Status of Implementation for Early Childhood Development Interventions in Ethiopia

Findings of the Situational Analysis

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Abbreviations

ECD: early childhood development

ECCE: early childhood care and education

ECD-TWG: Early Childhood Development - Technical Working Group

EPI: Expanded Program on Immunization

FMOH: Federal Ministry of Health

HAD: health development army

HEW: health extension workers

MOE: Ministry of Education

MOH: Ministry of Health

MOLSA: Ministry of Labor and Social Affairs

MOWCY: Ministry of Women, Child and Youth

NC: Nurturing Care

NCF: Nurturing Care Framework

NCI: Nurturing Care Intervention

PMTCT: Prevention of Mother to Child Transmission

SDG: Sustainable Development Goals

U5: under five

WASH: water supply, sanitation and hygiene

WHO: World Health Organization

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Executive Summary

Introduction: Ethiopia has implemented a massive and comprehensive economic reform over the last few decades and is one of the fastest growing economies in Africa. Based on the United Nations' (UN) estimate, the total population of Ethiopia in 2020 is expected to exceed 110 million. Children under five (U5) years of age constitute 14% while those under 14 years account for 47% of the total population. Nationally, the infant and child mortality has been significantly declining in the country since the last two decades due to remarkable investment by the health sector particularly on maternal, newborn and child health. Despite the achievement in economic growth and child survival in the country, there are still about 13 million children living under poor living conditions and 2 million of them are living under extreme poverty which impedes their overall growth and full developmental potential. In addition, the magnitude of stunting, underweight, and wasting are high and stand at 38%, 24%, and 10% respectively. These burdens cannot be explained solely due to poor health or undernutrition of young children, and might further be compounded by the lack of sensitive and responsive child care, feeding, stimulation, and safety/security, all of which result in an estimated 59% of children U5 years of age being at the risk of suboptimal development.

While greater efforts are needed to complete the unfinished agendas of reducing neonatal and U5 mortality to reach Goal 3 of the Sustainable Development Goals (SDG) (Target 3.2), it becomes increasingly important to focus on the functional and developmental outcomes of these surviving children to ensure that they not just survive but also thrive, that is, develop to their full potential. The brain of young children develops at a faster rate than ever with the highest degree of neuronal plasticity during the first three years of life. Interventions during this period are more effective than interventions implemented at any other time. Early childhood development (ECD) program, with its focus on nurturing care interventions (NCI), is one such investment made for children to provide children with a conducive and an enabling environment to ensure their overall health and wellbeing. To this endeavor, WHO, UNICEF, The World Bank, and partners proposed a framework called the "Nurturing Care: A Framework for Enabling Children to Survive and Thrive to Transform Health and Human Potential" with the aim to provide young children with good health, adequate nutrition, security and safety, responsive caregiving, and opportunity for early learning. The objective of the current situational analysis was to explore the extent to which ECD intervention activities have been implemented in the health sector as part of

the Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition (RMNCHA-N) programs in Ethiopia.

Method: This situational analysis was conducted using a mixed methods approach including document review and key informant interviews. In the initial phase, consultative meetings and discussions were organized with the national Early Childhood Development – Technical Working (ECD-TWG) to get a clear understanding and feedback from experts. Then, key informant interviews (through face-to-face and email communication) with program directors, coordinators and focal persons at the Maternal and Child Health directorate, developmental partners and other relevant ministries like Ministry of Education; Ministry of Women, Children, and Youth; and Ministry of Labor and Social Affair were conducted to get feedback and a clear understanding about the extent of the ECD program implementation within the different programs across sectors. Following the qualitative assessment, the relevant national strategic documents and other supportive documents including job aids, training materials, guidelines, policies, programs, and research articles were reviewed. Documents available online were searched using combinations of different key searching words, and unpublished grey literatures and documents were collected from different offices and key individuals through personal contact. Lastly, the findings from the document review and key informant interviews were corroborated and presented in a narrative.

Key findings at policy and program level: The findings of the review showed that among the five components of the NCI, good health, adequate nutrition, and safety have been implemented in various degrees by the health sector through its programs. In the child health program, different intervention packages through preventive, curative, and promotive health service programs have been implemented for years in varying degrees from primary to tertiary health care level. All of these health service programs have resulted in substantial reduction in morbidity, mortality, and are improving the health and wellbeing of young children. The resultant improvement in child health attained through these different intervention activities would ultimately respond to the first component (good health) of the NC for early childhood development supporting developmental outcome of children through different direct and indirect pathways. The Federal Ministry of Health (FMOH) has developed and implemented a national nutrition program, guidelines and different supportive materials for successful implementation of nutrition intervention through the life course approach to prevent and reduce problem of malnutrition among mother, children and adolescents at the Maternal and Child Health (MCH)

directorate. These nutrition intervention activities respond to the second component of the Nurturing Care (NC) (adequate nutrition) intervention for early childhood development facilitating achievement of different developmental milestones. Interventions to ensure security, responsive caregiving, stimulation and opportunity for early learning for young children are some of the critical components of the NCI packages with no or limited degree of implementations in the health sector.

Key findings at facility and community level: Review of interventions implemented at the health facility level showed that almost all interventions were implemented in varying degrees with the aim at improving the health and nutrition of children. Interventions for safety and security are implemented to a lesser extent. Most of the facilities do not have centers for stimulation, playing, and counselling services to facilitate early childhood development for young children and their parents or caregivers. Furthermore, healthcare staff does not have the skill of counselling or the intervention guidelines which can empower them to offer early childhood development services for mothers and their children. At the community level, the health extension workers, who are trained, employed and managed by the FMOH, are the key workforce responsible for delivering the day-to-day health and nutrition interventions in the communities. Health extension workers (HEW) also provide some community-level curative services. These services also ensure that only good health and nutrition for children who are missed out from the other components of the NCI.

Conclusion: The RMNCAH-N programs of the health sector in the country only addressed some components of the NCI for early childhood development. No strategic plan, program, guidelines, and job aids at the national and regional level were available to support and facilitate implementation of early childhood development programs in the country. The low level of awareness and knowledge on early childhood development and related programs are additional challenges hindering health professionals from delivering nurturing care to young children and their parents/caregivers.

Recommendations: As the holistic need of young children and their parents are complex and diverse, ECD intervention programs with integrative and collaborative approach is essential. Both cross-sectorial and program-level integration are the possibly the most effective and feasible ways to address ECD program cost effectively. Building on the existing health care delivery platform and on existing parenting practice is essential to add on the missing components of the NCIs. The NCI from conception to 3 years of child's age can best be

delivered through the health sector while it continues from age 4 to 6/7 years through the MOE and other relevant sectors. Based on the findings from this review, and as it is started recently, the FMOH shall need to design and implement integrated intervention modalities to address the need of young children for safety, security, responsive caregiving, and opportunity for early learning and education as a part of RMNCAH-N program in the country. Capacity-building of the health workers and program managers is required at all levels of the health sector. Strengthening existing partnerships help to facilitate and support the implementation of ECD intervention programs in Ethiopia. The most critical interest for partnership is emerging from some relevant ministries as cross-sectoral collaboration. Moreover, most developmental partners including UN organizations are keen to work with the government of Ethiopia. Furthermore, ECD program and service in Ethiopia should rest its foundation on scientific data and evidence. Effective advocacy strategies should be implemented. Lastly, improving public financing is vital to implement effective ECD programs in the country.

Section 1: Introduction

1.1 General Context

Ethiopia, a landlocked country, is situated in the horn of Africa with a total surface area of 1,127,127 square kilometers. The country shares border with Sudan on the west, Eritrea on the north, Djibouti and Somalia on the east, and Kenya on the south. The country has a wide range of geographic variation with an altitude of 4,550 m above sea level on one side and 110 m below sea level on the other side. More than half of the country lies above 1,500 m above sea level. Tropical monsoon is the predominant climate dominated by temperate climate on the plateau and hot in the lowlands.

The government of Ethiopia has implemented a massive and comprehensive economic reform over the last few decades and is one of the fastest countries for economic growth in Africa. With a market-based and agricultural-led industrialization economic policy, the country's economy has registered a rapid growth with a GDP of 10.9% annual rate of average growth over the last decade (2003/4 -2013/14). Agriculture, industry, and service sectors have contributed for 6.6%, 20.0%, and 10.7% of the annual average growth rates respectively (1). Based on a report by The World Bank, households in Ethiopia have experienced a remarkable reduction in the rate of poverty from 56% of the population living below $1.25 purchasing power parity a day to 29% in 2010; and this figure was expected to be much lower at the end of 2015 (1,2).

Based on the UN's estimate, the total population of Ethiopia in 2020 is expected to be slightly more than 110 million making it the second populous country in Africa. Children U5 constitute 14% while those under 14 years account for 47% of the total population. As most other low- and middle-income countries, the population pyramid remained predominately young age with 47% of the total population being under 14 years, over half (52%) of the population are between the age of 15 to 65 years, and only 3% of the population are over the age of 65 years (3,4).

1.2. Health Care System

Ethiopia has a three-tier health care system structured as primary, secondary, and tertiary level health care delivery system. The primary level health care is comprised of five satellite health posts, one health center, and one primary hospital. The secondary and tertiary levels are comprised of general and specialized hospitals respectively. The government of Ethiopia has heavily invested over the last two decades to strengthen the health care system at all levels to improve the health status of its citizens. The investment for health has been done by strengthening the health extension program, health development army (HDA), health care finance, human resource development, supply chain management, health information system, continuous quality improvement programs, and improving the referral system. As the result of these, a lot has been achieved in the health sector over the last two decades, and the country achieved most of the Millennium Development Goals before the targeted time.

Currently, the country desires to ensure the highest possible level of health and quality of life for all people through promotive, preventive, curative, and rehabilitative health services in an equitable manner. For this, Ethiopia has developed and is implementing the Health Sector Transformation Plan (HSTP) with three key features: quality and equity, universal health coverage, and transformation (3)**.** By 2020, the HSTP aims to reduce maternal mortality rate to 199/100,000 live birth; U5 and infant MR to 30 and 20 per 1000 live birth while neonatal mortality rate to 10 per 1,000 live birth. In addition to this, the HSTP aims to reduce stunting, wasting, and under-weight to 26%, 4.9%, and 13% respectively among U5 children. Furthermore, the HSTP aims to reduce incidence of HIV infection by at least 60% as compared to 2010 and achieve zero new infections among children and reduce incidence and mortality from malaria by at least 40% each as compared to 2015 (3).

Due to the high level of commitment and investment to the health sector, national infant and child mortality have significantly been declining in the country over the last two decades. However, there are about 13 million children living under poor living conditions and 2 million of them are living under extreme poverty in Ethiopia (5) which impacts their full developmental potential. Moreover, the magnitude of stunting, underweight, and wasting still stand at 38%, 24%, and 10% in Ethiopia (6)**.** These burdens might not be explained solely due to the lack of nutrition for children, they might also be explained by the lack of knowledge

and skill for sensitive and responsive child care, feeding, stimulation, lack of safety and protection for play and opportunity for early learning for children at the facility and community level. While greater efforts are needed to complete the unfinished agenda of reducing neonatal and U5 mortality to reach Goal 3 of the SDGs (Target 3.2), it becomes increasingly important to focus on the functional and developmental outcomes of these surviving children to ensure that they not just survive but also thrive, that is, develop to their full potential. In response to this, early childhood care and development program, with its focus on the nurturing care intervention activities, becomes one of the top priority agenda at the national and global level to support children grow to their full developmental potential.

1.3. Early Childhood Development

ECD refers to the holistic growth, health and maturation of socio-emotional, cognitive, language and psychomotor development during early childhood. Early childhood is the period from conception to seven to eight years of child's age and this is the most remarkable and significant period for brain development. Developmental maturation attained during this period is the foundation for success later in life in terms of educational as well as economic attainment. During early childhood, the child's brain develops at a rate faster than any other time creating plenty of opportunities for children's learning and development. Therefore, as early childhood is the period of critical stage for the growth and development of the child, it requires the greatest attention and care is invested to it properly.

A good start in life for a child can be ensured through provision of nurturing and stimulating environment that meets the child's essential needs like health, nutrition, safety, security, responsive care, and opportunity for early learning to ensure the overall health and wellbeing of young children. Young children grow and develop best in a warm, caring, stimulating, and responsive environment that provides them the opportunity to play and to explore their environment which enables them to learn from their day-to-day exposure and stay protected from risk of danger, trauma, maltreatment, punishment, and other adverse life experience. However, due to the partial implementation of these NCI, currently more than 43% of children age U5 are behind their full developmental potential (5,7,8). Therefore, it is essential to address children's holistic needs to prevent them from adverse developmental outcomes that impact their future negatively. ECD interventions is such an intervention which is vital

for children's growth and development, and the return to these interventions is higher than the return to investments in human capital taking place later in life.

1.4. Why ECD?

In 2019, about 10% of the world's population (678 million) was constituted by U5 children and in Ethiopia U5 children accounts about 14% (15.3 million) of the population (9). Globally, about 7.6 million U5 children die every year from different causes of death, yet over 200 million children who survived do not reach their full developmental potential. This resulted in 20% loss in adult productivity among countries with children affected by impaired developmental capacities. Most developmental restriction occurs not only because of lack of good health or due to malnutrition, but also because of lack of additional NCI like stimulation, safety, security, responsive care, and opportunity for early learning during childhood. The early childhood period, therefore, is the basis for later success in life and remains to be determinant for overall health, wellbeing and per-capital income lifelong.

The brain of young children develops very fast and has the highest degree of neuronal plasticity, and this phenomenon is greatly affected by the interaction between nature and nurture (genes and environment). Thus, intervention during early childhood, especially in the first 1000 days, are most effective than interventions implemented later. Therefore, there must be some sort of intervention modalities during this early life stage to tackle the burden from restricted developmental potential occurring during childhood. A ECD program is such an investment directed towards children to provide them with a conducive and enabling environment to ensure overall health and wellbeing. To this endeavor, WHO, UNICEF, The World Bank and partners recommend a framework called the "Nurturing Care Framework (NCF) for ECD Program".

In terms of direct economic gain, most recent research findings from Heckman showed that there is a 13% return on investment per child, per annum through better education, economic, health, and social outcomes among young children from birth to five years who received comprehensive high-quality care programs for disadvantaged children. The Heckman equation proved that there is greater return in education, health, and productivity for every greater investment on young children. Investing in young children, therefore, is not only a requirement from an ethical point of view, but it is also the best opportunity from an economic point of view

for the children, their families, communities, and the society at large. As a result of this, investing in ECD has now been recognized as one of most important priority for countries and families to enable all children lead successful and productive lives. ECD program has become a priority global agenda for the 21st century and is one of the transformative agenda for 2030.

1.5. Role of Health Sector in ECD Program

The role of health sector should go beyond survival to promote and improve ECD (13). One of the most common services for children from conception to birth and the first three years of life comes from the health service sector. The health care system has a better opportunity to reach more children and their parents during early childhood than any other sectors. Furthermore, the time from conception through the first three years of child's life is "the period for greatest risk as well as greatest opportunity" to bring visible difference in the health, growth, development, and quality of children's life. There is an increasing recognition for the life-course approach in human health wherein health in the earliest years lays the groundwork for lifelong well-being. This, however, is mainly affected by disparities in health and health-related polices for children that has a root in early childhood. Hence, services under ECD are best delivered through the health sector from conception to the first three years of life by combining interventions, such as promoting health and nutrition, mother-child interaction, and psychosocial stimulation/intervention with the involvement of parent/caregivers to promote full developmental potential for young children (14).

1.6. Role of Parent/Caregiver in ECD Program

Although child rearing practices in Ethiopia are changing due to urbanization, globalization and other factors, all Ethiopian parents have a common value and attitude towards children who they love, care and nurture in the way they think is most important and valuable. Therefore, parents/caregivers and communities are key players to ensure comprehensive NC interventions coverage among young children. Currently, there is a wide discrepancy between parents on the levels of care they provide for their young children. When some children get the opportunity for early stimulation and exploring the environment, they lack access for some other components of the NC like good health and optimal nutrition or vise-versa. Due to

this and many other factors, it is not uncommon to see children with developmental, emotional, and behavioral problems more often than before. As families and caregivers of young children are important actors in the provision of care for children, they should be involved in the development and implementation of ECD programs to facilitate the growth and development of young children in the country.

1.7. Nurturing Care Framework

NCF is a framework for enabling children to survive and thrive to transform health and human potential with the aim to provide young children with good health and adequate nutrition, safety and protection, responsive care and stimulation, and opportunity for early learning and education. Thus, NC for ECD is a stable environment created by the parent, community, and service providers to offer optimal level of care to the child by ensuring good health, nutrition, safe and secured environment, responsive care/support, and opportunity for early learning. Evidence shows that holistic or combined intervention of health, stimulation and nutritional supplementations have the highest and long-lasting effect on cognitive, behavioral, and mental development as well as on the overall health and wellbeing of children. So, investing on ECD through NCF is important for shaping the generation who will subsequently become responsible citizens of the country.

1.8. Purpose of this Document

Although child survival has improved over the last few decades, many of these surviving young children are growing up in a non-conducive environment with respect to care and development. In a response to this, the FMOH is taking initiatives to create a conducive environment for young children by ensuring good health, nutrition, safe and clean environment with responsive care and opportunity for early learning. To this endeavor, it is important to identify interventions and activities which have been implemented currently in the health sector that can also support ECD program before designing a full ECD program for integration in the health sector. The objective of the current situational analysis is therefore to review and give insights on the extent to which integrated ECD intervention activities have been implemented in the health sector in Ethiopia.

Section Two: Methods

2.1. Setting and Period

This situational analysis was conducted in Addis Ababa and other regions of Ethiopia from 1st February 2019 to 30th April 2019 by an independent consultant working with the FMOH. The sources of data for the review were KIIs of stakeholders from different ministries, developmental partners, and health workers from different level of health facilities. For the secondary data, strategic documents on MCH, guidelines, different job aids, published articles, and related gray materials were used.

2.2. Design

This situational analysis was conducted using a mixed approach with document review and KIIs. The analysis was conducted in three phases. In the initial phase, KIIs and stakeholder analysis at the national level were conducted to get insight and better understanding about the context, subject matter, and identify relevant documents for the secondary review. In the second phase, available documents suggested during the initial phase were reviewed to extract relevant data using data abstraction format. In the third phase, health workers at different facilities were contacted on the phone to get data about existence and extent of implementation for activities that support ECD program. Additional discussion and consultative meetings were facilitated throughout the review process to receive additional feedback, verify, and validate the findings.

2.3. Sampling Technique

Purposive sampling technique was employed to undertake the situational analysis.

2.4. Data Collection Method

2.4.1 Document Review

The national strategy documents for RMNCAH-N, and other supportive documents including different job aids, training materials, guidelines, policies, programs, and research articles were reviewed. Documents available online were found using combinations of key words while unpublished grey literatures were collected from different offices and relevant individuals. Then, all the documents were reviewed and summarized in a text and tabular format which included the title of the document, its type, and summary of the content it addressed.

2.4.2. Key Informant Interviews

In the initial phase, consultative meetings and discussions were held with ECD-TWG to get a clear understanding and feedback from the experts. Thereafter, KIIs were conducted (face-to-face, email, and phone) with program directors, coordinators, and focal persons at FMOH-MCH directorate, development partners, and other ministries like MOE, MOWCY, and MOLSA to get feedback and understanding about the extent of ECD program implementation within the different programs. A KII guide was developed and used to get additional data to complement the reviewed documents. The interviews and consultative meetings made it possible to get an insight into the extent to which ECD interventions are being implemented. The study team also gathered different opinions and feedback on the work from different stakeholders including developmental partners, institutions, and key individuals on the ECD program. The findings from the qualitative data have been also used to validate the data extracted from the document review. The interviews provided the opportunity for a better understanding and conceptualization of the subject matter. The in-depth interview lasted between 45 to 60 minutes each. Adequate notes were taken during the interview but were not audio-taped. Some of the KIIs were conducted virtually through email and phone call based on the respondent's convenience. The transcribed interviews were reviewed and similar content/ideas were coded as a theme. The document review and the KII were corroborated or complemented to each other and the final finding were described in a narrative.

2.5. Data analysis

The data collected from the document review was systematically extracted using a checklist and the finding were described in a narrative. The data collected from the qualitative in-depth interviews was transcribed in to text and translated to English for thematic analysis. Then the transcribed data were systematically arranged to categorize similar contents as a theme. The themes were collaborated in the review findings. The findings from the review and the qualitative work were corroborated and described in a narrative.

Section Three: Results and Discussions

In the desk review, we reviewed the extent to which the NCI activities for ECD have been implemented in the health sector. The report is organized in three sections. The first part of the report includes the introductory and brief methodology section, the second part describes the results and discussions and the third section covers the ways forward focusing on what and how to achieve on ECD programs along with actionable recommendations.

3.1. Findings at the Policy/Program level

There are different opportunities to implement and/or integrate ECD interventions at the national level through relevant policy and strategies. This may include integration of ECD intervention packages, specifically the NCI for ECD in to existing programs, strategies and policies. Furthermore, cross-sectorial collaboration at the national level with different relevant ministries is vital. The extent of implementation or integration of ECD intervention activities in the programs or policies at the national level is described below.

3.1.1 ECD Interventions for Good Health

According to the WHO, child health can be defined as **"***a state of complete physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity*". To ensure child health, FMOH has placed different preventive, curative, and promotive child health programs and strategies to reduce morbidity, mortality, and maximize health and wellbeing under the health sector. In the child health program, different intervention packages including community-based newborn care (CBNC), integrated community case management (ICCM), neonatal intensive care unit, essential newborn care, and integrated management of neonatal and childhood illness have been implemented for years in varying extents from primary to tertiary health care levels. In addition to these, FMOH has taken an important initiative towards working on prevention of child injury, identification of children with congenital anomalies (cleft lip, palate, and club foot) and linking them with relevant services. Effective preventive health care services like expanded program on immunization (EPI), family planning, birth spacing and delayed pregnancy, antenatal care, prevention of mother to child transmission (PMTCT), skilled delivery service, post-natal care, water supply, sanitation and hygiene

(WASH) are implemented as a primary focus for preventive health service, all of which contribute for reduction of morbidity, mortality, and significantly improve the health and wellbeing of children. The health of children as a result all of the above interventions packages responds for the first component (good health) of NCI for ECD and this contributes towards optimal development of young children through direct and indirect pathways to outcome. However, most health programs for children are focused on the physical health and growth, while socio-emotional, psychomotor development, language development, and maturation have been missed out. For FMOH to fully address child health, the different health programs for children need to be integrated to holistically improve the mental, socio-emotional, and developmental aspects of child health and wellbeing. Moreover, as the complete health and wellbeing of children is dependent on parents' and caregivers' mental and behavioral conditions, promoting optimal child health also requires activities which look at the family's mental health and wellbeing by integrating this aspect in the different health programs. Currently, the child health program has a good opportunity to extend its interventions to cover components like safety and security, responsive care and stimulation, as well as a package that facilitates opportunities for play and early learning.

3.1.2. ECD Interventions for Adequate Nutrition

FMOH has developed and implemented a national nutrition program, guidelines and different supportive materials for successful implementation of nutrition intervention using the life course approach to prevent and reduce the problem of malnutrition among mothers, children and adolescents at the MCH unit. The strategies are mainly focused on improving the nutritional status of infant, young and U5 children, adolescents and women; delivery of nutrition service for communicable and non-communicable diseases; and implementation of nutrition-sensitive interventions across sectors. To achieve these, the interventions include, but are not limited to, optimal breastfeeding practices, promoting appropriate complementary feeing, identification and control of micronutrient deficiency, assessment and management of acute malnutrition, ensuring access and utilization of WASH practices, facilitating behavioral change communication to prevent harmful traditional nutrition practice, providing comprehensive nutritional assessment, and providing counseling and supportive service. The nutrition program also highlighted the integrated early childhood care and development (ECCD) stimulation program with the existing community- and facility-based child nutrition program to promote appropriate adult-child interaction, development and utilization of locally available early childhood developmental

materials, including ECCD capacity-building approaches to the nutrition capacity-building efforts. Generally, the nutrition intervention program set by the MOH respond for the second component of the NC (adequate nutrition) interventions through which it maximizes normal development and maturation of young children. However, the NC component for ECD stated in the nutrition program still needs to be clearly defined, operationalized, and cascaded down to the grassroot for practical implementation, unlike its current status. ECD program under nutrition, therefore, can be improved by designing and cascading specific ECD intervention activities to facilitate safety, security, responsive care, stimulation, and opportunity for early play and learning through the nutrition intervention programs.

3.1.3. ECD Interventions for Security and Safety

Intervention for this component of the NC requires coordinated services from different sectors like MOH, MOE, MOWCY, MOLSA, WASH and other stakeholders. Programs on child protection to prevent abuse and provide care and service for children with disability are an important component of safety and security. Intervention package includes birth registration, care for vulnerable children, care for children with disabilities, caring for children living without parental care. This component of NCI for ECD is behind good health and adequate nutrition in status of implementation and integration with different health programs. There are some efforts under the MOH specifically working to maximize use of safe and clean water, sanitation and hygiene, and also facilitate birth registration, implementation of good clinical practice, and infection prevention strategies. Furthermore, the MOH is working on prevention of child injury, identification of children with congenital anomalies (cleft lip, palate, and club foot) and linking them to health services. From MOWCY, mainstreaming child rights, protection and promotion, women empowerment and other activities targeting young children are very crucial in ensuring security of the child. The national initiative to launch affordable day care service in the work place is also another step forward to ensure the safety and security of young children from employed mothers. All these fragmented interventions are poorly coordinated and contribute very minimally to respond for the NCI for the need of young children in Ethiopia.

Furthermore, as young children are unable to protect themselves against and/or communicate their problem, danger, physical and emotional pain, there is a need for a well-organized, operationalized, and structured intervention for safety and security of young children in the context of health services, with well-specified responsible bodies for specific activities. In this regard, there is no health care delivery package to guide and direct interventions through counseling services. There is only a limited intervention package to protect pregnant women and young children from environmental hazards, like air pollution, exposure to chemicals, and poisons. Moreover, there is no clear intervention guide and package to protect children from any kind of neglect, maltreatment, and abuse (emotional, physical, sexual and other sort of violence). The next step of this endeavor is therefore to clearly identify and formulate the different interventions for successful integration with the existing health intervention programs to fulfil the need of children for safety, security, and protection. Ensuring the mental health and wellbeing of the mother/caregiver is also one of the other most important packages to help the child grow in a safe and secured environment.

3.1.4. ECD Interventions for Responsive Caregiving

Activities for this specific component of the NCI are poorly implemented and are cross-sectoral in nature. It involves MOWCY, MOLSA, MOE, and other stakeholders. The MOWCY is working on establishing a baby's center for breastfeeding women to facilitate responsive and stimulating caregiving practice. Although the situation is different in cities and among educated mothers, in most Ethiopian families, parental care lacks stimulation for children in early childhood because children are considered inferior to adults, there is no or limited interaction between children and adults, and children face different sort of abuse and maltreatments. Although the government of Ethiopia allows four months of maternity and ten days of paternity leave to facilitate infant and parent interaction and care provision, almost none of the components of responsive caregiving activities are addressed through MOH. There is no affordable child care services, no counseling interventions to promote sensitive and responsive care for children cues, no counseling service on mother/caregiver-child interaction and care provision, no supportive modalities for caregivers level of mental health, no counseling and information on the importance of the involvement of male family members and other extended family in the provision of responsive care to children, no available material and

cards for counseling and demonstration to facilitate training of parenting skill in the health institutions and communities. In the health institutions, there is no provision of information on the importance of play, communication, and learning potential of young children. In general, this component of the NCI for ECD is missing and not addressed through the different programs in the health service; therefore, this will be the focus for the near future.

3.1.5. ECD Interventions for Opportunity for Early Learning

This component of the NC was found to be the least integrated with and implemented through the different activities within the health sector. Children should not need to wait until they turn three or four years of age, which is the period for kindergarten or primary education, to start play and learning. They should not have to sit under a formal and structured environment for learning letters, colors, and numbers. Humans have the capacity to learn and adapt themselves from their environment and surrounding since conception. During early childhood, children are able to acquire skills and capacities through their interpersonal and social interactions like smiling, eye contact, talking, singing, imitating, modeling, and copying other's behaviors and actions. Their interest to play with common household items like plastic cups, empty containers can help them learn about objects' look and feel, and how to use them.

Different program coordinators at the MCH directorate discussed that there is no clear understanding, operationalized activities, consensus and directions on ECD even at the directorate level and no cascaded activities down to health facilities. Health information, support and counseling package to facilitate opportunities for play and early learning, like the use of locally available objects from home and/or home-made toys and other playing materials are not included. There are no counseling and demonstration packages on the importance of play, reading, and story-telling modalities. Moreover, counseling on the importance of talking to and smiling at the child, the importance of playing with simple and non-hazardous household items like plastic cups, the benefit of good-quality day care and pre-primary education for children's learning are not considered. All parents and caregivers should be counselled and given the motivation and confidence to talk and interact with their children

while feeding, bathing, and doing other routine household chores. As most of these interventions are not included in the existing MCH programs, there is a need to operationalize, formulate, and identify simple and feasible interventions which can be integrated and implemented through the health sector program at the ground level.

Table 1: Current status of NCI implemented at the national RMNCAH-N strategies in Ethiopia, 2019

S. no.	National RMNCAN-H strategies	NCI for ECD program				
		Good health	Adequate nutrition	Safety and security	Responsive caregiving	Opportunity for early learning
1.	Strategy for reproductive health	++++	++++	-	---	--
2.	Strategy for newborn and child survival	++++	++++	+	---	--
3.	Strategy for child survival	++++	+++	+	--	--
4.	Strategy for adolescent and youth health	+++	+++	+	--	--
5.	National nutrition program, Ethiopia	++++	+++++	++	-	-
6.	Strategy for infant and young child feeding	++++	+++++	++	+	--
7.	Strategy for infant and young child feeding services in Rural Ethiopia	++++	++++	+	--	--
8.	Policy on HIV/AIDS of the federal democratic Republic of Ethiopia, 1998	+++	++	+	--	--
9.	Transitional government of Ethiopia health sector strategy, 1995	++++	++++	+	-	-
10.	Health Sector Transformation Plan	++++	++++	+	-	-
11.	National guideline for family planning services	+++	++	+	-	-
12.	Success factors for women's and children's health	++++	++++	+	-	-
National RMNCAH-N job aids and related materials						
13.	Essential Care for Every Baby Training Facilitators' Manual: Federal Ministry of Health	+++	++	-	-	-
14.	Essential Care for Every Baby Training Participants' Manual: Federal Ministry of Health	+++	++	-	-	-

15.	Integrated Management of Newborn and Childhood Illness	+++	++	-	-	-
16.	Integrated Management of Newborn and Childhood Illness Facilitator Guide For Clinical Practice Ministry of March, 2016, Addis Ababa, Ethiopia	+++	++	-	-	-
17.	Integrated Management of Newborn and Childhood Illness: Module 1	+++	++	-	-	-
18.	Integrated Management of Newborn and Childhood Illness: Management of Sick Young Infant from Birth up to Two Months: Module 2	+++	++	-	-	-
19.	Integrated Management of Newborn and Childhood Illness Assess and Classify the Illness of Sick Child Age up to 2 Months to 5 Years: Module 3	+++	++	-	-	-
20.	Integrated Management of Newborn and Childhood Illness: Identify Treatment and Treat the Child and Young Infant: Module 4	+++	++	-	-	-
21.	Integrated Management of Newborn and Childhood Illness: Counsel the Mother: Module 5	+++	++	-	-	-
22.	Integrated Management of Newborn and Childhood Illness: Childhood Illness Follow up: Module 6	+++	++	-	-	-
23.	In-service Training on Comprehensive Abortion Care: Participant's Manual	+	-	-	-	-
24.	In-service Training on Comprehensive Abortion Care Facilitator's Manual	+	-	-	-	-
25.	Basic Emergency Obstetric & Newborn Care: Participant's Guide	+++	+	-	-	-
26.	Basic Emergency Obstetric & Newborn Care: Training Manual	+++	+	-	-	-
27.	Obstetric Fistula and Pelvic Organ Prolapse Training	++	-	-	-	-

	Resource: Facilitator's Guide					
28.	Obstetric Fistula and Pelvic Organ Prolapse Training Resource Participant's Manual	++	-	-	-	-

Key: +++++ (better degree of implementation), - (no/limited implementation)

3.2. ECD Interventions at the Health Facility Level

Health workers and service coordinators at all levels of health facility were approached to explore the extent to which interventions supporting ECD have been implemented at a facility level and the findings are summarized below.

3.2.1. ECD Interventions at the Hospital Level

Health professionals and service coordinators at the hospital shared that the highest level of clinical care in the health sector is provided by hospitals hierarchically arranged as primary, general, and specialized hospital. The next few paragraphs summarize the different activities being carried out and the missed opportunities to support ECD.

Respondents reported that hospitals in Ethiopia have a good opportunity to implement different interventions to enhance the developmental status of young children. Almost all the hospitals contacted for this review render clinical service ranging from care for pregnant women to caesarean delivery and other advanced maternal and pediatric surgery to ensure overall good health and wellbeing of mothers and children. Services are initiated since preconception when women come for medical help for different health problems before they get pregnant. The care for the mother continues during pregnancy and child birth. Adequate antenatal care is provided to care for the health and nutritional adequacy of the mother and the fetus, different supplementation is given to the mother. The high level of clinical care for the mother and her offspring provided at the hospital includes surgical correction of illness, nutritional supplementation during and after pregnancy, provision of save and skilled delivery services.

Clinical service for children includes neonatal intensive care, diagnosing and treating different childhood communicable and non-communicable disease including assessment and management of severe acute malnutrition, providing surgical intervention for different malignancies, cardiac illness and other congenital anomalies. Under the curative service, hospitals have the opportunity to treat and cure severe form of child illness which could lead to different physical and mental

disabilities and affect their development. Treatment for malnutrition and rehabilitation service is another service available for children in the hospital. Inpatient and outpatient therapeutic programs, management of severe and complicated acute malnutrition, growth monitoring are some of the services provided. Some hospitals have stimulation centers for children affected with severe neurological complications and nutritional problems. Furthermore, these hospitals provide preventive and promotive health services.

Services like cesarean section, birth registration, prevention of child injury, identification and management of children with congenital anomalies (cleft lip, palate, and club foot) are some of the services at the hospital to ensure safety and security of children. All of these interventions provided at the hospitals contribute to ECD through their impact on the good health and nutrition of young children enhancing normal growth and neuro-behavioral development in early life.

However, as most of the health programs in the hospital are focused on the physical health and growth of children, their mental and developmental health is not considered. There is no service to support ECD through stimulation, responsive caregiving for child's needs, and providing access for play and communication to facilitate opportunity for early learning. Importantly, the complete health and wellbeing of young children is dependent on the parents and caregiver's level of mental and behavioral condition, but related services are not included under the MCH directorate programs. Most hospitals do not have stimulation service, play center, counseling and guidance to the mother on what to do if her child is diagnosed with developmental problems, no service package supporting safety and security of young children. There are no facilities arranged at the waiting areas or in the inpatient or outpatient corner for young children to play, interact and communicate to improve their learning abilities. Stimulation, responsive care, play centers that ensure safety and security in the hospital both at the inpatient and outpatient corners, counseling and education services to the mother in the hospital and during the follow up visit would is a good opportunity to educate mothers about safety, security, responsive caregiving, and opportunities for early learning. Inclusion of these missing components of NC (health care) in the existing health service is vital to improve the mental, social-emotional, and developmental aspects of young children.

3.2.2. ECD Interventions at Health Center Level

The findings from the desk review showed that health centers in the country are considered to be the first entry point for curative clinical service and found to have a lot of opportunities in

providing comprehensive care for ECD as they provide curative and preventive health care service to mothers and children. Clinical care includes maternal care during pregnancy, providing skilled delivery service and post-natal care. Clinical care for U5 children is also one of the main services delivered at the health centers.

Health centers test and treat sick children using integrated management of newborn and childhood illness (IMNCI) guidelines. They assess and treat mild to moderate and occasionally severe childhood illness, provide assessment and treatment for acute malnutrition, and have a structured referral system for severely sick children. Health centers have a screening program for maternal and child nutritional status, counseling and therapeutic programs, growth monitoring service for children, and supplementation for different essential micronutrients like vitamin A, iron, folic acid etc. Moreover, the nutritional interventions include, but not limited to, optimal breastfeeding practice, promoting appropriate complementary feeing, identification and control of micronutrient deficiency, assessment and management of acute malnutrition.

Health centers also provide different preventive and promotive child health programs. These includes essential newborn care, EPI, family planning, birth spacing and delayed pregnancy, antenatal care, PMTCT, skilled delivery service and post-natal care, and provide WASH services. Health workers conduct behavioral change communication to prevent harmful traditional nutrition practice, and provide comprehensive nutritional assessment, counseling and supportive service. All of these curative, preventive and promotive health services contribute for reduction of morbidity, mortality and significantly improve the health, development, and wellbeing of children.

However, there is limited or no services related to mental health of mothers. There are no stimulations, play center, counseling cards and services for responsive care and opportunity for early learning for children. Rehabilitation services are not available at the public health facilities. Generally, important components of the NC like safety, security, responsive caregiving and opportunities for early learning are missing from the health care service at the health center.

3.2.3. ECD Interventions at Health Post/Community Level

The FMOH has successfully managed a nation-wide health extension program that focuses on physical health and nutrition. Under the health extension program at the health post, there are different intervention packages including community-based newborn care (CBNC), integrated community case management (ICCM), essential newborn care, and integrated management of

neonatal and child illness (IMNCI). Effective preventive health care services like EPI, family planning, birth spacing and delayed pregnancy, antenatal care, PMTCT, skilled delivery service, post-natal care, and WASH are implemented at a greater extent at the community level, all of which contribute towards reducing morbidity, mortality, and significantly improve survival of young children. To achieve the desired nutritional outcomes, the interventions provided at the health post level include optimal breastfeeding practice, promoting appropriate complementary feeding, identification and control of micronutrient deficiency, and assessment and management of acute malnutrition.

However, the HEWs are neither trained nor given responsibilities to carry out activities that enhance responsive caregiving, early learning, early stimulation, play and safety and security services in the communities. There are no counseling services for ECD to the mother/caregiver and her child, no counseling materials and cards are available at the health post.

3.3. ECD Intervention through WASH Program

WASH interventions are also cross-sectorial programs. WASH interventions are one of the best opportunities to integrate ECD. These interventions include activities related to safe and clean environment for children and their parents to improve the health, nutrition and wellbeing of young children. The FMOH is developing Baby WASH interventions specifically targeted children U5 and their parents and caregivers which is currently incorporating ECD intervention components in it. The aim of the Baby WASH interventions is to reduce microbial burden by promoting children's health and to prevent it by decreasing disease burden among babies and young children in their play and feeding environment and to provide safe, clean, non-injurious, and non-traumatic environment to young children and their parents. However, all of these activities were not described and understood in the context of ECD.

3.4. Identified Problems

Based on the findings from this desk review, the following gaps or problems have been identified:

- Overall, ECD is poorly implemented both at the policy or strategy level, and do not exist at the regional or facility level.
- Only some components of the NCI for ECD have been implemented through the different programs in the health sector.

- Good health and adequate nutrition are the two most important components implemented at the health sector.
- Safety, security, responsive care giving and opportunity for early learning are not incorporated in the health services.
- Awareness on ECD at the national and regional level is low.
- There are no guidelines, job aids or training materials at the FMOH and health facilities.
- There is no stimulation center or playing corner at the health facilities.
- The health care workers lack the skill for counselling on ECD.
- There is lack of adequate budget or financing for ECD program.
- The cross-sectoral coordination is weak and there is a lack of clear guide for cooperation.

Section Four: The Way Forward

4.1. How to achieve ECD Outcomes?

UNICEF clearly states that the focus of ECD intervention program is to ensure that all young children (since conception to school going age) achieve their full developmental potential especially disadvantaged children. This will be achieved through provision of equitable access to essential quality health, nutrition, protection and early learning services for young children to address their developmental needs. The program also encompasses parent/caregivers and families of young children to support and encourage them to provide their children with NC and positive parenting. Achieving these ECD results, which are also supported by UNICEF, are discussed below.

Starting or building on the existing service delivery platform is essential to reduce cost and maximize access. Hence, strengthening existing service delivery system is crucial to ensure that different multidisciplinary professionals (health workers, nutrition counsellors, preschool teachers, social workers, child protection workers and frontline workers in humanitarian settings) are adequately trained, equipped, and supported to deliver ECD interventions that foster healthy brain development. Additionally, involving family and community for positive parenting and child rearing practice is important. This requires family and community empowerment and increasing demand for inclusive, high-quality services. To fully implement a comprehensive and holistic ECD program, cross-sectoral collaboration and coordination is important to enhance existing services in health, nutrition, education, protection, and WASH. In doing this, common national policies, sector-specific strategic and action plans have to be developed. The use of an effective communication and advocacy strategy to convince political leaders, decision and policy makers as well as donors is essential to commit them to and invest in ECD in a well-coordinated manner. This will also give the opportunity to build partnerships with the private sector to strengthen family friendly policies of businesses.

The other means to achieve the best ECD result is by collecting and using scientific data/evidence with strong indicators for improvement. Strengthening public financing from the government, developmental banks, finance institutions and private sectors as well as

strengthening partnership with the local as well as global partners (countries, private sector, NGOs) improves policies, advocacies and access to ECD services.

4.2. Approaches to Solution

NCI activities require the involvement of communities, government, stakeholders, and parents and caregivers to provide a child with holistic care to realize full developmental potential. While early childhood is since conception to 7 to 8 years of a child's age, the NC under the health sector are mainly designed for children from conception to the first 3 years of a child's age, but do not completely stop at this age.

4.2.1. Cross-Sectoral Integration

As the holistic need of children and their parents are complex and diverse, ECD interventions with integrative and collaborative approaches are essential. Both, cross-sectoral and program-level integration are the most effective and feasible way to address ECD program cost effectively. The NCF also highlights the importance of cross-sectoral interventions. In Ethiopia, the majority of young children are exposed to multiple deprivations due to poverty. As such, all the necessary services in the different sectors should be converged at the child/family level. In this context, it is important for the different sectors, led by the line ministries and with support of partners, to coordinate and develop a cross-sectoral Theory of Change for ECD in Ethiopia.

The Theory of Change will define the overarching goal and specific objectives according to the NCF with indicators (defined at the goal and objective level), change strategies for achieving the goal and objectives, key intervention actions and responsible sectors/line ministries. The Theory of Change should be developed through wide consultation processes to maximize inputs and buy-in of all the relevant sectors/line ministries and partners, so that all the relevant sectors/line ministries and partners are clear on how the cross-sectoral interventions work in practice, their unique contributions to the overall ECD goal and through which pathways. In the cross-sectoral integration, planning, policy deigns, and evaluation can best be done collaboratively with different sectors coming together while specific interventions may be implemented independently but coordinated with other programs and sectors. To this endeavor, the calls for a need to design an effective communication and coordination strategy among different sectors.

4.2.2. Service/Program Integration

To provide a comprehensive NC intervention for young children and their parents/caregivers, service and programs should be designed and integrated in the existing health service programs. Strengthening the existing health service is the base for service integration. All the RMNCAH-N programs and other health care programs should incorporate the missing elements for NC to their existing service delivery packages. Integration with the existing health service is one of the best approaches to render cost-effective interventions to children and their parents, and this is in line with the definition of health by WHO – "as a state of well-being, not merely the absence of diseases or infirmity". Equity from the start should therefore be ensured through the principle of "commit to and implement a comprehensive approach to early life, building on existing child survival programs and extending interventions in early life to include social/emotional and language/cognitive development".

To effectively provide NC interventions to parent/caregivers and their children, the capacity of the health workers needs to be built to improve their skill, motivation, and readiness. The works also need to adjust their time with appropriate information. Service delivery for ECD in the health care system requires a paradigm shift from a "sick-care" to a "well-care" approach to promote, prevent, and care children from developmental delay (15). Appropriate developmental stimulation and play centers have to be available at every facility. When there is no well-structured and accessible service for children with developmental delay, the WHO has recommended the use of counselling through the integrated management of childhood illness counselling services by including a Care for Child Development module, as outlined in case 6.12. In addition to this, WHO recommends establishing and/or strengthening referral mechanisms and specialist services for children with moderate to severe developmental disabilities.

Potential service delivery or contact sites include sick and healthy child clinics, waiting areas, pediatric wards, private clinics, mothers' groups, maternity ward, neonatal intensive care unit, post-natal care unit/ward, home visit through community health workers, child development service for children with disability (clinic and home), play corner at the clinic, families with children affected by HIV/AIDS,

indigenous health service sites, refuges, and other humanitarian services, outreaches, preschools, and day care centers.

Health posts through the operation of HEWs provide the best and unique opportunity available in the country for successful integration and implementation of ECD intervention activities accessible and equitable at the community and family level. The HEWs have a good opportunity to undertake the health and nutrition intervention at the grassroots level. Currently the HEWs are providing the preventive, promotive and to some extent curative service to children and their families at the community level. Many NC interventions at the community level can ideally be delivered through community-based interventions by HEWs, HDAs, and parents/caregivers. In this regard, the NCI should be integrated and cascaded to the grass-root level with implementation guidelines, job-aids, and counseling and educational materials for use by the HEWs and HDAs.

It is apparent that ECD should be implemented at the community level to reach a large number of parents and caregivers and to bring positive impact on the life of children. As parents, primary caregivers and intimate members of the family are the main actor to provide the NC in the first year of a child's life; this requires a secured family life and environment to provide the NC for the child. The parent and caregivers in turn need the support and advice how they can make time and resources to provide NC. Hence, to support the parents and the primary caregivers, relevant policies, services and community supports need to function. Thus, parents should be empowered to be able to monitor their children's physical and mental wellbeing. Parents also need the skill to provide appropriate and affectionate care and responses to children's daily needs, protect children from environmental danger, and keep a hygienic environment to prevent children from catching infections, and seek help when children get sick. Furthermore, as the care for young children depends on the health and wellbeing of the parent or caregiver, it is important also to pay attention to their health as well.

4.2.3. Practical Service Integration Approach

To provide the NC for young children and their caregivers across the continuum, ECD intervention programs starting from preconception through pregnancy to early childhood should be integrated with the different programs. The NCI from preconception to 3 years of a child's age can best be delivered through the health sector.

Preconception ECD intervention can be designed and delivered through maternal education and empowerment, family planning, adolescent and maternal health services, access to health care and WASH programs. The focus of intervention through the health care system at the preconception stage should focus on risk prevention to ensure optimal health conditions to the mother to ensure that her future pregnancy is healthy. Specific interventions during the preconception stage includes educating and counseling on identifying and modifying biological, behavioral, social risk factors through preventive and curative interventions. Counseling mothers on the importance of birth control and spacing, good timing to get pregnant, screening for and preventing reproductive health problems and sexually transmitted infections, immunizations, screening for maternal depression, substance use, counseling on maintaining optimal weight and nutritional requirements are vital components of care during preconception. The implication or benefit of these preconception health care should be explained to the mother in relation to ECD. The service during the preconception phase could be delivered at the health facility (family planning clinic, maternal health clinic, general medical care unit), health post, at school, home and in the community through health workers, teachers, and community health agents.

The main component of ECD intervention during pregnancy can be addressed through the integration of ECD counseling services to the ANC follow up scheme. Counseling on nutritional adequacy during pregnancy, supplementation of micronutrients, need of optimal sleep and physical activity, avoidance of alcohol and other psychoactive substances, restriction for over-the-counter and prescription medications, importance of healthy pregnancy habit, good interaction with the husband and the family, caring for the pregnancy and the likes. Counseling on birth preparedness and initiation of immediate breastfeeding including exclusive breastfeeding is important. The benefit of these health care interventions to ECD should clearly be explained to the mother. The service could be delivered at the health facility, health post, and within the community.

ECD interventions at birth include services for the mother and the newborn. The services include counseling on maternal and child health; nutrition; availing safe, clean, and secured environment for the child; providing sensitive and responsive care involving play; and interaction and stimulation to maximize opportunity for early learning. These interventions will continue as per the child's developmental age throughout early childhood. The interventions can be integrated with immunization programs, growth minoring, U5 clinics, neonatal intensive care unit, pediatric inpatient units, day care centers, home visits, community, preschools, and the likes.

4.3. Learning from Best Practices

Although there have been no wide and large-scale best practices in the country, there are some small-scale best practices from governmental and nongovernmental organizations in the country. The Maternal and Newborn Health, and Early Childhood Development (Saving Brain) program in rural Ethiopia using learning through play approach implemented by CCFC-Ethiopia, and the School Readiness Initiative which is aimed to promote evidence-based early child care and education are some examples of best practice in the country. Some countries in Africa and Asia have implemented effective integrated ECD intervention program. Experience of other countries like Kenya, Malawi, Mozambique, Zambia, Cuba, and Viet Nam that had developed and implemented integrated ECD program across multisector and within programs can be leveraged**.**

4.4. Strengthening Partnerships

Strengthening existing as well as establishing new partnerships in a way that it brings together various partner organizations is essential to address the diverse and complex need of young children and their parents/caregivers. The most critical interest for partnerships is emerging from some relevant ministries as cross-sectoral approaches that could ensure long-term sustainability for successful ECD programs. To cooperate with and support the initiative on ECD program, most development partners including the UN organizations are keen to work with the government of Ethiopia. Organizations including UNICEF, WHO, The World Bank, Save the

Children, USAID, PATH, SRI, CCFC, and Transform: Primary Health Care Project are keen on taking ECD as one of their top priority agenda and have identified a clear objective and focus to work on ECD program in the country. Most, if not all, of these organizations are keen to collaborate in providing technical support, strengthening cross-sectorial ECD-TWG, facilitate advocacy, facilitate social mobilization and awareness creation program, and in generating scientific evidence to guide and influence policy. Some organizations are also taking initiative on resource mobilization; support capacity-building activities through contextualizing ECD training materials, supporting onsite training and supporting the follow up and monitoring activities for the ECD program. For effective use of these collaborative partnerships, the existing partnership modality might need to be reviewed and improved for potential roles and responsibilities in the way that it facilitates effective use of resource for ECD program.

4.5. Opportunities for ECD Program

The high level of commitment and initiatives from the different ministries in the country is one of the top opportunities that should fully be explored without delay so as to start a comprehensive and integrated ECD program in the country. Existence of different ongoing national operations from different sectors that support ECD programs in the country, existence of relevant national policies and plans including National Policy Framework and Strategic Operational Plan and guideline for Early Childhood Development and Education (ECDE) are some of the opportunities existing in the government sectors. In addition, a health transformation plan and education sector development plan could support development of a clear roadmap to implement ECDE program in the country. Moreover, a health extension program and HDA (a platform to quickly disseminate information to the community), different NGOs like SRI, and professional societies are additional opportunities already existing in country to support ECD program.

The high level of global interest and commitment from different regional and international developmental, humanitarian and other organizations to collaborate and work on ECD programs in the country are some of the external opportunities currently available. ECD has already become one of the key agendas in the UN organizations, interested donors, NGOs and other actors in ECD/early childhood care and education (ECCE) to effectively leverage and make use of resources in piloting new innovations and scale up tested best practices.

4.6. Research Direction Relevant to ECD Program

ECD program and service in Ethiopia should rest its foundation on scientific data and evidence. Context relevant and problem-solving researches are required to determine and guide the direction of ECD program in Ethiopia. Currently, there is no data on the magnitude of the problem, trends of child care and development, parenting skills and practice, longitudinal data, large-scale interventions to guide program, evidence on the mechanism in terms of how the NCI influence child growth, nutrition and development, no household survey data on early childhood development indicators.

Based on the data gap, the first step would be to explore the parenting skill and practice in Ethiopia followed by identification of context-specific ECD intervention approach through a pilot study. In parallel, a simple and context relevant developmental screening tool for clinical use can be developed and validated. Continuous and periodic follow-up of ECD service by including some selected indicators to the EDHS is also important to monitor the program's impact. Designing and evaluating effective interventions, and identifying effective service integration modalities including cost effectiveness analysis is also vital before adopting an approach. Baseline and ongoing assessment for service coverage including community response and satisfaction to ECD service programs are also important.

Acceptability and feasibility of ECD interventions, evaluating how integrated ECD services improve outcome in the local context, assessing parenting practice and skills, identifying indigenous knowledge that supports or hinders ECD in the community and family level, identifying community approach for effective preventive modalities are some of future research direction for ECD. Research to identify risk factors for severe to pervasive developmental delay including identifying service package for such problem is also very relevant. Setting a population-based normative data on developmental capacity of children can also be of great importance. The mechanism of how nutrition and growth interact with developmental outcome should also be explained.

4.7. Advocacy Strategy for ECD

Advocacy in the context of ECD is aimed to support, empower, and create consciousness among the public sector and the community to understand about ECD, interventions for ECD and related programs. It also helps the government to identify and prioritize agendas and suggest solutions that are to visible for policy and decision makers. The following advocacy strategies can be used.

- **Organizing and building power**: This is an important strategy at the community level to bring and connect families together and empower them to understand ECD, find obstacles to undertake activities that support ECD, and set solutions to overcome them. Key community members like elderly people, religious and local leaders, and respected people can also be organized and empowered to stand to maximize activities and practices that support ECD program and challenge barriers against ECD.
- **Identifying stakeholder groups and their values and interests**: This is an important advocacy tool to involve all relevant stakeholders based on their interest and experiences to improve and promote ECD programs.
- **Identifying potential and relevant policy and decision making channels**: This approach involves collecting information and analyzing it to structure and compile the data in a persuasive agenda for communication and presentation to policy makers, planners, decision-makers and other potential supporters, including the public sector, through various interpersonal and media channels to initiate actions by social institutions, stakeholders and policy-makers in support of ECD program.
- **Use of media and communication outlets:** Use of government and private-sector media is an effective way of advocacy to reach a larger target group in a shorter period of time. It can be made through different television and radio channels in different formats like direct live transmission, discussion and others.
- **Scientific colloquium:** It is an effective advocacy tool for high level understanding to entertain scientific evidence which identifies the problem, and searches and suggests solutions. This can also be facilitated in the form of panel discussion, scientific forums, and different conferences.

- **Influencing others:** It is important to have good reasoning, influencing, lobbying, , and persuading capacities and approaches for people who are in a position of making policies and taking decisions, and other stakeholders to take ECD as one of their top priority agenda.
- **Training and educational initiatives:** Training and workshops to capacitate health care providers, making ECD a focus on major initiatives and strategies at the MCH directorates, enhancing awareness on ECD and outcome, practice at the community level and establishing effective leadership on ECD could be a starting point for effective advocacy.
- **Preservice training on ECD:** Arranging preservice training on ECD/ECCE for all medical and health science students at college and university level would ensure sustainability of the program.
- **Research as advocacy:** Identifying and conducting subject and context relevant research to generate locally relevant evidence to improve understanding and service provision is important. Creating a common understanding among stakeholders is important with regard to ECD programs.
- **Plan and roadmap:** In addition to these, development of a sector-specific strategic plan and road map, as well as guidelines, job aids and different training materials used to facilitate understanding and implementation of integrated ECD would strengthen advocacy.

Section Five: Conclusion and Recommendations

5.1. Conclusion

Interventions which support ECD programs are implemented partially through the FMOH in Ethiopia. There are missing components of care required for optimal child development. These missing interventions include safety and security, responsive care giving, and opportunity for early learning. There is limited or no knowledge and capacity at all levels of the health care system. Public financing for ECD program is limited or not available. National-level strategic documents and guidelines are not available. Overall, the effort required to implement comprehensive NC for young children in the health sector is found to be weak.

5.2. Recommendations

Based on the findings from the desk review on the extent of ECD interventions implementation in Ethiopia, the following recommendations have been drawn:

- It is recommended to integrate ECD intervention programs including responsive caregiving, early stimulation, play, safety and security (child protection) of young children focusing on prenatal to three years of age into policies, plans, guidelines and training modules and regular or routine activities of MOH, MOWCY, MOE and other ministries.
- It is important to develop and set sector-specific strategic plan and guideline for ECD service development and implementation.
- It is recommended to capacitate health care providers who can provide counseling at health facilities to clients (caregivers) about responsive caregiving, early stimulation, play, safety and security of young children. In line with this, development of sector specific strategic plan and road map, as well as guidelines, job aids and different training materials used to facilitate understanding and implementation of integrated ECD is very vital.
- Apart from health facilities, there is also a need to use all appropriate entry point to promote ECD such as private-sector- and government-managed daycares.

- The family and community should be empowered on the NC interventions through the HEWs.
- National-level initiatives on establishing affordable daycare service in the work place to ensure the safety and security of young children from employed mothers is important.
- There is a need to ensure minimum standards of private daycare centers.
- It is recommended to build the capacity of ECD workforce, specifically HEWs and WDAs, equipping them with and knowledge and skill on responsive caregiving, early brain development, early learning, early stimulation, play and safety and security of young children. It is crucial to motivate HEWs and WDAs so that they can undertake home- visits and promote caregiver sensitivity and responsiveness to children cues, counseling service to the mother/caregiver-child interaction or attachment and care provision, early stimulation among children including talking and smiling; and advice or information about the importance of the involvement of male family members and other extended family in the provision of responsive care to the child.
- Intervention package should include material and cards for counseling and demonstration to facilitate parenting skill in the health institutions. These materials should encourage play, communication and learning opportunities for young children.
- There is a need to develop counseling, guides and demonstration packages on early learning, early stimulation, and on the importance of play, including how to facilitate play with children using locally available objects and/or home-made toys and other playing materials such as simple and non-hazardous household items.
- It is recommended to develop health care delivery package that encompasses counseling and information provision about child security and safety, and protecting pregnant women and young children from environmental hazards, like air pollution, exposure to chemicals, alcohols, drugs and poisons.
- Guide and package interventions to protect children from all forms of abuse (emotional, physical, sexual and other sort of violence). Moreover, in collaboration with MOWCY and other development partners, ensuring birth registration of young children should get special attention.

- Interventions focusing on improving the mental, socio-emotional and developmental aspects of child, as well as parents' and caregiver's mental and behavioral condition are recommended. There is a need to make facility arrangement for children with special needs as part of ECD program.
- Undertaking research and studies on ECD and sharing the result is crucial to identify what works well in the local context.
- To make Ethiopia a center of excellence in the ECD program, continuous research, evidence-based practices, and a M/E program are crucial.
- Collaboration with different developmental partners should be strengthened and ongoing.
- Different advocacy strategies should be designed and put into practice including use of media and communication outlets for campaigns of different forms, panel discussions, scientific forums, training and workshops to influence ECD policy and implementation.
- As ECD intervention programs are cross-sectorial in nature, the program should be managed and coordinated at the ministry level that can oversee all the stakeholders and relevant ministries.
- It is recommended that adequate public financing and effective use of resources from the government as well as partners should be a top priority agenda to establish and strengthen ECD program in the country.
- Overall, for successful implementation of ECD intervention program, the government should focus on the following policy approaches: (1) lead and invest on ECD, (2) focus on families, (3) service strengthening, (4) use data and innovation to improve ECD program, (5) monitor and evaluate the progress.

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