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Challenges of Orphan Caregiver Families in Jimma Town, Oromia/Ethiopia

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Abstract: ***This study was conducted to understand the challenges faced by orphan caregiver families in Jimma town, Oromia, using phenomenological study design. Within the qualitative research approach, in-depth interviews, key informant interviews and focus group discussions (FGDs) were employed to generate information. Thirty care givers were interviewed and three focus group discussions were conducted. Kebele chair persons, religious leaders and community based organizations' representatives participated in the focus group discussions. Data collection and analysis were simultaneously done whereby thematic analysis approach was followed. The study revealed that orphan care givers faced strong socio-economic challenges yet they are willing to continue to give care and support to the orphans. The caregivers are committed in caring and supporting the children but aging and limited economic capacity of their household severely challenge them. In spite of their positive view of caring and supporting the orphans, the orphan caregivers and their families faced numerous challenges. The challenges derive from difficult situations of properly meeting requirements of the holistic development of children be it economic, social and psychological. The care givers found themselves in situations whereby they could not even meet the basic physiological needs of children such as feeding and proper shelter. However, the orphan caregivers derive psychological satisfactions from their morally right deeds. Care givers with long year experience of giving the care and support feel more proud of their contributions. The study concluded that needs of the orphan children are not fulfilled in line with social, psychological, physical, spiritual, and educational aspects mainly due to lack of sufficient resources to provide standard care and support for the children. Therefore, comprehensive intervention programme that addresses challenges of orphan caregiver families are commendable. Holistic development of orphans is possible only when the challenges are responsively addressed at different levels in the community which in turn begs for collaborative action of different stakeholders including individuals, families, civil society organizations and government.***

Keywords: Orphans, Parents, Caregiver families, Challenges, Jimma, Oromia

1. The Study Context

Children need and have a right to be cared for and grow up with their biological parents so as to live and grow up in a family environment. However, in Sub Saharan Africa millions of children are orphaned mainly of HIV (UNICEF cited in YLPB, 2009). Orphanism has been urgent situation in Africa where over 80% of the orphans lost their parents due to AIDS live (UNICEF 2003).

Parentless children comprises among the most vulnerable section of every society. A system has to be in place to ensure the holistic development of such children. While the type of systems may at times vary, a signifying feature is the level of formal institutional or governmental involvement in the care of children. When children lose their parents at early age and become orphans due to any cause, they experience multiple psychological problems like stress, anxiety, depression, lack of parental love, lack of self-confidence, poor communication, feeling of loneliness, helplessness as well as sleeping disturbance (Tadesse et al, 2014). Orphaned children are at risk for having their education cut short or interrupted, and this is often associated with their need to help support the household or the costs associated with schooling. Children without parental care are made vulnerable to the extent they do not have a caring adult to protect them from dangerous situations or from others who would exploit them. UNICEF (2001) notes conditions in poorer countries are such that the need has "outstripped society‟s capacity to offering any form of alternative care, leaving growing numbers of children to fend for themselves" (pp. 72-73). Caregivers face different challenges while supporting the orphan children. Among the major challenges faced by caregivers in their effort to care for orphan and vulnerable children are adequately providing basic material need for the children. Poverty worsens the harsh economic situations. Most of the caregivers could hardly give adequate assistance with basics such as food, shelter and clothing.

In general, Ethiopia counts one of the largest populations of orphan and vulnerable children in the world (UNICEF report, 2013). HIV/AIDS is one of the major factors for the escalation of the number of orphans. UNICEF (2012) estimated that about 5.5 million children in Ethiopia were orphans. Like other African countries, the caregiver families or guardians face challenges in Ethiopia. Low family income leads to lack of providing enough food, health care, housing and tutor for the orphans (BimalKantaNayak, 2014). Orphans are potentially exposed to poor social, economic and health statuses. Poor academic performance, food shortage, child delinquents, child begging, dependency syndrome, school dropout and street life will also be their likely fate if not protected against.

Children living in condition of the lower socio-economic families and orphans failed to get emotional and material support they are supposed to get under normal circumstances. Studies conducted in Jimma on orphan and vulnerable children indicates that orphan and vulnerable children have little/no access to essential social services such as health, education and housing (Gudina et al., 2014). Similar study conducted in Jimma and Agaro towns on situational analysis of child sexual abuse and exploitation proved that most of the children who are exposed to sexual abuse are orphans (Nega et al., 2014).

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However, studies related to challenges of orphan caregiver families and their coping strategies to overcome those challenges remain untouched. Thus, the intention in this research was to full fill the existing knowledge gap on challenges of orphan care giver families. The general purpose of this research was to investigate challenges of orphan care giver families in Jimma town, Oromia. Therefore, this study was conducted to explore the situation of care and support given to orphans with a particular emphasis on challenges faced by caregiver families in providing care and support to orphans.

2. Study Setting and Research Methods

This study was delimited to Jimma town which is located in the south western part of Oromia. Jimma town serves as administrative city of Jimma Zone. The town is found at about 356 km southwest from Finfinne/Addis Ababa, the capital of Ethiopia. Based on the data gathered from Jimma city administration, Jimma town has a total population of 184,925, of whom 92,938 were men and 91,987 women. Hosting diversified ethnic groups, the three largest ethnic groups live in the town are the Oromo (46.71%), the Amhara (17.14%) and the Dawuro (10.05%); all other ethnic groups constitute 26.1% of the population. Selected families in the town were targeted based on their experience of giving care to orphans. Some caregiver families have more than ten years of experience in caring and supporting orphans. The caregiver families may have or have no blood relationship with children receiving the care. Some of these caregiver parents have their own biological children whereas others do not.

A phenomenological study design was used in this study. The focus of phenomenological inquiry is what people experience in regard to some phenomenon and how they interpret those experiences. In phenomenological research, the researcher identifies the essence of human experience concerning a phenomenon as described by participants in a study. Understanding lived experiences marks phenomenology as a philosophy as well as a method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning. In this process, the researchers bracket their own experiences in order to understand the study participants (Creswell 2003). Cognizant of this fact, the approach was chosen as a relevant design to examine the subjective feelings, experiences and options of caregivers about their challenges.

So, qualitative research approach was used to gather information using in-depth interview, key informant interview and focus group discussions. Primary as well as secondary sources of data were used. The primary sources of data were the caregivers and key informants while secondary sources of data were official reports from public offices of the town. Study participants were purposively selected based on their perceived knowledge and experiences pertinent to the issue of inquiry. The saturation point guided the number of the participants. Data collection tools like interview guide, document review checklist and discussion guideline were used.

Three key informants (public officers) were interviewed at their working places. Thirty in-depth interviews were conducted the caregivers at home. Focus group discussions were organized to enrich the data gathered through key informant and in-depth interviews. Three focus group discussions were conducted having six to ten members from each surrounding. Kebele, community based organization and religious group representatives participated in the discussion. Each FGD has taken one to two hours; on average about ninety minutes were used for each FGD. Official documents of Jimma town Women and Children"s Affairs Office were used as secondary sources.

The process of data collection was accompanied by data analyses using thematic analysis. Since qualitative data are generated from every day events in natural setting, meanings and interpretations were done parallel with data gathering. The data were analyzed based on thematic topics primarily developed from the study objective. Support letter written by the department of Sociology and Social Work was submitted to Jimma town Women and Children"s Affairs office. The office in turn provided permission letter to concerned kebeles for facilitating the required data for the study. Each key informant interview lasted at least for an hour whereas individual interview schedule for each caregiver was about two hours. Afan Oromo and/or Amharic were used for data collection that encouraged the participants to expresses their view using their own words. Document review was made from provided documents by the respective office.

All participants in the study have been requested to give oral consent after the explanation of the research objective, procedures and informed consent as well as the benefit and possible risk were presented to them. As far as the issues of privacy and child sensitive matters were dealt with during data collection, the issue of confidentiality was critically taken into consideration. The subjects were informed that they could withdraw from the study any time or refuse answering for any question. Finally, their information was kept confidential.

3. Profile of the Caregiver Families

This brief section presents the profile of the caregiver families. Age of many caregivers falls with 40 to 60 years hence relatively older people are playing the larger role of caring for orphans. The larger contribution of people in their later age in giving care for orphans is similar with that of Lowiti (2013). Many of them again are females; fifteen of the orphan caregivers are widowed while the rest are separated, divorced and married. About half of them attended primary education and six of them attended secondary to tertiary level education of whom few are degree holders. Moreover, the number of children living in the household ranges from three to six including both orphan and biological children of the caregivers.

Many caregivers engaged in petty trade and depend on sale of domestic necessities including fruits and vegetables like potato, banana, lemon, avocado, tomato and local drinking as a main source of their household income. Few of the caregivers get very low pension which is difficult to cover all the expenses of the household. So, many of them are self-

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employed and use open public spaces in front of their residential home for selling their items. Accordingly, monthly income of many orphan caregiver families does not exceed 550 Ethiopian Birr (approximately 27 USD). Some caregivers have blood relationship with the orphans and others do not. The caregivers have one month to 20 years of caregiving experience and hosting one to three orphans. Under 15 years of age orphans constitute most of the care receiving children.

The document review pointed out that the number of voluntary caregivers who were supporting orphan is about 87 in number. Limited financial support to the caregiver families challenged the Women"s and Children"s Office of the town to get more children are supported. For instance, if the child is HIV positive, shows strange behavior and has special demanding need, caregivers hesitate to admit them to their home. The privacy issues of the child and fear of accountability to the legal adoption obligatory rules are also challenging. A related challenge of the sector is lack of policy than having guideline and unwillingness of rich people to admit orphans to their family due to fear of inheritance. Lack of interest of women age between 25-50 years to admit orphans to their family, age limitation of caregiver in the guideline as women above 60 years of age are not allowed to admit orphans, interest of screening orphan"s health status against certain serious diseases particularly HIV/AIDS, age and sex preference of the caregivers, imbalance number of children and caregivers, lack of daycare centers, lack of interest to admit orphans with disabilities, lack of birth certificate from children"s documents, disagreement between husband and wife after they admit the orphan to family and decision to return the child to previous situation.

The situation of orphan children were challenging due to vast orphan children and kebeles cannot address multifaceted problems by providing care and support in line with key components of holistic development. Community based organizations" (CBOs) face challenges of the right caregiver for the orphans, discriminatory views against caregivers and lot of support request from the communities. Information obtained through focus group discussion revealed that orphans have been encountered real problems like care and support related to food provision, health service, educational support and the other.

Fear of the caregivers is manifested through different ways while supporting the orphan children particularly when the caregivers tried to admit orphans to their household and after the admission. Fear of the caregiver in this regard is reflected in four ways. The first one is when the child is HIV positive (fear of HIV / AIDS virus transmission to their own biological children) and the second one is if the child would hear about their biological family from outside assuming that they may be lose trust in the caregivers and other family members. The third one is the fear of admitting female orphan children due to harmful practice in the community and last one is if the child is difficulty of telling the orphan about his/her HIV status if the one is positive. Moreover, some caregivers fear punishing the orphans like their biological children thinking that the orphan may feel that he/she is being discriminated and isolated.

4. Results and Discussions

This section presents results of research theme by theme starting from the very general points about orphan life situation in the town.

General situation of orphan care provision

The primary care the caregiver families provide for the orphans include the major services required for a child"s holistic development like food, shelter, protection, education, health care and psychosocial support(PSS). The care givers reported that heartedly love and sympathy for children forced them to support orphans. They expressed children as highly vulnerable that could not protect themselves from any type of hazards. As a result, many of the caregivers believe that caring orphans is moral obligation regardless of one"s economic capability to offer the standard care a child is supposed to get. They feel responsibility of caring helpless children and they see their engagement as a charity work in a sense that they do not expect economic return from the orphans in the future rather they want to maintain the social tie with them.

The caregivers are committed to provide the care till the orphans become independent and want to be part of their social events like graduation, wedding and hardship events. Some caregivers informed us that they got some orphans once supported by them graduated from universities and others got married with their involvement. No matter how the challenge does exist, the caregivers attempt to give all services that they are providing for their biological children.

Now we will turn to care and support provided for orphans by caregiver families and major challenges they face in the course of helping. The challenges are understood in line with the key five core components of care and support that families provide for children which include education, health care, nutrition/ feeding, shelter and psychosocial care and support (PSCS). A study conducted in Ethiopia reported that caregivers lack sufficient resources to provide basic needs to orphan and vulnerable children (Balewet al., 2010). Now let us turn to examine major challenges faced by caregivers in the course of caring and support the orphans.

Food

Almost all caregiver families used locally produced food items obtained in the nearby market. They have little access to factory products as supplementary food sources for their households. The common food items used include teff, sorghum, maize, wheat, cabbage, fruits like avocado, mango and banana. A major challenge of the care givers related to food provision is limited number of food type and inadequacy of food intake. The average number of meals provided per day is two for all family members. Only two meals per day is less than the recommended standard that children should have at least four to six meals per day, depending on the energy density of the local foods and the amounts consumed at each feeding (WHO, 2005). Very few households were able to provide the minimum four meals recommended in a day. Many of the households provided roasted cereal and bread alone for breakfast, and sometimes they provide food left from previous night supper.

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Meeting this minimum recommended provision of meals was challenged by the caregivers‟ limited ability to generate income that could support the household‟s food expenses. This limitation is also partly a result of their age as most of the caregivers are older than 40 years. Similar findings point out that very few households were able to provide the minimum four meals recommended in a day (Wamanya, 2010:56). Other studies in Sub-Saharan Africa confirm that the inability of orphan caregivers to provide the required number of meals and the diversity of foods that is ideal for children to thrive (Mangoma, et al., 2008).

Few of the caregivers provide special food for the orphan children even on holidays and at the occasion of celebrating some events like birth day of biological children or the orphans. This creates stress to the caregivers and discourages them from working more. Information obtained from FGD participants and key informants, however, revealed that above mentioned food related problems are not unique to caregiver families and orphans common to most other families who don't have orphans in their households.

Putting the challenges in rank of difficulty, many caregiver families put food shortage as the most challenge compared to other key components of care and support. The caregivers perceive food challenge in terms of variety and sufficiency of food items they provide for the orphans. Lack of dependable income sources such as financial support and cultivable land is commonly raised as the root causes of the challenge. Similar problem was reported by Teklemariam, et al., (2014:182) as "*The main contributing factors for malnutrition of orphan and vulnerable children were caregiver educational status, and main source of income.*" Inadequate earnings of the families for the food expenses result in failure to feed children based on their interests, needs and requests. In this line, Wamanya (2010: 68) indicated that caregivers were unable to provide different types of food that children often demand. By implication, the foregoing findings converged with the findings revealed by the WHO (2010) which pointed out that generally the caregivers were unable to meet the conventional requirements standards for feeding the children especially in most of the developing countries to chronic poverty they are subjected to.

From caregivers‟ viewpoint in this study, the care and support that they provided for the orphans is inadequate and unsatisfactory and they believe that they are not fulfilling the required level service particularly with regard to food. Yet there are exceptionally few caregivers who receive financial support from NGOs in the town that cover all expenses of food for the orphans. A care giver sadly reported that "*Sometimes children eat food without sauce and they used water instead. Occasionally they request food types they observed in hands of children in the neighborhood but we are unable to provide what they want*."

Shelter and Protection

Orphans‟ security and protection against different forms of harms and abuses are discussed next. In this regards, it is found that providing proper accommodation for the orphans were a challenge for the caregivers. Only some of the caregivers are providing relatively good accommodation in relation to shelter together with bedding and dressing as perceived by them. Yet it does not meet standards set for children that reads "*In a normal situation, basic bedding for a child would at a minimum constitute of a bed, blanket, soft mattress and bed sheets* (UBOS/Macro International Inc., 2006)."The caregivers keep the orphans in their household along their biological children. Many caregivers‟ house is rented either from private owners or government. Those who live in government owned houses pay low price but the houses are too old with broken wall and roof. This causes frustration to the caregivers to continue giving care and support for the orphans. Few of them have their own private home.

Households with separate room for orphans and biological children are unlikely rather they make children sleep together. Children of different sex may sleep together sharing sleeping materials like blanket, towel and bed (if any). Sharing sleeping room with parents/caregivers is also not uncommon. This in particular negatively affected husband and wife‟s privacy for sexual affair and it also (as perceived by the caregivers) hurt feelings of adolescent members of the family. Almost all of the caregivers explained that the care and support provided to orphans in line with quality of accommodation for children‟s interests and needs in the household is poor or dissatisfactory. Very few of the caregivers are satisfied with the accommodation given to orphans from the viewpoints of traditional house arrangements. The caregivers wished if all children in the household have their own sleeping room even though they have little knowledge of standard care and support recommended by WHO. The caregivers provide the same accommodation of bedding, blanket, towel and other materials to their biological children. i.e there is no special material provision for their biological children than sharing those materials used by orphans.

This finding agrees with a study conducted in Africa on orphan caregivers that there is no special treatment for caregivers‟ biological children in regard to provisions of bedding such as blanket, towel and other materials compared with orphan children in the household(Wamanya,2010: 59).Similarly, according to a study conducted in Ethiopia on the politics of orphan care at household level, caregivers were doing all they could to maintain equity and fairness in distributing resources among children under their care (Abebe and Aase (2007).

Supports that the caregivers receive from their older self-reliant biological children have a great influence on the provision of quality bedding material like blanket, towel and other necessary materials. In families whereby such children exist, the support frees the caregivers from dissatisfaction resulted from shortcomings related to shelter and protection for the orphans. The criterion for quality bedding with standard material is generally a matter of perception of the caregivers. Difference in perception of what constitute a „quality bed‟ and „quality shelter‟ among the caregivers is channeled by their cultural, upbringing and educational backgrounds.

Regardless of differences in criteria of quality judgment, many of them are not satisfied with the shelter and

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protection they provide except night shoe because they easily provide plastic made cheaper shoes called "Yirganodo". Among the materials required in this service category, bed is found the top challenge of the caregivers.

According to interview made with caregivers about the materials used by the household and researchers‟ personal observations, the quality of shelter is inadequate. In some households children are sleeping on the floor using " canvas "wearing old blanket, without bed sheet and night clothing. They don't also have their own bed rooms. The researchers felt that, as a result, children are not well protected against cooling night weather. Use of night clothing, towel, pillow and night shoe in bedding is not considered in some households as important items and they didn't experience at sleeping so that the caregivers do not give due attention. Instead of using blanket and mattress, the caregivers use different alternative materials that are available at their disposal like parents' clothing.

Education

According to caregivers‟ opinion, education is the most important care for the orphans‟ future development. One of the informant care giver stated the importance of education for the orphans as, "*I don't have any inheritance for the children but supporting them in their education.*" Orphans are enrolled in school together with caregivers‟ biological children except some pre-school age children whereby few orphans get NGO support for education. Many orphans attend their education at government school where relatively low payment and less material inputs are required compared to private schools. Caregivers are not satisfied with education service delivery because they perceive poor quality and below standard education is provided for the children in government school. No major difference between sexes in terms of access to education is reported.

A major challenge of the caregivers was covering all expenses of scholastic materials and school fees, school uniform, and transportation cost. This difficulty mainly emanates from caregivers‟ inability to generate adequate income so that they can support their families‟ living and educational expenses of children in the family. A care giver mentioned the challenge as "*Fulfilling all necessary educational materials and sending children to school is so difficult. As a result, children may drop out their education or become poor in their academic performance hence unable to pass from a grade to the next.*" The finding agrees with another studies such as Belay et al., (2014) who reported that most orphans and vulnerable children faced family, school and community related risk factors and Nega et al., (2014) verified that orphans and vulnerable children in Jimma town and its surrounding have difficulty of going to school.

The caregivers have been spent 300-600 birr per child per year for educational support of the orphan children and only some of the orphans have got NGOs assistance of educational scholastic materials in Jimma town. A study confirmed that some of the faith based and the secular non-governmental organizations were offering school uniforms and other educational materials for OVC on yearly basis yet the assistance is less than adequate (Nega et al., 2014).

Health care

Disease symptom is a primary defining variable of health for many caregivers and do not consider lack of sanitation, medical checkup, proper hygiene and nutrition as determinants of health. Kalibala et al., (2009) found out that basic sanitation was seriously in lacking and was an often ignored component of healthcare within orphan caregiver households. Challenges of caregivers in relation to health care for orphans are related to inability of affording treatment cost and access to quality health care services. On average, the orphan care givers spent 200- 600 birr per child per year for orphan medical treatment. The finding matches with a similar study that stated, "*Challenges in regard to health care for OVC were directly linked to apparent lack of quality health services*" (Hlatywayoet al., 2015: 6).

The caregivers reported that orphans mainly received medical health care at government health facilities because of their cheaper treatment fee and they think private ones provide better quality services though not accessible in terms of price. The caregivers also used traditional and religious healing systems. Some caregivers favor the traditional health system over the modern one and children are taken to the modern clinic if and only if they become seriously sick. This can be noticed from an interviewee‟s word *"When children get sick, I don't take them to clinic before we try some traditional medicine like holy water ('Tebel') and 'damakasse'(*name of a herb*)."*Traditional and faith based healing have a significant place among caregivers in caring and treating children compared to the medical treatment. According to the caregivers‟ opinion, they are slightly satisfied with service given to orphan by the modern health care service facilities.

Psychosocial support

Psychosocial support is an ongoing process of meeting emotional, social, physical, spiritual and mental need of a child all of which are essential elements for meaningful and positive human development (Gilborn et al., 2006).For caregivers in our study, orphans‟ behavior is of critical concern due to the fact that orphans misbehave in and out of home. Orphans manifest some unique behaviors at school and quarrel with other school children and teachers too. Sometimes misbehaving in school affects their educational performance to the extent of being dismissed from the school.

The caregivers have established good relationship and interaction with the orphans which pave ways for the caregivers to freely communicate with them. Discussion about their parents especially their death and its cause is ever challenging to the caregivers. Orphans pose question to their caregivers about their biological parents. Some orphans repeatedly raise question of identity, 'Who am I?', and want to search their biological parent if they are alive. But some caregivers reported that they fear to tell orphans about their biological parents just not to harm their emotions.

According to orphan caregivers, many orphans are not thoughtful about their future life hence it falls in hands of the caregivers to guide them on the track. However, some of the orphans are more cautious about their future fate than biological children and give attention to their educational

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performance. In this regard, a grandfather reported that the orphans usually ask him a question '*Where we go, where we live and what we do after we grow up here and complete our education*" and „ *What will happen if we will not succeed in education.*'

The study found out that some orphans were stigmatized and discriminated by students at school and in neighborhood. The caregivers themselves are sometimes victims of discriminatory insults for holding such children. A care giver was given a nick names "*Abebech Gobena*" and "*Mother Theresa*" by people in her neighborhood. The nick names imply that the caregiver pretends to be humanitarian like those whose named are mentioned but does not qualify because she is poor. Even though no data is directly collected from orphans themselves, the caregivers reported that some orphans manifested symptoms related to psychological disturbances. Among the actions taken by the caregivers to reduce and eliminate the problems were counseling and guidance, providing love and affection and strong attachment with them. When children lose their parents at early age and become orphans due to any cause, they experience multiple psychological problems like stress, anxiety, depression, lack of parental love, lack of self-confidence, poor communication, feeling of loneliness, helplessness as well as sleeping disturbance (Tadesse et al., 2014).

The study found out that lack of professional knowledge and skills of how to provide psychosocial support is a major challenge for the caregivers. The caregivers worried about how to treat and make orphans stable. The challenge begins with difficulty of identifying the psychological and social problems of orphans which may leave them vulnerable to emotional disturbance and failure to attend their education properly. Moreover, the caregivers tend to perceive the psychosocial support as part of other care and support categories than treating them as a separate dimension.

The study found out that the key challenges of caregivers in line with psychosocial support were behavioural and emotional manifestations such as feeling of being discriminated, loneliness, dishonesty, lack of trust, stealing, disobedient and poor communication. Behavioural challenges were similarly reported in a study on orphans in Uganda (Wamanya, 2010) where orphans exhibited various forms of dysfunctional behaviours including disobedient, feeling of being discriminated, refusal to work and alcohol abuse. Another challenging factor to the caregivers is lack of information about previous experience and its effects on their current interests. An interviewee put it as "*Adjusting ourselves to the different orphan children's backgrounds is difficult because at first time you don't know the child and what the child has been through, what they used to be, what they like and dislike in their lives.*"

5. Conclusions and Suggestive Way Outs

Only very few of the orphans in the town were supported by volunteer caregiver families and get standard service. Many orphans remain without care and support in the town. The main challenge of the orphan caregivers was the financial problem that hinders them not to provide proper care and support for the orphans. Low income level of the caregiver families is the most limiting factor for inadequate and low quality care provided for orphans even though the care givers are committed to support the children. However, families in a better economic status appear less engaged in giving care for orphans. Mobilizing such families is commendable to address more orphans. Yet this study recommends more generalizable research to examine why the richer families are less willing to admit orphans to their families and their reasons if it is the case. However, within a number of constrains, caregiver families in this study have been tried to address the basic care needs of orphans, including food, shelter, basic education, health and social protection. Hence, they could ensure the minimum survival needs of the orphans and the practice has to be encouraged. Even if the caregivers view education as the most important care for the orphans" future development, its realization is apparently challenged by the critical shortage of food facing them while schooling. Therefore, the multifaceted and complex challenges facing orphan caregiver families requires a holistic intervention program targeting family as a system than supporting singled out children or orphans.

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