



Indira Gandhi National Open University

School of Social Work

**EXPLORING THE ROLES AND CHALLENGES OF PARENTS AND
TEACHERS' ASSOCIATIONS IN PROVIDING CARE AND SUPPORT TO
VULNERABLE CHILDREN IN
BAHIR DAR, ETHIOPIA**

**Thesis submitted in partial fulfillment of the requirements for the
Degree of Masters in Social Work (MSW)**

By: Yewondwossen Bitew (BA, Sociology)

Advisor, Mr. Semalegne Kendie (MSW), University of Gondar, Ethiopia

April, 2014

Bahir Dar, Ethiopia

DECLARATION

I hereby declare that the dissertation entitled **EXPLORING THE ROLES AND CHALLENGES OF PARENTS AND TEACHERS' ASSOCIATIONS IN PROVIDING CARE AND SUPPORT TO VULNERABLE CHILDREN IN BAHIR DAR, ETHIOPIA** submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University,(IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institutions for the fulfillment of the requirement for any other for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

Name: Yewondwossen Bitew

Signature:

Enrollment Number: 109100756

Address

Email: byewondwossen@yahoo.com

Skype: yewondwossenbitew

Telephone #: +251-910-48-42-75

Country: Bahir Dar, Ethiopia

CERTIFICATE

This is to certify that Mr. Yewondwossen Bitew Student of MSW from Indira Gandhi National Open University, New Delhi was working under my Supervision and guidance for his project work for the course MSWP-001

His project Work entitled **EXPLORING THE ROLES AND CHALLENGES OF PARENTS AND TEACHERS' ASSOCIATIONS IN PROVINDING CARE AND SUPPORT TO VULNURABLE CHILDREN IN BAHIR DAR, ETHIOPIA** Which he is submitting is his genuine and original work.

Name: Semalegn Kindie, MSW

Signature:

Address

Email: semalegne2000@gmail.com/semalegne.kendie@uog.edu.et

Telephone: 0918-030-111

Institution: University of Gondar

Country: Gondar, Ethiopia

Acknowledgement

This research study made possible through the participation and assistance of numerous individuals, institutions and organizations. Primarily, my heartfelt gratitude goes to Semalegne Kendie, my supervisor, for her excellent scientific guidance and tireless efforts to make this work a reality.

I want to extend my special thanks to the organizations and individuals involved in Orphan and vulnerable children who provide me support to conduct this study. Particularly, Tewodros Kassahun, PACT-Ethiopia, Amhara Filed Office Yekokeb Berehan Project and Semegnew Alene , Organization for Social Service for AIDS (OSSA) Bahir Dar Branch Head.

Most importantly, I would like to thank all Dilchibo, Kulkual, Shimibet and Shumaabo Primary School Directors, Members of the Parent Teacher Associations, Child Protection Committees and Children's participated in the research.

My thanks also to my wife Azeb Eristu; my wife gives me encouragement and support throughout the field work. Finally, I thank you IGNOU and St. Marry University to provide me this opportunity to improve my carrier.

List of Abbreviation/Acronyms

BOLSA	Bureau of Labour and Social Affair
CBO	Community Based Organization
EDHS	Ethiopia Demography and Health Survey
FBO	Faith Based Organization
FGD	Focus Group Discussion
FHAPCO	Federal HIV/AIDS Prevention and Control Office
GOs	Governmental Organization
MOH	Ministry Of Health
MWYCA	Ministry of Women, Youth and Child Affair
NGOs	Non-Governmental Organizations
OVC	Orphan and Vulnerable Children
PEPFAR	Presidents Emergency Plan for AIDS Relief
PTA	Parent Teacher Association.
UNAIDS	United Nation Program on HIV/AIDS
UNICEF	United Nation Children’s Fund
USAID	United States Government for International Development

Table of Contents

DECLARATION.....	I
CERTIFICATE.....	II
ACKNOWLEDGEMENT.....	III
LIST OF ABBREVIATION/ACRONYMS.....	IV
ABSTRACT.....	VIII
1. INTRODUCTION.....	1
1.1. Justification Of The Study	3
1.2. Research Questions.....	5
1.3. Universe Of the Study.....	6
1.4. Implication for Social Work Practice	6
1.5. Definition of Terms	8
2. LITERATURE REVIEW	9
2.1. Situation of OVC's In Ethiopia	12
2.2. Situation of OVC's In Amhara Region.....	13
2.3. Responses of OVC's Care And Support	15
2.2. Community Based Cares and Support Interventions For OVC	19

3.	RESEARCH METHODOLOGY	21
3.1.	Study Design	21
3.2.	Sampling Procedure.....	22
3.3.	Focus Group Discussion (FGD)	22
3.4.	In-Depth Interview.....	23
3.5.	Secondary Data Sources	23
3.6.	Observation	23
3.7.	Data Collection	23
3.8.	Data Processing and Analysis	24
3.9.	Ethical Consideration	25
4.	FINDING OF THE STUDY.....	26
6.	DISCUSSION.....	43
7.	CONCLUSION AND RECOMMENDATION	49
7.1.	Conclusion	49
7.2.	Recommendations	50
	REFERENCES.....	52

List of Tables

TABLE 1: THE AGE DISTRIBUTION OF IN DEPTH INTERVIEW AND FGD RESPONDENTS.....	26
TABLE 2: CURRENT CARE AND SUPPORT BENEFICIARIES OF OVC PROFILE AT FOUR SCHOOLS, MARCH 2014 (SECONDARY DATA).....	30

Annexes

ANNEX I: CONSENT FORMAT FOR IN-DEPTH INTERVIEW QUESTIONS	55
ANNEX II. IN-DEPTH INTERVIEW GUIDE FOR PTA MEMBERS AND CHILD PROTECTION COMMITTEE MEMBERS	56
ANNEX III. IN-DEPTH INTERVIEW GUIDE FOR ORPHAN AND VULNERABLE CHILDREN’S ENROLLED IN PTA’S CARE AND SUPPORT ACTIVITY	60
ANNEX IV: FORMAT FOR FOCUS GROUP DISCUSSIONS.....	62
ANNEX V: FGD GUIDE FOR OVC RECEIVING CARE AND SUPPORT FROM SCHOOL THROUGH PTA’S.....	63
ANNEX VI: FGD GUIDE TO MEMBERS OF PTA’S AND CHILD PROTECTION COMMITTEES ON THE CARE AND SUPPORT SERVICES PROVIDED TO VULNERABLE CHILDREN’S.....	64

ABSTRACT

This study was conducted to explore the role and challenges of Parent Teacher Associations in Provision of Care and Support to Vulnerable children in Bahir Dar Town. Parent Teacher Associations (PTAs) primarily established to improve the school environment for enabling environment of teaching-learning process. The number of orphan and vulnerable children as a result of urbanization, Sever poverty, and HIV/AIDS and other related illness affects the teaching- learning process and many of OVC's drop out from school as a result of stigma, and luck of education materials (books, uniforms and other supplies) forces them to address the problem by establishing child protection committees. Few philanthropic Organizations work with Parent Teacher associations to solve the educational challenges of children's in the town. Fourteen School PTA's in Bahir Dar town have been supporting orphan and vulnerable children's by contributing 3 % of their monthly salary in the form of AIDS fund and some technical and financial support of few Philanthropic organizations such as Organization for Social Service for AIDS (OSSA) to improve the quality of life of orphan and vulnerable children . This study employed a qualitative research method. Four School PTA's were selected and data collected from them to explore their role and challenges that PTA's have to address the care and support need of children's until data is saturated and redundancy is reached. In each school PTA's research participant was selected using purposive sampling method. Data gathering instruments included in-depth interview, focus group discussion, observation and secondary data review. Subjects of the study include orphan and vulnerable children care and support beneficiaries, PTA's and child protection. The findings of the study indicated that PTA's has significantly contributed to improve the well-being of orphan and vulnerable children and they provide education, psychosocial, life skill, health care, economic and health care support to children's. But the problem is still challenging for them and the number of OVC's need care and support is high as compared to their support. The activity of PTA's is not well recognized by actors working of the welfare of children and their capacity is minimal to address the demanding needs of children's. The study recommended for different child welfare organization and the government to build their capacity to strengthen their activity for sustainable orphan and vulnerable children.

1. INTRODUCTION

The advent of urbanization, severe poverty, and HIV/AIDS and other related illness has claimed a heavy toll on human life in Ethiopia during the past three decades. As a consequence, thousands of children have been left unaccompanied and in need of care. As a result of these multifaceted problems: thousands of children's lack resource for education (books, uniforms and other supplies), psychosocial distress (mainly associated with anxiety, loss of parental love and nurture, burden of caring for the sick, impact of family dissolution, depression, stigma, discrimination, grief and frustration), physical and sexual abuse and inadequate access to basic needs (Policy project, 2005).

As of 2009, Ethiopia is estimated to have 5,459,139 orphans of whom 855,720 are orphans due to HIV and AIDS (MOH, 2007), one of the largest populations of OVC in Africa. Given the context of Ethiopia, all OVC are directly or indirectly are vulnerable to HIV/AIDS and other health, socioeconomic, psychological and legal problems. This vulnerability may be linked to extreme poverty, hunger, and armed conflict and child labor practices, among other assumed causes. All of these issues fuel and are fuelled by HIV and AIDS (FMOH & FHAPCO, 2008).

The Ethiopia Government recognize the problem of orphan and vulnerable children and take various steps to prevent vulnerability of children's and to facilitate and provide care and support to children and their care takers. In 2010, the Ethiopian government developed a standard of Care Service Delivery Guideline to guide GOs, NGOs, CBOs,

and PSTA's to standardize the Care and support services provided to OVCs. Moreover, the Federal Government has given a particular emphasis to a community based care and support to orphan and vulnerable children instead of institutional and adoption care (MWYCA & FHAPCO, 2010).

In response to the orphan crisis, a number of community initiatives have proliferated to enhance service delivery to OVCs. In recent years, international, national, and local governmental and non-governmental organizations and Community Based Organizations have begun to take more proactive role in providing and facilitating care and support service as well as referral for the growing number of orphan and vulnerable Children. Parent-Student-Teachers Association's OVC care and support is a spontaneous response initiative that emerges from within the community to address the multifaceted needs of children's.

The Care and support provided to orphan and vulnerable children through PTA's does not gained recognition and attention among several child-based institutions. This study explores the involvement of PTA's in addressing the problems of highly vulnerable children at school level. This document may help for GO's, NGO,s and CBO's working on Child welfare interventions to capacitate the technical and leadership role of PTA's and allocate budget for sustainable community based care and support intervention for highly vulnerable children's at school level.

Therefore, this study explores well the role and challenges of PTA's in providing care and support to vulnerable children's in Bahir Dar town and may be used as an input to conduct further study on the care and support interventions undertaken at school level and design appropriate strategy to strengthen school based OVC care and support interventions.

1.1. Justification of the Study

Bahir Dar, the capital city of Amhara Regional State, is located approximately 578 KM in North-West of Addis Ababa, Ethiopia. The city is one of the leading tourist destinations in Ethiopia, with a variety of attractions in the nearby Lake Tana and Blue Nile River. The city is known for its wide avenues lined with palm trees and a variety of colorful flowers. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), Bahir Dar has a total population of 221,991, of whom 108,456 are men and 113,535 women.

In the city; Women, Youth and Child Welfare Bureau in collaboration with HIV/AIDS Prevention and Control Coordination Office coordinates the Care and support service provided to Orphan and Vulnerable Children in some philanthropic organizations in the form of institutional and community based care and support. Few GOs, NGOs, CBOs, FBOs have started to take initiatives and providing community Based Care and support to vulnerable children in recent times. There is a need to conduct study on the role and challenges of PTA's in provision of care and support to vulnerable children based on the following motivation:

1. In recent times some philanthropic organizations involve PTA's as potential partners in strengthening school community Partnership and addressing the care and support needs of highly vulnerable children.
2. Most studies to date done on orphan and vulnerable children focuses on factors affecting for vulnerability; situation of orphan and vulnerable children, the care and support services provided to orphan and vulnerable children at residential institutions and Community Based Organizations.
3. Most orphan and vulnerable children spend much of their time at school. Currently few schools with the help of PTA's are actively participated to improve the education, health and socio-economic well-being of orphans, vulnerable children and families ravaged by poverty, HIV and AIDS. There is a research and knowledge gap on the care and support problems of highly vulnerable children's addressed by PTSA's at school level.

Therefore, this study is helpful to:

- Understand the role and challenges of Parent Teacher Associations in provision of Care and support for highly vulnerable children's. This helps for improving the care and support services addressed by PTSA's.
- Contribute to the current literature of orphan and vulnerable children care and support interventions because there is no research done on school based OVC care and support interventions

- Contribute for policy makers, programmers and child welfare institution to design appropriate care and support intervention for OVCs addressed at school and community level.
- To motivates other researchers to conduct further study, More over

The finding of this research may helps for Policy makers and programmers to strengthen School Community Partnership for suitable and cost effective highly vulnerable children care and support interventions.

1.2. Research Questions

The research was designed to address the following questions.

1. What is the role of parent-teacher association in providing care and support to vulnerable children's?
 - ✓ What motivated PTA's to work on Orphan and Vulnerable children and how they address the problem of OVCs?
 - ✓ What is the contribution of PTA's in the town to improve the lives of OVCs?
 - ✓ Do the care and support services tailored to the needs of OVCs, companionate and based on family centered approach?
 - ✓ How the activities of PTA's are linked (networking and partnership) with other child welfare institution?
 - ✓ What are the feelings, attitude and reaction of OVCs, PTA's Members and towards the services provided by PTA's?

2. What challenges PTA's do have to address the care and support problems of children's?

- ✓ What are the challenges encountered PTA's in providing service to OVCs?
- ✓ What are most critical problems for PTA's and Orphan and vulnerable children's receiving care and support at school level not yet addressed?
- ✓ What PTA's proposes to address the needs of vulnerable children's in a sustainable way?

1.3. Universe of the Study

In keeping with the tenets of qualitative research, no claims to Generalizability of these findings can be made. Generalizability is considered in light of the "fittingness" or "applicability" of the research results to other School PTA's engaged providing care and support for orphan and vulnerable children at school in home. That is, reliability and validity of the research depends, to a large extent, on testing the "fittingness" or "applicability" of the findings to other study populations. The study was conducted in one of the urban city of Ethiopia.

1.4. Implication for Social Work Practice

Social work can be defined in relation to professional activities that involves in helping individuals, groups, or communities to enhance their capacity for social functioning and to improve the quality of life for every one by working toward the enhancement of the social and physical environments. It is also true that social workers community work are devoted to such underlying principles as social change, social justice, and equality of opportunity for the vulnerable and marginalized segments of the society. If change is to come from below at the community level, mobilizing the community resources and

proper functioning of community organizations is very crucial. Social workers believe in a society that takes care of its vulnerable members, in a world where children do not suffer from hunger, abuse, illness and hardship. Social workers provide timely services to orphans and vulnerable children before dysfunction develops and include programs and activities such as parent education, nutrition education, family planning.

In the context of this research on provision of care and support to orphan and vulnerable children, social workers can do several things. Today, social workers provide a wide range of services to orphans and vulnerable children. Some of the roles social workers perform include; the role of broker of human services, the role of a teacher, counsellor, an advocate, a case manager, facilitator, enabler and the role of an activist. Social workers conduct research on scope and magnitude of OVC problems, assess the capacity of different actors working on orphan and vulnerable children and distinguish the major gaps that hinder change, identify target groups for care and support and prioritize action accordingly. Social work educates to the needs, and right of children based on the framework of the CRC (Convention on the Rights of the Child) is another aspect of social work practice. Social workers also collaborate with other community organization CBOs, NGOs, CSOs and FBOs to advocate on the rights of children for the provisions of services for OVC living in the community. Most OVC and caregivers are in need of psychosocial support such as counselling, small self-help group establishment and facilitation of leadership and self- reliance development, which are in concordance with social group work

1.5. Definition of Terms

Care and Support :- A comprehensive and inclusive program that addresses the whole needs of OVC such as , economic, social, emotional, psychological and medical care of orphans and vulnerable children and their families at school level by Parent-teacher associations with other stakeholders.

Child:-As defined in the convention on the rights of the child and ratified by the Ethiopian government on Dec.1991, a child is any human being below the ages of 18 years.

Community based care and support: - is a social care and support that OVC and their caregivers receive in their locality through the members of their communities within a network of health and welfare systems in that community.

Child-headed households:-Households, which are managed or led by children themselves either because one of the parents are died or seriously sick.

Child Protection Committee: - a group of teachers selected by the school community by voluntarism responsible to mobilize resources for children care and support and coordinate the service.

Extended family:-A type of family related by blood or affiliation, which takes care of OVC in the community setting

Orphan Child: - orphan is defined as a child who is less than 18 years old and who has lost one or both parents, regardless of the cause of the loss.

Needs:-Usually conceptualized as basic human needs, such as education and vocational training, food, health, shelter, water and sanitation, psychosocial support, protection from abuse, birth registration and economic strengthening (PEPFAR, 2012)

Parent Teacher Association:- an organization of local groups of teacher's students and the parents of their pupils that work together for the improvement of the schools and the benefit of the pupil gain.

Vulnerable child: - A vulnerable child is a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her right.

2. LITERATURE REVIEW

Available literature indicates that the phenomenon of OVC is globally pressing. There are numerous children who are victims of economic and psychosocial plight due to physical, economic, social, health and political factors. Though the extent severity and magnitude of vulnerability of children depends upon the socio-economic status of their parents and countries, the problem exists almost in every country (UNICEF, 2012).

Eight out of every 10 children in the world, whose parents have died of AIDS, live in sub-Saharan Africa. The shocking result is 12 million parentless children in sub-Saharan Africa alone. According to United Nations reports, the last decade has seen an exponential rise (3.5% to 32%) in the number of children orphaned as a result of AIDS. This does not include the number of Children orphaned and vulnerable as a result of war, other diseases, and abandonment; for these children there are limited statistics. Despite the modest decline in HIV adult prevalence worldwide and increasing access to treatment, the total number of children aged 0–17 years who have lost their parents due to

HIV has not yet declined. Indeed, it has further increased from 14.6 million [12.4 million–17.1 million] in 2005 to 16.6 million [14.4 million– 18.8 million] in 2009. Almost 90% live in sub-Saharan Africa. The number of orphans due to AIDS and becomes vulnerable living in six countries—Kenya, Nigeria, South Africa, Uganda, United Republic of Tanzania, and Zimbabwe—is more than 9 million, with Nigeria alone counting 2.5 million orphans due to HIV. More than 10% of all children aged 0–17 years have lost one or two parents due to HIV in Zimbabwe (16%), Lesotho (13%), and Botswana and Swaziland (12%) (UNAIDS, 2010).

The impact of HIV/AIDS on children is just beginning to be explored this is not only are children orphaned by HIV/AIDS affected by the virus but also those who live in homes that have taken in orphans or those families who care to AIDS orphans are also affected. Children with few resource and those living in areas with high HIV prevalence rates are also impacted. Children who have been orphaned by AIDS may be forced to leave school, engage in casual labor or prostitution, suffer from depression and anger, or engage in high-risk behavior that makes them vulnerable to contracting HIV/AIDS. Children who live in homes that take in orphans may see a decline in the quantity and quality of food, education, love, nurturing, and may be stigmatized. Impoverished children living in households with one or more ill parents are also affected as health care increasingly absorbs households funds which frequently leads to the depletion of savings, and other resources reserved for education, food and other purposes (UNICEF,2006).

Research findings in Zimbabwe, Kenya and other African countries indicate that the care and support that the extended families exhibit is being weakened. The indicators that substantiate these phenomena include increasing number of child headed households, the separation of siblings from each other and their eviction from the locality where they were brought up in search of jobs for survival. These are some of the manifestations of the impact on communities where prevalence of HIV/AIDS Epidemic is high (MEASURE Evaluation, 2009). This situation is true in Ethiopia like other African countries. A family member's death from AIDS may be a catalyst that propels children into escalating trouble, the psychosocial needs of children are too often perceived somehow less important than their economic necessities. If children are to develop the resilience to deal with the challenges in their lives, their psychosocial need must receive proper and prompt attention (Bequele, 2008).

The increasing number of OVC who do not attend school or drop out permanently due to economic hardship because their parents or caregivers cannot afford school fees and uniforms. The increasing number of OVC in developing countries has come about as a result of personal tragedies resulting from social and economic problems (Ainsworth and Filmer, 2006). The danger is that they will acquire inadequate education, thereby limiting their own and their country's future.

2.1. Situation of OVCs in Ethiopia

Ethiopia's age pyramid shows a very young population, with children under the age of fifteen accounting for 48 % of the total population. Ethiopia, 73 % of children under age 18 live with parents, 12% live with their mother only, 4 % live with their father only, and 10 % live with neither parent .In 2010, it was estimated that there were a total of 5,423,459 orphans aged 0-17 years. Of these, 804,188 were AIDS orphans. Of the total 2,637,359 Maternal orphans 569,032 are AIDS orphans; from 2,988,287 Paternal orphans 509,214 are AIDS orphans and from 437,339 dual orphans 274,062 of them are AIDS orphans (MOH & FHAPCO, 2008). This enormous number represents more than 6 percent of the overall population of Ethiopia (MOH & HAPCO, 2008).

The 2011 EDHs estimates that 18% of all Ethiopian households are presently caring for an orphan. This is same as that of 2000 EDHS data. There is little difference between rural and urban areas in the distribution of orphans. Overall, 19 % of households have foster children, with little variation between urban and rural households. Single orphans (one parent dead) are present in 11 % of households, whereas double orphans (both Parents dead) are present in 1 % of households. 72% of children under age 18 live with both parents; 14 % live with their mothers but not their fathers; 3 % live with their fathers but not their mothers; and 11 % live with neither of their natural parents. The proportion of children living with both parents decreases with age. That is, younger children are more likely than older children to live with both parents. The proportion of children living with both parents varies little by the child's sex. Rural children are substantially more likely to live with both parents than urban children (74 % versus 58 %). Among

regions of the country, the highest proportion of children living with both parents is in Benishangul- Gumuz (75 %), while the lowest proportion is in Addis Ababa (52 %). The percentage of children living with both parents tends to decrease with an increase in household wealth (EDHS, 2011). The reasons for this number are multifaceted, including loss of parents to HIV and AIDS and other diseases such as TB and malaria, high maternal mortality rate, extreme poverty, famine, and migration (HAPCO, 2008 & EDHS, 2011).

Education is a key determinant of individual opportunities, attitudes, and economic and social status. Survival of parents determines school attendance of children. The Percentage of Children of age 10-14 whose parents both are dead are less likely to attend school (69 %) than children who have both parents alive and are living with at least one parent (76 %), resulting in a ratio of 0.90 between the percentage of children with both parents deceased and the percentage with both parents alive and living with a parent (EDHS, 2011).

2.2. Situation of OVC in Amhara Region

The Amhara National Regional State is one of the Administrative Regions in the country, which has been characterized by deep rooted poverty and socio-economic under development. The region has a population of 18.5 Million characterized by fast population growth rate (2.7%) and child population; in which children below 18 years constitute about 53.4 % of the total population. The socio- economic situation of the region reflects the living standard of the population and children in general. Though 89% of the population of Amhara Region depends on agriculture, about 42 % of the people

live under the poverty line and are chronically food insecure in which more than two-fifth of children in the region are stunted and underweight (Amhara BOLSA, 2008).

Amhara region, the number of orphan and vulnerable children is not only alarmingly increasing but thousands of children live in severe of socio-economic situation. A Situation analysis Study on OVC conducted by BOLSA and Save the Children Norway shows OVCs in the region constituted more than 11% of the total children in the study towns. The total number of OVC that exist in each study town is affected by variation in the size of population and socio-economic dynamism of towns. Visible indicators for the violation of the rights of children are prevalence of a number of orphan, street children, child commercial sex workers, out of school children and children beggars in major urban areas of the region. Because of large population and high socio-economic interactions, major towns not only have large size of children at risk but also the size of some categories such as street children and female children commercial sex workers is high as compared to medium and small towns in the region. About 80% of counted OVC were at risk children under family environment. The rest 15% and 5% were street and sexually abused children respectively. The prevalence of OVC in the Amhara regional state has now reached an alarming level. According to BOLSA 2006/7 report, there were 1.5 million orphans in the region of which 357,000 were AIDS orphans (Amhara BOLSA, 2008).

Like other areas of Amhara region, In Bahir Dar town, HIV/AIDS coupled with poverty have been the main social problems of the community. The largest OVC population in the

region is found in Bahir Dar (the study area) (18.2 %) followed by Dessie (13.3 %) and Gondar (10.4 %) (Amhara BOLSA, 2008).

In the Region there is an increasing trend of OVC threatens the capacity of the kinship system and the local community. Most orphan and vulnerable children are not under care and support of child-focused organizations. Almost all GOs, NGOs, CBOs and NGOs Use family and community-based approach to provide care and support to OVC. Although the felt needs of OVC are basic needs such as food, clothing, housing, the focus of care giving organization is providing educational (56%) and sanitation materials (45.6%) to OVC. The source of fund basically depends upon international community. The existing care and support system lacks prioritizing the neediest OVC, sustainability, continuity and organized local resource mobilization, networking, integration, and monitoring and evaluation (Amhara BOLSA, 2008)

2.3. Responses of OVC care and support

In September 2000, the largest ever gathering of world leaders adopted the United Nations Millennium Declaration, an ambitious agenda for reducing poverty and improving lives across the globe. All eight of the resulting Millennium Development Goals have a direct impact on the lives of children. Key among them is the fight against HIV/AIDS. It is widely recognized that the Millennium Declaration and complementary goals and commitments, on issues such as education for all and eliminating the worst forms of child labor, cannot be achieved without addressing the HIV/AIDS epidemic and its impact on children (UNAIDS & UNICEF,2004)

In recognition of its global significance, the United Nations General Assembly Special Session on HIV/AIDS, in June 2001, generated an extraordinary level of leadership, awareness and support in response to the HIV/AIDS crisis. A Declaration of Commitment adopted at the Special Session specified time-bound goals and targets to measure progress and to ensure accountability. As part of a longer-term response to the growing number of orphans and vulnerable children, concrete targets were set through 2005. Countries resolved that, together with partners, they would: By 2003, develop and by 2005 implement national policies and strategies to:

- 1) Build and strengthen governmental, family, and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counseling and psychosocial support;
- 2) Ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children;
- 3) Protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;
- 4) Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made Vulnerable by HIV/AIDS;
- 5) Urge the international community, particularly donor countries, civil society as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa.

Accordingly, priority action areas were identified, these were

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
2. Mobilize and support community-based responses.
3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others.
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

Ethiopia Government has taken various steps to address the complex issues surround Orphan and Vulnerable children. The Government develops domestic laws and policies based on UN Convention on the Right of the Child (CRC) and the African Charter on the right of welfare of Child (ACRWC) to create an enabling environment for improving the well-being of Children. The Government established separate Ministry called Ministry of Women, Children, Youth and Child Affair (MWYCA) responsible for coordinating all issues related to children. In addition the Federal HIV/AIDS Prevention and control office is charged with leading and coordinating the overall multi-sartorial responses to HIV/AIDS which include Care and support for OVCs (National OVC task Force, 2008).

According to MWYCA and FHAPCO, The government has allocated budget for coordination and facilitation of programs from Federal to Keble Level. To address the diverse needs and problems of OVC government strategize to educate and mobilize the community to own challenges at the grass root Level; Build the Capacity of CBOs and transforming their agenda for benefit of community including OVC; Mobilize and utilize local and foreign resources, strengthen the existing community leadership and coordination role, encourage and facilitate conditions for CBOs, NGOs, FBOs, donor and others to provide appropriate response in line with government guidelines and Manuals' (National OVC task force,2008 & FHAPCO,2004).

The Ethiopian Ministry of Women, Youth and child Affairs (MWYCA) and the Federal HIV/AIDS Prevention and Control Office (FHAPCO) develop guideline to standardized service delivery to OVC and to enable key stakeholders to uniformly provide services to beneficiaries at varying levels to maximizing quality of service provided to Orphan and Vulnerable children's care and support program. The Standard Service Delivery Guidelines document contains seven core service areas which are considered critical components of a set of services for programming targeting vulnerable children. The seven service area includes Shelter and Care, Economic strengthening, Legal protection, Health Care, Psychosocial support, education and Food and nutrition (MWYCA & FHAPCO, 2010).

2.2. Community Based cares and support Interventions for OVC

Stable, caring families and communities and strong child welfare systems are the best defenses against reducing vulnerability and improving the lives of children. Nurturing families are critical to children's lifelong health and well-being, including their prospects. The care and support approach provided to children should consider the child, family, community, and country contexts and recognizes the unique interdependent contributions of actors at all levels of society to the well-being of children. Multiple types of interventions must be employed to address the vulnerability of children in the epidemic (Foster G, 2006).

Families, communities, and governments must share responsibility to protect children from any forms of condition affects their life. Meeting the needs of children made vulnerable by social conditions provides a unique opportunity for collective action on individual, local, and national levels. No single government, civil society organization, or community can do it alone, and each of these has an important role to play in improving the lives and futures of all Vulnerable Children include Children affected by HIV/AIDS (PEPFAR, 2012).

The various sectors should be integrated in program designs along with other interventions in the HIV Continuum of response to serve the needs of children's. The OVC care and support approach calls for program designs to intentionally consider the types of interventions to be included across the levels of society to create an overall protective environment for children in the epidemic (UNICEF/UNAIDS,2004 & PEPFAR,2012).

Families are the first line of support and defense for children. Even in the most resource-deprived settings, families and communities have critically important strengths. The care and support Program provided to Vulnerable children's should focus on the promotion of the "strengths and resources" of children, families, and communities, rather than their "needs and deficits". Providing direct support to children rather than empowering families to provide for children's needs can undermine family relationships and capacity to care for children over the long term (UNICEF/UNAIDS,2004 & PEPFAR,2012).

Community actors include organizations and individuals operating at a very local level, in a social unit larger than a household, and who share common values and social cohesion and commit themselves to contribute to the welfare and protection of children and families by establishing a set of norms and expectations of community members that encourage mutual responsibility. Community members serve as frontline responders, identifying and responding to Children and families in crisis before they come to the attention of government and civil society as well as monitoring their well-being and advocating on their behalf. The importance of communities in the lives of at-risk children has been studied over decades, and such research informs evidence-based practice for programs aiming to minimize childhood adversity. Community-oriented programs have positive benefits for children in both the short and long term. This is especially true when such efforts are linked with government structures that facilitate access to financial and technical resources and when faith-based groups are a leading part of the response. Poorly executed assistance at the community level can, however,

undermine the community's sense of responsibility toward vulnerable children (UNICEF/UNAIDS, 2004 & PEPFAR,2012).

Government actors include publicly funded ministries and departments at the national, regional, and local levels. They contribute to the welfare and protection of children and families by developing large-scale and long-term government-endorsed policies and action plans. They coordinate all actors in response to vulnerable children, provide public benefits and services, and collect and manage official data. Government actor's have the authority to ensure the safe and equitable delivery of essential services and to provide safety nets that alleviate poverty (UNICEF/UNAIDS, 2004 & PEPFAR, 2012).

3. RESEARCH METHODOLOGY

3.1. Study Design

The study has employed a qualitative research method to explore the contribution of PTA's to Address the care and support needs of OVCs and challenges that PTA's face. Primary and secondary data collection methods were used to gather data. Therefore, the research methods selected to conduct the study include Focus group discussion, in-depth interview, observation and review of secondary sources.

Population for this study comprised of orphan and vulnerable children beneficiaries of the PTA's OVC care and support program, PTA's Members and Child Protection Committees of the school actively involved in addressing the problems of OVCs.

3.2. Sampling Procedure

All fourteen Schools working on Orphan and Vulnerable children care and support in Bahir Dar town were included in the sampling frame of the research. Initially, from fourteen schools, one school PTA's were selected purposefully to address the research questions. Then, data were collected from four of them until saturation and redundancy is reached because it is believed that the 14 School PTA's have similar objectives and activities. In the four schools PTA's In-depth interview and FGD were undertaken with PTA's chair Person and Child Protection Committees and OVC's get care and support from school.

3.3. Focus Group Discussion (FGD)

FGD is one the major data collection instruments of the study. In total, four group discussions were conducted to collect data, which were believed helpful to explore the contribution of PTA's and how they address the needs of children's and challenges that they face. FGD were undertaken separately with OVCs and Child Protection committees. The participants of the FGD were purposively selected from the four schools. A total of 33 people participated in the four discussion. I have facilitated the group discussion as a moderator. The roles of the moderator were stimulating participants to air out their ideas, moderating the time of talkative persons and coordinating the discussion process. An experienced and active note-taker was also assigned to record the points raised by participants. The researcher used audio-tape recorder based on the permission of participants. The play from the tape recorder was instrumental in transcribing most important points of the group dynamics during analysis

3.4. In-depth interview

In depth interview was the other data collection instrument employed in the study. 18 key informants for the in-depth interview were selected purposively from PTA's, Child protection Committees and OVC. These included 8 OVC beneficiaries receiving care and support from the PTA's (two from each of the schools), 04 PTA's Leaders (01 from each school), and 6 Child protection committees.

3.5. Secondary Data Sources

What is more, document review was the other method utilized to gather data on the contribution of PTA's to address the care and support needs OVCs in Bahir Dar town. To further enrich the primary data, different documents were reviewed and analyzed. The researcher reviewed by-laws of PTA's, Menus, action plan, screening tools, financial documents, reports. The researcher has consulted books, previous research papers, situation reports, relevant articles, journals and magazines to supplement the primary data.

3.6. Observation

In the process of data collection, the researcher will become participant observer to assess the available resources that PTA's have to address the care and support needs of HVC's and physical and emotional conditions of orphans and vulnerable children

3.7. Data Collection

FGD and individual interview checklists were developed for the group discussions and key informant interview purpose. Data collection instruments guide prepared in English and were used to collect data. Subjects were informed about the objective of the study and respondents

gave verbal informed consent to participate in the study. Carefully selected questions geared towards stimulating further discussion were included and thoroughly discussed. Special attentions were given to participants to express their ideas and views about the service delivered by PTA's. In addition, direct observation was made to assess beneficiaries and PTA's and child protection committee's reaction in relation to the services they rendered.

Both FGD and in depth interview were started with the introduction of the facilitator and note-taker and by briefing FGD participants on the objective of the study. Following this, participants had raised questions, which were not clear about the objectives of the study. All participants were encouraged to fully take part in the discussion and speak their views. The discussion was taken on the average 60-70 minutes. The group discussions and in-depth interviews were conducted at PTA's office, which was a convenient place for discussion. The interviewer used audio records after obtaining the permission of the interviewees. Each day's information collected from key informants using interview had been written and finalized the same day to avoid failure to remember the information thus mainstreaming accurate data

3.8. Data Processing and Analysis

All the interviews were recorded and transcribed on the same day. The transcripts were analyzed thematically. Transcripts were reviewed to develop a code list for the topics related to the research questions. Codes were applied manually by the interviewers. Text pertaining to the codes was organized in a matrix and translated into English. No software was used for the analysis.

The information collected through all the above methods and techniques will be summarized by using and categorizing the research concerns according in to the main thematic issues to answer research questions. The findings were presented by dividing the research questions and the information obtained into two groups. The first group is HVC's respondents and the other group consisted of Members of the PTA's and child protection committees. First, the researcher sees whether there is a different view on PTA's response to care and support to HVC's living in the community. This method of analysis will adheres to address the different research questions and objectives by looking at different groups and analyzing all information obtained from both groups separately. Next, the information was brought together by a method known as the triangulation of content analysis. Conclusions and recommendations, in the context of care and support for HVC's at the PSTA's level, were based on the overall findings.

3.9. Ethical Consideration

Ethical approval was obtained from St Marry University. A formal letter for permission and support was requested from Town Education office and Women, Youth and Child Affair Office. Study participants were provided with information about the objective of the study and client's privacy. Confidentiality of the information was assured during interview and verbal informed consent will be obtained from participant.

4. FINDING OF THE STUDY

Background Information FGD and In-depth Interview Participants

The study was carried out in March and April, 2014. Data was collected through face-to-face interview with eighth (4 males and 4 females) OVCs receiving service from OVC care and support program, 08 (06 males and 04 females) officials of chair persons and secretaries of PTA's and child protection committees. Similarly, out of the 36 discussants of the FGD, seventeen were children's receiving care and support from schools through PTA's.

Table 1: the age distribution of In depth Interview and FGD respondents

Age in Years	In-depth Interview			FGD		
	Male	Female	Total	Male	Female	Total
10-20	4	4	8	8	9	17
21-30	1	1	2	4	3	7
31-40	2	1	3	2	2	4
41-50	3	2	5	2	2	4
55 and above	0	0	0	1	0	1
Total	10	8	18	17	16	33

Profile of PTA's included in the Study

Out of the fourteen School PTA's that are actively involved in providing care and support for orphan and vulnerable children's, four were included in the study. The three PTA's that were

included in the study were Shumabo, Shimibet, Dilchora and Kulkual Primary School. The four PTA's were established by Organization for Social Service for AIDS (OSSA) during 2008 by the full consent and participation of school community primarily to address HIV/AIDS associated stigma among AIDS orphans. These PTA's have by-laws that are approved by members of the school community and the town education office Bureau. The bylaws include the rights and duties of PTA's Committees members, school teachers and students.

What Motivates PTSA's to address the care and support need of highly vulnerable children?

The main objective of PTA's is to address diverse needs of the students, parents and teachers to promote a cohesive community and to support quality of education of education program. Each PTA has seven members of Child Protection Committee and each committee has their own focal person. The focal person is directly accountable for the school director. All the members of these Child Protection Committees especially the focal person work long hours as volunteer in addition to their full time jobs. Child Protection Committees selected from teachers, community members and children who want to become members PTA's.

Poverty and HIV/AIDS has truly affected our schools, it has a negative impact and its presence is felt by all, by children in the classroom. The OVC performance drops, children's health deteriorates. The teacher is left to cope with things associated with children's problem. This makes me very difficult to continue teaching as a job with this problem.

As a teacher, we all know the problems of OVCs. We do not want children's dropout from school. But the major problem that all teachers face is school dropout of orphan and vulnerable children. Before we establish a committee

teachers decided to adopt one child. Most teachers reach agreement to adopt one child we registered children that need adoption but the number of children need our support was very high that teachers is unable to solve the problem by adopting one child for each teacher. We establish a committee and mobilize our local resources such as GOs, NGOs on how they help us to address the problem. Some Philanthropic organizations were willing to assist us by providing educational material for children's. (Child Protection Committee member of Kulkual Primary school)

My key informant from all PTA's explained that school teachers were extremely worried by the problems of children's. PTA's decided to contribute monthly fee from our salary to assist children with and request NGOs to address their basic needs. PTA's FGD Participant Mention the severity of the situation in the following way.

Teachers were busy and totally exhausted to hear the problems of orphan and vulnerable children's. They do not have the food that they eat, the shelter that they live, the educational material they follow their education. They face stigma and discrimination from school children's. This was the main challenge the teachers encounter before we are involved ourselves supporting orphan and vulnerable children care and support program. The situation was gloomy. Still this condition is challenging but we are tried our best to support our future generation.

How PTA's select OVC's need for Care and Support and graduate from their program?

An orphan and vulnerable children receiving care and support from PTA's was a child below 18 years of age who has lost one or both parents. PTA's used various terms to define vulnerable children and involve in their care and support. Based on the in-depth interview and the FGD undertaken with PTA's and child protection committees they involved children who have lost their parents regardless of any causes denied their inheritance rights, discriminated against, exploited, excluded, and more crucially, deprived of their basic rights to access social services such as education; very disadvantaged children, Children abandoned by either parents or guardians, disabled children, abused children ,street children , children living with HIV, Child laborers in their care and support program. All children enrolled in the care and supports were primarily proposed by home room school teachers. Child protection committees with PTA's and home school teachers screen children based on the above criteria and enrolled in their own care and support intervention.

PTA's and child protection committees have also graduation criteria. They regularly undertake discussion with care givers of children's

Majority of the children attend their education at government primary schools do not get their basic needs even though they are living with their parents. They are from the poor families. Most are deserved social assistance. Selection is always a challenge for committees to screen children's need care and support. We set criteria of selection together with school teachers. School teachers propose children's that need assistant. Members of the

committee conduct home visit to understand the situation of proposed children's before involving them in our care and support (FGD participant of the PTA at Kulkual Primary School).

What Care and support services are provided for OVC's at School Level by PTA's?

The room of where child protection committee meets is covered with graphs, quotations and posters on stigma and discrimination of children's affected and infected by HIV/AIDS, the number of children receiving care and support starting from service that they provide to children's. The committees have also different handwritten paper files that include the children's life stories and own writing on how they see their future, qualitative descriptions of processes, trainings, events and achievements and improvements in each child's performance, excerpts from counseling sessions, statistics, lists of the food and clothes distributed, health care and medical aid provided via linkages to health authorities, all scripts, narratives and poems produced with the mini media club, meeting minutes and other details that enable the teachers to monitor the children's progress.

Table 2: Current care and support beneficiaries of OVC profile at four schools, March 2014 (secondary Data)

School PTA	Number of OVC's supported by PTA's			Number of HIV+ Children supported by PTA
	Male	Female	Total	
Shinibet	10	13	23	5
Kulkual	8	12	20	6
Shumabo	15	15	30	6
Dilchibo	16	18	34	7
Total	49	59	108	24

Source: March 2014 PTA's Care and support data of four schools

1. Educational Support

School teaches provide tutorial session and educational material support to orphan and vulnerable children. PTA's buys text books and other teaching aids that benefit orphan and vulnerable children. All FGD and In-depth interview participants of PTA's and Child Protection Committees told me that, the main aim of PTA's is to improve educational attainment for all children.

Our success is depending on the educational attainment of children. Children's specially orphan and vulnerable children with no parental support have poor educational attainment as we observe from their academic performance data. Each member of the child protection committees is responsible to assist and mentor 3-5 orphan and vulnerable children. We assist them to do their assignment and to read their books. We treat them as of our biological child. (Child protection committee of Dilchibo Primary School)

One of the care and support beneficiary of Shumabo Primary school during the focus group discussion stated the educational care and support received from the school in the following way

The school provides me school uniform, stationary materials, dictionary and other text books at the first month of the first semester. I have a care giver from one of the members of the PTA's. She always sees my assignment and guides me to do my class assignment. She also comes to my home on monthly

basis to discuss with my family on all aspects of my life and I also visit her on weekly basis. I love her. She cares me just like her child.

Amha, Age 14, double orphan at Shimibet primary school said that;

Education is all I want in my life. I see many big people (successful people) as those who are educated. But, I'm not sure whether or not I will finish my studies. My father and mother died before ten years. Now I am living with my uncle. Much as I like to come to school daily, it is not possible. Before I enrolled in the care and support of PTA's teachers chase me away from school because I don't have uniform. Now I am so happy that I get enough uniform, stationeries, a bag, and books from PTA's for the academic year.

2. Food Support: A big challenge for Orphan and vulnerable children

All orphan and vulnerable children are poor and unable to get sufficient food. PTA's and Child protections are everything to them. Shumaabo and Dilchibo PTA's buy and distribute rice and oil to children's on quarterly basis and Kulkual primary school PTA's provide one bread with half litter of milk on daily basis to solve the problems of children's.

The In depth interview participant of one child get support from PTA, s said that:

Masresha, 13 years old, double orphan at Kulkual primary school said that I am living with my young sister [all of our parents are died]. The most important thing for me and my sister is getting enough meal to attend my education. The school PTA's provides me 15 Kg of rice and 2 litter of oil on monthly basis. It is not enough for us. All FGD and in depth Interview said

that food support is critical challenge for children's. The support that they provide is not regular.

3. Financial support

PTA's provide Financial Assistance to OVCs to alleviate some of the financial burdens. The source of Income for this support is from monthly AIDS fund contribution of school teachers, income generation activities run by the school and donation from Organization for Social Service for AIDS. The level financial support from school to school differs in amount and is not regular. PTA's have different financial documents that shows the amount of money distribute to children's. The in-depth interview participants of the chair Person of PTA's of Shimibet Primary school said that

Teachers and school administrative staff contribute three percent of their monthly salary for AIDS fund regularly. PTA's requested this collected money from the town finance office when we planned to support orphan and vulnerable children's. We have different financial formats that we used for this purpose. We invited care givers of children's during support time and we undertake discussion to use it properly.

4. Child Protection

The key challenges for Orphan and vulnerable children are rejection, discrimination and stigmatization by school students based on the key informant and FGD participants before they start this initiative. All FDG and in depth interview participants focuses on ensuring all child to protect against abuse, exploitation and neglect is the major duty of all child protection committees. They undertake different School community mobilization campaign on child

protection and their right. During the in depth interview and FGD they discrimination PTA's and children's believe that and stigma against Orphan and Vulnerable children in general and Children's infected by the disease is minimal in recent times. At the initial period where PTA's start to provide Care and support for vulnerable children's; most OVCs school were subject to stigma and discrimination. School community was believed that, whose parents have both died, they perceive that children's are also infected by the disease. To improve the social protection of the vulnerable children, Child Protection Committees have been established at all the schools. Each Child Protection Committee appoints a focal person, who is the direct link if a child wants to share a problem or complain about harassment. The In depth interview participant of Kulkual primary school stated how they address child protection intervention in the following way

I have a responsibility to educate school communities and raising their awareness about the welfare of children, and I am sure that no child within the school suffers from neglect and abuse. All committee members are working with parents of students to develop foster care mechanisms for children in need. We educate parents the need to protect the rights of children. PTA's , together with Keble Administration, Idir's and other CBOs advocate for support of culturally appropriate foster care practices for children and promote social integration to care for children.

5. Life skill and Psychosocial support

PTA's and Child Protection committees provide psychosocial support and life skill training through peer education and counseling to children's apart from educational support. All school teachers and Members of the PTA, s and Child protection committees get Psychosocial and life skill training by Organization for Social Service for AIDS (OSSA) as capacity building. PTA's establish psychosocial groups from interested teachers and has room for counseling at all four schools.

A teacher from FGD participant who works as volunteer counselor at Shimibet primary schools said that

“This is actually a real opportunity for me to provide psychosocial care for children. I attended one week workshop on psychosocial support for children by Save the Children. I practice it very well. One of ‘my’ children is a 15-year-old girl, who lost both of her parents and she is HIV Positive taking her drug for the disease. She is always alone when rest times. She has become anxious of life. She lives with her grandmother and she has to help do the household work. I tell her to focus on her education, and to take her drug regularly. Now she is healthy, work hard and she is very good students. She stands first in her class. I support her in making a plan for her studies, so that she can do her homework regularly.

During the focus group discussion; one child protection committees of the Kulkual primary school said that

Young and vulnerable children with lack of parental care are more susceptible to sexual exploitation through generational and transactional sex

hence are highly exposed to HIV/AIDS infection. There is also considerable peer pressure that leaves them open to sexual encounters. Beyond this, social stigma affects them a lot. Members of the PTA's provide life skill and psychosocial training to all OVCs and young and vulnerable children to build their self esteem and assertive living.

The in depth Interview participants from Shumabo primary school age of 13 of 5th grade student enrolled in PTA's care and support said that

"I have learned how to take care of myself as an HIV/AIDS infected child on how I took my drug. My care giver [members of the child protection committee] always follows me and advises me on positive living, I am following my education without any problem. I expect a drug that completely cures the disease will come to this world in the near future. My school friend supports me and gives me special attention. I do not feel like an orphan infected with HIV/AIDS.

6. Health Care

Health care is a major concern for orphans and vulnerable children because of vulnerable children's are the inability to pay for medication and the lack of access to affordable medical care. PTA's assist OVCs care and support beneficiaries to access free health Care and medicine from government health facilities through referral. PTA's reach agreement with the Town Health Office Administration and Government Health Centers to facilitate free medical care to children's for children's. PTA's write stamped referral letter to government health centers when children's are sick and need medical care. More over they purchase and provide

hygienic materials for children's on monthly basis. The In depth Interview Participants of Dilchibo Primary school on the Health Care activity that they provide said that

I was trained to be a teacher, but my profession that I am in is now changing every day (he laughs). I am also a social worker, as we have to assist these children for their better future. I also refer children's to the clinic for medical care. I found sometimes as a nurse, I counsel children on antiretroviral drug to adhere on their treatment.

What Strategies PSTA's used to address the care and support needs of highly vulnerable children's?

1. **Establishing child protection committees to coordinate the care and support service provided to vulnerable children's.**

To address the vulnerable children, PTA's established Child Protection Committees is at all the 14 schools. The committee has about 5-7 members selected from teachers, support staff, school director, students, parents of students. Each Child Protection Committee appoints a focal person, who is in charge of coordination and who is always available to any child who would like to complain about their problem.

As my informant from members of the Child protection committee all committee members are responsible to solve the problems of children's. He said that

"Teachers alone cannot do everything. The parents represent the community. The children know about other children problem. The parents and children live in the communities. The committee is established from these groups to mobilize all school community groups for safe environment of children's."

PTA's select child protection committees by carrying out elections according to certain criteria such as motherly behavior, humanity and the capacity to show love and respect for all school children's.

"As a teacher I know these children's problems and I don't want them to drop out. We're all human and, yes, we've also been stigmatizing children's affected and infected by HIV/AIDS due to a lack of knowledge, but now we don't stigmatize any longer. Instead, we [child protection committees] discuss how to care for those who are sick. Says FGD participant of member of the Child Protection Committee Dilchibo Primary School

2. Conduct Home visit of children's home

Each child protection committee is responsible to mentor 3-5 vulnerable children. Committee members undertake home visits to check if all the materials distributed to the children to check accordingly whether they are sold or stolen. Moreover, they undertake meeting with parents and guardians to solve the problem identified during the home visit.

"Each committee members is responsible to undertake home visit on monthly basis to check the whether they are using the care and support service items are using properly or not. Some families sold the materials to get cash, but then I spoke to the parents and guardians to make them understand that their children need to eat the food. I also counsel families how to support their children. I also help them to resolve conflicts, especially on how much you can expect a child to work. I also check if the family receives similar support from another project to avoid duplication," says a in depth Interview

Participants of Members of the child protection committee of Shinibet primary school

PTA's have their own minute that shows the problems identified when conducting home visit at children receiving care and support and the intervention solution addressed the problem.

“We have common formats for all our activities, so I know exactly what to do and I have a very good relationship with all the children. If a problem is too big, I just present it to the committee.” (In depth Interview Participant of Kulkual Primary school)

3. Established a compliant mechanism for children's stigmatized and/or discriminated

In order to prevent stigma and discrimination towards children living with or affected by HIV, child protections committees are established complaint mechanisms. Any child who feels discriminated against or who has observed episodes of stigma can complain directly to their contact person in the Child Protection Committee, to the focal person or via suggestion or complaint boxes set up in central places. The counselors are responsible for opening the complaint boxes, taking the complaints to the school council and for providing advice on how to solve the problems. The school director is often the person to have a serious talk with the children who have instigated the discrimination.

The children receiving care and support from Dilchibo primary school from in depth interview stated her previous experience on stigma and discrimination as follows by recalling her experience.

“One girl, her family died of HIV/AIDS, finished writing her assignment early in school one day. This apparently annoyed her classmates and one boy shouted “you're sick.” The girl cried and went to the focal person to

complain. When the classmate found out, he pursued the girl even more viciously, but the focal person became very angry and threatened to hand the bullying classmate over to the police. “Child protection committees did a lot of counseling and the boy was told to apologise to me. He promised not to torment me again,” recalls the girl. Before we established the committee and we work to improve the situation of vulnerable children attending education she used to go to the director. “But it’s much simpler to talk to the any members of the child protection committees, because the director is too busy, and committees accepts me and knows my problems and is good at finding solutions.

4. Conducting school based competition to create enabling environment for OVCs

PTA’s and Child protection committees undertake different school based competition campaigns to create enabling environment of children’s infected and affected by HIV/AIDS and they became orphan and vulnerable. The FGD participant at Dilchibo primary School said that

“We produce different types of educational entertainment games on bad beliefs and practices on HIV/AIDS, stigma and discrimination and undertake different entertainments among school students for reducing stigma and discrimination. We have a mini-media club broadcast when the other students arrive for classes, during the noon break and again at the end of the day about HIV/AIDS and sexual health issues that greatly affect young people

and adolescence. We also present music and songs. We do all this to get rid of false beliefs.

Coffee ceremonies are an integral part of Ethiopian culture and are used both privately when a family wants to pay its respects to someone visiting and at social gatherings and community meetings. School Anti-AIDS clubs run by child protection committees undertake coffee ceremony to discuss on HIV/AIDS, stigma and discrimination at children's family home receiving care and support when children's are stigmatized by the family members and their neighbors. A girl working at the Anti-AIDS club, member of the Child protection committee during FGD at Kulkual Primary school express her experience in the following way.

“One girl, she is receiving care and support from this school, was being bullied. She was HIV positive and her siblings also got the virus. They lost both of their parents and everyone knew about it. They knew that the children were in antiretroviral therapy. They weren't allowed to children's to plan with their children. They were isolated and they weren't allowed to work. The girl did not come to school regularly. She told me about it. We decided to conduct a coffee ceremony where she told everyone what happened and how it felt. Then, the harassment stopped.”

5. Tutorial session for children's

At all four schools, volunteer school teachers provide tutorial class for academically weak children and Orphan and vulnerable children's on weekend times this children's receive tutorial sessions as part of educational support.

Is the care and support sustainable to address the current and emerging needs of OVCs?

Building the capacity CBOs was one of the strategies included in the standard service delivery Guideline for Orphan and vulnerable children care and support program of Ethiopia. Almost all study participants (interview and FGD) mentioned the commitment and devotion of Members of PTA's and Child Protection program to support orphan and vulnerable children. According to my informant from the chair person of PTA's, School teachers contribute 3 % of their salary for AIDS fund on monthly basis. This contribution supports orphan and vulnerable children used for purchasing uniforms, exercise books, hygienic materials, oil and rice. In four schools they build their own income generating activities (Sumba and Dilchibo- Building Container shops for renting to local community; Kulkual –Build a bakery shop and provide one bread for every orphan and vulnerable children on daily basis with half litter of milk) to support children in sustainable way.

What Challenges PTAs have to address the care and support need of vulnerable children's?

Focus group participants and key informants were mentioning a number of constraints and challenges in addressing the care and support needs orphan and vulnerable children's. Discussions from interviewees indicate that the number vulnerable children are growing problem in the community. One of the major concerns for PTA's and Child protection committees is the escalating number of orphan and vulnerable children that need assistant. They all said that

“Most of the times selection for care and support is challenging for PTA's and Child protection committees as a result of high number of OVCs at school”

All Participants of FGD and In depth interview indicate the involvement of Government, Aid organization and Private sectors in supporting their activities related to OVC care and support is minimal and didn't get recognition. They only get support from few philanthropic organizations such as Organization for Social Service for AIDS and Jerusalem Child and Community Development Organization.

6. DISCUSSION

PTA's are part of the school community structure established for creating and maintaining quality teaching and learning process by involving parents of students in designing, implementing and evaluating academic performance of students. The impact and burden of high number of orphan and vulnerable children compelled them to provide care and support for highly vulnerable children unable to attend education as a result of absence of parental support. PTA's in Bahir Dar town have started OVC care and support program programs for better school enrollment and academic achievement of orphan and vulnerable children. Although PTA's in Bahir Dar town have by-laws approved by teachers. In their by-laws they include their role how to address the care and support needs of highly vulnerable children's.

The Orphan and Vulnerable Children Care and Support Program Service Delivery Guideline clearly stated the role of government, institutions and communities to address OVC care and support program interventions (MOWA and FHAPCO, 2010). The research findings disclosed that the role and responsibility of PTA, s of Bahir Dar town were identifying eligible care and support beneficiaries by developing their own Criteria, and provide care and support according

to the needs of OVCs and Participate OVCs, their caregivers and all other interested stakeholders. Moreover, PTA's promote safe environment for children at school, at home and the community and reduce stigma and discrimination among AIDS orphan and orphans and vulnerable children's who have the disease. These functions of PTA's is consistent with Orphan and vulnerable children care and support service delivery guideline of Ethiopia.

Care and support program of the PTA's focused on Educational material and tutorial support, Food support, Child Protection, Psychosocial support, Life skill education. Child Protection Committees and school teachers are the major actors in providing care and support to Orphan and vulnerable children. Child Protection Committees have been found involved in the delivery of care and support service to OVCs by their free will and interest. There is no any form of payment received from PTA's and other philanthropic organizations. Each Child Protection Committee is responsible to mentor and guide 5-7 Children's.

The PEPFAR approach of Care and support for children considers the child, family, community, and country contexts and recognizes the unique yet interdependent contributions of actors at all levels of society to the well-being of children affected by HIV/AIDS (PEPRAR, 2012). All services to orphans and vulnerable children should be provided at the same level with other children in the communities. This will ensure that orphans and vulnerable children receive equal treatment with other children in the community, and at the same time, interventions do not create disparities between programme beneficiaries and other children in the community. Children should be reached through a family-centered approach to minimize friction, stigma and disharmony in their households, while at the same time maintaining focus

on children who are most in need and at risk of falling through the cracks, through improved targeting. According to Interview participants, the care and support approach that PTA's is based on family focused and involving children's to address felt needs. PTA's contribute their role for the welfare and protection of children affected an infected by HIV/AIDS.

To address the diverse needs and problems of OVC Ethiopia government strategizes to educate and mobilize the community to own challenges at the grass root Level; Build the Capacity of CBOs and transforming their agenda for benefit of community including OVC; Mobilize and utilize local and foreign resources, strengthen the existing community leadership and coordination role, encourage and facilitate conditions for CBOs, NGOs, FBOs, donor and others to provide appropriate response in line with government guidelines and Manuals' (National OVC task force,2008; FHAPCO,2004). But this study reveled that local government at the grass root level have limited effort in building the capacity of PTA's and PTA's role in addressing the care and support needs of vulnerable children's are not well recognized and motivated.

The United Nations General Assembly Special Session on HIV/AIDS Conducted on June 2001 proposed build and strengthen governmental, family, and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counseling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; Protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance; Ensure non-

discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made Vulnerable by HIV/AIDS (UNAIDS & UNICEF,2004). PTA's contribute a pivotal role in creating an enabling environment for children's and give special emphasis for orphan and vulnerable children's. They educate the school community on child right, provide counseling and psychosocial support to children's and strives for development of children.

According to Interview participants of the Focus group discussion and in depth Interview; they used family –focused approach to provide care and support for OVC. This they get training from Organization for Social Service for AIDS (OSSA) on Child right and protection, Psychosocial care and life skill training which is very vital for them to provide care and support for children's. But they need additional training that helps them to address the problem in a sustainable way.

The growing number of orphan and vulnerable children and the weakening of capacity of kinship system and local community is major concern of PTA's to address the problem in a sustainable way. Most children's attending education from government primary educational facilities is from poor urban families. PTA's tried to solve the problem by working with some philanthropic organization, from teacher's contribution and the income generating activity that they developed. Foster (2006) argue that extended family is not a sponge that absolves OVC all the time. Significant numbers of children slip from the safety net mainly because of the depletion of resources in the extended family or households that provide care to OVC. If the current patterns of care and support and prevalence of OVC continues, the extended family no

longer will play its conventional roles as far as care and support to OVC is concerned. The role of the community as the next line of defense to provide care and support to orphan and vulnerable children is unquestionable. As PTA's argued that the proportion OVC population in the school with its multi dimensional problems is increasing. PTA's response to this problem is in infancy stage and they encourage Government, Non-Governmental Organizations, and the community to invest on children to have better future.

In the study, PTA's didn't conduct community mobilization to involve different social groups to work together with them to address the care and support needs of children's by mobilization local resources. Moreover, PTA's have no/limited linkage with existing Community Based Organization providing community based care and support for OVC. They are creating referral linkage for health care service only. The Orphan and Vulnerable Children Service Delivery Guidline of Ethiopia (MOWYCA and FHAPCO, 2010) propose effective coordination and referral of care at the point of service deliver. As a strategy; the document proposed community mobilization for empowering existing groups and strengthen community leadership to address OVC Issues to foster recognition and ownership of the problem, identification of community resources, setting of priorities, developing and implementing actions plants. Moreover, the guideline proposes service mapping and network building among implementing partners, civil society organizations, government agencies, donors, local resources and experts and private sector for sustainable coordinated orphan and vulnerable children care and support program.

Programmes and interventions should adopt a rights-based approach. This recognizes that any support to orphans and vulnerable children is not a favor, but an effort to enhance attainment of their fundamental human rights. Programmes and interventions should be based on meaningful participation of children in planning, implementation, monitoring and evaluation. Children's opinions should be heard, respected and considered equally for girls and boys. Community participation, empowerment and ownership should be emphasized as key elements in mitigating the social impact of HIV/AIDS and other causes of vulnerability on children (PEPFAR, 2012). PTA's incorporate child protection principles and they participate children's and family members in providing care and support and their strategy and activity properly address to reduce child vulnerability.

It is also very important that the child's age and stage of development should be considered in determining the kinds of care, support and protection he or she needs for a healthy and productive life. Ensuring food security and nutrition should also be considered very important to orphans and vulnerable children's household by providing nutrition care and support for infants born by mothers with HIV/AIDS and providing more food and nutrition support to OVC households using locally available foodstuff. UNICEF (2006) posits that there is a need to strengthen and expand the knowledge base on the status of OVC in order to improve the response to challenges faced by orphans and adequately address their needs. But this study revealed that food shortage is a major challenge for children's to continue their education.

7. CONCLUSION AND RECOMMENDATION

7.1. Conclusion

The study identified that schools are center for OVC care and support and PTA's established child protection committees responsible to manage the program. The care and support activity run by PTA's is on Volunteer based with meaningful participation of children, the school community and caregivers of children's. Their approach is culturally and contextually appropriate provide essential services for the well-being of children. The care and support activity focused on Educational support, psychosocial support, financial support, food support, life skill building, child protection and health care. This study revealed that child protection committees are committed and compassionate to support highly vulnerable children. They

- ✓ Conduct regular visit to children's home to guide, mentor and couch care givers and families of children's.
- ✓ Undertake regular stigma and discrimination campaign for creating enabling environment for children
- ✓ Undertake monthly discussion with care givers of children's to inspire them to provide the necessary support to children's
- ✓ Have strong referral-linkage from the government health sector for free medical care of children
- ✓ Developed different income generating activities, such as building mini-shops and bakery houses

The most frequent challenge that PTA's face is rapid increasing number of orphan and vulnerable children need care and support. Moreover, food security and adequate nutrition are the main challenge for children's that affect their school enrollment. This study identified the following challenges that critically affect the sustainability of their initiatives. PTA's have poor Partnership and networking with existing community structure, Government and non-governmental organization to address the multifaceted needs of children's. The local government didn't recognize their initiatives and didn't build their leadership for sustainable community based care and support.

7.2. Recommendations

PTA's play a significant role in meeting the needs of vulnerable children in Bahir Dar town but their commitment to support OVCs is not get recognition. This innovative approach should be recognized and replicated to strengthen Community Based care and support for Highly Vulnerable children's at school level by building the school community leadership to respond the growing demand of vulnerable children. Based on the finding, the researcher recommends the following;

- ♣ Government and Non-Governmental Organization working on the welfare of children should support PTA's by building their capacity in strengthening school and community leadership for sustainable care and support for OVC program as well as self-sufficient community based orphan and vulnerable children care and support intervention.

- ♣ PTA's should establishing strong linkage and partnership with communities, government departments, donors, private sector and other community structures to mobilize resources necessary for OVC care and support
- ♣ The Income generating program should continue as it clearly has a positive impact on food security, nutrition and livelihoods, and is essential OVC. However, care and support for OVC a comprehensive manner as part of a longer-term development strategy.
- ♣ Governmental and non-governmental organizations should give priority for School PTA's and develop their capacity on institutional development and management as well as well as project design, implementation, management, and fundraising.
- ♣ Addressing food security and nutrition should be given as priority agenda as school based OVC care and support intervention
- ♣ Undertaking advocacy and fund-raising event may help PTA's to establish and develop multi-sectoral partnership to respond the OVC needs at school level
- ♣ Further study should be undertaken on the care and support initiatives undertaken at school level by PTA's in other areas of the country.

REFERENCES

Ainsworth, Martha, and Deon Fimer .*Inequalities in Children's schooling: AIDS, Orphanhood, Poverty, and Gender*. World Development Journal, 2006

Africa Child Policy Forum/Plan. *Reversed roles and stressed souls: Child headed households in Ethiopia*. Addis Ababa: ACPF, 2006

Amhara Bureau of Labour and Social Affair. *Situational Analysis on Orphan and Vulnerable Children in Amhara Region-With Special Reference to Urban Towns in Amhara Region*. Bahir Dar, Ethiopia: Amhara BOLSA, 2006.

children's Investment Fund Foundation, Family Health International, UNICEF & Ministry of Women's Affairs. *Improving Care Options for Children in Ethiopia through Understanding Institutional Child Care and Factors Driving Institutionalization*. Addis Ababa: family Health International, 2008

Ethiopia Demographic and Health Survey and ORC Macro. *Ethiopian 2011 Demographic and Health Survey (EDHS)*. USA: Macro International Inc, Calverton, Maryland, 2011

Ethiopian ministry of health and Federal HIV and AIDS prevention and Control office. *Single Point HIV Prevalence Estimate*. Addis Ababa, Ethiopia: FHAPCO, 2008

Foster, G. *Understanding Community Response to the Situation of Children Affected by HIV/AIDS: Lessons for External Agencies*. Geneva: UNRISCO, 2006

HIV/AIDS Prevention and Control Office. *Ethiopian strategic Plan (2004-2008) for Intensifying Multi-Sectoral HIV/AIDS Response*. Addis Ababa, Ethiopia: FHAPCO, 2004

Masiela Trust Fund OVC research. *Qualitative Research Report on orphan and vulnerable children in Botswana*. Botswana: Human Science Research Council, 2007

MEASURE Evaluation. *Effect of Program Supporting Orphan and Vulnerable Children: Key Findings Emerging Issues and Future Direction from Evaluation of Four Projects in Kenya and Tanzania*. Washington: Future Group International, 2009

MEASURE DHS. *Orphan and Vulnerable Children in High HIV Prevalence Countries in Sub-Saharan Africa: DHS Analytical studies*. USA: Macro International Inc, Calverton, Maryland, 2008.

Ministry of Labour and Social Affairs. *Survey on the Prevalence of and Characteristics of AIDS Orphans in Ethiopia*. Addis Ababa, Ethiopia: MOLSA, 2007

Ministry of Women, Youth, Child Affairs and Federal HIV/AIDS and Prevention and Control Secretariat. *Standard Service Delivery Guideline for Orphan and Vulnerable Children Care and support Program*. Addis Ababa, Ethiopia, 2010.

National OVC Task Force. *Quality Assurance and Improvement Standard for OVC program in Ethiopia*. Addis Ababa, Ethiopia: MOLSA, 2008.

Policy Project. *Rapid Country Assessment, Analysis, and Action Planning (RAAAP) initiatives on the Behalf of orphan and other vulnerable children in Sub Sahara Africa*. USAID: Future Group International, 2005

Salaam, T. *AIDS Orphans and Vulnerable Children Problems, Responses and Issues for Congress*. USA: Foreign Affairs, Defense, and Trade Division, 2005

Save the Children Federation, Inc. *Tool Kit for Positive Change: Providing Family Focused, Result Driven, and Cost Effective Programming for Orphan and Vulnerable Children*. Addis Ababa, Ethiopia: Save the Children, 2009

U.S. President's Emergency Plan for AIDS Relief. *Guideline for Orphan and Vulnerable children programming*. PEPFAR, 2012

UNAIDS. *Report on Global AIDS Epidemic*. Geneva, Switzerland: UNAIDS, 2012

United Nation Children's Fund. *Africa's Orphan and Vulnerable Generations: Children Affected by AIDS*. New York: UNICEF, 2012

UNICEF (United Nations Children's Fund). *Children in Informal Alternative Care*. New York: UNICEF, 2011

UNICEF (United Nations Children's Fund). *The State of World Children: Children in Urban Areas*. New York, UNICEF, 2012

UNICEF, UNAIDS, USAID. *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children, Living in a World with HIV/AIDS*. New York: UNICEF, 2004

Annex I: Consent format for In-depth interview questions

Introduction:-

Welcome to this interview

My name is -----and my colleague name is -----We are here to collect information about PTA's role and challenges for them on the care and support service provided to Orphan and vulnerable children. Its aim is to study is to explore PTA's role in the area of OVC care and support and major challenges that they face.

Now we ask you some questions about PTA's role and challenges for OVC care and support that you answer according to your knowledge and experience. There is no right or wrong answer. All comments, both positive and negative are welcome. We would like to have many points of view and to be open interview, so feel free to express your opinion honestly and openly.

Your name as well as address is not recorded in this interview to protect your confidentiality.

You have also the right to answer or not for questions which might be inconvenient for you.

However, your information is very important to evaluate and improve the program. Again, we would like to confirm to you that all your comments are confidential and used for research purpose only.

Therefore, are you willing to participate in this interview? (YES or NO) If no, thanks her/him and stop in here. If yes, thanks her/him and continue the next questions.

Date of interview: _____ Time started: _____ Time ended: _____

Interviewer name: _____ Sig. _____

Reporter name: _____ Sig. _____

Supervisor name: _____ Sig. _____

Annex II. In-Depth Interview guide for PTA Members and Child protection Committee members

1. When PTA is established a committee to provide care and support for OVC? Do you have bi-laws? Who decided for PTA's to involve in OVC care and support?
2. What is the main objective of PTA? What Motivates PTSA's to address the care and support need of highly vulnerable children?
3. What is your source of income to provide care and support for OVC? Does the school allocate budget for the program?
4. In the School, who is responsible to coordinate the H&CBC project?
5. Do Committee members have any training related to Children Care and support issues?
What are the major responsibilities of PTA's in OVC Care and support?
6. In what way do the PTAs be able to provide care and support for OVCs? Strategies PSTA's used to address the care and support needs of highly vulnerable children's? How is the implementation of the program in relation to the need of beneficiaries?
7. How PTA's select OVC care and support beneficiaries to provide service? What Care and support service provide to OVCs and their families? What are PTA's Discharge criteria used to terminate your service provided to OVCs?
8. Are the services being provided diverse enough to respond to the pressing needs of the target Highly Vulnerable Children's? Probe: what services are you proving in the area of education, PSS, shelter and care, food and nutrition, health etc.?
9. To what extent does the quantity of the items distributed to help to address the needs of the HVC adequate (e.g. provision of tangible items - does the number of exercise books and pens

provided for a student at a certain grade level match the subjects s/he took in the given academic year).

10. How continuity assured in the provision of care and supports services for OVC with needs that have a recurrent and/or cyclic nature?
11. Are services delivered following a family based child focused manner? How did you involve family members?
12. How the needs of children with special needs is identified, planned for and provided within the resource that you have available and with the available referral services?
13. Are services provided in a manner which is compassionate, that minimizes stigma and discrimination? (Ask for instance how the educational and other Care and support material are provided or delivered?)
14. Does the Intervention able to meet the expected demands of OVCs?
15. What monitoring mechanism do you put in place to review intervention progress and contact with beneficiaries? What is the mechanism to collect feedback about the service? How do you evaluate the activities so far and the change in the life of Children's?
16. Does your association have relationship with other GOs, NGOs for care and support of highly vulnerable children's in your locality? What kind of relationship do you have with this authority? Have you shared your programmatic and financial plans (proposal, work plans and budgets) with Responsible Government office?
17. To which government body/ Bodies are you accountable for your care and support program that you provide for Highly Vulnerable children? How do you explain the local government involvement in the care and support of OVC?

18. Do you get any support from Governments and NGO's on your activities? If yes please describe.
19. What have you done to involve communities in the implementation process? Involvement of beneficiaries? What contribution does the community have in addressing the care and support needs of OVCs?
20. What major problems do you encountered in implementing the OVC care and support Program?
21. What are your partner organizations/groups to implement the project? What are the areas of partnership? How do you evaluate the benefits of partnership? What are the gaps /problems in the partnership? If any.
22. Does the School community actively participating in the OVC care and support program? Have you any mechanism to involve the community in planning, implementation and monitoring? Give me detail information.
23. How do you evaluate the contribution of Schools in addressing the problem of OVC? And their families?
24. What kind of role does your association play to support the rights of Children's?
25. What are the major difficulties or problems faced by the PTA's? To the best of your knowledge, what challenges is the PTA's OVC care and support program facing
26. For the challenges listed in the above questions, what are the operational issues associated with each of the challenges and what are the possible solutions.
27. Do you participate in government activities related to Children's needs? If yes please describe?

28. Are all school communities oriented about the Care and support program that you're association performs? In what way they support the care and support?
29. What Mechanisms can be put in place for school, Teachers and communities to formalize opportunities to recognize and respond to sign of vulnerability in school children?
30. What are the vulnerability factors with significant influence on educational experience of Orphan and Vulnerable children?
31. What interventions are common and what is the evidence of their effectiveness in relation to educational accessibility and vulnerability factors for children?
32. How was the involvement of the community for OVC care and support?
33. How do you mobilize the community for care and support to OVCs?
34. What were the methods employed to mobilize the community care and support for orphan and vulnerable children?
35. Which type of care and support do you advocate to OVC?
36. What part of OVCs problems and needs are still not addressed through your care and supports?
37. Do you have any additional comment on OVC Care and support and community responses in general
38. What were the constraints / challenges your association encountered with regard to care and support to OVC.

Annex III. In-depth Interview Guide for orphan and vulnerable children's enrolled in PTA's care and support activity

1. With whom are you living now? What your relationship?
2. What is the source of income for the household?
3. Have you ever encountered problems in the households you live? What kind of problem did you encountered? What do you do when you encountered a problem?
4. Do you believe that children should be involved in solving their own problems?
5. What Kind of Care and support service do you get from PTA's? Probe on Health Care, Education, psychosocial support, Life skill building, Nutrition, Livelihood and Income generating activities care and support service provided to them through PTA's
6. Did you get any care and support from any organization? What kind of care and support did you get it?
7. Have you found the care and support provided by PTAs is helpful? If so how – can you describe how the support has benefitted you or your household? If no, why not? Are there changes you have noticed in you or your household as a result of the support from the project? Please provide some examples
8. Do you face any forms of stigma, abused faced from school community as a result of your situation? Care and support provided by PTA's? How PTA's help you to deal with stigma and discrimination?

9. Would you say there is a difference in quality of life of your household or yourself since you were enrolled in PSTAs care and support? Please explain the change.
10. What are the most critical problems that you encountered and not yet addressed?
11. Who do you think is responsible to solve such critical problems (probe, family, GOs, NGOs, community)
12. How the community is involved in care and support for OVC?
13. What is your plan to improve your life? (Probe, education, employment,)
14. Who do you think would be the most important for improvement of your life in the future?
(Probe relatives, friends, and service providers)
15. What do think should be improved in the current care and support practice in this town?
16. Is there anything that you want to tell to me about your life situation?

Annex IV: Format for focus group discussions

Date of FGD: _____ No. recruited for FGD: _____ Venue: _____

Time started: _____ Time ended: _____

Facilitator/moderator name: _____ Sig. _____

Introduction:-

You are all welcome. First of all thank you for all of you to give us your precious time to conduct this study. We are here to collect information about PTA's role and challenges they have to address the care and support needs of vulnerable children. The aim of this study to explore the role and challenges of PTA's to address the care and support needs of OVCs. This study is helpful for different actors working on OVC to give insight for PTA's role and their challenges in addressing the care and support needs of orphan and vulnerable children's. You have been purposively selected to participate in this discussion because we believe that, you are one of the key informants in this community, and also you have vital information and experience to share with us on this subject.

There is no right or wrong answer. All comments, both positive and negative are welcome. We would like to have many points of view and to be open discussion, so feel free to express your opinion honestly and openly.

Annex V: FGD Guide for OVC Receiving care and Support from School through PTA's

1. What kind of services do you obtain from PTA's/ Child Protection Committees?
2. Do you think the services you obtain are sufficient? If not, what is missed?
3. Have you found the care and support provided by PSTAs is helpful? If so how – can you describe how the support has benefitted you or your household? If no, why not? Are there changes you have noticed in you or your household as a result of the support from the project? Please provide some examples
4. Would you say there is a difference in quality of life of your household or yourself since you were enrolled in PSTAs care and support? Please explain the change.
5. Do you get any follow-up counseling?
6. What is the approach PTA's utilized to provide service? How do you get the approach?
7. Do you think the services provided by PTA's are to the standard? Explain.
8. Do you think that the care and support services are tailored to the needs of beneficiaries
9. What is your feeling, attitude and reaction towards the services provided by PTA's?
10. Does the service get from PTA's contribute to improve the life of beneficiaries and their families?
11. Have you seen attitude change on school community and the community as a result Care and support?
12. What are the most critical problem that you encountered and not yet addressed?
13. What are the challenges encountered in obtaining services?
14. Do you have any recommendation/suggestion to improve the service and approach?

15. Who do you think is responsible to solve such critical problems (probe, family, GOs, NGOs, community)
16. How the community is involved in care and support for OVC?
17. Is there anything that you want to tell to me about your life situation?

Annex VI: FGD guide to Members of PTA's and child protection committees on the care and support services provided to Vulnerable Children's

1. What Motivates PTA's to provide care and support for OVCs?
2. How PTA's select OVC care and support beneficiaries to provide service? What Care and support service provide to OVCs and their families? Did your organization graduate any HVC who were no longer eligible for the program's services? What is your graduation criterion?
3. Are the services being provided diverse enough to respond to the pressing needs of the target Highly Vulnerable Children's? Probe: what services are you providing in the area of education, PSS, shelter and care, food and nutrition, health etc.?
4. In what way do the PTAs be able to provide care and support for OVCs? Strategies PSTA's used to address the care and support needs of highly vulnerable children's? How is the implementation of the program in relation to the need of beneficiaries?
5. Do you think the services provided to OVC are sufficient? If not, what is missed?
6. Do you think the services provided by PTA's are to the standard? Are the services being provided diverse enough to respond to the pressing needs of the target Highly Vulnerable Children's? Probe: what services are you providing in the area of education, PSS, shelter and care, food and nutrition, health etc.? Explain.

7. Do you think that the care and support services are tailored to the needs of beneficiaries? Explain.
8. To what extent does the quantity of the items distributed to help to address the needs of the HVC adequate (e.g. provision of tangible items - does the number of exercise books and pens provided for a student at a certain grade level match the subjects s/he took in the given academic year).
9. Is continuity assured in the provision of care and supports services for OVC with needs that have a recurrent and/or cyclic nature?
10. Are services delivered following a family based child focused manner? How did you involve family members?
11. Are the needs of children with special needs identified, planned for and provided within the limits of the project resource and available referral services?
12. Are services provided in a manner which is compassionate, that minimizes stigma and discrimination? (Ask for instance how the educational and other Care and support material are provided or delivered?)
13. Do linkages and referral systems exist with local actors (including service providers)?
Are there service directories at appropriate level of operation?
14. Does the manner in which care and support services provided put the child at further risk of abuse? Have you faced child abuse case? How did you dealt with it?
15. Did your organization enroll new HVC to replace the one you graduated (Please check secondary data?)
16. To the best of your knowledge, are the children and households targeted by the association benefiting from the program as expected? If yes, how? If no, why not?

Please explain your response and provide some examples.

17. What best-practice collections are available to guide school-based interventions for OVC
18. In your opinion, are there any positive changes in the well-being of the vulnerable children supported by this program in your community? If so, what specific changes have you observed? Would you say these changes happened as a result of the program
19. What is your feeling, attitude and reaction towards the services that you provide for Children in need of care and support?
20. Does the care and support service provided by PTA's/Child Protection Committees contribute to improve the life of Children's and their families?
21. Have you seen attitude change on schools community on as a result of the Highly Vulnerable children problems?
22. Do Committee members have any training related to Children Care and support issues? What kind of training did you receive OVC Care and support program?
23. How continuity assured in the provision of care and support services for OVC with needs that have a recurrent and/or cyclic nature?
24. Are services delivered following a family based child focused manner? How did you involve family members?
25. How the needs of children with special needs is identified, planned for and provided within the resource that you have available and with the available referral services?
26. Are services provided in a manner which is compassionate, that minimizes stigma and discrimination? (Ask for instance how the educational and other Care and support material are provided or delivered?)

27. Does the Intervention able to meet the expected demands of OVCs?
28. What monitoring mechanism do you put in place to review intervention progress and contact with beneficiaries? What is the mechanism to collect feedback about the service? How do you evaluate the activities so far and the change in the life of Children's?
29. Does your association have relationship with other GOs, NGOs for care and support of highly vulnerable children's in your locality? What kind of relationship do you have with this authority? Have you shared your programmatic and financial plans (proposal, work plans and budgets) with Responsible Government office?
30. To which government body/ Bodies are you accountable for your care and support program that you provide for Highly Vulnerable children? How do you explain the local government involvement in the care and support of OVC?
31. Do you get any support from Governments and NGO's on your activities? If yes please describe.
32. What have you done to involve communities in the implementation process? Involvement of beneficiaries? What contribution does the community have in addressing the care and support needs of OVCs?
33. What major problems do you encountered in implementing the OVC care and support Program?
34. What are your partner organizations/groups to implement your care and support activity? What are the areas of partnership? How do you evaluate the benefits of partnership? What are the gaps /problems in the partnership? If any.

35. Does the School community actively participating in the OVC care and support program?
Have you any mechanism to involve the community in planning, implementation and monitoring? Give me detail information.
36. How do you evaluate the contribution of Schools in addressing the problem of OVC? And their families?
37. What kind of role does your association play to support the rights of Children's?
38. Do you participate in government activities related to Children's needs? If yes please describe?
39. Are all school communities oriented about the Care and support program that you're association performs? In what way they support the care and support?
40. What Mechanisms can be put in place for school, Teachers and communities to formalize opportunities to recognize and respond to sign of vulnerability in school children?
41. What are the vulnerability factors with significant influence on educational experience of Orphan and Vulnerable children?
42. What interventions are common and what is the evidence of their effectiveness in relation to educational accessibility and vulnerability factors for children?
43. How was the involvement of the community for OVC care and support?
44. How do you mobilize the community for care and support to OVCs?
45. What were the methods employed to mobilize the community care and support for orphan and vulnerable children?
46. What part of OVCs problems and needs are still not addressed through your care and supports?

47. Do you have any additional comment on OVC Care and support and community responses in general
48. Which type of care and support do you advocate to OVC?
49. What are the major difficulties or problems faced by the PTA's? To the best of your knowledge, what challenges is the PTA's OVC care and support program facing
50. For the challenges listed in the above questions, what are the operational issues associated with each of the challenges and what are the possible solutions
51. Do you have any recommendation/suggestion to improve the service and approach that PTA's works to improve the care and support needs of children's

