NATIONAL POLICY FRAMEWORK
for
EARLY CHILDHOOD CARE AND EDUCATION



Vision

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

ETHIOPIA

2010

FOREWORD

The Government of Ethiopia recognizes the importance of Early Childhood Care and Education (ECCE), as a critical period that requires due attention and a great deal of investment. Failing to provide children at this stage of development with better nutrition, health care and education deprives them of their right to develop as productive citizens, enjoy a better quality of life and eventually contribute to society's growth. The term *Early Childhood Care and Education (ECCE)* refers to a holistic and comprehensive approach to policies and programmes for children from prenatal to seven years of age, their parents and caregivers.

This policy framework is the result of a consultative process and lays the foundation for a holistic, comprehensive and feasible development of ECCE in Ethiopia. The implementation of this policy will ensure a big step foreword in giving children in Ethiopia a healthy start in life, an enabling and stimulating environment for developing their talents and stimulate and help them to become caring and productive citizens.

The situation analysis makes clear that the present nourishment, health and stimulating care is rather poor and that improvement on nutrition, health care, child rights and early stimulation and education will generate clear and important social benefits.

It goes without saying that the successes of ECCE in Ethiopia will, to a great extent, be dependent on the cooperation between education, health and women affairs staff at all levels.

This Policy Framework provides a co-ordination mechanism and explicitly defines the role of parents, communities, various Government ministries and departments, development partners and other stakeholders in the provision of ECCE services. The Strategic Operational Plan and the Guidelines have been developed as separate documents to put into action this ECCE policy framework.

It is our wish that implementation of this policy will ensure enhanced financing, access, quality, equity and efficient management of ECCE services. This will put the development of infants and young children as an urgent priority in the development agenda of our country, Ethiopia.

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Acronyms

ABEC	Alternative Basic Education Centre
CRC	Convention of the Rights of the Child
ECCE	Early Childhood Care and Education
EFA	Education for All
ELDS	Early Learning Development Standards
KETB	Kebele Education & Training Board
KHC	Kebele Health Committee
KWA	Kebele Women's Association
NGO	Non Government Organization
NNP	National Nutrition Program
PTA	Parents Teacher Association
REB	Regional Education Bureau
RHB	Regional Health Bureau
RWAB	Regional Women Affairs Bureau
TGE	Transitional Government of Ethiopia
WAM	Women Association Members
WEO	Woreda Education Office
WHO	Woreda Health Office
WWAO	Woreda Women Affairs Office

PREFACE

In the human life cycle, the early childhood period is a critical period that requires due attention and a great deal of investment. Failing to provide children at this stage of development with better nutrition, health care and education deprives them of their right to develop as productive citizens, enjoy a better quality of life and eventually contribute to society's growth. Early Childhood Care and Education (ECCE) refers to a comprehensive approach to policies and programmes for children from prenatal to seven years of age, their parents and caregivers.

Early Childhood Care and Education is one of the most neglected areas in Ethiopia. The early childhood education enrolment rate in 2007/2008 is about 3,9%, nationally a negligible figure. In the last few years, the private sector in the urban centres has shown a growing interest in investing in early childhood education, particularly in Addis Ababa. This opportunity, however, is only accessible for the very few children coming from well-to-do families.

The aim of this ECCE National Policy Framework is to address the longstanding need of its citizens with regard to early childhood care and education. To start with, a national base-line study was conducted to explore the status of early education and care in the country.

In a final workshop, a technical committee, consisting of representatives of the Ministry of Education, Ministry of Health, the Ministry of Women's Affairs, UNICEF, the Addis Ababa University, the Kotebe College of Teacher Education, the Save the Children Alliance and the Basic Education Network was formed as a Task Force and prepared this policy framework for ECCE, a Strategic Operational Plan and Guidelines to be presented. It is believed that the introduction of the National Policy Framework, Strategic Operational Plan and the Guidelines in the county will create a difference in the lives of the Ethiopian children.

1 INTRODUCTION

1.1 Population and Children in Ethiopia

Ethiopia is a mosaic of peoples. The country is home to more than 80 ethnic groups. The majority of Ethiopia's population lives in the highland area of the country. The main occupation of the settled population is farming, while in the lowlands, the mostly pastoral population moves from place to place with its livestock in search of grass and water. Christianity and Islam are the main religions.

Children constitute a large section of the Ethiopian population. Over 45 % of the currently estimated seventy three million populations – i.e. more than 33 million – are children below fifteen. However, like in other developing countries, children's access to resources is limited; opportunities for education/training, health, adequate nutrition, recreation, etc. are highly limited; and a considerable part of the child population is exposed to different forms of exploitation and abuse, hindering the full realization of their potentialities.

1.2 Economy

Ethiopia is an agrarian country. Agriculture employs some 80% of the population and contributes 47% of the National income and accounts for about 90% of the country's exports. The country is one of the least developed in the world, with in 2008 a per capita gross national income of US 280 dollar (World Bank 2008). Between 1974 and 1991, the country operated a central command economy under the socialistic banner of the Derg regime. Since the Derg's overthrow, Ethiopia has moved toward a market-oriented economy. Despite improvements in the past years, sustaining long-term growth remains a challenge. Naturally, the country has the potential to provide a living for its entire population.

1.3 Early Childhood Care and Education (ECCE) in Ethiopia

The Government of Ethiopia has recognized the fundamental importance of Early Childhood Care and Education (ECCE) in accelerating attainment of

Education For All and the Millennium Development Goals. The Government of Ethiopia is very much aware of the value of ECCE. This document presents a comprehensive overarching policy framework that encompasses sector policies for early childhood care and education services and programmes in Ethiopia for children from prenatal to seven years. It provides a frame of reference for key sectors involved in the provision of services for infants and young children. It is expected to form a springboard from which other sector policies will be strengthened, developed or reviewed, particularly in the areas of health and nutrition, education, water and sanitation, and social services. These sector policies are crucial in providing standards and guidelines for ensuring provision of quality services for all children in their earliest years of life. The bases for the ECCE policy framework are the National Education and Training Policy, the National Health Policy, National Nutrition Strategy and the National Policy and Legal Framework on Child Rights.

2 SITUATION ANALYSIS

2.1 Social and Child Raising Characteristics

In some traditional societies in Ethiopia proper care and education of children was a concern of the family and the community. Everybody in the community considered it their duty to protect the child from danger and correct misbehaviour. This practice has started to dwindle and nowadays, especially with people migrating to towns. A child may be insolent, misbehaving, throw stones, get aggressive, the nearest adult does not always seem to care.

Generally the situation analysis shows that most Ethiopian children live under very difficult circumstances and are exposed to different forms of abuses such as corporal punishment. This impedes their good start in life. Traditional practices like female genital mutilation, uvulectomy, child labour and certain feeding habits are harmful to the child's development. As the vast majority of the population (61,5) is not educated[1], parents have no knowledge about research findings on the care and education of children. This type of situation makes education of parents and guardians a priority, as they are the first teachers of their children.

2.2 Health and Nutrition

2.2.1 Child Mortality

Child mortality is high in Ethiopia. Data from the 2005 Ethiopian Demographic and Health Survey (EDHS) shows 1 in every 13 children die before reaching the age of one, while 1 in 8 does not survive up to its fifth birthday. Fifty percent of infant deaths occur during the first month of life. More than ninety five percent of under five mortality is caused by pneumonia, neonatal complications, malaria, diarrhoea and measles. And more than half of these deaths have underlying malnutrition. There have nevertheless been substantial improvements over the past 15 years: infant mortality declined by 19% , from 95 deaths per 1000 live births to 75.2; under-five mortality has gone down by 25% , from 166 deaths per 1000 live

[1] Source: Ethiopia Adult literacy rate 2008 (World bank 2008)

births to 123; and neonatal and post neonatal mortality declined by 15 and 22% respectively. Mortality is consistently lower in urban areas than in rural areas.

Maternal education is strongly correlated with child mortality. Under-five mortality of children born to mothers with no education is more than twice that of children born to mothers with secondary education or more.

According to the Ministry of Health, one of the priorities of the National Health Policy is to give special attention to the health needs of the family. The Ministry developed a National Strategy for Child Survival in 2004. The main focus of the strategy is to produce a rapid change by addressing specific causes of death. The underlying determinants of much of the child mortality, such as the lack of education, the position of women in the community, the availability of adequate food and water, are beyond the direct influence of the health sector. The implementation of the strategy therefore requires coordination of the efforts of all organisations whose actions have an impact on child health.

2.2.2 Maternal Health

Maternal mortality is relatively high in Ethiopia, with 670 maternal deaths per 100,000 live births, women aged 15 to 49 years attributed to pregnancy or pregnancy-related causes. Over seven out of ten mothers do not receive antenatal care. A majority of births in Ethiopia (94%) are delivered at home. Five percent of births are delivered in a public facility and 1% in a private facility. Studies show that the majority of births are attended by a relative or some other person and 5% are delivered without any type of assistance at all. Postnatal care too is extremely low[1].

The government and its partners are tackling these challenges head-on through the Health Extension Programme, a national strategy designed to promote community-based child and maternal health. Grounded in the

[1] Ethiopia Demographic and Health Survey 2005

believe that health is a product that can be produced by individuals, the Health Extension Programme empowers communities to make informed decisions about their own health by equipping them with appropriate skills and knowledge. To make this plan a success, the Government is deploying 30,000 female health extension workers to operate at 15.000 health posts, two HEW per Kebele. The HEW promotes 16 basic packages that address child development, child health and nutrition and the major causes of child and maternal mortality at household level.

2.2.3 Child Nutrition

The level of malnutrition is alarmingly high, with nearly one in two (47%) Ethiopian children under five years of age categorized as being chronically malnourished. Only 32% of children at 6 months of age are exclusively breastfed. Less than half (45%) are given the first milk, called colostrum, which is crutial for babies to start up their life with necessary nutrients and protection from infections. Complementary foods are not introduced in a timely fashion for many children. 83% of children are iodine deficient, with 39% already having goitre. More than half of Ethiopian children aged between 6 – 59 months are also classified as anemic. The level of malnutrition among women in Ethiopia is also high, whose babies likely have multiple nutritional problems from their birth. While food security is a problem in some parts of the country, Productive Safety Net Programme and other food security interventions are ongoing. Other factors causing malnutrition, such as inadequate caring and feeding practices at home, infections, lack of adequate hygiene, maternal malnutrition, lack of mothers' time for active feeding and stimulation, are paramount. In this context, the Government of Ethiopia has launched the National Nutrition Strategy in February 2008, which will be implemented through the comprehensive National Nutrition Programme (NNP) supported by multiple partners. [1]

[1] Source: Ethiopia 2006 (National nutrition survey UNICEF 2006-2007)
4 Source: Ethiopia Demographic and Health Survey 2005
5 Source: Ethiopia Orphans and vulnerable children 2007

2.2.4 Birth Registration

Ethiopia does not have a legal and administrative structure that performs official registration of births according to standard procedures yet. In the urban parts of the country, birth certificates are commonly issued without the births having been officially registered. According to the situation analysis, 7% of Ethiopian children below the age of five[1], have had their births registered. Most of these children (95%) did not have birth certificates. However the drafting of a proclamation on registration of vital events, which includes birth, is undertaken by the Legal Research Institute under the Ministry of Capacity Building. Similarly a committee composed of relevant ministries and chaired by the Ministry of Justice has been set up with the responsibility of developing the framework on birth registration.

2.2.5 Orphans and Vulnerable Children

Data on the situation of orphans and vulnerable children in 2003 shows that there were an estimated 5.4 million orphans or 13% of all children in the country[2]. 855.720 are orphans (dual and/or single orphans) due to HIV/AIDS. This number is expected to grow given the HIV prevalence rate of 4.4% in the same year. The vulnerability of these orphans reflects in the data on households with orphans, which show that 42% of them are female-headed and that the school attendance rate for the ten- to fourteen-year age group is only 34% for single orphans and 26% for double orphans. National representative data on other aspects of the well-being of orphans are absent.[3]

2.2.6 Child Rights Protection and Care

The review of the National Policy and Legal Framework on Child Rights, Protection and Care revealed the Ethiopian Government's clear commitment to put into place the appropriate foundations for the promotion of children's general welfare and education. The rights pertaining to

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[1]

[2]

[3]6 Source: Ethiopia Orphans and vulnerable children 2007

children are provided for under Article 36 of the 1995 Federal Democratic Republic of Ethiopia Constitution. Through its constitution and all the international agreements to which it is a party, Ethiopia guarantees the rights of the child and the right to quality education. This implies an obligation to support the development of ECCE, including the development of a policy framework as a means to implement the rights guaranteed to the Ethiopian child.

In relation to the child's right to be protected from violence, it has been stated that policy guidelines exist but that implementation and enforcement are ineffective (2006 African Child Policy Forum). Culturally, adults consider certain forms of physical and psychological punishment as generally acceptable ways of disciplining a child as long as the discipline is not excessive. Beating is the most common form of punishment. The Ministry of Education and the regional educational bureaus issued school regulations that prohibit any form of corporal and emotional punishment against children, but due to insufficient progress in the field, pupils are still subject to physical and psychological punishment. The unsuccessful implementation of policy and legal codes is an indication that considerable work is still required to protect children from violence and for the Government to live up to the obligations it has agreed to.

2.2.7 Child Labour

Children are part of the labour market as domestic workers, herders and caretakers of siblings. Fifty three percent of five- to fourteen-year-old children are involved in child labour: children
five- to eleven-year-old do at least one hour of economic activity or at least 28 hours of domestic work per week; children twelve- to fourteen-year-old do at least 14 hours of economic activity or at least 28 hours of domestic work per week. [1]

[1]7 Source: State of World's Children 2009, Ethiopia 2007

2.3 Early Stimulation and Education

In Ethiopia everyone plays with the infants and small children in the house, mothers in the rural areas carry their babies with them everywhere they go. Young children in the rural areas are quickly given minor responsibilities, such as, for instance, looking after a calf, cutting grass for the cow or getting embers from a neighbour, they learn riddles, and adults are very patient with young children. Early psychosocial stimulation is mostly done in a way both parents and caregivers are not aware off. The predominant preoccupation is to satisfy the basic physical and physiological needs of the child. Early childhood education teachers are mainly engaged in developing reading, writing and arithmetic skills; early stimulation in a play full way is very often not part of their teaching. It means that the psychosocial component, which is critical for proper cognitive, linguistic and overall stimulation and instrumental for adapting to new environment situations, is largely ignored especially in the schools and parents are not really aware of it. In order to fill this gap, promoting quality child-adult interaction both at home and at school is necessary.

In the last three decades, in addition to the long-standing traditional priest and koranic early childhood establishments, different modern types have emerged in the country. These include Early Childhood centres sponsored by the government, communities, NGOs, faith-based organisations and the private sector. Beginning in the mid-eighties, a growing interest in establishing community-sponsored early childhood centres, led to an increase in the number of pre-schools all over the country. In the last few years, the private sector has more and more been investing in early childhood education in the urban centres, particularly in Addis Ababa.

The gross enrolment rate of early childhood education was only 3,9% in 2008 and concentrated in urban areas, mainly Addis Ababa[1]

[1] Status of Early Childhood Care and Education in Ethiopia 2007 .

At national level, 18,2% of pupils enrolled in grade 1 in 2007 /2008 had left school before reaching grade 2[1]. For the same year the survival rate to grade 8 was 42%. The primary education system also suffers from large numbers of out-of-school children and over-age children.

2.4 Current Support and Service Delivery Systems for ECCE in Ethiopia

Strengths and Weaknesses

The major challenges as regards the current ECCE practices identified in the 2007 Situation Assessment Study are: high payment that is requested to attend the pre-school, lack of proper training of pre-school teachers; lack of standard curriculum and guidelines; lack of culturally relevant story books; quasi non-existence of [2] alternative care and education services for the majority of the children population in the rural areas; lack of access to early childhood education for almost all children and especially children from low socio-economic backgrounds; lack of awareness about the value and type of care and education of young children; low salary for teachers, causing high staff turnover; lack of early childhood education professionals; misconception about teaching children "because they are children!"; and the use of foreign languages (mainly English) as a medium of instruction.

However, there are some important experiences and opportunities to be reaped from current ECCE implementation. For example a curriculum for the three to six-year-old already exists but is not implemented; quality assurance and licensing mechanisms are in place in some regions; administrative offices exist even though they take the role of coordinating ECCE as a secondary one; there are experienced teachers who can easily be mobilized to serve ECCE with a training required. In addition, private investors, NGOs and religious institutions appear to show interest in expanding ECCE centres. There are also potential traditional, cultural and social institutions like iddirs and other associations such as women's

[1] Education statistics, annual abstract 2007/2008

[2]

associations/groups, farmers associations and kebele settings, as well as practices that can be resources for ECCE expansion. Great progress is being made in providing village level basic health service, but there is still a major implementation and financing gap.

3 RATIONALE FOR THE COMPREHENSIVE ECCE POLICY FRAMEWORK

3.1 Justification for a Comprehensive Policy Framework

Ethiopia needs a comprehensive approach to Early Childhood Care and Education (ECCE) in order to ensure that all children reach their full potential.

Strategies building on existing policies, structures and resources and using evidence-based and low-cost interventions need to form the foundation for ECCE. This calls for efforts and smooth cooperation among sector ministries. The policy framework must therefore offer a long-term perspective to all stakeholders involved, and at the same time provide an immediate and medium-term roadmap for joint and well-coordinated action. Moreover, existing policies and structures must be made more operational for ECCE, averting gaps and overlaps to ensure they are cost-effective.

3.2 Policy Context

1. The United Nations Convention on the Rights of the Child (CRC), adopted by the Transitional Government of Ethiopia (TGE) in December 1991, stipulates that the child's right to education shall be directed to "the development of the child's personality, talents and physical abilities to their fullest potential". The World Conference on Education for All (EFA) that took place in Jomtien, Thailand, in March 1990, articulated the significance of the early years as the foundation for the life of an individual. As indicated in the Universal Declaration of Human Rights, the International Covenant on Economic Social and Cultural Rights and the CRC, the obligation of the member states is not limited to making education available and accessible to each and every child but also includes ensuring content and quality, of which an ECCE framework is an important element.

2. Ethiopia's policy documents on health, family, education and social welfare articulate statements that uphold the protection, care, health

and optimal development of the child within their sphere of influence. The policies intersect at three points, namely (i) the intent to promote the child's holistic development, by protecting him/her from any form of disabling diseases, or physical and psychological abuses, and creating an environment conducive to his/her optimal development ; (ii) a recognition of the role and need for empowerment of the family in the harmonious development of the child; and (iii) an expressed commitment to address the needs of children requiring special protection (children with disabilities, children with HIV/AIDS, orphans, homeless and working children). The National Education and Training Policy developed in 1994 encompasses overall and specific objectives, implementation strategies, from kindergarten to higher education. It states that Kindergarten will focus on all round development of the child in preparation for formal schooling though not in an integrated manner; these policies thus generally recognize the importance of early life experience. They form a solid umbrella and legitimisation for ECCE, and pave the way for a comprehensive ECCE policy framework. This also implies that the policy framework can be focused on implementation.

3.3 Why is an ECCE Policy Framework necessary?

The existing sectoral guidelines relating to services for infants and children are not supported by an overarching early childhood care and education policy framework. In practice, the services available for this age cohort are not only inadequate, but also fragmentary and lacking in coordination. This has resulted in poor utilization of the meagre resources targeted for ECCE. Consequently, most young children are deprived of appropriate care and learning opportunities. They are also exposed to different forms of abuses and to hazardous health conditions. If not addressed on time, such a state of affairs is bound to adversely affect the human resource development that is so critical for the country. This concern underscores the need to develop a policy framework for ECCE in Ethiopia as a matter of urgency. With this framework the Government of Ethiopia expects to give all the country's children the best start and early stimulation in life; enhance the quality, accessibility and equitable distribution of services for young children

through more efficient partnerships and capacity-building programmes; and increase access to pre-schools or alternative forms of early stimulation.

3.4 Importance of the Early Years of Development

Recent research on brain development emphasizes that the first six years of life are extremely important because this is the fastest period of growth and development in all aspects. By the end of the sixth year, the child's brain has developed maximum connections, more than an individual requires in a lifetime. What remains to be done is to make these connections permanent through providing early stimulation and quality care.

It is during the early years that children learn and acquire knowledge, skills and attitudes quickly and with minimal effort. The brain is most malleable and environmental influences, especially care, nurture and stimulation, have their greatest impact. It is therefore a vital period for ensuring proper physiological growth and for significant health and nutrition interventions.

3.5 Benefits of Investing in the Early Years

Some of the benefits Ethiopia would reap from increased investment in programmes for infants and children include:

- **Early identification** of vulnerable children, children with HIV/AIDS, especially those with special needs, thereby ensuring more opportunities for **early intervention**.
- **Enhanced enrolment in primary schools on equal grounds**, as participation in ECCE helps ensure all children are equally "ready to learn".
- **Increased productivity,** as the support provided to parents enables them to raise healthy and well-nourished children.
- **Economic returns,** because the better equipped children are at the start, the more effective education in school will be, and because investments in high quality preschool programmes for low-income and ethnic minority children – who would otherwise be insufficiently prepared for school – work as a 'multiplier' of collective investments in the school system.

- **Cost savings for both the families and the nation,** as increased investments in quality care translates into children being healthier and having better academic performance, resulting in fewer school dropouts and repeaters.
- **Reduction of poverty,** as children exposed to quality early childhood development experiences do better at school, hence grow up to get better-paying jobs when they enter the labour market and have higher living standards in consequence.
- **Improved chances for the girl child**, as girls enrolling in early childhood development centres are more likely to proceed to primary school and higher levels of formal education.
- **Improved family welfare,** as parents and communities acquire more knowledge, skills and positive attitudes on various issues related to community development.
- **Increased opportunities for parental and community mobilisation and empowerment,** as offered by early childhood development programmes.

4 ECCE POLICY FRAMEWORK

4.1 Vision

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

4.2 Mission

i. Provide a comprehensive, integrated, quality, developmentally appropriate and culturally responsive service for the holistic development of all children.
ii. Establish a good foundation for children to develop to their fullest potential while respecting and affirming each child’s cultural and linguistic heritage.
iii. Ensure and safeguard the rights and welfare of all children, including children with special needs.

4.3 Guiding Principles of the Early Childhood Care and Education Policy Framework

The ECCE policy is guided by the following principles:

i. Upholding and reinforcing beneficial Ethiopian cultural values, including involvement of families and parents, and community participation.
ii. Ensuring the holistic needs of young children are met.
iii. Equitable access to quality early childhood care and education for all.
iv. Inclusive approach addressing vulnerable and marginalized children, particularly children with special needs.
v. Inter-sectoral and integrated coordination among relevant ministries and organizations working on child care, rights, health, education and development.
vi. Community-based approach, cost-effectiveness, and feasible road map, with concrete action programmes that ensure that every child has, *in the near future,* access to early childhood care, education and development before he or she joins formal schooling.
vii. ECCE serving the needs of all groups of children from prenatal to seven years.
viii. The family is the first responsible body for supporting the holistic development of their children and hence they need to be empowered and supported to ensure they are effective in their roles.

4.4 Goals and Strategic Objectives

The overall goal of the policy framework is to promote early stimulation and the best start in life for all children from prenatal to seven years, and enhance the quality, accessibility and equitable distribution of services for children through more efficient partnerships and capacity building programmes.

Specifically, the strategic objectives of the policy framework are:

i. Establish a coherent governance structure for ECCE and ensure mainstreaming of ECCE in all relevant national policies and programmes
ii. Promote and support development of Accessible, Equitable and Quality ECCE Services, for all children, particularly for vulnerable, children with special needs and marginalized children,
iii. Protect young children from any form of abuse & harmful practices.
iv. Promote and strengthen partnerships and collaboration among all stakeholders required for the effective delivery of services and programmes for young children.
v. Mobilize, plan and allocate the necessary resources to ensure quality services for all children from prenatal to seven years of age.

4.5 Structural Set-up and Focus of Activities

ECCE in Ethiopia covers the period from prenatal up to the primary school. In describing the developmental needs two age cohorts are used: prenatal to 3+ years and 4 till 6+ years. The challenge is to design programs that promote the holistic development of the child for dynamic expression of behavior in environmental exploration, motor movements, psycho-emotional expression, social skills and communication skills.

The baseline study clearly indicated that ECCE in Ethiopia is still in its early development stage. Most parents are not fully aware of their crucial role in their children's development and/or lack basic parental competences. At the same time there is no comprehensive ECCE service system in place yet, and access to existing services such as health centres is limited. It will therefore take more than a few years before policy goals can be achieved.

To begin with, an efficient and cost-effective route has to be developed for the comprehensive implementation of ECCE covering the prenatal period till six+ year group. A broadly supported basic set-up has emerged from the discussions. According to this set-up, the Ministry of Health will have the lead for the young children from the prenatal period to three+ year group, and the Ministry of Education for the four to six+ year group. This division

stems from the idea that, from prenatal to three+ years of age, health and nutrition and early stimulation by the parents are the most crucial elements in the young child's holistic development. For the four- to six+ year-old children, on top of attention to the health and nutrition aspect, attention for the cognitive and psycho-social development becomes more formal. The beginning of Early Childhood Education starts.

4.5.1 Basic Pillars for ECCE Service Delivery

The ECCE in Ethiopia will have four basic pillars:

1. Parental education
2. Health and Early Stimulation Program (Prenatal to 3+ years)
3. Pre-schools: community-based kindergartens (4 - 6+ years)
4. Community-based Non-formal school readiness

Play will be used as the main means of enhancing the child's learning experiences. The mother tongue or the language spoken in the catchments area will be used as medium of teacher/caregiver-child interaction, as it is the best instrument towards realizing the full potential of the learner.

4.5.1.1 Parental Education

Parental education is a continuous, long-term activity that focuses on awareness-raising and empowerment of parents. All parents will be empowered and supported to ensure they are effective in their roles and responsibilities for bringing up children. Parental education also focuses on improving the practical nurturing skills of parents and caretakers. It includes pre-natal, natal and post natal care, child development, the importance of good health care and community-based nutrition, hygiene and the role of parents in early stimulation. Parental education is not a stand-alone intervention; it is a cross-cutting intervention that has to be incorporated in the three other basic components. It will be part of the Health Extension Program (HEP), delivered by the Voluntary Community Health Workers (VCHW) and by the Model Families, under the supervision of the Health Extension Workers (HEW) and very much resort to

demonstrations. Parental education will also be integrated in the Adult Literacy programme.

The parental education and demonstration program will have a home-based and a center-based component. The home-based part will be carried out in the houses of the families; the center-based approach will take place in any existing community building, health post, school, church, ABE center, etc. The training manual of the HEW can be used and will be supplemented with a new chapter on early stimulation and psycho-social support for all the age groups. The media will be expected to play a part wherever possible.

Responsibility for parental education at village level lies with the Kebele Health and Education Board. At national and regional level, the Ministry of Health in collaboration with the Ministry of Education will be responsible for developing training manuals, teaching aids and 'training of trainers' programs.

4.5.1.2 Health and Early Stimulation Program (Prenatal to 3+ years)

The existing Health Extension Program (HEP) will offer integrated services to all children from prenatal to three+ years of age and their parents, and include a developmental stimulation component as well. This service will be part of the Family Health Package provided by the Health Extension Workers and the Voluntary Community Health Workers (VCHW), and will be both home- and center-based. The nearby health centre is responsible to provide technical support to the HEW's . The center-based part will as much as possible make use of existing health posts. If there are no health posts, existing facilities such as community centers, primary schools, ABE centers, etc. should be made use of. There should be facilities for children to play with other children of their age group while their parents attend the parental education and demonstration programs.

Main activities will include growth and health monitoring, addressing developmental needs and preventive health care, including proper health

seeking behaviors, full immunization, nutrition support, early developmental stimulation and parental education and demonstrations. These activities are already included in the Family Health Package, except for the early developmental stimulation component which has to be developed and added as one of the available packages. Community Health Days will be organized to provide nutritional screening and micro-nutrient services. As this age period is most critical for the child's brain development, it is crucial to catch the children young and prevent malnutrition before it causes irreversible damages to their life potential. The program will also deal, as mentioned before, with the quality of adults care and adult-child interaction, underscoring early developmental stimulation at family and community levels.

The Health Extension Workers (HEW) together with the Voluntary Community Health Workers (VCHW) are responsible for the activities carried out in the households and at community level, in the health posts or other centers in the community. The Woreda Health Offices provide supportive supervision of the HEW and ensure the overall management of the health posts. Communities share the responsibility for the HEP and the health posts with the Kebele Health Committee.

4.5.1.3 Pre-schools: kindergartens (4 to 6+ years)

In the pre-schools, the program will cater for the acquisition of basic skills (pre-reading, pre-writing, counting and arithmetic) in preparation for the child’s formal schooling**.** Social-emotional competence, including self-regulation, intrinsic learning motivation and the ability to cooperate with other students are some of the benefits that children may gain from attending pre-school. The pre-school can also be a place where children learn basic life skills such as hand-washing and good eating habits. One of the major challenges will be to develop and implement curricula that serve all these domains of skills and competences equally well. The program will be child-centered and promote the child’s holistic development. It will include culturally relevant, developmentally appropriate and inclusive indoor and

outdoor materials and activities to that effect. Its design should follow a play-based approach.

Community-based pre-schools will continue to promote high quality mother/ caregiver-child interaction. Parents will learn the importance of play and getting their children ready to go to school at the right age. The social and the physical environment in the kindergartens will be safe and secure as well as receptive and child-friendly. Joint involvement of teachers/caregivers and parents will be maintained in order to discuss the child's progress and the type of support he/she needs in the family.

Besides the primary role of the pre-school teacher as first person responsible for the pre-school program, the role of the health worker in awareness-raising and health training of the pre-school children, their parents and the teachers is also important. Full immunization programs, growth monitoring and preventive health care interventions will be included in the pre-schools' program.

Where there are no pre-schools, any suitable available community building can be used, including community centers, churches or mosques, ABE centers and primary school compounds. In some cases primary schools' classrooms could be used. Some communities may take the initiative to establish a non-formal pre-school attach to an ABE center or any community center or primary school. Whatever the case, the ECCE Policy Framework supports to make use of existing infrastructure wherever possible.

Responsibility for the pre-schools is with the Ministry of Education and includes curriculum development, provision of training services for preschool teacher training, development of play and teaching materials as well as supervise and quality assurance. WEOs are responsible for education facilities. The responsibility for the health related issues is with the Ministry of Health also at local level. WAM's play an irreplaceable role in order to increase active participation of women and children, thus it is vital to help the women associations to expand the infrastructure.

4.5.1.4 Non - Formal School Readiness

While waiting for the proposed structure to be in place, other non-formal settings, such as the Child-to-Child Initiative, can be used. The core of the Child-to-Child Initiative is that older children in the community (so-called young facilitators) engage in structured play-oriented activities with their younger siblings and neighboring children. They do so in their own houses or in a place close to the participating children's homes. The activities are as much as possible adapted to the local context and fit in with the children's daily life. The young facilitators are preferable grade 5 and 6 students trained and guided by their teachers. Teachers are involved as trainers and supervisors. Parents take turn and observe. The main aim of the Child-to-Child Initiative is to better prepare young children for primary school. Other low cost modalities will be developed in future.

The responsibility for the Non-Formal school readiness is with the Ministry of Education.

The day to day coordination is done by the headmaster of the nearby primary school and the PTA members.

5 STRUCTURE OF COORDINATION OF THE DEVELOPMENT AND IMPLEMENTATION OF ECCE SERVICES

The critical success factor for ECCE is to get all involved parties to work in the same spirit and with the same concepts and at the same time stimulate continuous improvement and innovation. As funds will remain a serious limiting factor in years to come it is essential to arrange for comprehensive planning and budgeting. To this effect, and in order to ensure an effective, efficient and balanced realisation of the objectives, a supportive governing structure is required. The coordinating structure is presented below (page 23) . It is more or less a continuation of the structure under which this policy framework was developed.

A holistic programmatic approach for the implementation of ECCE should be used. The high level Steering Committee should be seen as the leading body for all ECCE activities to be performed. It is suggested to appoint one highly qualified senior person as ECCE coordinator. She or he will be the chairperson of the taskforce and will be the coordinator of the ECCE Unit. The ECCE Unit will be a special Unit that consist of ECCE focal persons of each Ministry involved and is part of the Task Force. The Task Force will operate on the basis of a broad mandate of the steering committee. The taskforce is responsible for developing proposals, facilitating transparent decision-making by the steering committee, and overseeing and coordinating implementation, monitoring and evaluation.

There will be an ECCE-expertise centre established within the Addis Ababa University. This centre will take up the responsibility for monitoring and evaluation, research and innovation, training of trainers at degree level, development of a degree course on ECCE.

At Regional, Wereda and Kebele level it is a continuation of the suggested structure at Federal level. The three Ministries involved are working together and there will be one body responsible. At community level it is

suggested to have the ECCE Implementation committee the members of this committee are members of the Kebele Education and Training Board (KETB), Kebele Health Committee (KHC) and Kebele Women's Association (KWA).

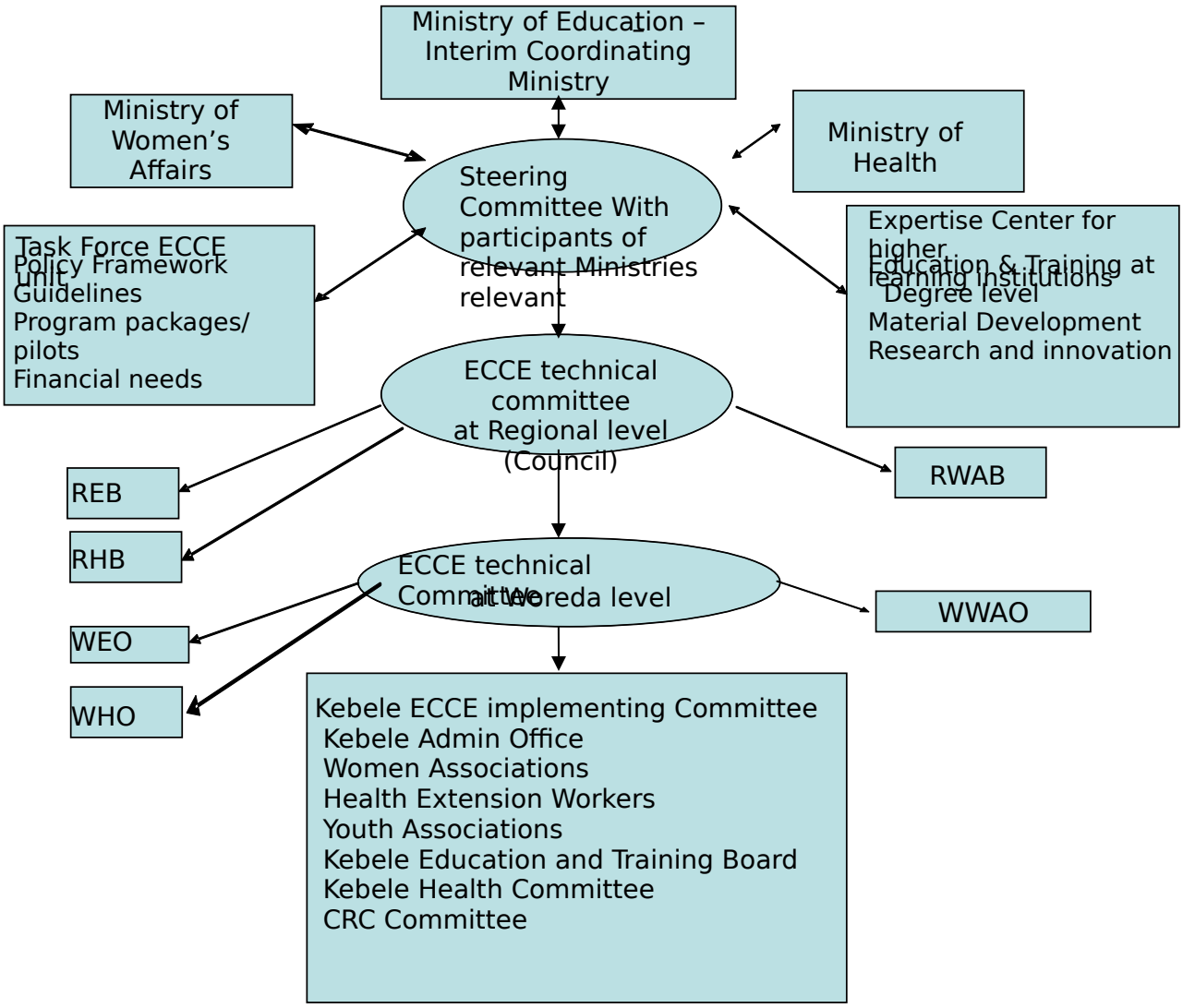


Figure 1: **Coordinating Structure for Implementation of**

6 ROLES AND RESPONSIBILITIES OF PARTNERS IN THE PROVISION OF ECCE SERVICES

Management of ECCE services and programmes through various sector ministries and organisations should be streamlined and approached in an integrated way. Numerous partners will work together in the provision of Early Childhood Care and Education and collaboration should be regulated by the comprehensive policy framework. The following sections point to some of the roles and responsibilities of the major stakeholders.

6.1 Parents and Caregivers

Parents and other caregivers are the most important persons in the life of a child. They play a key role in children's development. Their role is to socialise the child and inculcate life principles and spiritual, cultural and moral values for his/her character development. They also provide an enabling environment for the child's growth and development, and early stimulation for his/her future development. They meet the child's survival needs, and ensure healthy growth in terms of adequate and proper nutrition, immunization and growth monitoring. They make sure the child's birth is registered, and ensure early identification of disabilities, assessment and intervention. They are the safeguards of the child's rights, provide learning and play materials and link the child to ECCE services. Parents are members of the board of the Community based Health Extension Program, Community based Pre-school and Community based Non-Formal School readiness Initiative.

6.2 The Community

The community supports the parents' efforts in providing for the child's holistic needs. It makes support services available for the young children and provides a protective environment and physical facilities. The community safeguards the children's rights and mobilizes resources to enhance their holistic development. It sets the social norms that guide parents in socializing their children and in inculcating spiritual and moral

values and life principles. It addresses the needs of the disadvantaged children within the locality, advocates for services for young children and links them to other service providers. The community also initiates and manages community-based services for young children, provides alternative and complementary approaches in care, health and nutrition and generally supports parents and other caregivers in meeting children's health, care and nutritional and developmental needs. Community leaders are board members of the Community based Health Extension Program, Community based Pre-school and Non-Formal School readiness Initiative. The Community Conversation approach is an effective way to address behaviour change, particularly within the HEP.

6.3 Ministry of Education

The Ministry of Education provides policy guidelines on early childhood care and education, certifies ECCE teachers and trainers, develops play and teaching materials, and maintains standards and quality assurance. The Ministry is also responsible for the training of Pre-school teachers. The Ministry provides training services for preschool education, develops the curriculum, supervises Pre-School Programmes and Non-Formal School readiness Initiatives and registers Pre-Schools and Non Formal Education at regional level (REB). It has an important role to play alongside the Ministry of Health in developing parental education materials related to the topics of early stimulation. It is also the Ministry of Education's responsibility to undertake early stimulation, early identification and assessment of children with special needs, at regional level (REB). The Ministry will be required to carry out capacity building and advocacy, facilitate networking and build linkages. It has a voice in the coordination of the national ECCE policy and for the development and implementation of a communication strategy for ECCE. For furniture and indoor-and outdoor play-equipment the Wereda Education Bureau is responsible.

6.4 Ministry of Health

The Ministry of Health is responsible for primary health care services at the community level. The Health Extension Program (HEP) is the tool of the Ministry of Health for bringing key maternal, neonatal and child health interventions to the community and has special attention to mothers and children. One of the existing components of the health extension package is the family health package, this includes maternal and child health, family planning, immunization, nutrition and adult reproductive health. Early stimulation should be part of the family health package that has to be develop by The Ministry of Health in collaboration with the Ministry of Education and the Ministry of Women Affairs. The health extension workers are responsible for the activities to be carried out in the households and in the health posts, together with the voluntary community health workers. The Ministry of Health is responsible for training the health workers and for capacity-building and community mobilization on health issues at all levels. The development and responsibility for parental education for prenatal to three + year is part of the joint responsibility of the Ministry of Health, Ministry of Women Affairs and the Ministry of Education. Other responsibilities of the Ministry include sanitation, food preparation, safety and hygiene education.

6.5 Ministry of Women's Affairs

The Ministry of Women's Affairs shall among many others be engaged in identifying and promoting useful child rearing practices across different cultures. At the same time it will be mobilize the community to eradicate harmful practises by educating the general public about the negative effects of such practices on the overall development of children. The Ministry promotes the protection and care of children, and creates awareness about children's rights and welfare. The promotion, protection and care of disadvantaged children is part of its responsibility. The Ministry will also ensure that all children are treated equally, without any form of discrimination, irrespective of their gender or disability. Generally, protecting the rights of children, mothers and young girls,

carrying out advocacy work and supporting the capacity of children's services are among its prominent roles. The Ministry can play an important role on mobilizing and collaborating with the different women's organisations to support the establishment of community pre-schools.

6.6 Ministry of Finance and Economic Development (MOFED)

The Ministry of Finance and Economic Development shall be engaged in budgetary allocation for ECCE and will integrate and mainstream the ECCE programme into development planning at all levels. It will facilitate the mobilization of local and international resources to support ECCE programmes and provide funds across the ministries for such programmes. The Ministry will play a strong role in creating partnerships with National- and International donor agencies in this regard.

6.7 Universities and the ECCE Expertise Centre

An ECCE-expertise centre should be set up as soon as possible, first within the Addis Ababa University and later also in other regular Universities and Health Colleges. Addis Ababa University has already a lot of experience and expertise on ECCE. The ECCE-expertise centre will support ECCE through research and innovation along with training programmes at the degree level. It will take up the responsibility for research, consultancy and innovation.

6.8 Religious Institutions/Faith-Based Organisations

These organisations are playing an important role in supporting ECCE by establishing health service for children and providing pre-school education. They play also a role in capacity building for ECCE and ECCE programmes and carry out advocacy and mobilize resources.

6.9 Bi-lateral and Multilateral Development Partners

They mobilize resources and provide funding for ECCE. Carry out advocacy and the provision of technical support, to support the implementation of the Policy Framework. They play also a role in capacity

building and establishing/strenghten linkages and collaboration among partners.

7 SUMMARY

The policy framework in this document is the result of a consultative process and lays the foundation for a comprehensive and feasible development of ECCE in Ethiopia. The implementation of this policy will ensure a big step foreword in giving children in Ethiopia a healthy start in life, an enabling and stimulating environment for developing their talents and stimulate and help them to become caring and productive citizens.

The analysis also shows that ECCE-services are almost non existent at this moment and it is obvious that considerable investments are needed in order to ensure that all children have a healthy start in life, are nurtured in a safe, caring and stimulating environment and can develop to their fullest potential.

In the policy framework it is proposed to build ECCE service delivery on four pillars:

1. Parental education
2. Health and Early Stimulation Program (Prenatal to 3+ years)
3. Pre-schools: community-based kindergartens (4 - 6+ years)
4. Community-based Non-formal school readiness

It goes without saying that the successes of ECCE in Ethiopia will, to a great extent, be depended on the cooperation between education, health and women affairs staff at all levels.

It is clear that considerable development and piloting/testing needs to be done before large scale implementation is possible. There will be pilots carried out for the Parental Education, Health and Early Stimulation Program, and for the Community based Non- formal school readiness. Also major efforts are needed in capacity development. Another key issue is the availability of the required financial resources.

To ensure a forceful but at the same time balanced and effective implementation a high level steering group consisting of representatives of the different Ministries and donor organizations will be given the responsibility of organizing and monitoring the implementation of this ECCE Policy framework. The engine and pivot for implementation is a taskforce with a strong ECCE Unit. A new ECCE Expertise Centre will be established within the Addis Ababa University, other Universities and Health Colleges. At Regional and Woreda level the different governmental institutions are jointly responsible for the implementation of the ECCE Policy Framework. At Kebele level the ECCE Implementation Committee is responsible for the implementation of all the ECCE activities in the community.

With the comprehensive four pillar approach and the encompassing organizational structure a clear and strong framework is in place and is ensured that the objectives of the policy framework can be met and will ensure that ECCE will be established in a feasible, timely and effective manner.

Here under the strategic objectives are listed and under each objective is indicated how the four pillars approach and organization set up ensure that the objective can be met.

I. **Establish a coherent governance structure for ECCE and ensure mainstreaming of ECCE in all relevant national policies and programmes.**

The Governance structure is coherent as it includes all administrative levels and all relevant ministries/sectors. The governance structure and the four pillar approach will enable and make it relatively easy to mainstream ECCE in all relevant national policies and programmes.

II. **Promote and support development of accessible, equitable and quality ECCE services for all children, particularly for**

vulnerable, children with special needs and marginalized children

The four pillar approach build on existing systems and structures, will ensure the implementation of the different ECCE services delivery systems. Through piloting of Parental Education, Health and Early Stimulation programmes and establishing and scaling up of community based Pre- schools, integrated services will be developed. Basic provision of services can be reached quickly with relative little cost through non-formal settings. As mentioned in the chapter on the four pillars special attention will be given to vulnerable, children with special needs and marginalized children.

III. Protect young children from any form of abuse & harmful practices.

In all the four pillars child rights and child protection will be a key element, especially in parental education. The MoWA will take the lead in development of implementation strategies on child rights and protection.

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

The Governance structure ensures that there is collaboration between all stakeholders. The Expertise Center and the ECCE Unit will be important supportive instruments in this respect and will develop supportive national and international networks.

V. Mobilize, plan and allocate the necessary resources to ensure quality services for all children from prenatal to seven years of age.

An important task of the Steering Committee is to mobilize the necessary funds as stated in the Strategic Operational Plan. It is anticipated that relevant donors are willing to provide also funds for the implementation, further development, capacity building and piloting. The Steering Committee ensures also that all stakeholders are involved.