GUIDELINES FOR EARLY CHILDHOOD CARE AND EDUCATION

Vision

Ensure all children the right to a healthy start in life, to be

ETHIOPIA

2010

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ACRONYMS

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

1. INTRODUCTION

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

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

In developing these guidelines we face a chicken and egg problem. At this moment there is very little concrete experience with the services to be delivered under the four pillars in the ECCE Policy Framework. In the neighbouring countries too, relevant practical experience with the holistic approach proposed in the policy framework is limited. It is for this reason that the Strategic Operational Plan proposes to start with pilots, except for the pre-schools. Based on the experience to be gained from those pilots, it

will be easier and more realistic to work towards a quality ECCE service that is easy to implement and affordable on a large scale.

It could be argued that it is too early to develop guidelines. It should be realised, however, that without a common vision to aim at, it is difficult to design proper pilots. It is in this context that the guidelines have been developed, based on existing knowledge and experience. They will be refined and if necessary adjusted in accordance with the experience gained in the pilots.

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

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

2. RATIONALE

As part of its Education and Training Policy, the Government of Ethiopia developed a Comprehensive Early Childhood Development Policy Framework and a Strategic Operational Plan. Four pillars support the policy framework, namely parental education, health and early stimulation programme (Prenatal-3+ years), community-based pre-schools (4-6+ years) and non-formal school readiness.

Guidelines have been prepared to help stakeholders develop quality services for the four pillars. The ultimate aim is to ensure all children the right to a healthy start in life, to be nurtured in a safe, caring and stimulating environment and to develop to their fullest potential.

The keystone in early childhood care and education is its child-centred approach. Through child-centred active learning, young children construct knowledge that helps them make sense of their world. This is the crucial philosophy of ECCE and, therefore, ECCE's overarching or meta guideline. It should be realised that national and international research and experience show that this overarching guideline is not easy to achieve. In day-to-day practice, even with the best intentions, more directive teaching practices easily slip into the process. That is why training, guidance and stimulation of teachers and health workers in child-centred learning can be considered the key factor for success.

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

3. WHAT TO AIM AT

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

3.1 Very Young Children (Prenatal - 3+ years)

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

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

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

3.2 Pre-School Aged Children (4-6+ years)

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

Requisites to promote developmental growth of pre-school aged children (4-6+ years)

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

- Opportunities and support to acquire and develop a wide variety of skills, including fine motor skills, language, social-emotional and thinking skills.
- Activities that will further develop a sense of mastery of a variety of skills and concepts.
- Encouragement of language development through talking, storytelling, being read to, singing.
- Opportunities to learn co-operation, helping others, sharing.
- Experimentation with pre-writing and pre-reading skills.
- Hands-on manipulation of objects that support learning.
- Hands-on exploration for learning through action.
- Opportunities for taking responsibility and making choices.
- Encouragement to develop self-control and persistence in completing projects.
- Support for developing a sense of self-worth.
- Opportunities for self-expression.

- Encouragement of creativity.
- Opportunities to become self-reliant in personal care.
- Additional opportunities to develop independence.

3.3 Children with Special Needs

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

Requisites to promote developmental growth of children with special needs

In addition to the requisites mentioned above, children with special needs also require:

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

- Curriculum that suits the needs of the special needs child.

4. GUIDELINES FOR THE FOUR PILLARS

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

4.1 Guidelines for Parental Education

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

4.1.1 Assumptions Made in Designing the Parental Education Programme

- Parenting can be improved through learning: being a parent/caregiver requires continuing adjustments to changing circumstances.
- Parents and other primary caregivers already have specific skills and knowledge.
- Parents/caregivers have a variety of different learning needs and styles.

- Focusing on the needs of children and parents/caregivers is essential.
- Parents/caregivers can direct their own training; they are able to identify what they want to learn and how they want to learn it.
- Parents/caregivers attend training to get information as well as support; there needs to be a balance between these two.
- Parents/caregivers need to share experience with each other because learning is most relevant when the subject matter is closely related to the parents/caregivers' own immediate experiences.
- Parents/caregivers should be encouraged to share their emotional reactions with each other and feel accepted by their peers.
- Parents/caregivers can help each other enormously in a well-structured group where they can gain a sense of competence.
- Parents/caregivers need to apply what they have learned. It is therefore important that, before attending a new session, they have tried out the behaviour and skills discussed in the previous one.

4.1.2 Target Population

Parenting education programmes target:

- Parents or caregivers of children from prenatal to age 7, regardless of gender, social class or ethnicity and especially including the disadvantaged ones.
- Those caring for young children, i.e. not just the biological parents.

Minimum standards

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

- Both working and stay-at-home parents/caregivers.

4.1.3 Content of Parenting Education

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

- Milestones in holistic child development;
- The role of parents in fostering holistic development (early stimulation, parent-child communication, nutrition and feeding, hygiene and management of childhood illnesses);
- Developmental gender related issues
- Traditional harmful practices
- Effective child rearing practices;
- Enhancing attachment and bonding;
- HIV/AIDS;
- Positive discipline and character formation;
- Children's rights and their protection.

4.1.4 Minimum standards

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

Scheduling and Venue Arrangements

- Regular meetings for parents should be held throughout the year.
- A total of 12 sessions should be held within the year (one session every month), each session lasting one hour.
- Sessions should be organised at a time that is convenient for the parents and caregivers and accommodate other parental commitments so as to ensure availability.
- For the home visiting mode especially, the sessions should be scheduled after consultation with the parents.

Minimum standards

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

- Separate group meetings should be organised for parents who are expecting a child, parents of children under age three, and parents with children aged four to seven.
- The venue for group sessions should be within half an hour walk of the parents' residence.
- Sitting facilities and teaching materials must be available.
- Facilitators should survey the community ahead of time and identify available useful and appropriate resources that will enhance learning

4.1.5 Delivery Mode

Parenting education will be conducted using a variety of methods:

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

Minimum standards

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

4.1.6 Methodology

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

Minimum standards

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

4.1.7 Structure of Sessions

- **Introduction/ kick-off.** The training session will start with a short exchange of views on the previous session and on experience with the tryout at home. After that, the subject of the day will be introduced.
- **Centre and pivot.** The next step is to bring in facts and concepts pertaining to the subject, using practical examples that tie in with the experience of the parents. Participants will

discuss whether this matches what they learned as a result of previous sessions. This is the pivotal part of the training, as it will make parents/caregivers realise that they already know a lot and that they are on the right track. At the same time they will realise that they need to know more and that it is possible to acquire additional parental skills and knowledge.

Minimum standards

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

- **Exercises in learning new behaviour and skills**. The most important part of the training is of course to practice at home the new behaviour and skills the group agreed are important. Here, if necessary, additional information is provided on the topic of the session. The main element however is practical interactive exercises. The trainers can choose from different exercises and methodologies described in the parental education manuals.
- **Closing remarks. S**ome additional remarks are made to those already implicitly mentioned in previous parts of the session.

4.1.8 Selection of Facilitators

- Facilitators will include health extension workers and pre-school teachers who will have taken a course in parental education; in some cases members of the model families (HEP) can also be selected.
- For each pilot two trainers will be selected: one with a health background and one with an education background.

- Facilitators should be trained in the field of early childhood development through either a ToT programme, or seminars or a teacher training programme.
- Flexibility, patience and a real understanding of the difficulties of parenting are important qualities to be sought in facilitators.
- Facilitators should have a thorough knowledge of the culture of the community where parental education is conducted.

4.1.9 Minimum standards

- One trainer with a helper for one group of parents.
- Ability to speak the language of the parents.
- Knowledge of the culture of the community.

Capacity Building for the Facilitators

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

- A two-week ToT conducted by UNICEF in cooperation with the Ministry of
- Health and Ministry of Education;
- Seminars conducted among district health workers undergoing TVET training;
- Teacher education institutes and health colleges that have integrated parental education into their curriculum.

4.1.10 Minimum standards

- Any kind of experience in adult education or adult literacy teaching.

Monitoring of programme effectiveness

- A checklist to guide continuous monitoring of the programme should be prepared.
- All aspects of the roles and responsibilities of parents in holistic child development should be monitored.
- Regular informal observations should be made as parents go about their parental duties.

- Regular feedback from key stakeholders should be sought to assess the effectiveness, impact and efficiency of the programme.

Minimum standards

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

4.2 Guidelines for Health and Early Stimulation Prenatal - 3+

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

4.2.1 Target population

The health and early stimulation programme targets:

- all children from prenatal to age 3+
- parents or caretakers of children, from prenatal to age 3+, regardless of gender, ethnicity and social class, and especially including the disadvantaged;

- those caring for young children, i.e. not just the biological parents;
- all community members.

Minimum standards

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

4.2.2 Service delivery

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

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

Minimum standards

- There is a health promotion service in each village.

4.2.3 Health post and staff

- The health post should meet the basic requirements of the MoH (see guidelines HEP).
- Two trained health extension workers (HEW) are based in the health post and responsible for the daily running of the post.
- In each village there will be community health promoters (CHPs) selected based on the HEP implementation guideline working under the supervision of the HEWs.
- Equipment, basic supplies, drugs, vaccines, job aids should be available as per standard as well as furniture.
- The health post should be clearly marked for easy identification.

- The environment should be a physically and emotionally safe place for mothers and children.
- Cleanliness, good physical condition of the building and hygiene should be a priority. The location should be free from pollution and away from garbage sites.
- There should be basic sanitation facilities, with water available for hand washing.
- The room should be well ventilated.

Minimum standards

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

4.2.4 Tasks of the Health Extension Workers (HEWs)

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

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

- Identifying, training and coaching model families and CHPs
- Ensuring acceptance and credibility of the model families in the community.
- Making sure that the model families become role models along the lines of the health extension packages.

- Together with the CHPs, communicating health messages by involving the community all the way from the planning stage to evaluation.
- Through women and youth associations, schools and traditional associations such as iddir, maheber, equb, coordinating and organising events in which the community participates by contributing money, raw materials and labour.

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

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

4.2.5.1 Growth Development and Promotion

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

4.2.5.2 Disease Prevention

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

4.2.5.3 Home Management

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

4.2.5.4 Care Seeking and Compliance

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

20. Encouraging both men and women to seek reproductive health care.

4.2.5.5 Services for Early Stimulation

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

30. Providing daily opportunities for the children to play with a variety of objects.

Minimum standards

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

4.2.6 Methodology for Promoting Basic Health Care Packages and Stimulation

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

- Key messages on key household and community practices and stimulation should be standardized and delivered in the language best understood by the participants.

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

Minimal standards

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

4.2.7 Selection of Health Extension Workers (HEWs)

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

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

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

4.2.9 Capacity Building

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

- ToTs provided to HEWs and health workers, and training of CHPs and model families on key household/community practices and child stimulation;

- Job aids and child care promotion materials that will be developed and which they will be provided with.

Minimal standards

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

4.2.10 M

onitoring of Programme Implementation

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

Minimum standards

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

4.3 Guidelines for Pre-Schools (3-6+ years)

4.3.1 Target Population

Pre-school programmes will target:

- all children aged 3 to 6+, regardless of culture, gender, social class or ethnicity and including children with special needs.

Minimum standards

- The children must not be younger than 3 years and not

4.3.2 Environment and Physical Space for Pre-schools

- Pre-school services will be delivered through community based pre-schools, privately run pre-schools, pre-schools attached to primary schools and faith- based pre-schools.
- The pre-school centre, whether a community hall, classroom, home or school, should be licensed as a pre-school (See Appendix I for checklist and registration form).
- The centre should be easy to identify and clearly marked as pre-school.
- The environment should be an attractive, pleasant and physically safe place for children.
- The setting of the physical space should allow for free movement of both children and adults.
- Cleanliness, good maintenance and hygiene must be a priority. The location should be free from pollution and away from garbage sites.
- Basic sanitation facilities need to be available, including one latrine and water for hand washing.
- The room should be well ventilated, with enough window space to allow a good flow of air.

- There should be an area for displaying the children's creative work.

Minimum standards

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

4.3.3 Learning Environment

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

Minimum standards

- The pre-school has a fenced place where it is safe for children to learn, run and play games together with other children.
- The space in the room/building allows for at least one and half square meter for each child.
- The pre-school room/building has windows.

4.3.4 Outdoor play equipment

Outdoor play equipment must:

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

Minimum Standards

- Availability of climbing frames and locally made swings and

4.3.5 Pre-school curriculum

The curriculum to be used should be designed to meet the holistic needs of different age groups.

- Only the government-approved curriculum should be used in all pre-schools.
- The curriculum should be adapted to the local context.
- The curriculum will be used as a guide for incorporating developmentally appropriate content, concepts and activities in the pre-school programme. Teachers will therefore need to use their creativity in addition to the curriculum to foster the holistic development of all children.
- All aspects of the child should be targeted in the pre-school programme. Emphasis on cognitive development must be avoided.
- The curriculum should give children an opportunity to practice skills that will enable them to function effectively in the society.
- All teaching and learning activities should be consistent with the approved pre-school curriculum; teachers should not use the primary school curriculum at the end of pre-school to prepare children for grade 1.

- The curriculum should be readily available to all teachers in the pre-school.

Minimum standards

- The teachers use the curriculum as a guide.

4

Scheduling and structure of pre-school activities

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

Minimum standards

- Where there is no curriculum, teachers develop a structured weekly day-to-day programme.

4.3.7 Teachers and assistant teachers

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

- knowledge and skills related to holistic child development;
- ability to work well with children, parents and others in the pre-school setting;
- commitment to enhancing the development of young children;
- love and respect for all children regardless of their culture, ethnicity, family beliefs and practices or any other difference;
- be advocates of the rights and the protection of the child;
- be the holder of a training certificate in child development.

Teachers

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

Assistant teachers

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

Minimum standards

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

4.3.8 Teaching and Learning Methodology

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

Minimum standards

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

a communal setting helps them develop group problem-solving skills.

4.3.9 Health and Nutrition

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

4.3.10 Minimum standards

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

Working with Parents and Communities

- Adequate opportunity should be provided throughout the year for interaction and communication between the parents and the teachers.
- Parents and teacher should regularly share information on the child's progress.
- Regular PTA meetings should be held within the year.
- Clear and comprehensive information about the pre-school should be made available to all parents.

- Information about the home environment should be made available to the teacher. This information will be kept in strict confidence (see appendix II).
- Information on all events that have taken place in the pre-school should be shared at the close of the year.
- Parents should regularly be provided with opportunities to build their knowledge and strengthen their capacities.
- Adequate opportunity for children to participate in the activities of the community will be provided.
- Collaboration with community representatives should be established for supporting the activities at the pre-school.
- Community representatives are given the opportunity to provide input for running the pre-school.

4.3.11 Minimum standards

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

Assessment

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

Minimum standards

4.3.12

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

Management of pre-schools

- The management structure will be as follows:
  - The Ministry of Education is the leading and responsible ministry; the Ministry of Health is responsible for the health and nutrition activities carried out in the pre-schools.
  - The regional education bureaus and the regional health bureaus are responsible at regional level.
  - At woreda level the education and health bureaus are responsible at woreda level.
  - At kebele level, the responsibility will lie with the kebele administrative office as ECCE implementing committee.
- Roles and responsibilities
  - (Outline all the committees from national to kebele level and then to school board indicating their roles and responsibilities)

4.3.13 Monitoring of Programme Effectiveness

- Information is needed on effectiveness, efficiency and operational practices in pre-schools.
- Baseline information on all aspects of the setting, children, teachers, equipment, etc. (see Appendix III) needs to be available.
- Regular monitoring of pre-schools should be conducted using Appendix III to show progress.
- Findings of the monitoring activity will be shared with the PTA and the school board.

- Opportunities for government to conduct regular monitoring should be initiated.
- Expertise from the monitoring and evaluation department of UNICEF will be used for designing and implementing the M&E systems.
- The choice of indicators and the levels to aim at will be determined by the taskforce.

Minimum standards

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

4.4 Guidelines for Non-Formal School Readiness

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

4.4.1 Target Population

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

4.4.2 Mode of Informal School Readiness

- Child-to-Child Initiative

4.4.3 Core Elements in Non - Formal School Readiness

Child-to-Child Initiative

- Based on sibling education, a naturally occurring situation in most developing countries, where older siblings are commonly caretakers of the younger family members.

- Older brothers or sisters (the young facilitators) play with the benefiting child.
- Playing can be done with basic materials provided by REB, but also with simple day-to-day materials like stones, peanuts or beans for counting for instance.
- The young facilitator gets a training once a week, at school, by his or her teacher.
- At least once a week the young facilitator will play with three to five preschool children in the community (relatives, neighbours or friends), close to the children's home.
- The playing becomes learning as the benefiting child gets to know how, for instance, to count or to differentiate colours. Through this process the preschool child gets ready for school.

4.4.4 Content of Non - Formal School Readiness

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

4.4.5 Design of the Programme and Practical Arrangements

- **Ready for School** is meant to be for children aged 5-7 years.
- The young facilitators will be grade 5/6 students.
- Grades 1 and 5/6 teachers are involved in the process to train/coach and support the young facilitators.

- Grade 1 teachers in particular will benefit from the materials used in the programme to improve their classroom practices.

In each school 30 grade 5/6 students will be selected from different classes/sections to serve as young facilitators. Thus, if the school cluster in a specific region comprises seven schools, this region will have 210 young facilitators. Each facilitator will work with three to five young learners, bringing the total number of young children involved in one region to approximately 1050. Materials have already been adapted and translated into different local languages used. The materials include guides for the teachers involved and for the young facilitators and a package for the participating children. The children's package contains story books, games, rhymes, exercises, etc.

4.4.6 Monitoring and Evaluation

- Baseline surveys to be conducted in both control and case communities to determine the existing levels of on-time enrolment as well as the school readiness of children as they enter school.
- Evaluation will be based on on-time enrolment and school preparedness, and address issues related to programme outcomes, impact, and process.
- The pattern of school readiness for groups of children exposed to the child-to-child learning materials will be compared against control communities whose first grade children will not have had any exposure to the materials.
- In addition to evaluating the readiness of the children upon entry into formal school, a sub-sample of communities will be selected to participate in a long-term follow-up to determine whether the intervention has had any long-term impact on the children's progress and performance throughout the first three years of primary school.

- The evaluation will also determine the impact of the programme on parents, teachers, child educators and communities.