

NATIONAL HEALTH SECTOR STRATEGIC PLAN

FOR EARLY CHILDHOOD DEVELOPMENT IN ETHIOPIA

2020/21-2024/25



Ministry of Health
Ethiopia



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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

October 2020
Addis Ababa, Ethiopia

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Dr Meseret Zelalem

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Director, RMNCAH-N Directorate, Ministry of Health Ethiopia

Foreword



Ethiopia has made impressive progress in achieving many of the national and global health indicators as a result of strong leadership of the MoH, the coordination of efforts and intensive investment in the health system by the government, partners and the community at large. Despite these achievements, the government of Ethiopia recognizes that the risk of poor developmental outcomes remains extremely high, affecting more than half of children under five years.

Ethiopia initiated the “Early Childhood Care and Education Policy Framework” in 2010, with a commitment to ensure that every child has a better start in life and to grow in a protective and stimulating environment. This policy framework was poorly operationalized and was revised in 2019 to make it comprehensive, by incorporating interventions for the holistic development of a child which had been overlooked and by exhaustively integrating ECD interventions into various existing platforms.

The National Health Sector Strategic Plan for Early Childhood Development (2020/21 – 2024/25) provides a detailed roadmap and framework for the health sector, and ensures effective implementation of the national ECD policy framework. It does this by integrating nurturing care interventions for early childhood development which had been overlooked into existing maternal and child health and other health services.

This national strategy, which will be part of the second Health Sector Transformation Plan (HSTP II), aims to design and implement quality ECD programmes in order that all children grow and thrive in a secured, safe and nurturing environment. MoH will work with Regional Health Bureaus (RHBs) and its development partners to ensure the implementation of quality ECD interventions.

Dr.Dereje Duguma

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State Minister,Program
Ministry of Health

Executive Summary

The past three decades have seen a considerable worldwide reduction in the mortality rate for children under the age of five. However, there is evidence showing that the risk of poor developmental outcomes remains extremely high, affecting an estimated 250 million (43%) children under five in low- and middle-income countries, and rising to over two-thirds of children in sub-Saharan Africa (Lancet Series 2017). Children in low- and middle-income countries face interlocking challenges which can affect their health, wellbeing and learning throughout their lives. Long-term studies show that growth failure from conception to three years has a severe impact on adult health. A poor start in life hinders the ability of children to benefit from education, which can lead to lower productivity and social difficulties in the long term. An ECD programme is one of the best investments for a government which aspires for healthy, productive and prosperous citizens. In terms of direct economic benefits, recent evidence shows a 13 percent annual return on investment per child due to better education, economic, health and social outcomes among children under five years.

ECD is now a worldwide agenda, especially in low- and middle-income countries where a majority of young children face adversity in early life. Several UN organizations (WHO, UNICEF) and the World Bank have designed policies and plans to support countries across the world promote ECD.

The government of Ethiopia has long acknowledged the importance and value of investing in ECD, and is committed to designing and implementing a programme across the various sectors. The first cross-sectoral ECD policy and strategic plan was developed in 2010. Since then, MOH has been collaborating with other ministries in developing and ratifying an ECD policy, and in developing a sector-specific strategic plan in order to better integrate the ECD programme into the wider health care system.

The national ECD strategic plan 2020/21-2024/25 has been developed following the revision of the Early Childhood Care and Education Policy Framework to the Early Childhood Development, Care and Education (ECDE) Policy Framework in 2019 by MoH, MoE and MoWCY. The purpose of this strategic plan is to provide a detailed roadmap and framework for the MoH in order to ensure the effective and integrated implementation of the national ECD policy framework. Furthermore, it is designed to support the Sustainable Development Goals (SDGs) agenda and the 2030 target for child health and wellbeing.

The goal of this National ECD strategy is to design and implement programmes which ensure that all children grow and thrive in the secured, safe and nurturing environment which will promote their physical, intellectual, linguistic and social emotional development.

The strategy will be implemented in line with other relevant national strategic plans including: HSTP II, Roadmap Towards Maximizing Newborn and Child survival and Wellbeing by 2030, National Nutrition Programme, the EPI Comprehensive Multi-Year Plan, One WaSH National Programme, iCCM and CBNC implementation plan. The strategy is also linked to the SDG agenda – the commitment of the government of Ethiopia to **ensure that all girls and boys have access to quality early childhood development, care and pre-primary education by 2030.**

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ECD	Early Childhood Development
ECDE	Early Childhood Development and Education
ECCE	Early Childhood Care and Education
ECD-TWG	Early Childhood Development-Technical Working Group
EPI	Expanded Programme on Immunization
FP	Family Planning
HDA	Health Development Army
HEP	Health Extension Programme
HEW	Health Extension Workers
HIV	Human Immunodeficiency Virus
iECD	Integrated Early Childhood Development
LMICs	Low- and Middle-Income Countries
MoE	Ministry of Education
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
MoWCY	Ministry of Women, Children and Youth
NC	Nurturing Care
NCF	Nurturing Care Framework
NSP	National Strategic Plan
PATH	Programme for Appropriate Technology in Health
PMTCT	Prevention of Mother to Child Transmission
SDG	Sustainable Development Goal
UNICEF	United Nation Children’s Fund
USAID	United States Agency for International Development
WASH	Water Supply, Sanitation and Hygiene
WDA	Women Development Army
WHO	World Health Organization

SECTION ONE:

Introduction

1.1. Early Childhood Development

ECD is a process of continuous maturation in terms of cognitive, linguistic and executive functions, as well as mental, emotional and behavioral development in early childhood. Early childhood represents the period from conception to six years of age (here after referred as 'young children') and is critical for brain development. The period is classified in three distinct stages: from conception to three years (during which health, nutrition and stimulation are essential for the rapidly growing brain); from three to five years (when special preschool care and education plays a pivotal role in the development and maturation of the child's brain); and five to six years (which is a critical time for school readiness). Most (80%) of the growth and development of the brain occurs in the first three years and this stage is a foundation for health and wellbeing later in life.

However, due to multiple factors including poverty, malnutrition, lack of basic services and limited scope for a nurturing environment, nearly half of children in LMICs are lagging behind in their full development potential. The ongoing COVID-19 pandemic

is an added burden on the healthy growth and development of young children. To tackle this problem, the ECD programme is designed to ensure all children benefit from a conducive and nurturing environment to maximize their growth and development. ECD interventions are essential to the healthy physical, emotional, social and cognitive development of young children. For this reason, Ethiopia has adopted the ECD programme as one of its top national priorities.

1.2. Brain Development

Development of the brain starts at the fetal stage and continues throughout pregnancy and during childhood. The rate of brain growth and development is very rapid in the first three years of life. The size of the brain doubles in the first year and grows to 50 per cent of its adult size by age two, continuing to grow to 80 per cent by the age of three. The first three years of life are therefore the most important for ensuring the best start in life but can result in impaired development if not managed properly. The everyday experiences and relationships between a child and his/her family and surroundings significantly affect the brain as it grows. Moreover, as children spend most of their time under the control or care of

others, families and caregivers have an important ongoing influence on their growth and development. Children learn and develop through play and interaction with their environment, which gives them the opportunity to observe, experiment, and engage to solve problems. This enables children to improve their existing skills and acquire

new ones in order to progress to the next level of development. To develop continuously, therefore, the brains of young children requires nurturing care to protect them from adverse life experiences and to provide a favorable environment for proper growth and wellbeing.

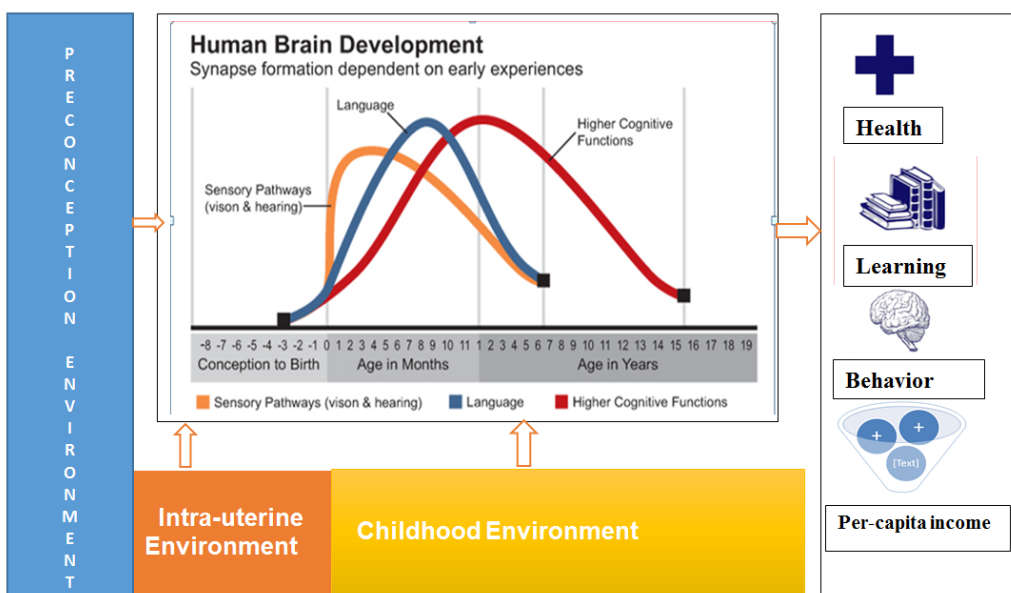


Figure 1: A conceptual framework adapted from literatures which shows the fetal and postnatal environmental influences on child development and success later in life

1.3. The Nurturing Care Framework

Although there are various ECD intervention programmes designed by different organizations and countries based on their specific need and requirements, the WHO, UNICEF, World Bank and partner organizations have

designed a comprehensive framework called “the Nurturing Care Framework (NCF)” which can be adapted and used by all countries. The NCF for ECD has five components essential for the optimal growth and development of young children.

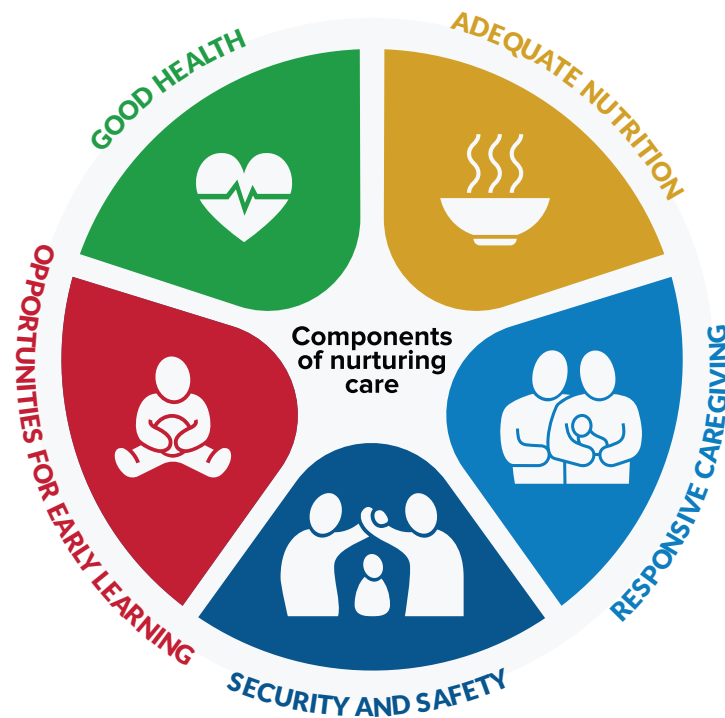


Figure 2: NCF, adopted from the nurturing care ECD framework

The NCF follows a continuum of care across the lifespan. It starts before conception, when maternal health and mental readiness for pregnancy and childbirth plays a significant role in the health and development of the newborn. Family planning, health services for the physical, mental and social wellbeing of the mother before pregnancy, are all important components of these interventions. Care then continues during pregnancy and throughout early childhood. Curative, preventive and promotive health interventions during antenatal, delivery and postnatal care, with the aim of ensuring the health and

nutrition of the mother and her child, are all essential components of the NCF.

As the needs of young children and their parents are multiple and diverse, cross-sectoral collaboration and coordination are essential in providing children and their parents/caregiver with holistic and comprehensive care. The MoH focuses on the NCF from conception to three years of age by providing interventions for good health, adequate nutrition, stimulation and responsive care for child development. MoE instead focuses on children above four years, by providing interventions in care and education.

The five components of NC interventions are:

- 1. Good health:** to ensure that children and their parents have good health so that children grow and develop well.
- 2. Adequate nutrition:** to ensure children, mothers and adolescents are getting adequate nutrition and are protected from malnutrition.
- 3. Safety and security:** to ensure that children and their parents/ caregivers are living in conducive and stable environments favorable for life, including water, sanitation and hygiene (WASH).
- 4. Responsive caregiving:** to ensure that children's needs and demands are recognized, and timely and appropriate care is provided to support children's growth and development.
- 5. Opportunity for early learning:** to ensure that young children are given the opportunity for learning and education through play, and to explore their environment throughout early life.

1.4. Why to invest in NC

By the time children reach the end of early childhood, they should be well-developed in physical, mental, cognitive, linguistic and social emotional dimensions - so that they can benefit further from opportunities linked to education and health later in life. There is today a growing body of evidence about ECD, the findings of which demand action. A recent report from the Lancet series on child development in developing countries indicated that about 200 million children under five are not reaching their full developmental potential because of poverty, a lack of stimulation and responsive care, poor health and nutrition. This limits children's readiness for schooling and their subsequent performance - both of which will affect their productivity in adulthood. There it is essential to design ECD intervention programmes, and ensure they are appropriate to the local context.

Another reason to invest in young children is the high rate of return on ECD interventions made through the NCF during the first few years of life. Various controlled studies in different settings have shown positive returns for investments made in ECD, with respect to individual achievement, future income, physical and mental health during both childhood and later life. For every \$1 spent on ECD interventions, the return can be as high as \$13 (Garcia JL, Heckman JJ, Leaf DE, & Prados MJ, 2016).

Investing in ECD through the NCF also helps in achieving the SDG by 2030. By contrast, failure to invest in NC results in long term consequences like poor cognitive, mental, psychological and emotional development - all of which affect the productivity and contribution of individuals to national growth and development.

1.5. Current landscape

1.5.1. General findings

The desk review conducted in Ethiopia, with the aim of exploring the extent to which NC activities have been implemented at the health sector, helped the MoH to identify missing components. The findings showed that most of the NC interventions for ECD have been implemented to address the health and nutrition of young children and their parents. However, activities like protection (safety and security), responsive caregiving and opportunity for early learning/stimulation (e.g. communication and play) are missing. Moreover, there is limited knowledge and awareness among health managers and health workers on ECD as well as the NCF. The lack of public funds (including lack of costing for ECD services and an expenditure tracking system) and the unavailability of scientific evidence related to NC and ECD also undermine the implementation of ECD programmes.

Within health facilities, there is no health care delivery package to guide and direct interventions for safety and security; no clear intervention guide or package for supporting parents in care for child development, and no counselling information on how to protect children from any kind of neglect, maltreatment and abuse (emotional, physical, sexual or other sorts of violence). Within the maternal and child health service, there is no maternal mental health service, no screening or early detection of children with developmental disorders, and no established referral linkage for ECD. Finally, the health facility has no arrangement or plan for providing health information which encourages play, communication and learning for young children - although there are multiple contact points which could be capitalized on. In general, activities supporting protection, responsive caregiving and opportunities for early learning are missing or not adequately addressed.

Moreover, the situational analysis found that in Ethiopia about 37 per cent, 21 per cent and seven per cent of children under five are stunted, underweight and wasted respectively. According to Ethiopia's 2018 Multidimensional Child Deprivation report, in 2016 68 per cent of children under five were deprived of basic health care; 73 per cent lacked proper nutrition; 59 per cent lacked adequate water, while 90 per cent were without adequate sanitation and housing. Deprivation in education was 50 per cent for children aged between five and 17 in 2016. The multiple deprivation analysis showed that about 97 per cent of children in Ethiopia experienced deprivation in at least one of six dimensions (stunting, nutrition,

health, water, sanitation and housing), whereas 89 per cent of children under five experience at least two deprivations simultaneously. Deprivations in all six dimensions at the same time are experienced by 13 per cent of children under five and 14 per cent of children aged between five and 17 years. Due to malnutrition and other adverse life experiences, nearly 60 per cent of children under five in Ethiopia are lagging in their full developmental potential.

The holistic needs of young children are diverse, and cannot be addressed by interventions through a single sector. Cognizant of this, the Ethiopian government is strengthening its effort to promote cross-sectoral coordination and collaboration in its ECD programme. In 2019, three ministries (MoH, MoE and MoWCY) collaborated on the revision of the 2010 ECCE policy framework. Based on this, MoH took initiatives to deliver the NC from conception to three years, whereas MoE committed to extend it from four to more than six years. MoWCY undertook initiatives for advocacy and mobilization toward ECD and NC activities.

1.5.2. Finding on implementation of the NC

i. Interventions for good health

To ensure the good health of mothers and their children, MOH has put in place various preventive, curative and promotive maternal and child health programmes to reduce morbidity, mortality and to maximize the health and wellbeing of young children. These include community-based newborn care, integrated community case management of childhood illness, neonatal intensive care units, essential newborn care and integrated management of neonatal and childhood illness. Effective preventive health care services like immunization, family planning, antenatal care, delivery and postnatal service as well as PMTCT for HIV and WASH are also being implemented. However, there are still gaps in the quality, equity as well as coverage of some maternal and child health services including ANC, delivery and immunization services in different parts of the country. Moreover, maternal mental health care, assessment and screening of children at risk of developmental disorder and counselling packages are not included in the maternal and child health care package. These are some of the gaps which can be addressed in the strategic plan.

ii. Interventions for adequate nutrition

MOH has developed and implemented a national nutrition programme, guidelines and different supportive materials for successful implementation of nutrition interventions through the life course approach to prevent and reduce problem of malnutrition among mothers, children and adolescents at the MCH unit. To achieve these, the interventions package include but not limited to, optimal breastfeeding practice, promoting appropriate complementary feeding, identification and control of micronutrient deficiency, assessment and management of acute malnutrition, ensure access and utilization of WASH practices, conduct behavioral change communication to prevent harmful traditional nutrition practice, and provide comprehensive nutritional assessment, counselling and supportive service. However, there are still gaps regarding exclusive breast feeding, proper initiation of complementary feeding and inclusion of counselling and stimulation package in the nutrition intervention framework. These gaps should be considered in the strategic plan.

iii. Interventions for safety and security

Intervention in this component of the NC requires coordination between multiple stakeholders including MoH, MoE, MoWCY, MoLSA, development partners and others. To address the safety and security needs of young children, there are efforts undergoing across different sectors to improve, for instance: the use of safe and clean water; sanitation and hygiene; birth registration; prevention of maltreatment and child labor; implementation of good clinical practice, and infection prevention strategies. Furthermore, MoH is working on prevention of child injury, identification of children with congenital anomalies (cleft lip, palate, and club foot) and linking them with health services. Activities implemented at the MoWCY, including mainstreaming of child rights, protection and promotion, women empowerment and other activities targeting young children are crucial for ensuring security for children. The national initiative to launch affordable day care services in the workplace are another step forward to ensure the safety and security of young children for employed mothers. The Productive Safety Net Programme supported by the World Bank also helps to ensure food security for parents and their children. However, most of these activities are fragmented and poorly coordinated, so contribute little in addressing the holistic needs of young children in Ethiopia. These must be addressed through the revised policy framework and through sector-specific strategic plans.

iv. Intervention for responsive caregiving

Responsive caregiving is a type of care in which the caregivers pay close attention to the child's signals and respond quickly in order to deliver the required care. From birth, children are sensitive to the emotions of parents/caregivers, both positive and negative. As such, it is important to support parents/caregivers so they are not just physically but also emotionally available to respond quickly and appropriately to their children's needs. Parenting support needs to go beyond parent education and counselling to include supporting them in taking care of their own health and wellbeing, practicing positive indigenous caregiving and encouraging them to access and demand services.

However, such activities are currently poorly implemented. There is no counselling service to promote sensitive and responsive care; no counselling on mother/caregiver-child interactions and care provision; no supportive care tailored to the caregiver's mental health status, nor any counselling or information provision regarding the importance of involving male family members and other extended family members in the provision of responsive care to children.

v. Interventions for opportunity for early learning

This component of NC is the least integrated and implemented within the health sector. Children should not wait until they turn three or four years to get the opportunity to learn. Learning letters, colors and numerals does not require a formal or structured environment; humans have the capacity to learn from conception and acquire skills through interpersonal and social interactions in early childhood such as smiling, making eye contact, talking, singing, imitating and copying the behaviour and actions of others. Playing with common household items like plastic cups and empty containers, for instance, helps children learn about objects and what can be done with them.

However, education, communication and support are currently not being given through counselling packages designed to facilitate opportunities for play and early learning. No counselling and demonstration packages on the importance of play, reading and storytelling are included in the health service. Moreover, counselling on the importance of talking and smiling to children, the importance of playing with simple and nonhazardous household items like plastic cups, the benefit of quality day care and pre-primary education are not available. They should be considered part of the strategic plan.

1.6. Rationale for the strategic plan

Ethiopia developed an ECCE policy framework as well as a strategic plan in 2010. However, the situational analysis conducted by the MoH showed that implementation of the policy framework and the strategic plan is very weak. Cross-sectoral collaboration and coordination was found to be very limited. Moreover, it identified a number of unmet needs and non-comprehensive care for children related to their health and wellbeing.

Currently, there are various updates on intervention approaches for ECD, the most important of which is the recent release of NCF. There is a need to revise the policy framework and to develop a sector-specific NSP at the MoH and other ministries in order to facilitate effective collaboration and implementation. The NSP for ECD supports meeting the SDG agenda and the 2030 target for child health and wellbeing. Moreover, investing in ECD is key to a country's GDP per-capita growth, and overall social development.

1.7. Purpose of the NSP

In 2019 MoH, MoE and MoWCY revised the ECCE policy framework to the ECDCE policy framework. The purpose of this strategic plan is to set a detail roadmap and framework for the MoH to effectively implement the ECDCE policy framework. It will therefore ensure implementation of quality NC for all children, with a special emphasis on those living under difficult circumstances. The NSP will serve as a benchmark and guide for the development of an annual plan at the national, regional, district and community level in the context of ECD. It also provides a guide for effective use and mobilization of financial and human resources. The NSP includes a costed operational plan required for implementing the policy framework. The plan also highlights the need for effective monitoring and evaluation in order support the successful integration and implementation of the programme. Furthermore, it identifies potential stakeholders, partners and collaborators.





SECTION TWO: NATIONAL GOALS AND STRATEGIC OBJECTIVES

To respond to the strategic issues emerging from the situational analysis, the following vision, goal and mission are outlined.

2.1. Vision

Every child in Ethiopia enjoys comprehensive and integrated NC which provides protection, survival and promotes all aspects of their growth and development.

2.2. Mission

Facilitate the design, implementation, monitoring and evaluation of quality ECD programmes to ensure that all children grow and thrive in a secured, safe and nurturing environment which results in their physical, intellectual, linguistic, and social emotional development.

2.3. Goal

To ensure that all children receives the NC to reach their potential.

2.4. Strategic Objectives

2.4.1. To incorporate and integrate the missing components of the NC into the various health care programmes such as RMNCAH-N programmes.

2.4.2. To develop and implement a high quality integrated ECD intervention programme .

2.4.3. To ensure equitable and accessible ECD interventions for all children, especially who are living in disadvantaged and difficult circumstances.

2.4.4. To promote early identification and treatment of children with developmental disorders.

2.4.5. To enhance continuous quality improvement, learning and adapting ECD programmes through monitoring, evaluation and ongoing research.

2.4.6. To align key ECD indicators with the global ECD

data system (e.g. developmental outcome and caregiving practices) and to include in national and sub-national data systems within the health sector (e.g. DHS, mini-DHS, MIS)

2.4.7. To improve expenditure tracking of ECD intervention programmes and increase public financing from the government,

international development partners and other stakeholders through effective advocacy.

2.4.8. To strengthen cross-sectoral coordination and communication at the policy and programme level for the effective integration of ECD interventions across different sectors.

2.5. Scope of the NSP

This strategic document includes findings from the situational analysis, a vision, mission and goal, guiding principles and strategic objectives all required for implementing the ECD programme in Ethiopia over the period of five years (2021-2025). The document contains an intervention framework for ECD, and role and responsibilities of the health sector and stakeholders, for monitoring and evaluation strategies with specific indicators, and budget implications of the programme. It also contains a detailed outcome, output and activity breakdown, and future priority research agendas to strengthen the country's ECD programme.

The strategic plan will be implemented by MOH, all RHBs, all zonal and district level health offices as well as all health facilities. Health programmers, planners, professionals including HEWs, and community health agents will be guided

by the NSP. Moreover, daycare centres and kindergartens will also benefit from the NSP. Families and communities will be guided by the principles when practicing childcare. The MOH will also involve all key stakeholders and development partners in implementing the plan. The NSP will be implemented through all the facilities, centres, community and home environments which involve children and their parents/caregivers.

2.6. Target and beneficiaries

The primary targets for the NSP are young children and their parents/caregivers, families and the community. However, priority will be given to children and their parents living in difficult circumstances and adverse environments. Moreover, the NSP targets all health workers, extension and community health workers and WDAs as a means to reach targeted children and their parents.

2.7.Guiding principles

To achieve the desired outcomes for ECD in Ethiopia, the intervention programme must be guided by the following principles:

2.7.1. Government ownership and leadership: MOH will own the programme and coordinate service implementation across different levels of the health care system.

2.7.2. Equity and accessibility of services: All children, their parents and the community as a whole including those under difficult circumstances will have access to ECD services

2.7.3. Evidence-based interventions: The strategy promotes generation and use of scientific evidence to enhance evidence-based practice to provide ECD services.

2.7.4. Quality ECD services: The strategy promotes provision of quality ECD services by trained and skilled professionals at all levels.

2.7.5. Respect for child rights: Respect for the rights of the child is a central component of ECD services

2.7.6. Effective use of resources:

The strategy promotes adequate allocation and effective use of human and financial resource for sustainable ECD services.

2.7.7. Service integration: The strategy promotes service integration within a programme in the health sector (vertical integration) from the top to down to the lowest administrative unit as well as service delivery facilities. Therefore, integration will be built on the existing service delivery platforms.

2.7.8. Sectoral collaboration and coordination: Since the holistic needs of young children are diverse, the strategic document promotes cross-sectoral collaboration and coordination (horizontal integration) between sectors.

2.7.9. Partnership: The strategy promotes the continued collaboration of national and international partners in the implementation of ECD services through capacity-building, and financial as well as technical support.

2.7.10. Community engagement:

The strategy acknowledges and strongly supports the role of the wider community in the promotion and provision of ECD services.

2.7.11 Learning, documentation and adaptation:

Experience gained in the process of implementing the strategy shall be used as an opportunity for adaptation and subsequent improvement, and will be documented for wider sharing.



SECTION THREE: IMPLEMENTATION APPROACH

The implementation approach for an ECD programme in Ethiopia must be cost effective and maximize the benefit from its interventions. It must encourage and support the rational use and allocation of resources. The NSP should be therefore be guided by evidence that identifies the most cost effective approach. The country also needs to identify and prioritize the most cost effective ways to increase the efficiency and effectiveness of preventive, curative and supportive ECD interventions.

Approaches to prioritize interventions

- A.** Building on the existing government structures and service delivery platforms to maximize efficiency and sustainability.
- B.** Targeting feasible and context-relevant evidence-based intervention.
- C.** Identifying and selecting an effective service delivery model.
- D.** Cross-sectoral and service integration to address the holistic needs of children and their families (caregivers).

3.1. Fundamental strategic issues

The following fundamental strategic issues have been identified:

- i.** Build partnership with the other sectors to improve cross-sectoral communication and coordination at the federal and sub-national levels in policy development and programme planning.
- ii.** Empower health workers and enable them to provide NC within the health care system and through hands-on training and on-the-job technical support.
- iii.** Leverage evidence to mobilize financial resources from the government and all potential partners.
- iv.** Engage communities and other stakeholders for effective resource mobilization and implementation of an integrated ECD programme.
- v.** Map out the most disadvantaged and marginalized groups in order to target them in the provision of services.
- vi.** Improve routine documentation and learning experience in order to consistently improve the quality of the ECD programme.

3.2. Priority activities for the next five years

Based on the findings from the situational analysis, the following priority agendas have been identified:

3.2.1. Integrate ECD-related interventions with health, nutrition, and WASH services in target regions and woredas.

3.2.2. Generate evidence to demonstrate that integrated ECD interventions are more effective than standalone ones in order to advocate for more resources for scaling them up.

3.2.3. Develop guidelines and conduct hands-on training to increase the capacity of health service providers and other implementation parties in supporting parents/caregivers who engage in early stimulation and responsive caregiving for their young children, through counselling at health facilities and during home visits.

3.2.4. Set up early stimulation/play areas in health facilities, child-care centres, and other settings in order to model and foster early stimulation activities.

3.2.5. Develop context-specific health care delivery packages for urban, rural and pastoral settings that encompasses counselling and information provision for ECD programmes.

3.2.6. Conduct research and generate evidence to inform policy and programming.

3.2.7. Select internationally-used ECD indicators and add them to the national and sub-national data system to monitor ECD results.

3.2.8. Streamline and strengthen cross-sectoral coordination mechanisms at the federal and sub-national levels in order to facilitate integrated holistic ECD service delivery.

3.3. Intensity of care/interventions

Not all children and families require NC of the same range or intensity. Moreover, a child may require varying degrees of care depending on the circumstances and developmental stage. Families living in challenging conditions and adverse environments may need more intense or frequent support and care. A child with suffering from health problems including faltering growth may need higher intensity care and additional contacts. There are therefore three categories of intervention, based on the needs and developmental status of children.

Universal support: this is designed for all children and caregivers with or without risk of developmental disorder. It is mainly focused on implementing national policies and providing basic information and support for ECD.

Targeted support: This is designed for families and children who are at risk of developmental disorder. It is focused

on creating additional contacts and benefits for the child and caregivers.

Indicated support/specialized care: This is designed for children with additional needs and severe developmental disorders, and involves specialized services.

MEETING FAMILIES' AND CHILDREN'S NEEDS

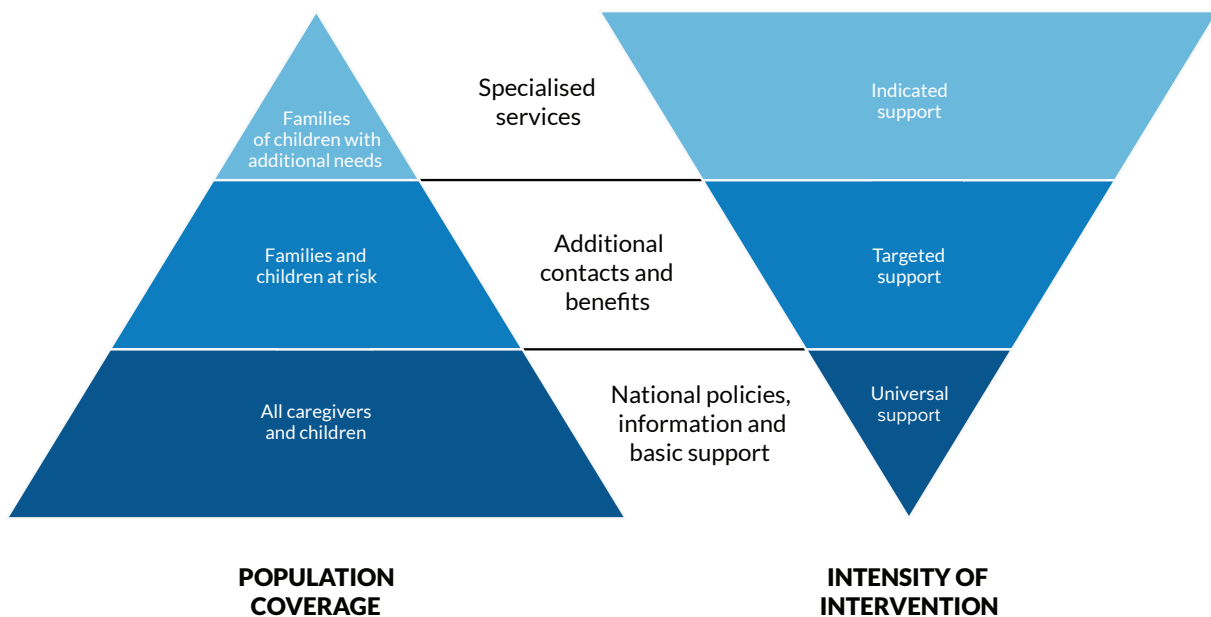




Figure 3: Diagrammatic representation for level of care, adapted from the nurturing care framework

SWOT analysis

This situational analysis is developed based on findings from the situational analysis and additional review of relevant evidence.

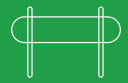
Table 1. SWOT analysis for successful implementation of NSP for ECD in Ethiopia

STRENGTHS 	WEAKNESSES 
<ul style="list-style-type: none"> ■ National-level commitment from the MoH to invest in the ECD programme, by integrating NC programmes into existing health services ■ Multi-sectoral collaboration ■ Effective RMNCH-N programme and strategies ■ Community structure (HEP) and platform to use for ECD ■ Presence of national strategies and policies for ECD ■ Health policies supporting preventive, promotive and curative approach ■ Presence of multi-sectoral WASH programmes ■ Existing school health activities ■ High interest of developmental partners and UN agencies to invest in ECD ■ Process for decentralization and cascading already underway 	<ul style="list-style-type: none"> ■ Lack of evidence of indigenous parenting practice ■ Lack of clarity regarding responsibility for coordination at higher level ■ Low WASH service coverage ■ Limited services for child development (screening, services for children with developmental disorders) ■ Shortage of government-owned ECD centres and pre-primary schools. ■ Limited preservice programme on ECD, lack of ECD experts at each level.

OPPORTUNITIES



THREATS



- Existing government structure build ECD into the existing platform
 - Political commitment to invest in ECD
 - Multi-sectoral commitment to collaborate with MoH on ECD programmes
 - Increasing interest from developmental partners to invest in and support ECD
 - Private sector and civil society commitment to ECD programmes, enabling environment for CSOs
 - Availability of media for use in ways related to ECD (e.g. an independent children channel)
 - Increasing interest from higher teaching institutions for training ECD professionals
- Poor implementation of ECD policy and NSP may result in unfulfilled promises
 - Turnover of leadership, directors, and programme coordinators might negatively impact ECD strategy implementation
 - Private sector and civil society may not provide adequate attention and partnerships
 - Other competitive programmes may divert attention away from ECD
 - Insufficient or inadequate coordination between among sectors
 - Political instability
 - Insufficient resources
 - Policy-makers might be too occupied with other programmes to devote sufficient time to ECD



04

SECTION FOUR: KEY STRATEGIC ISSUES

Since the ECD programme will be integrated in the existing system, it is vital to properly understand government structures and arrangements. Moreover, identifying the roles and responsibilities of the various levels of these structures is essential.

4.1. Governance and accountability:

The holistic needs of children are diverse, which means that comprehensive implementation of the NCF requires a multi-sectoral approach, with a high level of governance and national-level coordination by the Prime Minister / Deputy Prime Minister to oversee and direct the programme. Government accountability and leadership commitment is crucial to increase access to quality and equitable ECD services for all children throughout the country. Under this high-level governance, a “National ECD Task Force” will be established to facilitate and coordinate across ECD programmes, to mobilize funds and expertise, to manage ECD activities effectively and to enforce implementation of ECD-related policies at all levels throughout the country. The technical aspects of the programme will be guided by a “National ECD Technical

Working Group’ to guide and coordinate specific ECD-related activities to all relevant ministers.

Starting from the national (ministry) level, various strata of the administration (regions, zones, districts and kebeles) should set a clear agenda in their annual plan, allocate resources, follow and monitor for proper implementation of the ECD programme in their jurisdictions.

4.2. Organizational arrangement

Implementation of NC for young children involves various intervention activities via different sectors. This requires programme-level integration and system-level collaboration or coordination. There are various approaches for effective delivery of ECD services in the country, including horizontal and vertical integration approaches. For effective delivery of ECD services to all young children and their parents in the country, both horizontal and vertical integration are essential.

Horizontal integration: Coordination and integration in this scheme occurs at a particular level of the administrative hierarchy, between two or more sectors which should collaborate to effectively implement or provide ECD services. This includes coordination across MoH, MoWCY, MoLSA and all other stakeholders including development partners and civil society involved in providing ECD services. Horizontal coordination can be achieved at national, regional, or community level as needed.

Vertical integration: Coordination and integration for this specific scheme occurs at the programme level, by incorporating ECD-related activities into the existing services within a single sector. The coordination and integration occur hierarchically, from top to bottom (from national to local administrative units). This is particularly relevant in Ethiopia, where service delivery platforms are decentralized. This includes integration of ECD programmes with various health and health-related programmes such as the child health, family planning, immunization and maternal health and WASH programmes -and others at all levels of the health sector (FMOH, RHB, ZHB, DHO and health facilities).

Integrated approaches require bringing together resources, inputs, monitoring and follow-up mechanisms from various sectors and programmes in order to collaborate and cooperate for the full implementation of the ECD

programme. In sum, the NSP involves a fully integrated service delivery, in which both horizontal and vertical approaches are used simultaneously to ensure both cross-sectoral coordination and programme-level service integration at the MoH.

4.3. Service deliver platforms

- I. **Health facilities:** Health facilities will implement NC and practice early detection and management of developmental disorders. The maternal and child health service should incorporate the maternal mental health programme, play and stimulation facilities for young children and establish strong referral linkages within health facilities and across different sectors.
- II. **HEP:** The HEP is one of the best platforms for ensuring preventive, promotive and curative care for ECD. ECD services through this programme will have the best access for all families and communities including those living in remote parts of the country.
- III. **Private health facilities:** Those private sector actors involved in providing care and services for young children and their parents should incorporate components of the NC into their existing service for promoting ECD.

IV. Parents/caregivers/families: Families/caregivers are the primary actors for practicing the responsive care required to facilitate positive developmental outcomes.

V. Communities: Communities have the power to control and influence behaviour and practices. Effective promotion and advocacy campaigns should include communities to maximize the acceptance and sustainability of ECD programmes. They can cooperate with the health sector to minimize and prevent harmful communal practices and promote the positive health behaviours and practices which favor child development.

VI. Home-visits: Through the home visit programme, HEWs and WDAs can provide protective and promotive health care service for ECD. They can practice early detection, management and referral of children with developmental disorders.

VII. Schools: Kindergarten and preprimary educational centres are a good spaces for integrating responsive caregiving, enhancing safety/security and providing opportunities for early learning.

VIII. Day care centres: All components of NC activities can be implemented in day care centres in order that all the holistic needs of young children are met.

4.4. Mobilization and effective use of resources

One of the main barriers to effective implementation and scaling-up of existing NC is the lack of adequate financial and human resources dedicated to ECD programmes. The limited funds available mostly comes from development partners. However, the sustainability and predictability of these financial funds are threatened by competing programmes and initiatives. Therefore, the government must secure public funding for the ECD programme in order to achieve the targets set in this strategic plan.

4.5 .Setting clear roles and responsibilities

Effective ECD programme implementation requires multi-sector coordination and the involvement of all concerned stakeholders. Each stakeholder needs to strive to achieve the common goals of the strategic plan in a coordinated manner.

4.5.1. Health sector

For successful implementation of the NSP, the health sector at various levels will take on the following role and responsibilities:

- MOH is responsible for the coordination, governance and overall management of the the national ECD strategic plan.
- MoH will ensure availability of resources (material and human) from the government’s annual budget, and by soliciting funds from development partners.
- MoH will provide policy direction and facilitate the development of training manuals, counselling cards and job aids; provide overall direction in assigning, managing and building the capacity of the ECD workforce and service providers, and organize national workshops and training;
- MoH will design and implement effective monitoring and quality assurance systems, oversee national studies, research and share knowledge for the continuous improvement of ECD interventions, and provide supportive supervision
- MoH will ensure that the RMNCAH-N programmes incorporate the missing components of the nurturing care interventions for ECD.
- RHBs will adapt the strategic plan, guidelines, job aids and other materials to respective local languages and contexts.
- RHBs will develop detailed ECD intervention plans, mobilize local resources and ensure the implementation of ECD interventions.
- RHBs will provide training for facility-based health workers, HEWs and HDAs.
- RHBs will provide follow-up supervisions and conduct monitoring and evaluation of ECD services.
- RHBs will breakdown activities and cascade down to zonal and woreda level.

- Zonal and woreda-level health departments and offices will facilitate and follow the implementation of ECD programmes within their respective administrative boundaries.
- Health facilities will implement the NC and provide ECD service for children and their parents.

4.5.2. Ministries

- Various ministries played a major role in developing and revising the national ECDCE policy framework.
- Subsequently, these ministries will develop and implement their sector-specific strategic plans.
- They will collaborate and cooperate with the MoH in providing and evaluation ECD programmes.

4.5.3. Universities and research centres

- Are expected to incorporate ECD and NC into their preservice training programmes for all health and other relevant professions.
- Should be involved in generating evidence and providing technical support to the ministries.

- Should be involved in developing or adapting child development measurement tools.
- Should support the development of effective information communication systems for ECD programmes and participate in the monitoring and evaluation of the strategic plan.

4.5.4. National ECDCE Technical Working Group and Research Advisory Council

- Should participate in the development of materials (tools, guidelines, training materials).
- Should provide technical support for the national-level conduct of research and evaluation of programmes.
- Should support development of policy and technical briefs, guidelines and plans related to ECD.
- Should follow up and analyze knowledge acquired from ECD programmes and draw recommendations for further quality improvement.

4.5.5. Private day-care centres and clinics

- Should implement standards sets related to ECD programmes.

- Should participate in experience-sharing related to ECD programmes.
- Allow M/E team from MoH to monitor and supervise ECD activities.

4.5.6. Development partners and stakeholders

- Contribute resources (financial, human and material) to enhance ECD programmes.
- Help foster a favorable environment in workplace and ensure safety for caregivers and working parents to enable them to provide proper care and support for their children.
- Be involved in activities to raise awareness and knowledge of caregivers on ECD programmes and NC.
- Share best practices and those innovative programmes on ECD which can be scaled up at the national level.

4.5.7. Media

- Provide awareness-raising programmes to the public.
- Participate in various campaigns and advocacy programmes in order to promote ECD.
- Be involved in advocacy and awareness-creation related to ECD programmes.

05

SECTION FIVE: SPECIFIC STRATEGIES AND MAJOR ACTIVITIES

5.1. Strategic outcomes, outputs and activities

Each of the outcomes for ECD has its own set of activities and outputs for facilitating the implementation for the five year NSP.

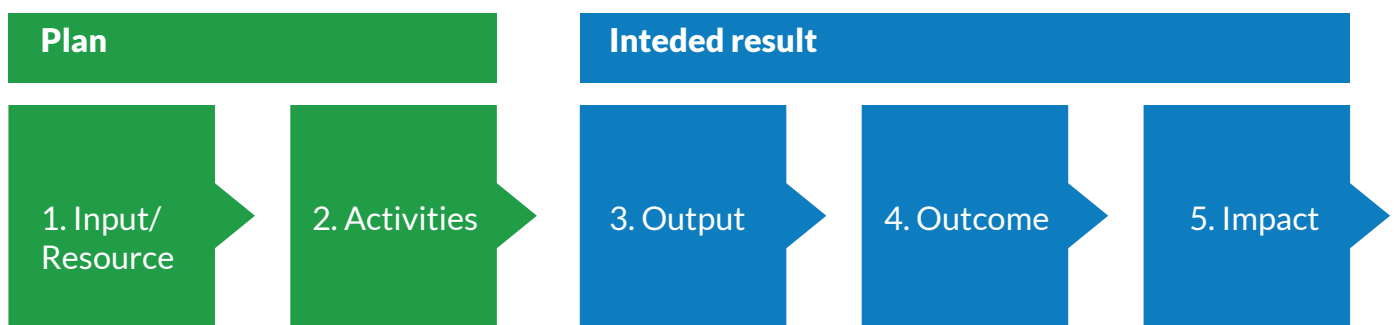


Figure 3: Process diagram indicating planning, implementation and evaluation of the strategic programme



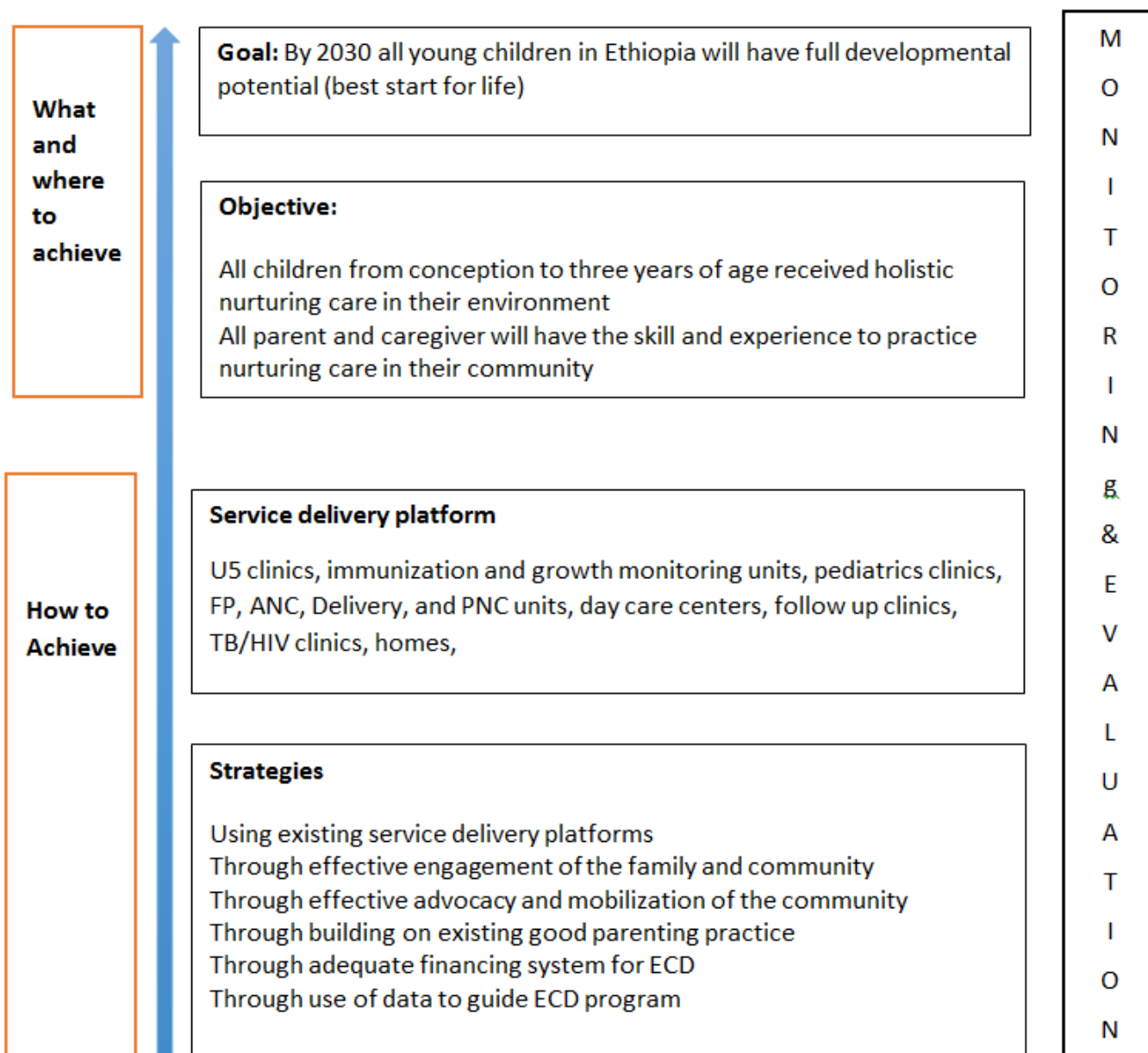


Figure 4: Conceptual framework to show what, when and how to achieve the strategic plan

Table 2. Strategic outcomes and major activities for achieving the health NSP on ECD

Strategic Outcome for ECD	Strategic Output	Major activities	Indicators	Remark	
1. Develop and/or implement policies on ECD centres/services	Standard guideline for ECD	Development of policies and guideline on ECD services	#of laws proposed		
		Development of SOP for ECD centre and services	#of functional centres in using SOP		
2. Institutional arrangement (system strengthening)	Implemented childcare policy	Integrate ECD in the child survival strategy, and HSTP II	#of updates made		
		Implement ECD in the context of child policy	#of updates made		
	Governance and coordination structure	Create a centralized coordination body at the national level	Creation of a functional coordination platform centrally		
		Create a platform for horizontal coordination between sectors and other organizations	#of sectors implementing ECD in collaboration with other sectors		
		Create a platform for programme integration within programmes in the health sector	#of programmes integrated ECD		
		Incorporate/integrate the missing components of the NC in to the different health care programmes	#of programmes revised to incorporate the missing elements of the NC		
		Link ECD centres with the nearest health facilities	#of centres linked to the health facility		
	Logistics to establish ECD services	Develop and distribute training material for ECD		#of training materials distributed	
		Develop job aids on ECD		#of job aids distributed	
		Develop counselling materials on ECD		#of counselling materials distributed	
Fulfil playing materials and toys to ECD service delivery sites			#of playing materials distributed		
	Ensure that health facilities have the tools and equipment needed to provide ECD services.	#of facilities with tools			
	Include ECD programme in the family health book	ECD messages incorporated in the family health book			

Strategic Outcome for ECD	Strategic Output	Major activities	Indicators	Remark
2. Institutional arrangement (system strengthening)	Logistics to establish ECD services	Family friendly policies/parental leave, sick child leave, breast feeding breaks, flexible working hours and breastfeeding spaces at work and childcare	#of policies implemented	
		Include ECD services in health education and communication programmes	#of IEC/BCC materials distributed	
		Ensure that MCH clinics and ECD centres provide parenting, education and support for parents	#of facilities/centres practicing it	
	Build on existing service delivery platform	Integrating ECD in the RMNCH/N programme and service delivery platforms	# manuals that ECD is integrated	
		Identify all potential health service delivery platforms	#of platforms identified	
	Capacity building	Empower and equip all identified service delivery platforms to offer ECD service	#of ECD service providing centres	
		Make the physical environment of health facilities child friendly	#of child friendly facilities	
		Train programme personnel at national, regional, zonal and district level	#of trained man power	
	Establishing or strengthening centres for children with special need	Train health workers including HEWs on ECD/CCD	#of trained HEWs/HEWs	
		Capacity building/training for health workers to be able to provide intervention specifically for children with special needs	#of trained HWS/HEWs	
Counsel families and communities on ECD/CCD		#trained community members		
Provide counselling and treatment services for caregivers with special need children		#of children received special service		
	Strengthen existing centres for children with special need	# of facilities strengthened		

Strategic Outcome for ECD	Strategic Output	Major activities	Indicators	Remark	
3. Ensure that equitable and accessible ECD services are delivered to all children	Children enrolled in ECD centres for service	Provide child growth and development (motor, emotional, and cognitive) monitoring activity in the ECD centres	# of children monitored for growth and development		
		Link children from ECD centres to the nearest health facilities	# of children linked		
	Children enrolled in ECD centres for service	Health facilities enroll children with developmental problems for special care/services	# of children referred for special service for ECD		
		Health facilities refer children with developmental problem for special care/service	# of children referred for special service for ECD		
	Parent/caregiver receive quality ECD service in the health facility	Parents counselled on responsive caregiving practices, play and communication	# of parents counselled		
		Create demand for ECD services through advocacy	# of parents sought service for ECD		
	Parent/caregiver receive quality ECD service in the community	Provide health education to parents on ECD and NC	# of families received health education on ECD		
		Early detection and management of caregivers' mental health problems	# of parents screened for common mental health problems		
		Provide basic counselling service for parents/caregivers with mental health problems	# of parents received counselling service		
		Parents/caregivers referred for further mental health checks	# of parents referred for further workup treatment		
		Provide parenting education and support for families/caregivers	# of parents who received parenting education		
	Special emphasis given for children in difficult circumstances	Screening for developmental milestones	# of facilities provide developmental screening		

Strategic Outcome for ECD	Strategic Output	Major activities	Indicators	Remark
3. Ensure that equitable and accessible ECD services are delivered to all children	Special emphasis given for children in difficult circumstances	Link children with disability and special needs to centres appropriate centres	# of children identified and linked to appropriate centres	
		Provide ECD intervention based on the NCF	# of children from difficult circumstances who received ECD service	
		Provide COVID-19-related safety and protection services tailored to young children	# of children who have accessed COVID19 protection service	
4. Ensure that parents are educated and supported in early childhood parenting and are engaged in NC	Support parent and caregivers via house-to-house visit	Provide education to parent and caregivers on ECD via HEWs, WDAs and FHTs	# of parents educated	
		Using the family health therapy approach to link vulnerable parents and children to social services	# of parents linked	
		Show/demonstrate how to prepare play materials - using locally available materials - and demonstrate play for parents/caregivers	# of parents counseled on play materials	
	Parent and caregivers encouraged to practice CCD and positive parenting	Empower them to be responsive caregivers and provide stimulation to their children	# of parents providing stimulation to children	
		Involve parent in community and facility based ECD services	# of parents involved in the community ECD service provision	
5. Ensure high quality ECD services	Train parents on positive parenting skills and on CCD	Empower families to be role models in parenting and CCD practices in their community	# of parents trained	
	Quality control	Provide supportive supervisions to the health facility to improve quality of ECD service	# of supervisions made	
		Regular inspection of ECD centres to ensure they provide ECD service as per the standard	# of centres practicing the SOP	
		Providing technical support for ECD centres	# of support provided	
		Improved the quality of RMNCAH-N in providing high quality ECD service	# of programmes providing quality ECD services	

Strategic Outcome for ECD	Strategic Output	Major activities	Indicators	Remark	
5. Ensure high quality ECD services	Improved quality of counselling and demonstration in proving quality ECD service	Avail trained health workers to provide ECD counselling and demonstration in the health facility	#of trained personnel		
		Establish play corners in the health facility and ECD centres	#of facilities with play corners		
	Avail counselling cards and posters in the facility	#of facilities using counselling materials			
	Provide COVID-19 related safety and protection services tailored to parents of young children	#of parents who have accessed Covid-19 protection service			
	Increase governmental budget allocation for ECD	Allocated budget for ECD			
6. Ensure sustainability of ECD services	Government-owned ECD centres in the health facility	Integrate ECD programmes in the existing health services programmes	#of facilities integrated ECD programme		
		Ensure public funding for ECD centres	#of sectors received public fund for ECD		
		Awareness creation for private sector actors on ECD and NC	#of people/private sectors received awareness on ECD		
	Encourage private sectors engagement on ECD service	Encourage private sector actors to participate in the planning and implementation of ECD services	#of planning made with the involvement of the community		
		Prepare license standard for private sector to work on ECD	#of private sectors working on ECD		
	Family and community ownership	Increase knowledge among the general public, especially parents and caregivers, on the importance of the earliest years of life for healthy brain development	#of individuals received community awareness		
		Engage family and the community in the development and implementation of ECD programmes in their locality	#of community representatives involved		
	Involve the community in the evaluation of ECD programmes	#of evaluations made with involving community representatives			

Strategic Outcome for ECD	Strategic Output	Major activities	Indicators	Remark
6. Ensure sustainability of ECD services	Encourage partnership with local and international partners	Involve local NGOs in working on ECD	#of local NGOs investing on ECD	
		Involve UN and other development partners in working on ECD	#of partners involved in ECD	
7. Ensure effective monitoring and evaluation system	Regular surveillance, and reporting system for national data base	Collaborate with development banks, international finance institutions and the private sector to influence their investment decisions as well as to identify cost-effective and equitable ways to deliver services.	#of collaborations formed	
		Identify ECD intervention monitoring & evaluation indicators	#of indicators identified	
		Incorporate ECD indicators in the HMIS/DHIS2 and other surveillance and surveys (e.g. EDHS)	#of data base with ECD indicators	
		Include ECD in quarterly and yearly reviews	#of centres reporting for ECD	
		Include ECD indicators in the supervision tool	#of indicators incorporate	
		Provide regular follow-up on the implementation of ECD services	#of follow ups made	
		Include ECD indicators in monthly and quarterly reports	#facility reporting for ECD programme	
Evaluate programmes regularly	#of evaluations made			

Strategic Outcome for ECD	Strategic Output	Major activities	Indicators	Remark
8. Research and promote effective use of data/evidence for ECD service	Support research to generate evidence	Identify and promote future research directions on ECD	# of identified gaps	
		Develop system and research tools to collect, track and use data	# of tools developed	
		Facilitate research communication and dissemination practice	# of conference that involved research on ECD programme	
	Implement evidence-based practice	Measure child developmental outcomes	# of facilities measuring child development	
		Facilitating research work on the implementation of ECD services	# of research conducted	
		Identify effective approach	# of identified effective approaches	
	Implement evidence-based, quality ECD services	# of evidence-based practice used		

Table 2. Strategic outcomes and major activities for achieving the health NSP on ECD

Budget line	Measurement	Number	2021	2022	2023	2024	2025	Total/ETB	Total/USD
Advocacy/sensitization									
Sensitization workshop	Workshop	2	2200000			2200000		4400000	151724.138
Joint planning workshops	Workshop	2/region	6187500			6187500		12375000	426724.138
Community mobilization workshop	Workshop	2/district	70400000			70400000		140800000	4855172.41
Capacity Building								0	0
Training for HEW	Personnel	40000	50000000			50000000		100000000	3448275.86
Training for HW	Personnel		32000000	32000000				64000000	2206896.55
Training for WDA/HDA	Personnel	10/kebele	158400000			158400000		316800000	10924137.9
Training for frontline families	Personnel	10/kebele	158400000		158400000			316800000	10924137.9
Logistics								0	0
Guidelines, counselling cards, and posters	Number	3/facility	9000000					9000000	310344.828
Avail play materials/toys for HF	Per/HF	1/HF	20000000			12000000		32000000	1103448.28
Avail play materials/toys for HP	Per/HP	1/HP	30000000					30000000	1034482.76
M&E								0	0
Supportive supervision/ follow-up for health bureaus	Supervision made	number	165000	165000	165000	165000	165000	825000	28448.2759
Supportive supervision/ follow-up for zonal health departments/offices	Supervision made	number	1155000	1155000	1155000	1155000	1155000	5775000	199137.931

Budget line	Measurement	Number	2021	2022	2023	2024	2025	Total/ETB	Total/USD
Supportive supervision/ follow-up for district health offices	Supervision made	number	330000	330000	330000	330000	330000	1650000	56896.5517
Supportive supervision/ follow-up for health facilities	Supervision made	number	4800000	4800000	4800000	4800000	4800000	24000000	827586.207
Review meeting	Meeting	number		550000			550000	1100000	37931.0345
Review meeting/national for stakeholder	Meeting	number		200000			200000	400000	13793.1034
								0	0
Evidence generation and dissemination									
Research fund to generate evidence	Research projects	500000/ project	500000		1000000		500000	2000000	68965.5172
Research dissemination/ policy brief	Research projects	10000/ project	10000		10000	10000	30000	1034.48276	
Total		543,537,500	386600000	1664000000	305647500	7710000	ETB 1,061,955,000	USD 36,619,137.9	



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