

# **A Multisectoral Holistic Parents’/Caregivers’ Support Package for ECD**

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## ***Framework for Constructing Effective Parenting/ Caregiving Intervention Strategic Communication Roadmap***

**Submitted to UNICEF Ethiopia**

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*This document presents a synthesis report of international and local literature delineating effective parenting/ caregiving practices as in put for designing a multisectoral holistic parenting/ caregiving strategic document. Part one of the document presents introductory remarks that set out the purpose, scope and approach of the work. The second part presents an extensive and critical review of international literature thereby scoping the meaning, contents, approaches and contexts of effective parenting/ caregiving. The next two parts make a focused discussion to situating parenting/ caregiving in the Ethiopian context based on related local studies and parenting/ caregiving manuals that has been developed in the last few decades to guide social and behavioral intervention on parents/ caregivers. The document concludes showing directions, contents and approaches for constructing a comprehensive strategic flow chart to be used in developing the manuals and activities of intervention.*

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## Acronyms and Abbreviation

|        |  |
|--------|--|
| BMS    | Breast Milk Substitutes                            |
| BoWCA  | Bureau of Women and Child Affairs                  |
| CC     | Community Center                                   |
| CCs    | Community Centers                                  |
| ECD    | Early Childhood Development                        |
| ELF    | Early Learning Framework                           |
| FDG    | Focus Group Discussion                             |
| FDRE   | Federal Democratic Republic of Ethiopia            |
| FOAM   | Focus, Opportunity, Ability, Motivation            |
| HVC    | Highly Vulnerable Children                         |
| ICDP   | International Child Development Program            |
| IDP    | Internally Displaced Person                        |
| IP     | Implementing Partner                               |
| IYCF   | Infant and young child feeding                     |
| IYCF-E | Infant and Young Child Feeding in Emergencies      |
| KMC    | Kangaro Mother Care                                |
| MoE    | Ministry of Education                              |
| MWA    | Ministry of Women's Affairs                        |
| NCF    | Nurturing Care Framework                           |
| NGO    | Non-Governmental Organization                      |
| OVC    | Orphaned and Vulnerable Children                   |
| PC     | Parenting/ Caregiving                              |
| PrCr   | Parents/ Caregivers                                |
| SBCC   | Social and Behavioral Change Communication         |
| SHLS   | Safe, Healing and Learning Space                   |
| ToR    | Terms of Reference                                 |
| ToT    | Training of Trainers                               |
| UNICEF | United Nations Children's Fund                     |
| USAID  | United States Agency for International Development |
| WASH   | Water, Sanitation and Hygiene                      |
| WHO    | World Health Organization                          |
| YB     | Yekokeb Berhan                                     |

## Executive Summary

### 1. Introduction

**Background:** As a bridge connecting the past and the future, parenting/ caregiving (PC) is a process of guiding the next generation with the savvy acquired from the past; of helping children grow into adults with a holistic developmental profile. It is an everyday act and attitude of unconditional love of children, ensuring their basic survival and developmental needs, as well as making deliberate choices and functions to nurture them into personalities replete with confidence, autonomy, creative spirit and imagination, character, sense of responsibility, enthusiasm, compassion, and collaborative spirit to help them succeed as children and as adults. It is also an act of protecting children from harboring a great many doubts, sorrows, insecurities, injuries, traumatic events, and harms.

If parents/ caregivers (PrCr) are not mindful of upholding these multifaceted responsibilities diligently, then children will obviously be left to outside forces that cultivate them in ways that barely promise desirable end states. The act of responsible nurturing should at the same time be guarded against the habits of doing PC the way we were done; mainly because no matter hard we try, our parents/ culture tend to continue in us; dictating our practices. Therefore, PC needs to be deliberately constructed so that it can effectively construct the next generation. There has been an increasing understanding of this matter globally in a way resulting into development of numerous intervention programs to empower PrCr with required knowledge, skills and dispositions as nurturers. Even in Ethiopia, this has equally surfaced out over the course of the last few decades. Yet, we need to develop holistic PC packages that are more comprehensive, contextually relevant, and methodologically sound to ensure implementation fidelity.

**Objectives:** The objective of our present exercise is then to develop a comprehensive framework of effective PC that would ultimately help to chart out a roadmap for developing a contextually relevant multisectoral holistic PrCr's strategic communication document. It aims to specifically delineate the scope, contents, processes, principles and contexts of effective PC in Ethiopia.

**Approach and Organization:** In order to achieve the objectives, attempts are made to consult relevant international literature and draw lessons regarding the goals, contents, approaches and methods of PC. A little more extended discussion is also made specifically focusing on the approaches of communication (SBCC and ICDP) that gained global and national prominence in the last few years. SBCC is suggested for use in (problem, behavior, participant, context) analysis and, subsequent to the results, strategic design of messages followed by development of materials through channels specified in the ToR. The ICDP approach is portrayed to be fused into the SBCC messages to make them aligned with the principles of good child-adult interactions; particularly in developing the training manual. Local experiences were then pooled through critical reviews of relevant studies on childcare and PC as well as PC resources developed in Ethiopia to supporting intervention services by different organizations in the last few decades. Finally, major observations were put together to show directions for constructing the PC packages.

### 2. International Literature on Effective PC

PC is differently defined based on its goals and outcomes, approaches and processes, methods and contexts. In terms of goals, PC is a purposive engagement that works to foster children's survival and protection; health and welfare, as well as holistic development. Outcomes of effective PC are not confined only to appropriating children's developmental outcomes, but also of PrCr' learning of new

skills, developing self-efficacy, and reducing negative (harmful, ineffective, and harsh) behaviors including maltreatment and corporal punishment.

In terms of contents of effective PC, addressing children's holistic needs as per the Nurturing Care Framework (NCF) appears vital. NCF expounds PC with focus on the need to addressing the health, nutrition, responsive caregiving, early learning, and safety and security needs of the children in the early years. It is also felt important to incorporate into this NCF, the needs of older children. It is obvious that, as children grow, they develop additional needs (play, character development, academic learning, and interaction beyond family) that NCF should incorporate as a guide for PC manual development. NCF still needs to equally extend to embracing a wide range of caregivers, beyond mothers and fathers, like, for example, sibling care-takers and grandparents that undertake activities of care. More recent studies also suggest the need to address the mental health issues of PrCr themselves as well as empowering them in terms bolstering their economic capacities.

PC effectiveness is also measured in terms of the approaches followed in relating with children. A developmental psychologist, Diana Baumrind, has developed a two dimensional PC approach that pulled the various approaches into a coherent system of viewing PC as 'acceptance/ responsiveness' and 'demandingness/ control' dimensions. While this approach has helped giving a coherent outlook about PC, it, however, turns out to be unduly simplistic, reductionist and deterministic. A rather useful and feasible approach to PC has emerged from synthesis of bulk of literature over the last three decades. This approach is the International Child Development Program (ICDP); which in our present case is preferably a framework/ approach. This framework values the process than content of care. Seven important principles were identified to govern effective parent-child relationship that our present framework pays tribute to: Establish sense of trust and warmth, develop a positive conception about a child, activating PrCr capacities of care, confirming PrCr' competence, use of an inquiry approach to guide PrCr' discussions of good interaction, encouraging sharing and attentive listening among PrCr and using a personalised and empathic interpretative style. Other researchers have also attempted to develop principles based on extensive research on children and families. Some of these principles emphasize the need for a conscious/ mindful PC, creating a strong emotional bond between the parent and the child, gentle PC that focuses on building a strong parent-child relationship through empathy, respect, understanding, boundaries, non-coercive caregiving practices, resourceful caregiving that pays respect to the children, and positive disciplining.

The third important component of our effective PC encompasses the need to understand effectiveness with in contextual limits and historical moments. Bronfenbrenner's ecological model sets out how different levels of the environmental layers structure PC and the need to equip PrCr with skills not only to manage themselves, their children and their relationships, but also to properly transact and manage with the various systems in the ecology of PC so that it would stand in favor of children's holistic development. Accordingly, many factors play a part in influencing the state and process of PC that PrCr need to be mindful of: child-related (age, sex, birth order, disability status, health conditions); parent-related (psychological states, personality, marital status, age, sex, education, parental attitude, affection, and control etc.), and a lot other external (economic, cultural and religious) conditions.

In all these circumstances, PrCr need to be empowered to enhance PC knowledge, skills and attitudes. PrCr need to be assisted to develop an environment around the child that is emotionally, socially and physically stable, empowering, consistent and predictable. PrCr also need to be supported so that they can grow through the PC journey, manage their mental health and be enabled on ways to improving economically for sustaining the children.

As an implication, the international experience generally suggests certain key considerations and strategies to employ in designing effective PC practices. It suggests that a comprehensive guide is crucial for effective PC practices in Ethiopia; given also the diversities of PC practices as well as settings in Ethiopia. PC goals need to be aligned with the Ethiopian cultural, physical and social settings (urban and rural, refugees); values in the different religious orientations; subsuming the various roles, functions (over-functioning and under-functioning of the members), structures, and communication patterns (roles of father, mother, siblings, and younger children) of the nuclear and extended family members as well as considerations of the practices of foster caretakers, adoptive PrCr, step-PrCr, and kinship caretakers. It also requires addressing various issues notably comprising the NCF framework to ensuring a holistic framework of PC intervention program in Ethiopia. Evidence-based PC interventions like ICDP also need to be embedded as they have a long-term impact on the sustainability of PC intervention outcomes. Furthermore, the inclusion of parental well-being and empowerment in the PC intervention is considered a crucial component of the PC intervention package.

### **3.Communicating PC Messages**

PC intervention is effective to the extent that it ensures children’s holistic development; which in turn depends to a large extent on communication and relationship approaches connecting PC message with the audience. In our present PC package, the overall engagement with the target audiences is designed through (Social and Behavioral Change Communication, SBCC) techniques that proved to be effective in several contexts and has also gotten evidence in Ethiopian settings, too. Additionally, the different SBCC outputs will employ the most widely used internationally validated and evidence-based approach (i.e. ICDP) that has equally generated evidence from the Ethiopian perspective.

As per the ToR of this project, caregiver’s manual, radio spot, banners, and table flipcharts are to be used to channel and impact messages on PrCr. In order to identify the different target audiences for each of the above outputs; analyze and address the different behavioral bottlenecks of key themes; identify appropriate channels from the above for the respective audiences, and design/develop the above communication outputs, three major frameworks are employed – P-Process, FOAM framework, and the International Child Development Program (ICDP).

The P-Process is a strategic communication framework to guide program development and execution in a step-by-step process that begins with a loosely defined concept about changing behavior to a strategic and participatory program, with a measurable impact on the intended audience. The P-process comprises of five stages: Analysis, Strategic Design, Development and Testing, Implementation and Monitoring, and Evaluation and Re-planning. For the purpose of this project, the first three stages (i.e., Analysis, Strategic Design, and Development and Testing) of the P-Process are utilized, as these are the most relevant ones.

**Analysis:** Strategic communication needs to begin with a situation analysis aiming to observe, gather, organize, assess, and analyze relevant factors with regard to the theme of PC. A multi-level (problem, participant, behavioral and communication channel) analysis is to be made to bring to light critical information that are required to feed the strategic communication system. Such analysis encompasses addressing concerns like ‘what core messages are best suited to a certain target audience’, in ‘what particular ‘settings’ and through ‘what channel of communication’. Data will be collected from the various secondary sources and analyzed to shed light on the factors affecting the communication efforts.

*Strategic Design:* Results of the analysis will be used to create a comprehensive communication strategy that will help to achieve program objectives. The major component of this stage is the development of a 'Strategy/Creative Brief to develop the creative concepts through consultations of the program and creative team with the draft to be fine-tuned and presented to UNICEF, for reviews.

*Development and Pre-Testing:* translating the analysis and strategic design stages into communication interventions and activities, including messages and materials that will be used to reach and engage the participant groups. For this particular project, this stage entails the development of the manual, radio spots, banners, and flipcharts. Then, the draft materials will be assessed (for attraction/noticeability, strong and weak points, acceptability, comprehension/ memorability, believability, relevance, and persuasion) through focus group discussions (FGDs) with participant groups.

*ICDP-Embedded SBCC:* In the course of identifying, designing and delivering core PC messages, attempts will be made to observe the ICDP principles that were nationally and cross-nationally validated and secured record high receptivity in the field of child and family studies. Yje objectives of ICDP include establishing a trusting, loving and ward relationship, restoring a positive redefinition of the child, confirming positive features in the caregiver's interaction and relationship with her child, internalizing the guidelines of good interaction and the three dialogues, as these provide a common language and frame of reference for sensitization, activating caregiver through different modalities: and encouraging a personal and interpretive way of communicating with examples and stories that invites a caring positive attitude to their children.

#### **4. Local studies**

The Nurturing Care Framework is used to organize local studies as it provides a coherent system of presenting PC services to young children. It underscores the need to ensure stable environments that promote children's health and nutrition, protect children from harm and threats, provide opportunities for early learning/ stimulation, and create responsive, emotionally supportive and developmentally enriching relationships.

*Health:* Evidences indicate that PrCr have knowledge about health in Ethiopia but engage to a lesser extent in practicing their knowledge. Child health care practices are poor mainly in the rural, agro-postural and conflict stricken areas. Only small number of young children receive basic health services, mothers have limited health service seeking behavior during pregnancy; they often use traditional medicine for children as they are believed to be more effective, cheaper and compatible with local experiences than treatments in health facilities. Traditional beliefs held include health facilities are for treatment rather than prevention, illness is a punishment from God, outcome of pregnancy is predetermined by God/Allah, a mother can be exposed to an evil eye if she leaves the house within 10 days after childbirth, bathing during the first 24 hours of life, application of butter and other substances to the cord, and discarding of colostrum milk. Child health care practices in Ethiopia are still at the poorest stage and the traditional practices of health care resonate with caregiving practices over the care in modern health facilities.

*Nutrition:* Breast-feeding and provision of cow milk are the most frequent nutrition for children below two years, high level of awareness of the importance of exclusive breastfeeding and high prevalence of exclusive breastfeeding in the first six months. However, from the introduction of complementary feeding, most children's nutritional status is compromised by lack of parental knowledge, limited access to nutritious foods.



*Security and Safety:* Negative disciplining methods like corporal punishment are used. Other traditional practices observed that deprive children of their security and safety includes female genital mutilation/cutting, uvulectomy, milk-teeth extraction, abduction, child abuse and lack of onetime registration for children. Parental monitoring and supervision are often low in rural Ethiopia; PrCr often do not know about their children's whereabouts or activities.

*Early Learning:* In urban areas, parental knowledge exists on key desirable PC behaviors; but motivational, availability (personal) and affordability (resources) problems were key parental concerns. Rural and agrarian PrCr give more priority to conforming to rather than self-directing PC values, and exercise traditional authoritarian beliefs that involve use of physical punishment. Children are reared up to becoming respectful, religious, loyal, honest, decent, polite, quiet, helpful, secretive, supportive to PrCr and citizens who love their country. Infant-mother co-sleeping are customary care practices. Limited attendance of pre-primary education was observed. Use of oral storytelling, riddle and folksongs are the common PC practices among the agrarian, agro- pastoral and pastoral communities. Traditions prevail across regions to teach children about their family history and culture. Community PC is exercised mainly in rural area and young children belong to a neighborhood.

*Responsive caregiving:* poor health, nutrition, and other adversities threaten children under five years of age in low income countries including Ethiopia, preventing them from reaching their developmental potential. Responsive care giving that includes health, nutrition, safety and security and early stimulation is very poor in urban and rural areas of Ethiopia. Promotion of essential new-born care should be given emphasis through the provision of community awareness and counseling to all pregnant women on essential new-born care and neonatal danger signs. Improving new-born survival begins with improving the health status of their mothers.

## **5. Local PC Manuals**

While several PC manuals and interventions were arguably conducted, a sample of 12 manuals produced between 2009 and 2023 were reviewed to extract lessons from them. Some of them were developed by the Government while others were by NGOs. Purposes ranged from serving as a guideline for organizations providing childcare services to ToT for professionals and then to manuals aiming at directly shaping PrCr's skills. Some manuals make a selective focus on certain groups of children (e.g. OVC, those in displacement areas); others pay more attention to young children while the rest cover children's development with ages unspecified. Variations were also evident in terms of content of PrCr behaviors or children's needs (e.g. health, nutrition etc.) as it can be presented later. Differences in these manuals were also observed in terms of modalities used; many used module-based training facilitation while few others used Social and Behavioral Change Communication (SBCC technique). These various manuals were examined by classifying them into three types: General manuals, health, nutrition and care manuals, and SBCC-based manuals.

A number of lessons can be drawn from these three clusters of manuals. Most important of all is the fact that the goal of PC was to effect changes not only in building knowledge, but, more importantly, skills and attitudes of PC of children. Because the goal is to bring behavioral changes, then a more engaging, practical and interactive training methodologies were used. The second most important goal mentioned in some manuals is the need to provide empowering services to PrCr so that they can be able to deliver childcare services effectively. These empowering services include helping PrCr to help children by addressing the psychosocial, mental health, and economic needs of PrCr; addressing children's need in emergencies for safety and healing needs through improving PrCr' stress management skills. Some of

the good lessons that can be drawn from some of the intervention manuals include use of a more integrative and holistic approaches, efforts to revitalize community-based care approach, and a blended use of variety of training methodologies in a single training intervention alone. Furthermore, use of a more strength-based approach was emphasized as it can be seen, for example, in such languages and contents as positive parent–child interaction skills, children’s positive development, positive attention and play, positive disciplining etc. These being good practices to be considered as lessons for building our present PC manuals, we also need to learn from the limitations noted in some manuals. One such limitation is the need to put in place a built in system in the PC manuals that help ensuring the sustainability of possible changes noted in PC behaviors as a result of interventions. Other gaps noted and need to be addressed in our present manuals include the need to widen the scope of intervention on PC behaviors and children’s development outcomes, incorporating the diverse needs of the PrCr, learning from PrCr’s positive PC experiences rather than trying all the time to give skills to them, and the need to articulate a stronger position of healing PrCr first so that to heal their children next; or concomitantly manage the two.

## **6. Conclusions and Recommendations**

PrCr are the primary actors of children’s development, survival and protection. Review of international experiences generally suggests that PC interventions need to be effective in terms of design and delivery so that they would be able to serve the intended purposes. To this end, it is required that PC be comprehensive, diverse, and contextual in terms of goals, contents, approaches and methods. PC goals need to be aligned with children’s holistic needs, objective and subjective conditions of the various cultural, physical and social settings of Ethiopia; value orientations of the various religious groups; roles, functions, structures, and communication patterns of the nuclear and extended family members as well as foster caretakers, adoptive PrCr, step-PrCr, and kinship caretakers. Contents of PC interventions also need to integrate the NCF framework with the ELF to ensuring a more comprehensive, holistic and inclusive approach of PC intervention in Ethiopia. Inclusion of parental well-being and empowerment in the PC intervention is also required to be included as a crucial component of the PC intervention package. PC effectiveness also requires use of approaches that allow incorporation of local practices, realities and diversities and, in so doing, has generated valid, comprehensive, contextually relevant and evidence-based promises in meeting their targets.

Review of local studies on PC have disclosed that PrCr’s knowledge on health, nutrition, safety and security, early learning and stimulation and responsive caregiving were relatively better; but translation of knowledge into practice is low, services in health facilities are poor, PrCr make preference to traditional services because of affordability, perceived effectiveness and poor quality of services in modern health centers. While these preferences could serve immediate needs but, in the long-term, seem to disclose children to several harmful outcomes. Review of local PC manuals suggests that, although a number of good lessons can be observed in terms of addressing such PC gaps, the manuals retain at the same time different limitations in terms of scope, purpose, approach and impact. Hence, there is a need for intervention package that is more responsive of to the needs of PC in many settlements for different actors and beneficiaries.

In this connection, there is, therefore, a need to develop a comprehensive multisectoral and holistic package for PC in Ethiopia. In order to establish the ground for generating these packages, we need to firstly set out a relevant strategic communication document. This strategic communication document serves to chart out the details of PC resource development based on the techniques of SBCC and ICDP.

This document is a content flow chart of PC strategic issues based on SBCC situation analysis (of problems, behaviors, participants/ target groups, messages) charting out a strategic briefing document.

## 1. Introduction

### 1.1. Background

In a contested media debate on how to work for a prosperous Africa, a discussant gave an incessant commentary that continues to reverberate in the hearts and souls of the audience, “if you want to transform the economy, work on the infrastructure, open up industries and improve work efficiency; if you want to improve the health system, construct state-of-the art health facilities, put quality personnel in place and efficiently operate the system; if you want to curb the rampant corruption in the continent that has been robbing Africa’s dream for a changed future, work out a built-in system of accountability that excuses neither the technocrat nor the bureaucrat; However, if you need to transform Africa into the road of sustainable prosperity, work on Africa whose destiny hangs on its children. Yet, children’s future is in the hand of parents; so work on parents”.

PC is then far more than a dyadic child-caregiver interaction; rather, an instrument to transforming a nation. It is reputed with the responsibility of nation building; good nation is just a collective making of good souls. “How does this happen?” is a critical question that has overflowed the PC scholarship for millennia. PC is an elusive, complex and multifaceted concept than what it apparently looks and, therefore, continues to invite debates on questions like: “What is PC” in the first place and, “effective PC” in particular? “How does effective PC develop?” “What is the role of education (parent training/ intervention) in effecting PC?” “How should PC interventions need to be designed to impact practices and daily performances?”

In a form that apparently turns out to be dismissive of the confusions and uncertainties that surround the meaning of PC, Dweck (2020) has persuasively articulated a meaning that describes PC in terms of its the intended goal of minding children’s present needs, “If parents want to give their children a gift, the best thing they can do is to teach their children to love challenges, be intrigued by mistakes, enjoy effort, and keep on learning. That way, their children don’t have to be slaves of praise. They will have a lifelong way to build and repair their own confidence.” In a book titled, “The Gardener and the Carpenter: What the New Science of Child Development Tells Us about the Relationship between Parents and Children,” Gopnik (2016) has given a more scientific account of the PC job, “So our job as parents is not to make a particular kind of child. Instead, our job is to provide a protected space of love, safety, and stability in which children of many unpredictable kinds can flourish. Our job is not to shape our children’s minds; it’s to let those minds explore all the possibilities that the world allows. Our job is not to tell children how to play; it’s to give them the toys and pick the toys up again after the kids are done. We can’t make children learn, but we can let them learn.”

Other scholars see another side of the PC coin that PC is not about children growing up; it is equally about PrCr increasingly maturing; thus PC is an evolving and dynamic concept both

within the same parent as well as across PrCr over historical time. So, PrCr are perfectly imperfect and, therefore, need to increasingly move towards understanding and managing their imperfections. PC in the words of Angela Schwindt is “Instrumental for learning and growth as an adult; while we try to teach our children all about life, our children teach us what life is all about”. In a similar vein, Joyce Maynard is remembered for an eloquent speech, “It’s not only children who grow; parents do, too. As much as we watch to see what our children do with their lives, they are watching us to see what we do with ours. I can’t tell my children to reach for the sun. All I can do is reach for it, myself”.

PC, as a reciprocal source of growth and learning, can be pushed to a greater height through educational, social and behavioral intervention programs designed to improve PrCr’s knowledge, attitudes, practices, and skills. Targeting various facets of parent-child relationships in several settings, these PC interventions have proved to bear profound positive impacts on child-parent relationship, children’s holistic development as well as parental empowerment ((Bunting, 2004; Backhaus et al., 2023). Outcomes of effective PC are associated with children’s holistic competence (Shaffer & Kipp, 2013; Backhaus et al., 2023), parental acquisition of new skills and self-efficacy (Sandler et al., 2010), and overall reduction of negative, harmful and ineffective PC behaviors (Backhaus et al., 2023). However, effectiveness of such interventions largely depend on the quality of intervention designs, implementation manuals and delivery efficacy. In this regard, a sizeable number of PC intervention manuals were developed in Ethiopia by different agencies, at different times, for different purposes, focusing on different aspects of childcare and needs and employing different approaches. However, there is still a need to develop a more inclusive, comprehensive and multisectoral holistic PrCr’s support package for ECD. Our present exercise of literature review is then to set out a firework that guides development of the multisectoral holistic PrCr’s support package including manual development.

## **1.2.Objectives**

The general objective of this framework development is to delineate the roadmap for developing a contextually relevant multisectoral holistic PrCr’s support package for ECD. In more specific terms, it aims to define what effective PC encompasses in terms of goals, contents, approaches and methods. It also aims to point out the gaps and strengths in the existing childcare services in Ethiopia based on a critical review of available local research literature and, in doing so, will set out a platform to orienting the contents and directions that the development of the multisectoral holistic PrCr support package should take. The framework still aims to look for a flesh for nurturing the PC packages taking stock of the strengths and limitations that characterize the existing PC packages in Ethiopia.

## **1.3.Approach and organization**

This work is basically a desk review of global and national experiences in PC field. It specifically begins with the international perspective where research and theory were reviewed to synthesize what effective PC is in its various forms. With this as a background, attempts were made to feature what research has to offer regarding childcare practices with specific focus on contents that embed the NCF. In a manner to see how the needs that make up the NCF are addressed in Ethiopia, further attempts were then made to examine the PC intervention packages

available in the country at large. Finally, major observations were put together to show directions for constructing the PC packages.

## 2. International Literature on Effective PC

PC is an inalienable human attribute that is invariably defined by different scholars in different ways. These differences are accounted for mainly by the fact that PC goes far beyond the dyadic relationship between a child and an adult and rather embraces a much deeper meaning, a complex array of activities, network of actors, and divergent orientations. It is this dyadic relationship operating within the limits of the conditions of the two interacting personalities, in specific contexts and settings, at a certain historical time and towards achieving certain end states. That is, effective PC is a phenomenon gauged in terms of its goals, processes (approach, methods and interactions/ relationships), contents, outcomes, contexts and settings. We shall, in this section, try to conceptualize, first and foremost, what effective PC holds in terms of purposes, approaches/ processes and outcomes, and, furthermore, what it takes to empower PC so that they can deliver expectations as critical actors in childcare, learning and development. Theories and models that are commonly deployed to informing the field and practice of PC are consulted in explicating the process and outcome. Figure 1 presents the conceptual framework that encapsulates effective parenting and the contextual factors that affect its essence.

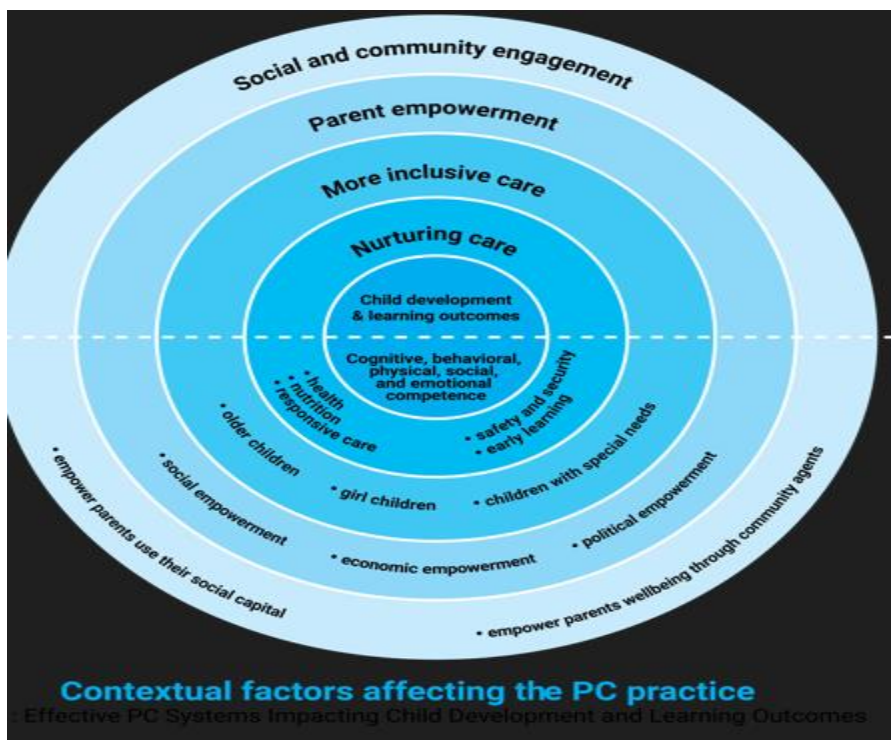


Figure 2: Effective PC and contextual factors affecting it

## 2.1. Effective PC Goals and Outcomes

PC practices around the world share three major goals: ensuring children's health and safety, preparing children for life as productive adults, and transmitting cultural values. PC can be defined as an engagement of PrCr to promote children's accomplishment of culturally and age-appropriate developmental tasks and to reduce problem behaviors (Sandler et al., 2011). It is the process of promoting and supporting the holistic (physical, cognitive, emotional, social) development of a child. PC is a purposive activity whereby PrCr provide care, nurturing and love in order to meet the child's developmental needs, and ensure their survival and welfare (Clarke, 2021). In a role defining and culture oriented manner, Bornstein (1991) described it as a "particular and continuing task of PrCr and other PrCr to enculturate children . . . to prepare them for socially accepted physical, economic, and psychological situations that are characteristic of the culture in which they are to survive and thrive, p. 6". In more specific terms, western-oriented developmentalists conceptualize the goals of PC in terms of fostering independence, self-regulation, and attainment of increasingly evolving capacities towards individuation and self-actualization. In societies like Ethiopia, these goals need to be complemented as well with the need for children to develop skills for interdependence, cooperation and collective survival. Given that the greater majority of Ethiopian people subscribe to one form of religious denomination or another, the goal of PC also needs to resonate with this Ethio-centric (relegio-cultural) view of culturing the children.

Outcomes of the effective PC for children are physical, cognitive, social, and emotional competencies (Shaffer & Kipp, 2013). From effective PC, PrCr themselves can learn new skills and develop PC self-efficacy (Sandler et al., 2010). PC interventions reduce overall negative PC, including harmful and ineffective PC behaviors, and improve positive PC. Harsh PC (including maltreatment and other harsh and aggressive PC behaviors) is reduced after PrCr participate in PC interventions (Backhaus et al., 2023),

PC interventions arguably improve competencies and efficacy of PrCr in PC practices. The findings from systematic reviews indicate that PC programs can have a positive impact on a range of outcomes, including improved child behavior, maternal self-esteem and relationship adjustment, improved mother-child interaction and knowledge and decreased maternal depression and stress. While there is a need for comprehensive evaluation of the long-term impact of these programs, existing evidences indicate that these positive results are maintained over time, with group-based, behaviorally orientated programs tending to be more effective (Bunting, 2004).

In another comprehensive systematic review of 435 randomized controlled trials from 65 countries, it was found that PC interventions improve a range of parent, child and family outcomes. This review specifically indicated that PC interventions reduce negative PC behaviors, including maltreatment, and improve positive and nurturing PC behaviors across all contexts and types of interventions examined (Backhaus et al., 2023).

Empowered and sensitive PrCr recognize their children's needs and try to address them. Children of sensitive PrCr are more likely to show positive outcomes in several areas of development (e.g., develop secure and organized attachment styles with PrCr, social emotional development, brain development and language development).



PrCr who recognize and are responsive to the needs, feelings, interests of children and who help children to regulate their emotions, understand their own mental states, and negotiate temporary breakdowns (Moore, 2006). The quality of care amounts to the quality of relationship between the care provider and the child (Shonkoff & Phillips, 2000). It is found that the capacity for positive, nurturing, non-abusive PC practices that promote good developmental and health outcomes in children is related to prenatal self-regulation training (Sanders et al., 2013). For example, for PrCr to self-regulate, a training package named Triple P- Positive PC Program - has been provided. A systematic review and meta-analysis that aimed to examine the effects of the Triple P-Positive PC Program has shown positive changes in children's social, emotional and behavioral outcomes, PC practices, PC satisfaction and efficacy, parental adjustment, and parental relationship (Sanders et al., 2014).

## 2.2. Effective PC Contents: “What” Matters a Lot

“What do PrCr require to attend to” is the most important factor in effective PC. The Nurturing Care Framework (NCF) is one of the most widely used framework to expound PC with a focus on the need to addressing the health, nutrition, responsive caregiving, early learning, and safety and security needs of the children in the early years (WHO, 2018). Below are brief descriptions of these components of effective care.

**Health care:** PrCr need to have the capacity to provide children's basic right for health care services to ensure one of the critical issues in children's wellbeing. This service includes rights for birth registration, proper nutrition, immunizations, protection from illness, and sanitation/hygiene. PrCr' lack of awareness of nutrition has been a key barrier to effective PC. Nutrition-sensitive multi-sectoral support for PrCr is needed. PrCr need to have a clear understanding of stunting and other forms of undernutrition in terms of their presentation, causes and consequences. Sectors such as health, agriculture, water, sanitation and hygiene (WASH); social protection and education may need to interactively collaborate to support PrCr to have better knowledge about malnutrition and have skills to minimize it. Ensuring children's rights to birth registration is another key aspect that PrCr are expected to achieve. This aspect of parental roles can be supported by sectors such as education, health, community organizations and the civil registration offices. Accordingly, it is better to initiate an interactive PC model of intervention to recognize roles and responsibilities of PrCr and effectively engage with each other to support PrCr and ensure effective PC.

**Protection and Safety:** Young children live in three interconnected spaces of home, preschool and the space between home and preschool; which can be called “community space”. Children have to feel safe and protected across these spaces. They have to be protected by PrCr at home, teachers in preschool, and community members in the community spaces. This indicates that PrCr (family members), preschool teachers and community members need to have the competence to protect children. They need to have the attitude that they are responsible to protect children from any risk and abuses; they need to have the knowledge and skill for protecting children. Sectors such as education, security, and local community organizations are the key ones to support PC in this regard.

**Early Stimulation:** This is one of the significant aspects of PC to ensure optimal physical, cognitive, emotional, and social development and attaining child wellbeing. Early stimulation consists of doing simple, everyday activities with a child, like talking, singing, reading, and playing. The early stimulation is done for a child from birth to 3 years and immensely contributes to the rich holistic development. It also includes PrCr' roles in gradually connecting children to relevant values, norms and acceptable behaviors so that it helps children to know their social and natural environment and grow connected to the values of the community they live with. Connecting young children to local knowledge, helping children to become resilient, making children to have age-relevant social and communication skills. Sectors such as education, and gender and social affairs are key to supporting PrCr. Sectors such as health, education and social affairs need to support the development of good PC.

**Responsive Caregiving:** This refers to PC, caregiving, and socialization to children based on an individual child's conditions and needs. Responsive caregiving builds on contextual interactions between children and PrCr. It helps to understand diversity and ensure a care and PC practices that is inclusive of children with special needs. Sectors such as education, health, community organizations, and agriculture are relevant in supporting effective PC in this aspect.

The World Health Organization (2018) supports the integration of Nurturing Care Framework (NCF) in the humanitarian programs and services in observance of the need for (1) a holistic approach to families' and children's well-being (focused on encompassing protection, mental health, nutrition, and learning opportunities), (2) an emphasis on swiftly re-establishing security and routines through early-learning programs, family support networks, and other services, as they contribute to a sense of comfort, (3) efforts directed towards rebuilding communities' social capital by promoting social cohesion and positive relationships among displaced and host community members, and (4) customizing the nurturing care, considering measurement, implementation, and evaluation, with sensitivity to diverse cultures and contexts. Notably, NCF supports to lower stress and develops emotional and cognitive coping strategies.

**Beyond the Nurturing Care Framework:** There are a lot more additional contents to be simultaneously attended to make NCF more complete and impactful during PC intervention. First, as children grow, they don't only make increasing demands of their rights for meeting these needs and in ways different from those the earlier years; they also develop other additional needs for play, character development, academic learning, and interaction beyond family. These needs also emerge as equally competing as the early needs for care, protection, wellbeing and survival.

Second, in contexts where nuclear family is fused into a system of extended network of care, the key components of the Nurturing Care Framework of children needs to equally embrace such other care-givers who, beyond mothers and fathers, refer to foster care-takers, adoptive PrCr, step-PrCr, but also to 'kinship' care-takers, sibling care-takers and grandPrCr that undertake activities of care and bring up children.

Third, research evidences has increasingly shown that PrCr themselves needs to be helped to manage their own life so that they would emerge as effective careers. More recent systematic



review of childcare literature has also sent messages indicating that the health of those who care for someone with a health condition or advanced age is poorer, on average, than non-careers. Studies assessing the mental and physical health of young careers have also found that young careers, too, had poorer physical and mental health, on average, than their non-caregiving peers. In recognition of these evidences as well as those from the Lancet and UNICEF, Early Childhood Development and Nurturing Care Framework recommendation that there is a need to include preventive support for caregiver health and emotional well-being as a key factor for improving optimal child development particularly in resource-constrained low- and middle-income countries where there is yet very little support for caregiver emotional well-being. Hence, the caregiver intervention package needs to boost parental skills in stress management, self-care and conflict-resolution skills to support their emotional well-being to be addressed in an integrated manner through caregiver intervention packages designed based on the Social and Behavioral Change Communication (SBCC) approach to inspire PrCr, ensure their commitments, and improve their attitudes and skills on top of their knowledge of childcare practices.

### 2.3. Effective PC Approaches: ‘How’ also Matters Equally’

#### General Approaches

Using systematic reviews, Bunting (2004) identified four theoretical perspectives most commonly used in PC programs. These are *Behavioral*, *Cognitive-Behavioral*, *Relationship-based*, and *Multimodal PC programs*. The Behavioral PC Programs are based on social learning principles that use positive reinforcement, negotiation, and finding alternatives to punishment. The *Cognitive Behavioral PC Programs* use the principles of behavioral PC, but add cognitive elements to help PrCr restructure and reframe their thinking about their children and PC their children. The *Relationship-Based PC Programs* focus on listening and communication skills. Many basic principles used in counseling are applied to parent–child communications. The *Multimodal PC Programs* combine the elements of various programs and are eclectic in nature.

In a manner to integrate the several types of PC approaches, Baumrind attempted to dimensionalize the complexities of PC so that approaches can be simple, clear and feasible for intervention. The approach envisioned PC in terms of parental acceptance/ responsiveness and parental demandingness/ control. Acceptance/responsiveness refers to the amount of support and affection that a parent displays. These PrCr often smile at, praise and encourage their children. They express a great deal of warmth, even though they can become quite critical at a child who misbehaves. Less accepting and relatively unresponsive PrCr are often quick to criticize, belittle, punish, or ignore a child. Demandingness/control refers to the amount of regulation or supervision PrCr undertake with their children. Control/demanding PrCr place limits on their children’s freedom of expression by imposing many demands. They actively monitor their children’s behavior to ensure that these rules are followed. Warm, responsive, PC is consistently associated with such positive development outcomes as secure emotional attachments, a prosocial orientation, good peer relations, high self-esteem, and a strong sense of morality (Shaffer & Kipp, 2013).

#### Parent-Child Interaction Principles

Baumrind's effort of dimensionalizing PC gave an insight to bring forth how these two axes interact to forming PC styles and the ensuing parent/ caregiver-child interaction. Accordingly, effective PC is about having effective parent-child relationships that most often are characterized as ones that include high levels of nurturance, use of effective control strategies, and support of children in accomplishing normative developmental tasks (Sandler et al., 2011). In many other PC researches, too, the quality and quantity of interaction established between PrCr and children are the engines of child learning and development outcomes. An important approach of interaction that has proved to be effective and received wider international recognition and worth mentioning and integrating in our present framework is the International Child development Program (ICDP).

According to ICDP, how the child is provided with his/ her needs is as equally important as what needs the child is provided with. In the same way, how the main message is delivered to PrCr is just as important as the message itself. In this connection, the ICDP<sup>1</sup> psychosocial intervention program aims to enhance and enrich the relationship between PrCr and their children. It is designed to identify and reactivate local cultural practices, in order to stimulate development that is authentic, sustainable and long lasting.

The objectives and principles of ICDP are to:

1. influence the caregiver's experience of the child in a positive way, so that the caregiver can identify with and 'feel with the child', sense the child's state and needs and adjust her/his caring actions to the child's needs and initiatives.
2. strengthen self-confidence in the caregiver.
3. give children the opportunity to be heard, listened to and responded to by opening up a space for meaningful dialogues with adults.
4. give children opportunities to follow their own initiatives giving them support when needed, but without taking over the control of the situation from the children.
5. promote a sensitive emotional-expressive communication between caregiver and child that may lead to a positive emotional and developmental relationship between the two.
6. promote an enriching, stimulating interaction between caregiver and child that expands and guides the child's experiences and actions in relation to the surrounding world.
7. reactivate indigenous child-rearing practices and values, including the child culture of play, games, songs and co-operative activities.

The task of ICDP training is to sensitize, build competence and confidence in members of a community or an existing child caring system, so as to withdraw after some time and transfer the project to the local resource persons.

In decades of research on children and families, Steinberg (2004) has also identified principles of PC to healthy child development that are reorganized, integrated with similar other principles and briefly presented below.

**What PrCr do matters:** Children are learning from what their PrCr do. Therefore, PrCr need to be involved in their child's life. They need to be there for their children mentally and physically.

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<sup>1</sup> [Programme - ICDP](#)

It frequently means sacrificing what PrCr want to do for what their child needs to do. Furthermore, they need to be good models for their children. In all cases, PrCr need to be conscious/ mindful of their PC. The principles of conscious PC style, like mindful presence, self-reflection, acceptance of the child's true self, non-judgmental PC, parental responsibility, embracing imperfection, connection over control, mindful discipline, encourage independence, and parent-child co-creation are required to consider in the caregiving process (Tsabary, 2014). In addition, Zinn and Zinn (2009) promote to integrate mindfulness practices into PC. This caregiving style involves being fully present in each moment, practicing non-judgmental awareness, and cultivating compassion for oneself and one's children. Mindful PC aims to reduce stress, enhance parent-child relationships, and promote emotional well-being.

**Need for creating a strong emotional bond** between the parent and the child. Sources of thrive for the children are rooted in secure attachment, love, and support from care providers. Although there is no limit for the warmth and affection to one's child, taking serious things lightly in the name of love spoils children.

**Resources for PrCr** is a PC philosophy that gives attention to the relevance of respecting and treating infants and young children as individuals. It initiates observing and understanding a child's cues, allowing for independent exploration and self-discovery. The approach emphasizes the importance of creating a responsive and respectful caregiving environment. It utilizes the principles like respect for infant as individual, uninterrupted play, observation, responsiveness, promote self-initiative moment, establish predictable routines, encouraging self-soothing, respecting limits and setting boundaries, encouraging independent play, and authentic communication (Geber, 1978).

**Positive disciplining:** first, treat the child with respect. Second, establish and set age-appropriate rules. Third, explain rules and decisions. Fourth, be consistent. If rules vary from day to day in an unpredictable fashion or if the child is enforced only intermittently, the child's misbehavior is the parent's fault, not his. PrCr' most important disciplinary tool is consistency. Fifth, avoid harsh discipline; never hit a child, under any circumstances. Positive discipline PC style also guides and informs PrCr on how they are expected to focus when they discipline their children. This gives emphasis on teaching children self-control, responsibility, and problem-solving skills rather than use punitive measures to discipline them as well as delve the relevance of mutual respect between PrCr and children, using non-punitive disciplinary methods to encourage positive behavior (Nelsen, 1981).

**Gentle PC** focuses on building a strong parent-child relationship through empathy, respect, understanding, boundaries, and non-coercive of caregiving practices. The practice of caregiving method is guided by the principles, include empathy and understanding, positive discipline, respectful communication, avoidance of punishment, building a secure attachment, balancing freedom and boundaries, mindful PC, modeling positive behavior, acknowledging emotions, and flexibility and adaptability (Smith, 2014).

#### **2.4. Effective PC in Context: Contextual factors of PC practices**

There are several theories that explain, inform and guide PC practices. The most widely used theoretical framework that guides PC and caregiving service provisions and interventions is

Bronfenbrenner's ecological systems theory. It purports that human development is a process that happens in time with repeated engagement of individuals, reciprocal interaction with people, structure and ecological environment at large (Bronfenbrenner & Ceci, 1994). The developmental niche is conceptualized in terms of three basic components: (1) the physical and social settings of the child's everyday life; (2) culturally regulated customs of child care and child rearing; and (3) the psychology of the caretakers (Harkness & Super, 1994).

Many factors play a part in influencing the state or process of PC; birth order of children; children's behavior; communication; culture and religion; education/literacy of PrCr; family breakup/changes; feeding practice, physical activity, and health; fertility rates and new reproductive technologies; intercultural marriage; internet use; parental attitude, affection, and control; perception of PC; personality traits of PrCr and children; preference for male children; significant others; social economic status; and work-family balance (Foo, 2019). PrCr and PrCr differ in so many ways that ultimately affect their behavior. These may include education, economy, age, religion, culture, ethnicity, PC style, health condition, living area, etc. These variations have their own long and short-term positive or negative impact on the developing child. These differences call for PC and caregiving intervention to make PrCr and PrCr competent enough to care for their children effectively (Britto et al., 2016).

Parental sex is still another source of diversity in PC. Globally, across a vast array of cultural diversity, fathers and mothers in fact share similar PC goals of survival, protection, teaching, and fostering self-fulfillment in their offspring. As primary PrCr for children, mothers are expected to get their children ready in life regarding language, behavior, appearance, physical and intellectual skills, health, and hygiene. Such an intensive mothering role requires a significant amount of time, money, and devotion (Foo, 2019). In addition, today's fathers are now more nurturing and involved than ever before. Fathers' supportive involvement in childrearing will enhance children's self-esteem, life satisfaction, and social competence (Park, 2018). Fathers' roles in PC are characterized by spending time with their children, having dominant position in the family, providing resources to the family, protecting the family, and having a unique role to play in the identity formation of their sons and as models of gender-appropriate behavior (DeKlyen, Speltz, & Greenberg, 1998; Cited in Foo, 2019).

## 2.5. Parent/ Caregiver Empowerment

**Enhances Knowledge, Skills and Attitudes:** PC practice is an important responsibility that requires knowledge, readiness and skills. The major challenges for effective PC were parental knowledge, attitude, and mothers' work routine (Gaikwad et al., 2020). PC interventions are social and behavioral programs designed to improve the PrCr' knowledge, attitudes, practices, and skills. They target parent-child relationships, stimulation, attachment and parental sensitivity, behavior management, positive disciplining, maltreatment prevention, parental mental health, and others (Jeong et al. 2021). PC interventions result in effective PC practices that help children survive and thrive from around the world. Effective PC can be characterized by sensitivity to children's health and nutritional needs, responsiveness to care, developmentally stimulating and appropriateness, opportunities for learning, play and exploration, and protection from adversities.

**Simplicity PC** advocates for simplifying a child's environment to reduce stress and nurture their well-being. It involves de-cluttering both physical and emotional spaces, creating routines, and minimizing exposure to adult concerns. It aims to proffer a calm and predictable environment that supports healthy child development. In the process the principles like decluttering environment, establish predictable routines, minimize media exposure, balancing extracurricular activities, promote unstructured play, prioritizing family time, creating a calm bedtime routine, filtering adult concerns, promoting outdoor play, and cultivating a slow-paced lifestyle (Payne, 2009).

**Parental Wellbeing and Economic Empowerment** are relevant issues that call serious attention in the effective caregiving practice. Emotional and mental status of PrCr determines the quality and effective caregiving practices. PrCr who are emotionally and mentally healthy are better equipped to provide a nurturing and supportive environment for their children. Research has verified that parental stress, anxiety, and depression can negatively impact children's development and well-being. To cope up with these challenges, PrCr are expected to prioritize their own well-being by engaging in self-care activities, seeking support from family and friends, and seeking professional help when needed. In addition, effective child care practice is influenced by caregiver's financial resources. PrCr who have financial resource are able to address the children's basic needs and healthcare. This empowerment enables PrCr to invest a lot in children's education and extracurricular activities, which can have a positive impact on their children's development (<http://ccfwb.uw.edu>).

**Social and Community Engagement:** social and community engagement is required to empower parents in managing their health as well as their childcare and management responsibilities.

## 2.6. Summary

PC is a crucial responsibility that helps children survive and thrive. It is a complex activity that requires the competence of a PC individual and the involvement of different parties and factors-human and non-human. It should then be executed with defined goals, identified and planned provisions and expected outcomes. If PrCr are cognizant of these elements of PC and practice them properly, it can be considered as effective PC.

Effective PC ensures the holistic (physical, cognitive, emotional, social) development of children through addressing the health, nutrition, responsive care, early learning, and safety and security needs of children. By addressing the developmental needs of children, effective PC can warrant the survival and welfare of developing children. Once survival is secured through effective PC, children start thriving – show development and learning such as emotional maturity, socialization, independence and interdependence, high self-esteem, problem solving skills, enculturation, etc. Effective PC has also a reciprocal effect that PrCr can benefit from it. They can develop positive behaviors, have improved self-esteem, decreased stress and depression, reduced negative PC behaviors, increased child rearing knowledge and skills, PC satisfaction and self-efficacy.

In order to make PC practices effective, different interventions have been given to PrCr. Effective PC interventions are guided and informed by theoretical frameworks. Among the most widely used individual and systemic theoretical frameworks, behavioral, cognitive, developmental niche and ecological systems theories are worth mentioning. To address PC styles that are practiced against the optimal development of children, researchers like Baumrind have studied PC. In more generic terms, PC approaches are categorized as responsive and demanding PC styles. The former appears to be promoting child development while the latter limits it. As responsive PC is the most sought after PC approach that promotes parent-child interaction, there are principles that facilitate this interaction. These are like role playing, creating strong emotional bond, applying positive disciplining, practicing gentle PC, and have consistency in PC process. These are some of the PC principles that could be followed by effective PrCr.

In designing PC intervention, there are factors to be considered. The urban-rural, poor-rich, literate-illiterate, mother-father, Christian-Muslim divides, for example, have their own role in child rearing practices and they shall be addressed. Therefore, consideration of the situation of PrCr is important to come up with an effective PC intervention that suits the needs of these groups. Based on their needs, PrCr shall be empowered in knowledge and skills, economy, health, and attitude. This empowerment could make PrCr effective in PC process. Many of Ethiopian PrCr are believed to be at a disadvantage in this regard and parent/caregiver empowerment through social and behavioral change communications mechanisms is a timely issue.

Therefore, PC intervention programs, training manuals and parental messages shall be developed based on the objectives of the program and child outcome, theoretical underpinnings, PC principles, and effective PC approaches. In this review, the meaning of PC, theories of effective PC, effective caregiving principles, and outcomes are indicated to base on for the development of PC intervention manual.

### **3.Communicating PC Messages:**

#### **What approaches need to be employed in communicating PC messages?**

This section points out effective PC approaches that contribute to the holistic development of children through ensuring parental/ caregiver knowledge, skills and dispositions. The sections below present how the overall engagement with the target audiences is designed through (Social and Behavioral Change Communication, SBCC) techniques that proved to be effective in several contexts and has also gotten evidence in Ethiopian settings, too. Additionally, the different SBCC outputs will employ the most widely used, internationally validated and evidence-based, approach (i.e. the International Child Development Program, or simply the Meditational Intervention Approach) that has equally generated evidence from Ethiopian perspective.

#### **3.1.Overview**

According to the ToR, the following are the expected SBCC outputs of the assignment targeting the various audiences: A caregiver's manual having 12 sessions, radio spot comprising of 24 episodes, 12 banners, and table flipchart



In order to identify the different target audiences for each of the above outputs; analyze and address the different behavioral bottlenecks of key themes; identify appropriate channels from the above for the respective audiences, and design/develop the above communication outputs, we will employ three major frameworks – P-Process<sup>2</sup>, FOAM<sup>3</sup> framework, and The International Child Development Program (ICDP)<sup>4</sup>.

### 3.2.The P-Process

The P-Process is a framework designed to guide strategic communication programs and is a step-by-step road map leading from a loosely defined concept about changing behavior to a strategic and participatory program, with a measurable impact on the intended audience. The P-process comprises of five stages, which are: Analysis, Strategic Design, Development and Testing, Implementation and Monitoring, and Evaluation and Re-planning. For the purpose of this project, the first three stages (i.e., Analysis, Strategic Design, and Development and Testing) of the P-Process will be utilized, as these are the most appropriate.

#### 3.2.1.Analysis

Strategic communication, in the first place, demands an understanding of all the factors that may have an impact on communication efforts. Such an understanding, a situation analysis, serves as the guide for all communication activities. The general aim of the analysis stage is to observe, gather, organize, assess, and analyze relevant factors with regards to the theme of PC. Data collected from the various secondary sources and analyzed will shed light on the factors affecting the communication efforts. The

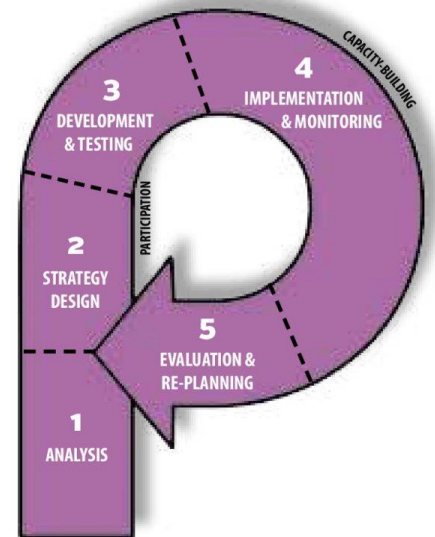


Figure 3: The SBCC Analysis Cycle

components of this stage include:

- Problem Analysis
- Participant and Behavioral Analysis
- Communication Channel Analysis

Problem Analysis: This component of the Analysis stage allows us to have a clear perception of the extent and severity of the problem as well as of the behaviors that will prevent/treat the problem.

The problem analysis will answer the following questions on issues related to PC:

- What is the severity of the problem?
- What is causing the problem? What are the immediate and underlying causes?
- What are people doing/not doing that leads to the problem?
- What do we want to happen?

<sup>2</sup> Health Communication Partnership (December 2003). The new P-Process, steps in strategic communication. Baltimore: Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs / Health Communication Partnership.

<sup>3</sup> Devine J., (2009). Introducing SaniFOAM: A framework to analyze sanitation behaviors to design effective sanitation programs. WSP

<sup>4</sup> <https://www.icdp.info/about/programme/>

- What is happening now?
- Why is there a difference between the two?

The following tables will then be used to summarize the problem analysis component for the overall problem as well as the analysis of the desired prevention/treatment behaviors (if pertaining data for each is available).

*Table 10 - Problem Analysis Summary Table – Extent and severity of problem<sup>5</sup>*

|                     | Extent                  |                        |                       |  |
|---------------------|-------------------------|------------------------|-----------------------|--|
| Problem             | Prevalence <sup>*</sup> | Incidence <sup>†</sup> | Severity <sup>‡</sup> | Desired prevention/treatment behaviors |
| <i>Ex. Stunting</i> |                         |                        |                       |  |

<sup>5</sup> Tables adapted from O’Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A.P. (2003). A Field Guide to Designing a Health Communication Strategy. Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. Baltimore, MD.

*Table 11 – Problem Analysis Summary Table - Status of desired prevention/treatment behaviors*

|                                       |                                     | Disaggregated data |   |       |       |  |
|---------------------------------------|-------------------------------------|--------------------|---|-------|-------|--|
| Desired prevention/treatment behavior | % of population practicing behavior | M                  | F | Rural | Urban |  |
| <i>Ex. Complimentary Feeding</i>      |                                     |                    |   |       |       |  |

**Participant and Behavioral Analysis:** The following component is analyzing the participants, which entails organizing targeted population into smaller groups of people who have similar communication-related needs, preferences, and characteristics. The outcome of this segmentation of participants is to identify the primary participants (person whose behavior is the main indicator of program success), secondary participants (groups whose behavior or actions strongly influence the primary participant’s behavior) and tertiary participants (groups whose actions indirectly help or hinder the behaviors of other participants).

The following tables will thus summarize the participant analysis component:

**Table 12 – Audience segment identification**

| Potential Audiences | Possible segments by stages of | Possible segments by geographic | Possible segments by demographic | Possible segments by sociocultural | Possible segments by other |
|---------------------|--------------------------------|---------------------------------|----------------------------------|------------------------------------|----------------------------|
|                     |                                |                                 |                                  |                                    |                            |



|                    | behavior change <sup>§</sup>   | differences <sup>**</sup> | differences <sup>††</sup> | differences <sup>†††</sup>  | differences |
|--------------------|--|---------------------------|---------------------------|---|-------------|
| <i>Ex. Mothers</i> | <i>Married, 15 – 31-year-old, 2 children under five (4 children total), read and write minimally</i> | <i>Rural</i>              | <i>Muslim, Somaligna,</i> | <i>Aware about the problem/risks (but not yet began to practice the behavior)</i> |             |

**Table 13 – Audience segment prioritization**

| Potential audience segment      | How many people are in this audience? <sup>§§</sup> | Does this group require specially prepared messages and materials? <sup>***</sup> | How important is it to achieving the program goals that this group changes its behavior? <sup>†††</sup> | How likely is that they will change in the timeframe of the communication program? <sup>†††</sup> |
|---------------------------------|---|---|---|---|
| <i>Ex. Mothers at IDP camps</i> |   |   |   |   |

**Table 14 - Audience segment prioritization**

| Audience                        | Size of audience segment |         | Importance to specific theme (ex. complimentary feeding) |            | Audience responsive to communication efforts |            | Rating <sup>§§§</sup><br>= A+B+C | Is it necessary to include this audience? |
|---------------------------------|--------------------------|---------|--|------------|--|------------|----------------------------------|---|
|                                 | Rating                   | % Pop.  | Rating   | Importance | Rating                                       | Likely     |                                  |   |
|                                 | 1                        | 1 – 5   | 1  | Not at all | 1  | Not at all |                                  |   |
|                                 | 2                        | 6 – 10  | 2  |            | 2  |            |                                  |   |
|                                 | 3                        | 11 – 15 | 3  | Somewhat   | 3  | Somewhat   |                                  |   |
|                                 | 4                        | 16 – 20 | 4  |            | 4  |            |                                  |   |
|                                 | 5                        | > 20    | 5  | Very       | 5  | Very       |                                  |   |
| <i>Ex. Mothers at IDP camps</i> |                          | 2       |  | 5          |  | 2          | 9                                | YES                                       |

Table 15 - Identification of influencing audiences

|   |  |   |  |
|---|--|---|--|
| Primary audience  | Whom does the primary audience talk to about its health? | Who influences the actions that the primary audience takes to satisfy its health needs? | Who provides the primary audience with the health information, products and services that they need? |
| <i>Ex. Women, Married, 15 – 52-year-old, 2 children under five, rural</i> | Mothers  | Mothers   | Health Extension workers   |

Table 16 – Influencer analysis

| Primary Audience: <i>Ex. Women, Married, 15 – 52-year-old, 2 children under five, rural</i> |   |   |   |  |   |
|---|---|---|---|--|---|
| Who influences the primary audience?  | How much influence do they have? (Strong, Moderate, Weak) | What behavior are they currently encouraging the primary audience to do (or not to do)? | Why would they encourage the desired behaviors? | Why would they discourage the desired behaviors? | What are the most important sources of information for the influencers? |
|   |   |   |   |  |   |

Behavior analysis focuses on two things: analyzing the behaviors or practices selected for change and setting behavior change objectives.

Behaviors to be analyzed are not just behaviors of the primary participant, but they also include the supportive behaviors or practices of secondary participants and creation of the necessary supportive environment by the tertiary participants. Behavioral analysis needs to look into:

- Individuals’ desire to perform a behavior, such as: beliefs, attitudes, outcome expectation, and threat.
- Complexity of the behavior (if the desired behavior takes large amount of time, resources, and skills, it will be hard to convince participants to perform it)
- Nature of individuals’ performance of a behavior (i.e. Are individuals practicing the behavior, but not correctly enough? long enough? or frequently enough?)
- Individuals’ ability to perform a behavior/activity, such as: knowledge and social support (which could take many forms like physical, emotional, informational support, etc.)
- The institutional, structural, social, and gender factors that influence an individual’s chance to perform a behavior, including but not limited to; social/institutional norms, product/service attributes, and access to or availability of products/services/resources.

## The FOAM Framework

This analysis component will utilize an adaptation of the FOAM framework to identify, understand, and act upon behavior determinants that affect individuals in performing a particular desired behavior. These determinants are sub-divided into three categories: Opportunity, Ability, and Motivation.

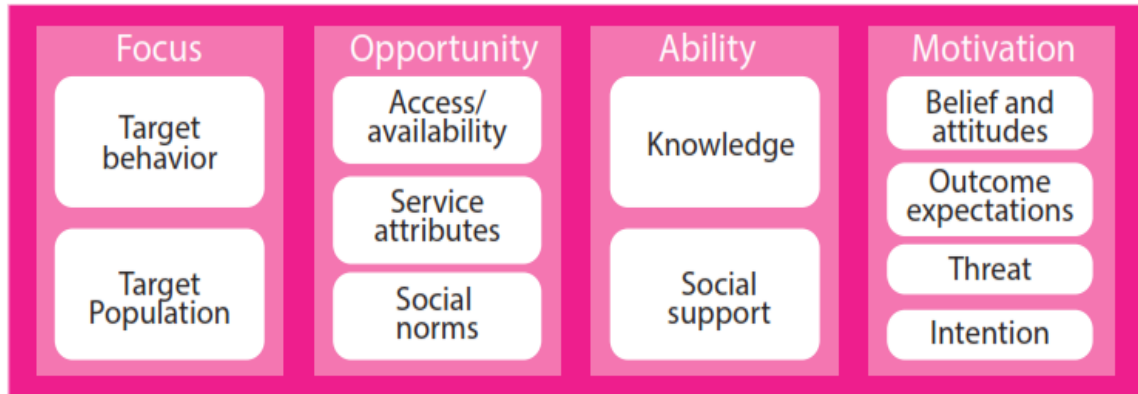


Figure 2: The FOAM Framework

Under **Opportunity**, are the most external factors that influence an individual's behavior such as social norms, service/product attributes, and access/availability of services. **Ability** is the participant's proficiency in performing the desired behavior and includes factors such as knowledge and social support. In addition to Opportunity and Ability, the target participant's desire to perform the desired behavior is what is categorized as **Motivation**, is the most internal factor, and includes factors such as beliefs, attitudes, outcome expectations, threat, and intention.

Behavior change objectives will also be coined at this this stage, which are short, clear statements of the intended effect of a communication effort, which keep the program focused, on track, and are important for monitoring purposes as well.

The following tables will thus be used to summarize this component of the analysis stage:

Table 17 - Behavioral Analysis

| Desired prevention/treatment behavior: <i>Ex. complimentary feeding</i> |   |
|---|---|
| Audience  | Behavioral determinant hindering/facilitating behavior change |
| Audience 1  | Opportunity: Social Norm                                      |
|   | Opportunity: Service/product                                  |
|   | Opportunity: Access/Availability                              |
|   | Ability: Knowledge  |
|   | Ability: Social Support                                       |
|   | Motivation: Beliefs   |

|            |  |  |
|------------|--|--|
|            | Motivation: Attitude                   |  |
|            | Motivation: Outcome expectation        |  |
|            | Motivation: Threat                     |  |
|            | Motivation: Intention                  |  |
|            | Other                                  |  |
| Audience 2 | Opportunity: Social Norm               |  |
|            | Opportunity: Service/product attribute |  |
|            | Opportunity: Access/Availability       |  |
|            | Ability: Knowledge                     |  |
|            | Ability: Social Support                |  |
|            | Motivation: Beliefs                    |  |
|            | Motivation: Attitude                   |  |
|            | Motivation: Outcome expectation        |  |
|            | Motivation: Threat                     |  |
|            | Motivation: Intention                  |  |
|            | Other                                  |  |

*Table 18 - Behavior change objectives*

|   |  |
|---|--|
| What is the program goal?   |  |
| Who is the intended audience?   |  |
| What do we want the audience to KNOW?<br>What do we want the audience to FEEL?<br>What do we want the audience to DO? |  |

Communication Channel Analysis: A channel analysis allows a major review of the mix of communication channels/interventions such as training manuals, radio spots, flip charts, flashcards, etc. available and looks into the strengths and weaknesses of these tools in the past. Results of this analysis provide information on which tools are best suited to participant groups’ engagement; which messages are appropriate for which mix of channels; and whether local capacity needs to be strengthened in order to carry out a community-led communication program.

Based on the ToR, the following channels have been selected for reaching the audiences, which are: trainings, radio, banners, and flipcharts. The respective advantages and disadvantages of these tools are presented below<sup>6</sup>:

Table 10: Advantages and Disadvantages of the Communication Channels Stipulated in the ToR

| Communication Channel  | Advantages   | Disadvantages   |
|------------------------|--|---|
| Trainings              | <ul style="list-style-type: none"> <li>• Maybe the most credible source, because it is face-to-face communication.</li> <li>• Two-way communication.</li> <li>• Highly effective.</li> </ul> | <ul style="list-style-type: none"> <li>• It is difficult to control messages.</li> <li>• Requires expert training by a communicator.</li> <li>• It is dependent on the facilitation skill of the trainer and messaging is inconsistent from one situation to another.</li> <li>• Is costly to scale-up.</li> <li>• Takes long time to build reach.</li> </ul> |
| Radio                  | <ul style="list-style-type: none"> <li>• Delivers frequency.</li> <li>• Can be creative.</li> <li>• Provides uniformity of messaging</li> </ul>  | <ul style="list-style-type: none"> <li>• Costly to build reach, especially when there are many different stations, variety of languages, and locations.</li> <li>• No visuals.</li> </ul>   |
| Banners and flipcharts | <ul style="list-style-type: none"> <li>• Good for identification or awareness building</li> <li>• Very brief message</li> <li>• Reinforcement of other media messages</li> </ul>             | <ul style="list-style-type: none"> <li>• Limited time of exposure</li> <li>• Limited message content</li> <li>• Is not very durable</li> </ul>  |

The following points need to be considered while conducting channel analysis:

- Selecting channels that reflect the patterns of use of the specific participant group and that reach the group with the greatest degree of frequency, effectiveness, and credibility.
- Understanding that different channels have different characteristics (ex. providing factual information, entertaining, adaptability, interactivity, addressing sensitive issues, etc.)
- Analyzing the different ways to mix channels, by combining different media (ex. media/channels such as poster, flyer, video, folk theatre when combined with interpersonal communication can become more effective behavior change communication interventions; mass media can reinforce localized interpersonal communication activities)
- Analyzing channels appropriate to the participant groups – channel and participant match

Thus, the multiple channels suggested in the ToR will be utilized in synergy to have more impact on the primary as well as the secondary/influencing audiences.

### 3.2.2.Strategic Design

At this stage of the P-Process, the results of the analysis will be used to create a comprehensive communication strategy that will help to achieve program objectives. The major component of this stage is the development of a ‘Strategy/Creative Brief’.

The strategy brief is the design document that is used by the team to develop the creative concepts. The more precise the strategy brief is, the more likely it is that the communication will be effective. A “tight” strategy brief leaves nothing to interpretation and is incapable of being misunderstood. A well-crafted strategy brief also allows the creative experts to explore a variety of approaches, as opposed to a loosely worded brief that confuses creative experts.

<sup>6</sup> This summary is adapted from O’Sullivan et al. (2003).

Development of the strategy brief will include consultations of the program and creative team. At the end of these consultations, the strategic design stage will be completed containing the above components. This draft will then be fine-tuned and presented to UNICEF, for reviews.

A creative brief for each of the key themes of the PC package will be developed and the following table provides a brief summary of the template.

*Table 11: Components of creative brief*

| Creative brief component                                 | Content  |
|--|--|
| Thematic area  | <i>Ex. Complimentary feeding</i>                                     |
| Target Audience:   | Primary Audience:<br>1.<br>2.<br><br>Secondary Audience:<br>1.<br>2. |
| Communication objective by audience (know, feel, and do) |  |
| Obstacles  |  |
| Key promise/benefit (per theme)                          |  |
| Strategic approach (channel mix)                         |  |
| Key content  |  |
| Activities (number and type of materials)                |  |
| Creative considerations                                  |  |

### **3.2.3. Development and Pre-Testing**

The development stage requires translating the analysis and strategic design stages into communication interventions and activities, including messages and materials that will be used to reach and engage the participant groups. For this particular project, this stage entails the development of the manual, radio spots, banners, and flipcharts.

The following steps will be followed during the development of the messages and materials:

1. Review existing materials in line with the strategy brief to determine whether there are suitable materials already in existence that can be adapted for the program. Based on the findings from the analysis stage, adaptation of the materials/messages will be made contextually appropriate and relevant to the intended participants
2. Refine key messages and content based on the components of the strategy brief. The following factors will be considered when the messages are developed:
  - Tone of the message (ex. formal, informal, authoritative, etc.)
  - Type of appeal (ex. positive, emotional, humor, etc.)
  - Language (ex. local dialect)
  - Clarity (ex. easy to understand as intended)
  - Cultural, social, and religious appropriateness (ex. contextually right, not offensive, that puts social norms and values into consideration)
  - Consistency across the materials
  - Include a cue-to-action (i.e. tell the intended participant group exactly what we want them to do as a result of being exposed to the message)
3. The materials will then be developed in accordance to the channels selected and messages developed. These draft materials will then go through a review process by technical stakeholders.

Pretesting: Focus Group Discussions (FGDs) with participant groups will be employed for pre-testing the SBCC materials, in addition to expert review. The draft materials should be assessed for: Attraction/noticeability, strong and weak points, acceptability (cultural, religious, social, etc.), comprehension/memorability, believability, relevance, and persuasion. Different focus groups for different sets of materials developed in different languages will be tested among homogeneous groups of selected participant/audience groups and separate focus group discussion instructions will be developed for different sets of materials.

### **3.3. International Child Development Program (ICDP) Integrated SBCC**

#### **3.3.1. ICDP Nature and principles**

During the development process of all of the SBCC outputs, the ICDP program will be utilized. The International Child Development Program (ICDP)<sup>7</sup> is a program developed based on the fundamental assumption that meeting the physical needs of children and keeping them alive is only part of growing up children particularly in situations families are vulnerable and, as a result, may fail to receive sufficient love and attention while they are young, and this, in turn, adds vulnerability to their life as adults. ICDP's focus, therefore, on trying to break this cycle of poverty begets poverty. It does so by reactivating the existing caring skills and network that have been overlaid by stresses related to extreme poverty, social uprooting, migration, war and disaster. The ICDP is, then, an approach of intervention in which attempts are made to create opportunities for PrCr to explore and reflect on how they see their children, their practices and roles as PrCr and, thereby, assist them develop a more positive image of their child and themselves as careers. ICDP can be used directly in combination with any content-oriented pre-school program, serving to enrich and increase the quality of interaction between adults and children, which is crucial for the development of children's emotional stability, as well as for their cognitive development.

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<sup>7</sup> <https://www.icdp.info/about/programme/>

As sensitization, not instruction, is the methodology of training PrCr, local cultural practices are reactivated in different settings and communities, and this does not represent a conflict with the underlying universal pattern of our program represented by the three dialogues (Hundeide 2001). Hence, the approach aims to strengthen the PrCr' inner resources, by creating a warm human environment, where people feel free to express themselves, reflect, explore, experiment, test out new ways of interacting and share personal experiences. The overarching principles and sequences of ICDP that need to be followed when sensitizing or training PrCr dealing with vulnerable children of both the homes and the institutions include the following:

- Establishing a trusting, loving and ward relationship
- Restoring a positive redefinition of the child
- Pointing out and confirming positive features in the caregiver's interaction and relationship with her child
- Clearly understanding and internalizing the guidelines of good interaction and the three dialogues, as these provide a common language and frame of reference for sensitization.
- Activating caregiver in relation to the guidelines through different modalities: exercises, homework, individual and/or group works(s) observations, follow up, sharing experiences of caring for own children with other PrCr in a similar situation so that an enthusiastic committed atmosphere develops, etc.
- Using a personal and interpretive way of communicating with examples and stories that invites a caring positive attitude to their children.

### 3.3.2.ICDP Evidence

The salient features of Ethiopian experience of the Mediation Intervention Program and its contribution for promoting development in the early years is presented in this section.

- The intervention program that has been tested on children and the PrCr of Ethiopia (i.e. home based children and their PrCr, and institutionalized children and their employed PrCr) since the early 1990's (Teka,1998;Teka, et al, 1996) was a program that was based on Feuerstein's Structural Cognitive Modifiability and Mediated Learning theories (Feuerstein, 1979).
- The program, which first started with such acronym as MISC (more intelligence sensitive child (Klein & Hundeide, 1979, but later known as ICDP (International Child Development Program) (Rye & Hundeide, 1991) is a psychosocial program directed towards PrCr and networks of care.
- The program is community- based using local resource-persons who are trained to work with groups of PrCr.
- The training is facilitative in the sense that we try to support and reactivate the PrCr' existing positive resources for care.
- The objective of the program is to improve the quality interaction and the relationship between PrCr and child.
- The program is intentionally made simple so that PrCr of any background can understand our simple messages about basic psychosocial care for children. At the same time these messages summarize current scientific knowledge about childcare and development.
- Last but not least, the program has also been extensively applied to children with various developmental and/or behavioral problems (children with learning difficulties, autistic,



hyperactive, aggressive, etc, children, in fact persuading several play therapists to anchor the principles of interaction at homes and child institutions (Levin, S. 2005).

### **3.3.3.ICDP Applicability**

The approach can be used 1) with OVC and children with special needs to help meet minimal standards for human care within a child-care setting, 2) as an integral part of any primary health care program, building competence and sensitizing PrCr their roles and in school settings, both working with teachers and the PrCr to create a more positive climate required for creating better communication between children and adults. More importantly, to prevent neglect or abuse of children and promote peace and dialogue, through group meetings and home visits. It includes working with families in general; families from different ethnic/ religious groups; families in stress and poverty; families and children under protection; foster families, adoptive PrCr; PrCr in prisons.

Although at its core of ICDP is based on the universal aspects of care, that are bound to also reappear in any context where children's psychosocial care is at stake, this program is designed to identify and reactivate local cultural practices, in order to stimulate development that is authentic, sustainable and long lasting. The task of ICDP training is to sensitize, build competence and confidence in PrCr, so as to pursue positive care even after intervention programs phase out. The strength of this program is, therefore, its simplicity, its cost-effectiveness, and its wide applicability by focusing on basic and natural process of human care that are basically there in each culture and have to have to be reactivated using the culture's value systems of care.

### **3.4.Summary**

The above set of frameworks will be utilized to develop the SBCC outputs of the project, namely: Manual, Radio Spots, Banners, and Flipchart. As an overarching framework, the P-Process will guide thematic analysis of the issues to be addressed in the SBCC outputs, particularly the extent and severity of each of the areas; identify, segment, and prioritize the target audiences of the SBCC outputs with particular focus to the primary and influencer audiences; analyze and identify the major behavior bottlenecks of the audiences by using the FOAM framework and with the aim of addressing these bottlenecks through the different SBCC outputs; assess and decide on the mix of the appropriate SBCC channel mix for maximum impact on the target audiences; design and develop the different messages, illustrations, content, scripts, spots, etc. by utilizing: the analysis and strategic design outputs of the P-Process, behavioral analysis outputs of the FOAM framework, and incorporating ICDP components in each of the SBCC materials.

## **4. Review of Local Studies on PC**

### **4.1. Introduction**

The concept 'PC' entails multiple meanings. It is the process of raising a child from birth to adulthood. It also refers to enabling the upbringing of a child through all stages of development.

It is caring for and nurturing a child. It is the process of making a healthy environment as the child grows—taking actions to ensure social development and education that aligns with values. NCF comprises stable environments that promote children’s health and nutrition, protect from threats, and provide opportunities for learning and responsive, emotionally supportive and developmentally enriching relationships. NCF is fostered by families, communities, services, national policies and beyond. This section presents a review of local research conducted on NC practices in Ethiopia. It focuses on reviewing research on childcare services relating to health, nutrition, security and safety, early learning opportunities and responsive caregiving.

#### 4.2. Good Health

PrCr and PrCr’ knowledge of children’s good health is essential in maturing care. Regarding PrCr’ knowledge in Ethiopia, Spier and colleagues (2023) state that eighty-seven per cent of PrCr knew at least one positive step to take when their child became sick. These steps include giving a (liquid) oral rehydration solution, taking the child to a health facility, continuing or increasing breastfeeding, or giving treated water or additional liquids. Good health refers to the health and well-being of the children and their PrCr. In maturing care, the physical, emotional and mental health of PrCr or PrCr can affect their ability to provide appropriate care for a child. Important health care knowledge for PrCr and care givers include such essential newborn care as early stimulation, immunization of mother and child, growth monitoring and counseling, promotion of health and well-being including health care seeking behavior, prevention and treatment of childhood illness and caregiver physical and mental health problems and care for children with developmental difficulties or disabilities.

Studies show that child health care practices in Ethiopia are still poor mainly in the rural, agropostural and conflict stricken areas. In a recent study in Tigray, Mache and colleagues (2023) have shown that only small number of young children received basic health services including basic vaccination. This study shows that mothers’ limited behavior seeking health service during pregnancy has contributed to the high frequency of childhood illness. These researchers explained that PrCr are expected to visit health centers so that their children can get ‘age appropriate vaccine’ during the first year of life as recommended in the standard for administration of childhood vaccinations in Ethiopia. According to this study, PrCr’ tradition of seeking treatment for their children when the children get ill should be changed and that PrCr should know that a child is fully immunized when she/he receives one dose of BCG vaccine, three doses of polio vaccine, three doses of pentavalent vaccine, and one dose of measles vaccine. Spier and colleagues (2023) indicated that PrCr and PrCr can recognize sicknesses such as malaria, diarrhoea, measles, fever, pneumonia, the common cold, eye infections, allergies and flu in young children. However, many PrCr do *not* engage with needed health services because barriers such as knowledge, cost, transportation and/or distance. According to this study, Knowledge about what to do when a child is sick is better among PrCr in the refugee camps in Gambella and lowest in Afar and Oromia.

In a study done in Debretabor area of the Amhara Regional State, Nigusie (2021) has found that PrCr often use traditional medicine to get children relief from different health problems across different age groups. PrCr believe that such traditional medicines are more effective than treatments in health facilities. In another study done in Tole district of Oromia, Fekensa and colleagues (2020), have shown that PrCr used such traditional medicine for their children as herbal medicine, massage, and religious/prayer therapy. According to these studies, even in the

areas where access to health facilities is better, majority of the PrCr preferred to use both modern and traditional medicine because traditional medicine is cheaper and compatible with local experiences and beliefs but the modern medicine is unreachable and costly. According to Spier and colleagues (2023) PrCr drop off quickly when repeated doses of vaccination are needed and mothers participate in postnatal care at lower rates than they participate in pre-natal care. Spier et.al (2023) adds that PrCr' knowledge about handwashing is generally high, but PrCr think less often to engage in adequate handwashing before feeding their children.

A study by USAID (2012) shows that there are cultural practices, perceptions, and beliefs that influence women's decision to seek facility-based maternal health care. Several researches show that cultural barriers have been found to be a significant determinant of care-seeking behavior, particularly as it relates to facility-based delivery. In a manner of self-fulfilling prophecy, this study reports that the quality of facility-based maternal health services is poor and that would reaffirm parental preference for traditional medicine in many Ethiopian communities during pregnancy and childbirth. Some of these traditional medicines can be harmful to women; the bottom line is they delay help seeking from nearby health centers. According to this study, in Christian and Islamic communities, prayer and herbal solutions are used as a primary response to birth complications. In other communities, danger signs and complications are initially identified and treated by the TBA before any decision is made to seek further treatment for the expectant mother.

USAID (2012) further states that in some communities in Ethiopia, there is a belief that health facilities are for treatment rather than prevention, so it is not necessary for PrCr to visit health centers if there is no signs of illness. There are also community beliefs that illness is a punishment from God or that the outcome of pregnancy is predetermined by God/Allah. For a Muslim woman, believing that no man other than her husband should touch her body might keep her from seeking maternal health care if the health care provider is male. In both Muslim and Christian communities, there is a belief that a mother can be exposed to an evil eye if she leaves the house within 10 days after childbirth. In a study done in four regions in Ethiopia, Callaghan-Koru (2013) found that mothers' newborn care practices are against the recommendation by WHO. These practices include bathing during the first 24 hours of life, application of butter and other substances to the cord, and discarding of colostrum milk. In general, child health care practices in Ethiopia are still at the poorest stage and the traditional practices of health care resonate with caregiving practices over the care in modern health facilities.

#### **4.3. Adequate Nutrition**

Nutrition is another significant aspect of the maturing care. Appropriate and sufficient nutrition is recommended not only for a baby but also to mothers. This is because nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and provide adequate care. In this regard, Dame (2014) states that breast-feeding and provision of cow milk are the most frequent nutrition for children below two years. In a study on PC during early childhood in Ethiopia, Spier and colleagues (2023) found that there was a high level of awareness of the importance of exclusive breastfeeding and high prevalence of exclusive breastfeeding in the first six months. However, from the introduction of complementary feeding (after six months of age), most children's nutritional status is compromised by a lack of parental knowledge regarding nutrition combined with limited access to nutritious foods. These studies present that responsive

caregiving that includes health, nutrition, safety and security and early stimulation is very poor in urban and rural areas of Ethiopia.

It is obvious that malnutrition is very common in the rural and urban areas of the country because of the intensive poverty and lack of access to balanced diet. Hence, Spier and colleagues (2023) states that Ethiopian PrCr have a high level of awareness of the importance of exclusive breastfeeding and high prevalence of exclusive breastfeeding in the first six months. However, this study shows that PrCr have limited knowledge about complementary feeding; therefore, most children's nutritional status is compromised. According to this study, the other factor that has constrained the provision of complementary feeding is PrCr' economic challenges. Both maternal and child malnutrition are common problems (Mengstie et al., 2023) in Ethiopia. For example, malnutrition among lactating women was reported high in the Dega Damot district and Dessie towns of northern Ethiopia. According to this same study by Misganaw and colleagues, lactating mothers living in humanitarian settings in the Bale Zone of Oromia Regional State were malnourished. The finding is similar to the studies conducted in Nekemte (Oromia region) and Wenberma district (Amhara region). In a study conducted in Sekota, Northern Ethiopia, Misganaw (2023) states that the prevalence of malnutrition among internally displaced lactating mothers was 54.8%. According to this study, in the Sekota IDP center, the majority of the lactating women were undernourished. Predictors of malnutrition among lactating mothers were maternal age, family size, birth interval, maternal meal frequency (Misganaw, 2023). Similarly, Benoni (2022) states the prevalence of malnutrition among refugees in Nguenyiyel camp in Gambella has been reported between 17 and 21% among refugees. What is clear from these local studies is that one of the major aspect of nurturing care, good nutrition for children and mothers, has been miserable mainly in the rural parts of Ethiopia.

A study on health and nutrition emergence response done in Ranch (Chagni) IDP center in Benisgangu-Gumuzi region (Tefera, 2022) indicates that malnutrition is significantly associated with lack of knowledge about and capacity for optimal complementary feeding practices. The study states that the magnitude of optimal complementary feeding practices was below the minimum recommended level for the growth and development of children. Yet, the child's age up to 59 months is so critical for the growth and development of the children that micro and macronutrient deficiencies and related diseases can contribute to the highest rates of malnutrition (Tefera, 2022) among children under the age of five years worldwide.

Studies demonstrated factors associated with optimal complementary feeding practices include maternal literacy, exclusive breastfeeding practices, antenatal care, postnatal care, media exposure, institutional delivery, and family size. It is also clear that families with a low income might not afford the food items to provide complementary feeding for their children. The studies present that mothers who were aware of Infant and young child feeding (IYCF) practices were more likely to provide their infants with optimal complementary foods than mothers who were unaware. Similarly, the large-scale social, behavioral change, and communication intervention study from Southern and Northern Ethiopia found that home visits conducted by community volunteers and recall of key messages were associated with a higher likelihood of optimal complementary feeding practices. Mothers who participated in the IYCF demonstration were more likely to apply optimal complementary feeding practices than those who did not participate in the demonstration. This is similar to the study conducted in Debre Markos, Northwest Ethiopia, where mothers who received health education on the child feeding practices showed better practices of optimal complementary feeding (Dagne et al., 2019). Almost more than half

of the mothers provide optimal complementary feeding for their babies. It is associated with economic status, access to and use of health services, awareness, and ability to prepare optimal complementary foods.

#### 4.4. Security and Safety

The other important aspect of the nurturing care is security and safety for children and their families. This includes safety from physical dangers, emotional stress, environmental risks (e.g., pollution), and access to unhealthy food and water. Studies show that traditional practices including female genital mutilation/ cutting, uvulectomy, milk-teeth extraction, abduction, child abuse are some of the situations that deprive children of their security and safety. Roelandts (2016) states that parental monitoring is often low in rural Ethiopia; PrCr often do not know about their children's whereabouts or activities. Spier and colleagues (2023) adds that there was a significant gap between how much PrCr tried to monitor their children's whereabouts and activities and how much they actually knew. Furthermore, the study found that most PrCr portray a neglectful PC style, which means that the children viewed their PrCr low in both support and control or monitoring.

Tadesse (2019) states that children among agro-pastoral communities have interconnected cultural spaces of care, play and learning. This study presents that among agro-pastoral and pastoral communities, young children are considered to be holy creatures. The pastoral and agro-pastoral communities believe that God resides in children and blesses them along with their families. In another more recent study, Tadesse (2022) also found that PrCr in Ethiopia apply corporal punishment as a major disciplining action and this tradition is against children's rights to security and safety. Similarly, Spier and colleagues (2023) argues that almost half of the PrCr across regions in Ethiopia believe that to be raised properly, children require negative disciplinary practices such as physical punishment. According to Spier and colleagues (2023:3), there are PC practices that may risk children's safety and security. These are negative disciplinary practices such as physical punishment, scarring gums (Afar), removing the tooth of a child to stop their diarrhoea (Afar), and female genital mutilation (Afar) and lack of onetime registration for children.

These beliefs are echoed in high rates of negative physical and/or psychological methods to discipline children. This study shows that across different regions in Ethiopia, PrCr hold harmful traditional beliefs, such as scarring gums (Afar), child marriage (Afar and Amhara), removing the tooth of a child to stop their diarrhea (Afar), and female genital mutilation (Afar). According to this study, only one in three children's births had been registered, with the lowest rates in Afar (7 per cent). Not having birth registration may affect a child's ability to access services. The studies indicate that safe spaces for children to play, protected from physical punishment, abuse, and neglect, clean indoor and outdoor air, access to WASH (water, sanitation and highline), on time birth registration, and social care services for the most vulnerable families are essential to ensure safety and security of young children.

#### 4.5. Opportunities for Early Learning

Early learning opportunity, usually applying to children up to seven years old, is another integral part of the nurtured care referring to any opportunity for the baby, toddler or child to interact with a person, place, or object in their environment. It is to mean every interaction is contributing to the child's brain development and laying the foundation for later learning. Dame (2014) states



that the majority of the rural and agrarian PrCr expressed that they give more priority to conforming to rather than self-directing PC values. This study adds that PrCr among the Arsi community exercise traditional authoritarian beliefs more often than progressive democratic beliefs. The study presents that sex-role socialization, physical punishment, infant mother co-sleeping are customary care practices among the Arsi Oromo community. According to this study, the socialization of children constitutes gender-based household division of labor, expected gender based-behaviors and norms and the patriarchal family orientation. Bruktawit (2018) also states that PrCr in Addis Ababa socialize their children in such a way that they become respectful, religious, loyal, honest, decent, polite, quiet, helpful, secretive, and supportive to PrCr and citizens who love their country.

Spier and colleagues (2023:3) states, ‘only 1 in 3 children of pre-primary age attends pre-primary education, but participation varies widely by location – from a high of 4 of 5 children in Gambella to a low of just 1 in 30 children in Afar’. According to this study, PrCr across regions use oral storytelling traditions to teach children about their family history and culture. Similarly, Tadesse (2019) presents that the Guji people, the agro- pastoral community in Ethiopia, believe that “young children belong to a neighborhood” and this belief is commonly accepted in the wider rural and urban areas of the country. This saying expresses neighborhood as a cultural space in which not only PrCr but also community members are responsible to take care of young children. The neighborhood, in addition to being a space for cooperative care in early childhood, symbolizes a space that provides young children with freedom for participation in cultural practices. Tadesse (2015; 2021; 2018) presents that oral traditions such as storytelling, riddling and folksongs are the common PC practices among the agrarian, agro- pastoral and pastoral communities. According to these studies, these practices serve as spaces for children to learn, to interact and to play. These studies underline that early childhood learning may include activities such as young children to move their bodies, activate their senses, hear and use language, and explore, talking to, playing with, and interact with baby/toddler/child and age-appropriate play with indigenous objects and play practices.

In a more recent and large-scale study conducted on childcare and PC practices in Addis Ababa, it was found that parental knowledge exists on four key behaviors (singing, and storytelling, reading babies and children’s cues, outdoor play and positive disciplining); but motivational problems, and problems of availability were found key concerns against which interventions need to be conducted (Resolution Studio, 2023)

#### **4.6. Responsive Caregiving**

Responsive caregiving, as one of the fundamentals of nurturing care, refers to the ability of the parent/caregiver to notice, understand, and respond to their child’s signals in a timely and appropriate manner. USAID (2021) states responsive care giving or nurturing care is characterized by a caregiving environment that is sensitive to children’s health and nutritional needs, responsive, emotionally supportive, and developmentally stimulating and appropriate, with opportunities for play and exploration and protection from adversities. According to USAID (2021), nurturing care supports children to survive and reach their full potential. Nurturing care is important for everyone, and is especially important in the earliest years of a child’s life from ages 0 to 3, as this is a period of rapid brain development that sets the foundation for later health and well-being. In this connection, in a study done in Nekemte, western Ethiopia, Bizuneh and colleagues (2020) revealed that promotion of essential new-born care should be given emphasis

through the provision of community awareness and counseling to all pregnant women on essential new-born care and neonatal danger signs. According to this study, improving new-born survival begins with improving the health status of their mothers. It is a cost-effective intervention that improves both maternal and neonatal health as well as their nutritional status. USAID (2021) states poverty, poor health, nutrition, and other adversities threaten children under five years of age in low income countries including Ethiopia, preventing them from reaching their developmental potential.

#### **4.7. Summary**

Studies reviewed in these documents indicate that PrCr in Ethiopia understand that children need affection and comforting for their well-being and for parent–child bonding, and both male and female PrCr engage in such behaviors. However, parental knowledge of normal care and nurturing framework is still low. As shown in this review PrCr have low knowledge and practice about nurturing care that includes adequate nutrition, good health, adequate safety and security, good responsive caregiving and good opportunities for early learning. Majority of Ethiopian PrCr have limited understanding that every interaction and activities they do with children can contribute to children’s development and learning. They understand that the primary way to support a children’s learning is by enrolling them in school and supporting them in formal education. In general, lack of knowledge and resources are pervasive barriers affecting PrCr to give appropriate PC and care for their children. Findings also suggest that harmful practices of childcare that need to be uprooted are common in the various forms of parental/ PrCr and community behaviors. Yet, several positive cultural practices that need to be augmented through different interventions were also identifies in the various studies above.

### **5. Review of Local PC Manuals**

#### **5.1. Overview**

In Ethiopia, as naturally the case is in other nations as well, research on PC has a longer and a little more common presence than development of manuals to impact PC practices. In fact, few instances were noted in which research and manual development were fused together (e.g. Resolution Studio, 2023). In this section, we shall conduct a brief cursory inspection of selected PC and related manuals developed as an aid in providing either ToT to professionals believed to having encounter with PrCr or directly working on PrCr themselves. We shall firstly discuss the nature of the manuals (purpose, content, audience, strategies and communication modalities). Then a little reflective inquiry is made to bring to the fore the lessons to be learned from the materials by indicating both the strengths and gaps noted.

#### **5.2. Major Observations, Core Messages**

The materials secured were produced between 2009 and 2023. Some of them were developed by the Government while others were by NGOs. Purposes ranged from serving as a guideline for organizations providing childcare services to ToT for professionals and then to manuals aiming at directly shaping PrCr’ skills. Some manuals make a selective focus on certain groups of children (e.g. OVC, those in displacement areas); others pay more attention to young children while the rest cover children’s development with ages unspecified. Variations were also evident in terms of content of PC behaviors or children’s needs (e.g. health, nutrition etc.) as it can be

presented later. Differences in these manuals were also observed in terms of modalities use; many used module-based training facilitation while few others used Social and Behavioral Change Communication (SBCC technique).

We briefly summarize below these various manuals by classifying into three types: General manuals, health, nutrition and care manuals, and SBCC-based manuals.

**General Guides/ Manuals:** We may begin with a government document developed to guide alternative childcare (community-based childcare, reunification and reintegration program, foster care, adoption and institutional care) services for orphaned and vulnerable children in Ethiopia (FDRE MWA, 2009). The objective of the guideline is to establish a regulatory instrument on childcare systems with a view to improving the quality of care and services provided by governmental and nongovernmental organizations involved in childcare, advance the welfare of OVC and enhance their protection and well-being in the country.

This guideline merits appreciation for bringing to light services to the most marginalized groups of children in Ethiopia through the community-care practices that in themselves were increasingly marginalized. However, although evidences are yet come, the implementation fidelity and feasibility of the guideline seems minimal as PrCr were in most instances not exposed to professional training but rather assume the responsibilities of carrying for their children only with their own practical savvy and traditional skills that may, in some cases, perpetuate harmful practices in the community.

A number of small scale initiatives were of course taken by a range of organizations to address such shortcomings. For example, Yekokeb Berhan (YB) Program for Highly Vulnerable Children (2013) has developed a ToT package to enhance PC knowledge, skills and attitudes of PrCr and guardians (generally called 'PrCr' in the program) and in so doing ensure better PC interventions that make a difference in the lives of highly vulnerable children in Ethiopia. The manual covers different areas of support including food, education, health, economic support, psychology support and counseling, PC education, and legal protection. Advocating for non-institutional, community-based options for OVC care, it specifically aims to improving household communication, fostering a positive change in family relationships; reducing corporal punishment, misbehaviors of children; supporting their child's attendance and performance at school; supporting recreation/ play/ free time for children on a regular basis; and clearly setting rules and limits, and acknowledging good behaviors, recognizing early signs of developmental problems were among major behavioral changes frequently observed. While the beneficiaries are PrCr and guardians, the training methods included group discussion, presentation, discussion of case studies, game/competition, art, demonstration and role-playing, group work, thinking, reflection, practical training activities and advice to PrCr.

The YB program provided capacity building activities which were conducted in a cascaded manner through training, supportive supervision, coaching and mentoring. The capacity building has enabled IPs and community structures to identify HVC using standard formats, to mobilize support from stakeholders at different levels and to continuously monitor, and record accomplishments and gaps.

USAID (2017) conducted evaluation to check the effectiveness of the YB program and found lack of skill because of short duration of the training compounded by high turnover and relocation of trained staff in government offices.



The evaluation further identified that the YB program had effectively identified and worked with community structures and local resources to increase the capacity of community members and households caring for HVC. Capacity strengthening interventions had been implemented using various methods including trainings, material supports such as provision of stationeries, school uniforms, office furniture, and supportive supervision and coaching. Linkage was created between community structures and different government offices, specifically with the Bureau of Women and Child Affairs (BoWCA). These linkages appear to have helped the program in ensuring the interventions were supported by government structures.

The USAID evaluation makes the following conclusions The YB Project has documented several successes in achieving its core objectives. The capacity building activities provided to the implementing partners, government stakeholders, CC/CCs were effective in improving the lives of HVC and their families. Community structures were able to target HVC and their families to be enrolled in the YB Program and provide HVC care and support well. The support related to health and education were very effective with significant positive changes documented in school drop-out and healthcare seeking practices.

In the same way, a UNICEF filed training manual (undated) was developed to assist trainers of PrCr of children on how to encourage the various aspects of the development of young children. It was intended primarily to be used (by preschool teachers or other institutions that were engaged in serving children from infancy through the preschool years) to empower PrCr with essential knowledge about the different aspects of child development and to enable them acquire skills to enhance the children's holistic development during the early years. The manual includes such contents as physical development, social and emotional development, language development, child stimulation, child play and child creativity, intellectual development, positive discipline, child health and nutrition, child safety and protection, healthy family relationship and interaction with the child, and challenges of PC.

In another manual, Save the Children and UNICEF (2020) attempted to provide a facilitator's manual for promoting PC skills particularly in emergency settings in Ethiopia to enable PrCr and their children:

- develop the necessary and critical individual and interpersonal knowledge, attitude and skills that can help them in maintaining or restoring healthy psychosocial and developmental pathways in challenging emergency environments.
- improve the knowledge, awareness, attitude and PC skills of PrCr in humanitarian interventions in Ethiopia to quell possible physical and humiliating punishments.
- better know and understand about the emotional, social and physiological needs of children at different stages of development, the rights of children and techniques of non-violent PC thereby enable them to mutually resolve their problems.
- transform social norms and power dynamics from violent to a more acceptable, no-harm and equal opportunity and treatment kind of norms, values and practices.

The primary target groups or users of this Manual are trained volunteer community facilitators, co-facilitators, PrCr (both mothers and fathers) and PrCr. Program and project social workers, field workers, officers, government partner sector offices and experts, community/faith-based organizations, police and law enforcing bodies can also receive trainings and use the Manual as

child rights’ protection stakeholders and law enforcers. It employs lecture, discussion and role play as methods of providing the training.

The International Rescue Committee (2016) has also developed a ToT manual, “PC Skills Intervention for Managers to Train Leaders and Facilitators on SHLS (Safe, Healing and Learning Space). The PC Skills Intervention in the SHLS Toolkit aims to promote the well-being of, among others, children through improving PrCr’ stress management skills, positive PC practices, and strategies for supporting children with psychosocial needs. With the goals of preventing and decreasing violence against children in the home and improving positive developmental outcomes in young children in developing contexts and conflict settings, this intervention provided PrCr and PrCr with:

- Positive parent–child interaction skills,
- children’s positive development and behavior through positive attention and play,
- Ways to decrease children’s misbehavior.
- Increasing emotional and empathetic communication skills.
- Problem-solving skills and guiding children’s healthy choices.
- Teaching PrCr non-violent discipline strategies.
- The effect of household violence and stress
- Skills on children’s development and ways of decreasing parental stress and anger.
- Psychosocial support for PrCr and children.

The Toolkit provides 2 PC Skills curricula – one is designed for PrCr of children (6–11 years) and another for PrCr of adolescents. The training methods include discussion, skills practice, handouts, discussion and brainstorming, working in pairs and small groups, and notice board. It was developed based on evidences accumulated over more than 3 decades of research on the effectiveness of parent training programs to improve child behavior. In fact, evaluation of the program in different countries including Ethiopia indicated that the short-term PC interventions can be effective in decreasing harsh punishment and improving positive PC practices. The impact evaluations also revealed that PC programs were feasible and applicable in various contexts.

**Health, Nutrition, Childcare Manuals:** a sizeable number of manuals rather made a selective focus on health, nutrition and early care. Cases in point were the manuals developed by USAIDS (2011), a couple of manuals by FDRE MoE (2016, 2023), and still two other manuals by the Ethiopian School Readiness Initiative (both of them undated).

To begin with USAIDS, it developed a ToT Manual for Counseling on Maternal, Infant and Young Child Nutrition (2011) with a purpose to equip health workers to train others on how to counsel mothers, fathers, and other PrCr, using counseling cards to optimally feed their infants and young children and mothers. The targeted beneficiaries are mothers, fathers, and other PrCr of babies up to 24 months. Issues covered include a range of topics including antenatal care, maternal health and nutrition, hygiene, immunizations, special health conditions, breastfeeding, and infant feeding up to two years of age. Training methods employed lectures, demonstrations, clinical practice, and work in smaller groups with discussion, brain-storming, reading, role-play, video-show, and exercises. Training materials were 27 MIYCN Counseling Cards, which present brightly colored illustrations that depict key infant and young child feeding concepts and behaviors to share with mothers, fathers, and other PrCr. One lesson that could be taken from this training is the involvement of fathers, mothers and other care givers.

A ToT Manual titled “Essential Care for Every Baby” was developed by the Federal Ministry of Health (MoH, 2016) with the goal to enabling Midlevel health care workers (with BSC degree and above) involved in obstetric and newborn care provision in health centers and hospitals in Ethiopia to provide essential care for all babies including lifesaving interventions for babies with asphyxia, infection and prematurity. It was a skill-based training (employing brainstorming, small group exercise and sharing to the class, role-plays, demonstrations, and facilitators summarizing the key points) that focused on providing the basic skills of resuscitation, provision of essential care for every baby, care for preterm babies and for sick babies using mannequins for small and term baby, resuscitators, breast models, role plays, **KMC** apparatuses, wall charts, continuous practices on case scenarios and self-learning and self and peer evaluation. Provision of this training reduced newborn mortality by enabling health professionals to identify, classify and treat major newborn health problems in Ethiopia.

**The MoH** (2023) has also developed another ToT manual for facilitators (titled, “Infant and Young Child Feeding in Emergencies”-IYCF-E) to equip trainers with technical knowledge and skills required to teach the infant and young child feeding in emergencies (IYCF-E) through course modules that include learning exercises, case studies and practical or demonstration sessions. It aimed to enable participants to counsel and support mothers to carry out WHO/UNICEF recommended feeding practices for their infants and young children from birth up to 24 months of age. The core users of this manual were persons responsible for organizing and training to improve the performance of implementers of nutrition interventions such as Maternal, Infant and Young Child feeding practices and IYCF-E. These persons included, but not limited to, national, regional, zonal and woreda level health and nutrition workers from Ministry of Health (MoH) and implementing partners. The manual covers key messages and practices related to understanding IYCF-E, policies, legislation, guidelines and the code related to IYCF-E, minimum IYCF response in emergencies, maternal nutrition in emergencies, breastfeeding and complementary feeding among infant and young children in emergencies, breast milk substitutes (BMS) and prevention and management of donations, IYCF-E related human resources and multi-sectoral coordination on IYCF-E. Its scope is limited to feeding intervention for only children of up to 24 months. Several methods of delivering messages were used including interactive lectures, group discussions, question and answer, role-plays, case studies and field visits. It only focused on helping mothers while ignoring the involvement of fathers. The manual was also limited only to the first two years while the feeding for older children was also important.

In a similar vein, a local NGO, The Ethiopian School Readiness Initiative, has developed a training manual, “PrCr Role in Children’s Feeding and Health”, to help PrCr develop knowledge and skills that improves children’s nutrition and health. Targeting teachers, PrCr working in childcare centers/organizations, PrCr and other PrCr, the training manual focused on helping mothers to promote children’s wellbeing through proper nutrition. It also focused on helping PrCr to have basic knowledge related to child health and nutrition. The methods include discussion, lecturing, and practical exercises. While the training starts from infancy/breast feeding, it didn’t consider the different socioeconomic conditions of PrCr and children with special needs who require different nutritional practices. The Ethiopian School Readiness Initiative also developed a training manual for PrCr, teachers, PrCr working in child care centers/organizations, PrCr and other PrCr to help them get awareness about how to care for children’s wellbeing and protecting children from different harms. Through group discussion,

case studies, and presentations, it focused on identifying every day practices that could harm children.

**SBCC-Based Manuals:** More recently, Child Fund Ethiopia (2023) developed “Child Care Worker Training Guide” to help PrCr to support the development and maturation of children from birth to age five. It helped PrCr to develop the knowledge and skill to identify factors that hinder children’s development, find solutions, to nurture children properly. PrCr whose children were between births and age five also participated in urban agriculture and safety net programs. Contents covered included showing love to children, breast feeding, additional food for children, playing for the physical and cognitive development of children, physical activity for children’s physical health, effective communicating with children, teaching math concepts to children, positive discipline, protecting children from harm. Discussion, Role play, practical activities and Demonstration were used as methods of delivering the training.

Child Fund also developed a complimentary ‘key messages chart’ (2023) for the above childhood development manual. This key message chart helped PrCr to understand their children’s development and execute their role in supporting their children’s development and wellbeing. The target groups included PrCr whose children are between birth and age five who participate in urban agriculture and safety net programs. Lessons included the following:

- The importance of early childhood care
- Showing love to children
- Breast feeding
- Supplementary feeding
- Playing for the physical and cognitive development of children
- Physical activity for children’s physical health
- Effective Communication with children
- Teaching math concepts to children
- Positive discipline
- Protecting children from harm

A relatively similar approach was developed by [Resolution Studio \(June 2023\)](#) who attempted, in collaboration with “The Future Hope of Addis Ababa Early Childhood Development Program”, to develop and implemented an integrated Social and Behavioral Change Communication (SBCC) to effect changes in PC skills. While firstly trying to conduct research to identify key factors that determine early childhood caregiving practices on four key behaviors (singing, and storytelling, reading babies and children’s cues, outdoor play and positive disciplining), this organization reported research findings claiming to show that PrCr were aware of most priority behaviors and the benefit they had on the lives of their children. It was also reported that for most priority behaviors, it was either a question of motivation or access/ availability. Taking these findings into consideration, attempts were made to develop a communication strategy that would help inspiring audiences to uptake the positive behaviors and encouraging them to maintain it. The strategy made a principal assumption that motivating PrCr to engage in positive caregiving practices was vital to ultimately have deeper relationships with their children and also that each of the caregiving practices to be provided to PrCr were need to give a unique opportunity for PrCr to engage with their children fruitfully and result in parent-child relationships that are emotionally rich. Based on the findings of the study and these assumptions,

Resolution Studio developed, for each of the four PC behaviors, key findings and recommendations with respect to: priority target audience that needed intervention, key identifiers/ barriers in effecting change, core messaging for change, channels for messaging, and priority channels. Then attempts were made to develop scripts and produced messages through video, and posters of different sizes.

### 5.3. Summary

PC is an important social responsibility for nurturing human offspring. It may suffice to follow the gut instinct to parent offspring of other animals; but PC human offspring need training to perfect and bring to consciousness instincts for more efficient and productive purposes of caring children for a period of time that is much more extended than the other animals. Perfecting the imperfect PC requires longer period of engagements' but conscious intervention would make it happen in cost-efficient and effective manner. Several studies have documented the significant positive impacts of PC intervention on the life of children as well as their PrCr. In recognition of these impacts, several parent/ caregiver intervention manuals have been in use for the last couple of decades. The specific purposes and approaches of these manuals may slightly differ depending on the specific reasons they were created to promote; but all of them seem to aim impacting practices of childcare and development in Ethiopia. Some of these manuals target addressing children's holistic development but with major focus of supporting vulnerable groups because of orphanhood, exposure to war-induced displacement jeopardizing the PC process. Others specifically target young children's health, nutrition, and safety. A couple of those most recently developed follow more impactful communication modalities called SBCC. It is hoped that such manuals would have better buy in, possibility of impact and scalability. Critical look into the various manuals developed so far may in fact suggest that each of them has both strengths as well as limitations in various forms. Hence, there are many lessons that can be drawn both from the strengths as well as weaknesses of these manuals for developing parent/ caregiver intervention packages.

## 6. Summary and Implications

PC is a process and act of raising up children with all the required competencies, capacities, personality traits, character and skills. PrCr are required to position themselves to execute their responsibilities with defined goals, identified and planned provisions and expected outcomes. Effective PC requires actors to exercise conscious and mindful engagements with children with goals, methods and outcomes ensuring children's holistic development.

Effective PC involves contents that comprehensively sample the holistic needs of the children and PrCr by integrating the NCF (health, nutrition, responsive care, early learning, and safety and security needs) with the ELF, as well as the transactional view that holds PC as a process is not only impacting children but also reciprocally impacts PrCr as well. Effective PC is also about approaches and methods that connect actions with goals. It matters a lot to be beset not only with what we do; but how we do it. In this regard, responsive PC approach is the most sought approach in promoting quality parent-child interaction. Decades of research in the field of childcare and family studies has amassed a wealth of literature pointing to the fact that there are

certain principles that guide practices of good interaction. Pooling all these proposed principles (including those of ICDP's) some of these key principles include establishing a trusting and loving relationship, creating strong emotional bond, applying positive disciplining, practicing gentle PC, and have consistency in PC process. The methods also involve modeling, role playing, storytelling, and a lot more that resonate with local and cultural practices of care and learning. In as much as effective PC needs to be comprehensive and responsive, it also needs to be done in ways that fit into the needs of the specific contexts and target groups. PC is very diverse in its nature and, therefore, there is no one-fit-for all approach. Global studies unfold that diversities are eminent with respect to style of life, economic status, religious orientation, exposure to experiences disrupting the normative pathways of survival and development etc.

Local piecemeal researches on PC in Ethiopia have consistently revealed that there are better parental/ caregiver knowledge about basic needs, mechanism, and tools for promoting children's needs for holistic growth. But, lack of resource availability/ affordability, scientific skills, attitudes and values about traditional practices, as well as the prevailing socio-cultural apparatus in the various communities, among others, seem to limit engagements of PrCr not only to enacting their knowledge by at the same time to still entertaining traditional childcare practices that, by the standard of WHO, can be harmful. A number of interventions were designed globally as well as in Ethiopia to transform the PC landscape that, as a matter of necessity, involved development of intervention packages including manuals. In Ethiopia, for example, about 12 intervention manuals were developed in the last few years to support PC interventions for different purposes, in different contexts and employing different strategies. Yet, comprehensive PC intervention package is yet to come to be operational in different settings following a more promising intervention approaches like SBCC and ICDP.

In this connection, there is, therefore, a need to develop, in subsequent work, a comprehensive strategic communication document that charts out the blueprint for a multisectoral holistic PC intervention resources. This strategic communication document needs to address the various goals and outcomes of PC, in various contexts/ setting and for diverse groups of actors and beneficiaries. Furthermore, the strategic document should be based on SBCC techniques with an ICDP piece imbedded in them. SBCC is a technique used to develop relevant and core PC messages, the effective communication channels to deliver the messages for targeted audiences and in certain contexts. The ICDP ensures that the messages and channels are aligned with the principle of good child-parent/ caregiver interaction.

## References

- Alemu T. et. Al. (2022). Health and nutrition emergency response among internally displaced persons at Ranch collective site, Chagni, Ethiopia: The role of emergency operation center, lessons from the field, and way forwards. *Front. Public Health* 10:926551. doi: 10.3389/fpubh.2022.926551
- Backhaus, S., Gardner, F., Melendez-Torres, G. J., Schafer, M., Knerr, W., & Lachman, J. (2023). WHO Guidelines on PC interventions to prevent maltreatment and enhance

- parent–child relationships with children aged 0–17 years: Report of the Systematic Reviews of Evidence. Geneva: World Health Organization.
- Bornstein, M.H. (1991) Approaches to PC in Culture. In: Bornstein, M.H. ed. Cultural Approaches to PC. New Jersey: Laurence Erlbaum Associates. Inc. p. 3-18
- Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., & Fernald, L. C. (2016). Advancing early childhood development: from science to scale 2 nurturing care: promoting early childhood development. *Safety (eg, routines and protection from harm)*, 3(4).
- Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nuture reconceptualized in developmental perspective: A bioecological model. *Psychological review*, 101(4), 568.
- Bruktawit Worku (2018). Parental beliefs, values and practices of child rearing among the kechene PrCr in Addis Ababa, Addis Ababa university
- Bunting, L. (2004). PC programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.
- Callaghan-Koru, Jennifer A et.al.2013. Newborn care practices at home and in health facilities in 4 regions of Ethiopia, *BMC Pediatrics* 2013, 13:198 <http://www.biomedcentral.com/1471-2431/13/198>
- Child fund Ethiopia (2023). የሕጻናት እንክብካቤ ሰራተኞች የሥልጠና መመሪያ: በኢትዮጵያ የከተማ የምግብ ዋስትናና የሥራ ዕድል ፈጠራ ልማት መርሐ ግብር ለሙከራ ለተቋቋሙ የማኅበረሰብ አቀፍ የሕጻናት እንክብካቤ ማዕከላት
- Child fund Ethiopia (2023). የቀዳማዬ ልጅነት እድገት የቁልፍ መልዕክቶች ቻርት: በኢትዮጵያ የከተማ ምርታማ ሴፍቲ-ኔት መርሃ-ግብር የናሙና ማህበረሰብ ዓቀፍ የሕጻናት እንክብካቤ ማዕከላት
- Clarke, P. (2021). A social constructionist examination of Traveller PC values, attitudes and practices.
- Dame Abera (2012). Child Rearing among the Arsi Oromo: Values, Beliefs and Practices, These. Addis Ababa University  
Early Childhood Development, National Research Council and Institute of Medicine.
- FDRE Ministry of Women’s Affairs (2009). Alternative Childcare Guidelines: Community-Based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Service, Addis Ababa.
- Federal Ministry of Health (2016). Essential Care for Every Baby Training Participants’ Manual. Addis Ababa Ethiopia
- Federal Ministry of Health (2023). Infant and Young Child Feeding In Emergencies: A Training Manual for Facilitators
- Fekensa Hailu et. al. (2020). Determinants of traditional medicine utilization for children: a parental level study in Tole District, Oromia, Ethiopia, *Complementary Medicine and Therapies*, 20:125 <https://doi.org/10.1186/s12906-020-02928->
- Feldman, R.S (2014). Life span development: A topical approach. (2nd ed.). Boston, MA : Pearson
- Foo, K. H. (2019). Intercultural PC: How eastern and western PC styles affect child development. Routledge.
- Gaikwad, L., Taluja, Z., Kannuri, N. K., & Singh, S. (2020). Caregiver knowledge, attitude and practices about early child development in Telangana, India: a cross-sectional study. *International Journal of Contemporary Pediatrics*, 7(10), 1940.
- Gopnik, A.(2016). The Gardener and the Carpenter: What the New Science of Child Development Tells Us about the Relationship between PrCr and Children. Macmillan.



- International Rescue Committee (2016). *PC Skills Intervention: Trainer's Manual for Managers to Train SHLS Leaders and Facilitators*.
- Jeong, J., Franchett, E. E., Ramos de Oliveira, C. V., Rehmani, K., & Yousafzai, A. K. (2021). PC interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLoS medicine*, 18(5), e1003602.
- Jirata, T.J. (2019). The cultural spaces of young children: Care, play and learning patterns in early childhood among the Guji people of Ethiopia, *Global Studies of Childhood*, 9 (1)
- Jirata, T.J. (2022). Indigenous Rights of Children among Agro-Pastoral Communities in Southern Ethiopia, *Childhood* 29(3)
- Mache Tsadik et.al. (2023). Child health services and armed conflict in Tigray, North Ethiopia: a community-based study, *Conflict and Health*. 17:47.
- Mengstie M.A et.al. (2023). Undernutrition and associated factors among internally displaced lactating mothers in Sekota camps, northern Ethiopia: A cross-sectional study. *Front. Nutr.* 10:1108233. doi: 10.3389/fnut.2023.1108233.
- MoH, (2015). National Newborn and Child Survival Strategy Document Brief Summary 2015/16-2019/20.
- Moore, T. (2006). Parallel processes: Common features of effective PC, human services, management and government. In Keynote address presented at the National Early Childhood Intervention Australia Annual Conference, Melbourne, Australia.
- Nelsen, J. (1981). *Positive disciplines*. Fair Oaks, CA: Sunrise Press.
- Nigusie Selomon, 2021. Parental Traditional Medicine Use for Children and Associated Factors in Debre-Tabor Town, Northwest Ethiopia 2019: Community-Based Cross Sectional Study, *iMedPub Journals* <http://www.imedpub.com>
- Ray R. Redefining Education with Growth Mindset and Mastery Learning. *IJSR*. Published online April 5, 2020:789-792. doi:10.21275/sr20410204106.
- Roelandt, L. (2016). The impact of a PC training on parental monitoring in rural Ethiopia, Master Thesis University Utrecht
- Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive PC Program: A systematic review and meta-analysis of a multi-level system of PC support. *Clinical psychology review*, 34(4), 337-357.
- Sandler, I. N., Schoenfelder, E. N., Wolchik, S. A., & MacKinnon, D. P. (2011). Long-term impact of prevention programs to promote effective PC: Lasting effects but uncertain processes. *Annual review of psychology*, 62, 299-329.
- Save the Children and UNICEF (2020). *PC Skills Education in Humanitarian Interventions in Ethiopia: Facilitator's Manual*. Addis Ababa, Ethiopia  
Science of Early Childhood Development. Committee on Integrating the Science of
- Shaffer, D. R., & Kipp, K. (2013). *Developmental psychology: Childhood and adolescence*. Cengage Learning.
- Shonkoff, J.P. and Phillips, D.A. (Eds.)(2000). *From Neurons to Neighborhoods: The*
- Skinner A., TesterJones MC., Carrieri, D. (2022). Under nutrition among children living in refugee camps: a systematic review of prevalence. *BMJ Open* 2023;13:e070246. doi:10.1136/bmjopen-2022-070246.
- Smith, A. (2014). Honouring the intimacy and privacy of the PrCr' relationship with their unborn baby. *International Journal of Birth & Parent Education*, 2(1).
- Spier, Elizabeth, et.al. (2023). Study on PC for Early Childhood Development in Ethiopia, AIR, <https://www.air.org/project/study-PC-early-childhood-development-ethiopia>



Steinberg, L. D. (2004). The ten basic principles of good PC. Simon and Schuster.

Tsabary, S. (2014). The conscious parent: Transforming ourselves, empowering our children. Hachette UK.

USAID (2011). Training of Trainers Manual for Counseling on Maternal, Infant and Young Child Nutrition, Ethiopia

USAID (2012). Cultural Barriers to Seeking Maternal Health Care in Ethiopia: A Review of the Literature, [https://pdf.usaid.gov/pdf\\_docs/PA00JSN8.pdf](https://pdf.usaid.gov/pdf_docs/PA00JSN8.pdf)

USAID (2017). Yekokeb Berhan Program for Highly Vulnerable Children in Ethiopia: End line Evaluation report, prepared independently by ABH Services PLC.

USAID (2021). Nurturing Care to Improve Early Childhood Development: Ethiopia Country Profile, [https://www.advancingnutrition.org/sites/default/files/2021-10/eecd\\_landscape\\_brief\\_ethiopia.pdf](https://www.advancingnutrition.org/sites/default/files/2021-10/eecd_landscape_brief_ethiopia.pdf)  
Washington, DC: National Academy Press.

World Health Organization (2018). Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Development. <https://www.who.int/publications/i/item/9789241502644>

ኢትዮጵያን ስኩል ሬዲዮስ ኢንሺየቲቭ (----). በህፃናት አመጋገብና ጤና የወላጆች/ አሳደጊዎች ሚና

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\* Proportion of at-risk population known to have the problem

† Rate of new cases of the health problem reported in a period (month, quarter, or year)

‡ Death, morbidity rates

§ Knowledge, approval, intention, practice, advocacy

\*\* Urban/rural

†† Age, gender, marital status, number of children, education, occupation

‡‡ Language, culture, religion, ethnicity

§§ Estimate the number of people in the group

\*\*\* Write 'yes' if the group requires a separate approach

††† Very important, somewhat important, less important, unimportant

‡‡‡ Very likely, somewhat likely, somewhat unlikely, very unlikely

§§§ Scoring the total rating: 10 – 15 a good segment, 6 – 9 a possible segment, 0 – 5 an unlikely segment