STRATEGIC OPERATIONAL PLAN AND GUIDELINES FOR EARLY CHILDHOOD CARE AND EDUCATION IN ETHIOPIA

Vision

Ensure all children the right to a healthy start in life, nurture in a safe, caring and stimulating environment and develop to their fullest potential.

Ministry of Education
Ministry of Health
Ministry of Women's Affairs

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ACRONYMS

AAU	Addis Ababa University
ABE	Alternative Basic Education
CHP	Community Health Promoter
C-MNCH	Community-based Maternal and Child Health Initiatives
DHW	District Health Worker
ECCE	Early Childhood Care and Education
ECRDP	Early Childhood Development Resource Pack
ELDS	Early Learning and Development Standards
HEP	Health Extension Programme
HEW	Health Extension Worker
IMCI	Integrated Maternal, Neonatal and Childhood Interventions
KETB	Kebele Education & Training Board
KHC	Kebele Health Committee
KWA	Kebele Women's Associations
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoFED	Ministry of Finance and Economic Development
MoH	Ministry of Health
MoWA	Ministry of Women's Affairs
PTA	Parent Teacher Association
REB	Regional Education Bureau
RHB	Regional Health Bureau
RWAB	Regional Women's Affairs Bureau
SOP	Strategic Operational Plan
TEI	Teacher Education Institute
ToR	Terms of Reference
ToT	Training of Trainers
UNCRC	United Nations Convention on the Rights of the Child
WEO	Woreda Education Office
WHO	Woreda Health Office
WWAO	Woreda Women's Affairs Office

1 INTRODUCTION

Having recognized the importance of the early years for children's later development, human capacity development, and economic and social development, the Government of Ethiopia has made a commitment to increase investment in the improvement of the lives of children. Following a study on the status of Early Childhood Care and Education (ECCE) in Ethiopia, the ECCE Policy Framework was developed.

To support the implementation of the Policy Framework, a Strategic Operational Plan (SOP) needed to be developed, with the aim of drawing up a comprehensive roadmap towards the achievement of the ECCE policy goals and objectives. The course of action in the SOP has four basic pillars identified in the ECCE Policy Framework as its foundation.

2 STRATEGIC ISSUES

From the situation analysis of women and children, which is well elaborated in the policy framework, a number of needs to be addressed clearly emerged:

2.1 Need for Nationwide Advocacy on the Importance of ECCE

The government has made substantial gains in the improvement of the lives of young children as a result of remarkable improvements in health care all the way to village level. This however is not the case with pre-primary education, which over the years had a low profile across the nation. The fact that preschools are neither compulsory nor integrated into the regular primary school system further compounds the problem. A high number of children therefore enter Grade 1 with no preschool experience. The need to increase awareness of the importance of a

good start and strong foundations cannot be overemphasized, especially among parents as they are the children's first teachers.

2.2 Need for a Coherent Governance Structure for ECCE

Implementation of programmes for young children is currently in the hands of various non-government partners who have over the years been providing ECCE services to children, particularly those who are disadvantaged. Such partners include Save the Children Alliance, the Christian Children's Fund and SOS International. In addition to these, there are faith-based initiatives by the Catholic Church, the Ethiopian Orthodox Church, the Seventh Day Adventist Church, as well as Muslim schools commonly known as madrasas. Local NGOs, including Addis Development Vision, Abebech Gobena Children's Care and Development Organisation, Selam Children's Village and CODE Ethiopia have also significantly contributed to the provision of ECCE services. UNICEF and UNESCO have played a major role in capacity-building, support for policy formulation and the generation and dissemination of information useful for raising public awareness.

The absence of coherent government involvement has led to the implementation of fragmented activities together with a number of gaps and overlaps. Since Ministerial responsibilities are not spelt out, it has not been very clear which Ministry is in charge of which aspect of children's development. The rights of children have therefore often inadequately been provided for.

Recently however, the Government of Ethiopia has developed an ECCE policy framework, which will greatly assist in institutionalising ECCE and in co-ordinating and streamlining ECCE services all over the country, thereby ensuring effective and efficient delivery of quality services for the improvement of young children's lives. Government commitment is crucial to move the ECCE agenda forward. It is a major boost to the

improvement of the lives of children and needs to be strengthened further.

2.3 Need for Increased Access to and Equity in ECCE Service Provision

Due to the limited number of ECCE service delivery points, enrolment and participation rates are extremely low. In the school year 2008-2009, preschool enrolment was only 4.2%[1] and this is mostly in the urban areas. While much is being done to improve the health and nutrition of young children through the implementation of the Health Extension Programme (HEP), much more needs to be done to increase the coverage of HEP and also to enhance early stimulation and increase young children's readiness for school and this will lead to greater efficiency of the primary school system.

2.4 Need for Enhanced Quality of ECCE Service Provision

The 2007 situation analysis identified the lack of proper training of ECCE practitioners, the absence of quality assurance systems such as national standards and guidelines, the lack of culturally relevant and appropriate teaching and learning materials as well as limited infrastructure and the absence of a national curriculum as factors impacting the quality of ECCE service provision. In addition to this, the absence of monitoring and evaluation systems has limited the availability of information that could be used to strengthen the existing structures.

Despite the existence of a curriculum for the four to six-year-olds and efforts made to develop quality assurance and licensing mechanisms, ensuring proper implementation and effectiveness of the systems needs to be furthered. It is necessary to address the issue of enhanced quality of service provision in order to foster optimum development of young children.

1 Source: Education Statistics Annual Abstract 2008-2009

2.5 Need for Enhanced Child Protection from Abuse and Harmful Practices

Over the past few years, the Government of Ethiopia has shown a growing interest in and increased commitment to the protection of children. This is evidenced by the adoption of the United Nations Convention on the Rights of the Child (UNCRC) in December in 1991 by the then Transitional Government of Ethiopia. Much more needs to be done to increase birth registration and the protection of children from child labour, early marriages and harmful traditional practices.

3 GOAL AND STRATEGIC OBJECTIVES

To address the strategic issues emerging from the situation analysis and inform the development of a strategic plan for the implementation of the National Policy Framework, the following goal and strategic objectives have been set:

Goal:

Early stimulation and the best start in life for all children from prenatal to the age of seven and enhance the quality, accessibility and equitable distribution of services for children through more efficient partnerships and capacity-building programmes.

Strategic Objectives:

1. Establish a coherent governance structure for ECCE and ensure mainstreaming of ECCE in all relevant national policies and programmes.
2. Ensure availability, equitable access to and affordability of quality ECCE services to all children, especially those who are marginalized and disadvantaged.
3. Provide supportive systems, guidelines and interventions that ensures the quality and standardization of ECCE services and provisions.
4. Protect young children from any form of abuse and harmful practice.

5. Promote and strengthen required partnerships and collaboration among all stakeholders for the effective delivery of services and programmes for young children.

4 OVERVIEW OF OPERATION PLAN

4.1 Programme Components

The main programme components to achieve the goal and objectives of the policy framework will be the four pillars identified in the ECCE National Policy Framework (Figure 1).

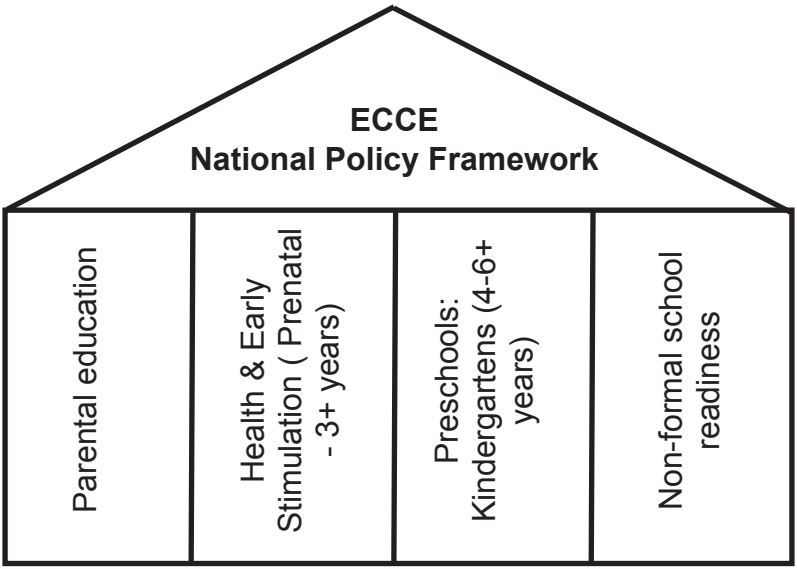

Figure 1. The four pillars of the ECCE Policy Framework

4.1.1 Pillar One - Parental Education

Parental education is a continuous, long-term activity that focuses on awareness-raising and training on the roles and responsibilities in bringing up children, and on improving practical nurturing skills of parents and caregivers. Due to the fact that most parents are not fully aware of their crucial role in their children's development and/or lack basic parental

competence, parental education will cover all aspects of child rearing and development as well as the role of parents in fostering the realisation of children's full potential.

Parental education will be provided through various channels:

- Centre-based, essentially consisting of group meetings in existing centres;
- A home-based programme, which will be conducted by the HEW and/or CHPs, to empower and support parents' effectiveness in their roles;
- Media-based, with parental messages transmitted via radio, TV and print;
- Adult literacy classes, where parental education will be incorporated
- Religious institutions with religion leaders and influential persons
- PTA meetings, with parental education conducted via seminars organized by the schools in the location.

4.1.2 Pillar Two - Health and Early Stimulation (Prenatal to 3+ years)

Health and early stimulation will be provided through the Health Extension Programme of the Ministry of Health. ECCE centres will provide integrated services and psychosocial stimulation for all children from prenatal to three years of age. In addition to this, parents who bring their children to the centres will participate in programmes relating to early stimulation at home. The ECCE centres will as much as possible use existing facilities such as community centres, health posts, ABE centres, ECCE centres and primary schools.

Main activities will include growth and health monitoring, addressing developmental needs, preventive health care (including proper health-seeking behaviours), full immunization, nutrition support and parental education. Community Health Days will be organized to provide nutritional screening and micronutrient services. As this age period is the most critical one for the child's brain development, it is crucial to catch the children

at a young age and prevent malnutrition before it causes an irreversible damage to their life potential. The programme will also deal with quality of adult care and adult-child interaction, underscoring early stimulation at family and community levels. The services will be delivered through the health extension workers and volunteer community health promoters. In particular, the community based Maternal, Newborn and Child Health (C-MNCH) and community-based nutrition programmes offer numerous contact points with caregivers and communities to improve home-based care through individual counselling, growth monitoring and promotion sessions, and community conversations.

The health extension workers are in charge of the activities that will be carried out in the ECCE centres, together with the caregivers (Community Health Promoters (CHPs) with extra training for early stimulation). Communities share the responsibility for the ECCE centre with the Kebele ECCE implementing committee.

4.1.3 Pillar Three - Preschools: Kindergartens (4 to 6+ years)

The children's development will be nurtured through the following service delivery modes:

- Community based preschools owned and managed by the community;
- Private preschools owned and managed by private entrepreneurs;
- NGO preschools owned and managed by NGO's;
- Special community based preschools like Iddir-based preschools owned by low-income communities in informal settings.
- Union and Cooperative based preschools owned and managed by the Union and Cooperative community;
- Family and neighborhood preschools owned and managed by the family / neighborhood.

All these preschool arrangements will promote high quality parent/ caregiver child interaction. Parents will learn the importance of play and be able to send their children to school at the right age. The social and the

physical environment in the kindergartens will be safe and secure as well as receptive and child-friendly. Joint involvement of teachers/caregivers and parents is maintained to discuss the child's progress and the type of support he/she needs in the family. The programme will be child-centred and promote the child's holistic development. It will include culturally relevant, developmentally appropriate and inclusive indoor and outdoor materials and activities to that effect.

The programme will cater for the development of basic skills (e.g. pre-reading, pre-writing, pre-counting and pre-arithmetic) in preparation for the child's formal schooling. The children will learn basic life skills, such as hand-washing and good eating habits. The programme's design will follow a play-based approach. The health workers will play an important role in awareness-raising and health training of the children, their parents and the teachers. Full immunization programmes, growth monitoring and preventive health care will be included in the preschools package.

In low-income informal settlements, iddir-based preschool programmes will be encouraged. Communities will be encouraged to build community-based preschools, either attached to ABE centres, primary school compounds or in any community centre.

Responsibility for all centres is with the Ministry of Education. The Ministry will be responsible for supervision, development of guidelines and standards, curriculum development, provision of training service for preschool education and development of play and teaching materials. The Woreda Education Offices will be responsible for the educational facilities of the community-based preschools. The responsibility for the health related issues is with the ministry of Health, also at local level. Women Associations play an irreplaceable role in order to increase active participation of women and children, thus it is vital to help the women association to expand the infrastructure.

4.1.4 Pillar Four - Non-formal School Readiness

Considering that it will take time and effort to bring the ECCE services described above to a country-wide scale, a non-formal modality will also be used to reach children in the rural and pastoralist communities.

One of the methods that will be used is:

- Child-to-Child Initiative successfully implemented already in Ethiopia.

The core of the Child-to-Child Initiative is that older children (young facilitators) participate in structured play-oriented activities with their younger siblings and neighbours' children. These activities are adapted to the local context and fit in with the children's daily life. The young facilitators, who are Grade 5 and 6 students, are trained and guided by their teachers. Teachers are involved both as trainers and supervisors; parents take turn and observe. The main aim of the Child-to-Child Initiative is to better prepare young children for the primary school. It is considered that the informal modality will be an effective low-cost way of improving school readiness

4.2 Governance

Implementation of the ECCE programme will be co-ordinated by the Ministry of Education. Other ministries concerned will subsequently take on the roles and responsibilities as outlined in the Policy Framework and regularly report progress to the High Level Steering Committee. This latter committee will comprise the State Ministers of each Ministry involved, representatives of the ECCE task force, institutions of higher learning as well as development partners. It will be the decision-making body in ECCE and will ensure that, while services are provided by various sectors, the child or family at village level receive an integrated package.

The ECCE task force will provide technical support to the steering committee and mainly be responsible for developing proposals,

facilitating transparent decision-making by the steering committee and overseeing, leading and coordinating implementation, monitoring and valuation. It will be composed of ECCE focal persons of the relevant Ministries and chaired by an independent highly qualified person, who will be the coordinator of the ECCE Unit that is part of the task force. This coordinator operates on the basis of a broad mandate to be entrusted to him by the steering committee. The work of the task force will be technically supported by the expertise centre to be established under the Addis Ababa University.

The Ministry of Health will take the lead in programming for children from prenatal to age three+. Currently, through its Health Extension Programme and the HEWs and CHPs, the Ministry is implementing a family package covering maternal and child health, family planning, immunization, nutrition as well as adolescent health. To make this package holistic, a component of early stimulation will be added. The Ministry of Health will also incorporate parental education into the Community based Maternal, Newborn and Child Health (C-MNCH) initiatives, thus providing parents with education on early stimulation.

The Ministry of Education will take the lead with regard to children aged 4+ to 6+. This will include the community based preschools, private preschools, Iddir, Union and Cooperative based preschools, family and neighborhood preschool and non-formal school readiness. To cater for the health needs of the children, teachers will be equipped with basic growth monitoring and first aid skills. The Ministry of Education will offer opportunities for HEW to provide other child health services in the preschools. Parental education conducted via the PTAs, adult literacy classes and the media will also be co-ordinated by the MoE.

The Ministry of Women's Affairs and the Ministry of Justice will be responsible for child protection issues for all age groups and will work closely with other ministries to create awareness about children's rights

and welfare.

At regional level, an ECCE technical committee – a multi-sectoral team – will co-ordinate the activities of the regional education bureau, the regional health bureau and the regional women affairs bureau. A similar arrangement will be seen at district and kebele levels.

At the initial stages of programme implementation, existing structures will be used for service delivery.

4.3 Process of Implementation

The introduction and realisation of the nationwide ECCE programme entails major focused implementation efforts, and requires the willingness to invest resources as well as the involvement of many parties. It is vital that all involved parties work together in the same spirit and using the same concepts and that they are willing to share experiences, thereby leading to continuous improvements and innovations. Over the next four-five years, it will require a programming approach where vision, concept testing and improvement, joint learning and scaling-up will be keywords. Good understanding and cooperation between 'health', 'women's affairs' and 'education' staff at all levels is a critical success factor and should be stimulated and embedded.

At first, the four pillars will be piloted in the selected regions for a minimum of two years, with the exception of the community-based preschool, which will immediately take off on a national scale. There is no need for piloting the community-based preschools because the concept is already well understood, there is adequate experience and they can be implemented nationally on the basis of lessons learned. During the piloting of the other programme components, adjustments based on feedback from monitoring activities will be made to the programme elements in an effort to strengthen the programme. An evaluation will be conducted at the end of the two years, which will be used to inform

key Ministries on the effectiveness, efficiency, relevance and impact of the programme

Health workers and teachers already in employment will be used as key actors for the implementation of the pilots. They will receive intensive training on early stimulation and parental education where needed. This method was currently partly implemented in the piloting of the Child-to-Child Initiative. Pre-service training will also be initiated to support long-term implementation of the programme. This will be done by establishing ECCE units in the Health Colleges and Teacher Education Institutes (TEIs).

Based on the output from monitoring and evaluation activities, a scaling up national programme will be designed and implemented, gradually incorporating all the regions in the country. The programme will regularly be monitored to ensure efficiency and effectiveness of the operations.

5 STRATEGIC WORK PLAN

Strategic Objectives 1: Establish a coherent governance structure for ECCE and ensure mainstreaming of ECCE in all relevant national policies and programmes.

ACTIVITIES	STAKEHOLDER RESPONSIBLE	KEY RESULTS	TIMING				
			10	11	12	13	14
Dissemination of the ECCE policy framework	Task force	• Policy documents distributed to all regions • Policy dissemination workshops held in all regions	x x	 x			
Raising the profile of ECCE through awareness-raising	(ECCE Unit)	• ECCE workshops rolled out country-wide • ECCE communication strategy developed • ECCE communication materials developed	x x	x x			
Establishment of steering committee	Task force	• ToR for steering committee developed and approved • Steering committee meetings held • ECCE workshop held for steering committee members	x x x	 x	 x	 x	 x
Establishment of ECCE Unit	(ECCE Unit)	• ToR for ECCE Unit developed and approved • Recruitment of coordinator • Recruitment of other staff • Annual work plan developed and implemented	x	 x x x			

Establishment of ECCE expertise centre within AAU	AAU, Task force	• ToR for ECCE expertise centre developed and approved • Annual work plan developed and implemented.	x x	 x	 x	 x	 x
Establishment of units in universities, TEI's and Health Colleges	REB, RHB, RWAB	• ToR for regional ECCE councils developed and approved • ECCE workshop held • Regional meetings held	x x	 x x	 x	 x	 x
Establishment of ECCE Kebele implementing committee	WEO,WHO, WWAO	• ToR developed and approved • ECCE ToT held at woreda level • Woreda meetings held • Sharing of good practices at woreda level	x	x x x	 x x x	 x x	 x x
Establishment of kebele co-ordinating structure	KETB, KHC, KWA	• ToR developed and approved • ECCE ToT held at kebele level • Kebele meetings held • Sharing of good practices at kebele level	x x x	 x x x	 x x	 x x	 x x
Mainstreaming ECCE into all sectoral and macro-level strategic development plans	MoE, MoH, MoWA, ECCE focal persons in ministries	• ECCE focal persons for each ministry appointed • ToR for ECCE focal persons developed and approved • ECCE focal persons oriented using the ECDRP • Review meetings on programme implementation held	x x x	 x x	 x	 x	 x

Strategic Objective 2: Ensure availability, equitable access to and affordability of quality ECCE services to all children, especially those who are marginalized and disadvantaged.

ACTIVITIES	STAKEHOLDER RESPONSIBLE	KEY RESULTS	TIMING				
			10	11	12	13	14
Assessing children's development	MoE, MoH KHC, KETB, Kebele ECCE Implementing Committee	• ELDS developed, validated and implemented • Assessment tools integrated in each health post in the region	x	x	x x	x x	x x
Establish community-based preschools throughout the country, including: - Indoor/outdoor play equipment - Low-cost building materials - Salaries of teachers and ass. teachers after establishment of the preschools	Kebele ECCE Implementing Committee Community and private sector, Kebele ECCE Implementing Committee	•At least three community based preschools initiated in each kebele	x	x	x	x	x

Empowerment of parents and caregivers in their role as first responsible persons for raising their children Capacity-building of HEW and CHPS in early stimulation		• Parental education manual for prenatal - 3 period adopted and pre-tested • Parental education manual for 4 – 6+ years developed and pre-tested • Early stimulation incorporated into HEP family package • HEW and CHPS oriented in ECCE • Parental education conducted during school PTA meetings • At least two parental education ToTs held at regional level • Material development ToT workshops held at regional level • Parental education component incorporated into adult literacy programme • Parental education programmes transmitted through radio and tv	x x x	x x x x x x x x	x x x x x x x x	 x x x x x x	 x x x x
Increased enrolment in preschools or non-formal, right age 4 -7 years	Kebele Implementing Committee	• Increased enrolment of children with ECCE experience	x	x	x	x	x
Conduct in-service and pre-service teacher training	MoE, MoH MoE, MoH, MoWA MoE	• ECCE seminars for HEW held in health colleges • ECCE incorporated into curriculum for health workers • Preschool teacher training curriculum developed and validated	x x x	x x x	x x x	x	x

Develop teacher support materials		• Curriculum handbook developed and approved • Preschool materials guide developed, validated and approved	x	x x	x x	x	
Develop capacity for management of ECCE services		• ECCE Unit in every TEIs and health college established and equipped	x	x	x	x	x

Strategic Objective 3: Provide supportive systems, guidelines and interventions that ensures the quality and standardization of ECCE services and provisions

ACTIVITIES	STAKEHOLDER RESPONSIBLE	KEY RESULTS	TIMING				
			10	11	12	13	14
Harmonising the certification of all ECCE workers	MoE, MOH	• National ECCE training and guidelines developed	x	x			
Accreditation and certification of teacher training in ECCE	MoE	• ECCE accreditation finalized within MoE	x	x	x		
Supervision and inspection of caregivers and teachers	MoE, MoH	• ECCE accreditation finalized within MoE • ECCE indicators included in MoE, MOH supervision tool	x	x x	x x		
Monitor and evaluate all ECCE centres and preschools	MoE, MoH, MoWA	• ECCE M&E framework developed • ECCE indicators included in monitoring in all ministries	x x	x x	x		

Strategic Objective 4: Protect young children from any form of abuse and harmful practices.							
ACTIVITIES	STAKEHOLDER RESPONSIBLE	KEY RESULTS	TIMING				
			10	11	12	13	14
Popularise the UNCRC	MoWA MoWA MoWA	• Awareness-raising workshops held • Gaps in legislation for chid protection identified • Children's Act revised	x x	x x	x x	x	x
Awareness-raising and training of parents and caregivers on protecting children from any form of violence	MoWA MoWA, MoE, MoH	• Child protection awareness training workshops held • ECCE practitioners trained in child protection issues	x x	x x	x x	x x	x x

Strategic Objective 5: Promote and strengthen required partnerships and collaboration among all stakeholders for the effective delivery of services and programmes for young children.							
ACTIVITIES	**STAKEHOLDER RESPONSIBLE**	**KEY RESULTS**	**TIMING**				
			10	**11**	**12**	**13**	**14**
Establishment of a multi-sectoral ECCE network	Task force, ECCE Unit Task force, ECCE Unit Task force, ECCE Unit	• ToR for ECCE network developed • ECCE network established • ECCE network meetings held	x x x	x x x	 x	 x	 x

Fund-raising by the government with donors, NGOs and private sector	Task force, ECCE Unit MOFED, MoE, MoH, MoWA Task force, ECCE Unit Task force, ECCE Unit	• Meetings held with MoFED on ECCE budget • Budgetary allocation by MoFED to ECCE made • Awareness-raising sessions on ECCE conducted for different donor groups • Fund-raising proposals developed	x x x x	 x x x	 x x	 x x	 x x

6 MONITORING AND EVALUATION FRAMEWORK

Strategic Objective 1: To establish a coherent governance structure for ECCE and ensure mainstreaming of ECCE in all relevant national policies and programmes.		
ACTIVITIES	MONITORING INDICATORS	EVALUATION INDICATORS
Dissemination of the ECCE policy framework	• Percentage of ECCE professionals that have received policy documents in each regions • Number of policy dissemination workshops held in each region	
Raising the profile of ECCE through awareness-raising	• Number of ECCE workshops held at each level of government • Number of consultative meetings held to develop ECCE communication strategy • Degree of multi-sectoral representation in consultative meetings • Number of channels used to disseminate knowledge of ECCE	• Extent to which the general public's awareness on the importance of ECCE is raised • Extent to which population used various channels to gain information on ECCE • Level of knowledge and practice on ECCE by sample of the population
Establishment of steering committee	• Existence of approved ToR for steering committee • Number of steering committee meetings held • Degree of multi-sectoral representation in steering committee meetings • Number of ECDRP training sessions held for steering committee members	• Extent to which recommendations of steering committee are incorporated into government decisions • Extent to which awareness on importance of ECCE is raised • Extent to which recommendations are multi-sectoral

Establishment of ECCE Programme Unit	• Existence of approved ToR for ECCE Programme Unit • Recruitment of coordinator • Availability of functional ECCE program Unit in the MoE, WEO, KETB	• Extent to which recommendations inform steering committee output • Extent to which ECCE Programme Unit delivers on annual tasks
Establishment of ECCE expertise centre within AAU	• Existence of approved ToR for ECCE expertise centre • Existence of annual work plan • Number of activities in work plan conducted • Availability of functional ECCE expertise centre within AAU	• Extent to which ECCE expertise centre delivers on tasks • Extent to which work plan activities are undertaken • Efficiency with which resources are allocated
Establishment of regional ECCE councils	• Existence of approved ToR • Number of ECCE training meetings held at regional level • Composition of participants in ECCE meeting • Number of regional co-ordination meetings held • Meeting attendance	• Extent to which recommendations are multi-sectoral • Extent to which recommendations of regional committee are implemented at woreda level • Extent to which awareness on importance of ECCE is raised • Level of effectiveness of the councils in initiating and guiding the ECCE activities as rated by beneficiaries and service providers

Establishment of woreda technical committee	• Existence of approved ToR • Number of ECCE training meetings held at woreda level • Composition of participants in ECCE meetings • Number of woreda co-ordination meetings held • Attendance during meetings	• Extent to which recommendations are multi-sectoral • Extent to which recommendations of woreda technical committee are implemented at kebele level • Extent to which awareness on importance of ECCE is raised • Level of effectiveness of the woreda technical committee in initiating and guiding the ECCE activities as rated by beneficiaries and service providers
Establishment of kebele co-ordinating structure	• Existence of approved ToR • Number of ECCE training meetings held at kebele level • Composition of participants in ECDRP meetings • Number of kebele co-ordination meetings held • Attendance during meetings	• Extent to which recommendations of kebele co-ordinating structure are multi-sectoral • Extent to which awareness on importance of ECCE is raised • Extent to which community members are satisfied with activities of kebele co-ordinating structure • Level of effectiveness of the kebele coordinating structure in initiating and guiding the ECCE activities as rated by beneficiaries and service providers

Mainstreaming ECCE into all sectoral and macro-level strategic development plans	• Number of child-related ministries with ECCE focal people • Existence of approved ToR for ECCE focal people • Percentage of ECCE focal people oriented using ECCE • Number of review meetings on programme implementation held • Multi-sectoral representation at review meetings	• Extent to which ECCE is incorporated into ministry activities • Extent to which awareness on importance of ECCE is raised among ECCE focal people • Extent to which review meetings are multi-sectoral and report ECCE activities
Assessing children's development	• ELDS developed, validated and implemented • Number of assessment units established in each health post in the regions	• Extent to which ELDS are appropriate • Extent to which assessment units achieve their objectives • Extent to which ELDS are understood by key stakeholders (teachers, health workers, etc.)

Strategic Objective 2: To ensure availability, equitable access to and affordability of quality ECCE services to all children, especially those who are marginalized and disadvantaged.		
ACTIVITIES	MONITORING INDICATORS	EVALUATION INDICATORS
Establish community-based preschools country-wide	• Number of iddir-based preschools established low socio-economic status kebeles • Number of community based preschools initiated in each kebele	• Extent to which established centres offer ECCE services regularly • Extent to which ECCE services are accessible to children • Number of children in the school
Empowerment of parents and caregivers in their role as first responsible persons for raising their children	• Availability of parental education manual for prenatal-age 3+ period adopted and pre-tested • Availability of parenting education manual for preschoolers (4-6+ years) developed and pre-tested • Existence of early stimulation in HEP family package • Percentage of HEW and CHPS oriented in ECCE • Number of parents attending school PTA meetings • Number of parental education ToTs held in each region • Number of material development ToT workshops held in each region • Number of parents attending ToT meetings • Existence of parental education component in adult literacy programme • Number of parental education programmes transmitted through radio and TV	• Extent to which parental knowledge has increased as a result of education programme • Extent to which child rearing practices are improving as a result of education programme • Percentage of parents involved in children's development in school • Percentage of parents who have maintained consistent attendance • Percentage of parents who find the programme beneficial • Percentage of parents with access to TV and radio tuning into parenting education programmes

Advocate for increased enrolment in preschools or alternative forms of early stimulation at the right age (4-7 years)	• Number of children 4 to 6+ years old attending ECCE	• Percentage increase in enrolment of primary school children with ECCE experience • Extent to which gender parity is achieved in enrolment • Extent to which preschool contributes to primary school attendance and performance.
Establishment of services for marginalized groups	• Number of regions implementing the Child-to-Child Initiative • Number of children served by Child-to-Child Initiative	• Percentage of disadvantaged children accessing ECCE services • Extent to which children in the programme are ready for primary school • Extent to which gender parity is achieved in the programmes
Conduct in-service and pre-service teacher training	• Number of ECCE seminars for HEW held in health colleges • Percentage of HEW attending seminars • Availability of revised curriculum for health workers with ECCE incorporated • Availability of validated ECCE teacher training curriculum • Existence and availability of ECCE course in Addis Ababa University	• Percentage of HEW and CHPS who demonstrate understanding of ECCE • Extent to which HEW and CHPS are incorporating early stimulation into their regular duties • Percentage of students admitted into ECCE course in Addis Ababa University

Develop teacher support materials	• Availability of validated and approved ECCE curriculum • Availability of approved ECCE teachers' curriculum handbook • ECCE materials development guide developed, validated and approved	• Extent to which teaching and learning activities are child-centred • Extent to which the curriculum and support materials guide appropriate practices • Extent to which teachers understand the content of the manual and use it to develop teaching and learning materials
Develop resources for management of ECCE services	• Accessible resource centre in every TEI and health college established and equipped • ECCE administration and management handbook developed and approved • Handbook for community management of ECCE services developed and approved	• Percentage of ECCE practitioners accessing resource centre • Extent to which handbook is comprehensive and useful to community management teams • Extent to which resource centre is equipped to serve holistic child development • Annual growth rate of resource allocation to and utilization by the concerned Ministries on ECCE

Strategic Objective 3: To provide supportive systems, guidelines and interventions that ensure the quality and standardization of ECCE services and provisions.		
ACTIVITIES	**MONITORING INDICATORS**	**EVALUATION INDICATORS**
Develop ECCE standards and guidelines	• Multi-sectoral composition of team developing guidelines • Availability of approved ECCE standards and guidelines	• Scope and coverage of standards and guidelines • Relevance of standards and guidelines
Harmonise the certification of all ECCE workers	• Multi-sectoral composition of team harmonising certificates • Availability of guidelines for teacher training programmes	• Extent to which comprehensive teacher training guidelines are available in training colleges
Accreditation and certification of teacher training in ECCE	• Availability of ECCE accreditation unit within MoE	• Percentage of training colleges certified to offer ECCE training
Supervision and inspection of caregivers and teachers	• Availability of ECCE indicators • Percentage of indicators ECCE included in MoE supervision tool • Frequency of supervision and inspection offered to parents, teachers and caregivers	• Extent to which regular and effective supervision is done in each kebele • Extent to which composition of supervision team is multi-sectoral
Monitor and evaluate all ECCE centres and preschools	• Existence of multi-sectoral M&E team • Availability of ECCE M&E framework • Percentage ECCE indicators included in monitoring in all ministries	• Extent to which regular and multi-sectoral monitoring is conducted • Extent to which programme implementation is guided by M&E reports

Strategic Objective 4: To protect young children from any form of abuse and harmful practice.		
ACTIVITIES	MONITORING INDICATORS	EVALUATION INDICATORS
Popularize the UNCRC	• Number of awareness-raising workshops held • Availability of report identifying gaps in legislation for child protection	• Existence of revised children's act • Extent to which children's act is comprehensive • Increase in the number of child abuse cases heard and determined • Level of knowledge and awareness of the public on UNCRC
Awareness-raising and training of parents and caregivers on protecting children from any form of violence	• Number of child protection awareness training workshops held • Percentage ECCE practitioners trained in child protection issues	• Positive change in the knowledge, attitude and practices of ECCE practitioners as a result of training • Percentage of children abuse cases registered • Decrease in incidence of child abuse • Decrease in incidence of violation of children's rights

Strategic Objective 5: To promote and strengthen required partnerships and collaboration among all stakeholders for the effective delivery of services and programmes for young children.		
ACTIVITIES	**MONITORING INDICATORS**	**EVALUATION INDICATORS**
Establishment of a multi-sectoral ECCE network	• Availability of ToR for ECCE network developed • Existence of multi-sectoral ECCE network • Number of ECCE network meetings held • Number of national activities conducted by ECCE network group	• Extent to which ECCE network implements work plan • Level of effectiveness, efficiency and relevance of an ECCE network as rated by the beneficiaries and service providers
Development of a financing plan for the ECCE sector by Task force	• Resource mobilization plan developed and approved	• Costing of the ECCE Policy Framework • Annual growth rate of budget allocation to utilization of ECCE programmes
Fund-raising by the government with donors, NGOs and private sector	• Budgetary allocation by MoFED to ECCE made • Awareness-raising sessions on ECCE conducted for different donor groups • Fund-raising proposals written	• Number of budgetary allocation by MoFED to ECCE made • Number of awareness-raising sessions on ECCE conducted for different donor groups • Number of fund-raising proposals written and results
Capacity-building on resource allocation for community management teams	• Manual on community resource management and allocation developed • Capacity-building on resource allocation conducted	• Extent to which manual on community resource management and allocation is used • Number of capacity-building sessions conducted

GUIDELINES FOR EARLY CHILDHOOD CARE AND EDUCATION IN ETHIOPIA

2010

TABLE OF CONTENTS

ACRONYMS

CHP	Community Health Promoter
ECCE	Early Childhood Care and Education
FAL	Functional Adult Literacy
HEP	Health Extension Programme
HEW	Health Extension Worker
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
PTA	Parents-Teachers Association
ToT	Training of Trainers
TVET	Technical and Vocational Education Training

1. INTRODUCTION

The Government of Ethiopia made a commitment to support the well-being of young children. It has recognized the fundamental importance of early childhood care and education in accelerating attainment of Education for All and the Millennium Development Goals. To address these challenges a comprehensive overarching policy framework that encompasses sector policies for early childhood care and education has been developed. The policy framework is developed for children from prenatal till seven years of age by different ministries; the Ministry of Education, the Ministry of Health and the Ministry of Women Affairs. A strategic operational plan has also been developed.

This document attempts to develop guidelines for early childhood care and education (ECCE) for Ethiopia. The guidelines are meant to operationalise the National ECCE Policy Framework and the Children Act (2001). Their aim is to provide guidance to all stakeholders for the implementation of ECCE services. They are expected to be useful for parents, communities, all professionals responsible for ECCE implementation, woredas, regional governments, ministries, multi-lateral and bilateral partners, universities and the private sector.

In developing these guidelines we face some challenges. At this moment there is very little concrete experience with the services to be delivered under the four pillars in the ECCE Policy Framework. In the neighbouring countries too, relevant practical experience with the holistic approach proposed in the policy framework is limited. It is for this reason that the Strategic Operational Plan proposes to start with pilots, except for the preschools. Based on the experience to be gained from those pilots, it will be easier and more realistic to work towards a quality ECCE service that is easy to implement and affordable on a large scale.

It could be argued that it is too early to develop guidelines. It should be realised, however, that without a common vision to aim at, it is difficult to design proper pilots. It is in this context that the guidelines have been

developed, based on existing knowledge and experience. They will be refined and if necessary adjusted in accordance with the experience gained from the pilots.

This document is a product of the ECCE Task Force. Once the expertise centre is set up and running, it will take ownership of the document and adjust or refine it on a regular basis. Yearly updating of this document is expected in the first five years. From year five onwards the document should have a more permanent character.

The guidelines recognize the proposed ECCE Programme Unit as the co-coordinating body, the Ministry of Education as the interim lead ministry and other key ministries, such as the Ministry of Health and the Ministry of Women Affairs, as key providers of direct and indirect services for young children. Strict adherence to the guidelines by all ECCE service providers is expected to guarantee the survival, care and holistic development of children from prenatal till seven years old.

2. RATIONALE

As part of its Education and Training Policy, the Government of Ethiopia developed a Comprehensive Early Childhood Development Policy Framework and a Strategic Operational Plan. Four pillars support the policy framework, namely parental education, health and early stimulation programme (Prenatal to 3+ years), community-based preschools (4 to 6+ years) and non-formal school readiness. Guidelines have been prepared to help stakeholders develop quality services for the four pillars. The ultimate aim is to ensure all children the right to a healthy start in life, to be nurtured in a safe, caring and stimulating environment and to develop to their fullest potential.

The cornerstone in early childhood care and education is its child-centred approach. Through child-centred active learning/interaction, young children construct knowledge that helps them make sense of their

world. This is the crucial philosophy of ECCE and, therefore, ECCE's overarching guiding principles. It should be realised that national and international research and experience show that this overarching principle is not easy to achieve. In day-to-day practice, even with the best intentions, more directive teaching practices easily slip into the process. That is why training, guidance and stimulation of teachers and health workers in child-centred learning/interaction can be considered as a key factor for success.

Conceptually and in practice, a distinction can be made between guidelines with monetary implications such as size and design of classrooms, child/teacher and families/health worker ratio, and guidelines with limited monetary implications such as teaching approach and methods.

3. WHAT TO AIM AT

In this chapter we present all the elements that are crucial in the holistic approach. In one way or the other, they need to be included in the design and delivery of ECCE services. This chapter can therefore be seen as the core reference for ECCE in Ethiopia. The four pillars of the ECCE policy framework are the instruments for implementing the crucial elements mentioned in the chapter.

3.1 Very Young Children (Prenatal to 3+ years)

The early development of a child greatly affects his/her later childhood and adult life. During the prenatal period and at birth, attention is focused on the mother through maternal and child health programmes, and through parental education. Particular emphasis needs to be placed on health, nutrition and early stimulation during this period. Breastfeeding is critical; every attempt should be made for children to be with their parents/caregivers as much as possible. Sensory learning, especially auditory and visual, control of physical actions, and attachment to a significant caregiver appear to be the central developments. The child's coordination, language, ability to think, and social skills advance rapidly.

Requisites necessary to promote developmental growth of young children (prenatal to 3+)

- Exclusive breast feeding
- Protection from physical danger
- Adequate nutrition and health care
- Appropriate immunizations
- An adult with whom to form an attachment
- An adult who can understand and respond to their signals
- Things to look at, touch, hear, smell, taste
- Opportunities to explore their world
- Appropriate language stimulation
- Support in acquiring new motor, language and thinking skills
- A chance to develop some independence
- Help in learning how to control their own behaviour
- Opportunities to begin to learn to care for themselves
- Daily opportunities to play with a variety of objects.

3.2 Preschool Aged Children (4 to 6+ years)

In the preschool years, socialisation and preparation for schooling take a greater importance, and the circle of peers and caregivers widens. From age four onwards, early childhood programmes are typically associated with early learning and preschools, but health and nutrition remain key components of what young children need. This is a period of transition to school and the world at large, which parents should be encouraged to facilitate. Depending on the degree of synchronicity between home and school, this transition can be relatively easy or extremely difficult.

Requisites to promote developmental growth of preschool aged children (4 to 6+ years)

In addition to the above mentioned requisites, preschool children (4 to 6+ years) require the following for their development:

- Opportunities and support to acquire and develop a wide variety of skills, including fine motor skills, language, socio-emotional and analytical thinking skills.
- Activities that will further develop a sense of mastery of a variety of

skills and concepts.

- Encouragement of language development through talking, storytelling, reading and singing.
- Opportunities to learn co-operation, helping others and sharing.
- Experimentation with pre-writing and pre-reading skills.
- Practical manipulation of objects that support learning.
- Practical exploration for learning through action.
- Opportunities for taking responsibility and making choices.
- Encouragement to develop self-control and persistence in completing projects.
- Support for developing a sense of self-esteem.
- Opportunities for self-expression.
- Encouragement of creativity.
- Opportunities to become self-reliant in personal care.
- Opportunities to develop independence.

3.3 Children with Special Needs

Some children are born with congenital deficiencies like birth defects or inherited disorders (genetic disorders); others are born with physical or intellectual impairments. Children with such disabilities also have rights and responsibilities. Each of them has something to contribute to society. If they are respected and grow up in a nurturing environment, these children will eventually be able to make a positive contribution to society. It is the family's responsibility to provide opportunities and create a nurturing environment for them. Alternative or institutional care should be provided in extreme situations and only when it is in the best interest of the child.

Requisites to promote developmental growth of children with special needs. In addition to the requisites mentioned above, children with special needs also require:

- Access to rehabilitation services such as counselling, physiotherapy, sign language within the health posts and in other facilities;
- Equipment and materials that are adapted to the needs of special needs children;

- Indoor and outdoor facilities that suit the special needs child;
- ECCE facilities that are friendly to the special needs child;
- Curriculum that suits the needs of the special needs child.

4. GUIDELINES FOR THE FOUR PILLARS

This chapter describes the guidelines for each of the four pillars of the ECCE Policy Framework and gives directions for designing the pilots. All the elements for holistic and comprehensive ECCE outlined in the previous chapter are included in a balanced and appropriate manner, with the child-centred approach being the backbone for all activities. Based on experience gained and lessons learnt in the process of implementation, the guidelines will be refined and/or adjusted.

4.1 Guidelines for Parental Education

As there is little experience in Ethiopia in the use of a comprehensive and holistic approach to parental education, pilot projects will first be conducted in different regions. In some regions, the parental education programme will be incorporated into the preschool programme; in the other regions, it will be integrated into the Child-to-Child Initiative and into adult education programme as well as HEP.

4.1.1 Assumptions Made in Designing the Parental Education Programme

- Parenting can be improved through learning: being a parent/caregiver requires continuing adjustments to changing circumstances.
- Parents and other primary caregivers already have basic skills and knowledge.
- Parents/caregivers have a variety of different learning needs and styles.
- Focusing on the needs of children and parents/caregivers is essential.
- Parents/caregivers can direct their own training; they are able to identify what they want to learn and how they want to learn it.
- Parents/caregivers attend training to get information as well as support; there needs to be a balance between these two.

- Parents/caregivers need to share experience with each other because learning is most relevant when the subject matter is closely related to the parents/caregivers' own immediate experiences.
- Parents/caregivers should be encouraged to share their emotional reactions with each other and feel accepted by their peers.
- Parents/caregivers can help each other enormously in a well-structured group where they can gain a sense of competence.
- Parents/caregivers need to apply what they have learned. It is therefore important that, before attending a new session, they have tried out the behaviour and skills discussed in the previous one

4.1.2 Target Population

Parenting education programmes target:

- Parents and/or caregivers of children from prenatal to age 7, regardless of gender, social status or ethnicity with special focus on the disadvantaged ones.
- Both working and stay-at-home parents/caregivers.

Minimum standards

- Not more than 30-40 participants per group session.
- Registration of the participants' names and addresses, and the number and age of their children at the start of the course.
- The facilitator takes attendance at each session.

4.1.3 Content of Parenting Education

The curriculum should be designed to meet the needs of different age groups and accommodate the diversity that exists in different family structures. Generally the programme should cover:

- Milestones in holistic child development;
- The role of parents in fostering holistic development (early stimulation, parent-child communication, nutrition and feeding, hygiene and management of childhood illnesses);
- Developmental gender related issues
- Harmful traditional practices
- Effective child rearing practices;

- Enhancing attachment and bonding;
- HIV/AIDS;
- Positive discipline and character formation;
- Children's rights and their protection.

Minimum standards

- A focus on holistic child development.
- Milestones in holistic development and the role of parents/ caregivers addressed.

4.1.4 Scheduling and Venue Arrangements

- Regular meetings for parents should be held throughout the year.
- A total of 12 sessions should be held within the year (one session every month), each session lasting one hour.
- Sessions should be organised at a time that is convenient for the parents and caregivers and accommodate other parental commitments so as to ensure attendance.
- For the home visiting mode especially, the sessions should be scheduled after consultation with the parents.
- Separate group meetings should be organised for parents who are expecting a child, parents of children under age three, and parents with children aged four to seven.
- The venue for group sessions should be within half an hour walk of the parents/caregivers residence.
- Sitting facilities and teaching materials must be available.
- Facilitators should survey the community ahead of time and identify available useful and appropriate resources that will enhance learning

Minimum standards

- The venue has at least one window or other fresh air possibilities.
- A parent/caregiver attends a minimum of three sessions before his or her registration is validated.
- The facilitator makes use of the appropriate manuals.

4.1.5 Delivery Mode

Parental education will be conducted using a variety of methods:

- Group meetings in the health posts or in any other community building;
- During home visits made by the CHP's and HEWs
- In PTA meetings called by the schools;
- Incorporated into adult literacy classes;
- As part of community meetings in the kebeles;
- During weekly faith-based sessions in churches and mosques.

Minimum standards

- Programmes are conducted in settings that parents frequently visit, where they are able to obtain other health and social services and supports, and where they feel safe and comfortable.
- Parental education is provided wherever parents express a need for request for related information.

4.1.6 Methodology

- The training should be conducted in the language best understood by the participants. Use of the mother tongue would be the most preferable in rural areas.
- The methods used should be adult-centred, encourage discussions and provide opportunities for parents and caregivers to share experience, solve problems together and benefit from each other's knowledge.
- The sessions should aim at empowering participants through knowledge building and skills strengthening. The emphasis should be on positive behavioural change and applying knowledge gained.
- Community dialogue and community conversation should be used for needs assessment.
- Sensitive issues need to be handled with caution.
- The learning environment should be emotionally safe and facilitators must approach participants with respect.

Minimum standards

- All participants are made to feel empowered in their role of parents/ caregivers.
- No participant is made to feel incompetent as a parent/caregiver.

4.1.7 Structure of Sessions

- **Introduction/ kick-off.** The training session will start with a short exchange of views on the previous session and on experience with the tryout at home. After that, the subject of the day will be introduced.
- **Presentation and content.** The next step is to bring in facts and concepts pertaining to the subject, using practical examples related with the experience of the parents/caregivers. This is the part of the training, as it will make parents/caregivers realise that they already know a lot and that they are on the right track. At the same time they will realise that they need to know more and that it is possible to acquire additional parental skills and knowledge.
- **Exercises in learning new behaviour and skills.** The most important part of the training is of course to practice at home the new behaviour and skills the group agreed are important. Here, if necessary, additional information is provided on the topic of the session. The main element however is practical interactive exercises. The trainers can choose from different exercises and methodologies described in the parental education manuals.
- **Closing remarks.** Some additional remarks are made to those already implicitly mentioned in previous parts of the session.

Minimum standards

- Concepts and facts on the subject are introduced and discussed using concrete cases that reflect the experience of the parents/ caregivers.
- Parents/caregivers are provided with some new information related to the subject and gain new knowledge.

4.1.8 Selection of Facilitators

- Facilitators will include health extension workers and preschool teachers who will have taken a course in parental education; in some cases members of the model families of HEP can also be selected.
- For each pilot two trainers will be selected: one with a health background and one with an education background.
- Facilitators should be trained in the field of early childhood development through either a ToT programme, seminars or a teacher training programme.
- Flexibility, patience and a real understanding of the challenges of parenting are important qualities to be sought in facilitators.
- Facilitators should have adequate knowledge of the culture of the community where parental education is conducted.

Minimum standards

- One trainer with assistant for one group of parents/caregivers.
- Ability to speak the language of the parents/caregivers.
- Knowledge of the culture of the community.

4.1.9 Capacity Building for the Facilitators

The capacities of the facilitators of the parental education programme will be enhanced through:

- A two-weeks ToT conducted by the Ministry of Health, Ministry of Women's Affairs, Ministry of Education and in collaboration with development partners;
- Seminars conducted among district health workers undergoing TVET training;
- Teacher education institutes and health colleges that have integrated parental education into their curriculum.

Minimum standards

- Any kind of experience in adult education or adult literacy teaching.
- Grade 8 and above who are interested in facilitating.

4.1.10 Monitoring of programme effectiveness

- A checklist to guide continuous monitoring of the programme should be prepared.
- All aspects of the roles and responsibilities of parents in holistic child development should be monitored.
- Regular informal observations should be made as parents/caregivers go about their parental duties.
- Regular feedback from key stakeholders should be sought to assess the effectiveness, impact and efficiency of the programme.

Minimum standards

- Monitoring of attendance.
- Reasons why parents attend or do not attend the sessions are identified

4.2 Guidelines for Health and Early Stimulation Prenatal to 3+

The existing Health Extension Programme (HEP) will offer integrated services to all children from prenatal to three+ years of age and their parents/caregivers. The programme will include an early developmental stimulation component. This service will be part of the Family Health Package provided by the health extension workers (HEWs), the model families and the community health promoters (CHPs). It will be delivered both at home and in the community. The guidelines for health and early stimulation for the prenatal to 3+ year-olds are part of the guidelines of the overall Health Extension Programme (see detailed guidelines of Health Extension Program, MoH, Addis Ababa 2007)

4.2.1 Target population

The health and early stimulation programme targets:

- All children from prenatal to age 3+
- Parents or caregivers of children, from prenatal to age 3+, regardless of gender, ethnicity and social status, and especially including the disadvantaged;

- All community members.

Minimum standards

- All children from prenatal to 3+ years of age are included.

4.2.2 Service delivery/venue

Services under this pillar will be delivered using any of the following modes:

- Health posts
- Community centres or gathering places
- Households
- Model families.

Minimum standards

- There is a health promotion service in each village.

4.2.3 Health post and staff

- The health post should meet the basic requirements of the MoH (see guidelines HEP).
- Two trained health extension workers (HEW) are based in the health post and responsible for the daily running of the post.
- In each village there will be community health promoters (CHPs) selected based on the HEP implementation guideline working under the supervision of the HEWs.
- Equipment, basic supplies, drugs, vaccines, job aids should be available as per standard as well as furniture.
- The health post should be clearly marked for easy identification.
- The environment should be a physically and emotionally safe place for mothers and children.
- Cleanliness, good physical condition of the building and hygiene should be a priority. The location should be free from pollution and away from garbage sites.
- There should be basic sanitation facilities, with water available for

hand washing.
- The room should be well ventilated.

Minimum standards

- The health post is completely constructed and adequately equipped and furnished.
- Basic sanitation, clean and safe drinking water and hand washing facilities are available.
- There is at least one trained HEW.
- The health post is able to provide basic services.

4.2.4 Tasks of the Health Extension Workers (HEWs)

In the health posts, HEWs provide basic services such as antenatal care, delivery, immunisation, growth monitoring, nutritional advice, family planning and referral services to the general population of the kebele based on the standards set in the HEP implementation guideline.

HEWs will teach and coach the families on ECCE based on the tasks identified in the HEP implementation manual. Their responsibilities on ECCE include the following:

- Identifying, training and coaching model families and CHPs
- Ensuring acceptance and credibility of the model families in the community.
- Making sure that the model families become role models as per health extension packages.
- Together with the CHPs, communicating health messages by involving the community all the way from the planning stage to evaluation.
- Through women and youth associations, schools and traditional associations such as iddir, maheber, equb, coordinating and organising events in which the community participates by contributing money, raw materials and labour.

4.2.5 Tasks of the Community Health Promoters (CHP)/ Model Families

In the implementation of the Family Health Packages, CHP handle growth development and promotion, disease prevention, home management, care seeking and compliance and early stimulation. There are ECCE key practices and tasks they are expected to encourage or perform.

4.2.5.1 Growth Development and Promotion

1. Establishing immediate baby-mother skin to skin contact, initiating breastfeeding within one hour of birth and avoiding discarding the colostrum.
2. Breastfeeding infants exclusively for six months and continuing for two years or longer.
3. Starting complementary foods at six months of age while continuing to breastfeed up to two years or longer.
4. Ensuring that children receive adequate amounts of micro nutrient (vitamin A & D, iodine and iron in particular), either in their diet or through supplementation, and promoting sunshine exposure.
5. Promoting the child's mental and social development by providing a stimulating environment and responding to the child's needs for care.

4.2.5.2 Disease Prevention

6. Proper disposal of faeces, including children's faeces, and hand washing with soap after defecation, before preparing meals, and before feeding children.
7. Promoting daily face washing.
8. Protecting children in malaria endemic areas by ensuring that they sleep under insecticide-treated bed-nets (ITN), and promoting mosquito source reduction.
9. Promoting timely recognition, prevention and appropriate action with regard to child abuse.
10. Promoting appropriate family behaviour and practices regarding HIV/AIDS prevention, care and support for the sick and orphans.
11. Promoting the use of safe water.

4.2.5.3 Home Management

12. Continuing to give appropriate food and offering more fluids, including breast-milk, to children when they are sick.
13. Providing appropriate home treatment to sick children.
14. Prevention and appropriate management of child injuries.
15. Avoiding harmful traditional practices (uvulectomy, tonsillectomy, female circumcision, etc.).

4.2.5.4 Care Seeking and Compliance

16. Taking children as scheduled for their full course of immunization and for growth monitoring.
17. Recognizing when a sick child needs further care and promptly seeking appropriate outside care from trained providers.
18. Following the health workers' advice about treatment, follow-up and referral.
19. Ensuring that every pregnant woman gets adequate antenatal care and support for a safe delivery.
20. Encouraging both men and women to seek reproductive health care.

4.2.5.5 Services for Early Stimulation

21. Establishing a good attachment with the child.
22. Ensuring that parents/caregivers understand and respond to the signals of the child.
23. Providing the child with things to look at, touch, hear, smell, taste.
24. Providing the child with opportunities to explore the world.
25. Stimulating language development through story telling, poems, rhymes, etc.
26. Supporting the acquisition of new motor, language and thinking skills.
27. Encouraging the development of some independence.
28. Helping the child in learning how to control his/her own behaviour.
29. Providing opportunities for the children to begin to learn to care for themselves.
30. Providing daily opportunities for the children to play with a variety of objects.

Minimum standards

- Every expectant mother has access to focused ante-natal care, a clean and safe delivery and postnatal services as early as possible.
- Every child caregivers (parents, mainly mothers) attends at least one child and maternal health care session/month.
- In one year, every parent/caregiver is counselled at least twice about the ECCE HEP community practices.
- Caregivers attend child stimulation sessions provided in the community-based child care promotion programmes.
- Child caregivers and family members are aware of the services and activities provided for early child stimulation.
- Family and the health sector strengthen early detection of disabilities in infants and young children.
- Partners working on community-based newborn, maternal and child care programmes integrate key child care and stimulation practices in their implementation manuals.

4.2.6 Methodology for Promoting Basic Health Care Packages and Stimulation

Key household and community practices, knowledge and skills on basic child care services and early stimulation shall be delivered along the following lines:

- Key messages on key household and community practices and stimulation should be standardized and delivered in the language best understood by the participants.
- The methods used can be community dialogue, community conversations, one-to-one or in-group communication of the key messages, experience sharing sessions, etc.
- It is possible to work with early adopters and fast learners (from among the CHPs/model families) first, and through them disseminate the key messages to the entire community.
- There should be a safe learning environment for individuals and

groups in the community.

Minimum standards

- All parents and child caretakers feel empowered in their capacity to provide childcare and early stimulation.
- All participants confidently attend basic health promotion sessions.

4.2.7 Selection of Health Extension Workers (HEWs)

HEWs working at agrarian, pastoralist and urban setups are selected based on the FMOH HEP implementation guideline.

4.2.8 Selection of Community Health Promoters (CHPs) for Health and Early Stimulation

Community newborn and child care and early stimulation programmes are promoted through the CHPs/model families in a village, based on the general HEP implementation strategy.

4.2.9 Capacity Building

Health facilitators (HEWs, CHPs, model families and others) will enhance their capacity through:

- ToTs provided to HEWs and health workers, and training of CHPs and model families on key household/community practices and child stimulation;
- Child care promotion materials that will be developed and provided.

Minimum standards

- Facilitators receive ToTs on key household and community child care practices and stimulation.
- There is an annual implementation plan and the total number of trained facilitators is identified.

4.2.10 Monitoring of Programme Implementation

- Key programme indicators shall be standardized.
- Recording and reporting formats and tracking systems should be prepared in such a way they make it possible to follow the implementation of child care and stimulation across all kebeles in the country.
- Major stakeholders and coordinators regularly conduct programme implementation review meetings.
- Regular surveys should be conducted to review the outcomes and impacts of the health and early stimulation services provided in the country.

Minimum standards

- Monitoring of attendance.
- Reasons why parents attend or do not attend the sessions are identified.

4.3 Guidelines for Preschools (4 to 6+ years)

4.3.1 Target Population

Preschool programmes will target:

- All children aged 4 to 6+, regardless of culture, gender, social class or ethnicity and including children with special needs.

Minimum standards

- The children must not be younger than 4 years and not older than 7 years.

4.3.2 Environment and Physical Space for Preschools

- Preschool services will be delivered through community based preschools, privately run preschools, preschools attached to primary schools and faith-based preschools and other cost effective modalities.
- The preschool centre, whether a community hall, classroom, home or

school, should be licensed as a preschool.

- The centre should be easy to identify and clearly marked as preschool.
- The environment should be attractive, pleasant and physically safe place for children.
- The setting of the physical space should allow for free movement of both children and adults.
- Cleanliness, good maintenance and hygiene must be a priority. The location should be free from pollution and far away from garbage sites.
- Basic sanitation facilities need to be available, including one latrine and water for hand washing.
- The room should be well ventilated, with enough window space to allow a good flow of air.
- There should be an area for displaying the children's creative work.

Minimum standards

- The preschool centre has at least the Child-to-Child locally available children's materials and basic materials like crayons, paper, etc.
- There are no more than 40 young children for one teacher and one assistant.

4.3.3 Learning Environment

- A variety of stimulating play and learning materials that promote not only simple but also higher thought processes (puzzles, riddle and guessing games, stories and fairy tales, etc.) should be available.
- To enhance creativity, there should be a variety of visuals rich in colour, texture and shape on the walls.
- The learning environment should be friendly, providing adequate opportunity for interactions among children as well as between children and adults.
- Adequate opportunities for exploration and discovery should be made available.

Minimum standards

- The preschool has a fenced place where it is safe for children to learn, run and play games together with other children.
- The space in the room/building allows for at least one and half square meter for each child.
- The preschool room/building has windows.
- Clean drinking water, hand washing facilities and one latrine are available.

4.3.4 Outdoor play equipment

Outdoor play equipment must:

- Be well maintained, clean and developmentally appropriate;
- Provide ample opportunity for creativity and development of different skills;
- Be arranged in an organised manner to allow for accident-free play.

Minimum standards

- Availability of climbing frames and locally made swings and seesaws.

4.3.5 Preschool curriculum

- The curriculum to be used should be designed to meet the holistic needs of different age groups.
- Only the government-approved curriculum should be used in all preschools.
- The curriculum should be adapted to the local context.
- The curriculum will be used as a guide for incorporating developmentally appropriate content, concepts and activities in the preschool programme. Teachers will therefore need to use their creativity in addition to the curriculum to foster the holistic development of all children.

- All aspects of the development of the child (socio-emotional, physical, cognitive etc.) should be equally targeted in the preschool programme.
- The curriculum should give children an opportunity to practice skills that will enable them to function effectively in the society.
- All teaching and learning activities should be consistent with the approved preschool curriculum.
- The curriculum should be readily available to all teachers in the preschool.

Minimum standards

- The teachers use the curriculum as a guide.
- Teachers prepare teaching and play materials from locally available materials.

4.3.6 Scheduling and structure of preschool activities

- A daily schedule of activities should be prepared and displayed in the classroom.
- The daily schedule should be adjusted to accommodate the needs of children.
- Preschool programmes should ideally run half a day, from 8.00 a.m. to 12.00 noon and from Monday to Friday. Should the programme run full day, the children should be given time to rest.
- Preschool programmes will run for three terms in a year, with a holiday every twelve weeks.
- There should be no remedial programmes or tuition running in the afternoon.
- Every day should have a variety of learning activities in key competency areas that are compatible with the different age groups.
- Adequate time should be scheduled for play, discovery and rest.
- Children should be allowed to go to the toilet at regular intervals.

Minimum standards

- Teachers develop a structured weekly day-to-day programme based on the curriculum.

4.3.7 Teachers and assistant teachers

Those entrusted with the responsibility of supporting the learning and development of preschool children should have the following qualities:

- Knowledge and skills related to holistic child development;
- Ability to work well with children, parents and others in the preschool setting;
- Commitment to enhancing the development of young children;
- Love and respect for all children regardless of their culture, ethnicity, family beliefs and practices or any other difference;
- Be advocates of the rights and the protection of the child;

Teachers

- Teachers should hold a 10 months preschool teacher training course certificate from the Teacher Education Institute, or have attended a 2 months course to upgrade their skills and knowledge, especially in the field of "active learning of young children".
- The maximum teacher-child ratio in the preschool is 1: 30 for the four to five-year-olds and 1:40 for the five to six-year-olds.

Assistant Teachers

- In addition to the teacher there is an assistant teacher or ECCE caregiver for both age groups (four to five-year-olds and five to six-year-olds). The assistant teachers support the work of the main teachers.
- Assistant Teachers are adults of sound mind and no criminal record.
- Assistant Teachers should have reached grade 8-10 and hold a Community Health Promoters or Health Assistant certificate with special attention to early stimulation, as offered by the Government or other institutions authorized by the Government.

Minimum standards

- The preschool teacher has completed grade 10.
- The caregiver or assistant teacher has completed grade 8.

4.3.8 Teaching and Learning Methodology

- Teaching must be child-centred, with the children actively involved in the learning process.
- Materials: there will be ample age-appropriate materials that the child can use in a variety of ways. Learning grows out of the child's direct actions on the materials.
- Manipulation: the child will have opportunities to explore, manipulate, combine and transform the materials.
- Choice: the child will get some freedom to choose what to do. Since learning results from the child's attempts to pursue personal interests and goals, the opportunity to choose materials and activities is essential.
- Language: the child will describe what he or she is doing. Through language, children reflect on their actions, integrate new experiences into their knowledge base, and seek the cooperation of others in their activities.
- Adult support: adults will recognize and encourage the child's reasoning, creativity and problem-solving efforts.
- Social interaction: social interaction with peers is important to learn to communicate and interrelate with others. Refer children to each other for ideas and assistance and let them interact in small and large groups of children.
- Active learning in a communal setting: children have common experiences which they enjoy sharing. Sharing experiences in a communal setting helps them develop group problem-solving skills.

Minimum standards

- Teacher-child interaction that focuses on the child.
- Locally available materials and the local environment are used for active learning.

4.3.9 Health and Nutrition

- Health workers need to be given opportunities to provide regular check-up of the children.
- Growth monitoring charts to be used by the teachers need to be made available.
- First aid kits that teachers are able to use need to be available.
- All those working with the children, including those who handle food in the preschool setting, should be cleared of any contagious disease. Caregivers should be medically cleared of all contagious diseases.
- Where food is prepared at school, only nutritious food should be given to the children.
- Where parents are allowed to pack food for their children, they should be encouraged to pack nutritious and balanced meals.
- Preschool feeding should be done in a hygienic and clean environment.

Minimum standards

- The Ministry of Health is involved in all the preschools to do regular health check-ups, including de-worming and vaccinations.

4.3.10 Working with Parents and Communities

- Adequate opportunity should be provided throughout the year for interaction and communication between the parents and the teachers.
- Parents/caregivers and teacher should regularly share information on the child's progress.
- Regular PTA meetings should be held within the year.
- Clear and comprehensive information about the preschool should be made available to all parents/caregivers.
- Information about the home environment should be made available to the teacher. This information should be confidential.
- Information on all events that have taken place in the preschool should be shared at the end of the school year on parents/caregivers day.
- Parents should regularly be provided with opportunities to build their knowledge and strengthen their capacities.
- Adequate opportunity for children to participate in the activities of

the community will be provided.

- Collaboration with community representatives and parents/caregivers should be established for supporting the activities at the preschool.
- Community representatives and parents/caregivers are given the opportunity to provide input for running the preschool.

Minimum standards

- Once a day, when bringing or collecting their child, parents have a contact with the teacher.
- Parents participate in the parental education that is made available as part of the preschool programme.

4.3.11 Assessment

- Assessment of children should be holistic, focusing on all aspects of their development.
- Assessment of the child's development should be continuous, using appropriate methods.
- Achievement tests should not be used as a basis for promotion, retention or selection.
- Assessment results must be appropriately communicated to parents and must not be used to label the child.
- Assessments should indicate the child's strengths and weaknesses as well as make recommendations for improvement.

Minimum standards

- The children are registered, including their names, dates of birth, addresses and birth backgrounds.
- There is a continuous assessment of each child using the observation method.

4.3.12 Management of preschools

The management structure will be as follows:

- The Ministry of Education is the leading and responsible ministry;

the Ministry of Health is responsible for the health and nutrition activities carried out in the preschools.

- The regional education bureaus and the regional health bureaus are responsible at regional level.
- At woreda level the education and health offices are responsible.
- At kebele level, the responsibility will be with the ECCE implementing committee.

Minimum standards

- The children are registered, including their names, dates of birth, addresses and birth backgrounds.
- There is a continuous assessment of each child using the observation method.

4.3.13 Monitoring of Programme Effectiveness

- Information is needed on effectiveness, efficiency and operational practices in preschools.
- Baseline information on all aspects of the setting, children, teachers, equipment, etc. needs to be available.
- Regular monitoring of preschools should be conducted.
- Findings of the monitoring activity will be shared with the PTA and the school board.
- Opportunities for government to conduct regular monitoring should be initiated.
- Monitoring and evaluation experts in the relevant ministries will be used for designing and implementing the M&E systems.
- The choice of indicators and the levels to aim at will be determined by the taskforce.

4.4 Guidelines for Non-Formal School Readiness

There are no minimum standards for the non-formal school readiness as this is already a low-cost and minimum requirement programme.

4.4.1 Target Population

- All 5 and 6-year-old children in the community.

4.4.2 Mode of Informal School Readiness

- Child-to-Child Initiative

4.4.3 Core Elements in Non-Formal School Readiness Child-to-Child Initiative

- The Child-to-Child is based on a naturally occurring situation in Ethiopia, where older children are responsible to take care of their younger siblings.
- Older brothers or sisters (the young facilitators) play with their younger siblings and neighbour children.
- Playing can be done with basic materials provided by REB, but also with simple day-to-day materials like stones, peanuts or beans for counting for instance.
- The young facilitator gets a training once a week, at school, by his or her teacher.
- At least once a week the young facilitator will play with three to five preschool children in the community (relatives, neighbours or friends), close to the children's home.
- The playing becomes learning as the benefiting child gets to know how, for instance, to count or to differentiate colours and identify letters. Through this process the preschool child gets ready for school.

4.4.4 Content of Non-Formal School Readiness

- Opportunities to develop fine and gross motor skills
- Personal and family life skills
- Artistic development
- Activities that will foster cognitive development
- Basic skills (reading, writing, counting and arithmetic)
- Activities that will develop initiative, self-concept and problem-solving
- Activities that will develop social competence and social participation.

4.4.5 Design of the Programme and Practical Arrangements

- Ready for School is meant to be for children aged 5-7 years.
- The young facilitators will be grade 5/6 students.
- Grades 1 and 5/6 teachers are involved in the process to train/coach and support the young facilitators.
- Grade 1 teachers in particular will benefit from the materials used in the programme to improve their classroom practices.

Materials have already been adapted and translated into different local languages used. The materials include guides for the teachers involved and for the young facilitators and a package for the participating children. The children's package contains story books, games, rhymes, exercises, etc.

4.4.6 Monitoring and Evaluation

- Baseline surveys to be conducted in both control and case communities to determine the existing levels of on-time enrolment as well as the school readiness of children as they enter school.
- Evaluation will be based on on-time enrolment and school preparedness, and address issues related to programme outcomes, impact, and process.
- The pattern of school readiness for groups of children exposed to the child-to-child learning materials will be compared against control communities whose first grade children will not have had any exposure to the materials.
- The evaluation will also determine the impact of the programme on parents, teachers, child educators and communities.

Ministry of Education

Ministry of Health

Ministry of Women's Affairs