

The Contribution of Community Based Early Childhood Care and Education Centers in Creating Access and Delivering Quality Education for Orphan and Vulnerable Children: The case of selected ECCE Centers in Addis Ababa.

By

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This is to certify that This thesis prepared by Andualem Tesfaye Ayehu Entitled: the contribution of community based early childhood care and education centers in creating access and delivering quality education for orphan and vulnerable children in Addis Ababa. Submitted in partial fulfillment of the requirement for the degree of Master of Arts (Educational Research and Development) complies with the regulations of the university and meets the accepted standards with respect to originality and quality.

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Abstract

The study assessed the contribution of community based early childhood care and education centers in creating access and delivering quality education for orphan and vulnerable children in Addis Ababa. In this research, three community owned Early Childhood Care and Education (ECCE) centers were selected through purposive sampling techniques. The study sample contained 75 Orphan and Vulnerable Children's (OVC) parents/ guardians whose children are attending education in the community owned ECCE centers and 36 community owned ECCE center teachers and assistance teachers. All the 75 sample OVC parents/ guardians were selected by using lottery method and ECCE center teachers were selected through random sampling. Data were collected through document review, questionnaire, Focus Group Discussion (FGD) and systematic observation. The quantitative data obtained through questionnaires were analyzed using frequency count and percentage. The data gathered from document review, focus group discussion and systematic observation were used to triangulate with quantitative data.

The result indicated that, idders and community based unions beyond their customary role / horizon providing free and affordable ECCE services for orphan and vulnerable children. As indicated in the study, the service provided by community owned ECCE centers enabled children to acquire reading, writing and basic life skills. Even though the centers exert their utmost effort to provide quality and accessible ECCE service, however, different constraints such as absence of adequate technical and material support from concerned government line offices hamper the initiation and enthusiasm of the centers to address more OVC. Finally, based on the major findings it is recommended that the required technical and financial supports should be provided both from concerned line offices and nongovernmental organizations to mitigate the problem.

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Chapter One

Introduction

This chapter treats background of the study, rationale, significance of the study, research objectives, and research questions, delimitation of the study, limitation of the study and operational definitions.

1.1 Background of the study

The early years of life are so critical for the acquisition of concepts, skills and attitudes that lay the foundation for lifelong learning (Cunah et al, 2006; Carneiro and Heckman, 2003). The fact is that early childhood is a sensitive period marked by rapid transformations in physical, cognitive, language, social and emotional development. It represents a window of opportunity for a lifetime development of a person (UNESCO, 2010).

Early childhood education is an integral part of basic education and represents the first and essential step in achieving the goals of Education-for-All in particular and human skills formation in general (Cunha et al, 2006). The good reason is that a well-conceived quality of early childhood education helps to meet the diverse needs of young children during the crucial early years of life, enhance their readiness for schooling, and have a positive and permanent influence on later schooling achievements (Carneiro et al. 2006) Early childhood education may be the single most effective intervention for helping poor children, families, communities and nations break the inter-generational cycle of poverty Woodhead (2009)

Community-based ECD center, is defined as center established at the community level for the holistic development (i.e., physical, socio-emotional, and cognitive) of young children, age 0 to primary school-aged, to meet their needs and those of their caregivers, family, and community through a childcare setting (AIDSTAR-One, 2012) Community-based ECD centers can be an important focal point for delivering comprehensive services to young children while enhancing the capacity of caregivers, families, and communities to support the healthy development of young children(AIDSTAR-One, 2012)

Extensive research worldwide has demonstrated that quality ECCE programs for vulnerable children can promote positive cognitive and emotional development in the early years (CARE n.d.; Engle, Dunkelberg, and Issa 2008; Fonseca et al. 2008) This program can be sustainable because of their emphasis on engaging caregivers, parents, and the family in programming, as well as fostering community ownership(AIDSTAR-One 2011)

Ethiopia has made rapid progress towards universal primary education, despite being among the poorest countries in the world. But access to pre-school remains very limited, particularly in rural areas. Only 25% of caregivers reported their child had attended pre-school, and this figure dropped to just 4% among rural children (Young lives, 2010) Meanwhile attendance levels in urban areas are strongly linked to income levels, with only around 20% of the poorest households accessing pre-school, compared to around 70% of better-off families. (Young lives, 2010)

Considering the importance of ECCE services for the overall development of children the government of Ethiopia in partnership with the different concerned stakeholders prepared both the national policy framework for early childhood care and education (ECCE) and strategic operation and guidelines for early childhood care and education. These two documents played pivotal role by shaping the distracted efforts of the different practitioners working in the area.

In Ethiopia most of the kindergarten/ECCE centers are operated by non-governmental organizations such as communities, private institutions, and faith-based organizations. In 2012 94 % of the enrolment has been covered by non-government organizations. Particularly, community based organization especially Idders played very significant role in providing community based ECD services for orphan and vulnerable children (Ethiopian education statistics annual abstrac21012)

Different researchers conducted various researches in the area of ECCE. Among others AIDS star one; Young Lives and Professor Tassew Woldehanna are the dominant one. The research undertaken by Young Lives focused on ensuring quality and equity in early education; better coordinated pre-school and school systems; targeting the most vulnerable and disadvantaged children; recognizing the full range of equity issues; and ensuring more effective governance, including governance of the private sector. On the other hand the research carried out by

AIDS star one focused on quality community-based ECD center programming. The research conducted by Professor Tassew Woldehanna emphasized the effects of early childhood education attendance on cognitive development of preschool age children with particular emphasis on urban part of the country. As we can observe from the aforementioned researchers area of research no one assessed the contribution of community owned ECCE centers in creating access and delivering quality ECCE services for orphan and vulnerable children. However, this research assessed the contribution of community owned ECCE centers in creating access and delivering quality ECCE services for orphan and vulnerable children.

1.2 Statement of the Problem

With a total population of over 73.9 million, Ethiopia is the second most populous country in Africa, More than half (55.5%) of the population is constituted by children below the age of 18 (CSA, 2007). Though the national prevalence of HIV in Ethiopia, estimated to be 2.3%, is considerable lower than rates in other sub-Saharan African countries, the number of people living with HIV and orphans continue to grow. As of 2009, Ethiopia is estimated to have 5,459,139 orphans of whom 855,720 are orphans due to HIV and AIDS (Single Point HIV Prevalence Estimate, MOH 2007), one of the largest populations of OVC in Africa. Given the context of Ethiopia, all OVC, directly or indirectly are vulnerable to HIV and AIDS and other health, socio-economic, psychological and legal problems. This vulnerability may be linked to extreme poverty, hunger, and armed conflict and child labor practices, among other threats. All of these issues fuel and are fuelled by HIV and AIDS (Ethiopian Standard Service Delivery Guidelines for OVC Care and Support Programs 2010)

There are 897,000 Aids orphan children are found in Ethiopia. Out of this number 28,000 of them are found in Addis Ababa (HIV related estimate and projection for Ethiopia 2012). It is crystal clear that children in poor families face different problems. However, the problems that highly vulnerable children (HVC) face are even much worse. Exclusion from essential services such as education is one of many problems of HVC. In Ethiopia in 2012 out of the estimated 7.51 million children of the appropriate age group (age 4-6) only 1.62 million children have been reported to have access to pre-primary education all over the country. The reason behind this is that, especially in Addis Ababa and in some rural towns Kindergarten/

ECCE centers are privately owned and demand a high and non- reasonable tuition fee, starting from 200 Birr per child for a month. Due to this, problems as the majority of highly vulnerable children are unable to attend ECCE services (education statistics annual abstract2012).

Beside their traditional customary role, in order to mitigate the aforesaid critical problem, community based organizations (CBOS) especially idders and community based unions are excreting their utmost effort to provide ECCE services for Orphan and vulnerable children.

My personal engagement in the area of community development showed that, especially after the advent of HIV/AIDS a number of community based organization particularly idders and cooperative engaged in delivering ECCE services for orphan and vulnerable children. However, their contribution is not well recognized by the government as well as concerned stakeholders. During the course of this research undertaking, much effort have been made to get researches undertaken in the area of community owned ECCE centers contribution in creating access and delivering quality ECCE service for orphan and vulnerable children. However, in order to share the contribution of community based ECCE centers to the concerned stakeholders and initiate further study for future endeavor the researcher found very significant to undertake this research.

In light of this fact, this study was aimed to figure out the contribution of community based early Childhood care and education centers in creating access and delivering quality education for orphan and vulnerable children.

1.3 Research Questions

This study attempts to provide answers to the following basic questions:

1. What are the contributions of community based ECCE centers in delivering quality education for orphan and vulnerable children?
2. To what extent do community based ECCE centers create educational access for orphan and vulnerable children.
3. What kind of ECCE services do community based ECCE centers currently provide for orphan and vulnerable children?

4. What major challenges do community based ECCE centers currently face?

1.4 Objective of the study

The purpose of this study was to assess the contribution of community based early childhood care and education centers in creating access and delivering quality education for orphan and vulnerable children in Addis Ababa.

Specifically, the study intends to:

- Examine the contribution of community based ECCE centers in delivering quality education for orphan and vulnerable children.
- Explore the involvement of community based ECCE centers in creating educational access for orphan and vulnerable children.
- Investigate the merit and demerit of community based ECCE centers.
- Explore the existing problems of community based ECCE centers.

1.5 Significance of the Study

Community based early childhood care and education centers have multidimensional significances for orphan and vulnerable children. In Ethiopia the majority of ECCE centers are owned by the private sectors and these private sectors are providing ECCE service by charging large amount of tuition fee. The amount of tuition fee currently requested by the ECCE centers / kindergartens is not affordable for orphan and vulnerable children. Due to this credible fact the majority of OVC remains behind the service. In order to curve / mitigate the aforementioned problems different community based organization such as Idders and community owned cooperatives set-up free and affordable community owned ECCE centers for OVC. Due to this, many out of school orphan and vulnerable children are started to get ECCE services. Thus, this research provides practical and reliable information about the contribution of community based ECCE centers in creating access and delivering quality ECCE services for orphan and vulnerable children.

The result of this study provides the following significances:

1. It may help to identify the merit of community based ECCE centers in promoting access and delivering quality education for orphan and vulnerable children.

formal, informal and non-formal settings”. It encapsulates programme’s and policies for children under 3 and those from 3 to primary school entry, usually by age 6 and sometimes by age eight. In general early childhood development programs aim to meet the cognitive, physical, and emotional health and developmental needs of children from age 0 to primary school-aged. In addition, as indicated above quality ECD programs integrate health, nutrition, education, and child protection; build on community strengths; support caregiver education; provide equitable access for children and their caregivers; and use various approaches that support diversity, address the needs of both boys and girls (Education for All Global Monitoring Report2007).

In support to the above idea, Woodhead (2009) states early childhood is a time of remarkable transformation and extreme vulnerability. These years of a child’s life represent a crucial period of growth and change. Programs that support young children during the years before they go to primary school provide strong foundations for subsequent learning and development. Such programs also compensate for disadvantage, disability and exclusion, offering a way out of poverty.

In relation with this World Declaration on Education for All stressed that Learning begins at birth. Systematic development of basic learning tools and concepts therefore requires that due attention be paid to the care of young children and their initial education, which can be delivered via arrangements that involve parents, the community or institutions, depending on requirements. In recent years, research has underscored the need to priorities early childhood are and education (ECCE) services. It was believed that poverty and other disadvantages (disability) experienced during early childhood can greatly affect a child’s development, while well-planned interventions can have long-lasting benefits (Education for All Global Monitoring Report2007).

2.3 The Importance of ECCE

Different scholars indicated that the early years of children is very pivotal to shape their future identity and emotional, physical mental character. In this regard Shonkoff and Phillips (2000) states that “the first few years of a child’s life hold massive sway over long-term outcomes. From birth to age five, children develop “foundational capabilities” on which the rest of their

development builds. Just as positive environments and opportunities can wire children for success, failure to provide those opportunities can significantly reduce future opportunities. “

Cunah et al, 2006; Carneiro and Heckman, (2003) indicated that early years of life are so critical for the acquisition of concepts, skills and attitudes that lay the foundation for lifelong learning. The fact is that early childhood is a sensitive period marked by rapid transformations in physical, cognitive, language, social and emotional development. It represents a window of opportunity for a lifetime development of a person (UNESCO, 2010). This is the time when children’s brains development advances at a pace greater than any other stage in life. On the other hand Carneiro and Heckman (2003) explained the benefit of investing in ECD. They indicated that investing in ECD yields high economic returns because early learning is far more productive and cost-effective than later, remedial education, as the social and behavioral skills that children learn in their early years set a pattern for acquiring positive life skills later in life. The above idea shows that ECCE is paramount significant for the mental, physical, emotional and moral development of children. Hence, from these explanations one can generalize that ECCE is a bass to create competent, full-fledged and empowered citizen.

2.3.1 The significances of Early Childhood Care Education Centers for Orphan and Vulnerable Children (OVC)

Before explaining about the significances of Early Childhood Care Education Centers for Orphan and Vulnerable Children (OVC) it is imperative to discuss about Orphan and Vulnerable Children (OVC). The Ethiopian OVC Standard Service Delivery guideline (2010), 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. 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 rights. In general the guideline includes the following listed children as OVC:-

- A child who lost one or both parents;
- A child whose parent(s) is/are terminally ill and can no longer support the child;
- Children living on or in the streets;
- A child exposed to different forms of abuse, violence and/or exploitation;

- A child in conflict with the law;
- A child who is sexually exploited;
- A child with disabilities;
- Unaccompanied children due to displacement

Orphan and vulnerable children are deprived of the care, emotional and developmental support parents provide. Orphans endure the trauma of watching a parent become ill, suffer, and eventually die. Many children who lose one parent to AIDS often eventually lose the other. Financial pressures resulting from medical care costs and loss of income force many children in AIDS-affected households to leave school, and orphans struggle to access other essential support, including food, shelter, clothing, medical care, etc.

2.3.2 The significances of ECCE for OVC

According to (ARE n.d.; Engle, Dunkelberg, & Issa, 2008; Seifmann Fonseca et al, 2008, Surrency, 2003) Early Childhood Care Education center/ program has different advantages for OVC's. The indicated that, it relieves caregiver burden for those ill-equipped or facing challenges caring for young children.

Caregivers of young children may also be caring for a child or an adult who is chronically ill, may be chronically ill themselves, or may feel depressed and hopeless, and thus may be unable to provide adequate support or responsive care giving (Fonseca et al. 2008). Adults living with HIV often lose their ability to work, and other household members may be pulled away from their normal livelihood and childcare activities to care for the sick. Older children, especially girls, whose parents are ill or are busy caring for someone living with HIV may be kept out of school to care for younger siblings or other young children (Fonseca et al. 2008).

The above withers also indicated that, ECCE helps to free caregivers for economic activity, schooling (including vocational schools), or attending to their own needs including, mental health, promote consistency of care if children attend regularly, and follow-up is conducted when children are absent from the center, be a source of social support and relief for children from household "toxic stress; be an opportunity to be away from challenging family situations; and be an opportunity to thrive in an outside environment, provide regular, nutritious meals via center-based feeding programs, take-away rations, or center gardens, serve as an effective focal point for provision of (or referral to) various, comprehensive

services such as growth monitoring and immunizations, as well as specialized services such as for those with disabilities, put systems in place to identify and respond to abuse, neglect, exploitation, and violence affecting children, including referrals to specialized services such as appropriate health care, social care, and child protection or legal services, provide an environment conducive to children's mental and psychosocial growth by offering age-appropriate psychosocial support to help children understand and deal with bereavement. An important component of child development in this regard is interaction with other children, which all center-based programs provide and offer opportunities for community members and parents or caregivers to connect in groups such as parenting support groups, community meetings, or classes.

Beside the aforementioned significances OVC's can get tremendous benefits from effective community based ECCE centers/ programs. AIDSTAR-One. 2012 issue paper clearly indicated the following key importance's of community based ECD centers/ programs. The ECCE centers provides equal opportunities for all children, respects diversity, builds on the child's strengths, and includes stimulating group experiences, play and interaction with other children without stigmatization, and opportunities for children to express themselves and have a voice in decisions. It also prepare the child for primary school; enhances and supplements a child's psychosocial need for love, attachment, consistency, normalcy, and a sense of their history and family; and integrates them into their community. In addition, serve to meet the child's various needs, including health care, vaccinations, HIV care and treatment (including antiretroviral adherence), education, and social welfare through strengthened linkages between the center and health clinics. These integrated services strengthen clinics' ability for outreach by offering a central location where children and their families can be reached. Furthermore, regimens through collaborations between centers and local clinics. The centers can serve as vaccination sites with records of the child's vaccinations, formal links with clinics and hospitals to bring prevention services to the center, and referral mechanisms for HIV testing, care, and treatment. Preventive and curative health care services provided include antiretroviral therapy and referrals to health centers for further investigation and treatment and at least once (preferably twice) each day, which may require linking community-based ECD centers with food donation programs that require appropriate food storage and sanitation. In

rural areas, centers can establish vegetable and fruit gardens and instruct community members and ECD providers on environmentally responsible farming methods.

As indicated above community based ECCE centers have multidimensional benefits for orphan and vulnerable children and for their guardians. Especially the centers provide age appropriate and need based ECCE services for those OVC's who cannot afford ECCE/ kindergarten tuition fees.

2.4 Community-based Early Childhood Development

AIDSTAR-One 2012 defines community-based early childhood development on the following way. Community-based ECD centers established at the community level for the holistic development (i.e., physical, socio-emotional, and cognitive) of younger children, age 0 to primary school-aged, to meet their needs and those of their caregivers, family, and community through a child care setting. Community-based ECD centers can be an important focal point for delivering comprehensive services to young children.

According to AIDSTAR-One (2012:16-18) Community-based ECD centers incorporate both family-based and center-based ECD approaches.

2.4.1 Family-based ECD

Family-based ECD programs generally refer to care provided in the child's home. In these scenarios, trained outreach workers or mentors provide parents or caregivers with basic skills and knowledge in child development so that evidence-based approaches and age-appropriate activities can be incorporated into traditional childrearing and cultural practices and beliefs. Family-based ECD programs build the capacity of at least one parent or caregiver to interact with their children in a way that fosters language development, exploration, and learning. The outreach workers or mentors help parents or caregivers access services such as immunization, health care, caregiver support groups, and income-generating activities. Outreach workers or mentors are trained to identify issues and locally appropriate solutions (United Nations Children's Fund [UNICEF] 2006).

2.4.2 Center-based ECD

Center-based ECD programs are sometimes called crèches, nursery schools, daycares, preschools, children's centers, and kindergartens. The center could be a stand-alone,

designated school building, community building, religious structure (e.g., church, mosque, or pagoda), or even a spot under a tree. Ownership, financing, and management of the center can be from the government, community, nonprofit organizations, private businesses, or religious institutions. A common element of all center-based ECD programs is that they take place in a group setting where children interact with their peers and attempts are made to provide nutrition, education, and stimulation in an integrated manner (Naudeau et al. 2011).

2.5 Early Childhood Care Education in Ethiopia

The concept of ECCE dates back to the 17th century Ethiopian philosophers Zär'a Ya'aqob and his disciple Wäldä Haywat (Sumner, 1986) while others associated its development to religious education given to children at the age of four in which children learnt alphabets in church services in the medieval Ethiopia. The first modern kindergarten was established in Dire Dawa for the children of French consultants who were helping the construction of the first railroad in Ethiopia and the number of kindergarten in the country grew to 77 in 1974 and 912 in 1990 (MOLSA and MOE, 1990) Most of these pre-schools are run by private individuals, religious institutions, and nongovernmental organizations. The increase in the number of private and public preschools underscores the growing belief that early childhood education should become an integral component of public education.

Early Childhood Care and Education is one of the most neglected areas in Ethiopia. In the last few years, the private sector in the urban centers has shown a growing interest in investing in early childhood education, particularly in Addis Ababa. This opportunity, however, is only accessible for the very few children coming from well-to-do families Ethiopian ECCE policy (2010)

Despite the evolvement of ECCE as a field has recorded young age across the world, Ethiopia does not remain late to join the global effort in this regard. The MDG and EFA goal for which the country is committed has urged Ethiopia to strive for the accomplishment of ECCE services. Nonetheless, the entire endeavor undertaken in this regard is at an infant stage. According to MOE, Ethiopian Education Statistics Annual Abstract 2011/2012, the national Gross Enrollment Rate (GER) of students in ECCE by 2011/12 was 21.6%. The large portion of this enrollment was made mainly in Addis Ababa and some other urban areas. To curb this

2.6 Early Childhood Care Education in Addis Ababa

Compared to the other region ECCE in Addis Ababa is accessible especially for well to do and middle class families of the children. According to education statistics annual abstract 2012 in Addis Ababa out of the estimated 136,670 children of the appropriate age group (age 4-6) about 126,221 children have been reported to have access to Early Childhood Care Education all over the city. The same report indicated that in Addis Ababa there are 1013 kindergartens / ECCE centers. Out of this number the majority of kindergartens / ECCE centers owned by non-governmental organizations such as communities, private institutions, and faith-based organizations. This situation also indicated the reluctance of the government on the matter.

2.7 Access and Quality ECCE service in Ethiopia

Despite the increasing trend of the enrollment rate at the national level, regional and residence (urban versus rural) differences remain significant. In actual fact in a country as large and diverse as Ethiopia, differences among regions and residence are to be expected, but the difference is big enough which needs special emphasis. Given such wide disparity, the national average of early childhood gross enrollment ratio is to some extent deceiving (Woldehanna 2011).As we can observe from the education statistics annual abstract 2011/21012, with the exception of Addis Ababa, enrollment rate of children of the relevant age group has remained to be at its lowest stage.

On the other hand, as indicated in the Strategic Operation Plan and Guidelines for ECCE 2010, due to the following limitations the quality of ECCE service provided to younger children is very problematic. Among the problems the following are dominant, lack of proper training for ECCE practitioners, the absence of quality assurance systems such as national standards and guidelines, lack of culturally relevant and appropriate teaching and learning materials as well as limited infrastructure and the absence of a national curriculum as factors impacting the quality of ECCE service provision in Ethiopia. In addition to this, the absence of monitoring and evaluation systems has limited the availability of information that could be used to strengthen the existing structures. Despite the existence of a curriculum for the four-

to-six-year olds and efforts made to develop quality assurance and licensing mechanisms, ensuring proper implementation and effectiveness of the systems needs to be furthered. In general, it is crucial to address the issue of enhanced quality of service provision in order to foster optimum development of young children.

CHAPTER THREE

3. Research Methodology

To carry out the study, the following research methodology and procedures were applied.

3.1 Research Design

The design of the research was based on the purpose of the research. As indicated in chapter one the main purpose of this study was to assess the contribution of community based early childhood care and education centers in creating access and delivering quality education for orphan and vulnerable children. To this end, the research topic and the nature of the basic questions raised demand that a descriptive survey design was employed to conduct this study. This design was employed for it allows to get detailed data from many respondents and it is appropriate to assess the states of the phenomena. Regarding this method Creswell (2003, P154) indicated that:

“...descriptive survey method includes cross-sectional and longitudinal studies using questionnaires or structured interviews for data collection, with intent of generalizing from a sample to population also it enables to generalize from a sample to a population so that inference can be made about some characteristic, attitude, or behavior of that population.”

Besides, the method could call for obtaining information directly from the participants by raising questions. So, it is believed that the method is appropriate to obtain facts about the contributions of community based ECCE centers.

3.2 Sources of Data

In order to accomplish the objectives of the study two types of data sources were used (i.e. primary and secondary sources). Primary data were gathered from parents/ guardians of children who are attending early childhood care and education in the community owned ECCE centers and ECCE centers teachers and principals. Secondary data were also gathered from different documents, reports and relevant reference book review.

3.3 Sampling Procedures

Considering the inaccessibility of structured community based ECCE centers data and the scattered presence of the ECCE centers, three community owned ECCE centers were selected from the ten sub-cities of Addis Ababa based on purposive sampling.

According to the statistical information obtained from the three sampled ECCE centers there are 935 children are currently attending ECCE education in the three selected ECCE centers. Out of 935 children 75 parents of children were selected by using simple random number sampling. This indicated that, 25 parents of children have been selected from each sample center. In addition, out of 48 main and assistance teachers currently teaching in the three sampled ECCE centers, 6 teachers and six administrative staff from each of the three centers totally 36 individuals were selected through lottery method and participated in the Focus Group Discussion (FGD). Furthermore, level of sampled children participation and the availability of appropriate and child friendly services in the centers were assessed through the continuum of observation.

3.4 Data Collection Tools

Depending on the nature of information to be gathered, different instrument are used to conduct the assessment. In data gathering the combination of both quantitative and qualitative methods were used. To this end, questionnaires, Focus group discussion (FGD), observation and document review were employed to solicit pertinent information needed for this research.

Document review: all the relevant documents such as children academic records, health related information of the children, monitoring and evaluation reports, bi-laws, woreda education office supervision written feedbacks and other pertinent documents were reviewed meticulously.

Questionnaires: questionnaire as primary data gathering tool helps to secure firsthand information, feelings and opinions from individuals who participate in the actual work. Due to this, two page well-articulated questionnaires prepared and used to collect pertinent information about the contribution of community owned ECCE centers. The questionnaire has

two sections. The first section has 20 leading questions focused on the background information of the child. The second part has three main categories and totally has 26 questions. The first category focused on the accessibility of community owned ECCE centers. The second category also emphasized about the type of quality service rendered by community owned ECCE centers for orphan and vulnerable children. The last section focused on the existing challenges in which currently the community owned ECCE centers are faced. Considering the fact that children are not matured enough to explain the benefit they are getting from the ECCE center, their parents who bring them to the ECCE center responded to the questionnaire. Before the actual data collection, questionnaire constitutes both open and close ended were prepared based on the purpose of the research and different literature reviewed for this purpose. Before the actual data collection the questionnaire has been piloted on other center of the same setting and used after inculcating pertinent feedbacks gathered from the pilot exercise.

Focus Group Discussion: In order to gather relevant and adequate information needed for this research FGD guide checklist was prepared. The checklist has 12 pertinent guiding questions. The questions focused on the establishment of community owned ECCE centers, its contribution in terms of accessibility and rendering quality ECCE services for OVC, about OVC screening criteria and the drawbacks of the centers. In the course of this study, 3 FGD sessions were undertaken separately and a total of 36 individuals (16 ECCE teachers and 20 support staffs) participated in the FGD session. The running time of each FGD session was nearly 45 minute.

Observation: To capture information/ data on the actual ECCE service provision and the availability of adequate teaching aids, indoor and outdoor playing facilities, teachers and student's interaction, the presence of stigma and discrimination, the presence of adequate playground/ space and other relevant factors non-participant observations carried out based on the pre-prepared observation checklist. The checklist has four sections such as morning cycle, break time, lunch time and back to home times. Averagely there are three selected checklists are prepared and administered under each category. The checklist prepared based on the Ethiopian ECCE guideline. The validity and reliability of the checklist assed based of the ECCE guideline and the standard set by woreda education office. During the observation the

researcher observe events and situations while the children exercise morning cycle, learn in the classroom, play during break time, the way they have lunch and the way the teachers assist their children, the issue of stigma and discrimination and other relevant events captured based on the check list prepared a head.

3.5 Procedures of Data Collection

In the course of the study the following procedures of data collection were used to investigate the contribution of community based early childhood care and education centers in creating access and delivering quality education for orphan and vulnerable children in Addis Ababa. First, relevant academic literature was reviewed to get information on what has been made in relation to the problem. Second, basic question were formulated followed by preparing data gathering tools. Then after being corrected, the questionnaire was distributed to the respondents and filled with the help of the researcher. After completing the information gathered through questionnaire, focus group discussions were conducted to supplement the information obtained through questionnaires. By requesting the consent of the FGD participants all the FGD sessions have been recorded by using tape recorder. The recorded data transcribed in to paper and used to triangulate the quantitative data obtained from the questionnaire. In addition, different documents related to children reviewed and the actual presences of the ECCE centers were observed through observation checklist.

3.6 Methods of Data Analysis

To analyze the data obtained from the different sources different techniques were employed based on the nature the collected data and the research question. All the closed –ended questions of the questionnaires were analyzed quantitatively using frequency count and percentage. This method helped to treat issues raised under research question one and two. The data obtained from focus group discussion, document review and observation were qualitatively discussed and triangulated with the quantitative data. This method also helped to provide answer for research question number three and four. Based on the results of the analysis and the interpretation was made, major findings of the study were spotted out and possible recommendations were suggested.

3.7 Ethical Consideration

I obtained letter of entry in to study sites from Institute of Educational Research and disbursed to the three selected community owned ECCE centers. After the entry to study site was secured I have got principals and teachers approval to participate in the research after introduction of the purpose of the study. In partnership with the center teachers I also got the consent of the parents of the sampled children to participate in the research process. In addition, all the questionnaire, FGD, observation and document review administered during the data collection process held in a place where there is no disturbance to the teaching and learning process of the ECCE centers. The overall data generated from the questionnaire, FGD, observation and document review don't reveal the identity of the individual participants.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

In this chapter, the data obtained from questionnaire, focus group discussion, observation and document review were analyzed and interpreted systematically. Frequency counts and percentages were used to analyze the closed ended questionnaire data. On the other hand, the researcher used qualitative analysis techniques to interpret data collected by using open-ended questionnaire, focus group discussion and document analysis.

4.1. Characteristics and Background of Respondents

From a total of 75 respondents 40 of them are mothers, 18 of them are fathers. 9 of them are grandfathers and the remaining 8 respondents are uncles and aunts. All 75 of them responded to the questionnaire. Thus, the data analysis has been made on the basis of the information gathered from 75 the respondents, from FGD result, observation and from documentary review.

Table 1: Background Characteristics of Respondents

#	Item	Frequency	%
1	Respondent relationship with the child	Frequency	%
	Father	18	24
	Mother	40	53.3
	Grandparent	9	12
	Aunt	2	2.7
	Sister	3	4
	Uncle	3	4
2	Occupation of parent/	Frequency	%
	Daily laborer	30	40.0
	Petty trade (Guilt)	13	17.3
	Guard	7	9.3
	Selling firewood	2	2.7
	Private employee	2	2.7
3	Child vulnerability	Frequency	%
	Highly vulnerable children	36	48.
	Double orphan	5	6.7
	Single orphan	31	41.3
	No problems	3	4

Concerning respondent's relationship with the child, 53.3 percent of the respondents are mothers, 24 percent of them are father and 12 percent of them are grandfathers. This figure indicated that the majority of the children are found under the care of their father and mother. On the other hand the figure indicated that the involvement of grandfathers in giving care and support for their grandchildren. The same table showed that the majority of the respondents 17.3 percent of them engaged in selling petty trade, 9.3 percent of the respondent lead their life by doing security(guard) work in different organization and the remaining 2.7 percent of them are engaged in selling injera(Ethiopian staples food). This figure showed that almost all of the respondents are engaged in small and low income generation activities.

The last item of table two to showed that the vulnerability statues of sampled children, according to table two the majority of children or 48 percent of them are highly vulnerable children, 41.3 percent of them are single orphan (lost one of their parents) and 6.7 percent of them are double orphan (lost both their parents). This figure clearly indicated that the magnitude or the severity of the sampled children vulnerability.

4.2. Data Presentation and Analysis

In order to make the data analysis convenient and manageable frequency count and percentage boldly used for this research purpose.

4.2.1. Accessibility of Community owned ECCE centers for OVC

The aim of this sub- section is to show whether the services of community owned early childhood care and development centers is accessible for orphan and vulnerable children or note.

Table 2: Enrollment

#	Item	Frequency	Percent/%
1	Total number of children in the family whose ages has riches to join ECCE center, however, is not enrolled in any ECCE centers.	12	16
2	Reason for not to getting access to ECCE service		
	Too young to attend school	2	2.7
	Financial problem	7	9.3
	Health problem	2	2.7
	Lack of awareness	2	2.7

As it is seen in table 2 item one, 16 percent of the sample respondent’s children whose age are ready to attend early childhood education are not enrolled in any one of ECCE center. During the focus group discussion undertaken with ECCE center teachers, the majority of them indicated that every year many parents of poor and marginalized children brings their children to the center for enrollment however, the center took only small number of children due to shortage of space and other capacity limitation.

The above table item two also showed that the reasons behind the enrolment problem of the children. As indicated above 9.3 percent of the respondents unable to register their children due to financial limitation. The rest 2.7 percent of them are failed to enroll their children due to lack of awareness and health problems. During the course of data collection one of the respondent, her name is AA, explained her reason not to enroll her child to the ECCE center.

She said that:

“My husband was died before 5 years ago due to HIV/AIDS, I am also HIV positive. I live in a rented house with my three children. My primary source of income is begging. This ECCE center is providing service only for one of my child. He is getting the support for free but I have also one child who is eligible to attend kindergarten education. On September 2014, I begged the principal of this ECCE center to accept both of my children. However, they only enrolled one of my children. The child who doesn't get the chance to enroll to the center stayed in the village with me. Because, I don't have the capacity to pay and get register him in another ECCE center.” (Parent May 1st, 2014)

The above situation indicated that, many years after the formulation ECCE policy and implementation of the ECCE guideline, ECCE center is not accessible for poor and marginalized children. With this pace and intention the issue of universal primary education my not be reliable and sensible.

From the above presentation, one can understand that the institutional capacity of the sample community based ECCE centers is very limited to accommodate more children and provide free and affordable ECC education for orphan and vulnerable children.

4.2.2. Quality ECCE service

Table 4: Qualities of Community Based ECCE center teachers (structural quality)

#	Items	Strongly disagree		Disagree		Unable to decide		Agree		Strongly agree	
		F	%	F	%	F	%	F	%	F	%
1	Due to dearth of teacher's competency the students are not getting what they are supposed to get.	15	20	14	18.7	10	13.3	22	29.3	14	18.7
2	Teachers provide age appropriate ECCE service for their students.	15	20	6	8	11	14.7	33	44	10	13.3
3	The center has shortage of teachers and baby sitters(employees)	14	12.6	9	12	11	14.7	20	32.7	21	28
4	Teachers make discussions with the students' parents about the situation of students.	30	42	14	18.7	7	9.3	15	20	9	10
5	Main teachers and assistant teacher at the center are bored and angry all the time.	20	26.7	15	20	10	13.3	15	20	15	20
6	The teachers at the center has difficulty of implementing the suggestions and advice of parents and also they aren't willing to understand the problems of parents & children	15	14	18	24	6	8	16	21.3	20	32.7

Moreover, as it is displayed in table four item six, 32.7 percent of the majority of the sample respondent strongly agrees the issue of sampled ECCE centers teacher's incapability to implement suggestions and advices of parents and their unwillingness to understand the situation of parents & children.

From the above figure stated in table four, one can infer that, the sample community owned ECCE centers are not open enough to share issue with parents/ guardians. On the other hand, teachers- to- parents, relationship also is not as required. In addition, the centers are not willing to improve the structural quality of the center together with the concerned stakeholders.

Table 5: process quality

#	Items	Strongly disagree		Disagree		Unable to decide		Agree		Strongly agree	
		F	%	F	%	F	%	F	%	F	%
1	My child has developed better ethics and knowledge since he/she is learning at the center	13	17.3	10	13.3	3	4	23	30.7	26	34.7
2	My child has faced repeated health problems since he/she is enrolled at the center	26	34.7	19	25.3	12	16	6	8	12	16
3	My child appetite has improved since he/she is enrolled at the center	12	14.4	12	16	10	13.3	21	35	20	21.3
4	My child hasn't brought any ethical or skill improvement other than spending the day at the center	36	41.3	16	21.3	6	8	7	9.3	10	20

The above table tries to discuss about the basic skills in which children should acquire while they are attending ECC education in the ECCE centers or pre-schools.

Item one table 5 presents the responses of the sample respondents on issues related with ECCE center children ability to acquire ethical skill and knowledge right after the participation/ enrolment in the community owned ECCE centers. Consequently, out of the total respondent 34.7 percent of the sample respondent strongly agreed that the issue of ECCE center students' knowledge improvement after their enrolment in the community owned ECCE center. In comply with the above interpretation, one of the sample respondents her name is "F" explained that:

Before the center my child spent his time with me. I mostly spent my time in the street by selling different vegetables. While he spent his time in the street he learns a lot of bad things, he was not also obedient and friendly. However, right after his enrollment in the ECCE center he changes his bad behavior and become a good boy. His is also good in his education, he can read alphabet both Amharic and English and also count numbers until 100. Truly I am very much satisfied by his change. (ECCE teacher May 6, 2014)

Beside the above facts, during the data collection process the researcher observed, how teachers shape the character of their students. The majority of the students in the center know the rules expected to follow in, for instance all the students wash their hand and pray before eating their lunch, greeting when someone is inter to the classroom and keeping their turn to play with the different outdoor playing facilities.

From the aforementioned information one can infer that, the community based ECCE center played pivotal role by shaping the behavior of children and educating them with the basic reading, writing skills.

As can be seen from the above table, item two addressed the issues of children frequent sickness after their participation in the community owned ECCE center. Out of the sample respondent 34.7 percent of the majority of sample respondents showed their disagreement with above raised health related issues. As the majority of the respondents expressed during the interview session, compared to the other areas found in their village, they found the center very appropriate and healthy place for their children. During the FGD session undertaken with ECCE center teacher, the principal of one of the ECCE center indicated that:

So far our children don't get any serious health problem. Even though, we are facing dearth of sanitation / cleaning materials but we are excreting our utmost effort to keep the center clean and healthy. Even every day we have checked the student's uniform and their hair and nail. When we found unwashed uniform and hair we called the parents and discussed the situation with them. By practicing such kinds of activity we are trying to save our children from any sickness. (ECCE teacher May 8, 2014)

From the above discussion one can infer that the community owned ECCE centers are doing their best to keep their students health.

On the other hand table five item three raised the idea of children appetite improvement after enrolment in to ECCE centers. Out of the total sample respondent 20 percent of the majority of the sample respondent agrees the idea of children appetite improvement after they enrolled in to the ECCE centers. During the FGD session one assistance teacher indicated that:

At the beginning of every academic year we are facing problems in relation to children feeding. However, in order to feed the children properly always we use different feeding techniques like singing song, praying together competition and the like. Honestly, in our center we handle the children like our children. When a child unwilling to eat, we all are boozer about him just like our child. (ECCE teacher May 8, 2014)

In addition to the above information, during the data collection researcher observed how assistant teachers handle their students especially during lunch time. The teachers encourage and assist their students without discrimination.

Based on the above findings we can conclude that children enrollment in the ECCE center help them to improve their physical fitness and appetite.

The last item of table five discussed the assumption of children don't get any ethical or skill improvement other than spending the day at the ECCE center. As indicated in the above table, 41.3 percent of the majority of the sample respondent strongly disagree the aforementioned assumption. Beside this, both the FGD and researcher observation

results indicated that, even though the centers has their own difficulties in delivering quality ECCE services, however, they provide both knowledge based and character creation education for their students.

Table 6: Quality and comprehensive ECCE service

#	Items	Strongly disagree		Disagree		Unable to decide		Agree		Strongly agree	
		F	%	F	%	F	%	F	%	F	%
1	The center provides awareness creation educations to parents/guardians about raising children, sanitation, nutrition, health and... etc	41	54.7	9	12.0	2	2.7	13	17.3	10	13.3
2	The center facilitate things to vaccinates those children who are not vaccinated	25	43.3	16	21.3	6	8	15	10	13	17.3
3	Compared to other similar organizations the service provided by the center to children who have lost their parents and vulnerable children is comprehensive	9	47	10	13.3	10	13.3	23	10.7	23	15.7

Table six tries to discuss about some of the major ingredients needed to run community based holistic ECCE center.

As can be seen from the above table, item one is addressed the issue of community based ECCE centers involvement in the provision of awareness creation educations to parents/guardians on issues related with parenting skill, sanitation, nutrition and other health related issues. Concerning this issue, out of the total sample respondents 54.7 percent of them are strongly disagree the aforementioned idea. This figure clearly indicates the reluctances of the

sampled ECCE centers in undertaking awareness creation sessions on the above mentioned areas. During the FGD session one of the mean teachers her name is” D” explained that:

The woreda education experts repeatedly requested us to undertake such kinds of awareness creation session. However, due to finance, time constraints and dearth of educated manpower in the area we failed to do so. (ECCE teacher May 8, 2014)

On the other hand the same table item two raised the issue of children vaccination. The Ethiopian Strategic operation Plan and Guidelines for Early Childhood Care and Education (2010) stated that ECCE center should facilitate immunization schemes for those who do not get proper vaccination. In this regard 43.3 percent of the majority of the respondents disagree the idea of the sampled ECCE centers involvement in facilitating vaccination for their students. The majority of the respondents indicated that for the last more than five years center don't create any means to vaccinate those children who don't get the chance.

Item number three, in the same table, focuses on the amount and type of community owned ECCE centers service provision for orphan and vulnerable children compared to the other similar centers/ service providers. 15.7 percent of the respondents strongly agreed that compared to similar organizations the service provided by the center to children who have lost their parents and vulnerable is comprehensive and need based. During the FGD session undertaken with ECCE centers teacher, the majority of them explained that, the centers are providing free and affordable services for marginalized and poor children. They added that, the centers have special screening criteria to select and provide free ECCE service for both single and double orphan children. In addition to this, the center mobilized different local resources and request potential charitable organizations so as to get different kinds of supports such as food, clothe and educational materials support and disbursed for orphan and vulnerable children enrolled in the centers.

Based on the above both qualitative and quantitative interpretation, one can infer that the community based early childhood development centers contributed a lot by providing different ECCE support for orphan and vulnerable children. However, when we see the comprehensiveness of the service currently providing by the centers, all the three selected

centers focused only on provision of educational service. The health and nutritional services are denied by all the centers

4.2.3 Challenges and Constraints

Table 7: Challenges and Constraints

#	Items	Strongly disagree		Disagree		Unable to decide		Agree		Strongly agree	
		F	%	F	%	F	%	F	%	F	%
1	Facilities like toilet, water, class rooms and napping rooms are fulfilled at the center.	23	30.7	27	36	6	8	10	13.3	9	12
2	The compound of the center is convenient for children.	21	28	23	44.7	4	5.3	18	10	9	12
3	The administration of the center is careless and doesn't care about the general development of the children.	22	39.3	16	21.3	15	20	7	9.3	15	10
4	The center doesn't have the capacity to provide the required standard service.	23	30.7	16	26.3	12	16	9	12	15	15
5	The center is operating without the recognition of the gov't and hence can be shut down in the near future.	28	37.3	7	36	27	9.3	5	6.7	8	10.7

Running community based ECCE center is not an easy task special in a country like Ethiopia where resource very limited and the copying mechanisms of the society unsatisfactory. Now a day many Community based ECCE centers are closed due to dearth of running cost and other pertinent materials.

Table seven item one raised the issue of appropriate and required ECCE centers facilities. The majority of 30.7 percent of the sample respondent strongly disagree the idea of facilities like toilet, water, class rooms and napping rooms are fulfilled in the selected ECCE center. This figure indicated that the aforementioned facilities are not properly fulfilled in the selected community owned ECCE center.

The same table item number two raised issue of convenient ECCE compound. Out of the total sampled participants 44.7 percent of them disagree the idea of selected ECCE centers compound are convenient for children. During the course of data collection some of the parents informed that, the centers lack the basic facilities such as adequate water, toilet and napping room. Beside this, playground is not comfortable for small children. Especially during the summer time the children faced serious problem to play with the existing outdoor playing facilities. During FGD session, the ECCE teachers informed that, due to dearth of class rooms and lunch room the centers are unable to provide services for additional orphan and vulnerable children. From the above information, we can infer that the ample ECCE centers compounds are not convenient for children.

Item number three, in the same table, focuses on the capacity of the ECCE center administration. 39.3 percent of the sample respondents strongly disagreed the concept of administration of the sample ECCE center is careless and doesn't care about the general development of the children. This value showed the strength of the ECCE center administration in fulfilling the developmental needs of the children.

The same table item number four raised issues related with the capacity of the ECCE centers to provide the required standard service for students. Regarding this concept, 30.7 percent of the sample respondent strongly disagrees with the idea of the centers inefficiency to provide quality and standard service for their students. This figure indicates the efficiency and strength of the center to deliver quality service for their students.

Table seven item number five discussed the issue of community owned ECCE centers legalization. 37.3 percent of the respondents strongly disagrees the idea of community owned ECCE centers are operating without the recognition of the gov't and hence can be shut down in the near future. During the data collection process the researcher observed the renewed licenses of the three sample ECCE centers.

From the above information, it can infer that even though the centers have different challenges and constraints, however, they are delivering quality service for their students.

4.3. Discussion of the results

The purpose of this study was to assess the contribution of community based early childhood care and education centers in creating access and delivering quality education for orphan and vulnerable children. To answer the basic research questions formulated for this research purpose both qualitative and quantitative data gathered through questionnaire focus group discussion, observation and document review. The data gathered through the aforementioned data collection tools analyzed, interpreted and the following major results drawn systematically.

4.3.1 Access

Ethiopian Ministry of education 2011/12 annual education abstract indicated that in 2011/12 out of the estimated 7.51 million eligible (age 4-6) children to attend ECCE education only 1.62 million children have got access to ECCE services all over the country. This figure shows the inaccessibility of the ECCE service. As it is indicated in the Ethiopia ECCE guideline (2010) the majority of ECCE centers owned by the private sectors. The private sectors found both in Addis Ababa and outside Addis Ababa requested large amount of monthly tuition fee to provide ECCE services for early grade children. Due to this fact the majority of poor and marginalized children remain out of the services. However, as indicated in table three item three idders and other community based organization are contributing their utmost effort to create free and affordable ECCE services for orphan and vulnerable children. As indicated in in table two and three, all the three sample community based ECCE centers created affordable ECCE service for those marginalized and segregated children. The contribution of this community owned ECCE centers has made remarkable achievement on the life of their students. However, the result of this study indicated that, due to shortage of classroom and dearth of running cost the community owned ECCE centers failed to create access for larger number of children. Due to this problem many children whose age is ready to attend ECC education forced to remain in the village.

4.3.2 Quality

(Naudeau et al. 2011; Seifmann and Surrency 2003) cited in AIDSTAR-One (2012.p15) considerations of quality ECCE program as follows:

There are two considerations for quality ECD programming: *structural quality* and *process quality*. Well-functioning community-based ECD centers should have both. Characteristics of *structural quality* include care that can be easily regulated

and measured, such as child-to-teacher ratios; small class size; educated, experienced, and ECD-trained teachers; fair staff wages; appropriate learning tools; well-developed refresher training for teachers; and tailored program content/curriculum. *Process quality*, which is more difficult to regulate, refers to what occurs in childcare settings and is measured by observations of children's interactions with caregivers and other children, and engagement with the activities and materials provided. Process quality includes nurturing and stimulating learning activities, outreach to caregivers, a safe environment for children that is gender equitable and free of stigma and discrimination, and support for the multiple needs of young children, including immediate medical care and nutritional support.

As indicated in table four, teacher's student's ratio of the sample ECCE center is very high. In the center one teacher is expected to teach more than 55 children. This situation strongly affects the quality of service rendered by the centers. Regarding teacher's competency, the data stated in table four indicated that, the sample ECCE centers don't have qualified and sufficient teachers. The teachers currently teaching in the selected centers are hesitant and unwilling to create smooth relationship and partnership with parents. Most of them are not qualified and averse to discuss issues related with student's performance with parents.

Concerning the type of ECCE service provided by ECCE centers, Ethiopian strategic operation plan and guidelines for ECCE (2010) indicated that ECCE service is not only rely on provision of reading and writing skills. The ECCE strategic document further indicated that the type of service included in the ECCE programme should cater the development of basic skills (e.g. pre-reading, pre-writing, pre-counting and pre-arithmetic) in preparation for the child's formal schooling. The children will learn basic life skills, such as hand-washing and good eating habits. The programme's design will follow a play-based approach. The health workers will play an important role in awareness raising and health training of the children, their parents and the teachers. Full immunization programmes, growth monitoring and preventive health care should be included in the pre-schools package.

In the contrary, as it is clearly indicated in the analysis part, all most all the sample ECCE centers are failed to provide comprehensive and inclusive ECCE service for their students. The centers focused on provision of reading and writing skills. However, compared to the

other similar centers, the sample community owned ECCE centers students are properly acquired the basic reading and writing skill and also some ethical skills. Though, the sample centers failed to provide health, sanitation, child protection and nutrition supports for their students and their guardians. Due to this the services rendered by the sample centers don't fulfill the felt needs of both the students and their parents.

4.3.3 Challenges encountered by community based ECCE centers

Concerning quality ECCE service, even though different shortcomings negatively affects some of the qualities of the services rendered for poor children, however, compared to the other ECCE centers the services of sample community owned ECCE centers are found satisfactory. According to AIDSTAR-One (2012) quality community-based ECD centers require sufficient resources. Limited resources can result in services being uneven from one site to another, being overcrowded, having too few or inadequately trained staff, and being incapable of providing the care needed by the children, and instead just a place where they will be passively watched for much of the day.

As in indicated in the analysis part of this study, the sample community based ECCE centers are facing difficulties to deliver comprehensive and quality ECCE services for orphan and vulnerable children due to dearth of teaching aids and compulsory facilities. As we have observed from the analysis part of this study, all the sample ECCE centers provide the ECCE support for orphan and vulnerable children by using very limited available resources. The resource allocated from idders and local cooperatives to run the ECCE center cannot cover quarter of its expected expenses. In addition, the amount of tuition fee collected from the middle class families 'of children also do not cover the running cost of the centers. Due to this problem, all the sample centers are unable to hire competent and qualified teachers, fulfilled the necessary ECCE centers ingredients and unable to maximize the intake capacity of the centers. If such problem continues in the future the existence of community owned ECCE centers will get serious problem.

In general from the data obtained from the centers and the above analysis one can conclude that, even though the ECCE centers has many drawbacks and challenges in meeting the standards indicated both in the ECCE strategic operational plan and guideline, however, community based early childhood care and education centers are playing pivotal role by creating access and delivering partially qualified ECCE services for orphan and vulnerable children.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Based on the analysis and interpretation of the data gathered from the respondents in the sample ECCE centers, the following summary, conclusions and recommendations are made.

5.1. Summary

The study was aimed to assess the contribution of community based early childhood care and education centers in creating access and delivering quality education for orphan and vulnerable children in Addis Ababa. To this end, basic questions were raised by classifying them into three major classifications which focus on access, quality and the contribution of community based ECCCE centers. And a descriptive survey study was applied for conducting the study, for it was more appropriate for assessing the contribution of community owned early childhood care and education centers.

The study was aimed at answering the following basic questions:

1. What are the contributions of community based ECCE center in delivering quality education for orphan and vulnerable children?
2. What are the involvements of community based ECCE centers in creating educational access for orphan and vulnerable children.
3. What kind of ECCE services community based ECCE centers currently providing for orphan and vulnerable children?
4. What are the major challenges that community based ECCE centers currently faced?

As a source of information for the study, three community owned ECCE center such as Yelem Leyunet kindergarten form Addis Ketema Sub- city, Addis Beruh Tesfa kindergarten from Gullele sub-city and Woreda 8 Idder's union kindergarten from Akaki Kality sub- city were selected using purposive sampling. The tools used to gather the necessary data includes of: questionnaire, Focus group Discussion, observation and document review.

The data that were obtained from the participants of the study through questionnaire were analyzed and interpreted by using frequency count and percentage. The data gathered through FGD, document review and observation were substantiated with the data obtained from

questionnaire. Based on the analysis of the data, the major findings of the study are summarized as follows:

- Many years after the introduction of ECCE policy and implementation of the ECCE guideline, ECCE center is not accessible for poor and marginalized children. Enrollment of children in sample community based ECCE centers is not easy and affordable especially for orphan and vulnerable children.
- ECCE centers should have both internal and external competency to deliver age appropriate and quality oriented ECCE services. The institutional capacity of the sample community based ECCE centers is very limited to accommodate and provide free and affordable ECC education for orphan and vulnerable Children.
- In order to mitigate the capacity gap observed in the ECCE centers and create long-lasting system and structure it is advisable to create transparent system at all level. In this regard the sample community owned ECCE centers are not open enough or willing to show the internal efficiency (teacher's quality, intake capacity, enrollment criteria) and the structural quality of the center to parents/guardians.
- It is crystal clear that ECCE center serve as a spring board for the future development and achievement of a child. The sample community based ECCE centers played pivotal role by shaping the behavior of children and educating them with the basic reading and writing skills.
- The study has indicated that, even though the centers have their own resources limitation in delivering quality ECCE services, however, they provide both knowledge based and character creation education for their students.
- Among the activity stated in the Ethiopian ECCE guideline, facilitating immunization process for unimmunized children is the significant one. In cognizant to this fact, the involvement of community owned ECCE centers in facilitate things to vaccinate those children who are not vaccinated is very limited.
- The sample ECCE centers compound including playground and the setting up of the class rooms are not convenient to undertake smooth teaching learning process and also don't allow the children to move here and there freely.

5.2. Conclusions

Based on the discussion and summary of findings made above, the researcher draws the following conclusions:

1. The finding reveals that due to capacity limitation(dearth of classrooms, teachers, teaching aids and other necessary facilities) the community owned ECCE centers cannot scale-up their service to enroll more OVC who don't get chance to attend ECC education.
2. It is found out that the service provided by the community owned ECCE centers is not comprehensive. The existing service focused on only acquisition of reading and writing skill. The centers failed to provide services associated with health, nutrition and legal protection.
3. The finding indicated that community owned ECCE center teachers–parents relationship/ communication is not systematic and manageable to discuss issues related with students performance and related issues.
4. The finding reveals that the contribution of community owned ECCE centers in creating access and delivering quality education for orphan and vulnerable children is not recognized by the government and other concerned stakeholders.
5. It is found out that the community owned ECCE centers have resource limitation to deliver quality ECCE services for orphan and vulnerable children.

5.3. Recommendations

Based on the conclusions made above the following recommendations were forwarded.

1. Regional education bureau, woreda education and Woreda Women Children Youth Offices jointly should support community owned ECCE centers by allocating budget to cover their running cost and to construct child friendly additional classrooms.
2. In order to provide comprehensive service in collaboration with likeminded stakeholders, the ECCE centers administration should create networking and partnership with the concerned woreda level office(health, Education and Women Children Youth Offices)
3. The management of community owned ECCE centers should create open and transparent system and structure which enables parents to get adequate information about their children as well as about the school. The system should also help both the school and parents to forward feedbacks and comments.
4. In order to alleviate the problem currently community owned ECCE centers facing, it is pivotal to device the following long term and short term plans:
 1. Solicit funds by requesting potential governmental, nongovernmental and private sectors to avail the services.(short term plan)
 2. In order to alleviate such problems without bagging others, it is advisable to setup income generation activities. The income generated from the business will serve to fulfill the required facilities.(Long-term plan)
5. In order to motivate community based ECCE centers to address more OVC through quality ECCE services due recognition and encouragement should be given by both the government and other concerned stakeholders.

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Appendices

Appendices-1: Questionnaire

Addis Ababa University

Institute of Educational Research

A Questionnaire to be filled in by Parents/ guardians of Children who are Attending ECC education in the community owned ECCE centers.

Dear Sir/Madam

The purpose of this questionnaire is to collect firsthand information to assess the contribution of community owned ECCE centers in creating access and delivering quality education for orphan and vulnerable children: the case of selected ECCE Centers in Addis Ababa.

The effectiveness of the study depends on your genuine response to each question. Moreover, your responses to the questionnaire will be kept confidential and will be used only for academic purposes.

Therefore, be honest, confident and purposeful while you are filling this questionnaire.

General Direction

1. Do not write your name
2. After reading the questionnaires put "X" mark for the questions with alternative responses in the space provide

Thank you for your cooperation!

A. Respondents general information

1. Sex _____
2. Age _____
3. Address: Woreda _____, sub-city _____
4. Level of education _____

5. Family size _____
6. Relationship with the child _____
7. Occupation of parent/ guardians _____
8. Status of the child _____
9. Number of male child in the family whose age has arrived for school and currently enrolled in school or KG _____
10. Number of female child in the family whose age has arrived for school and currently enrolled in school or KG _____
11. Total number of children in the family whose age has arrived for school and currently enrolled in school or ECCE _____
12. Number of male child in the family whose age has arrived for school and currently not enrolled in school or ECCE _____
13. Number of female child in the family whose age has arrived for school and currently not enrolled in school or ECCE _____
14. Total number of children in the family whose age has arrived for school and currently not enrolled in school or ECCE _____
15. What is the reason for those children who are not enrolled in school?

16. Total number of children who are attending school at the ECCE center _____
17. Number of female child who are attending school at the ECCE _____
18. Number of male child who are attending school at the ECCE _____
19. Age of child who is attending school at the ECCE _____

20. Monthly school fee paid for enrollment at the ECCE _____

B. Question refers to Access, quality and challenges of community owned ECCE centers.

Please indicate the degree of your agreement for each item from strongly disagree to strongly agree.

1. Strongly disagree, 2. Disagree, 3. Undecided, 4. Agree, 5. Strongly agree

#	Items	1	2	3	4	5
Access						
1	Many orphan and vulnerable children are receiving service in the community owned ECCE centers.					
2	The ECCE centers are providing service to children who can afford to pay rather than those who are poor.					
3	Orphan and vulnerable children can easily register and learn in the community owned ECCE centers without any difficulty.					
4	It is difficult for me to send my child to school daily since the school is far from home.					
5	I am being discriminated both by the organization and the society for educating my child at the center.					
6	The intake capacity of the center to accommodate children is very less.					
7	Children of the same age as my child in my village are spending their time in the village since they couldn't get this chance.					

Quality						
8	Since the teaching capacity of the teachers at the center is low, the students are not getting what they are supposed to get.					
9	Teachers are able to provide age appropriate services for children.					
10	The service i get from the center is not satisfactory but i didn't have other alternative.					
11	The compound of the center is convenient for children					
12	Facilities like toilet, water, class rooms and resting rooms are fulfilled at the center.					
13	The center has shortage of teachers and baby sitters(employees)					
14	Compared to other similar organizations the service provided by the center to children who have lost their parents and vulnerable are very high.					
15	My child has developed better ethics and knowledge since he/she is learning at the center					
Challenges						
16	My child has faced repeated health problems since he/she is enrolled at the center.					
17	My child's apatite has improved since he/she is enrolled at the center					
18	Teachers make discussions with the students' parents about the situation of students					
19	The center provides awareness creation educations to parents about raising children, sanitation, nutrition, health and etc					
20	The center vaccinates those children who are not vaccinated					
21	Teachers and nanny's at the center are bored and angry on the children					
22	The teachers at the center has difficulty of implementing the					

	suggestions and advice of parents and also they aren't willing to understand the problems of parents & children					
23	The center doesn't have the capacity to provide the required standard service					
24	The center is operating without the recognition of the gov't and hence can be shut down in the near future					
25	My child hasn't brought any ethical or skill improvement other than spending the day at the center					
26	The administration of the center is careless and doesn't care about the general development of the children					

Appendices-2: Focus Group Discussion (FGD)

Addis Ababa University

Institute of Educational Research

This focus group discussion undertaken with Community owned ECCE centers main and assistance teachers.

The purpose of this FGD session is to gather firsthand information to assess the contribution of community owned ECCE centers in creating access and delivering quality education for orphan and vulnerable children: the case of selected ECCE Centers in Addis Ababa.

The effectiveness of the study depends on your genuine response to each question. Moreover, your responses to the questionnaire will be keep confidential and will be used only for academic purposes.

Time allocated to carry out the FGD is 45 minutes.

Name of The FGD facilitator _____

Name of note taker _____

A. Basic information about the ECCE centers

1. Who established the ECCE center?
2. When and where established?
3. Objective of the ECCE center
4. Tell us about the involvement of the community in the ECCE center.
5. Currently, who run the center?
6. How can the center screen orphan and vulnerable children?
7. What are the services rendered by the ECCE center to OVC?
8. Tell us the accessibility of the center to OVC
9. Tell us about the activities of the ECCE centers to deliver quality services for OVC.
10. Do you think the center achieved its objective?
11. What kind of changes observed on the life of the children after their enrollment in the center?
12. What are the major challenges of the center?

Appendices 3: observation check list

Addis Ababa University

Institute of Educational Research

This Check list will be used to observe relevant incidences occurred in and out of the class room.

The purpose of this observation check list is to gather firsthand information to assess the contribution of community owned ECCE centers in creating access and delivering quality education for orphan and vulnerable children: the case of selected ECCE Centers in Addis Ababa.

Morning

1. Teachers welcomed all students equally.(OVC also get equal treatment).
2. All students equipped with bags, exercise book, and pen and lunch book.
3. OVC's equally participated in the morning cycle activities.

During class time

1. Children sited without discrimination by sex, religion, HIV statuses.
2. During class activity teachers give equal chance for all children.
3. Class rooms size sufficient to accommodate the students.
4. Teachers punish students by using stick.
5. Student lurch box sited in the ground.
6. All children have pencil exercise book.
7. Assistant teacher assisted children during class time.

Break time

1. The outdoor playing material is sufficient for the children.
2. The compound is sufficient to accommodate all the children and also allow the students to play properly.
3. Toilet is available and sufficient for both sexes.
4. Assistant teacher assist the students while they are playing.

Lunch time

1. All the students including OVC bring lunch.
2. There are sufficient dining rooms.
3. Assistant teacher assisted younger children.
4. Children washed their hand before and after meal.

3:30P:M

1. All parents/ guardians came to take their children.

Declaration

This thesis is my original work and has not been presented for a master degree in any other university and that all sources of material used for the thesis have been duly acknowledge.

Name:- Andualem Tesfaye

Signature:- 

Date:- 18/06/2014

This thesis has been submitted for examination with my approval as a university advisor.

Name:- _____

Signature:- _____

Date:- _____