

Situational Analysis of Early Childhood Care and Development in Ethiopia



Findings from a Rapid Assessment conducted by:
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Woliso district, Ethiopia

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I. Introduction

“The women have a lot of work looking after children as well other household chores.

**When they look after children they can’t work,
when they work, they can’t look after children.**

Some parents don’t want their children to go to school because they need their labour”

Temima Merdesa, grandmother in Chancho Soyoma.

Overview

Ethiopia’s infants and young children account for approximately 25% of the total population of 70.7 million (2002). These children live in an environment where the infant mortality rate is 116 per 1000 live births and the under-five mortality rate is 172. For the women who are their primary caregivers, the situation is equally severe. Only 6% of women have a skilled attendant at birth, and the maternal mortality rate stands at 870 per 100,000 live births. On average in Ethiopia, women have 5.9 children. Furthermore, the adult female literacy rate is only 31% compared to 47% for men, and only 24% of the total population has access to safe drinking water. According to the State of the World’s Mothers Report, Ethiopia ranks fourth from the bottom in terms of the situation of women and mothers well-being.

Despite political reforms and increasing economic stability, widespread poverty still impacts on the lives of more than 50% of Ethiopia’s population, and thereby the capacity of families to care for their children is fragile. During the past decade, there have been some major setbacks, in earlier achievements made in improving infants and young children’s survival rates. Whilst the HIV/AIDS pandemic has severely impacted on the mortality rates of both women and children, it is estimated that at least 75% of these deaths are attributed to preventable conditions, such as malaria, pneumonia, diarrhoea, malnutrition and measles. However, access to quality health facilities is very limited for most people, whilst cost sharing excludes the most vulnerable. Women and children’s nutrition is poor, and access to basic services such as potable water is limited in many areas. With these realities, there has been little progress, in practical terms, with considering how best to ensure that the young children, who do survive, really thrive in these critical few years of their early development.

The government responsibilities for realising the goals for child survival protection and development are a complex issue shared by a number of Ministries. However, with sectoral reforms, there has been a shift in government role from being a service provider to a facilitator of increasing non-government and private sector partnerships in service provision. The Ministry of Education clearly states that while ECD is important, it is for the time being left to NGO and private sector support.

Rooted in the context of families and communities the lives of young children in Ethiopia are affected by a number of key factors of poverty:

1. Low family income and high unemployment;
2. Poor quality of health services and limited access to services because of distance, cost-sharing initiatives;
3. High responsibilities but low status of women. With the majority of economically active population in rural areas being women, they are also burdened by low status, poor income, poor health and nutrition and limited access to services, the responsibility of being head of households, low levels of education due to limited access, limited access to land, minimal representation in local government, no control over family finances in many cases, subservience in power relations between men and women, and under threat of a higher incidence of contracting HIV/AIDS than men. In addition they have the responsibility of care for and developing the capacity of Ethiopia's children, in their critical years of development, in infancy and early childhood. Whilst women recognize their childcare responsibilities, their daily burdens limit the time they have to spend with them.

Ethiopia is one of the countries in Sub-Sahara Africa with a rapid growing HIV/AIDS pandemic. It is estimated that the present infection rate is close to 6.6% and 13.7 % in the urban areas. Currently in Ethiopia, 2.1 million people are living with HIV/AIDS, of which 230,000 are children (0-14 yrs). The total number of children orphaned due to the AIDS-related death of one or both parents as of 2001 has been estimated at 989,000. The effects of the pandemic are going to be very serious, both socially and economically. HIV/AIDS exacerbates gender, class and legal inequalities, decreases family, community and country productivity levels and unravels traditional education and care structures. All of these situations threaten orphans and vulnerable children (OVC) in particular who require strong, productive communities and States that can assume the burden of caring for them, socializing them and assuring that they do not face the risk of becoming infected with HIV/AIDS.

SOW for Lisa Long and Tanja van de Linde

Objectives:

- Assist FO in Program Planning for Sponsorship-Funded ECD Program in Greater Woliso District, Ethiopia

Expected Outputs:

- Assist in preparation of *Situational Analysis* and write *Sit. Analysis Report*;
- In conjunction with FO staff, review *Results Framework*;
- Collect data for the development of a wider *ECD Program* for future submissions.

Day	Date	Place	Activities	Comments
Wednesday	Aug. 17	Addis	Mtg with Spon team, Sophia, Zehirun, Tigist, Tamiru visit St Joseph pre-school teacher training and CCF	Agree on travel schedule
Thursday	Aug. 18	Woliso	Mtg w/ Woliso team, visit Chancho Soyoma interview parents, children and local government	
Friday	Aug. 19	Ambo	Interview teachers, government officials in Dendi	
Saturday	Aug.20	Addis	Field visit Dendi, return to Addis	
Sunday	Aug.21	Addis	Analyse data	
Monday	Aug. 22	Addis	Literature review, analyse findings from field visits	
Tuesday	Aug. 23	Metehara	Visit CCF program	
Wednesday	Aug. 24	Debre Zeit Addis	Visit Ratson ECD program, Final collection of information Final discussions, debriefing and report writing	
Thursday	Aug. 25	Addis	Departure Lisa to Malawi	

Methodology

- Interviews with government and SC staff in Woliso
- Focus group interviews with parents, teachers and school children
- Visits to CCF and RATSON ECD programs in Metehara and Debre Zeit
- Discussion of findings with SC-US staff
- Development of Results Framework

B. Greater Woliso District SC Impact area

Woliso District is located in West Shoa Zone in Oromia Region, about 116 km from Addis Ababa. The total population of Woliso town is about 40,000 people and the population in the district is around 250,000. The district is organized in 62 rural and urban kebeles (villages). There are 36 government primary schools, 3 kindergartens, one secondary school, one technical school and one nursing school. SC has established 13 community schools which include ECD (or rather pre-school). The program is using an integrated and holistic approach, starting from pre-school (age 4-6) to Primary (age 7-14) and integrating school health and nutrition activities such as de-worming, Vit. A distribution, clean water and school gardens. There are 3 core programs that are in the implementation stage:

- Early Childhood Development
- Primary Education
- School Health and Nutrition

Adolescent Development and HIV/AIDS have started this year and baseline surveys have taken place. The sponsorship program has an annual budget of over \$1,000,000 and is currently expanding into two new geographical areas (Dendi and Tigray) as well as in program sectors such as the new activities in AD and HIV/AIDS and the support to government schools and a Teacher Training Institute in the district.

The total school age population in Woliso (7-14) is 43,957 of which 22,007 are boys and 21,950 are girls. The enrolment figures for 2004 are as follows: 19,635 boys and 14,373 girls, total 34,008. The drop out rate in 2004 was: 12.8 % for boys and 7.7 % for girls.

The health service in Woliso is very low with only 38% of the population having access to health services. There is only one Catholic hospital, one health centre, 3 health stations and one health post for the entire district. The most common diseases are mentioned as: ARI, diarrhoea, intestinal parasites, typhoid and malaria.

Woliso District Education Office Interview:

The government has written a policy paper and guidelines on ECD and considers the age group to be 4-6 year olds. They also recognize the importance of ECD activities but do not have the financial ability to support such programs for the time being. They hope to support ECD in the future in partnership with communities. The government does give technical support and supervision to ECD activities. The need for ECD is greater in rural areas where the private sector does not offer ECD services. The Education Officer said primary school teachers have noticed a difference in the performance of children in Grade 1 who had participated in ECD programs. They also know this from observations made by supervisors who visit the community schools, and from the Head Facilitators of the Community Schools monthly reports which are given to the District Education Office. The Officer said we only reach about 20% of the children in the impact area with

our ECD services at present and requested more ECD classes to reach a greater percentage of children.

According to the District Education Officer, the main reason children drop out of school is because of health problems such as malaria and typhoid, and to work and financially support their families. The adult literacy rate is about 10-15%.

Dendi District

According to the Head supervisor in the district education office Dendi has a total population of 203,277 of which 102,907 are male and 100,370 are female. The number of school age children is estimated at 27,685. There are 18,119 school age children out of school in the rural areas and 5027 in the urban areas. The drop out rate is 7.1% and this is an improvement from last year because there has been PTA training and school construction. Out of the 69 kebeles, 35 have no primary school at all. SC has already selected 3 of these communities to construct a community school (grade 1, 2, 3 and ECD). 18 facilitators have already been selected (9 male and 9 female).

Dendi District – Ambo Education Office Meeting:

There are only 2 KGs in town at present. One is run by the Catholic Church and the other is a private KG. The private KG may close soon due to financial difficulties. The communities are asking for more schools and awareness has been raised about the importance of education. They estimated the local literacy rate to only be about 3%.

The Education officers mentioned that the school drop out rate had been reduced this year by training the staff (teachers and directors) on how to keep children in school; training PTAs and board members at the local level; and constructing schools closer to rural villages. They said the greatest drop out rate occurs in Grade 1 due to not adjusting well to the new environment, distance from their homes, and poverty (their work is needed at home). They believe the ECD program will help mitigate the high number of Grade 1 dropouts because the children are young and are not needed to work as much as older children, and because the ECD programs will be located closer to their homes. Through the shift system, KG – Grade 3 children can also attend school for part of the day and work for their families during the other part of the day. The whole day system does not work well for this population because children's labour is needed for at least part of the day. If technology improves then child labour will be less needed. They also expect the increased awareness of the importance of school for children, will increase attendance and lower the school drop out rate for children.

Girls drop out because of culture, distance to school, and the need for their labour at home. Since the PTA training there has been a greater demand for schools in the rural areas and more parents are also keeping their children in school. The importance of sending and keeping girls in school has also been emphasized.

They do not have enough teachers. Recently 112 teachers were hired (92 men and 20 women), however, they have not been trained and many have only a 10th grade education.

Their salary will be about 120 birr per month. They are hoping to receive funds from the government to train these teachers, but it may not come, in which case they would have to train the teachers themselves. They expect the Save the Children program to improve the quality of, and access to, education for more children.

Meeting with New Area PTA member, Agricultural Development Worker, and Community Elder:

There is no potable water in the area which leads to many health problems for children. Families drink from rivers and ponds, children are sometimes not vaccinated, and also suffer from being underweight, coughs, diarrhoea, malaria, and TB. The community would like to have a KG for children where they can stay the whole day. They also said children would be happy to have better sanitation and personal hygiene, new clothes, more play opportunities, and balls and other play materials. At present most young children spend their days looking after calves and cattle. Young girls also look after cattle as well as boil coffee for their families, help their mothers at home, and deliver messages back and forth to relatives' homes.

Children go to school in town if they live close enough to the main road. The children who live about 12 KM away from the main road, do not go to school because of the distance. They do have orphans in the community and some are taken in by relatives and others given to families who use them for work. They agreed that orphans and disabled children should be given priority for enrolment in the new community schools.

They plan to raise 10,000 birr and have already raised 6,000 birr for their contribution towards the new community school. They also plan to contribute with their labour and other in kind support such as building a fence and guardhouse for the school. School facilitators (three men and three women) have already been selected, with their help, and they are satisfied with the people who have been chosen. They hope and expect that their children will have a better life by receiving an education, and they worry most about their children's health problems.

C. Context of ECD in Ethiopia

Just where the responsibilities lie in the planning and development of activities for ECD is a complex issue in Ethiopia. The Ministries that have the responsibilities to develop policies regarding the needs and rights of young children are the Ministry of Health, Ministry of Labour and Social Affairs and the Ministry of Education. According to the Ministry of Education the first modern pre-school in Ethiopia was started in 1908 by the French Embassy to cater for the children of workers on the Ethio-Djibouti railway in Dire Dawa. However there has always been great involvement of the Orthodox Church in education of young children in Ethiopia. Children aged 4-7 can go to the so called Priest school. These schools are also called kolo temari bet or kes temari bet. In the Priest schools as well as the Madrasas the children would learn about their religion, teachers use rote learning and corporal punishment is very common. Muslim families often send their

young children to Madrasas that are affiliated to the mosques. Before 1974 there were only 77 pre-schools in the whole country and most were located in cities. According to a study in 1995 the number of pre-schools had increased to 633 and the number of students to 64,665. The latest statistics are from 2004 when again there has been a major increase to 1,244 preschools, catering for 138,918 children. The majority of the pre-schools are still to be found in urban areas. The 1994 Education and Training Policy of the Government included pre-school education as the base for the subsequent levels of education. However the policy still considers pre-school education as something of a luxury when they state that this is a program that can be run by private investors and religious organizations. Advocacy efforts are needed to help the government understand that investments in ECD are perhaps the most cost-effective investments in human development that a country can make. "ECD is not a luxury item, an unaffordable add-on to the education or health system. It is perhaps the most necessary phase of all efforts to ensure the healthy growth, education and development of a nation" (from Positioning ECCD, Coordinators Notebook No. 28, 2004).

The role of the Ministry of Labour and Social Affairs is to initiate policies, carry out research, coordinate efforts of NGOs and provide technical assistance to regional bureaus and other agencies social services. As far as child welfare is concerned the policy of the Ministry has ten focus areas, all are about ECD ranging from implementation of international conventions such as CRC, to the expansion of day-care centres, pre-schools and other services. The Ministry has also published Ethiopia's National Plan of Action for Children which states: It is recognized that early childhood education and care are important for later learning and psychological development of the child. Pre-school education contributes towards the survival of the child in the education system. The coverage of pre-primary education (4-6) remains very low in Ethiopia (only 2% GER). The Government, the private sector, NGOs and the community at large are to work towards the improvement of the situation.

Ministry of Health.

Statistics from the Ministry of Health show that each year almost half a million children die before reaching the age of five. Ninety percent of mortality is caused by preventable causes such as pneumonia, malaria, diarrhoea, measles or neonatal causes. The Ministry does not have a specific education programme for families but the training department produces some materials on child health that are meant for mothers and caregivers.

D. NGO support and activities

Partners in ECD – International NGOs:

Other members of the Save the Children Alliance such as Save Norway have started ECD programs both centre based and home based in the Gondar and Debre Zeit areas. They work with 200 families on ECD and inclusive education. They also have a very large alternative basic education program in Amhara region reaching over 200,000 children.

Save Norway would be interested in experience sharing and developing a joint advocacy strategy on ECD.

CCF – Christian Children’s Fund started their operations in Ethiopia in 1972, originally through the Catholic mission and in 1985 established its own office in Addis. Its mission is to promote the wellbeing of disadvantaged children in various regions of Ethiopia. CCF programs focus on health, education and economic development. Area of operation is Amhara, Oromia and southern Nations, Nationalities and Peoples’ region as well as in Addis Ababa.

Field visit to CCF program in Metehara

CCF has been working in 3 kebeles in the Golan Area project for 9 years; there are 20 kebeles in the Fentale Woreda. The area is located 195 km from Addis in the middle of the Rift Valley. CCF operates a traditional sponsorship programme that has enrolled 1517 children of which 1332 are sponsored. The program components are Primary Health Care, ECCD and primary education, Agriculture and Food Security and Emergency Relief. We visited two community based ECD centres and one pre-school as well as the irrigation scheme. The ECD centres are meant for young children 2.5 to 5 years old before they go to pre-school and the program is build on a similar experience from Kenya (loipi program). Two mothers take turns in caring for about 23 children on a daily rotation basis. 23 mothers were trained in child care and looking after the children in the centre. They start by looking after the children’s personal hygiene making sure their faces and hands are washed. There are a lot of outdoor play materials all locally made which the children seemed to enjoy a lot. There is also a little hut where they can rest and take their snack (tea and bread). CCF provides this 3 days in the week and the community gives the children some food from home on the other two days. The centre has a local latrine, little shelter where children play and a washing area. The mothers said there was a big difference in the children since they joined the ECD centre. They were not shy anymore socialised with other children and performed better in pre-school. The centres were also helping the mothers ease their work load because now they had the morning to do other chores without having to worry about their children. Every six months there is de-worming and Vit. A distribution. Every 3 months there is growth monitoring and if children are found to be malnourished the family is given supplementary food plus cooking oil. It’s CCF staff (social workers) who carry out the growth monitoring (in the Kenya program this is now being done by the mothers themselves). In the pre-school there is a weekly session of story telling by grandparents (mainly grandfathers) and we suggested that this would be a good activity for the younger children as well. The pre-school teacher was well trained and used an indoor play room to observe the children to see if there were any socialisation or health problems. The classroom itself was set up in a formal way with benches in rows and we didn’t see much active learning, although we were told that the children do work in groups.

CCF Child Development Scale

The Child development scale is an interesting tool that helps parents and families to see if their children are on track with the developmental milestones. However, it seems that here it’s mainly used by the CCF social workers and mothers have not yet been trained on

using it. The local NGO Ratson that we visited in Debre Zeit is also using the child development scale and has developed a comprehensive database to monitor each child in their ECD program.

Local NGOs:

Addis Development Vision (ADV):

It is a local NGO that started in 1993 and was known as Voluntary Council for the handicapped. Its focus is community development with priority given to the disabled. They have pre-schools in Addis, Awassa and Lalibela. The teachers are using the Montessori method.

RADSON

We visited the RADSON ECD program in Debre Zeit. They have home-based and centre based programs run by the community. We found the founder of the organisation Moges Gorfe Ezeneh full of ideas and having very creative approaches to the sustainability of ECD programs. For example the community is supported to start IGAs such as horticulture, shops or silkworm production and the proceeds are meant to pay the caregivers salaries. RADSON actually build the shops that are now rented out to gain income. Another IGA is the renting of licence plates for the garis (horse drawn carts) that provides a steady income for the program. The home based centre that we visited was started by the mothers themselves after they had seen another centre started by RADSON; RADSON only provided the mats and some play materials everything else is organised by the mothers. We did notice that the caregivers needed more training on ECD especially because the children will stay the whole day in the centre (9-5) and there could be much more early stimulation activities (pre-numeracy and pre-literacy). We saw the children being fed with food that the mothers had provided. Moges is a great advocate for ECD and it would be a good idea to include RADSON in the plans for a joint ECD advocacy strategy for Ethiopia.

Strengths and Opportunities of the SC program, Recommendations for next steps:

Under normal circumstances, families and communities are experts in providing the best support system for their children, but when they are faced with poverty, disease, natural disasters, conflicts, or shifts in what their culture and society demands of its citizens, extra support is needed. With parents and caregivers as our partners, our ECD programs should see, listen to, respect and respond to the integrated cognitive, social, emotional and physical well-being that is a child's reality.

1. Integrated programming:

Current SC ECD program integration with Health and Water & Sanitation activities is an excellent example of how the team has considered children's comprehensive needs when designing programming. But an area that could be further examined is that of the socio-economic problems which affect children's quality of life – and keeps them out of school (child labour, etc...). Income generating projects for communities could provide the income families currently rely on their children to give. While community awareness-

raising on the importance of ECD is also critical to keeping children in ECD activities and school, if financial difficulties are extremely pressing, then even committed parents may find it challenging not to use their child's labour to fill the gap.

ECD is not only about preschools and ECD centres. It also includes parent education and involvement; links to health & nutrition services for children; activities for children ranging in age from 0 to 8; and other activities which either directly or indirectly affect the life experience of young children (such as economic opportunities, adult literacy programs, community and national ECD awareness raising campaigns, etc...). We recommend that EFO consider all aspects of the lives of the children participating in their programs to see where potential servicing gaps may be found and addressed. At present, Education staff seems to be divided according to funding sources. We recommend that monthly technical meetings be held for key education staff from each funding source (Sponsorship, BESO, LURIE, etc...) so that challenges, lessons learned, success stories, etc... can be shared among the wider team. Perhaps the incoming Education Advisor can be responsible for coordinating and chairing such meetings. Other specific suggestions related to comprehensive ECD programming follow.

2. OVCs and Special Needs Children:

More information and investigation is needed of the specific situation of children in our current and future communities. We were told that orphans are given priority to participate in the ECD programs. If so, how are we facing issues of stigma, addressing special needs, etc...? This also applies to disabled children. While we give all special needs children the opportunity to join our ECD centres, perhaps we need to be more proactive in seeking out such children in the community (i.e. conducting home visits and talking with parents about the importance of giving their children the chance to participate in ECD activities and school, no matter their situation).

What will happen with the High Risk Corridor children? While this program is phasing out and is not sustainable in its current form, EFO should not drop the children completely. Perhaps through local NGOs, under PC3, solutions can be found for continued, but different, support for these children, or at least inclusion in future OVC activities designed by PC3 partners. Education staff should also be involved with supporting the PC3 programs and working towards finding solutions on how to implement ECD in such difficult contexts.

3. Parent Education Sessions and Community Awareness Activities:

From conversations with parents, facilitators, and children, as well as through secondary data on literacy rates, it was clear that parent education deserves special attention in the ECD program. During interviews we heard that some parents are physically abusive towards children (above and beyond corporal punishment) and that most do not understand the purpose or value of children's play. Parent Education sessions which provide information and encourage parents' sharing of experiences around these and other issues, would be an important addition to the current program.

For this reason, we recommend that a concrete plan be made for Parent Education. For example, by including informal parent education mini-sessions during monthly meetings and/or through parenting discussion sessions these monthly meetings could be used as a platform for parents to discuss any parenting issues they would like. They could also be encouraged to try a new technique or to observe a certain developmental milestone that their child is passing through and report back on what they noticed or tried at the next month's meeting. The structure and specific topics for training should be planned in collaboration with the parents themselves. Parents should decide which topics they are most interested in discussing and learning more about, and information should recognize and respect parents' beliefs, knowledge, and resourcefulness used in raising their children, rather than being based on a "deficit model" i.e. what parents don't know. First ask what parents believe, know and do, and what their main priorities and concerns are. The parent training program should be built upon the findings from these questions (some of which have been asked and answered in preparing this situational analysis). During the parent meetings, it will be important to have someone documenting the conversations and impact of these parent discussions for program monitoring purposes as well as for our own program learning and strengthening in the future.

Another possible activity would be to produce an easily accessible Parent Education booklet for distribution to all parents for home use. Of course, such a resource would need to be tailored for both literate and illiterate parents.

Primary Education- EFO could also consider adding Parent Education sessions for parents of primary school students.

If roughly 50% of the ECD parents are illiterate then I believe a strong argument could be made to use CASP ECD funds for an adult literacy program which is tied to children's pre-literacy skills building. "Reading for Children" is a program which Save the Children is known for globally and involves adults reading to children, children reading to children, and storybook development. However, it began in Bangladesh as a REFLECT women's literacy program. Given the literacy rates in Ethiopia, and in the impact areas where we work, adapting an adult literacy / child-linked version of Reading for Children would be beneficial to adults and children. We can provide additional information about Reading for Children, as well as a descriptive study of the Bangladesh program for reference.

Home Visits should also be remembered as a possible program intervention. It is important for the ECD facilitator to visit his/her students at home and to create strong links with children's parents and family. In addition to this a home visiting program could be considered for working with hard-to-reach young children.

4. Involving children under 4 years old:

As mentioned above, the globally recognized ECD age range is 0-8 years old. While Save the Children US primarily at present tends to focus on 4-6 year olds, we plan to widen and deepen our global ECD programs to cover 0-8 year olds in the future, and have already begun reaching 6-8 through our transitions into primary school programs.

In some countries we also reach 0-3 year olds through Parent Education. The CASP ECD module will be rewritten this year to reflect these changes. In the meantime, let's think and work together from now to see how EFO might include younger children in its ECD programming. We saw a fine example this week of CCF's ECD centres for 2½ to 5 year olds which could be adapted in our impact areas.

5. Active, Play-based curriculum and environment:

Even though the Save supported community schools are providing a much more active, child-friendly environment than formal government schools, we still feel this area could be strengthened. We recommend the team think about how certain activities, and even the environment, could be improved in its active, play-based approach. For example:

How many opportunities do children have to express their own thoughts, ideas and opinions to the facilitator and the rest of the class? Circle time could be incorporated into the daily schedule. This would be a time for children to sit together when they first come to school, to share any news, information, concerns or any other comment they may choose to tell the rest of the group. Circle times are especially effective in building social, emotional and verbal skills.

Other new concepts to consider teaching children in ECD Centres are: issues around children's rights and critical thinking skills. During circle times and other periods in the day, children's thoughts and opinions can be encouraged around issues such as justice, rights, coping with difficult circumstances, etc... These activities do not have to wait for primary school.

Also consider the idea of setting up various "corners" around the classroom for children to enjoy "free play". Free play is a period of time when children choose where and what they will play with, and for how long (within a given time period). Examples of free play corners are: Art & Drawing, Water & Sand play, Home play, Books, Writing Area, Puzzles and Games Area, Blocks, etc... During the free play period the ECD facilitator should move around the room, gently guiding and/or supporting children's play and observing their actions and interests. I can provide much more information via e-mail on this topic if desired.

Consider the schedule of the day and how it fits with children's natural rhythms – usually it is recommended to have a quiet beginning such as circle time, then an active play period, followed by a quiet period, then another active period, and so on. At this age children should be free to move around for several periods during the day, and during focused, small or whole group periods, should still have opportunities to manipulate items or engage with the materials or theme being led by the teacher.

Play items and learning materials for the ECD centre can be made by facilitators during their pre-service training. Each item should be examined and reflected upon for its learning purpose and the opportunity it offers to be used as a tool for facilitators to build the learning of their students.

6. Pre-numeracy and pre-literacy skills building:

Play-based, age appropriate pre-numeracy and pre-literacy activities for children in the ECD centres could be strengthened. Information has been shared with the team on pre-numeracy and pre-literacy for further reflection. The level of print found in ECD centres could also be increased along with the use and appearance of children's names. Flexibility and fun should be stressed if using pre-literacy workbooks with children. The Reading for Children program could be a lively and educational addition to the current curriculum. Developing age-appropriate storybooks for children based on local folktales or night time fire tales traditionally told by grandparents, might be a way to actively engage the whole community in developing children's pre-literacy skills. Adult literacy skills can also be tied to such a program, as mentioned under point three above.

The team explained that ECD facilitators are often pressured by parents to teach the alphabet and math skills to children in ways that may not be age appropriate. For example, teaching children to count to one thousand is not appropriate at this age. During our visit to the ECD centre we observed a block with a thousand dots being used for this purpose. We also saw a number addition board for adding sums that are too advanced for 4-6 year olds. Smaller numbers will be more meaningful to this age group and preschool should be a time when the foundations of mathematics are not built, not memorization of numbers up to 1,000. Perhaps we can work together to develop quick, one-page reference guides for facilitators to use when they are talking with parents about what is developmentally appropriate and most effective for teaching literacy and numeracy to this age group. This information should also be highlighted in the new parent education sessions and tied to examples of how parents can support their children's pre-literacy and pre-numeracy skills at home.

6. Advocacy Strategic and Implementation Plan:

We recommend making a strategic implementation plan for ECD Advocacy efforts.

- SC Norway, CCF, and the local NGO, Ratson, are also interested in joining together to advocate for more and higher quality services for young children, and UNESCO has formed an ECD advocacy group that we should join. UNICEF would be another potential partner for country-wide ECD network as exists in different African countries.
- As far as time and resources will permit, attend professional development workshops and introduce community ECD facilitators to these groups for their own professional development and confidence building. The Education Office in DC is in touch with the ECCD network in the USA (National Association for the Education of Young Children) and they are interested in learning more and being in contact with similar associations around the world.

7. Sustainability Plan – Scaling up while Sustaining Quality:

Cost per child analysis and cost of program items were discussed and further reflection is needed on how the current ECD program budget can be sustained and scaled up. Perhaps costs could be lowered and opportunities for scaling up increased through measures such as providing playgrounds made of locally available materials (such as CCF) rather than

steel. During our meeting with Ratson, many other ideas were shared for income generation projects which can be used to sustain ECD activities while also supporting community income. These ideas should be discussed with the team and used for further reflection.

We recommend the team engages in a strategic visioning and planning exercise for ECD programming. Key questions to be asked are given below.

Key questions:

- What is Ethiopia Field Office's (EFO) vision of coverage and quality of ECD programs over the next 10 years?
- How many children need our services?
- Are we reaching the neediest children?
- How many children will we try to reach? For the children EFO is working with in the impact areas, in other parts of Ethiopia?
- What does EFO want to accomplish for young children in Ethiopia?
- What are the steps EFO needs to take to see this happen?
- What is the most cost-effective way to make this happen?
- Who will EFO partner with to make this vision a reality? (e.g. communities, government, NGOs, CBOs, etc...?)
- What is our strategy for long term sustainability of quality services?
- How will we know when we have achieved it?

Points to consider during this process:

- Training, documentation and guidelines/manuals, financial systems to put in place, low cost and effective materials developed,
- Global Home Office ECD framework and indicators
- Professional Development opportunities for Education staff (especially Tigist since she is responsible for ECD) and local partners (such as visiting other NGO sites and participating in their trainings, visiting other Field Offices, Tigist taking a regional ECD course in Kenya or South Africa)
- Once services are well established and community owned, scale back SC support so that we can move on to another community.

For future planning:

What are the key features of reduced support?

- what do our partners still need from us?
- how often do they need it/do we visit them?
- what standards must they meet for us to believe that the quality meets SC standards?
- what are the costs and benefits of the inputs they need?
- how will we test our model of sustainability?
- what monitoring information do we need?

Some preliminary questions:

Consider all costs. For what is money being spent (compare amounts and % of line items)?

How much do we spend per child and per centre in each case?

Are there other ways we could support them?

Cost per child in the Woliso Program:

Classroom construction	3,700 USD
Playground materials	1,332 USD
Education materials	209 USD
ECD materials	100 USD
facilitators training	124 USD
Refresher training	60 USD
Exchange visit	30 USD
Facilitators fee (2)	277 USD
Total for 80 children = 73 USD per child	5,832 USD

Note: these costs don't take into account that the classroom and playground material will last for a number of years and therefore benefit more children.

General Overview

Using the CASP Situation Analysis methodology, Save the Children's team investigated opportunities for community involvement in ECD. The team found various programs and activities in place upon which to build and/or coordinate future interventions in ECD for Save the Children's program. Based on the team's findings, specific recommendations are proposed in each of the identified areas. (see recommendation for next steps above)

NEED

- What are the most significant unmet development needs of children (0-8) in the community according to key informants and secondary sources? Cite sources. According to the focus group discussions and backed up by secondary data, the most important needs are access to health services, clean water and sanitation as well safe places for young children to play and learn.
- What are the most important health and nutrition problems in the 0-8 year-old group? The health service in Woliso is very low with only 38% of the population having access to health services. There is only one Catholic hospital, one health centre, 3 health stations and one health post for the entire district. The most common diseases are mentioned as: ARI, diarrhoea, intestinal parasites, typhoid and malaria. Children are usually breast fed until they are two years old, at 4 months they will get mashed potatoes, boiled egg, cow's or goat milk if available. When they are 8 months they are expected to be able to eat the same food as adults do. The staple diet is enset (false banana) with Ethiopia kale. The practice of consuming vegetables and fruits is almost non-existent and limited to a few vegetables such as kale, green pepper and potato which are seasonal.
- What are common child-rearing attitudes and practices? (e.g. is it common to encourage children to eat, to engage them in structured play, to discipline verbally vs.

physically?) Most mothers give birth at home with the assistance of a traditional birth attendant (TBA) TBAs are trained by the government. Traditionally new mothers should stay at home for 40 days and are given nutritious porridge (genfo) and soup. Female relatives will take care of the mother. However because of poverty, women will start their daily chores soon after giving birth. Children often eat separate from adults. Children usually play amongst themselves, there is hardly any adult-child play time and children are disciplined physically as well as verbally. Some children expressed fear of their fathers and all were afraid of being punished. Grandmothers play an important role in child rearing (washing, caring, clothing teaching children skills and sharing their experience with the mothers)

- What is the malnutrition and/or morbidity rate among 3-5 year olds? National statistics on under five mortality vary from 114/1000 to 233/1000 and the level of malnutrition is significant with more than one in two Ethiopian under five years of age being stunted (short for their age), 11% wasted (thin for their age) and 47% underweight.
- What are the poverty indicators in the impact area (e.g. cite employment statistics, literacy rate, access to safe drinking water, etc.)? Access to safe drinking water in Woliso is very low at 7%. Literacy rates in the communities we visited are also extremely low ranging from 3 to 10%. In all areas women's literacy was lower than men's. Formal employment opportunities are very limited and the majority of the population (including the children) is engaged in subsistence farming (agriculture and grazing)
- Are structured play or educational activities available for local children ages 4-6? If so, describe these activities. (Include teacher or caregiver/student ratio, content, quality of facilities, etc.) The only structured play and education facilities available are the ones provided by the SC ECD program. The child-teacher ratio is 40-1, the content is general pre-school content but health and sanitation messages are given through the SHN program.
- What is the enrolment rate in local primary schools? How does this rate compare with the rates in other regions of the country, in the country as a whole, and in neighbouring countries? How is the rate explained? How does it break down according to gender? The enrolment rates in Ethiopia are low, with about one third of the children who should be in school not attending. The regional average for Oromia region is 51% (PE baseline Woliso, 2004). On average more boys than girls are in school, 57% and 43% respectively in Woliso.

CONTEXT

- How do parents and caregivers rank the needs of their 0-8 year old children? Where do nutrition, growth, intellectual and social development fall on their list of priorities? In all focus group discussions health and water and sanitation issues came up as major concerns, closely followed by education. When we asked about the benefits of ECD, socialisation and better performance in primary school were often mentioned.

Does SC support projects for young children or for their parents in either health or education in the impact areas? If so, which projects? Which elements of these projects have been effective and which have not? The Woliso sponsorship program is using an

integrated and holistic approach, starting from pre-school (age 4-6) to Primary (age 7-14) and integrating school health and nutrition activities such as de-worming, Vit. A distribution, clean water and school gardens. There are 3 core programs that are in the implementation stage:

- Early Childhood Development
- Primary Education
- School Health and Nutrition

Adolescent Development and HIV/AIDS have started this year and baseline surveys have taken place. The sponsorship program has an annual budget of over \$1,000,000 and is currently expanding into two new geographical areas (Dendi and Tigray) as well as in program sectors such as the new activities in AD and HIV/AIDS and the support to government schools and a Teacher Training Institute in the district. Especially the ECD and PE programs have been effective, improving the transition from home to school, improving children's performance in grade 1 (according to the teachers) and accelerating PE in such a way that children from the community school grade 3 can join the government school in grade 5. SHN has also been very effective in improving the children's health status. It might be too early to say whether the AD and HIV/AIDS programs are effective.

- What other health and/or educational initiatives exist in the impact areas? Which aspects of these projects have been most effective in meeting their stated goals? Do they relate to ECD (how)? In the Woliso impact area SC is the main player in education and health especially in the rural area, but there is also the Catholic church that operates some pre-schools in urban settings.
- Are there already existing—and effective according to documents and interviews with key informants—ECD projects for children or parents (home-based or centre-based) in the impact area? Which specific aspects of these projects seem to have been most effective at addressing the physical, cognitive and social needs of children between the ages of 0-8? Not in the impact area but there are good examples of community based ECD programs, implemented by CCF and SC-Norway as well as by the local NGOs, ADV and RADSON. It would be a good idea to work together with these partner organisations on developing a joint advocacy strategy for ECD in Ethiopia.

CAPACITY

- Do parents participate formally in ECD activities, either at home or in a centre? If so, what do they do? For example, childcare (watch children), assist teachers in structured activities, lead activities with 3-5 year-olds, participate in parent nutrition education projects, participate in supplemental feeding or growth monitoring projects, etc. Are they interested in working with SC? In Woliso the SC program is the only structured ECD program and parents have certainly expressed interest in working with SC. The community has made significant contributions to the program for example the 10,000 Birr they collect as part of their contribution to the community school.
- Do community volunteers participate formally in ECD activities? If so, what do they do (see previous question) and how is their performance monitored? The ECD facilitators are not really volunteers because they do receive a monthly payment (200

Birr) from SC. The PTA members provide labour, monitor enrolment and are involved in income generation activities for the school.

- What kind of training have volunteers had (e.g. for how long; pre-service, in-service; SC, government; greater emphasis on children's physical or social/intellectual development) and how are the results of the training measured? The facilitators receive two week training by SC and refresher training of 4 to 5 days. They also receive formal pre-school training of three months run by a private institution St. Joseph in Addis. The results are measured by regular supervisory visits by the ECD coordinator and the Education coordinators.
- Are there local partners with ECD expertise and experience? Specify who and what. Does SC currently work with them? Explain the relationship. RADSON and ADV are local partners. RADSON is supported by SC Norway and CCF and ADV by SC-US
- Do officials in the ministries of education and health demonstrate awareness of early childhood development issues? (i.e. how do they define ECD? How do they describe ECD needs?) At which level of the administration? Are there any national policies regarding health interventions or educational activities for 3-5 year-olds? The 1994 Education and Training Policy of the Government included pre-school education as the base for the subsequent levels of education. However the policy still considers pre-school education as something of a luxury when they state that this is a program that can be run by private investors and religious organizations. Advocacy efforts are needed to help the government understand that investments in ECD are perhaps the most cost-effective investments in human development that a country can make. "ECD is not a luxury item, an unaffordable add-on to the education or health system. It is perhaps the most necessary phase of all efforts to ensure the healthy growth, education and development of a nation" (from Positioning ECCD, Coordinators Notebook No. 28, 2004).
- Does SC have the capacity (staff at the country or regional level) to support health interventions or educational activities for 3-5 year-olds? What/who specifically? If not, what additional resources are needed? SC has an excellent team both in Woliso and in Addis that has the capacity to carry out a community based integrated ECD program for children aged 0-8. Additional TA from Area and Home Office will be needed and we recommend increased staff capacity building on ECD e.g. By exploring regional courses for Tigist in Kenya or South Africa. The next planned Education PLG will focus on ECD and will be another good learning and sharing opportunity.

COMMUNITY PERCEPTIONS

- What concerns do community members have for their children's physical, social and intellectual development? The main concerns are around access to health, clean water and education services.
- Based on experience to date, what has been the reaction from the community to the early childhood development activities (e.g. structured activities for 4-6 year-olds, supplemental feeding, nutrition education programs for parents, etc.)? The community is very pleased with the ECD classes and is requesting the program to be

expanded. We feel that parents could really benefit from a parent education program (see issues such as corporal punishment) and that the ECD program could be broadened to include the full age range of 0-8 year old children.

- Has there been community support for early childhood development activities? What kind of support? (e.g. community leaders and/or parents participating in planning and designing projects, awareness raising meetings organized by and for community members, community leaders and/or parents advocating to local government officials for increased financing for ECD activities for 0-8 year-olds, etc.) There has been a lot of community mobilisation activities and the community contribution to the program is 10%. More advocacy needs to be done with local and national government to put ECD higher on the agenda.
- Is there community resistance to projects that target the health and educational needs of 0-8 year-olds? How is it manifested and why? There has been no resistance to the ECD or community school programs but some parents are still unwilling to send their children because they need their labour.

Conclusion

The primary challenge for Ethiopia in ECD is to convince all stakeholders of the importance of ECD as the foundation of human development. Many children, especially girls, do not have access to primary school. The primary reasons are economic – the direct and opportunity costs – of schooling but socio-cultural attitudes and beliefs about gender roles also keep more girls at home, looking after children, fetching water, etc. The government is concerned about EFA and focuses on access to primary education only, leaving ECD to NGOs and the private sector. However the first goal of EFA is: “Expansion of early childhood care and developmental activities for poor, disadvantaged and disabled children”. As the existing pre-school models run by private organizations and individuals are too expensive and therefore inaccessible to the majority of Ethiopians, there is need to develop an alternative approach to reach the most disadvantaged children. Quality early childhood and family education is possible and feasible without making it unnecessarily expensive and unsustainable by the communities.

Recommendations for Next Steps (summarized from Strengths and Opportunities)

- 1. Continue Integrated programming**
- 2. Focus on OVC and Special Needs children**
- 3. Explore possibilities for parent education or link with adult literacy (Reading for Children)**
- 4. Use an active play based curriculum**
- 5. emphasise pre-numeracy and pre-literacy skills in the ECD classes**
- 6. Develop a joint advocacy plan for ECD in Ethiopia with partners**
- 7. Develop a sustainability plan**

Annex A:

Findings from the Situation Analysis

18/08/05 Focus group interview children in Chancho Soyoma:

Tigist Gemechu and I sat under a tree with about 20 children ranging in age from 4 to 12 and asked them questions about their daily lives, fears & hopes, what made them happy and unhappy, and who they turned to for help when they needed it.

They told us about their typical daily schedule. Younger children said their schedule is as follows:

1. Families prepare bread
2. Eat breakfast
3. Go to school, enjoy school, and get an education
4. Eat lunch
5. Do various chores
 - For girls and boys: collecting firewood, looking after goats
 - For boys: helping fathers plough by stamping soil with their feet after he ploughs
 - For girls: sweeping, fetching water, making coffee or tea, plastering the floor with cow dung
6. Play with friends
7. Do more chores from those listed above
8. Eat Injera around 9 PM (they said they eat three times per day)
9. About twice per week grandparents, parents, and/or extended family may tell stories around the fire
10. Go to bed

The daily schedule for older girls (age 10-14 years) is as follows:

1. Make coffee for parents
2. Eat breakfast
3. Clean and sweep the house
4. Collect cow dung from the stable
5. Collect firewood
6. Fetch water from a hand dug well
7. Eat lunch
8. Go to school
9. Fetch water again
10. Collect materials like firewood or others to bring into the compound
11. Make a fire
12. Help mother make dinner
13. Eat dinner (around 10 PM – they eat three times per day, bread, kita, and injera with wat)
14. Read textbook / exercise books – using a candle to see
15. About twice per week grandparents, parents, and/or extended family may tell stories around the fire
16. Sleep

On the weekend (Saturday and Sunday) children may vary the schedules above by playing a little more than usual, telling stories and riddles, helping their parents carry items from the market, washing clothes, performing farming activities, taking a bath, girls braid their hair, boys cut their hair, and children also perform their regular daily chores listed above.

Children named malaria and stomach aches as what makes them sick, and said they take medicine from the health post or traditional herbs. They gave examples of the way parents take care of them when they are sick such as one boy who said his mom prepares bread for him, and a girl who said her parents take her to the health post to get medicine.

When we asked what they were afraid of, the first response several children gave was that they were scared of their fathers, who they described as very reserved and only talking to them most of the time about their mistakes. They said they were not close enough to discuss things with their fathers. Other things children were afraid of were dogs, snakes and foxes. One of the youngest boys said he worries while he looks after his goats that he will face a fox who will try to get his goats. He said if that were to happen he would run away to his house for safety. Several older girls said they were afraid when they collect firewood that a hyena might be hiding in the bushes, and attack them.

The entire group agreed that their parents help them the most. But when we asked who they go to when they have a problem, they also named teachers and siblings, along with parents. Their favourite people to be with range from school friends who they play, talk, and learn with; older brothers who they play and talk with; older sisters who they discuss problems with and get help solving them, as well as homework help; and friends of the same age who do not go to their school.

We asked some of the older boys what indicators of poverty were. They said “health problems; HIV/AIDS (and knew that AIDS is transmitted through unsafe materials and unsafe sexual practices); lack of education; and lack of balanced diet”. One boy mentioned that he knew what a balanced diet consisted of because of the weekly School Health and Nutrition sessions at his school, and that he helps his family eat a balanced diet by collecting vegetables and fruit, and by taking vitamins as needed. The older children said they had noticed a difference between the children who had been to ECD classes and those who had entered primary school without any ECD experience. They said the ECD children have better understanding of math, English, and environmental health subjects and are strong learners. Reflecting back on their own experience of starting in Grade 1 without ECD experience, they said they were afraid of the teacher and the other children, but that after they had been there for a few months they became more comfortable (like a family).

We asked the group what makes children happy. They said, “to have things; to love; not fighting or making conflict; being well-fed; clothes; being comfortable; when parents take care of children by giving them meals, clothes, cutting their hair, cleaning their bodies, and performing traditional activities such as massages to build healthy, strong muscles; when they get a new textbook or exercise book; and when they work hard to reach their dreams”. The things that make children unhappy are when they are sick and hungry, and when parents kick and shout at them.

Their favourite things to do, which also make them happy, are collecting grass and feeding it to small animals; helping their fathers to plough; playing; playing in the playground; playing soccer; going to school; learning in school and getting an education; seeing friends; and writing and reading (because it “helps me to know new things, to understand what’s in a text, and new information”).

Some of their dreams for the future are to be a teacher, to be a doctor, to work, and to be a farmer. (The most popular answer was “to be a teacher”). One child also mentioned that he would be very happy when a health post was constructed in the compound. An older boy said he hoped for additional classrooms to be built onto the community school, so that when children finish Grade 3 they will not have to walk to the formal school for two hours – they could just continue primary education at the community school.

The school caretaker (paid by the community) said they now take only 40 new ECD children each year, but are talking with PTA members about making another space for an additional 30 children. The community tried to provide space for extra ECD children last year outside, under a shed, but it wasn’t comfortable and so the extra class ended. He thought the idea should be tried again in the future and said that the classroom materials could be shared between the regular and extra classes depending on the subject each was studying and what each ECD facilitator had planned for that day. His major concern was how the extra class would function without furniture, since there was not extra furniture to place in a new class. He too had noticed a difference in the ECD children, saying they

had developed a talent for Grade 1 and 2, and rank well in comparison with other competitive students.

18/08/05 Focus group interview women in Chancho Soyoma:

Temima Merdessa
Negri Guluma
Geta Regsa
Meka Juhar

None of the women have gone to school but some can write their name. They consider education important and when asked how children are selected to participate in the ECD program they answered that the parents decided to send them. However there were some parents that prefer to keep their children at home because they need their labour. Both parents decide on children's schooling. Mothers are the main caregivers of young children but fathers, siblings and grandmothers were also mentioned. Mothers have many household chores and will ask their daughters to help, only if there is no girl in the household will an older boy be asked to care for younger siblings. When asked if they had to choose to buy shoes for a boy or a girl the women would choose the boy (because he needs to leave the village) but would try to treat their children equally as much as possible. The women found that 0-3 children are a lot of work, they need feeding, washing, caring. Immunization is available and mothers breastfeed for about two years some times longer. At 4 months the child is given milk, porridge and at 8 months they are given the same food as adults in the community. The main concerns for 4-6 year olds are sickness and before the community school started the distance to school. When children are sick the mothers use local remedies, salt, lemon and herbs. Children do work: fetching wood (boys) fetching water (girls) and looking after the cattle (both). The women found that 7-8 age year olds are less work, they are more independent, can play on their own. This age group also does a lot of work: girls; cleaning, washing, taking care of younger siblings, going to the market or grinding flour. The boys mainly tend cattle and do agricultural work.

Their main hopes for the children are that they learn well and help their parents. They want to invest in education. The main characteristics that parents like in their children are: respect, patience, hard working, ambitious. They said that they would like their children to speak freely in public even though they themselves were not brought up that way. (They were told to be silent and even hide from adults) Interestingly, the women found that girls should be patient, tolerant and accept their husband's behaviour. When asked what would make children happy they started with material things such as clothes and shoes but agreed that love, affection and encouragement are very important for children. They also said that play helps children grow. Discipline was also mentioned as important. When asked what makes children unhappy they said, sickness, no clothes, no food and denial to go to school. Children like school because they play, meet friends and learn to think about their future.

The women were aware of HIV/AIDS and knew some ways of transmission (sex, needles, syringe) However there were also some misconceptions e.g. one woman thought that kissing was a way of transmission and that a healthy looking person could not have

HIV. The other women corrected her. They knew about orphans in the community and that they received some support by the government HIV/AIDS secretariat (very small 120 Birr once a year). The community does not have organized support for child headed households. Pre and Primary school is important for orphans. The transition from home to school is made easier by the ECD program. The children have no problems because they have already learned many skills in pre-school.

18/08/05 Focus group discussion men in Chancho Soyoma

Jemel Gadisa
Mohammed Hadiro
Talga Ahmeda
Mohammed Dhisu
Liki Osman

Many people in the community are illiterate, out of the 5 participants, 3 were literate and 2 were not. Children that are 4-6 years old, are selected to participate in ECD by the PTA, there is a maximum of 40 children so if more children are coming the older ones get preference and the younger ones are told to come back next year. The community is now planning to construct an additional ECD class and to hire an ECD co-facilitator. There is a big difference between the children that have been to the ECD program and those who have not. ECD children are very active; they can read, write, count numbers and sing songs. They know about proper hygiene, washing their hands, face and keeping their clothes clean. When they join grade one, they can easily understand everything. There is a lot of awareness of HIV/AIDS in the community (through media, students, and Woreda meetings). They know about transmission (unprotected sex, multiple use razor blades, knife, giving or taking blood that is not examined). They mentioned that they can avoid HIV by being faithful and that nowadays when their daughters get married the family asks for a blood test before the wedding can take place. There are orphans in the community (about 12); some of them are attending the community school. The government provides them with a small amount of money (120 Birr a year) which can be used for exercise books, pencils etc. They are living with relatives and there is no structured support from the community. The ECD program is beneficial to children because they can play with their peers, learn how to count, read, sing songs etc. When they join grade 1 it is easier for them, the school environment is not new for them. The facilitators are friendly with the students, all come from the community and the children talk freely with them. When asked who takes decisions about children in the household the men answered that decisions are taken by both mother and father but that the fathers dominate in their decision making. The father tells the boys what to do and the mother the girls. Young children are mainly the mother's responsibility. 0-3 the mother breast feeds, washes, clothing etc. 4-6 also the mother, preparing food and taking care, the father may wash the child or take him to the clinic when he is sick. When the mother has a new baby, the father helps in taking care of the 4-6 year olds. When children reach 7 or 8 they become independent and strong, there is not much support from the family and the child will go to school. After school children help the family by looking after cows, oxen, sheep (boys) and helping the mother in the house (girls). The fathers hopes for their

children centered around education. They would even like to see ECD services for the 0-3, more 4-6 year olds should go to the ECD classes and all 7-8 year olds should join primary school. According to the fathers children should:

- Love their parents
- Need care and protection
- Play and recreation
- Like fun and music

Before they start going to school children can play games, compete with each other and ask questions in the family. Children are unhappy if they are denied schooling, have health problems, get punished or are afraid. Children are happy when they can compete with their peers, get encouragement, appreciation, praise, proper food and clothing. Children often want to become a facilitator themselves (the facilitator is a role model in the community). Children do come to the facilitators when they are worried about something, but parents have the responsibility to help their children with problems.

Children are unhappy if there is a problem in the home, economic problems, health problems, no food, if they have to walk long distances, if there is punishment and if there are no learning materials at school. They are happy if they can learn, have clothes, have time for playing and if instead of punished they are being advised. The fathers were aware that children prefer to be with their mothers and said that they themselves often order children to do chores (because of the hard work that is needed). They feel it is important for children to be happy because, they will learn better in school, have good results and a successful life.

Focus group discussion female facilitators 19/08/05

Less than 10% of the community is literate; the facilitators are 10th or 12th grade school leavers themselves. Children for the ECD class are selected through an announcement by the PTA, the one who come first are registered, when there are too many children, preference is given to the older ones, so a five year old would be accepted and the 4 year old would be told to wait until next year. There is a maximum of 40 children per class. The parents are willing to send their children to the ECD class. There is a big difference between children that benefited from the ECD program and those who go to grade 1 straight from home: the ECD children are not afraid to ask questions, they express their needs, they participate well and they perform better. Children who come straight from home are afraid to participate because traditionally they are not allowed to speak in front of adults, they are shy and some of the older children who missed out on education don't want to be together with the younger ones. There are girls clubs who try to raise awareness that even older girls can go back to school. It's mainly the fathers who make the decisions about whether children go to school or not but sometimes mothers are also reluctant to send their daughters because they need them at home for domestic chores or looking after younger siblings. The mothers have the main responsibility to look after young children but older siblings, grandmothers and fathers also help. The main concerns for 0-3 are: feeding, health, sanitation, clean water, for 4-6 it is the same but play and pre-school education becomes also important for the 7-8 year olds play and education are the

main concerns. Most parents hope that through better education their children will have a better life. According to the facilitators the most important characteristics for children to have are: willingness to perform well in school, obedience, honesty and transparency. Before children start school they should already have learned to respect adults, willingness to work, personal hygiene and how to eat properly. Children are happy when they can play with their friends, do games and have access to education. They like to be with their mother, father and friends. They are unhappy when they are hungry, have no clothes and are denied access to education. The facilitators were aware of HIV/AIDS; they know how HIV is transmitted. There are orphans in the community they are supported by their relatives and receive a very small support from government. The community does not have any organized support for orphans. They have not come across discrimination of orphans in their schools. Some concerns from the facilitators were that although the community schools have clean water, some communities have not so children will still get sick when they use the water at home. Also the limited access to health services was seen as a major problem in the community.

19/08/05 Focus group discussion male facilitators.

The facilitators explained how the selection of children for the ECD program was done.

- Selection based on ages and they prioritize and give chance for children to enrol in the school in the following order i.e. 6, 5 and 4. (first for 6, and then for 5 and finally for 4 years of ages)
- The other criterion is gender. They give more chance to girls than boys.
- Selection based on families' economic capacity. Those families who have the capacity to send their children in other schools are encourage to send them there and those who don't have the capacity will get a chance to enrol in the ECD program of SC/US.

Those children who attended the ECD program:

- know the alphabet, their facilitators and school
- Have confidence in themselves.
- Participate well with their friends in the class.
- Have better hygiene
- Respect and are very close to their facilitators.
- Take good care of their textbooks and exercise books.
- On average scored 80% in schools results
- Ask more questions and are eager to know
- Have more speaking ability.
- They will not absent from classes
- Are more disciplined
- Respect guests

Negative Sides of children that attended ECD:

- They give more focus for playing at grade one. This is because when they were in ECD, they will learn by playing and they had much time for playing than learning.

- Dislike staying for a long period of time in one class.
- More likely to be taught using songs and interactive ways.
- There is a lot of awareness of HIV/AIDS in the community. Facilitators mentioned incidents in their respective villages that mainly grand parents take the whole responsibilities in taking care of children who lost their parents due to HIV/AIDS. They said they did not feel stigma was too much of a problem since most of the community feels compassion for these orphaned children. However, one facilitator did mention a specific case where parents expressed concern over their children catching the disease from a girl in their class who was HIV positive and had various skin problems. After the teacher explained that the disease can not be transmitted through skin to skin contact, the parents were more relaxed.
- According to the facilitators, children who have not had ECD experience are not selective and creative and just swallow everything that is given by the facilitators. The facilitators said this was a negative thing because they prefer children to question and think for themselves.
- They are shy and stayed long period of time inside the class during outdoor play time due to fear of socializing with their new peers whom they do not yet know.
- With regards to school selection and attendance for children, the facilitators said the father decides in the family. The mothers' decision mainly is limited to what kind of food to eat, hygiene and household activities to be done by children at home. In fact, most decisions in the life of the community are handled by men / fathers. Mothers usually only have say in the specific decisions mentioned above.
- According to the facilitators, mothers, grand parents, elders, home servants mainly took the responsibility to take care of children.

For 0 -3, the parents major concerns are:

- Enough food and milk
- Able to speak the parents' language
- Able to walk

For 4-6, their major concerns are:

- Well attending the traditional schools and ECD Classes.
- Teach their kids at home to speak the local language
- To see their kids are better than others in terms of clothing and schools performance and results.

For 7-8, their major concerns are:

- To attend school well and being effective in their school achievements.
- To see they are helped by their kids

According to the facilitators, important characteristics for children to have are:

- Being active and effective in their education
- Being free, outgoing, creative, social and expressive

- Being responsible
- Respect their elders
- Having a positive attitude about the future
- Having goals and able to see the future/visionary/

The most important things that children have to learn after they enrol in school are:

- About the school, its purpose, rules and procedure
- Safety rules in coming and going from home to school and visa versa.
- Social life
- School time table / schedule
- Alphabet

The first thing the facilitators mentioned when asked about sources of anxiety about children was the culture. In the community children are not encourage to speak in front of their elders. Besides, there are some community sayings which could be the sources of children anxiety. Reasons for Primary Education drop out:

- Economic problem – parents’ economic problem to send children and the need for them to work instead of going to school (such as in watching cattle, watching young children, etc...)
- Health problem –
- Schools distance-
- Family’s educational status - This is to say those families who are literate like their children not to drop out from schools and want to continue their education and illiterate families don’t.
- Early marriage
- Lose of hope on the existing education system and the employment situation
- Seasonal problems and demands for child labour during harvest season.

Ways of disciple: By Age: For 0-3 ages, the families threaten young children if they misbehave. For 4 -6 ages, the families threaten children and use corporal punishment. E.g. beating them with a stick on the back of the legs and buttocks. **By kicking them**, insulting them

For 7-8 ages, the families threaten children using corporal punishment. By beating them with a stick on the back of the legs and buttocks. **By kicking them** but they also advise them or insult them.

All facilitators responded that families do not considered children playing as an important part of their lives. Thus, they consider playing as unnecessarily spending time. They taught by playing with their friends they will develop bad and unacceptable behaviours, Establish bad friends. Families fear that conflict might arise while children are playing.

Annex B: Questions for focus group discussions:

1. What is the adult literacy rate in the community? How many of you are literate (in the focus group)
2. Can you tell us how children are selected for the ECD program? Criteria?
3. Can you tell us the difference between children who are benefiting from the SC ECD program and those who are not benefiting?
4. Is the community aware of HIV/AIDS, what about transmission, prevention etc?
5. Who is taking care of children who lost their parents due to HIV/AIDS?
6. What kind of support does the community provide to orphans?
7. Are there problems when children move from home to the ECD class?
8. Transition problems home to primary?
9. Transition ECD to Primary?
10. Who makes decisions about children in the family?
11. Who is responsible for taking care of children?
12. What are the major concerns parents have about their children: 0-3,4-6,7-8
13. What hopes do parents have for their children; 0-3,4-6,7-8
14. What are the most important characteristics children should have (boys, girls)
15. What are important things that children should learn before they start school?
16. What are the main sources of anxiety about children
17. Questions for children: what are their concerns about their life?
18. What are their hopes for the future?
19. What do they need to know before starting school?
20. What are children's responsibilities in and outside the home?
21. Who do they talk to when they are worried?
22. For all: What makes children happy?
23. What makes children unhappy?
24. What do children like to do?
25. Who do they like to be with and why?
26. Is it important for children to be happy and why?

Annex C: References

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