

FEATURE STORY

MAKING MAHLET'S DREAMS COME TRUE



Mahlet Awol's daily routine begins at 6 a.m. when she gets up to prepare breakfast for her six-year-old brother Dereje and their 35-year-old mother Yeshi. Yeshi is HIV-positive.

After they have eaten breakfast, Mahlet reaches into the chest of drawers where they keep their most valuable belongings. She pulls out a plastic bag containing the cocktail of antiretroviral drugs that was prescribed for her mother following her recent hospitalization and puts it on the table with a glass of water.

"The doctor prescribed two types of medicine for the first fifteen days. After that she has to take three medicines," says Mahlet. "It is my responsibility to make sure she takes the right medicines at the right time. If she is asleep I wake her up so that she does not keep on sleeping. That is what the doctor said."

Ten year-old Mahlet has been growing into her role as effective head-of-household ever since her step-father, Dereje's father, passed away two years ago.

"I am the one who does all the housework," says Mahlet. "I do the cooking and take care of the household items. Dereje just eats and goes outside to play," she adds, smiling.

"Mahlet's father was a truck driver working for a private sector transport firm," says Yeshi. "While working there he contracted tuberculosis and I had to sell all my gold and belongings to pay for his treatment because his employers did not have any insurance or pension scheme. Four months later he died.

"When Mahlet's father died, we had nothing to eat except the dough I had prepared to bake the bread that day. I had sold everything and needed to find a way to raise Mahlet, so I got married again, to Dereje's father, but four years later, he too passed away."

After her second husband died, Yeshi found work as a machine operator at a local factory earning 250 Birr (US\$ 28) per month. Soon after, however, she too started falling ill and as the number of working days she had missed grew, the factory started deducting from her wages.

"[Eventually] the doctor ordered a test and that is how I found out [I was HIV positive]," says Yeshi. My mouth became twisted, I don't know if it was from depression or what. When I was feeling a little better I told her so that she could also be careful. 'Mahlet, this has happened to me,' I said. 'If something cuts me and I bleed, don't use it,' I told her.

"Mahlet was in shock. She is just a child, but this is the fate that God has given her. 'Don't think about it,' she said to me. 'Just leave it.' She comforted me. 'We will go to school, let it be.' That was all she said to me."



It is estimated that there are 4.6 million orphans in Ethiopia today, up to 800,000 of whom are believed orphaned by AIDS. This numbers is expected to increase to 2.5 million by 2014.

The extended family system, a strong feature of Ethiopian societies, has traditionally absorbed and cared for orphaned children. The escalating toll of HIV/AIDS on orphans as a whole in the face of pervasive poverty, however, is over-stretching this traditional system.

The tremendous strain on the social system is already being felt as families, communities and institutions struggle to cope with the large number of orphans and children affected by AIDS. Grandparents are often left to care for young orphaned children, and some families are headed by children as young as 10-years-old. There are inadequate services, including health care, school fees and materials and shelter, in part due to a lack of information on specific families and children affected, lack of relevant policy regarding orphans and limited number of institutions (Governments and NGOs) working on care and support. Consequently, the number of street children is likely to increase as affected youth search for alternative means for survival.

When Yeshi found out that she was HIV positive, she gave up the home that she had been living in and moved into a one room abode in the back of the house where her mother lives with her step-father. Despite being her closest living relations, Yeshi's step-father insists that she pays 40 Birr (\$US 4.5) every month for rent (Yeshi's monthly wages from the factory is only 240 Birr). The fact that she has to pay rent to live in the same compound as her own mother has convinced Yeshi that indeed there is no one that she can trust to take care of her children.

"Not knowing what will happen to my children when I die keeps me up at night," says Yeshi weeping. "I am all that they have. If I die, my children have nothing. If I die, they also die."



"As more and more parents die, the capacity of the extended family to take care of orphans becomes smaller and smaller," says Bjorn Ljungqvist, UNICEF Ethiopia Representative. "In all countries where you have a big HIV/AIDS epidemic, at first you don't see any orphans at all as they are absorbed by the traditional systems. And then all of a sudden you seem to reach some type of breaking point and you start finding these children in the streets, you start finding them working in difficult conditions – you start finding even child headed households."

UNICEF is advocating for and supporting the rights of children affected by HIV, including efforts to alleviate the personal and social impact of the pandemic by ensuring comprehensive care and support to children and families affected by HIV and AIDS. Strategies include strengthening the capacity of extended families, mobilizing and strengthening community and home-based responses, strengthening the capacity of children and young people to meet their own needs, ensuring the government protects the most vulnerable children and provides essential policies and services and creating an enabling environment for HIV and AIDS affected children and their families.

UNICEF is also trying to reduce the vulnerability to HIV by ensuring that all children access their rights to health, education and protection. It is the children who are most vulnerable overall who are also the most likely to be infected with HIV. This is particularly true of adolescent girls and young women - aged 15-24 who constitute between 40 and 50% of all new infections.

UNICEF, in partnership with the federal and regional HIV/AIDS Prevention and Control Offices and the Ministry of Labour and Social Affairs is responding to the needs of orphans and vulnerable children in Ethiopia through collaborations with and support to NGOs, youth organisations and community-based organizations. Assistance focuses more on increasing and strengthening community care for children in affected households rather than on institutional care.

Building partnerships with traditional funeral associations (*edirs*) for supporting orphans and vulnerable children (OVC) care and support initiatives through training workshops for edir leaders and supporting them with small grants to extend interventions to reach more OVCs is among the innovative strategies being followed. The HIV-epidemic has resulted in a sharp increase in the volume of funerals handled by edirs straining their resources and capacity. Placed on the front-lines of the epidemic, edirs are not only feeling its impact, they are also strategically placed with direct and intimate access to families affected by HIV and AIDS, including children. As such, edirs are a natural implementing partner for programmes addressing the needs of people living with HIV and AIDS, including orphans who have lost their parents to AIDS.

Mahlet and her family receive support from St. Rufael Edir in Bahr Dar. They contribute 5 birr a month to the operating costs of the edir. When there is a death in the family, edir members will join the family during the burial ceremony and volunteers will assist the bereaved through the mourning period. With the assistance of UNICEF, St. Rufael Edir is providing children who have lost their parent(s) to HIV/AIDS with 100 birr support per month. For members who are sick, like Yeshe, the edir provides 75 birr per month, provides a care-package of basic necessities like flour, cooking oil, soap and toilet paper. Home-based care providers visit the family once a week and help with cooking, cleaning and other chores. The edir also provides orphaned children and children of members living with HIV/AIDS with educational support so that they do not drop out of school. Children receive clothing, pens, pencils exercise books and other educational materials.

“Edirs are voluntary organizations that organize the community during times of mourning,” says Mulu Tebaber, chairman of the St. Rufael Edir in Bahr Dar, which Yeshe and her children belong to. “With the spread of HIV/AIDS we decided that the function of our edir should not just be to say farewell to those who have died, we should also help those who are alive.”

St Rufael Edir provides members access to voluntary counseling and testing. Members who are HIV positive are eligible for care and support services. Others who engage in activities that place them at risk of contracting the virus are offered alternative means of income generation such as vegetable farming. The edir is also providing children of deceased members with educational support and the means to remain within the community.

The assurances for the future care of her children bring some respite from the incessant worrying that has descended like a heavy shroud over Yeshe and her small family. “What do you want to be when you grow-up?” she asks Mahlet during their evening bed-time chat.

“I want to be a pilot,” Mahlet responds, and mother and daughter break into giggles.

“I have never heard of a woman pilot before,” Yeshe tells her. “I don’t think they exist. You might be the first.”

