9	4	6.2	13	9.6
Total	79	100.0	74	100.0	153	100.0	70	100.0	65	100.0	135	100.0

6.3 Who is caring for the orphans?

The findings illustrate that grandparents provide most of the care (65%) followed by uncles (13%), aunts (10%), older sisters (6%), older brothers (5%) and step-parents (1%). As the data indicates, two-third of the reunified orphans are living with grandparents. High absorption of orphans by grandparents is associated to the possibility that there are no young children of their own and cares for children of their deceased son/daughter. Care of orphans by grandparents was also observed in Uganda (Hunter, 1990: 685) and in Zimbabwe (Foster, Makufa, Drew, Kambeu and Saurombe, 1996: 393). To conclude in spite of the added responsibility of caring for orphans and the financial burden on the family economy as reported by caregivers, the extended family (grandparents emphasised) still provides care for the majority of orphan children in the study area. This is possibly because of the foundation of the deep-rooted kinship system characteristic of the studied communities also the support provided by the program encouraged the extended families to take care of orphaned children. It is possible that the support provided by the program and orphans input to family labour improves the living standard of whole family rather than

creating burden on some situations. This is an area for further study by comparing those families in the orphan reunification program and families out of the program.

Uncles and aunts also care for slightly less than one-fourth of reunified orphans. Since they have their own children, it becomes difficult to accommodate one or more orphans. In this case paternal uncles are more likely to provide care than maternal uncles for orphans (9% and 4% respectively). This is because of the studied communities are socially organized patriarchal that burdens male relative of the deceased individual to care for the child.

The number of orphans cared for by the extended families varied from one to four children. It is shown that 64% of caregivers are caring one orphan, and the rest (36%) extended families care for two or more orphans. During my fieldwork, for instance, I encountered a 65 years old grandmother who cares for 7 children, of whom 3 are orphans. Currently the program assists all host families with income generating assets, which worth 10,000 Nakfa whatever number of orphans each family care for. To conclude caregiving families may also be supplied with more labour by caring more orphan children.

6.4 Orphans' physical well-being

With regard to the physical and social well-being of the reunified orphans, the caregivers were asked questions related to food provision, clothing provision, education and health status of the orphans whom they care for.

The findings show that the quality and quantity of the provided food differs across households and among orphans and non-orphans. Accordingly, 73.2% of the orphans and 81.5% of the non-orphans eat four times a day. Serving food four times a day is the norm for children in Eritrea. 26.8% of the orphans and 18.5% of the non-orphans get meal three times a day. There is not a statistically significant difference between orphans and non-orphans. However, there is difference among orphans, younger children (aged 1-14) are more likely to eat better (for details, see page 41). The following table shows number of meals orphans and non-orphans get per day.

Table 6.3: Number of meals orphans and non-orphans get a day

		Number of meals per day		
		Three times	Four times	Total
Orphan	No.	41	112	153
	%	26.8	73.2	100.0
Non-orphan	No.	25	110	135
	%	18.5	81.5	100.0

Caregivers mainly provide the physical needs of children such as food, clothing, shoes, shelter and good health. Hence orphans living in households headed by adults are supplied with basic needs - food. Food - based on the in-depth interview conducted with the caregivers, the reunified orphans are supplied meals three-four times a day depending on the schedule of the family. The findings of the present study indicate that children/reunified orphans in the study area are supplied with breakfast, lunch, snacks and supper as follows:

Breakfast: - *Kicha* (local bread) or bread with a cup of tea. Sometimes *Kicha* or bread with a cup of milk.

Lunch: - *Injera* (fermented millet pancakes) usually with vegetables or mix vegetables with potatoes or *shiro* (mill peas). Occasionally, *injera* is eaten with goat or sheep meat when the caregiver has one and decides to slaughter it.

Snacks: - *Kicha* with a cup of tea or milk.

Supper: - supper depends on the schedule of the family. The meal for supper is not different to that of lunch. Children provided *Injera* with vegetables or mix vegetables with potatoes or *shiro*.

Although the statistical findings (gleaned from the questionnaires sampling caregivers) do not show significant difference between orphans and non-orphans, the in-depth interviews with the orphans illustrates that orphans are disadvantaged as far as food provision is concerned. Out of ten interviewed orphans five mentioned that they are discriminated against the natural children and receive inadequate food.[21] The following words extracted from an interviews shows that within the in-depth sample five children explained they are systematically discriminated and given insufficient food:

> If you are an orphan you don't eat good food like *their* children (caregivers' own children, emphasis added). For instance, if meat is prepared, the orphan only eat it during the first meal and in the next meal, the remaining meat is given only to own children while the orphans are away to school, in the field or on some errand or another (Saba, aged 14).

Similarly, another orphan mentioned that he is not supplied food regularly, and when he comes home late will be refused food.

> My mother never refused me to eat because she knew food is necessary. But now I'm not eating the way I have been doing. There are occasions whereby I eat 2 o'clock in the afternoon (Semere, aged 13).

Food provision is further examined in relation to age of the children. The results indicate orphans up to age 14 eat four times a day whereas majority of those aged 15-17 eat three times a day. Similar results are found for the non-orphans. The study shows a correlation between age of children and number of meals as the age of children increases the number of meals decreases from three to four times a day[22]. Thus, contrary to the findings of Nampanya-Serpell (2001: 11) in which the younger the orphan child, the worse their nutritional status, the findings of the present study discovered that most younger children eat comparatively well in this sample. It can be noted that among orphans younger children get more food a day than older children (see appendix 2a) and as it emerged form the in-

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[21] This study interviewed 6.5% out of the sample population of the reunified orphans.

[22] For number of meals orphans and non-orphans get per day by age, see appendix 2a

depth interview with the orphans food provision for the orphans is found to be less than the non-orphans (see page 41).

Clothing - the findings reveal 91% of the caregivers reported that they buy clothing and shoes for the orphans once or twice a year. The remaining (9%) mentioned the orphans under their care, are supplied clothing by 'other relatives'[23]. Further comparison analysis of expenses made for clothing/shoes by caregivers in the year 2002 shows a distinction between orphans and non-orphans. Fewer (59.1%) of orphans than non-orphans (65.9%) reported they cost for the caregivers between 301-500 Nakfa per year for clothing/shoes. According to caregivers responses as the expenses increases the percentage of non-orphans rises slightly higher than orphans. The following table shows the expenses made for clothing/shoes for the orphans and non-orphans in the year 2002.

Table 6.4: Expenditure for clothing/shoes for orphan and non-orphan children in 2002

		Expense in Nakfa				
		100-300	301-500	501-700	701-900	Total
Orphan	No.	26	85	25	8	144[24]
	%	18	59.1	17.4	5.5	100.0
Non-orphan	No.	7	89	28	11	135
	%	5.2	65.9	20.7	8.2	100.0

As differences in food intake of orphans and non-orphans are apparent in the in-depth interviews with the orphans (see page 41), differences in clothing are obvious to the

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[23] Refers to relatives of the child other than the one caring for, it could be either from the child's paternal or maternal side.
[24] Caregivers responded to 144 orphans whom they supplied clothes themselves. Data is calculated from 144 orphan children.

interviewed orphan children. Out of ten interviewed orphans six explained lack of clothes provision.

> My uncle loves his children more than us and provides for their needs while he neglects us (Mussie, aged 12).

> She buys new clothes for her own children, gives them some pocket money and other nice things which we have never been given (Saba, aged 14).

> I stay with my grandmother; she cannot afford buying clothes and uniforms (Feven, aged 12).

As emerged from the interviews with the orphan caregivers there is little concentration on clothing since the caregiver families have to get other basics first such as food. Consequently, orphans receive new clothing infrequently; some often receive clothing from 'other relatives' (see page 42). Five out of ten interviewed caregivers explained they give priority to food than to clothing.

> I buy food rather than clothes with the little money I have (Azeb, aged 55)

> I buy clothes for my children once a year because I have to supply them first food (Mhret, aged 45).

Health – as reported by caregivers 81% of orphans have no health problems or disability. However, 19% have occasional health problems (such as colds, diarrhoea and malaria). The caregivers were asked what they would do when the orphan child gets sick. The majority reported the extent of illnesses are not serious enough to be referred to a clinic. They healed themselves for the common ailments such as colds using traditional medicine, with diarrhoea and malaria although the prevalence of such ailments is not on a constant basis respondents reported that they seek medical assistance from either nearby clinic or hospital. Looking at health status of the non-orphans, 86% reported no health problems or disabilities. The rest experienced health problems including colds, respiratory infections, and malaria. The measurement taken to treat the non-orphans is found similar to the orphans; traditional medicine for the common ailments (such as colds and diarrhoea) and

when the illnesses are respiratory infection and malaria, they look for help from health experts.

In sum, the physical well-being of the reunified orphans and non-orphans illustrate that both groups are supplied with food, clothing/shoes and health services. Further analysis indicates that orphans are disadvantaged in food provision, clothing/shoes expenditure. Health status of the two comparison groups shows that the majority of orphans and non-orphans have no chronic health problems or disabilities, when there is illness the caregivers/parents deal with it either themselves or take the orphan/child to health centre. Below will be discussed social well-being of the reunified orphans as compared to the non-orphans.

6.5 Orphans' social well-being

6.5.1 Educational status of orphans

The educational status, grade attained, educational enrolment, achievement, and motivation of the orphan children are investigated compared to non-orphans. Other study shows that, when parents died, the school attendance of children drop off because their labour is required for subsistence, and more money is needed to cover for school expenses (Richter, 2001: 32). It is also observed that orphans may be the first to be denied education when extended families cannot afford to send all children of a household (Subbarao, et al, 2001: 20, UNICEF, 1999: 4). Contrary to this observation the findings of the present study show 79% of orphans in this sample enrol in school, which is higher than the national statistics in which the combined primary and secondary enrolment rate is given as 61.2% (UNESCO 2002). This shows that orphans are better enrolled than other children in the country generally although it is less than non-orphans of the study sample 85.2%. This unexpected result may be explained as due to the availability of schools in the study areas. Since the study areas are located near to Asmara, the capital city, children have relatively better access to education. In Eritrea, virtually all primary and secondary schools are government-run and primary schooling is compulsory. Basic education is provided for free to all the children of the country. But caregivers have still difficult to purchase educational

materials for the children and to pay the one-time fees for registration (for primary school student 20 Nakfa, secondary school student 35 Nakfa) and miscellaneous fees related to students' activities especially if the caregivers have their own school age children (for details, see page 48) (Ministry of Education 1999). The following table shows school enrolment of orphan and non-orphan children.

Table 6.5: School enrolments of orphans and non-orphans

| | | School enrolment | | | |
		Have never been to school	Quite school	Attending school	Total
Orphan	No.	9	23	121	153
	%	5.9	15.1	79	100.0
Non-orphan	No.	7	13	115	135
	%	5.2	9.6	85.2	100.0

Further analysis of education by gender among the orphan students shows a decline in the rates of female orphan school enrolment in secondary school, 2.7% (n=2) as compared to male orphans 10.1% (n=8). Similarly, only 4.6% (n=3) of the female non-orphan is attending secondary school. Girls' low secondary school enrolment is linked in the studied communities to early marriage and pregnancy, and the opportunity for young girls to go to school is even more limited because of domestic work (Yeshi, 2000: 24, National Union of Eritrean Women, 1999: 13). In addition, girls are discouraged from pursuing education and restricted to their domestic activities in order to prevent them from associating with boys. Thus, a very small percentage of girls are able to attend secondary schools (National Union of Eritrean Women, 1999: 13). The following table illustrates educational attainment of orphans and non-orphans by age and sex.

Table 6.6: Educational attainment of male orphans and non-orphans by age

Current educational level	Male orphans			Male non-orphans		
	No.	Age ranges (yrs)	%	No.	Age ranges (yrs)	%
Preschool	6	5-6	7.6	5	6	7.1
Primary school standard 1	4	7-8	5.2	3	7	4.2
Primary school standard 2	5	8-9	6.4	5	8-9	7.1
Primary school standard 3	8	8-10	10.1	4	9-10	5.7
Primary school standard 4	11	9-13	13.9	9	9-11	12.9
Primary school standard 5	8	10-14	10.1	9	12-13	12.9
Primary school standard 6	8	12-15	10.1	7	13-14	10.0
Primary school standard 7	5	13-15	6.3	9	13-15	12.9
Primary school standard 8	5	14-17	6.3	5	14-15	7.1
Secondary school	8	15-16	10.1	6	16-17	8.6
Primary school drop out	9	12-16	11.4	6	14-15	8.6
Secondary school drop out	2	16-17	2.5	2	16-17	2.9
Total	79		100.0	70		100.0

Table 6.7: Educational attainment of female orphans and non-orphans by age

Current educational level	Female orphan			Female non-orphan		
	No.	Age ranges (yrs)	%	No.	Age ranges (yrs)	%
Preschool	3	6	4.1	2	6	3.1
Primary school standard 1	4	7-8	5.4	5	6-8	7.7
Primary school standard 2	6	8-9	8.1	3	8-9	4.6
Primary school standard 3	7	10-11	9.4	8	9-10	12.3
Primary school standard 4	9	10-14	12.2	5	10-12	7.7
Primary school standard 5	8	10-14	10.8	6	12-13	9.2
Primary school standard 6	9	12-16	12.2	10	13-14	15.4
Primary school standard 7	8	14-16	10.8	12	12-16	18.5
Primary school standard 8	6	14-17	8.1	6	15	9.2
Secondary school	2	16	2.7	3	16-17	4.6
Primary school drop out	12	14-17	16.2	5	13-15	7.7
Secondary school drop out	0	0	0	0	0	0
Total	74		100.0	65		100.0

Out of the total 23 orphans who stopped school, 91.3% (n=21) dropped out of school at primary school while 8.7% (n=2) at secondary school at age range 12-17. Reasons given for school drop out: 6 due to illness, 3 herding the livestock provided by the program and 14 due to a shortage of educational materials or to support the households economically. Of those orphans who are attending school 79.3% (n=96) are described by their caregivers as good[25] in their educational motivation while 18.2% (n=22) as average. Only three orphan students are described by their caregivers as poor at school. Similar results are observed for the non-orphan as 82.6% (n=95) are described as good and 15.7% (n=18) as average students.

Further analysis indicates a significant difference in school achievement between orphan and non-orphan students. Non-orphan children outsmart their counter-parts in school achievement[26]. It is shown in the sample school achievement of orphan students is low compared to non-orphans. Fewer (71.9%) of orphans than non-orphans (85.2%) are described as good and 4.9% (n=6) described as poor. This lower percentage of orphans could be explained orphans do more work at home and in the field providing space for non-orphans to have more time to study. The following table shows educational motivation[27] and achievement of orphans and non-orphans as perceived by caregivers.

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[25] 'Good' in this context refers to those students who performed excellent in schooling in the academic year 2002; class rank 1-5. 'Average' refers those students who passed academic year 2002. 'Poor' refers students who repeated the same grade in the academic year 2002.

[26] 'Achievement' in this study refers to those students who passed in all subjects in the academic year 2002.

[27] 'Motivation' in this study refers to the interest of students (orphans and non-orphans) in school (interest to learn or study and rate of absenteeism in school) as perceived by their caregivers.

Table 6.8: Educational motivation and achievement of orphans and non-orphans as evaluated by the caregivers

		Good		Average		Poor		Total	
		No.	%	No.	%	No.	%	No.	%
Orphan	Motivation	96	79.3	22	18.2	3	2.5	121[28]	100.0
	Achievement	87	71.9	28	23.2	6	4.9	121	100.0
Non-orphan	Motivation	95	82.6	18	15.7	2	1.7	115[29]	100.0
	Achievement	98	85.2	14	12.2	3	2.6	115	100.0

When the respondents asked whether the orphans attending school at the time of study have a shortage of school materials, the findings illustrate that 32% of the caregivers explained that the children experience a shortage of school materials. Accordingly, school fees for registration, notebooks, pens or uniform are repeatedly reported problems by the caregivers. This suggests that a proportion of the orphan students are not supplied with adequate school equipment.

A shortage of school materials is also identified in the interviews with the orphan children. Six out of the total ten interviewed orphans stated that although they are attending school, they experience lack of writing materials, textbooks or school uniforms. The following quotations extracted from the interviews demonstrate the shortage of school materials experienced by the school children:

> Sometimes my grandmother assist me if she has some money unfortunately, she has no money most of the times and I am sent back from school due to lack of necessities (Feven, aged 12).

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[28] Caregivers responded to 121 orphans who were attending school at the time of the study. Data calculated from 121 orphan students.

[29] Caregivers responded to 115 non-orphans who were attending school at the time of the study. Data calculated from 115 non-orphan students.

All my pens have finished but when I ask for money to buy pens, my aunt says she does not have money to buy me pens yet she manages to pay fees for her 5-year-old preschool child (Saba, aged 14).

If you ask your caregivers to buy you school uniform, you are told to drop out of school because they cannot afford to buy one, so some times you have to find piece work for cash on your own (Eyob, aged 15).

The school sometimes demands that the children make monetary contributions for buying things like a ball. We fail to pay and are sent back. We stay without going to school for several days until the issue is forgotten and we sneak back in (Rahel, aged 16)

As emerged from the in-depth interview with the orphans, children often experience a shortage of school equipments. Although primary schooling is free in Eritrea, it remains difficult for many caregiver families to pay for other related costs such as registration, books, pens and uniforms. Children do piece of work to earn money for school expenses. Although the work provides money for school fees and exercise books it hinders schoolwork by preventing the children from giving adequate time and energy to school assignments. As a result, they miss school or drop out altogether.

In sum, the data indicate not statistically significant but small difference in enrolment between orphans (79%) and non-orphan children (85.2%) and 13.3% fewer orphans than non-orphans described by the caregivers as 'good' at school (for details, see table 6.8). In addition, more children, both orphan and non-orphan, in urban areas attend school than rural areas. There is not significant difference in school enrolment between orphan and non-orphan girls (83.8% and 89.2% respectively). However, there is a discrepancy between the percentages of boys and girls enrolled in secondary school, showing some favour to enrolling boys in schools over girls. This gender gap is anticipated from the general demographic data in the country, which shows lower school enrolment rate for girls than boys after the ninth grade of schooling. Girls enrolment ratio at the university level is 14% as compared to 47.9% at the primary level (Yeshi, 2000: 24)

6.5.2 Orphans' work

Child labour has been of major concern internationally related to children's rights and their well-being. Concerns have already been raised about the work of children especially those activities that jeopardize children's well-being (Bequele and Boyden 1988, Nieuwenhuys 1995, White 1994). Although there is no clear distinction between what is acceptable and what is not in children's work, it is clear enough that many of children's activities may conflict with their rights to education and care. For instance, some tasks considered by parents and caregivers as minor might be so time demanding for a child that he or she has little time to play or learn. Concerning children's work, the caregivers asked whether the orphans and non-orphans partake tasks at home and 'outdoor' activities. These questions were intended not only to elicit information on how many of the orphans and non-orphans participate in domestic or other tasks but also to give the length of hours orphans and non-orphans participate in various tasks.

The findings indicate that all of the orphan and non-orphan children (100%) partake in tasks in and around the home and farm. Children in the study areas participate fully in the activities of the families, carryout various tasks including domestic and agricultural tasks as young as ten years old. They spent time fetching wood and water, helping families in farm, keeping livestock and performing household chores. Although these are generally considered as common tasks for children in the study areas, the pertinent question, however, lies in how frequently compared to others the orphans carry out these tasks and the impact of it on their educational achievement and well-being in general. The table below shows the time the orphan and non-orphan children participate in domestic or other tasks.

Table 6.9: Length of hours orphan and non orphans participate in domestic and other tasks by sex

| | | | Length of hours | | |
			1.5-5.4 hours	5.5-7.5 hours	Total
Orphan	male	no.	64	15	79
		%	81.1	18.9	100.0
	female	no.	52	22	74
		%	70.3	29.7	100.0
Non-orphan	male	no.	61	9	70
		%	87.1	12.9	100.0
	female	no.	53	12	65
		%	81.5	18.5	100.0

The table 6.9 above indicates that all orphan children contribute to the domestic chores of their households. The findings illustrate more male orphans 18.9% work 5.5-7.5 hours a day compared to 12.9% of male non-orphans. It is also shown that 29.7% of female orphans work 5.5-7.5 hours a day compared to 18.5 female non-orphans. Orphans in the studied areas are involved in work for longer hours than non-orphans. Similar study (Mckerrow, Smart and Snyman, 1996: 14) reveals that orphans living with extended families are often expected to perform a great deal of extra work, far exceeding a child's normal capabilities.

Findings (Manna and Gebremeskel, 2000: 34) show that there is a distinction among urban and rural children. Children in rural areas work longer hours than children in urban areas. The study areas in the present study are mixed, 3 are urban while 5 rural. In rural areas children are expected to help their families in farming herding, fetch water and housework. Similarly, orphans who are living in rural families, whose livelihood depend on agriculture work longer hours than orphans who are placed in urban families. As reported by caregivers older orphans (aged 13-17) have to work for three hours in the morning before attending school in the afternoon (see appendix 2b). Four out of ten interviewed orphans

explained there are certainly problems with schools, especially in the harvest season. Children reported they become tired. This is illustrated in the following words extracted from the in-depth interviews:

> During agricultural season I wake up early in the morning and work until mid-day in the field, and then I go to school in the afternoon without being done my schoolwork. Sometimes I miss school, because I feel tired, if I go, I could not follow learning in class (Rahel, aged 16).

> I often help my uncle in farm carrying agricultural implements, weeding and harvesting. In the harvesting season I get time rarely to work my assignments and go to school being tired (Mussie, aged 12).

All (ten) of the orphans interviewed reported the poverty of their caregiver families, and some of them involve in piece work to earn money. Six out of ten orphans mentioned that they get money support from doing petty trade, and the money is used to buy food, clothing, shoes, school uniform, writing notes, pens and pay school fees. Work outside the family may include working as daily labourer, working in other families plot or in the fields to provide for their needs. One informant orphan child stated:

> My grandmother is poor that it is difficult for her to assist me I just do piece work to help myself (Abraham, aged 14).

The findings show that orphan girls work longer hours (5.5-7.5) than orphan boys (respectively 29.7% and 18.9%). Girls are generally doing more domestic work. From the in-depth interview with the orphans it is found that girls do the following work: trudging long distances to fetch firewood, animal fodder and water, growing and harvesting food, cooking and caring for her family, and baking *Injera* (fermented millet pancakes). Manna and Gebremeskel's (2000: 34) study shows girls are expected to do more work at home than boys. In some families the situation of orphans could be worse because they might be expected to do extra-work as a compensation for the care they get from the family. Generally, as children's activities are difficult to record (Nieuwenhuys, 1995), one could

assume that the time spend in domestic work is underestimated. Many orphan children may work longer than presented here and thus they may not have enough time for study and play. Moreover, they have so many responsibilities, which deprive them of the time to do other activities such as schoolwork or play.

6.5.3 Play

Play is one aspect of orphan's well-being which was raised following the question on orphans' work. Play helps children learn to relate to others and to cope and function within the family and community (UNHCR 1994: 40). In this study 94% of caregivers stated that they give time to the orphans to play during the day. During the in-depth interview with the orphan children, it is found that there is discrimination in the amount of playtime available to orphans. Out of ten interviewed orphans four explained they lack time to play. Orphans work long hours as compared to non-orphans. Moreover, boys have more time for play than girls. This is illustrated in the words of two girls living orphaned by both parents extracted from the interviews:

> I am told to keep a shop and fetch water most of the times. The rule is – No work no food for that day. From the work I go to school and from school I go to keep the shop. I rarely have time to play. I also do other household chores. I spend every time working (Genet, aged 14).

> My aunt does not allow me to play with my friends. I help her in the household work. Before I going to school I cook food, wash dishes, clothes and fetch water regularly. I do the same work after I return from school in the late afternoon (Saba, aged 14)

This is confirmed in the interviews with caregivers. A mother of two children who cared for a 13-year-old her deceased brother's son stated that the orphan child doesn't have time to play because he works for 5-6 hours a day. He keeps a shop and brings stuff from market. Her children, she said, are too young (aged 5 and 3) to partake in the tasks.

In some cases, what is viewed as a situation in which the elderly provide childcare is more akin to a situation of mutual support with increasingly frail grandparents becoming the care recipients of grandchildren. An 80-year-old grandmother reported that the child she cares for doesn't play during the day. Interviewed separately, the child explained:

> My grandmother is old, I have a lot of work to do at home, and she doesn't let me play with my friends (Feven, aged 12).

From the in-depth interview with the orphans, it emerged that orphans perform tasks at home to support their grandparents. Some orphan children who are placed with old/sick caregivers are likely to spend long hours to support their caregivers. There are children who pulled out of school to care for their caregivers, and sometimes lack time for play. UNICEF (1990) observed that old grandparents who themselves are in need of care suddenly had to care for their orphaned grandchildren. These grandparents are less able to provide the necessary care and protection for children. Similarly as emerged from the in-depth interview with the orphans, children take care off themselves as their caregivers get old (for details, see page 35).

6.5.4 Relationship of orphans with caregiver families

The well-being of the orphans is influenced by the relationship existed between the caregivers and the reunified orphans. When the relationship between orphan and the caregiver becomes harmonious and smooth, the reunified orphan will feel safe and easily integrate with the new family (UNHCR 1994: 35). Through the questionnaire administered face-to-face the caregivers were asked their relationship with the reunified orphans and 85% stated that their relationship with the children is satisfactory. They also reported that the orphans are in harmony with own and neighbour children.

Furthermore, the caregivers were asked about any behaviour difficulties that the orphans might have. They were also asked how they would discipline if the orphan children misbehave. The findings reveal that 94% of the respondents are satisfied with the orphans' behaviour they cared for as compared to 93% of non-orphans (own children). Nevertheless,

6% stated that sometimes the orphans show some kind of difficult behaviour. These various kinds of behavioural difficulties, in most cases, as the caregivers stated are regarded as transient and which therefore cause only temporal concern. Some of the behaviour described by the caregivers includes being disobedient or loss of respect to them. The high percentage of caregivers' satisfaction with the children's (orphans and own) behaviour is because of the way the studied community socialize children. The elderly (grandparents) play an important role in socializing children and are highly respected in the community. Grandparents teach children to be sociable and prepare them for future adults. Through socialization grandparents transmit customs, rules, knowledge and oral tradition, mythologies to the children. They tell stories that help children how to behave in certain ways.

As far as disciplinary measures are concerned, 9% of the caregivers reported that they warn the orphan children whenever they misbehave or repeat the act. 7% beat the orphans. 84% reported that they advise the orphan children they care for whenever the children misbehave. But this doesn't necessarily mean that the caregivers are always pleasant towards the orphan children, and when they do not listen them or repeat the act they beat them. Looking at disciplinary measures of the non-orphans 11% of the caregivers reported they warn the natural children, 6% beat the natural children while 83% advise the children whenever they misbehave. Culturally, it is acceptable for parents to punish their children, and the communities in the study areas are tolerable to physical and verbal punishment whenever children misbehave. The following words extracted from the interviews illustrate how a 65-year caregiver discipline her child (orphan):

> I don't use physical punishment at out most. Firstly, I tell him what to do and not to do. If he fail to comply with my advise, I give him final warning. I use physical punishment if the child did not obey my advise (Abrhet, aged 65).

A number of the interviewed orphans described social aspects of their life and relationship with their caregivers. One female orphan informant explained:

> I like living in this family, studying and farming, helping my grandmother in household tasks. When I don't obey my grandmother she doesn't do anything, just explains and says what is bad, what is not good, so that I won't do it again (Luwam, aged 13).

Other orphan children speak of the ways in which their caregivers respond when they do not obey them or referred to ways in which they are punished for 'inappropriate' behaviour. A male orphan speaks of being treated fairly:

> When I don't obey my grandmother, or when I do something wrong or break something, she advises me, saying that this or that is not right, I must not do it. The same happens with my other brothers and sisters (Abraham, aged 14).

A number of the interviewed orphans speak of preferential treatment in comparison with the caregiver's own children, however, some reported they are unfairly punished or mistreated by either their caregivers or members of the extended families. This is illustrated in the words of a 15-year orphan who live with his grandmother:

> I help my grandmother keeping a shop and fetching water and I usually go to the fields but my paternal uncles insult and beat me. My grandmother too, she usually insults me (Eyob, aged 15).

A 12-year orphan girl also mentioned that her uncle's wife mistreats her:

> She gives me hard work while others are seated (Mana, aged 12).

Two of the interviewed children reported that the village committee who are supposed to visit them to observe how they are treated do not consult them. Perhaps because of fear of family wrangle. This is illustrated in the words of two reunified boys as follows:

Although *they* (member of the village committee, emphasis added) are supposed to ask us (orphans), they have never consulted us when they come home, they talk to my grandmother only (Eyob, aged 15).

Every time the village committee comes to ask how I am doing, my uncle never let them communicate with me, and they do not bother whether they talk to me or not (Mussie, aged 12).

In sum, the findings, from the interviews with the orphan children, illustrate that a number of reunified orphans are mistreated. However, some of them are well treated. In the studied communities, grandparents (extended families, for that matter) tend to pamper their grandchildren at the same time they feel responsible to raise a disciplined child.

6.6 Caregivers' perception of their role of caring for orphans

Interviews carried out with caregivers suggested that motivation to take responsibility for the orphan children is largely tied to a sense of family obligation[30]. A paternal uncle caring for two sibling nephews said:

They are my brother's sons, I couldn't reject them. It wouldn't be acceptable to let them alone while I am alive (Alem, aged 41).

When the caregivers were asked for how long they are willing to care for the orphans, they responded positively. The findings indicate that 95% answered that they will care for the children till they get married, while 5% stated that they will look after them till the age of 18. This shows that most of the extended families feel responsible to care for children who lost their parents. This is illustrated in the words of a 68-year old grandfather who is caring for his two granddaughters stated:

I have a commitment to care for my children and it is my obligation to do so (Tekle, aged 68)

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[30] This study sampled only families in the program so there is possibility of bias of results.

A woman looking for her younger brother's son responded:

> I haven't got hesitation, after all it would be enough to see that the child had no
> one. I would have to care him until he leaves this home getting married (Mhret,
> .   aged 45).

Although the majority of the caregivers are willing to care for the orphans, material
poverty limit the capacity to care for orphan children for extended time. During the in-
depth interviews, 5 caregivers expressed that although they are happy to accommodate the
orphans as long as possible, their economic stability does not allow them to do so. A
grandmother caring for her three grandchildren, for instance, said:

> If the cost of living is much cheaper as it was before, it wouldn't be a problem to
>
> care for the children for extended time (Alganesh, aged 71).

The host families which are living under poor living conditions there is a tension between
the will to care and the ability to do so. The families cannot carry the burden because they
often lack adequate income to care for extra children. Although there is still strong family
tie and sense of responsibility to care for orphaned children, the families' resources are
increasingly stretched to the limit as they absorb increasing orphan numbers as a result of
war, poverty and AIDS. Moreover, some families take advantage of the orphans to benefit
from the assistance provided and to support them with household chores and in the farm.

6.7 Provision of economic support and its effectiveness

The reunification program includes aspects of support for the families receiving orphans.
This support had been in cash (150 Nakfa per child per month) during the first initiative
(1994-1997) of the program although this assistance has changed since 1997 to emphasis to
that of 'in kind' support such as livestock, agricultural inputs and some commercial
activities.

The findings show more than half (58%) of the families chose livestock while 35% small shops. The remaining 4%, 2% and 1% chose poultry, sewing machine and shoe polishing respectively. Most of the families choosing livestock live in rural areas and their livelihood depends on agriculture.

The following table shows the effectiveness of the support provided based on the perception of the caregivers. The effectiveness of the support is determined in terms of sustainability of the assets provided. If, for instance, the livestock are multiplied or if the income generating activities are operating well and if the caregivers are benefited from the proceeds.

Table 6.10: Effectiveness of the support provided

Type of support	Successful		Not successful		
	No.	%	No.	%	Total
Livestock	42	72.4	16	27.6	58
Shop	27	77.1	8	22.9	35
Poultry	4	100.0	-	-	4
Sewing machine	2	100.0	-	-	2
Shoe polishing	1	100.0	-	-	1
Total	76	100.0	24		100

The above table shows that 76% (n=76) of the caregiver families' living standard improved as the result of the provision of the support. It can be further noted that 77.1% (n=27) of the shop owners and 72.4% (n=42) of those supported in livestock reported improvement in their standard living. The shop owners in the smaller towns and villages also reported their business operate in good condition. This is illustrated in the following words extracted from the in-depth interviews:

> I sale some of the multiplied sheep during holidays; and I buy clothes and shoes for my *children* (orphan and own children, emphasis added) from the sale. If I buy for two

> children in this holiday for the other two in the next holiday. I pay school fees for them (Haile, aged 38).

> I am supplied with 20-30 eggs daily and the eggs are sold. I am able to meet the immediate needs of my family and supply my *children* (orphan and own children, emphasis added) with food, clothing and school materials from the proceeds of the sale. Before the support, I used to earn money by making hair and working in domestic of other families helping them washing clothes, dishes and cleaning house (Sara, aged 46).

Literature shows that most families reside in rural areas chose livestock so that they may raise them and possibly multiply in numbers (Hiwet 1998: 18). The findings of the present study also illustrate that six out of ten interviewed caregivers mentioned that their assets such as cows and/or sheep have multiplied and they get milk and butter both for consumption and sale, so the nutrition of the children may have improved, oxen enable some families to cultivate crops. Some families also stated that they are able to cover the expenses for the physical and educational needs of the reunified and their own children from the sale.

All caregivers interviewed compare their standard living before the support provided and after. The informants stated that they are able to secure immediate needs such as food of their households. One informant illustrate his family' standard living improvement after he was provided oxen:

> I used to let my neighbour who own oxen to cultivate my land and I only received one third of the product. But now I cultivate myself and earn better products than I used to earn (Hagos, aged 48).

The findings illustrate the provision of support has had a contribution towards the standard living of most of the caregiving families. Through the provision of income generating activities, 76% of caregiving families are able to stabilize their economic conditions and better incorporate the orphaned children into their family structure. However, almost a quarter (24%) reported that they were not benefited from the support. All these families

mentioned disease/poor grazing and lack of demand are the main reasons for their impoverishment among livestock herders and shop owners respectively. This is expressed in the following quotes from two of the caregivers who participated in the in-depth interviews:

> I am not benefited from the support; the cattle provided died of disease shortly after I received. At the beginning I hoped the cows would be multiplied and provide my children milk (Daheb, aged 53).

> Three of my oxen died of disease and drought and I am left with one cow only. Last year we had no sufficient rain and we are not certain this year. I buy fodder for my cow cost me 400-700 Nakfa every three months in the hope that my cow will multiply and provide my children milk. So I cannot say the assistance helps my family (Abrehet, aged 65)

Chapter Seven

Conclusion and Recommendations

The purpose of the present study is to assess the orphan reunification and rehabilitation program in *Zoba* Ma'ekel, Eritrea. Methodologically, an attempt has been made to integrate both qualitative and quantitative data collection methods. The problem of orphaned children in Eritrea is being somewhat ameliorated through family bond and sense of responsibility and response that exists in Eritrean community, and the support for this traditional system given by the program in question.

Most of the extended families in the sample still have insufficient income to meet basic needs of the orphans under their care. It is shown that sample families depend on subsistent-agriculture and seasonal labour, and assistance from relatives. According to the findings of the present study, this seems to have negatively affected the well-being of the reunified orphans.

The findings from the in-depth interview with the orphans also illustrate that a proportion of the reunified orphans are possibly disadvantaged in food provision. Similarly, the statistical findings show that the non-orphans are tend to be comparatively better off as far as clothing is concerned. 65.9% of the non-orphans costs 301-500 for the caregivers for clothing per year as compared to 59.1% the non-orphans and we find more orphans than non-orphans as the expenditure for clothing increases (see table 6.4). In terms of the physical well-being of the reunified orphans, there is an experience of a shortage of food, lack of parental care and shortage of money for clothing. During the face-to-face administered questionnaire, majority of the caregivers revealed that they supplied the reunified orphans what they have. But, during the in-depth interviews with the reunified orphans, six out of the total ten interviewed stated that the caregivers privileged their own children, especially when there is scarcity of resources such as money, food, clothes and shoes (for instance, 91% of caregivers in the face-to-face administered questionnaire reported that they buy clothes for the orphans but six of the interviewed orphans expressed

they are disadvantaged in provision of clothes against the natural children). These findings suggest that orphan caregivers are possibly uncomfortable to describe the welfare of the orphans under their care negatively. This indicates a problem discrepancy in responses both sets of respondents have vested interest merits for further study. It may also suggest that any improvement in livelihood first benefits the natural family – this suggests for comparison between orphans and non-orphans within the household distribution pattern, which is an area for further study.

Social well-being of the reunified orphans illustrate that the reunified orphans' school enrolment is found more than the national child-age school enrolment rate. Most (79%) of school age orphans are able to attend school on a regular basis. Further gender analysis of the findings also indicates that more male orphans are enrolled than female orphans because of traditional patriarchal social organization of the society. A Significant number of the reunified orphans also experienced shortage of school materials, which include school fees, notebooks, pens or uniform. 32% of the orphan caregivers and six out of the total ten interviewed orphans expressed shortage of school materials. The findings also illustrate that both orphans and non-orphans work as most of the studied community depend on agriculture for living. However, non-orphans work less hours than orphans, orphan females work long hours compared to male orphans. Similarly, female non-orphans do more work than male non-orphans. In addition, social relationship of the reunified orphans with their new families indicates harmonious affiliation that can be explained in terms of the existence of blood ties between the caregivers and the reunified children. All the extended families saw themselves as responsible to assist the deceased brother/sisters children or grandchildren. This is also manifested in the way they discipline the orphan children, in most case use verbal advice, physical punishment is used at extreme cases.

The orphan reunification and rehabilitation program, which started in 1992, promoted the social and physical well-being of the reunified orphan children. Through the assistance provided, most (76%) of the extended families are strengthened economically to host one or more orphaned children that impacted positively. Participating families improved their living standard and increased their ability to feed and care for the children. However, a

number of reunified children are discriminated against own children especially when the caregiver families have young children.

It is possible that orphan children are 'subsidizing' caregiver families' own children in a variety of ways although the support provided to meet the needs of the reunified orphans. Through the subsidy system providing a better livelihood for the family and are possibly supplied with additional labour by the orphans. Caring for orphans for those with successful businesses may be a positive addition to family rather than a burden at orphans expense, although explained as a burden. The results also suggest that orphans are better off when cared for by extended families than those on streets and orphan headed-households although treated differently from non-orphans. This suggests a need for adjusting intra household distribution patterns between orphans and non-orphans.

Recognizing the significance of well-being of orphans, the government of the state of Eritrea is investing resources to improve the situation of orphans through the program of integration with extended families. Clearly it appears that current emphasis on extended family-based care of orphans, rather than institutional care is both desirable in principle and feasible in practice with some modifications. The sheer numbers of orphans means that the government would not possibly be able to mobilize adequate resources to care for orphans institutionally.

Recommendation for further study

Understanding the significance of research on the situation of reunified orphans, the author recommends the following research topics and research methodology for further research. Further assessment of the orphan reunification program in *Zoba* Ma'ekel could be valuable if it focuses on the following topics:

Study recommendation

- Because the extended family provides the most important response to orphans problem, all policies, strategies and interventions should focus on strengthening their economic capacity, emotional and practical capacity of parenting skills that sustain orphans and have thus far protected them from discrimination and exploitation. Moreover, provision of psychosocial counselling is essential because it helps host families adjust to new members.

- In view of the fact that a high proportion of the children in the program are relatively young (mean age 12.2), it would be important in the future to place emphasis on monitoring and offer more support where necessary.

- As emerged from the interviews with the orphans, village committee who supposed to monitor the reunified orphans does not consult orphan children about their situations in the extended families. The village committee only speak of the caregivers. This suggests that more needs to be done to review and alter existing monitoring system of the MLHW and to make communication directly with the reunified children. This is essential to avoid bias of committee village over the reunified orphans.

- Further research needs to be done on the impact of the orphan reunification program of the MLHW on the well-being of the orphans in other *Zobas* (regions). Focus should be made on the extent to which the program changed the well-being of the reunified children before and after reunification with their extended families.

- Further research needs to be conducted on how households benefit from the program and the assistance helped other members compared to families with no orphans. There is also a need for further research on intra household distribution patterns in order orphans have equal access to basic needs such as food, clothing, shelter and health care to rest members of the family.

Practical recommendation

- There is a shortage of social workers in the MLHW (Ministry of Labour and Human Welfare). More social workers need to be recruited and provided with trainings in order to monitor and supervise the current situation of the reunified orphans.

- Many of the caregivers interviewed noted that they are having problems meeting school fees and uniform costs and other school-related costs for orphan children. They feel more support in order to cover the needs of the reunified orphan children. This is a complex issue as support for family.

- The beneficiaries need technical support in regard to making feasibility study on the income-generating activities, management of assets, looking for diversities of income-generating activities.

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Appendices

Appendix 1: Demographic details of the orphans' caregivers who administered the face-to-face questionnaires

Age and sex distribution of caregivers

Age	Females		Males		Total	
	No.	%	No.	%	No.	%
15-24	4	5.3	2	8.0	6	6.0
25-34	8	10.7	4	16.0	12	12.0
35-44	17	22.7	6	24.0	23	33.0
45-54	26	34.7	4	16.0	30	30.0
55-64	14	18.7	3	12.0	17	17.0
65+	6	8.1	6	24.0	12	12.0
Total	75	100.0	25	100.0	100	100.0

Marital status of the caregivers

Marital status	No.	%
Single	9	9.0
Still married	57	57.0
Divorced	3	3.0
Separated	1	1.0
Widowed	30	30.0
Total	100	100.0

Appendix 2a: Number of meals orphan and non-orphan get per day by age

Age of the children			Numbers of meals per day get food		Total
			Three times	Four times	
Under age	Orphan	No.	0	2	2
		%	0	100	100
	Non-orphan	No.	0	0	0
		%	0	0	0
6-8 years	Orphan	No.	0	21	21
		%	0	100	100
	Non-orphan	No.	0	21	21
		%	0	100	100
9-11 years	Orphan	No.	0	34	34
		%	0	100	100
	Non-orphan	No.	0	27	27
		%	0	100	100
12-14 years	Orphan	No.	5	50	55
		%	9.1	90.9	100
	Non-orphan	No.	2	54	56
		%	3.6	96.4	100
15-17 years	Orphan	No.	36	5	41
		%	87.8	12.2	100
	Non-orphan	No.	23	8	31
		%	74.2	25.8	100

Appendix 2b: Length of hours orphans and non-orphans partake tasks a day by age

Age of the children	Orphan Length of hours		Total	Non-orphan Length of hours		Total
	1.5-5.4 hours	5.5-7.5 hours		1.5-5.4 hours	5.5-7.5 hours	
4	2	0	2	0	0	0
5	5	0	5	0	0	0
6	3	0	3	8	0	8
7	5	0	5	6	0	6
8	7	0	7	7	0	7
9	11	0	11	10	0	10
10	14	0	14	13	0	13
11	19	0	19	4	0	4
12	18	0	18	12	0	12
13	15	4	19	22	0	22
14	15	5	20	22	0	22
15	1	8	9	8	11	19
16	1	14	15	2	7	9
17	0	6	6	0	3	3
Total	116	37	153	114	21	135

Appendix 3: Questionnaire

This questionnaire is prepared to assess the orphan reunification and rehabilitation program in Eritrea. Please mark a tick (√) the correct option in the provided box. All the questionnaires are prepared to be answered by the orphan caregivers.

Appendix 3a

Demographic information of caregivers

1. Sex _____ Age. _____

2.Caregiver level of formal education

No schooling	☐
Grade 1-6	☐
Grade 7-8	☐
Grade 9-12	☐
College graduate (diploma/degree)	☐

Other _____

3. Marital status?

Single	☐
Married	☐
Divorced	☐
Widowed	☐
Separated	☐

Other   _____

4. Caregiver health status?

Healthy ☐

Unhealthy ☐

Disabled ☐

Other_____

Income information

5. What are your sources of income?

Agriculture farming ☐

Agriculture livestock ☐

Both agriculture farming and livestock ☐

Employed in private sectors ☐

Government employed ☐

Unemployed ☐

Retired ☐

6.What is your job? (Please be specific)_____

Monthly salary in Nfa? _____

Yearly income in Nfa? _____

7. If unemployed, what are your sources of livelihood?

Relatives abroad   ☐

Relatives in Eritrea ☐

House rent ☐

Pension ☐

Retail ☐

Subsistence ☐

Other_____

Family information

8. Whereabouts do you live?

Urban area ☐

Rural area ☐

Suburbs ☐

Other_____

9. What sort of house do you live in?

Rented house ☐

Government house ☐

Own house ☐

Other_____

10. How many individuals are currently living in this household? _____

11. How many orphan children are you currently raising?

1 ☐

2 ☐

3 ☐

4 ☐

More than 4 ☐

12. Are the children from the same biological parents? (Applicable if the caregiver is raising more than one orphan child)

Yes ☐

No ☐

13. Where did you hear about orphan reunification?

Personal visit ☐

Media ☐

Friends ☐

Public seminars ☐

Request from government ☐

Other, please specify _____

14. Do you have your own children (under 18 years)?

Yes ☐

No ☐

If yes, how many _____

15. Do they live with you?

Yes ☐

No ☐

Appendix 3b

This section contains 42 questions. The caregivers were asked about the orphans they cared for.

1. Sex _____ Age _____ Date of arrival _____

2. Did you know this child before? (i.e. when his/her parents were alive)

Yes ☐

No ☐

3. What is your relationship to the child?

Grandparent ☐

Aunt/Uncle ☐

Cousin ☐

Other, please specify _____

4. What kind of orphan is the child?

Maternal ☐

Paternal ☐

Double ☐

· Other _____

5. What is this child doing at present? _____
   (Questions 6-10 applicable if the orphan child is currently at school)

6. Which grade is he/she? _____

7. Does this child ever study at home?

   Yes ☐

   No ☐

   If yes, when? _____

8. What is his/her educational motivation?

   Good ☐

   Average ☐

   Poor ☐

9. What is his/her educational progress/achievement?

   Good ☐

   Average ☐

   Poor ☐

10. Does this child have shortage of school materials?

   Yes ☐

   No ☐

If yes what? _____

_____

11. If drop out school, indicate grade at drop out

Elementary ☐

Junior ☐

High school ☐

12. Reasons for drop out?

Parent's death ☐

Illness ☐

Negligence of caregiver ☐

To support the family ☐

Grazing of animals ☐

Absence of school ☐

Other_____

13. If the child has not been to school why?

Being preschool ☐

Financial difficulties ☐

Absence of school ☐

Negligence of caregiver ☐

Displacement of caregiver ☐

School far ☐

Illness ☐

Disabled ☐

Other _____

14. Describe the characteristics of the orphan child by marking a tick (√) in the provided box? (eg. mark a tick in box 1, if the child is unhelpful, if he/she is less helpful, mark a tick in box 2. if he/she is moderate box 3. If he/she is helpful box 4, and if he/she is very helpful box 5)

Unhelpful 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ very helpful

Sad 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ very happy

Angry 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ very calm

Unloving 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ very loving

Disobedient 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ very obedient

Disrespectful 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ very respectful

Unfriendly 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ very friendly

Other, please describe_____

15. Did this child show a "bad" behavior?

Yes ☐

No ☐

If yes what? _____

_____

16. How do you discipline this child if misbehaves?

Beating ☐

Advice ☐

Warning ☐

Other _____

17. What is this child's relation with own children?

Good ☐

Average ☐

Poor ☐

18. What is this child's relation with you?

Good ☐

Average ☐

Poor ☐

19. What is this child's relation with neighbor?

Good ☐

Average ☐

Poor ☐

20. Did relatives visit this child?

Yes ☐

No ☐

21. If yes frequency

Daily ☐

Once a week ☐

Once a month ☐

During holidays ☐

Sometimes ☐

22. Does this child partake tasks in or outside home?

Yes ☐

No ☐

23. If yes, what kind of tasks does he/she partake? _____

24. How often does this child participate in domestic tasks? _____

25. Does this child eat regularly?

Yes ☐

No ☐

26. How many times a day does this child get meals? _____

27. What kind of food does he/she eat (at breakfast, lunch, dinner)? _____

_____

28. How much food do you provide this child (at breakfast, lunch, snack, dinner)? __

_____

29. What did this child eat yesterday? _____

30. With whom does this child eat? _____

31. Does this child have any health problem?

Yes ☐

No ☐

If yes, explain _____

32. How do you treat this child if he/she feels sick? _____

_____

33. Where does this child sleep? _____

34. Does this child play during the day?

Yes ☐

No ☐

If yes, with whom does he/she play? _____

35. Have you ever bought clothing, shoes for this child?

Yes ☐

No ☐

36. About how much did this child cost you in 2002 _____

37. How long are you willing to keep this child? _____

38. What kind of assistance did you receive for this child? _____

_____

39. Was the assistance you received equivalent to what you expected?

Yes ☐

No ☐

    If no, what kind of assistance you were expecting? _____

_____

40. Did the assistance helps to improve your family's standard of living?

    Yes ☐

    How? _____

    _____

    No ☐

    Why? _____

    _____

41. Reason for failure _____

_____

42. How has your family life changed since this child came to live with you? _____

_____

Appendix 3c

    This section contains 27 questions. The questions were asked to the caregivers about own children.

    1. Sex_____ Age _____

    2. What is this child doing at present? _____
    (Questions 3-6 applicable if the child is currently at school)

    3. Which grade is he/she? _____

    4. Does this child ever study at home?

Yes ☐

No ☐

5. What is his/her educational motivation?

Good ☐

Average ☐

Poor ☐

6. What is his/her educational progress/achievement?

Good ☐

Average ☐

Poor ☐

7. Does this child have shortage of school materials?

Yes ☐

No ☐

If yes what? _____

_____

8. If drop out school, indicate grade at drop out

Elementary ☐

Junior ☐

High school ☐

9. Reasons for drop out?

Parent's death ☐

Illness ☐

Negligence of parent ☐

To support the family ☐

Grazing of animals ☐

Absence of school ☐

Other_____

10. If the child has not been to school why?

Being preschool ☐

Financial difficulties ☐

Absence of school ☐

Negligence of parent ☐

Displacement of parent ☐

School far ☐

Illness ☐

Disabled ☐

Other _____

11. Does this child partake tasks in or outside home?

Yes ☐

No ☐

12. If yes, what kind of tasks does he/she partake? _____

13. How often does this child participate in domestic tasks? _____

14. Does this child eat regularly?

Yes ☐

No ☐

15. How many times a day does this child get meals? _____

16. What kind of food does he/she eat (at breakfast, lunch, snack, dinner)? _____

_____

17. How much food do you provide this child (at breakfast, lunch, snack, dinner)?

_____

18. What did this child eat yesterday? _____

19. With whom does this child eat? _____

20. Does this child have any health problem?

Yes ☐

No ☐

If yes, explain _____

21. How do you treat this child if he/she feels sick? _____

22. Where does this child sleep? _____

23. Does this child play during the day?

Yes ☐

No ☐

If yes, with whom does he/she play? _____

24. Have you ever bought clothing, shoes for this child?

Yes ☐

No ☐

25. About how much did this child cost you in 2002? _____

26. Did this child show a "bad" behavior?

Yes ☐

No ☐

If yes what? _____

27. How do you discipline this child if misbehaves?

Beating ☐

Advice ☐

Warning ☐

Appendix 4 Questions for interview

Appendix 4a: Questions to caregivers

1. What motivated you to raise the orphan child/children?

2. How did the child fit in with your family?

3. How did you find raising the orphan child from your experience?

Were there any difficulties you experienced? What are the joys of raising an orphan?

4. Have you ever bought clothing, shoes for this child?

5. How do you discipline the child whenever he/she misbehaves?

6. Did the assistance help improve your family living standard?

Appendix 4b: Questions to the orphan children

1. Sex _____ Age _____

2. Did you know this family before you came to live here?

3. How did you feel when you first joined this family?

4. Are you currently at school? Which grade?

5. How many days a week do you go to school?
6. What do you do after school?

7. Do you ever study at home?

8. Have you ever experienced lack of school materials?

9. How would you view your current living conditions compared to your previous one?

10. How would you describe members of your new family?

11. Do they participate you in domestic chores?

12. How many meals per day do you eat?

13. What did you eat yesterday?

14. With whom do you eat?

15. Did your new family ever buy clothes and shoes for you?

16. Do you play during the day? With whom do you play? How often?

17. Did village committee consult you about your living situation?

Appendix 4c: Questions to government officials

This interview questions were conducted with government officials who closely involved in the orphan reunification and rehabilitation program. This interview aimed at obtaining the data about the process and implementation of the orphan reunification program.

1. When did the government start the orphan reunification program?

2. What motivated the government to initiate this orphan reunification program?

3. What make reunification orphans with their extended families more preferable placement option than other placement options?

4. How many orphan children assisted by this orphan reunification program?

5. What kind of criteria did you use to assign the orphan children to the caregiver families?

6. How did the caregiver families react the program?

7. What kinds of assistance did you offer to the caregiver families?

8. What were the criteria that you use to select eligible families for the assistance?

9. Who monitors the well-being of the reintegrated orphan children and how?

10. What are the mechanisms used to assess the well-being of the orphans?

11. If the orphan children are not being treated properly what do you do?

12. Is there any written agreement with the caregiver families that help you as tool to investigate the progress of the reunified children?

23 DEC 2002

31.8/47/02

ናብ፦ ዝምልከቶም ምምሕዳራት
- ንእስ ዞባታት
- ምምሕዳር ከባቢታትን/ዓድታትን/
- ወከልቲ ጨ/ሚ/ዕ/ሰ/ድ/ ምክትታል ዘካታማት

ጉዳይ፦ ምኽያድ መጽናዕቲ

ተመሃራይ ዩኒቨርስቲ ኪሩቤል በረኸት ገብረማርያም ኣብ ዝተፈላለየ ዓ
መታት ንገተጣየሱ ኣለይቲ ዘካታማት ዘባ ማእከል ብዝመረጸን ንዕኡ
ብዝገሰማማዕ መጽናዕቲ ከካይድ ስለ ዝኾነ ኣብ ምሕባር ይኹን ኣብ
ምርኻብ ምስ ዝምልከቶም ኣለይቲ ዘካታማትን ዘካታማትን ምትሕብባር
ክምበረሉ ብትሕትና ንሓትት።

ዓወት ንሓፋሽ!!

ነይትኦም ኣለም
ሓላፊ ማሕበራዊ ድሕነት
ጨ/ሚ/ዕ/ሰ/ ድሕነትን
ዞባ ማእከል።

Appendix 5: support letter

ሃገረ ኤርትራ
ሚኒ/ጎኦስ ዞባ ሰራየ/ሞ፞
ዕለት፤ 31/12/2002
ቁ.መ፤ጎ/H/ሰ/3/02/2642/0

ናብ : ቤት ጽሕፈት ኣማሳደር ፌ ከባቢ

1. ኣዮባደርሀ
2. በለዛ
3. ጻሳናለም

ጉዳይ : — በዘሰበ መጻናዕቲ ዝኽታማት ዝምልከት፤፤

እዚ ዘመጻፍም ዘሎ ተማሃራይ ዩኒቨርስቲ ኪኔለ በረኽት
መጻናዕቲ ናይ 1997 ከምኡ፞ውን ኣብ 2001 ዝተማየሩ ዝኽታማት
መጻናዕቲ ከገብር ሰለ ዝኽነ እቶም ዝተማየሩ ሰባት ኣብ ዝዖም
ገዛ ቆጻራ ተገበርሉ ከተሪኽብ ዯራ ጎሕበር፤፤===

ዓወት ዓብረኽ///
ጻዳ በረኽ/Hባ ሰረየ
ኛኅብን
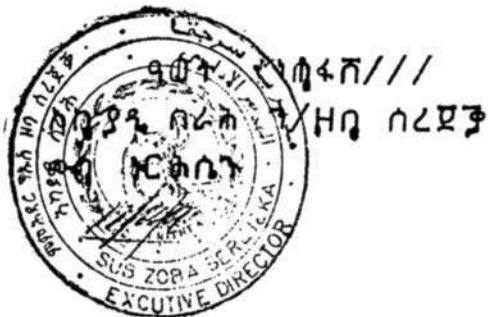
Appendix 6: Location Map of the Study Area

Zoba Ma'ekel

Sudan

Saudi Arabia

Red Sea

Eritrea

Yemen

Ethiopia

Djibouti
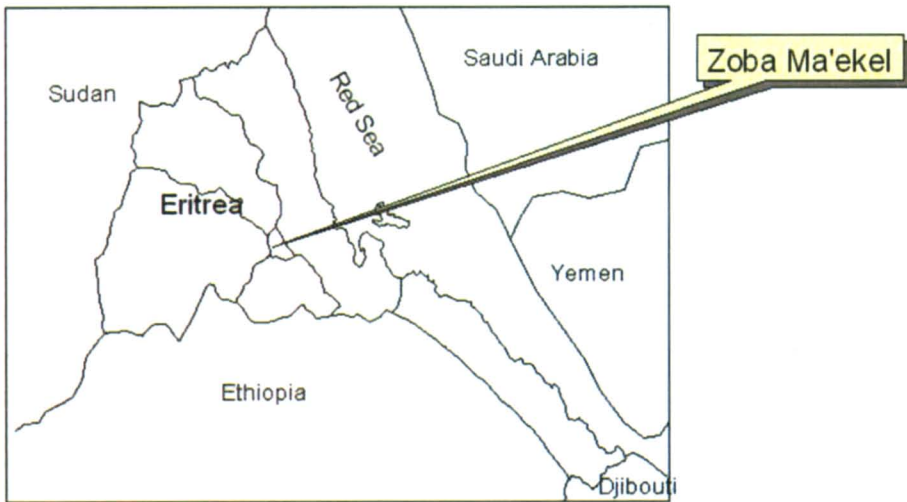
Zoba Ma'ekel Administrative Area

Keren

Tsehaf- Lam

Emba-Derho

Beleza

Massawa

Tsada-Kistan

Kushet

Asmara

Adi-Guadad

Merhano

Mendefera

Dekemhare

N

LEGEND

Study Site
Asphalted Road
All Weather Gravel Road
Sub Zoba Boundary
Zoba Ma'ekel Boundary

5   0   5   10   Kilometers