

*Baseline Survey on “Community Led Action for Baseline Survey on “Community Led Action for Children - Connect Ethiopian Children to the Future Project” in Addis Ababa City Administration, Yeka sub city in Woreda 12, Abado Ketena.*

MOTHERS AND CHILDREN MULTISECTORAL  
DEVELOPMENT ORGANIZATION (MCMDO)

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## **Foreword**

Mothers and Children Multi-sectoral Organization would like to acknowledge Plan International Ethiopia, Addis Ababa Program area for funding a project named “Community Led Action for Children - Connect Ethiopian Children to the Future”. This baseline survey is also conducted as part of the project to synthesis data on the currently prevailing situation regarding children (0-8 years) education in the project area. All the stakeholders involved in providing information as well as facilitating the data collection of the baseline survey including field office of MCMDO played a key role for the success of the study.

The baseline survey is meant to know the existing situation of early childhood education in the project implementation area in an intention to generate baseline data against which the project will be evaluated at a later stage.

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## **CHAPRER ONE: BACKGROUND AND SURVEY OBJECTIVES**

### **1.1. Background**

The Ethiopian Government has been implementing education policy and strategies to ensure universal access to primary education, quality education, eliminating gender disparities in primary and secondary education and enabling students achieve high learning outcomes by 2015. Among these issues Early Childhood Care and Education (ECCE/D) is the bedrock of the all education enrolments. Accordingly, the government of Ethiopia has acknowledged the importance of Early Childhood Care and Development and committed towards achieving the EFA targets and the MDGs. In this effort, it launched the ECCE Policy Framework in 2010 which is expected to improve early childhood care and development provision across the country. The Government is also working with different Ministries, Regional Bureaus and District offices as well as the participation of NGOs and international organizations jointly.

To meet the cultural and developmental needs of the children, the government has also introduced a full-fledged and standardized kindergartens attached to the existing government owned elementary schools in some selected areas especially in Addis Ababa. Through all these endeavours, the government wants to disclose its commitment to satisfy the needs of Ethiopian children in the existing limited capacity. Moreover, Ministry of Education has included ECCE in the Education Sector Development Program IV (ESDP IV, 2010) as one of its key program components. Most importantly, The Growth and Transformation Plan (GTP, 2011-2015) underlines early childhood care and education as one of the prime agendas of the country.

However, ECCD is not yet fully developed and exploited in Ethiopia. Thus, according to the national statistics, the pre-school gross enrolment rate was 5.2 % in 2010/11, and the majority of pre-schools were concentrated mainly in urban areas and run by private sectors, faith organizations and NGOs. This low pre-school enrolment is taken

as one of the major contributing factors for high early grade primary school drop-out, 18.2% for grade 1 and 2 nationally.

Moreover, a report from the Ministry of Education (2008) indicates that lack of awareness about the value and type of care and development of young children, lack of proper training of pre-primary school teachers, lack of standard curriculum and guidelines, and non-existence of alternative care and education services are the major challenges for access to quality ECCD provision. Currently, there are government initiatives with technical and financial support of UNICEF to develop teachers' guide and story books on the bases of the existing early childhood education syllabus. The government's direct involvement in the provision of ECCD also remains limited to formal pre-school support, supervision and inspection. Therefore, all the aforementioned limitations, inaccessibility and poor quality of ECCD services are applied to the project intervention areas, Abado ketena in Yeka sub-city of Addis Ababa.

The project area, Abado ketena, is the rural district in Yeka sub city of Addis Ababa City Administration. As any rural district in Ethiopia the communities in this area do not have adequate knowledge and practice towards ECCD. Pregnant mothers do not get the necessary intake, care and rest. Due to the limited awareness and access to health services significant number of mothers die during delivery and happen complications. Most of the children born are underweight, malnourished and exposed to die under the age of 5. According to the data from the woreda health office 123 children die out of 1000 children before the age of five and 38% of the new born children are underweight, 61% of under five children with vitamin A deficiency and 83% of the children with iodine deficiency. On the other hand 97% of the children 4-6 do not attend pre-primary schools.

On the other hand, children aged 7-9 if eager to learn, they need to walk at least 7 K.M to get primary school, called Kara'alo primary school. The above stated problems resulted in high number out of school children, nurturing and rearing gaps of parents, different

violence happen in the long walk to school, exposed to water born diseases, limited or delayed developments of children

To address those children, the MCMDO has planned a project dealing with early childhood learning and development namely **“Community Led Action for Children - Connect Ethiopian Children to the Future”**.

To this end, MCMDO commissioned the baseline survey that is aims to build existing situation at the inception of the project; against which results of the project are compared and TDRT consult undertook the task with due diligence.

The survey report is organized in four chapters and different sections in the chapter: the first chapter presents the introduction, the assessment objectives, scope of the study, assessment methodology and limitations of the assessment. The second chapter deals with discussions and reviews of related literatures on the subject of the study while the third chapter uncovers the findings and interpretation of the findings. The last chapter focuses on forwarding ideas in the form of recommendations and suggestions. The last chapter also included study tools used for data collection both in English and Amharic versions as an annex.

## **1.2. Objectives of the Baseline Survey**

### **1.2.1. General Objective**

The overall objective of the baseline survey is to assess the currently existing situation in the project area concerning the newly established ECCDs. The baseline survey is aiming at providing benchmark (baseline) data for later monitoring and evaluation of the project.

### **1.2.2. Specific Objectives**

- To understand the Knowledge, Attitude and Practice of parents or households in the area about ECCDs and children below the age of eight years.

- To understand the partners and stakeholders view on the ECCDs establishment, facility and expectations.
- To capture the available data on the early childhood education facilities in the project area.
- To make feasible and workable recommendations based on the findings of the study to be incorporated in due course of the project implantation.

### **1.3. Scope of the Survey**

The geographical area that the baseline survey covers is Yeka Sub-city, Woreda 12, Abado Ketena. Conceptually, the baseline survey intends to build data on the currently existing situation of early child hood education in the project intervention area through the involvement of the community, children and other relevant stakeholders. The data on early child hood education was collected from parents, children, primary schools, education office, health office, women and children office, and ECCDheads by our data collection teams.



## **CHAPRER TWO: METHODOLOGY**

### **2. Methodology**

#### **2.1. General**

Both primary and secondary data collection methods were used to collect primary and secondary data from project targets and key project stakeholders including concerned government offices in the Woreda 12.

The primary data sources for this baseline survey include children between the age of 5 and 8 years, parents, community and CBO leaders, education office experts, health office experts, ECCD center heads, primary school head teachers, and women and children affairs officers. Specifically, primary data were generated from the following sources using FGDs, KII, survey questions and observation checklists:

- Parents.
- Community and CBO leaders.
- Children (5-8 years).
- Woreda Education office experts.
- Woreda health office experts.
- Woreda Women and children office experts.
- Primary school head teachers.
- ECCD center heads

On the other hand, secondary data sources include:

- Existing and latest documents, including hard and electronic copies , early childhood education secondary documents,
- Project proposals,
- Different government policies and strategies (including the GTP).
- Woreda records on early education.
- Government reports and other related documents were also utilized to generate evidences on the early childhood education and development.

## **2.2. Sampling Design for the quantitative survey**

Sampling and sample size are crucial issues in any research, which seek to make statistically based generalisations from the study results to the wider world. To generalise in this way, it is essential that the sampling method used and the sample size are appropriate, such that the results are representative, and that the statistics can discern associations or differences within the results of a study.

**Probability sampling techniques** were used for this baseline survey. This sampling method allows the researcher to tackle his and/or other people bias and help to select representative sample that makes generalization possible. Of the probability sampling techniques, **systematic random sampling** was used.

The total number of the targeted household by the project was 800. About 25% of the total population, which is 200 households, was randomly picked for the household survey. The consulting team understands that maximum possible sample size to ensure representativeness is 30 % of the total population. However, for the purpose of cost effectiveness we have taken 25% of the total population as a sample for the baseline survey; which of course do not that much affect the representativeness of the sample. Of the 200 households sampled, about four households did not responded to the questions which form the non-response rate of the baseline survey.

The determined sample size was distributed among the five “gott”s of the Abado area of Woreda 12 proportional to the number of targeted households in each five sites. While contacting and surveying the households, the research team ensured inclusion of physically closer and distant households. The survey questionnaires were administered to representatives or heads of the households by the data collecting team through systematic random sampling by picking every fourth households having children below the age of eight.

## **2.3. Data Management and Analysis**

### **2.3.1. Analysis of Qualitative Data**

When using quantitative methods, the data collection and data analysis components are distinctly separate phases. However, the qualitative data start to be analysed and interpreted at the time of data collection. Content or thematic issues are used as the basic units of analysis. Analysis in quantitative method emphasizes prediction and testing of relationships between and among variables using statistical processes. In contrast, qualitative methods are designed to understand broader socio-economic, political, or economic contexts in which early childhood education and development are situated. The process of investigation and analysis was documented so that others can follow it, understand the decisions that were made along the way, and independently verify the results.

Furthermore, the assessment report is produced in which the qualitative and quantitative data are substantiated and integrated.

### **2.3.2. Analysis of Quantitative Data**

All completed questionnaire in the field were submitted to the consulting firm's office for editing, coding and data entry. Data entry clerks were trained on the basics of the subject matter by the research team. Their roles include office editing, coding of open-ended questions, data entry, and random verification of the entered data. Data encoding and entry began immediately after the start of the field data collection.

The data was entered using SPSS Version 20 Software, and the data entry clerks were supervised throughout the process. Data analysis was conducted using SPSS Version 20 software package. This helped to easily handle data and prepare frequency distribution, percentages, and graphs. For most results percentage analysis are utilized and different tables and graphs are used to display the survey results.

### **2.3.3. Triangulating Quantitative and Qualitative Data**

Following the separate analyses of quantitative and qualitative data, the integration of the data findings was mapped out. Triangulation of data is the process of bringing different types of data together to build a more dimensional description of analysis of findings. One critical benefit of integrating various data sources during analysis is that it produces findings with wide appeal.

In addition, triangulating qualitative data with quantitative data ensures validity and reliability of study findings and results in that information from one source is complemented with information from the other. Thus, a careful re-analysis that ensures successful triangulation was done once both data from either source are integrated.

#### **2.3.4. Data Quality Assurance**

To ensure data quality, supervisors and data collectors were trained on the data collection tools and supervisors were assigned to the field to properly coach and mentor data collectors. Data presentation was also done properly by highly experienced data management experts.

## **CHAPTER THREE: PRESENTATION OF FINDINGS AND DISCUSSION**

### **3.1. Demographic Characteristics of Surveyed Parents**

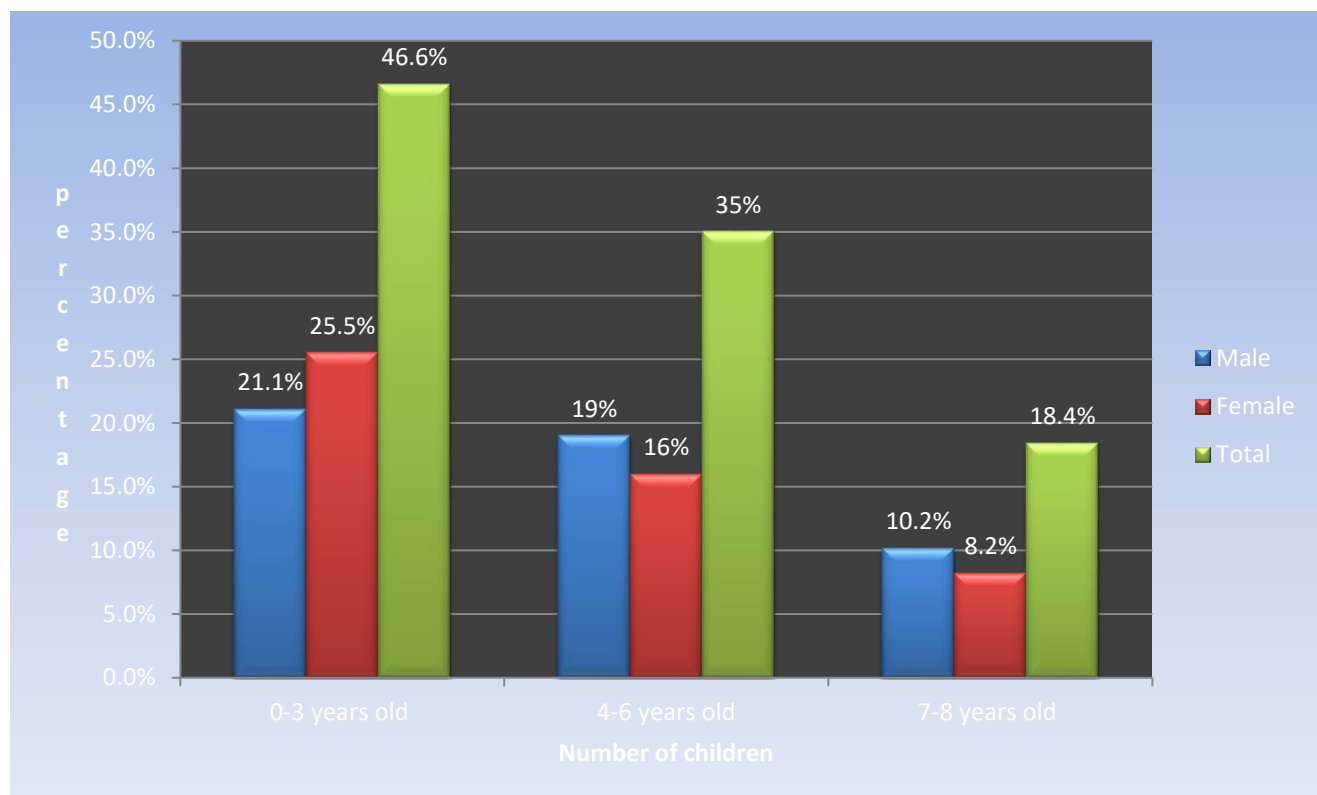
Of the 200 households sampled, 196 of them responded to the survey questions administered in this baseline survey. Out of the total respondents, 166 (84.7%) were female and the rest were male respondents. The mean age of the respondents was 29.2 years. Around 57 (29.1%) of the respondents are illiterate; while only (21.4%) attended primary school only. Only 6.1% have reached the educational level of diploma and above. Half of the total respondents were Amhara in ethnicity which is 99 (50.5%), followed by Oromo (37.2%), Guraghe (7.1%), Tigray (2.6%) and others (2.6%). The average family monthly income of the survey participants was 1,075 ETB (Table 1).

**Table 1: Socio-demographic characteristics of parents of children 0-8 years old**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Sex</b>		
Male	30	15.3
Female	166	84.7
<b>Age in years</b>		
19-24	40	20
25-29	71	36
30-34	45	23
35-39	23	12
40-44	10	5
45+	7	4
<b>Educational Status</b>		
Illiterate	57	29.1
1-4	42	21.4
5-8	59	30.1
9-10	26	13.3
Diploma and above	12	6.1
<b>Ethnicity</b>		
Amhara	99	50.5
Oromo	37	37.2

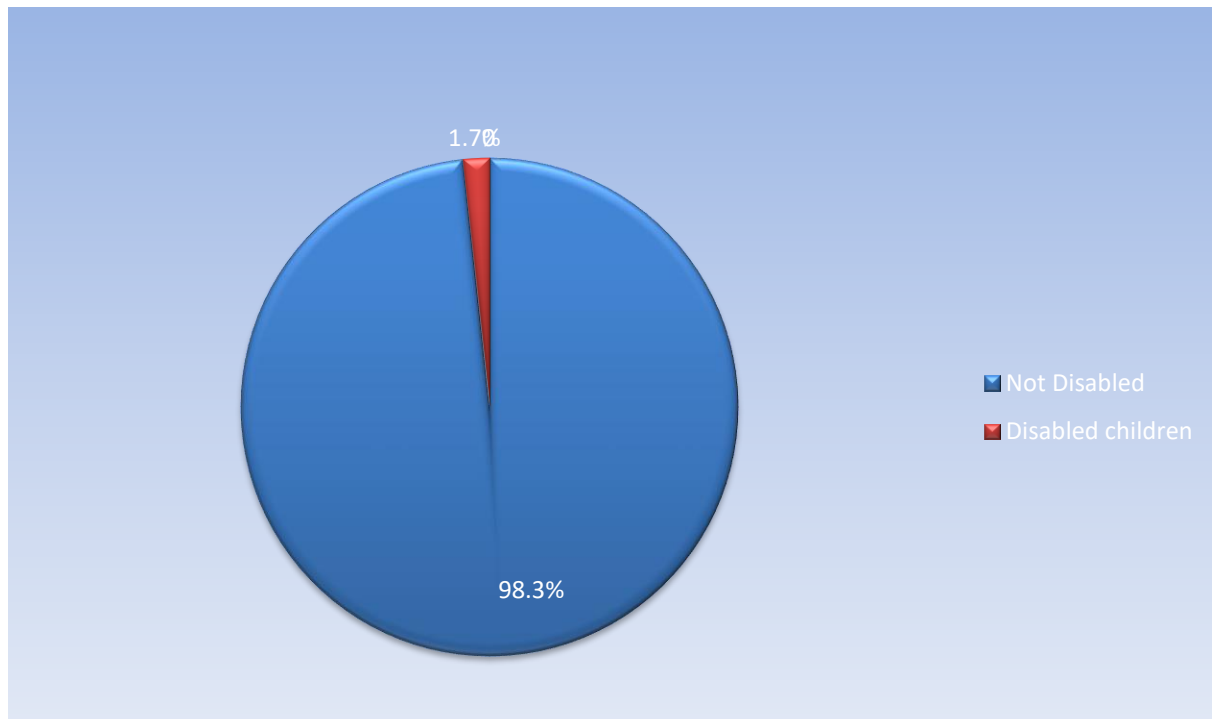
Gurage	14	7.1
Tigray	5	2.6
Others	5	2.6

### 3.2. Children Under 8 Years of Age and their physical conditions in the Surveyed Households



**Fig1. Number of less than eight years old children in the family during the survey**

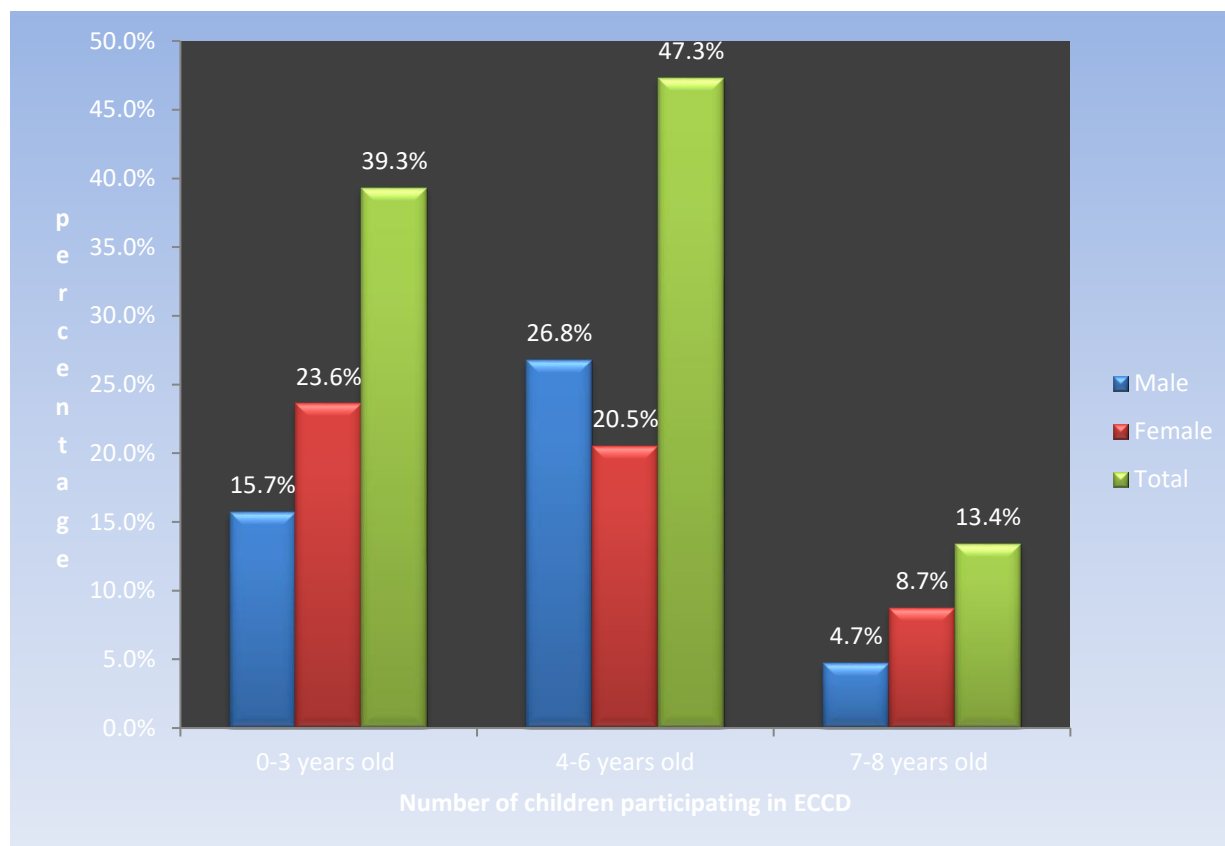
In the total of 196 households surveyed, 290 children were found to be less than eight years old. On average each surveyed household has 1.6 children who are below the age of eight years. Majority of the children 135(46.6%) are found in the age group of 0-3 years; those who fall in 4-6 years old category accounts 35% while the 7-8 years old category is only 18.4% (Fig.1).



**Fig2. Prevalence of disability among less than eight years old children**

From the total of 290 children in the surveyed households, only 5 (1.7%) are disabled and majority of the disabled children were males. All of the disabled children are found in the age group of 0-6 years old (fig2). From the total disabled children only one child is not currently participating in the ECCD program. This survey result may showcase that the problem of disability of children under eight years of age in the intervention area is far less than the one might expect. The ECCD program may take this finding into consideration for future planning purposes.

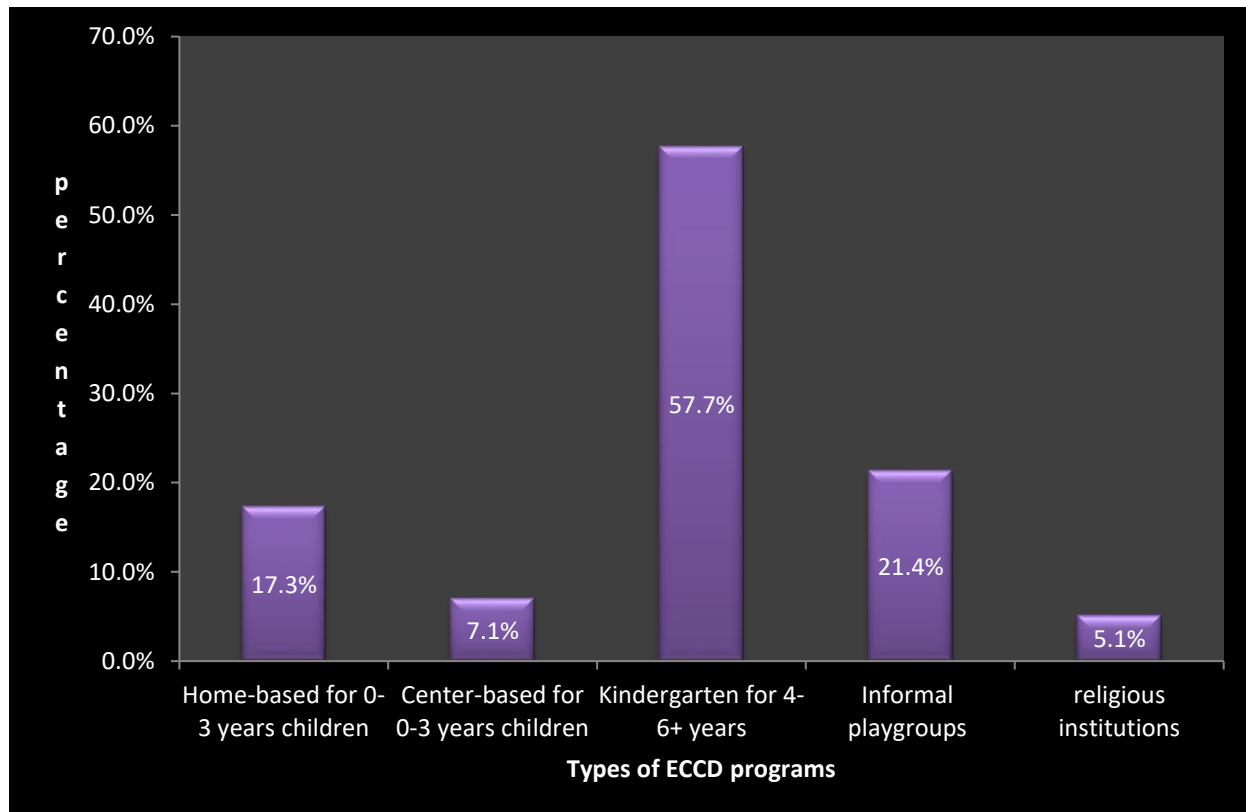
### 3.3. Children Participating in ECCD Programs/services and Types of ECCD Programs/Services



**Fig3. Number of less than eight years old children participating in ECCD services**

From the total of 290 children under eight in the surveyed households, only 127 (43.8%) are involved in any kinds of ECCD program/services. Of those who are participating in ECCD programs, many of them (47.3%) are found in the age group of 4-6, and only 13.4% of children in the age group of 7-8 years are involved. This shows that for most the children (47.3%) participating in the ECCD program, it is highly likely that it is their first time involvement in early childhood education i.e. their first encounter to schooling.





**Fig4. Types of ECCD programs available in the community of the respondent parents**

About 58% of the children in the age group of 4-6 years are getting kindergarten services, 21.4% involved in informal playgroups, 17.3% in the age group of 0-3 years are involved in home-based care, 7.1% and 5.1% are going to center based and religious institutions(*like kesie temheret and kuraan*) respectively.

### **3.4. Knowledge, Attitude and Practice of parents on ECCD**

#### **3.4.1. Knowledge of parents on ECCD key areas**

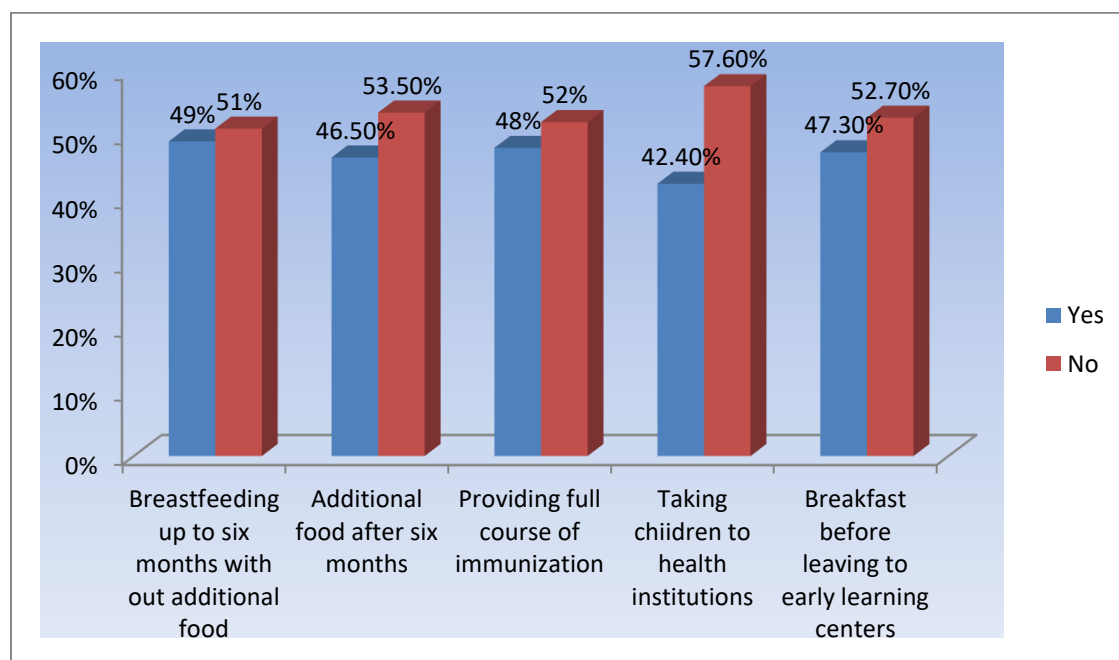
##### **3.4.1.1. Child wellbeing and participation related knowledge of parents on ECCD**

**Table 2: Child wellbeing and participation related knowledge of parents on ECCD**

<b>Variables</b>	<b>Yes</b>	<b>No</b>
<b>Knowledge of parents on ECCD key areas</b>		
First 8 years are crucial for future life of children	140(71.4%)	56(28.6%)
Family have responsibility for child development	154(68.4%)	62(31.6%)
Government have responsibility for child development	146(74.5%)	50(26.5%)
Every child need to survive and parents protection	149(76%)	57(24%)
Any child need to have birth certificate	136(69.4%)	60(30.6%)
children have to be provided with Vitamin- A, and Iron	140(71.4%)	56(28.6%)
children have to live in a safe environment	123(63%)	73(37%)
children under 8 have to get ECCD services	145(74%)	51(26%)
ECCD is important for your child’s future development	144(73.5%)	52(26.5%)
ECCD promote a safe and favorable environment	164(66%)	67(34%)

About 71% of the participants know that the first eight years of children’s is very crucial for the future development of children. A good portion of the parents (68%) know that families have responsibilities for providing necessary support for optimal development of children. Nearly two third of the respondents (73.5%) of the family knows that ECCD is important for children future development and 66% of the parents know that ECCD promotes safe and favorable environments. The findings also suggest that parents are well acquainted with the necessities and needs of children under 8 years provided that fulfilling those needs is something else.

### 3.4.1.2. Health and Physical Development related knowledge of parents on ECCD

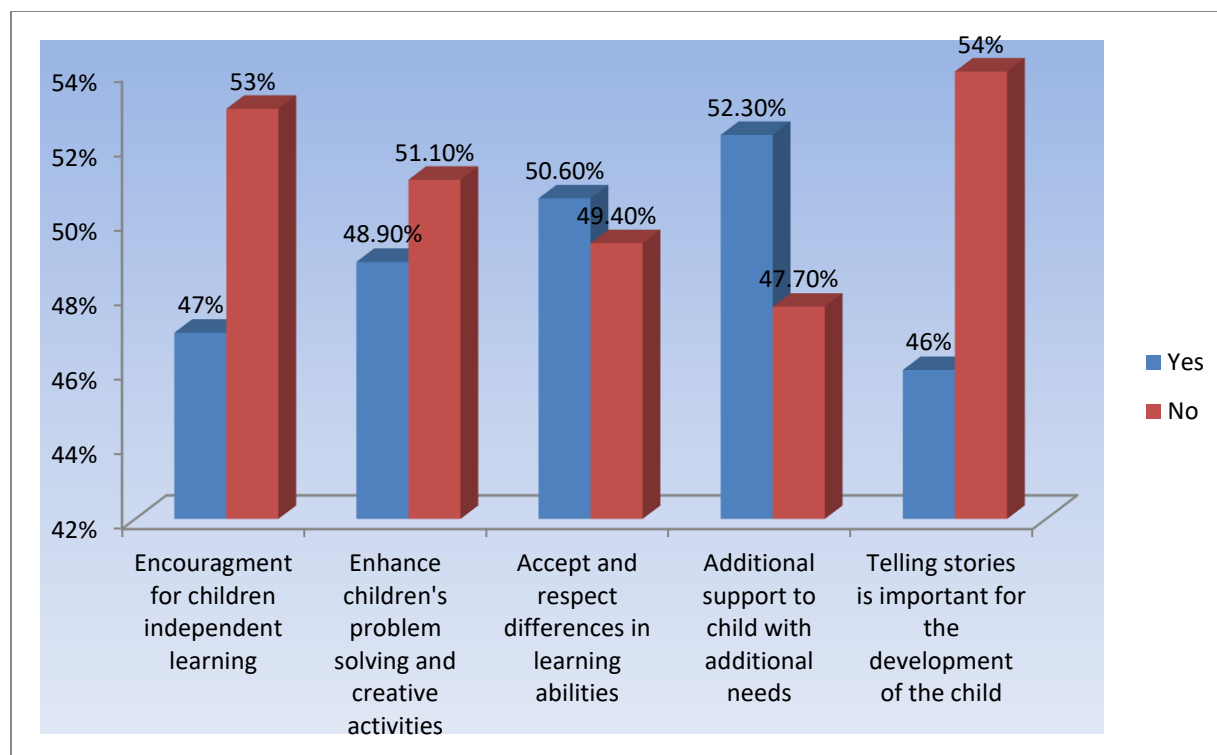


**Fig 5: Health and Physical Development related knowledge of parents on ECCD**

About 49% of the parents understand the importance of breastfeeding for children up to six months without supplementary food and 42.4% of the parents know that taking children to health institutions to any kind health problem is appropriate for their healthy development.

Nearly half of respondents (46.5%) have also displayed the knowledge of the necessity of additional food after six months for children as well as providing full course of immunization for children. About 53% of them, however, said that their children are not provided with breakfast before leaving to early learning centers.

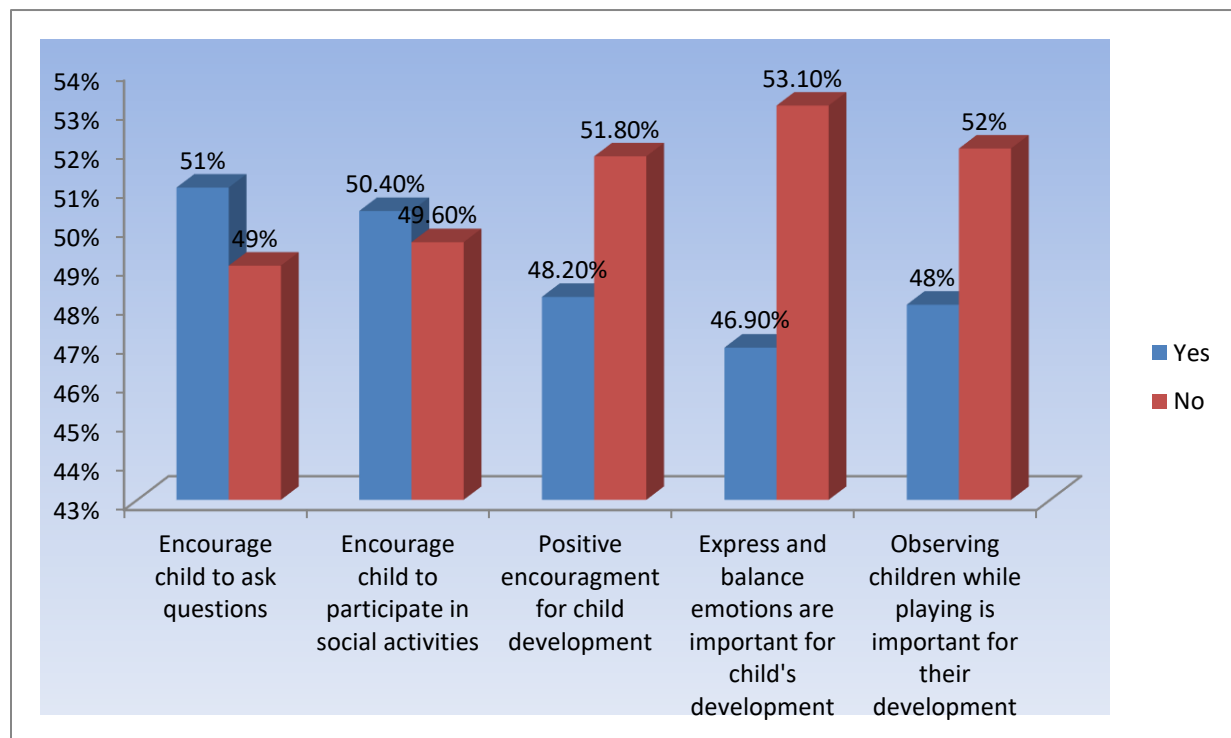
### 3.4.1.3. Parents Knowledge on children’s Cognitive Development



**Fig 6: Cognitive DevelopmentrelatedKnowledge of parents on ECCD**

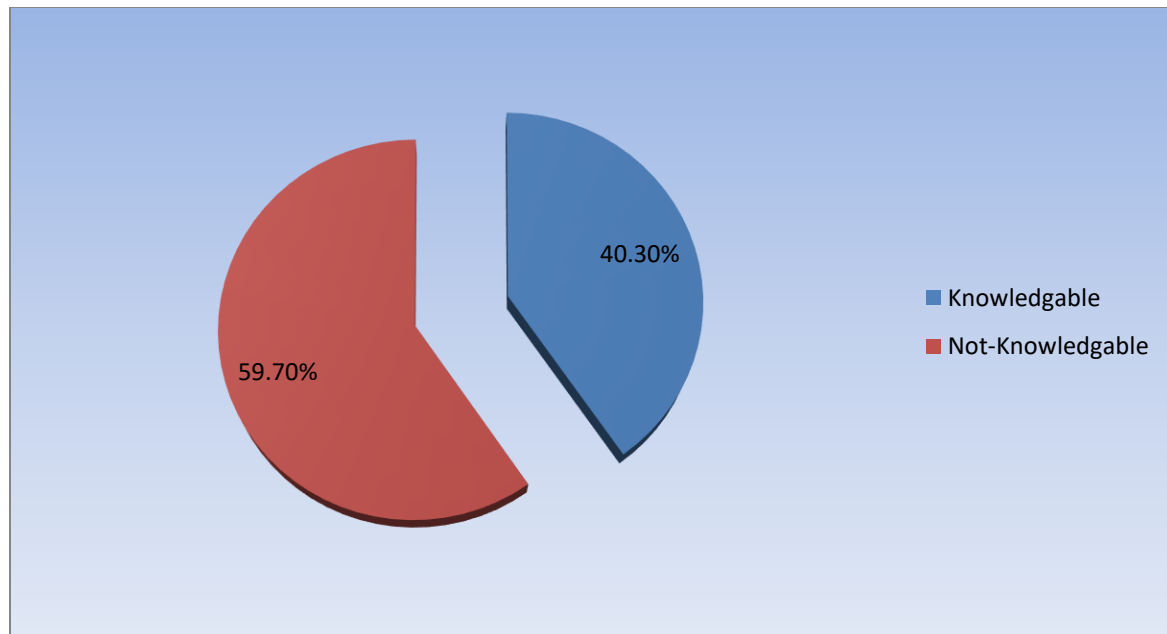
Less than half of the parents (47%) know the importance of providing encouragement for children’s independent learning and about 46% of the parents are aware of the importance of telling stories for the development of their children. Nearly half of the respondents (48.9%) try to enhance the children’s problem-solving and creative capacities. There is also fairly good knowledge among parents (50.6%) in terms of accepting and respecting differences in learning ability among children.

#### 3.4.1.4. Socio-emotional Development related Knowledge of parents



**Fig7:Socio-emotional related Knowledge of parents on ECCD**

The survey result shows that more than 51% of the parents encourage their children to ask questions and express their ideas or feelings. About half of the respondents(51.8%) of the parents do not know the importance of love, affection, and positive encouragement for their child’s development; and 48% of the parents understand that observing children while they are playing is important for their cognitive development. Similarly, almost half of the respondents (50.4%) encourage their children to participate in social activities and 46.9% of the respondents pay attention to their children’s questions.



**Fig8. knowledge of parents towards ECCD program key areas**

The above figure summarizes knowledge of parents on ECCD key result areas. Parents whose responses to knowledge related question scores more than 50% were considered as knowledgeable on the above variables and respondents who score less than 50% of knowledge related questions were considered as not knowledgeable. Based on this operational definition, 40.3% of the parents are knowledgeable on key areas of ECCD.

### 3.4.2. Attitude of parents towards key areas of ECCD programs

**Table3. Attitude of parents towards key areas of ECCD programs**

Attitude of parents towards key areas ECCD programs	Disagree	Undecided	Agree
I believe that parents have the responsibility for providing necessary support for the optimal development of a child?	20(9%)	50(30%)	120(61%)
I believe that the government has the responsibility for providing necessary support for the optimal development of a child?	16(8.3%)	45(22.9%)	135(68.8%)
I have a conviction that every child has the needs to survive and needs parental protection?	36(18.4%)	35(17.8%)	125(63.8%)
I believe that children need to have birth certificate	41(21.9%)	40(20.4%)	115(58.7%)
Do believe that children have to be provided with Vitamin- A, Iron, and De-worming tablets	25(13%)	75(38)	96(49%)
I appreciate the idea that children have to live in a safe environment	23(11.8)	72(36.7%)	101(51.5%)
I feel that parents should play an important role to ensure children under the age of 8 to enroll into ECCD programs	20(9%)	50(30%)	120(61%)
I feel that ECCD programs enrich children’s optimal development	16(8.3%)	45(22.9%)	135(68.8%)
Members of the community believe that ECCD programs can promote a safe and favorable family environment	36(18.4%)	35(17.8%)	125(63.8%)

I am convinced that training or discussion programs on effective parenting heighten a child’s optimal development	41(21.9%)	40(20.4%)	115(58.7%)
I believe that new born infants should be breastfed without any supplementary food for their first six months of life	25(13%)	75(38)	96(49%)
Parents believe that children’s optimal development can be enhanced with the introduction of supplementary feeding after their first six months of life	23(11.8)	72(36.7%)	101(51.5%)
I believe that children’s healthy development depends on timely and full course of immunization/vaccination	20(9%)	50(30%)	120(61%)
I believe that children should be taken to health institutions whenever they feel sick for appropriate treatment.	16(8.3%)	45(22.9%)	135(68.8%)
It is the obligation of parents to provide children aged 4-6+ years with breakfast before leaving to early learning centers	36(18.4%)	35(17.8%)	125(63.8%)
It is the responsibility of parents to create conditions that would encourage independent learning of children under 8.	41(21.9%)	40(20.4%)	115(58.7%)
Many parents believe that storytelling, children songs, telling poems, creating conditions for play and games and interacting with adults facilitates the development of problem-solving and creative activities in children under 8.	25(13%)	75(38)	96(49%)
I believe that children under 8 should be encouraged to ask questions and express ideas/feelings freely with adult figures.	23(11.8)	72(36.7%)	101(51.5%)



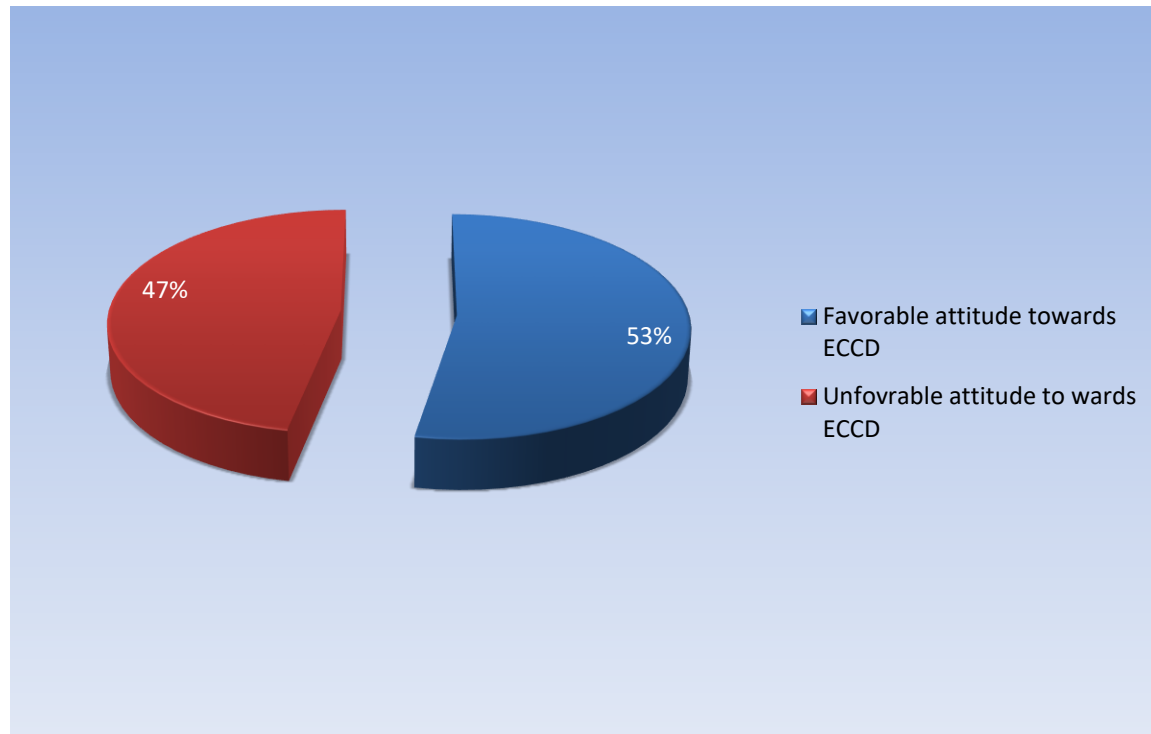
Parents should encourage children under 8 to participate in social activities and to interact with peer group, family members and neighbors	20(9%)	50(30%)	120(61%)
I feel that providing children under 8 with love, affection, and positive encouragement is as important as feeding children.	16(8.3%)	45(22.9%)	135(68.8%)
I believe that children under 8 need to be listened and get responses to their questions	36(18.4%)	35(17.8%)	125(63.8%)
I believe that the use of corporal punishment will negatively affect the healthy development of children under 8.	41(21.9%)	40(20.4%)	115(58.7%)
Boys and girls have the same needs and cared for in the same way.	25(13%)	75(38)	96(49%)

More than half of the parents 61% agree that parents have the responsibility for providing the necessary supports for the optimal development of their children. Only 18.4 % of the parents disagree on the idea that ECCD programs can promote a safe and favorable family environment.

About half of the respondents (49%) believe that storytelling, children songs, telling poems, creating conditions for play and games; and interacting with adults facilitates the development of problem-solving skills and creative activities for children. Similarly, almost half of the surveyed parents (49%) stated that they treat their boys and girls the same way or equally, exception being 38% who are not sure. About 59% also believed that corporal punishment negatively affects the development of their children and the 20% remained undecided.

More importantly, in an enquiry forwarded for parents whether ECCD program enrich children's optimal development about 68.8% have said agreed the program will do so. In the same way, almost half of the respondents (49%) agreed to the idea that

children have to be provided with Vitamin- A, Iron, and De-worming tablets and 61% respondents expressed that full course of immunization is important for the healthy development of children.



**Fig9. Level of parent's attitude towards ECCD program/services**

By taking the mean of attitude related questions, parents who score more than mean of attitude related questions was considered as having good attitude towards ECCD and parents who score less than mean of attitude related questions was considered as having unfavorable attitude towards ECCD programs. Based on this operational definition, 53 % of the parents have good attitude towards ECCD programs while 47% of the parents have unfavorable attitude towards ECCD programs.

### 3.4.3. Practice of parents towards ECCD

**Table 4:Practice of parents/children on ECCD programs**

<b>Practice of parents/children on ECCD programs</b>	<b>Yes</b>	<b>No</b>
Do you participate in home-based child care and development practices for children aged 0-3?	(46.7%)	(53.3%)
Do your children aged 4-6+ participate in early learning church education (keise bet /Kuran bet)	(42.2%)	(57.8%)
Is there parenting discussion program in your community?	(37%)	(63%)
Do you participate in parenting discussion programs in your community?	(39.4%)	(60.6%)
Do both fathers and mothers participate in parenting discussions?	(39.1%)	(60.9%)
If you participate in parenting discussion, does it help you to improve your parenting practice and protection of your children?	(70.1%)	(29.9%)
Do you send children with disabilities to early learning programs?	(36.4%)	(63.6%)
Do you send female children to early learning programs?	(56.3%)	(43.7%)
Do you or other person in your family participate in early learning center management?	(45.4%)	(54.6%)
Did all your children have birth certificate?	(33.8%)	(66.2%)
Do you as a parent dispose feces and wash hands of your children under 5 to keep them healthy and hygienic?	(88.5%)	(10.5%)
Do you play with your children?	(43.9%)	(56.1%)

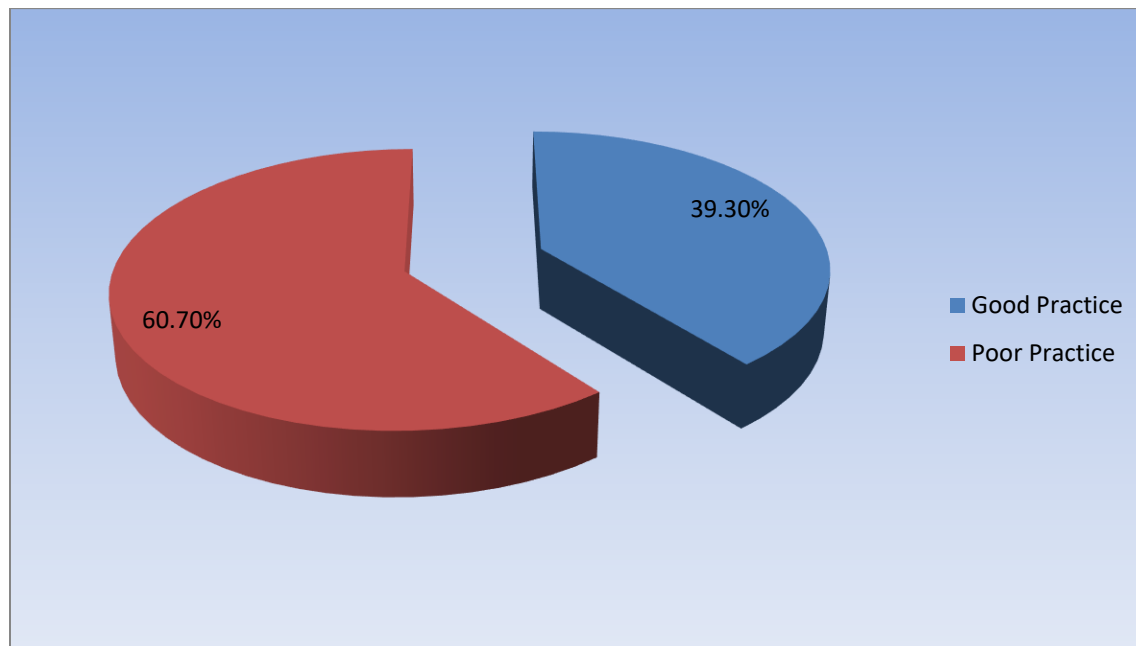
Do you let your children participate in major decision?	(44.4%)	(55.6%)
Do you interact with your child in each and every activity in the family?	(56.6%)	(43.4%)
Do you talk/chat frequently with your child?	(57.2%)	(42.8%)
Do you closely follow your child while he/she is attending grade 1-3?	(40.4%)	(59.6%)

More than 53% of the parents didnot participate in home-based child care and development practices for children aged 0-3 years old. Forty two point two percent (42.2%) of aged 4-6+ children participate in early learning church educationor religious education (keise bet)/Kuran bet. More than37% of the parents surveyed have parenting discussion program in their community. Out of those who have parenting discussion program in their area,39.4% of them participate in parenting discussion programs in the community.

Among parents participating in parenting discussion programs, only39.1% percent of the parents confirmed the participation of both fathers and mothers in parenting discussions. About 70.1% of the surveyed parents involved in parenting discussions asserted that it has improved their parenting skills.

Asked about their practice of sending disabled children to children early learning centers, 63.6 % stated that they do not have the practice. About 43.7% of the respondents stated that they do not send female children to early learning centers. This finding somehow counteract with findings in earlier section saying that most parents treat female and male children equally.

More than half of the respondents (54%) stated they do not participate in management of early learning centers. Similarly, about 55% of parents do not let their children participate in decision making. About 59.6 % of parents also do not follow up their children while attending 1-3 grades.



**Fig10.Practice of parents on ECCD programs/services/**

Parents who score more than 50% of practice related questions were considered as having good practice and parents who score less than 50% of practice related questions were considered as having poor practice. Based on this definition, only 39.30% of the parents have good practice about ECCD program and the rest of 60.7% have poor practice on ECCD program.

Results of the qualitative findings – interview with a key informant parent -revealed that there are no good child care practices related to physical and psycho-social development of children. The parent informantstated how the parents and communities perceive child growth and development by explaining the traditional saying available in the community in relation to children growth and development of children. The sayings go like “*Afra yalaw mashella tagneto yaferal, yemiyadeg Tija*

*kemaseriaw yastawekal and lij be edilu yadigal*”. These all sayings have the message that there should be no such special care and treatment for child growth and development as the child an already determined or decided fate at his/her birth.

Furthermore, some parents and communities also misunderstood that caring and giving attention to children may negatively affect the future growth and development of children. They mentioned that in their communities the fates of children who have had ‘over cared and protected’ are not good. In this regard, one male parent FGD participant stated that *“what we have observed from experience is that the fate of children from the rich families who are cared for and protected is not good. Most of them end up in addiction to alcohol, khat, dropping their education, break away from their home and engage in socially unacceptable behaviors like theft, gangsters, prostitution, etc.,* which implies the parents and communities in the surveyed areas misunderstood the importance of care and protection for children for their future development. The knowledge, understanding and practice of parents and communities on the specific dimensions of early child care and development such as on child rights and protection, health and physical development, cognitive development and socio-emotional development of children is low.

### **3.4.5. Communities Perception of Local Facilities**

It is understood that the unavailability of schools (affordable kindergartens and child waiting care centers) and health facilities in the communities forced the project to reveal itself there. In the communities it is hard to find schools and health facilities, which are very vital in improving child care and development. The few existing private kindergarten are not affordable for the majority of the communities and also the only health facility, kotebe health center, is located very far away from the residents, probably which prohibits parents to exhibit positive health seeking behaviors when their children are sick. The only available school in Woreda 12/surveyed area/ is Karaalo primary school which has only two ‘0’ classes - which

**was started two years before, which implies the majority of children aged 3-9 donot have access to early learning opportunities and thus forced to stay at home.**

**In relation to this, one of female FGD participant pointed out;**

*“The communities have always asked the concerned government authorities on the need for schools and health facilities for the proper care and development of children, but nothing happened here. On the contrary the numbers of “chat” and alcohol houses are expanding in the area, which are not good for the care and development of our children. Therefore, what we want to suggest is establishing affordable schools and health facilities for the care and development of children and take actions/ controls on bad practices such as the expansion of “Chat” and alcohol houses, which negatively affect the development of children negatively.”*

**Another community representative FGD participant from Abado area also stated the same thing in other ways. He stated;**

*“What the communities suggested is create conducive and accessible services for the future wellbeing of children in this community. Unfortunately, children in this area are not lucky like other children in Addis Ababa. There is no schools, health facilities and other needed services for the wellbeing of children. There is only one kindergarten, which is not affordable for the majority of children for the area since most of them are leading ‘hand-to-moth life’, but only for the riches. There are no nearest health facilities to treat children when they are sick, which forced families seeking traditional ways of treating their children. So what is important and urgent in this area for the future wellbeing of children is addressing the basic needs of children like access to education and health services.”*

**It was also confirmed from the key informants of health and education offices that the aforementioned important services for the young children are not found in the surveyed areas and hence children donot have the access for the services.**

**As the data obtained from the surveyed area, the number of early centers, mainly accessible and affordable for children with economic problems is very limited. As the**

2013 report of woreda 12 education office revealed, both by government and privately owned, a total of 21 early learning centers ( 1 ‘0’ class and 20 kindergartens) are found in Woreda 12. In all the early learning centers a total of 2,319 children (1120 male and 1199 female) were enrolled and have access to the early centers in the Woreda; of which about 2,241 children (1,092 male and 1,149 female) in the private owned early learning centers.

**The available early learning centers ( kindergartens and ‘0’ classes) in Woreda 12**

No.	Name of the Early Learning Center	Types of the Early Learning Center	Number of Children in the Center			Remark
			Male	Female	Total	
1	Meraf Academy	Private	22	19	41	KG
2	Eha Yami Generation	Private	61	85	146	KG
3	Hiwot Tsion	Private	31	25	56	KG
4	Tease Rohobot	Private	21	21	42	KG
5	Ab Academy	Private	21	29	50	KG
6	Muse No.2	Private	73	66	139	KG
7	Little Angeles	Private	19	35	54	KG
8	Kideste Aresema	Private	39	40	79	KG
9	Abineke Academy	Private	29	25	54	KG
10	Rute International	Private	24	28	52	KG
11	Kesate Berhan International	Private	19	9	28	KG
12	Mekilete Academy	Private	34	35	69	KG
13	Safe Academy	Private	41	21	62	KG
14	Tsion Academy	Private	74	97	171	KG
15	New Sun Light	Private	44	56	100	KG
16	Noeal	Private	120	124	244	KG
17	HH 1	Private	121	97	218	KG
18	Bright Hope	Private	102	103	205	KG
19	Happy Village	Private	54	64	118	KG
20	Birhane Hiwot	Private	143	170	313	KG
21	Karaalo primary school	Government	28	50	78	‘0’ class
<b>Total</b>			<b>1195</b>	<b>1238</b>	<b>2433</b>	

**Note:**Number of children in private and government early learning centers are taken from 2013 reports of woreda 12 education office reports



## **CHAPTER FOUR: CONCLUSION**

### **4.1. Conclusion**

This baseline survey has found out that early learning centers are very timely for the local community and the ECCD project could be named as innovative in this regard. The knowledge and attitude of the local community towards the ECCD program is found to be very good and in support of the project. However, the practice of the community regarding care and development of the children is found to be very low and needs further intervention.

To briefly provide a summary of the findings, on average, each surveyed household has 1.6 children who are below the age of eight years. Majority of the children 135(46.6%) are found in the age group of 0-3 years; those who fall in 4-6 years old category accounts 35% while the 7-8 years old category is only 18.4%. From the total of 290 children under eight in the surveyed households, only 127(43.8%) are participating in ECCD program.

About 58% of the children in the age group of 4-6 years are getting kindergarten services, 21.4% involved in informal playgroups, 17.3% in the age group of 0-3 years are involved in home-based care, 7.1% and 5.1% are going to center based and religious institutions (*like kesie temheret and kuraan*) respectively

About 71% of the participants know that the first eight years of children's is very crucial for the future development of children. A good portion of the parents (68%) know that families have responsibilities for providing necessary support for optimal development of children

About 70% of the parents understand the importance of breastfeeding for children up to six months without supplementary food and 67.5% of the parents know that taking

children to health institutions to any kind health problem is appropriate for their healthy development

More than 97% of the parents know the importance of providing encouragement for children's independent learning and more than 94% of the parents are aware of the importance of telling stories for the development of their children.

The survey result shows that more than 65% of the parents encourage their children to ask questions and express their ideas or feelings. About one third of the respondents(30.6%) of the parents do not know the importance of love, affection, and positive encouragement for their child's development

In relation to parents' attitude, more than half of the parents 61% agree that parents have the responsibility for providing the necessary supports for the optimal development of their children. Only 18.4 % of the parents disagree on the idea that ECCD programs can promote a safe and favorable family environment. More importantly, in an enquiry forwarded for parents whether ECCD program enrich children's optimal development about 68.8% have said agreed the program will do so.

More than 13% of the parents didnot participate in home-based child care and development practices for children aged 0-3 years old. Sixty two percent (62%) of aged 4-6+ children participate in early learning church education or religious education (keise bet)/Kuran bet. More than 77% of the parents surveyed have parenting discussion program in their community. Out of those who have parenting discussion program in their area, 89% of them participate in parenting discussion programs in the community.

Finally, the consulting team recommends for concerned bodies about the importance of taking the results of the baseline for any sort of program re-planning and/or scale up.

## **ANNEXES**

### **•SURVEY TOOLS ( English and Amharic Versions)**

#### **Plan International Ethiopia Early Childhood Care and Development Baseline Survey Questionnaire for KAP of Parents of Children aged 0 – 8 years**

### **Introduction**

This KAP questionnaire is developed to collect data regarding the knowledge, attitudes and practices of parents of children under 8 years in Koyie, Kersa and Tulu mutie villages of woreda 9 of Akaki Kality Sub city in Addis Ababa. The very purpose of the data collection is to gather baseline data for the Early Childhood Care and Development project to be implemented in the aforementioned villages by Plan International Ethiopia (PIE).

Dear Parents,

The information collected will not be made public nor be used for any other purpose other than stated above. Thus we would kindly request your consent to participate in this baseline survey data collection process by providing all the information out of your volition. Your honest response is highly valued to make the survey reliable. Many thanks in advance for your cooperation and time.

I agree to participate: ☐

No, I don't agree: ☐

### **General Background Information**

1. Sex: Male ☐ Female ☐
2. Age: \_\_\_\_\_ years
3. Approximate monthly income of the household in birr \_\_\_\_\_
4. Ethnic background \_\_\_\_\_
5. Educational Level: 1. Illiterate 2. 1-4<sup>th</sup> grade 3. 5-8<sup>th</sup> grade 4. 9-10<sup>th</sup> grade 5. Diploma and above
6. Number of children under 8  
6.1. 0-3 years male \_\_\_\_\_ female \_\_\_\_\_

- 6.2.4-6 years    male \_\_\_\_\_ female \_\_\_\_\_
- 5.3    7-8/9 years    male \_\_\_\_\_ female \_\_\_\_\_
7. Number of children under 8 with disabilities
- 7.1. 0-3 years    male \_\_\_\_\_ female \_\_\_\_\_
- 7.2. 4-6 years    male \_\_\_\_\_ female \_\_\_\_\_
- 6.3    7-8/9 years    male \_\_\_\_\_ female 2
8. Number of children under 8 participating in ECCD programs
- 8.1.0-3 years    male \_\_\_\_\_ female \_\_\_\_\_
- 8.2.4-6 years    male \_\_\_\_\_ female \_\_\_\_\_
- 8.3.7-8/9 years    male \_\_\_\_\_ female \_\_\_\_\_
9. Number of children under 8 with disabilities participating in ECCD programs
- 9.1.0-3 years    male \_\_\_\_\_ female \_\_\_\_\_
- 9.2.4-6 years    male \_\_\_\_\_ female \_\_\_\_\_
- 8.3    7-8/9 years    male \_\_\_\_\_ female \_\_\_\_\_
10. Types of ECCD programs available in the community of the respondent parent
- 10.1. Home-based for 0-3 years children/Regular Parenting Education
- 10.2. Center-based for 0-3 years children/Day Care
- 10.3. Kindergarten for 4-6+ years/Preschool
- 10.4. Informal playgroups within the community
- 10.5. Centers affiliated to religious institutions
1. Church school (Keise temheret)
2. Kuraan bet
3. Any other, if any \_\_\_\_\_

### PART: I KNOWLEDGE OF PARENTS ON ECCD KEY AREAS

Key area	Questions	
1. Child wellbeing and participation	1.1. Are you aware that the early (first eight) years of life of your child are important for the child’s future development?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	1.2. Are you aware of the responsibilities of parents for providing necessary support for optimal development of a child?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	1.3. Are you aware of the government is responsible for providing necessary support for optimal development of a child?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	1.4. Are you aware that every child has needs to survive and needs parental protection?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	1.5. Do you know that your child has the need to have birth certificate?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	1.6. Do you know that children have to be provided with Vitamin- A, Iron, and De-worming tablets?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	1.7. Do you know that children have to live in a safe environment that is hygienic, warm and dry?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>

	1.8. Do you know that your children under 8 have to get ECCD services?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	1.9. Do you know that ECCD is important for your child’s future development?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	1.10. If you know about ECCD programs, do you think that it can promote a safe and favorable family environment?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
2. Health and Physical Development	2.1. Do you understand the importance of breastfeeding for your child up to six months without supplementary food?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	2.2. Do you understand the importance of supplementary feeding for children older than six months?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	2.3. Are you aware of the importance of providing a full course of immunization/vaccination for your children?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	2.4. Do you know that taking children to health institutions to any kind health problem is appropriate for their healthy development?	1) Yes <input type="checkbox"/> 2) Not even though I can afford <input type="checkbox"/> 3) No because I can’t afford <input type="checkbox"/>
	2.5. Do you provide your children aged 4-8 years with breakfast before leaving to early learning center?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
3. Cognitive Development	3.1. Do you know the importance of providing encouragement for children’s independent learning?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	3.2. Do you enhance your children’s problem-solving and creative activities through giving repeated opportunities and materials?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	3.3. Do you accept and respect differences in learning ability among your children?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	3.4. Do you provide additional support to your child with additional needs/special needs?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	3.5. Do you aware that telling stories is important for the development of the child?	3) <input type="checkbox"/>
4. Socio-emotional Development	4.1. Do you encourage your children under 8 to ask questions and express their ideas/feelings?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	4.2. Do you know that encouraging your children to participate in social activities and interact with peer group, family members and neighbors is important for the child’s development?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	4.3. Do you know the importance of love, affection, and positive encouragement for your child’s development?	1) Yes <input type="checkbox"/>

		2) No <input type="checkbox"/>
	4.4. Do you understand providing your children with the opportunity to express and balance emotions are important for the child's development?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	4.5. Do you understand paying attention (listening and responding) to children's questions is important for your children's development?	1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/>
	4.6. Do you understand observing children while there are playing is important for their development?	3)
<b>BPART: II ATTITUDE OF PARENTS TOWARDS KEY AREAS ECCD PROGRAMS</b>		
<b>3= Agree 2= Undecided 1= Disagree</b>		
5.		3    2    1
	5.1. I believe that parents have the responsibility for providing necessary support for the optimal development of a child?	
	5.2. I believe that the government has the responsibility for providing necessary support for the optimal development of a child?	
	5.3. I have a conviction that every child has the needs to survive and needs parental protection?	
	5.4. I believe that children need to have birth certificate	
	5.5. Do believe that children have to be provided with Vitamin- A, Iron, and De-worming tablets	
	5.6. I appreciate the idea that children have to live in a safe environment	
	5.7. I feel that parents should play an important role to ensure children under the age of 8 to enroll into ECCD programs	
	5.8. I feel that ECCD programs enrich children's optimal development	
	5.9. Members of the community believe that ECCD programs can promote a safe and favorable family environment	
	5.10. I am convinced that training or discussion programs on effective parenting heighten a child's optimal development	
	5.11. I believe that new born infants should be breastfed without any supplementary food for their first six months of life	
	5.12. Parents believe that children's optimal development can be enhanced with the introduction of supplementary feeding after their first six months of life	
	5.13. I believe that children's healthy development depends on timely and full course of immunization/vaccination	
	5.14. I believe that children should be taken to health institutions whenever they feel sick for appropriate treatment.	
	5.15. It is the obligation of parents to provide children aged 4-6+ years with breakfast before leaving to early learning centers	
	5.16. It is the responsibility of parents to create conditions that would encourage independent learning of children under 8.	
	5.17. Many parents believe that storytelling, children songs, telling poems, creating conditions for play and games and interacting with adults facilitates the development of problem-solving and creative activities in children under 8.	

	5.18. I believe that children under 8 should be encouraged to ask questions and express ideas/feelings freely with adult figures.			
	5.19. Parents should encourage children under 8 to participate in social activities and to interact with peer group, family members and neighbors			
	5.20. I feel that providing children under 8 with love, affection, and positive encouragement is as important as feeding children.			
	5.21. I believe that children under 8 need to be listened and get responses to their questions			
	5.22. I believe that the use of corporal punishment will negatively affect the healthy development of children under 8.			
	5.23. Boys and girls have the same needs and cared for in the same way.			
<b>PART: III PRACTICE OF PARENTS/CHILDREN ON ECCD PROGRAMS</b>				
6.		Yes	No	
	6.1. Do you participate in home-based child care and development practicesfor children aged 0-3?			
	6.2. Do your children aged 4-6+ participate in early learning church education (keise bet)/Kuran bet			
	6.3. Is there parenting discussion program in your community? If yes, answer 6.4 to 6.8			
	6.4. Do you participate in parenting discussion programs in your community?			
	6.5. Do both fathers and mothers participate in parenting discussions?			
	6.6. If you participate in parenting discussion, does it help you to improve your parenting practice and protection of your children?			
	6.7. Do you send children with disabilities (if any) to early learning programs?			
	6.8. Do you send female children to early learning programs?			
	6.9. Do you or other person in your family participate in early learning center management?			
	6.10. Did all your children have birth certificate?			
	6.11. Do you as a parent dispose faeces and wash hands of your children under 5 to keep them healthy and hygienic?			
	6.12.			
	6.13. Do you play with your children?			
	6.14. Do you participate your children in major decision?			
	6.15. Do you interact with your child in each and every activity in the family?			
	6.16. Do you talk/chat frequently with your child?			
	6.17. Do you closely follow your child while he/she is attending grade 1-3?			

7. What is your view about most important early childhood parenting practices related to:

- keeping children safe and protected\_\_\_\_\_

- *physical growth and health, and* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- *social and emotional development?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- *What are the biggest challenges in these areas?*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*8. Any further suggestion*

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**Plan International Ethiopia**  
**Early Childhood Care and Development Baseline Survey**  
**Focus Group Discussion (FGD) Guide for Parents, PTA or CMC Members and Children**  
**Dear FGD participants,**

The purpose of this interview is to generate baseline data that would help Plan International develop an intervention package that focuses on enhancing the accessibility of early childhood care and development (ECCD) services in high poverty areas to maximize development potential of children during formative years (birth to 8 years). The ultimate objective will be helping all children ages birth to 8 years develop and learn to full potential and ensure school readiness through effective ECCD support. You have been selected for this Focus Group Discussion as a result of its involvement in activities directly or indirectly related to the development and wellbeing of children. Hence, you have been kindly asked to provide relevant data that would serve this purpose. We would like to ask you explain about the activities with respect to the most essential indicators for child health, development /learning and protection.

The team would like to extend its appreciation for your precious time and kindness in responding to the questions raised. Thank you indeed!

**Village** \_\_\_\_\_

**Number of FGD participants F** \_\_\_\_\_ **M** \_\_\_\_\_

**A. Parents**

1. What are the good practices in your community related to childcare and development of young children aged birth to eight?
2. Have you ever heard about ECCD centers other than traditional and/or religious schools for children below the age of eight in your community? Are there ECCD centers in your woreda/kebele/village? If yes, who are benefiting from their services? Do girls, boys, Children with some disabilities and economically and socially disadvantaged groups equally benefit from the services; if no can you describe the possible reasons?
3. Where and with whom children aged birth to three and those aged 4-8 spend most of their times?
4. Have you ever received trainings on infant/child care and development? If yes, what were the issues and how frequent it was?
5. In your view, what are the most childcare practices for the early childhood years (birth to 8 years) related to physical, cognitive, social, emotional, and language developments?
6. Please state all the routine activities and interaction with your child 0-8 years, what are the challenges when you are interacting with your child?
7. Have you ever heard about children’s rights? How does the community make use of this idea?
8. Can you suggest ways of improving childcare and development practices in your community?
9. Is there parenting groups in your village? If yes. What are the major topics of discussion in the group? (Is there any plat from of discussion for children?)

**B. Community and CBOs leaders**

1. Have you ever heard about ECCD centers other than traditional and/or religious schools for children below the age of eight in your community? Are there ECCD centers in your woreda/kebele/village? If yes, who are benefiting from their services? Do girls, boys, Children with some disabilities and economically and socially disadvantaged groups equally benefit from the services; if no can you describe the possible reasons?
2. Where do children aged birth to three and those aged 4-8 spend most of their times? Are there children who are engaged in work that harms them physically, mentally, and psychologically? Are there issues related to tradition, culture, or any that are in the community hindering the healthy development of children?
3. What type of trainings have you received so far as members of community or CBOs leaders? Do you think the trainings helped you in carrying out your work as member of the community or CBOs leader?
4. What would the community and CBOs leaders do for the overall wellbeing and development of Children? What benefits does the community expect from the well developed children of the community?
5. How do you see the level of awareness of members of the community about the rights of children and the value of early learning and stimulation?
6. What are the educational benefits of early learning and stimulation to children in general and to girls in particular?
7. What is the level of community participation in the affairs of Alternative Basic Education? In what way do members of the community participate in the activities of Alternative Basic Education centers? What are the major factors that may hinder community participation in the activities of Alternative Basic Education centers?
8. What is the role of the community in the management of Alternative Basic Education programs?

**C. Focus Group Interview with Children (5-8 Years)**

**Children’s Focus Group Discussion – Interview Questions**

1. Parents from the FGD gave permission and selected the children. The group should include boys and girls, ages 5-8 years, for a total of 12 children, not dominated by older children.
2. The FGD should take place after school or on weekend.
3. Ask an adult to help you find a quiet place to talk to the children and invite that person to stay and observe. Explain. “In order to prepare programs for children it is important to know some things about the day to day experiences of children and their views on things.”
4. Encourage children but do not prompt them on any question. Explain this to adult onlookers, as well.
5. After each question pause 10 seconds to give children time to answer.
6. You may start at a different place in the circle each time, but go in order clockwise so that it is easier for recorder to keep up with which child is speaking and to record. In sum, ask the question, pause then start in the circle taking each in turn. If child has nothing to say pass on to the next.

7. One enumerator interacts with children; other observes and records.

Question	Responses	
<p>1. Engage the children in an action song. Preferably use a traditional song that is well known.</p> <p>Now turn yourself around. Let them sing very slowly then faster and faster until children collapse in giggles. Any similar familiar song will do. This is a warm-up.</p>	<p>Note # children who participated with confidence</p> <p># Children who were reluctant to participate</p>	
<p>2. “You are all very special children. One thing that is special about you is your name. My name is _____. Q1.Can you <u>tell me your name and your age?</u> Let’s go around the circle. Now, let us see if I can remember your name (ice breaker)</p>	<p>Girls Name and Age</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>	<p>Boys Name and Age</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>
<p>3. We are here because we want to find out more about the lives of children in your community and how life can be better for them. May we ask you some questions?</p>	<p>Wait for a general nod of agreement from children. No need to ask one by one.</p> <p>Thank you!</p>	

<p>4. Think about something that you like to do, something that you really enjoy. (Pause 10 seconds). Now, let’s go around the circle and each person can tell something s/he enjoys doing.</p>	<p>Girls Like to do (List)</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>	<p>Boys Response:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>
<p>5. Now think about something you do not like to do. (Pause 10 seconds). Now let’s go around the circle and each child can tell something s/he <u>does not like to do</u>.</p>	<p>Girls Do not Like to do (List)</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>	<p>Boys Response:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>
<p>6. What work do you do most every day?</p>	<p>Girls Responsibilities/work</p> <ol style="list-style-type: none"> <li>1</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>	<p>Boys Responsibilities /Work</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6</li> </ol>

<p>7. Do your parents give you time to play every day?</p> <p>If so, what do play? Where do you play?</p>	<p>Girls Time to play every day (Y/N) and what they play (list):</p> <p>1. Y / N _____</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>	<p>Boys response</p> <p>1. Y/ N _____</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6</p>
<p>8. How many of you attend early learning program (Qies Temeheret, Medersa and any other)? Please raise your hand.</p> <p>When you wake up in the morning and you think about the school, do you feel like you want to go to the school? What makes you want to go to the school?</p>	<p>Girls Want to go to KG/school (Y/N) and why (list):</p> <p>1. Y / N _____</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>	<p>Boys response</p> <p>1. Y / N _____</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6</p>
<p>9. What do you dislike about your early learning school? Why?</p>	<p>Girls. Disliking KG...</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>	<p>Boys response:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>
<p>10. Does anyone in your community tell stories? Who? What is your favorite story?</p>	<p>Girls. Tell stories</p>	<p>Boys response:</p>

	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.
11. What would make your community a better place for children?	Girls. A better place to live: 1.Y/N _____ 2. 3. 4. 5. 6.	Boys responses: 1. 2. 3. 4. 5. 6.
12. Can you tell us what problems that you or other children encounter in your community?	Girls. Problems encountered: 1. 2. 3. 4. 5. 6.	Boys responses: 1 2 3 4 5 6.
13. What do you suggest to change this situation?	Girls. Change the situation: 1. 2. 3.	Boys responses: 1. 2. 3. 4.

	4.	5.
	5.	6.
	6.	

**Plan International Ethiopia**  
**Early Childhood Care and Development Baseline Survey**  
**Early Learning Program Quality Scoring Sheet**

ECCD Centre: \_\_\_\_\_ Date \_\_\_\_\_

Location: \_\_\_\_\_

Observer Name \_\_\_\_\_ Observer's Signature \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Caregiver's Signature \_\_\_\_\_

Instructions:

1. Score sections below as directed on ECCD Quality Monitoring Checklist.
2. Record following on back: Classroom mapping for math or literacy circle; record all dialogue between teacher and children during one daily routine activity; list 3 strengths and 3 areas for improvement to discuss with teacher at end of session.

Use ECCD Quality Checklist to Score following areas:	Score	Explain Reason for Score (0 lowest; 3 highest)
Attendance		
Effective learners		
Effective teachers		
Social Emotional Climate		
Daily Routine- Greetings & Closing		
Daily Routine- Literacy Circle		
Daily Routine – Corner Play		
Daily Routine - Outdoor Play		
Daily Routine- Math Circle		
Physical Environment & Learning Materials		
Lesson plan		
Performance assessment of her/his students		

Parent-teachers communication (communication book)		
Sub-total		
Center Score (divide by 10)		

**Any additional comments:** to begin with the positive points, the class room is bright and teachers are interactive. To mention some points to be reconsidered, indoor play materials are very few and poorly organized; corners are not treated separately and properly. Some children have come to school with very little food. No formal and scheduled meetings with parents.

### Plan International Ethiopia Early Childhood Care and Development Baseline Survey Key Informant Interview (KII) Guide

Category I. Expert at Regional Education Bureau, Woreda Education Office and Women Children and Youth Affairs

Dear Key Informant,

The purpose of this interview is to generate baseline data that would help Plan International develop an intervention package that focuses on enhancing the accessibility of early childhood care and development (ECCD/E) services in high poverty areas to maximize development potential of children during formative years (birth to 8 years). The ultimate objective will be helping all children ages birth to 8 develop and learn to full potential and ensure school readiness through effective ECCD/E support. Your organization has been selected for the in-depth interview as a result of its involvement in activities directly or indirectly related to the development and wellbeing of children. Hence, you have been kindly asked to provide relevant data that would serve this purpose. We would like to ask you explain about the activities of your organization with respect to the most essential indicators for child health, development /learning and protection.

The team would like to extend its appreciation for your precious time and kindness in responding to the questions raised. Thank you indeed!

1. Sex \_\_\_\_\_
2. Name \_\_\_\_\_
3. Position \_\_\_\_\_
4. Educational Background \_\_\_\_\_
5. What is the number of children in your woreda: aged 0 – 3 F \_\_\_\_\_ M \_\_\_\_\_  
aged 4 – 6+ F \_\_\_\_\_ M \_\_\_\_\_  
aged 7- 8 F \_\_\_\_\_ M \_\_\_\_\_
6. How many children aged 0-3 in your woreda are currently benefiting from ECCD/E program?
7. How many children aged 4 - 6+ in your woreda are currently benefiting from ECCD/E program?  
F \_\_\_\_\_ M \_\_\_\_\_



8. Number of children with additional needs who get access to ECCD/E programs in your woreda:

No.	Type of Children	Female	Male
1	Children with disabilities		
2	Marginalized children (e.g., ethnic minority)		
3	Vulnerable children (e.g., street children, abused children)		

9. How many children who completed ECCD/E program joined formal and informal schools in 2005EC?  
Formal F \_\_\_\_\_ M \_\_\_\_\_ Informal F \_\_\_\_\_ M \_\_\_\_\_

10. How do you see the success of ECCD/E children in continuing their education in the primary schools?  
(Probe: Do you have records? What are the achievements and problems? )

**Response**

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11. Number of ECCD centers by type of ownership:

No.	Type of Ownership	Urban	Rural
1	Government		
2	Private		
3	CBOs		
4	FBOs		
5	NGOs		

12. If there is no ECCD/E center run by the government, what is the reason for lack of government involvement in this program in your woreda? Is there any plan to launch ECCD/E program in the near future?

**Response**

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13. Does the woreda have adapted the policy document on ECCD/E program to the woreda level?  
1. Yes 2. No

14. If yes, would you site some of the relevant strategies indicated in the policy document?

**Response**

15. Is there a guideline to an ECCD/E program in the woreda? 1. Yes 2. No

16. Do you think that ECCD/E program are important to optimal development of the child? How?  
**Response**

17. Do you think that ECCD/E program prepare children to primary schooling? How?  
**Response**

18. Is there allocated budget for ECCD/E program in the woreda? 1. Yes 2. No

19. If yes, do you think that the budget is adequate for running the program? 1. Yes 2. No

20. Would you please tell us about other government organizations involved in the activities of ECCD/E programs?  
**Response**

21. Would you please tell us about NGOs, CBOs, and FBOs that are providing ECCD/E programs and on which components they focus to the community?  
**Response**

Government Approach

Private Approach

NGOs Approach

22. What do you think are the role/s of Women, Children and Youth Affairs Office in initiating, developing and managing community based ECCD/E programs? What do you think are the limiting factors in this regard (technical,financial, etc.)?

23. Would you please tell us about ECCD/E networks available in your woreda?  
-Response (objectives of the network and date of establishment)

24. Do you have any working documents which facilitate the implementation of ECCE policy framework at school and community level? If yes please list the documents.

25. So far what have been done in implementation of ECCE policy framework in Addis Ababa?

26. What shall be done to make ECCD/E programs easily accessible for children?  
**Response**

27. What are the major problems encountered in the implementation of ECCD/Ein your woreda?  
**Response**

28. Can ECCD/E be integrated with formal schools? What are the advantage and disadvantage?

**Response**

29. Is there anything that you want to add?

**Response**

## Category II.Experts in Woreda Health Office

**Dear Key Informant,**

The purpose of this interview is to generate baseline data that would help Plan International develop an intervention package that focuses on enhancing the accessibility of early childhood care and development (ECCD)services in high poverty areas to maximize development potential of children during formative years(birth to 8 years). The ultimate objective will be helping all children ages birth to 8 develop and learn to full potential and ensure school readiness through effective ECCD support. Your organization has been selected for the in-depth interview as a result of its involvement in activities directly or indirectly related to the development and wellbeing of children. Hence, you have been kindly asked to provide relevant data that would serve this purpose. We would like to ask you explain about the activities of your organization with respect to the most essential indicators for child health, development /learning and protection.

The team would like to extend its appreciation for your precious time and kindness in responding to the questions raised. Thank you indeed!

1. Sex \_\_\_\_\_
2. Name \_\_\_\_\_
3. Position \_\_\_\_\_
4. Educational Background \_\_\_\_\_
5. What are the most significant health problems among children aged 0 to 3 years and 4 to 8 years in your district? List sources when available. (**Probe:** For health issues such as parasites and micro-nutrient deficiencies, malaria, HIV/AIDS, trachoma, etc.)

**Response**

6. As health provider, what do you see as the most significant health needs and safety issues of children aged 0 to 3 years and 4 to 8 years in your woreda?

**Responses**

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7. What are the most significant nutritional needs of children aged 0 to 3 years and 4 to 8 years?

**Responses**

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8. Does the health center/hospital/health post have an iron supplementation program (e.g. providing iron tablets)?

1. Yes                      2. No

9. Does the health center/hospital/health post have a deworming program (e.g. providing deworming tablets)?

1. Yes                      2. No

10. Are screening (for simple ailments such as refractive error, hearing impairment, skin/eye/ear infections) and referrals conducted by health experts in your woreda?    1. Yes            2. No

11. If no, why

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12. Do you have any information regarding the number of children (ages 0-8) with disabilities? What types and number?

**Responses**

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13. What are the community attitudes about children with disabilities? Are there positive community actions to support these children?

**Responses**

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14. Have children in your woreda been provided with immunizations and Vitamin A? What is the progress to achieving 100% coverage?

**Responses**

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15. How many children, below the age of 8, in your woreda were provided with immunizations and Vitamin A supplementation?

**Responses**

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16. How do you see access of safe drinking water in the woreda?

**Responses**

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17. Are children below the age of 8 at risk of death and morbidity due to highly preventable diseases? What is the number or proportion?

**Responses**

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18. Does your organization provide infant and child feeding training to parents? 1. Yes

2. No

19. Is there any parenting group in the village you supervise/follow? If yes. What are the major topics of discussion in the group?

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20. Is there anything that you want to add?

**Responses**

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21. Any further suggestion

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### Category III.ECCD Center Heads

**Dear Key Informant,**

The purpose of this interview is to generate baseline data that would help Plan International develop an intervention package that focuses on enhancing the accessibility of early childhood care and development (ECCD) services in high poverty areas to maximize development potential of children during formative years (birth to 8 years). The ultimate objective will be helping all children ages birth to 8 develop and learn to full potential and ensure school readiness through effective ECCD support. Your organization has been selected for the in-depth interview as a result of its involvement in activities directly or indirectly related to the development and wellbeing of children. Hence, you have been kindly asked to provide relevant data that would serve this purpose. We would like to ask you explain about the activities of your organization with respect to the most essential indicators for child health, development /learning and protection.

The team would like to extend its appreciation for your precious time and kindness in responding to the questions raised. Thank you indeed!

1. Sex \_\_\_\_\_
2. Name \_\_\_\_\_
3. Educational Background \_\_\_\_\_
4. The name the ECCD center \_\_\_\_\_
5. Type of the ECCD center 1. Government 2. Private 3. NGO 4. CBO 5. FBO
6. How many children do you have in your center? F \_\_\_\_\_ M \_\_\_\_\_
7. Do you think that all children in your village or kebele have access to ECCD program? 1. Yes 2. No
8. What percent of children do you think have access to ECCD program? F \_\_\_\_\_ M \_\_\_\_\_
9. Does the ECCD center suffer from low enrollments and/or high absenteeism? 1. Yes 2. No

10. If yes, what are the major reasons?

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11. Is it likely that poor health and nutrition problem contribute to low enrollment and/or absenteeism? 1. Yes 2. No

12. What health services do children in your ECCD center seek?

**Responses**

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13. Where do these children currently go for health care? How far is the nearest health center from the ECCD center/home?

**Responses**

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14. What are the health and nutritional needs of children in your ECCD center?

**Responses**

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15. What factors are likely to be contributing to children’s poor health?

**Responses**

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16. Is your ECCD center easily accessible to children?

1. Yes

2. No

17. Number of ECCD facilitators or teachers:

No.	Types of ECCD Teachers/Facilitators	Female	Male
1	Trained		
2	Untrained		

18. Number of children with additional needs in your center:

No.	Type of Children	Female	Male
1	Children with disabilities		
2	Marginalized children (e.g., ethnic minority)		
3	Vulnerable children (e.g., street children, abused children)		

19. If your ECCD center has no children with additional needs, what is/are the reason(s)?

**Responses**

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20. Can you describe the involvement of members of the community to the ECCD program?

**Responses**

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21. Are there training programs organized for PTAs and others working closely with the ECCD center to enhance their capacity? 1. Yes 2. No

22. If yes, can you describe the type of training provided?

**Responses**

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No.	Item	Yes	No	Remarks
23.	Do children in the ECCD center have access to potable water supplies?			
24.	Does the ECCD center have functioning latrines?			
25.	Do the ECCD center latrines have hand washing facilities?			
26.	Are the ECCD center latrines include separate facilities for girls?			
27.	Are the ECCD center latrines close to children’s classrooms?			
28.	Do the facilities in the ECCD center latrines appropriate to children’s age?			



29.	Do the classrooms in the ECCD center provide adequate space for children?			
30.	Does the ECCD center have adequate indoor play materials?			
31.	Does the ECCD center have adequate outdoor play materials?			
32.	Do the classrooms have adequate light and ventilation?			
33.	Do the seats in the classrooms are appropriate to children’s age?			
34.	Does the ECCD center have a place for children to take naps?			
35.	Does the ECCD center have first aid room?			
36.	Are there health professionals who provide first aid for children?			
37.	Are the facilities in the center friendly to children with disabilities?			

**Category IV. Head Teacher Interview Tool (Primary School + Alternative Basic Education Center)**

**Dear Key Informant,**

The purpose of this interview is to generate baseline data that would help Plan International develop an intervention package that focuses on enhancing the accessibility of early childhood care and development (ECCD) services in high poverty areas to maximize development potential of children during formative years (birth to 8 years). The ultimate objective will be helping all children ages birth to 8 develop and learn to full potential and ensure school readiness through effective ECCD support. Your organization has been selected for the in-depth interview as a result of its involvement in activities directly or indirectly related to the development and wellbeing of children. Hence, you have been kindly asked to provide relevant data that would serve this purpose. We would like to ask you explain about the activities of your organization with respect to the most essential indicators for child health, development /learning and protection.

The team would like to extend its appreciation for your precious time and kindness in responding to the questions raised. Thank you indeed!

<b>Name:</b>	
<b>Location:</b>	
<b>Date:</b>	
<b>Question</b>	<b>Responses</b>

<p>1. As the primary school/Alternative Basic Education teacher, you know a lot about the community. What do you see as progress related to child development of children (Birth-8)?</p>	
<p>2. What are the most significant unmet needs of children 0-8?</p>	
<p>3. Let’s talk about the primary school/Alternative Basic Education:</p> <p>What percentage of local school age children enroll in school at first grade? (Do you think that all school aged children enroll in each grade level [grade/level 1-3]?)</p> <p>Current enrollment</p> <p>Grade/level 1</p> <p>Grade/level 2</p> <p>Grade/level 3</p> <p>Reasons for non-enrollment &amp; school response</p> <p>How does enrollment rate compare with rates of other schools/centers in the Commune?</p>	
<p>4. What percentage attends regularly? Is this different for girls and boys? Reason for non-attendance &amp; school/center response</p>	

5. Grade/level where most drop out occurs: Reason for dropout and school response	
6. What are some of the difficulties poor and disadvantaged children face when they come to school in first grade?  How does the school/center address these needs?	
7. Are there structured preschools for children in the community? What is the reaction of the community about this issue? What is the quality of the available services?	
8. Do you know whether 100% children who participate in preschool enroll in primary school at 100%? Do they perform better? What differences have you noticed?	
9. How do you assess children school activities?	
10. What are community attitudes toward children with disabilities? How many attend school?	
11. What are community attitudes toward children from ethnic minorities? Do these children face more difficulties regarding attendance? Learning?	

Does the school/center provide supports?	
12. Have you attended any training? If yes, how many?  What were the contents of the training?	
13. Clearly you are a knowledgeable and caring teacher? You must feel proud of what you have been able to accomplish under difficult circumstances. What are some of the changes you have brought about and perhaps some things you feel proud of?	

**Plan International Ethiopia**  
**Early Childhood Care and Development Baseline Survey**  
**Lower Primary Class Observation Form – Guide Sheet<sup>1</sup>**

Teacher:

Observer:

Start time:

End Time:

Number of adults:

Number of children present:

Number of children enrolled:

Score\_\_\_\_\_

Activities observed during this period:

**Scoring Guide:** Put check mark by activities observed. Make notes. Give overall score for each category as follows:

- 0= unacceptable;
- 1= Few indicators observed;
- 2= approximately ½ indicators observed; fairly well done but room for improvement;
- 3=excellent, most indicators observed
- Note categories not observed and do not attempt to score unless observed.
- Sum total & Divide by categories scored

Area to Score	0	1	2	3	Notes [Provide examples]
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<sup>1</sup> Adopted from Deborah Llewellyn for Plan International Australia March 2012

<b>1. Attendance:</b> <ul style="list-style-type: none"> <li>• 80% or more score 3</li> <li>• 65-79/5 score 2</li> <li>• 50-64% score 1</li> <li>• Less than 50% score 0</li> </ul>					
<b>2. Physical Environment</b> <ul style="list-style-type: none"> <li>• Sit on mats, not cement or dirt;</li> <li>• If desks used adequate space between students; all have equitable seating</li> <li>• Blackboard clean and easy to read</li> <li>• Adequate natural lighting and ventilation</li> <li>• Colorful &amp; attractive learning posters displayed</li> <li>• Children’s work displayed</li> <li>• Clean – free of rubbish</li> <li>• Learning materials displayed</li> <li>• Adequate amount for children’s use</li> <li>• Clean toilet available &amp; used</li> <li>• Safe water for drinking</li> </ul>					
<b>3. Positive Emotional Climate</b> <ul style="list-style-type: none"> <li>• Affectionate relations</li> <li>• Warm, calm voice</li> <li>• Social conversation</li> <li>• Smiling, laughter, enthusiasm</li> <li>• Encourages child to child cooperation</li> <li>• Provides comfort &amp; assistance</li> <li>• Children seek support &amp; guidance from teacher</li> </ul>					
<b>4. Promotes Effective Learners</b> <ul style="list-style-type: none"> <li>• Allows choice</li> <li>• Allows students to lead discussions</li> <li>• Gives students responsibilities</li> <li>• Encourages student talk</li> <li>• Asks their ideas/opinions</li> <li>• Allows children to move about</li> <li>• Encourages creativity, curiosity, persistence</li> <li>• Girls &amp; boys provided equal opportunity to participate &amp; lead</li> </ul>					
<b>5. Classroom Management</b> <ul style="list-style-type: none"> <li>• Students know what to do</li> <li>• Follows routine /schedule</li> <li>• No unnecessary wait time</li> <li>• Materials ready &amp; accessible</li> </ul>					

<ul style="list-style-type: none"> <li>• Positive &amp; consistent discipline</li> <li>• Monitors and prevents negative behavior</li> <li>• Uses subtle cues to redirect behavior rather than embarrassing child</li> <li>• Attention to the positive</li> </ul>				
<b>6. Instructional Support</b> <ul style="list-style-type: none"> <li>• Learning objectives are clear to student</li> <li>• Encourages interest &amp; involvement</li> <li>• Uses variety of teaching methods</li> <li>• Hands-on opportunities</li> <li>• Uses high level questions to promote reasoning</li> <li>• Girls &amp; Boys receive same quality feedback &amp; opportunity to talk /lead</li> <li>• Back and forth exchanges</li> <li>• Asks follow-up questions</li> <li>• Asks students to explain thinking</li> <li>• Encourages and affirms</li> <li>• Choice when finished</li> <li>• Children with different abilities receive support to be successful</li> </ul>				
<b>7.Math Competencies</b> <ul style="list-style-type: none"> <li>• Count numbers to 100 by 1’s, 5’s, 10’s</li> <li>• Write numbers to 100</li> <li>• Identify position of objects in sequence (5<sup>th</sup>)</li> <li>• Describe attributes, compare &amp; match sets of up to 10 objects</li> <li>• Complete patterns (Big-little-big-_)</li> <li>• Understand concepts of whole and half</li> <li>• Identify names of local currency &amp; amount</li> <li>• Use drawings or objects to solve addition/subtraction problems up to 20</li> <li>• Name &amp; describe shapes</li> <li>• Recognize and compare attributes of length, weight, time, position</li> <li>• Solve math puzzles</li> </ul>				It is hard to observe the competencies in a simple observation
<b>9. Literacy Competencies</b> <ul style="list-style-type: none"> <li>• Tell own personal stories</li> <li>• Draw pictures about own experience</li> <li>• Writes /reads own stories</li> </ul>				

<ul style="list-style-type: none"> <li>• Listen to a story &amp; explain meaning</li> <li>• Retell a story</li> <li>• Recognize letters, not rote</li> <li>• Writes letters correctly</li> <li>• Identify sounds of letters</li> <li>• Note initial and ending sounds</li> <li>• Note syllables in words through clapping, games</li> <li>• Name rhyming words</li> <li>• Recognizes common sight words</li> <li>• Read words and sentences, not by rote</li> <li>• Follows oral directions</li> <li>• Speaks in complex sentences</li> </ul>					
<b>9. Outdoor Play</b> <ul style="list-style-type: none"> <li>• Organized games</li> <li>• Free play to develop gross motor skills</li> <li>• Ropes and balls available</li> <li>• Adult supervision</li> <li>• Safe, rubbish free area</li> <li>• Protected from harm</li> <li>• Children allowed to play games without gender restrictions</li> </ul>					
<b>10. Inclusion &amp; Equity</b> <ul style="list-style-type: none"> <li>• Children with disabilities in age group are known &amp; attending if needs can be met</li> <li>• Language minority/difficulty children assisted to understand</li> <li>• Extra academic &amp; emotional support provided to those in need</li> <li>• Girls and boys participate &amp; lead at same level</li> <li>• Girls &amp; boys participate in activities that cross gender barriers</li> </ul>					

**Follow-up consultation with teacher to discuss observations:**

- Strengths noted
- Areas for improvement
- Additional comments or explanations provided by teacher

## ጥላን ኢንተርናሽናል ኢትዮጵያ

**ኢሲሲዲ ቤዝላይን ጥናት - ከ 0-8 ዓመት የሚሆኑ ህጻናት ያላቸው ቤተሰቦች እውቀት፣አመለካከት እና ልምድ / KAP/ መጠይቅ፡፡**

መግቢያይህ / KAP/ መጠይቅ የተዘጋጀው ከ 0-8 ዓመት ህጻናት ያላቸው የወረዳ 12 (አባዶ ቀጠና) ወላጆች ስለ ህጻናት ያላቸውን እውቀት፣አመለካከት እና ልምድ ለማወቅ የተዘጋጀ ነው፡፡ በተለይም ዋና አላማው በሚሰራ እና በጥላን ኢንተርናሽናል ኢትዮጵያ ለሚተገበረው ለኢሲሲዲ ፕሮጀክት መጀመር መሰረታዊ መረጃ / Baseline Data/ ለመሰብሰብ ነው፡፡ ውድ ወላጆች፡

የሚሰበሰበው መረጃ ለዚህ ጥናት ፍጆታ እንጂ ለሌላ ወይም ለሶስተኛ ወገን በምንም መልኩ ለሶስተኛ ወገን አይተላለፍም፡፡ ስለዚህ በዚህ ጥናት በፈቃደኝነት እንዲሳተፉ እየጋበዝን የሚሰጡን እውነተኛ መረጃ ለጥናቱ እጅግ አስፈላጊ መሆኑን በትህትና እንገልጻለን፡፡ ስለትብብርና ስለጊዜዎ አስቀድመን እናመሰግናለን፡፡

በጥናቱ ለመሳተፍ ፈቃደኛ ነኝ

አልሳተፍም

ስለ መላሾች አጠቃላይ መሠረታዊ መ

1. ፆታ                      ወ ☐                      ሴ ☐

2. እድሜ -----አመት

3. የቤተሰቡ ወርሃዊ አማካይ ገቢ /በበር/ -----

4. ብሔር -----

5. የትምህርት ደረጃ :1. ያልተማሩ 2. 1- 4ኛ፤ 3. 5-8ኛ 4. 9-10ኛ 5. ሞያና ቴክኒክ 5.ዲፕሎማና ከዚያ በላይ

6. ከቤተሰቡ ውስጥ ከ0-8 አመት ያሉ ህፃናት ብዛት

0-3 አመት ወ -----ሴ-----

4-6 አመት ወ-----ሴ-----

7-8 አመት ወ-----ሴ-----

7. የአካል ጉዳት ያለባቸው ከ0-8 አመት ያሉ ህፃናት ብዛት

0-3 አመት ወ -----ሴ-----

4-6 አመት ወ-----ሴ-----

7-8 አመት ወ-----ሴ-----

8. በኢሲሲዲ ንግግራም የሚሳተፍ ከ0-8 አመት ያሉ ህፃናት ብዛት

0-3 አመት ወ -----ሴ-----

4-6 አመት ወ-----ሴ-----

7-8 አመት ወ-----ሴ-----

9. በኢሲሲዲ ንግግራም የሚሳተፍ ከ0-8 ዓመት ያሉ አካል ጉዳተኞች

0-3 አመት ወ -----ሴ-----

4-6 አመት ወ-----ሴ-----

7-8 አመት ወ-----ሴ-----



10.በኢ.ሲ.ሲ.ዱ ንፍግራም የሚሠጡ አገልግሎቶች በአካባቢያችሁ

- የቤት ለቤት እንክብካቤ ከ0-3 አመት ያሉ ህፃናት
- አንድን ማዕከልን መሠረት ያደረገ እንክብካቤ ከ0-3 አመት ያሉ ህፃናት /የህፃናት ማቆያ/
- መዋዕለ ህፃናት አገልግሎት 4-6 አመት ላሉ ህፃናት
- መደበኛ ያልሆነ የቡድን ጨዋታ ለህፃናት
- ሀይማኖታዊ የሆኑ ተቋማት የሚሰጡት አገልግሎት ሀ. ቁት ትምህርት ለ. ቁራን ት/ት ሐ. ሌላ ካለ -----

ክፍል 1: የወላጆች ለእውቀት በኢ.ሲ.ሲ.ዱ ቁልፍ ጉዳዮች ላይ

ቁልፍ ጉዳዮች	የወላጆች ክፍል 1 ለእውቀት በኢ.ሲ.ሲ.ዱ ቁልፍ ጉዳዮች ላይ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
ቁልፍ ጉዳዮች	ጥያቄዎች	1. አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.1. የመጀመሪያዎቹ ስምንት አመታት በልጅዎ የወደፊት ህይወት በጣም ወሳኝ እንደሆነ ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.2. ወላጆች ለልጆች እድገት አስፈላጊውን ድጋፍ የማድረግ ሀላፊነት እንዳለባቸው ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.3. ለህፃናቱ መልካም እድገት መንግስት ሀላፊነት እንዳለበት ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.4. ማንኛውም ህፃን ለመኖር የወላጆቹን ጥበቃና እንክብካቤ እንደሚያስፈልገው ታውቃላችሁ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.5. ልጅዎ የልደት ሰርትፊኬት ሊኖረው እንደሚገባስ ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.6. ህፃናትን በየጊዜው ሻይታማን ኤ፣ አይረን ፣ እና የሆድ ትላትል መድሐኒት እንደሚያስፈልጋቸው ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.7. ህፃናት ደህንነቱ ከተጠበቀ ንፁህ፣ሞቃትና ደረቅ አካባቢ መኖር እንዳለባቸው ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.8. ልጆችዎ /ከ0-8 አመት/ የኢ.ሲ.ሲ.ዱ አገልግሎት ማግኘት እንዳለባቸው ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.9. ኢ.ሲ.ሲ.ዱዎች ለልጆችዎ የወደፊት እድገት አስፈላጊ እንደሆኑ ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	1.10. ስለ ኢ.ሲ.ሲ.ዱ ንፍግራም የምታውቁ ከሆነ ፣መልካም ቤተሰባዊ ሆኔታን መፍጠር ይችላል ብለው ያስባሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	2.1. ልጅዎ አስከ ስድስት ወር ድረስ ጡት ብቻ /ያለ ተጨማሪ ምግብ / መጥባት እንዳለበት ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>

2.ጤናና አካላዊ እድገት	2.2. ልጆችዎ ከ6 ወራት በኋላ ተጨማሪ ምግቦች እንደሚያስፈልጉት ይረዳሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	2.3. ልጆችዎስ ሁሉንም ዙር ከትባት አገልግሎቶች መውሰድ እንዳለባቸው ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>

	2.4. ልጆችዎ ማንኛውም አይነት በሽታ ሲታመም ወደ ጤና ተቋም መውሰድ ለጤናው አስፈላጊ ነው መሆኑን ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	2.5. ወደ ህፃናት መዋያ ከመሄዳቸው በፊት ለልጆችዎ ቁርስ ያበሏቸዋል	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
3. የአእምሮ እድገት	3.1. ህፃናት እራሳቸውን ችለው እንዳማሩ ማበረታታት እንደሚያስፈልግ ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	3.2. የልጆችዎን ችግር የመፍታትና የፈጠራ ክህሎት ለማበረታታት የቁሳቁስ እና ሌሎች እድሎች ይሰጧቸዋል	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	3.3. የልጆችዎን የመማር ብቃት ልዩነት በመቀበል ይህንኑ ያከብራሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	3.4. ልጆችዎ የተለየ ፍላጎትና ድጋፍ ሲፈልጉ ያቀርቡላቸዋል	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	3.5. ለህፃናት ታሪክ /ተረት/ ማውራት ለእድገታቸው ወሰን እንደሆነ ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
4. ማህበራዊና ስነ-ልቦናዊ እድገት	4.1. ልጆችዎን /0-8/ ጥያቄዎችን እንዲጠይቁና የሚሠማቸውን እንዲናገሩ ያበረታቱቸዋል	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	4.2. ህፃናትን ከቤተሰብ አባላት፡ከጎረቤት እና ከአቻዎቻቸው ጋር ማህበራዊና ጉዳዮች እንዲሳተፍ ማድረግ ለህፃናቱ እድገት አስፈላጊ እንደሆነ ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	4.3. ለህፃናት ፍቅር፡እንክብካቤ እና ማበረታታት ለእድገታቸው አስፈላጊ እንደሆነ ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	4.4. ህፃናት ለሚጠይቁት ጥያቄ መልስ መስጠት ለእድገታቸው አስፈላጊ መሆኑን ያውቃሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>
	4.6. ህፃናት ሲጫወቱ መመልከት ለእድገታቸው አስፈላጊ መሆኑን ይረዳሉ	1.አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/>

ክፍል II፡ የወላጆች አመለካከት በኢሲሲዲ ቁልፍ ጉዳዮች ላይ 3 አስማማለሁ 2 አልወሰንኩም 1- አልሰማማም

5	5.1. ወላጆች ለህፃናት እድገት አስፈላጊውን ድጋፍ ማድረግ እንዳለባቸው አምናለሁ	3	2	1
	5.2. መንግስትም ለህፃናት እድገት አስፈላጊውን ድጋፍ ማድረግ እንዳለበት አምናለሁ			

5.3. ማንኛውም ህፃን የወላጅ ጥበቃ እንደሚያስፈልገውና የመኖር መብት እንዳለው አምናለሁ			
5.4. ልጆች የልደት የምስክር ወረቀት ሊኖራቸው እንደሚገባ			
5.5. ልጆች በቫይታሚን ኤ ብረት /iron/ እና የሆድ ትላትል ካደኖችን መውሰድ እንደሚገባው አምናለሁ			
5.6. ልጆች የህንጉቱ በተጠበቀ አካባቢ መኖር አለባቸው የሚለውን ሀሳብ አደንቃለሁ			
5.7. ከ8 ዓመት በታች ያሉ ልጆች በECCD ንግግራም ተሳታፊ እንዲሆኑ /እንዲገቡ/ ወላጆች የላቀ ሚና መውሰድ እንደሚኖርባቸው ይስማኛል			
5.8. ECCED ንግግራም ለልጆች ጤናማ አስተዳደግ እንደሚያገለግልበት እንደሚጠቅም ይስማኛል			
5.9. አካባቢው ማህበረሰብ አባላት ECCD ንግግራም ጥሩ የሆነና ምቹ የሆነ የበተሰብ አካባቢ ሲፈጠር እንደሚችል ያምናሉ			
5.10. ጥሩ የሆነ የልጆች አስተዳደግ ዙሪያ የሚሰጡ ስልጠናዎች ወይም የማደረጉ ውይይቶች ለልጆች ጤናማ እድገት አላስፈላጊ እንደሆነ ተቀብያለሁ/ አምናለሁ::			
5.11. ህፃናት ስድስት ወር እስኪሞላቸው የእናት ጡት ብቻ መመገብ እንዳለባቸው አምናለሁ::			
5.12. ከስድስት ወር በኋላ ለህፃናት ተጨማሪ ምግብ መመገብ መጀመር ለህፃናት ጤናማ እድገት ወላጅ ወሳኝ እንደሆነ ወላጆች ያምናሉ::			
5.13. ለልጆች ጤናማ እድገት ልጆች በወቅቱ ሁሉንም የክትባት አይነት ክትባቱንም መጨረስ እንዳለባቸው አምናለሁ::			
5.14. ልጆች የህመም ስሜት በሚሰማቸው ወቅት ወዲያውኑ ወደ ጤና ተቋማት በመውሰድ ተገቢውን ህክምና ማግኘት እንዳለባቸው አምናለሁ::			
5.15. ከ4-6 ዓመትና ከዚያ በላይ ለሆኑ ልጆች ጠዋት ወደ ቅድመ ትምህርት መላጩ ተቋማት ከመወሰዳቸው በፊት ቁርስ የማብላት የወላጆች ግዴታ መሆኑን ነው::			
5.16 ከ8 ዓመት በታች ለሆኑ ልጆች ራሳቸው የሚመሩበትን ሁኔታዎችን የማመቻቸት ሁኔታ መፈጠር የወላጆች ሃላፊነት ነው			
5.17 ከዛ ወላጆች ከ8 ዓመት በታች ለሆኑ ለሆኑ ልጆች ተረት መተረት የህፃናት መዝሙር እንደዘምሩ ማድረግና ከአዋቂዎች ጋር እንዲወያዩ ማድረግ ልጆች ካደጉ በኋላ ችግር ፈችና የፈጠራ ሰራ እንዲሰሩ እንማሚያዘው ያምናሉ			
5.18 ከ 8 ዓመት በታች ያሉ ልጆች ጥያቄዎችን እንዲጠይቁ ሀሳባቸውን በነፃነት እንዲገልፁ ማበረታታት እንዳለባቸው አምናለሁ::			
5.19. ከ8 ዓመት በታች ያሉ ልጆች በማህበራዊ ተግባራት እንዲሳተፍ ከእህቶቻቸው ከቤተሰብ አባላትና ከጎረቤቶቻቸው ጋር እንዲገናኙ ማበረታታት እንዳለባቸው አምናለሁ::			
5.20. ከ8 ዓመት በታች ላሉ ልጆች ፍቅር መስጠትና በአወንታዊ መልኩ ማበረታታት ጥሩ የሆነ ምግብ መስጠት ያህል አስፈላጊ እንደሆነ ይስማኛል::			

	5.21. ከ8 ዓመት በታች ላሉ ህፃናት የሚጠይቁትን ጥያቄ ማዳመጥና መልስ መስጠት እንደሚገባ አምናለሁ፡፡			
	5.22. ከ8 ዓመት በታች የሆኑ ህፃናትን መደብደብና መቅጣት የልጆችን ጤናማ እድገት እንደሚጎዳ አምናለሁ፡፡			
	5.23. ወንድና ሴት ልጅ ተመሳሳይ የሆነ ፍላጎትና በተመሳሳይ መልኩ እንክብካቤ ማግኘት አለባቸው፡፡			
<b>ክፍል ሶስት፡ የወላጆችና ልጆች ተሞክሮ በECED ንግግራም ላይ</b>				
		<b>አ ዎ</b>	<b>አይ ደለ ም</b>	
	6.1. እድሜያቸው ከ0-3 ዓመት ላሉ ህፃናት በሚሰጡ የቤት ውስጥ እንክብካቤና እድገት ተግባራት ይሳተፋል			
	6.2. ከ4-6 ዓመት እና ከዚያ በላይ ያሉ ልጆች ልጆች በቤተክርሲቲያን መስገድ ቁስ ትምህርት ቤትና ቁራን ትምህርት ቤት ይሳተፋሉ			
	6.3. በአካባቢያችሁ በልጆች አስተዳደግ ዙሪያ የሚደረጉ የውይይት ንግግራሞች አሉ/መልስዎ የለም ከሆነ ወደ ጥያቄ ቁጥር 6.9 ይለፍ/			
	6.4. በአካባቢያችን በልጆች አስተዳደግ ዙሪያ በሚደረጉ የውይይት ንግግራሞች ላይ ይሳተፋሉ			
	6.5. በአካባቢዎ ለልጆች አስተዳደግ ዙሪያ በሚደረጉ ውይይቶች እናትም አባትም ይሳተፋሉ			
	6.6. የሚሳተፋቸው ውይይቶች የልጅዎን አስተዳደግ ሁኔታ ለማሻሻል አግዘዎታል			
	6.7. የአካል ጉዳተኛ ልጅ ከለዎ ወደ ቅድመ ትምህርቶች መለጠ ተሟት ልከዋል			
	6.8. ሴት ልጅ ከላዎ ወደ ቅድመ ትምህርት መለጠ ተቋማት ልከዎታል			
	6.9. እርስዎ ወይም ሌላ የቤተሰብ አባል በቅድመ ትምህርቶች መሰል ተቋማት አስተዳደር ላይ ይሳተፋሉ			
	6.10. ሁሉም ልጆችዎ የልደት የምስክር ወረቀት አላቸው			
	6.11. እንደወላጅነትዎ ከ5 ዓመት በታች ያሉ ልጆችዎን ንፅህና ለመጠበቅ ሰገራና ሽንቱን በማስወገድ እንዲያም እጃቸውን በማጠብ ንፅህናቸውን ይጠብቃሉ፡፡			
	6.12. ከልጅዎ ጋር ይጨዋታሉ			
	6.13. በዋና ዋና ቤተሰባዊ ጉዳዮች ውሳኔ ልጆችዎ ይሳተፋሉ			
	6.14. በቤት ውስጥ በሚከናወኑ ማናቸውም ተግባራት ላይ ከልጆችዎ ጋር ይነጋገራሉ፡፡			
	6.15. ከልጅዎ ጋር በተደጋጋሚ ያወራሉ			
	6.16. ከ1-3ኛ ክፍል በሚማርበት ወቅት ልጅዎን በአግባቡና በቅርበት ይከታተላሉ			