

Nurturing Care to Improve Early Childhood Development:

Ethiopia Country Profile

Introducing Nurturing Care

Research indicates that poverty, poor health, nutrition, and other adversities threaten 43 percent of children under five years of age in low- and middle-income countries, preventing them from reaching their developmental potential (Black et al. 2016). In Ethiopia, 66 percent of children under five years of age are at risk of poor development based on a composite indicator of stunting, extreme poverty, or both (Lu et al. 2016).

The U.S. Agency for International Development (USAID) recognizes early childhood as a critical stage of human development. Children’s early experiences directly affect their physical, cognitive, emotional, and social development, with a lasting impact on later success in school and life (Georgieff et al. 2018). The first 1,000 days—from pregnancy to age two years are the foundation for lifelong learning and development. The brain develops more rapidly during the first 1,000 days than at any other period in life (Georgieff et al. 2018). Children grow best in an environment with nurturing care, which includes safe and secure surroundings, responsive parenting/caregiving, adequate maternal and child health care and nutrition, and opportunities for stimulation and early learning (see Figure 1; Britto et al. 2017).

There is growing momentum for integrated early childhood programming that engages multiple sectors, based on compelling new global evidence on the importance of reaching pregnant women and young children with holistic services. The 2016 The Lancet series on early childhood development (ECD) and 2020 World Health Organization (WHO) Guidelines for Improving Early Childhood Development emphasize the importance of holistic nurturing care through integrated services (WHO 2020). Evidence from low- and middle-income countries indicate that combined caregiving and nutrition interventions are effective in improving children’s cognitive, language, and motor development compared with the current standard of care or nutrition interventions alone (Jeong et al. 2018). To date, there has been limited integration of responsive care and early learning in health and nutrition services. The Nurturing Care Framework (see figure) provides guidance to help children and families thrive through care for the individual child within a broader enabling environment of capable caregivers, empowered communities, supportive services, and enabling policies (WHO 2018).

This profile compiles national data alongside information on national policies and programs to highlight both the needs and opportunities for promoting optimal child development in Ethiopia.

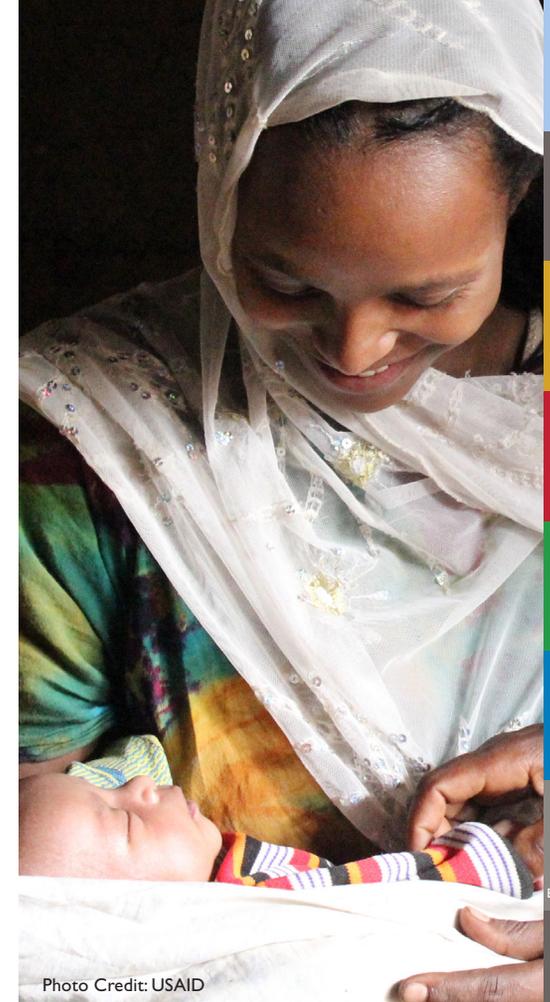


Photo Credit: USAID

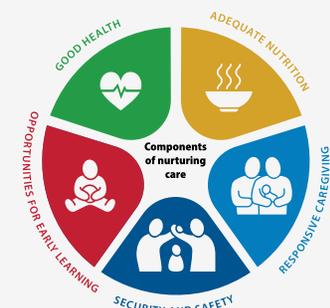


Figure 1: Components of Nurturing Care (WHO 2018)

-  QUICK LINKS
-  OUTCOMES
-  DATA
-  DATA
-  DATA
-  DATA
-  ENVIRONMENT
-  POLICIES
-  PROGRAMS
-  REFERENCES
-  DEFINITIONS

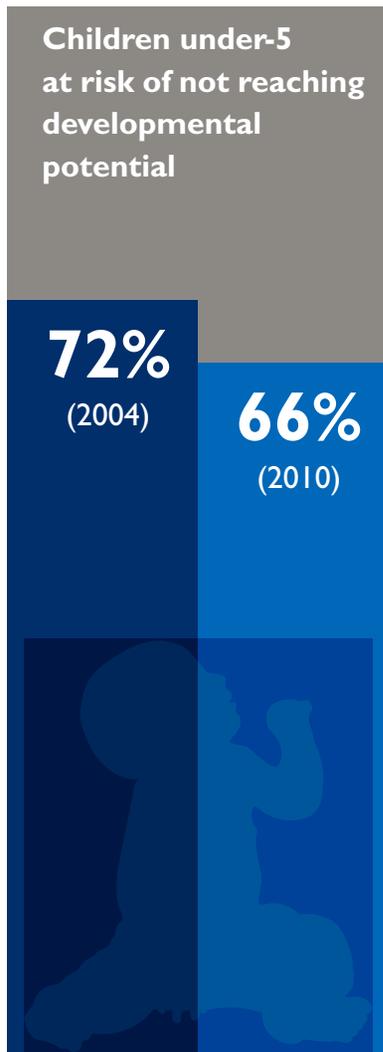
Key Nurturing Care and Early Childhood Development Indicators

This profile presents data on nurturing care and early childhood development. The WHO's (2020) *Guidelines for Improving ECD* provide useful definitions of these two terms:

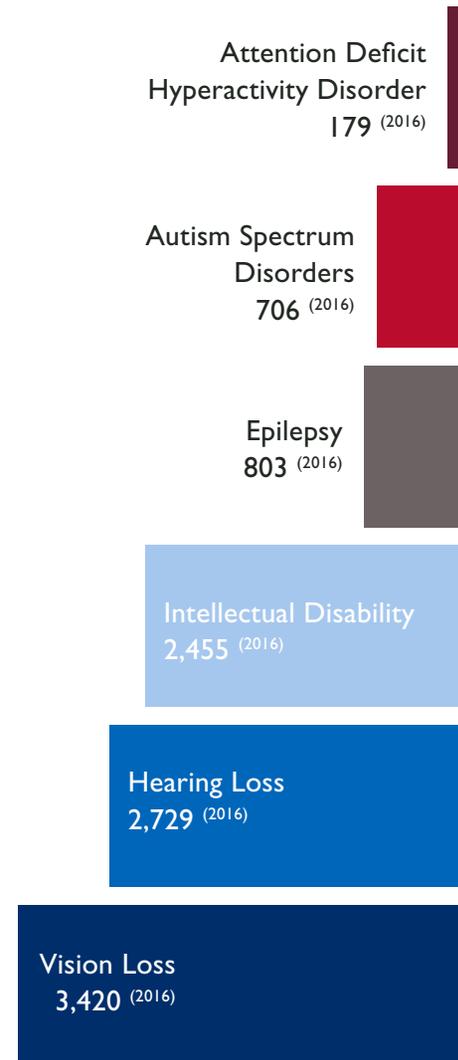
“Early childhood development: Refers to the cognitive, physical, language, motor, social and emotional development between 0–8 years of age.

Nurturing care: Characterized by a caregiving environment that is sensitive to children’s health and nutritional needs, responsive, emotionally supportive, and developmentally stimulating and appropriate, with opportunities for play and exploration and protection from adversities.”

In brief, nurturing care supports children to survive and reach their full potential and ECD represents the outcomes measured. Nurturing care is important for everyone, and is especially important in the earliest years of a child’s life from ages 0 to 3, as this is a period of rapid brain development that sets the foundation for later health and well-being. Data are presented for only four—nutrition, safety and security, health, and early learning—of the five domains of nurturing care because there are currently no global indicators and data on responsive caregiving. Detailed indicator definitions and sources are located at the end of the document. To access an indicator definition, click on the title of the indicator. The data presented here provide a country-level overview, and there is likely in-country variability due to population demographics or geography.

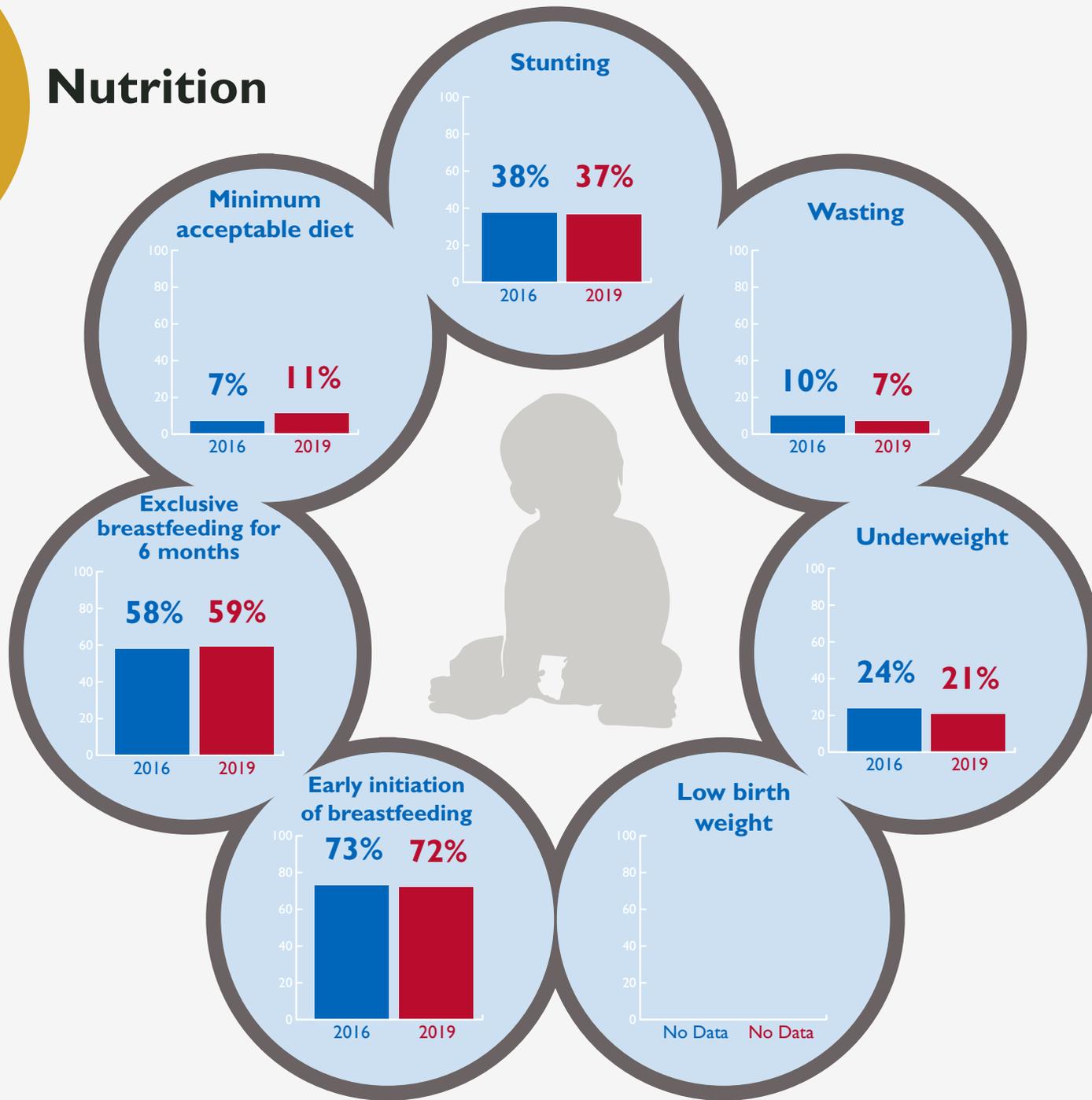


Developmental disability in children under **5** per 100,000 population





Nutrition





Early Learning



Health



Safety and Security



Support for learning

No Data



Attendance in early childhood education

No Data



Availability of playthings

No Data



Availability of children's books

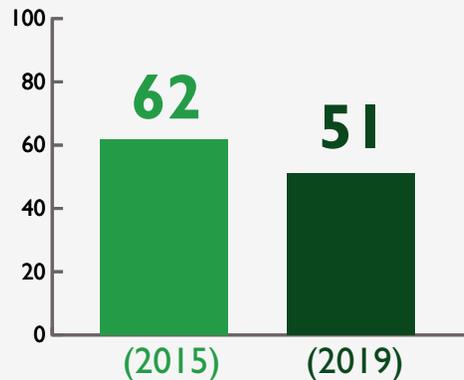
No Data

Preterm births



12% (2014)

Under-5 mortality rate



Positive discipline

No Data



Inadequate supervision

No Data



36%

Children living in poverty (2015)

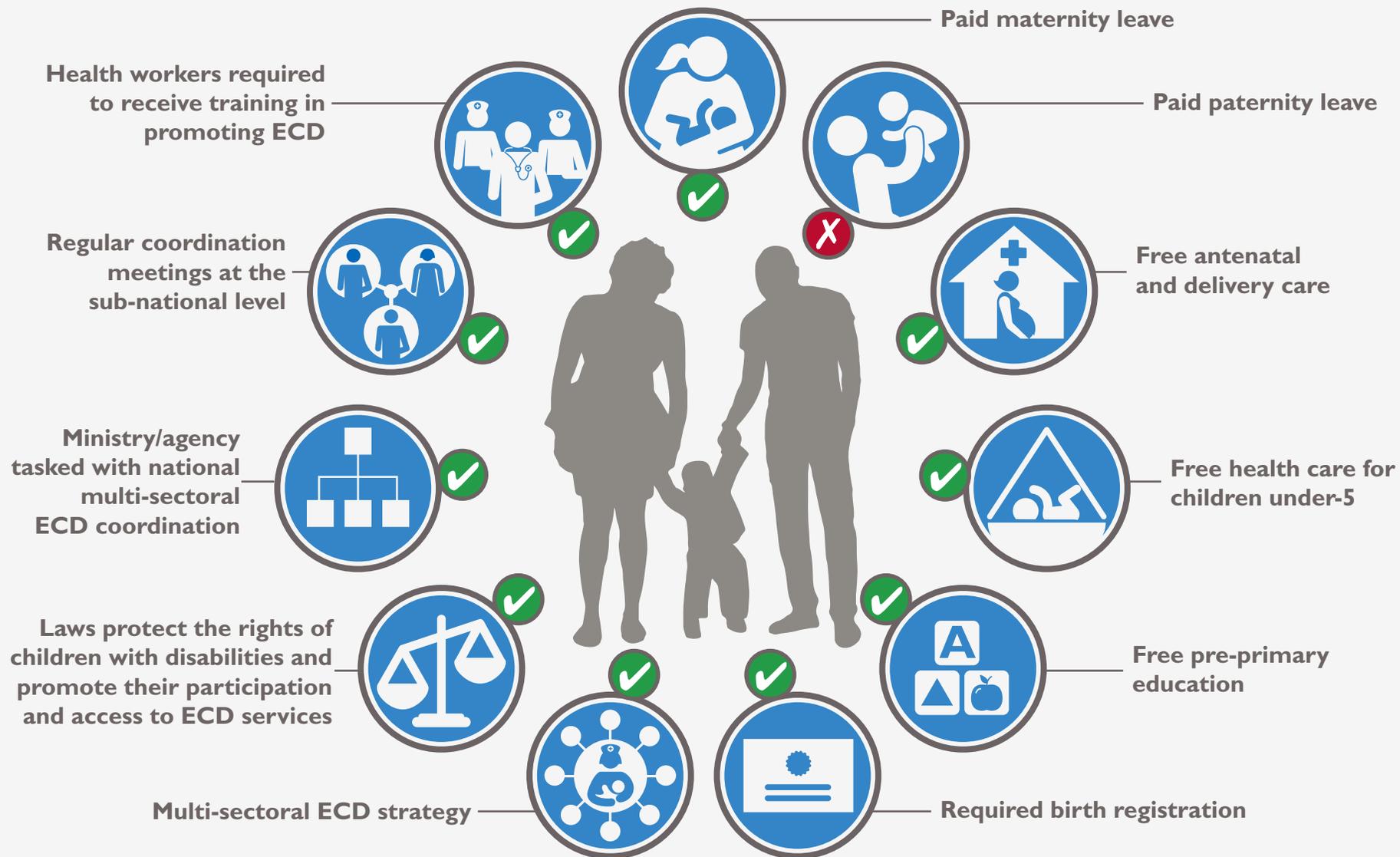


Children covered by social protection systems

No Data



Policy Environment for Supporting Improved ECD



Key: [check] policy in place [X] no policy [?] information not available



Overview of Policies Related to Improving ECD in Ethiopia

The Ministry of Health is responsible for multi-sectoral coordination to improve ECD in Ethiopia.

Ministry of Health (MoH)

2016–2020

National Nutrition Program (NNP II)

The second National Nutrition Program (NNP II) is a nationwide inter-sectoral program that provides a framework for coordinating the implementation of nutrition interventions to reduce malnutrition and achieve zero hunger by 2030 and meet Sustainable Development Goal (SDG) targets. The NNP II is chaired by the MoH and co-chaired by the ministries of agriculture and education. The main strategy is to have an integrated approach linking nutritional needs and improving the agricultural, breeding, and aquaculture sectors. The interventions under NNP II include optimal breastfeeding; optimal complementary feeding; mitigation and prevention of micronutrient deficiencies; improving water, sanitation, and hygiene (WASH); deworming; food fortification; and management of acute malnutrition. The second strategic objective of the NNP II is to improve the nutritional status of infants and young children 0–59 months. Several initiatives under this objective specifically target breastfeeding, complementary feeding, growth monitoring of children under-2 years, supporting families of children under-2 years, and integrating early childhood care and development into existing community and facility-based child nutrition programs.

2020/2021– 2024/2025

National Health Sector Strategic Plan for Early Childhood Development

This strategic plan provides a detailed roadmap and framework to design and implement programs, which ensures that all children grow and thrive in a secure, safe, and nurturing environment that promotes their physical, intellectual, linguistic, and social emotional development. Furthermore, it supports the SDG targets for child health and well-being. The primary focus are young children from birth to 6 years old and their parents, caregivers, families, and communities—priority is given to children and their parents living in difficult circumstances and adverse environments. One of the main activities listed under the plan is integrating additional ECD-related interventions with existing health, nutrition, and WASH services in target regions and woredas (districts). The plan also calls for developing guidelines and conducting hands-on training to increase the capacity of health service providers and other implementers to support parents and caregivers to engage in early stimulation and responsive caregiving for their young children. This will happen during counseling at health facilities and home visits; and establishing early stimulation/play areas in health facilities, childcare centers, and other settings to model and foster early learning activities. Finally, to facilitate integrated and holistic ECD service delivery the plan looks to streamline and strengthen the cross-sectoral coordination mechanisms at the federal and sub-national levels.





2020/2021– 2024/2025

Health Sector Transformation Plan II (HSTP II)

HSTP II is the health sector's five year strategic plan that aims to improve the health of the population by realizing and accelerating progress toward Universal Health Coverage (UHC), protecting people from emergencies, creating woreda (district) transformation, and making the health system responsive to people's needs and expectations. The plan aspires to achieve UHC through expanding access to services and improving the provision of quality, equitable, and comprehensive health services at all levels. The mission of the HSTP II is to promote the health and well-being of the society by providing and regulating a comprehensive package of health services at the highest possible quality, in an equitable manner. Among many of the targets listed in the HSTP II are several targets aimed specifically toward young children and their caregivers. These targets include decreasing neonatal, infant, and child mortality; decreasing stunting and wasting prevalence in children under-5 years; and strengthening and scaling up deworming and micronutrient supplementation to children and women in need, including pregnant and lactating women. Furthermore, the HSTP II aims to strengthen and expand nutritional screening of children, pregnant and lactating women, and HIV-positive individuals; and managing moderate and severe malnutrition to ensure that all Ethiopians—no matter their geography, gender, age, wealth, education or disability status—can attain the same high levels of health outcomes and access to essential services.



Photo Credit: Save the Children





2015/2016– 2019/2020

National Strategy for Newborn and Child Survival in Ethiopia

The National Strategy for Newborn and Child Survival in Ethiopia builds upon the first comprehensive National Child Survival Strategy (2005–2015). The strategy plans to ensure universal coverage of quality, high impact newborn and child health interventions, including meaningful community empowerment. The strategy, part of the first HSTP, identified 39 high impact and cost effective newborn and child survival interventions with key guiding principles for implementation. This included equity and accessibility; community engagement, empowerment, and ownership; integration; partnership; efficient use of resources; innovation and use of technology; evidence-based decision-making; and provision of quality services. The strategy envisions every child in Ethiopia enjoying the highest attainable standard of health and development, with an end to all preventable child deaths by 2035. The objectives are to ensure effective universal coverage of high impact neonatal and child survival interventions with special focus on the poorest and marginalized sections of the population; to ensure the provision of high quality essential health care for mothers, newborns, and children at the community and health facility levels; to ensure community empowerment and demand creation for effective use of newborn and child survival interventions; and the promotion of key family and community care practices. The strategy also looks to conduct regular mapping of households with pregnant women, newborns, and children under-5 years to achieve its goals and vision.



2016–2020

Ethiopia National Expanded Programme on Immunization

The primary objective of the Ethiopia National Expanded Programme on Immunization was to achieve at least 90% national coverage of all vaccines in every district by 2020. The plan also aimed to reduce the incidence of vaccine preventable diseases through integrated interventions that would strengthen the overall health system. The plan encompasses all components of immunization services, such as service delivery, vaccine supply, quality and logistics, disease surveillance and accelerated disease control, advocacy, social mobilization and communication, and program management. The main focus of the plan were children of under-1 years and women of reproductive age.



Photo Credit: USAID



Ministry of Education (MoE)

 2010

National Policy Framework for Early Childhood Care and Education (ECCE)

The National Policy Framework for ECCE focuses on enhancing the quality, accessibility, and equitable distribution of services for young children. The policy aims to do this through more efficient partnerships and capacity building programs. Programs targeted in this policy are parental education, health and early stimulation programs for children from birth to 3 years, pre-school and community-based kindergartens for children from 4 to 6 years, and community based informal school readiness programs. The policy's vision is to provide all children the right to a healthy start in life, to be nurtured in a safe, caring, and stimulating environment, and to develop their fullest potential. The National Policy Framework for ECCE also underlines the importance of active involvement of parents in ECCE programs.

National WASH Coordination Office

 2013–2020

One WASH National Program (OWNP)

The OOWNP brings together ministries, development partners, academia, and civil society organizations in a common goal of one plan, one budget, and one report for improving WASH. The aim of the program is to improve the health and well-being of communities in rural and urban areas by increasing equal and sustainable access to clean water supplies, sanitation services, and good hygiene practices. To achieve success, the program brings together four key government ministries: the Ministry of Water, Irrigation and Energy; MoH; MoE; and the Ministry of Finance and Economic Development, including all their related sectors to modernize the way WASH services are delivered. OOWNP combines a comprehensive range of interventions, including capital investments to extend first-time access to water and sanitation, as well as investments focused on developing an enabling environment, building capacities, ensuring the sustainability of service delivery, with a focus on behavior change. Phase one of the OOWNP was from 2013 until 2017 and resulted in 18.7 million people gaining access to water supplies, the reduction of open defecation practices from 44% to 29%, and construction of 1,280 WASH facilities in schools. In phase two, the program created targeted behavioral change in families toward practices specific to young children. Practices include all households with children washing their infants and children under-5 years and proper disposal of children's feces.



Ministry of Labour and Social Affairs (MoLSA)



2012–2021

National Plan of Action of Persons with Disabilities

The Ethiopian National Plan of Action of Persons with Disabilities presents a plan for enabling Ethiopia to become a more inclusive society. It addresses the needs of persons with disabilities in Ethiopia for comprehensive rehabilitation services; equal opportunities for education, skills training, and work; and full participation in the life of their families, communities, and the nation. The plan envisions a fully inclusive society in Ethiopia where all children, youth, and adults with disabilities—regardless of gender or type of disability, as well as their parents and families—enjoy the same rights to participate in civil, political, economic, social, and cultural spheres. It also aims to improve access to medical services, educational services, and social services; and training, work, and leisure opportunities for persons with disabilities. The policy has 13 objectives, including raising awareness; improving access and quality of services; providing educational and vocational skills training; supporting culture, sports, and recreation opportunities; and supporting accessible living and transportation. Among the many activities listed in the plan are activities directly aimed to support children with disabilities and their families. These activities include increasing the capacity of community health and development workers for early identification, early intervention, and service delivery to persons with disabilities. Also, the plan aims to strengthen community-based rehabilitation programs to work with persons with disabilities, parents, and family members in the home to improve the lives of children with developmental, physical, and sensory impairments.



Photo Credit: USAID



Ministry of Women, Children and Youth Affairs (MoWCYA)

 2010–2015

National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children in Ethiopia

The National Strategy and Action Plan on HTPs against Women and Children in Ethiopia was inspired by a vision of creating a nation free of HTPs and where women and all children enjoy their fundamental rights and freedoms. The mission of the strategy is to provide a strategic direction, an institutional framework, principles, and actions for the prevention and elimination of all forms of HTPs. Of the many HTPs that the strategy focuses on are practices that endanger or cause harm to pregnant women and children, in particular female genital mutilation/cutting, uvulectomy, milk-teeth extraction, abduction, child abuse, and child marriage. The strategy's overall objective is to institutionalize national, regional, and grassroots-level mechanisms by creating an enabling environment for the prevention and elimination of all forms of HTPs, and to ensure multi-sectoral services are available to support women and children.

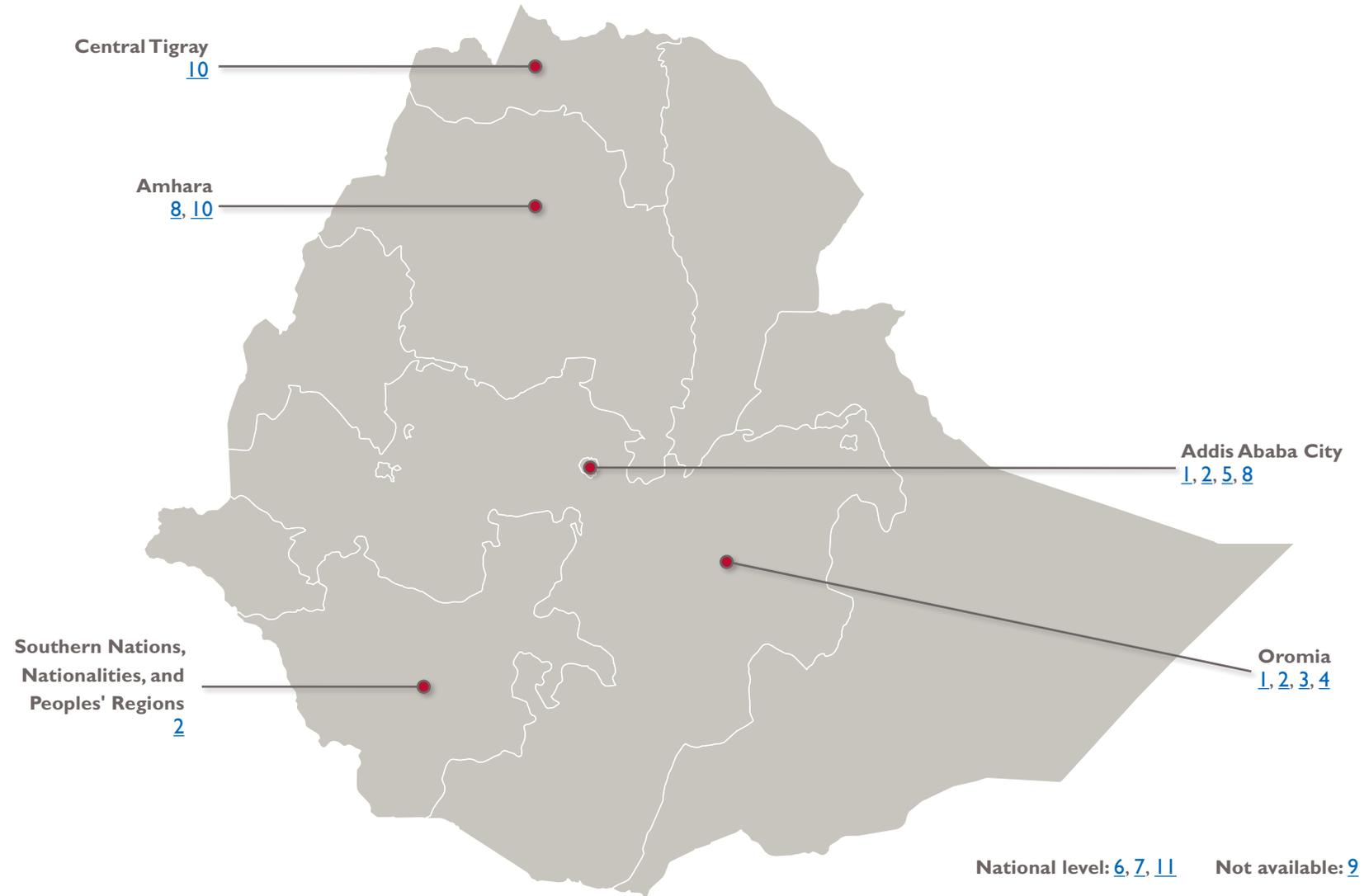


Photo Credit: Save the Children



Current and Recent Programs for Improving ECD

Each number represents a different program. Click on the number to jump to the next pages to learn more.



Current and Recent Programs for Improving ECD

Program	Overview	Key Activities
<p>1. Newborn Survival Project</p>	<p>Implementer: Doctors with Africa CUAMM Timeline: 2018–2021 Regions: Oromia and Addis Ababa City Administration Key Government Partner: Federal Ministry of Health Funder: Italian Agency for Development Cooperation</p>	<p>The program reduces neonatal mortality at St. Paul, Tulubolo, and Wolisso St. Luke Catholic hospitals by strengthening newborn care services. Utilizing the ECD training manuals drafted by the MOH, the project trains health workers in the three hospitals on newborn care which includes components on nurturing care such as parenting practices and play. The project also conducted supportive supervision and procured medical equipment, supplies and drugs necessary to provide quality newborn care services. The project has constructed a Level II newborn care center for the specialized care for small and sick newborns at Wolisso St. Luke Catholic Hospital and equipped it with medical equipment and oxygen supply systems. At the community level, the project has conducted activities to increase parents' knowledge and practices about home-based newborn care practices, as well as early identification of neonatal danger signs and corresponding measures to be taken. The project also procured ambulances to transport laboring women, and sick newborns from home to nearby health facilities. The project conducted research on newborn care practices, parents' satisfaction surveys on newborn care practices, as well as identifying the causes of newborn mortalities in supported hospitals.</p>
<p>2. Brueh Tesfa— Demonstrating Pathways to Scale for Nurturing Care through Engagement, Leadership, and Systems Strengthening</p>	<p>Implementer: PATH Timeline: 2019–2022 Regions: Ababa City Administration, Oromia, and Southern Nations, Nationalities, and Peoples' Regions Key Government Partners: Federal Ministry of Health and the Addis Ababa City Administration Health Bureau Funder: Bainum Family Foundation</p>	<p>PATH works to improve children's developmental outcomes through supporting the Federal Ministry of Health's efforts to strengthen the enabling policy environment for promoting child development through the health sector, as well as leverage the platforms to ensure that children 0–3 years receive comprehensive nurturing care through multiple maternal, newborn, child health, and nutrition touch-points.</p> <p>The key activities include: (1) support inclusion of missing nurturing care content in national policies, training curricula, service delivery guidelines, information, education, and communication materials, job aids, data systems, planning documents, and annual budgets for sustainability; (2) adapt training and communication materials from mature ECD programs in Kenya and Mozambique; (3) establish partnerships with stakeholders and provide technical assistance to partners; (4) expand the evidence base for nurturing care programming through learning, knowledge management, and communication; and (5) capacity building of facility- and community-based health service providers. Capacity building promotes interventions that include the following: (1) counseling/parental coaching on nurturing care for ECD, with a focus on components typically missing from routine health services (i.e., responsive caregiving, early learning, and safety and security); (2) developmental milestone monitoring to identify children with developmental problems and link them to appropriate services; and (3) playbox sessions in health facility waiting areas, as well as in daycare centers and other community platforms.</p>

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Program	Overview	Key Activities
3. Early Childhood Development in Rural Low Literacy Settings of Ethiopia	Implementer: Children Believe Timeline: 2014–2016 Region: Oromia Key Government Partners: MoH and MoWCYA Funder: Grand Challenges Canada	The two-year pilot project served rural and underserved communities and aimed to improve the health, and the physical, cognitive, linguistic and socio-emotional development of children 0–3 years. The project launched Learning Through Play with an audio-visual early brain development education program that health extension workers and social workers delivered to parents in rural and low-literacy communities. The knowledge delivery approach was effective in improving parents’ and caregivers’ knowledge, skills, and behaviors in child-rearing, which also brought about a positive and measurable change in the physical, cognitive, language, and socio-emotional development of children 0–3 years. The project increased early stimulation and attachment practices among parents, improved problem solving, communication, personal-social, emotional and physical development of children, and improved fathers’ involvement in care and nurturing their young children.
4. Development Food Security Activity (DFSA)	Implementer: CRS Ethiopia Timeline: 2016–2021 Region: Oromia Key Government Partners: Ministry of Agriculture (MoA), Ministry of Water and Energy, Ministry of Health, MoWCYA, MoLSA, and MoE Funder: USAID	DFSA improves the nutritional status of pregnant and lactating women and children under-5 years by taking a systems-strengthening approach to advance the goals of the NNP II. Focusing on government Health and Agriculture Extension Programs, DFSA is strengthening the quality and coordination of services at the community, kebele, and woreda levels, thus ensuring that households increase their utilization of preventive and curative health and nutrition services, consume an adequate diet, and mitigate environmental risks to health and nutrition. These efforts are complemented by harmonization of approaches and effective geographic layering, particularly in nutrition-sensitive agriculture with the Feed the Future–funded Growth through Nutrition Activity.
5. Children: The Future Hope of Addis Ababa Early Childhood Development Initiative	Implementer: Addis Ababa City Administration Timeline: 2021–2025 Region: Addis Ababa City Administration Key Government Partners: MoH, MoE, MoLSA, MoWCYA, and Ministry of Transport Funders: Big Win and Bernard van Leer Foundation	<p>This initiative targets children at home, in schools, and in communities, creating a conducive environment that caters to the wide-ranging growth needs of children. The initial phase adopts a model of intensified support to vulnerable families and children, while striving to provide universal access to comprehensive ECD services to all children.</p> <p>The program builds on existing solid platforms, including the Urban Health Extension Program and Family Health teams, the Urban Safety Net Program, and the expansion of public schools including pre-primary. The initiative focuses on nine key strategic areas: (1) implementation of parent coaching; (2) community-run ECD centers; (3) publicly financed day care centers; (4) expanded access to pre-primary schools; (5) establishment of an ECD Center of Excellence; (6) learn through play; (7) effective cross-sectoral governance; (8) improved regulatory standards; and (9) measurement, learning, accountability, and data for decision-making.</p>

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Program	Overview	Key Activities
6. WHO in Ethiopia	Implementer: WHO Timeline: Ongoing Regions: National Level Key Government Partner: MoH Funder: Not available	<p>WHO is working closely with the Federal MoH and partners to improve children’s health in Ethiopia. WHO’s main role is at the national level, providing technical and financial support for developing national strategic documents, guidelines, tools, and capacity building of health workers and program officers in various maternal newborn and child health programs. Most recently, WHO supported the facilitation of the First Joint National Sensitization Workshop on Early Childhood Development & Education in Ethiopia. The workshop brought together over 200 key stakeholders from ministries, regions, universities, donors, implementing partners, civil society organizations, and media, with the main objective of sensitizing higher officials on the importance of investing in ECD and strengthening the multi-sectoral coordination toward the implementation of ECD. Additionally, WHO supported national capacity building training on Care for Child Development and preparing counseling job aids and training material on ECD for use by community health workers. WHO technically supported the development of National Health Sector Strategic Plan for Early Childhood Development in Ethiopia, the adaptation of the ECD training material and integration of child development into the Integrated Management of Newborn and Childhood Illnesses guidelines in Ethiopia. WHO will continue supporting Ethiopia in their long-term goal of ending all preventable child deaths in the next two decades. In addition, WHO has supported testing of the Caregiver Skills Training program to support caregivers of children with disabilities in Ethiopia.</p>
7. United Nations Children’s Fund (UNICEF) in Ethiopia	Implementer: UNICEF Timeline: Ongoing Regions: National Level Key Government Partners: MoH, MoE, MoA, National WASH Coordination Office, MoWCYA. Funder: Not available	<p>In Ethiopia, UNICEF works to support national efforts to ensure the realization of the rights of children and women through improved child survival, development, and protection. UNICEF’s work focuses on survival and health, social policy and evidence for social inclusion, child protection, learning and development, WASH, and nutrition. UNICEF supports the government to develop evidence-based policies and strategies, leverage resources, and monitor and evaluate progress toward universal health care focusing on the most disadvantaged and underserved children and women. Furthermore, UNICEF supports the government’s national nutrition program, particularly the community-based nutrition program, which aims to increase knowledge on essential nutrition actions and broader infant and young child feeding practices through Ethiopia’s Health Extension Program. Using community platforms in underserved populations, UNICEF helps to improve health-seeking behaviors by addressing harmful traditional beliefs and negative social norms and enhancing social accountability. UNICEF also provides essential lifesaving services to the most vulnerable children during emergencies and works with the government’s disaster risk management and food security sector to build the capacity of the government and partners, including community stakeholders, to identify vulnerabilities and risks and deliver coordinated emergency preparedness and response.</p>

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Program	Overview	Key Activities
8. Pilot community childcare centers under the Rural Productive Safety Net Program (PSNP) and Urban Productive Safety Net Program in Ethiopia	<p>Implementer: ChildFund Timeline: 2020–2022 Regions: Amhara Region and Addis Ababa City Administration Key Government Partners: Food Security Directorate of the MoA Funder: World Bank and UNICEF</p>	<p>As part of the PSNP, pilot child care centers for children aged 1–5 years old are set-up with holistic child development and early stimulation services to support mothers who engage in public works. Community facilitators and childcare workers selected from the community and the PSNP public work clients manage and run the childcare centers. In addition to running the childcare centers, community facilitators and childcare workers also facilitate monthly parenting sessions and conduct discussions with parents on various issues related to the holistic development of children in the community. As part of the key implementation modality, ChildFund and partners have developed a childcare package consisting of training guides, manuals, and pictorial reference materials. Approximately 1,000 childcare workers, community facilitators, and field coordinators have received training.</p>
9. World Vision Ethiopia	<p>Implementer: World Vision Timeline: Ongoing Regions: Not available Key Government Partners: Not available Funder: Not available</p>	<p>World Vision works with governmental and nongovernmental actors to improve the well-being of the most vulnerable children and families. World Vision's work in Ethiopia centers around the areas of WASH, food and nutrition security, and education and life skills. The WASH program implemented by World Vision, aims to reduce the prevalence of diarrheal diseases among children and reduce the economic and social burden on children and families due to the lack of access to clean WASH services in the project's intervention areas. The organization's food and nutrition security interventions follow the government's priority of ensuring all children thrive in resilient households and communities, which was the foundation for World Vision Ethiopia's five year strategy (2016–2020) for an integrated development program. Moreover, World Vision's Education and Life Skills Program includes a focus on ECD through building the capacity of parents to nurture their children's development, establishing community managed early learning centers, strengthening the understanding of education stakeholders on quality ECD programming, and improving the developmental outcomes and school readiness of children 3–6 years old. Currently, World Vision focuses on supporting the humanitarian response to the conflict-affected Tigray region of Ethiopia by providing emergency shelter, health, WASH, and protection supplies.</p>
10. Building Brains; Enhance Child Development in Ethiopia through Early Stimulation	<p>Implementer: Save the Children Timeline: 2018—ongoing Regions: Central Tigray and Amhara regions Key Government Partners: MoH, Tigray and Amhara Regional Health Bureau Funder: Save the Children Sponsorship Funds and Bainum Foundation</p>	<p>The program builds the capacity of parents and caregivers by providing nurturing care through playful, positive, and responsive parenting practices. The program utilizes Save the Children's Building Brains approach, which includes 13 core lessons on early language and communication, playful learning, responsive caregiving, and safety and caregiver well-being. These lessons compliment existing lessons and messages on nutrition and health. Trained health extension workers deliver nurturing care education sessions and home visits as part of their routine work. As part of the COVID-19 response, parents and caregivers received solar powered radio sets and pre-recorded nurturing care sessions audio sessions to continue learning even when meetings were restricted. The program aims to improve the capacity and competency of health extension workers to provide nurturing care services to parents of children 0–3 years, improved caregiver parental knowledge, attitudes and practices around nurturing care, and improved holistic child development outcomes among children aged 0–3 years. In addition, the program aims to see an improved policy and implementation environment at the local, regional, and national level.</p>

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Program	Overview	Key Activities
II. The Health Sustainable Development Goals (SDG) Performance for Results (PforR) Additional Financing	Implementer: MoH with support from World Bank Timeline: 2013–2021 Regions: Nationwide Key Government Partners: MoH Funder: World Bank	The Health SDG Performance for Results Additional Financing, is a U.S. \$350 million nationwide project that aims to improve the delivery and use of a comprehensive package of maternal and child health services. The project is in line with the HSTP II and NNP II. It targets adolescent girls, pregnant and lactating women, and children under-5. The operation disburses against agreed upon results, which are linked to improved coverage of high impact health and nutrition interventions and development of strategic policies and guidelines. The project includes an Investment Project Financing component to support technical assistance for multi-sector nutrition coordination and operations research. It includes \$40 million for nutrition: \$35 million for nutrition disbursement linked indicators delivered through the Health Extension Program, specifically to increase coverage of vitamin A. Also included are supplementation for children under-5 years, iron and folic acid supplementation for pregnant women, and growth monitoring and promotion for children under-2 years; and \$5 million to support the NNP II through a contractual agreement between the government and UNICEF for technical assistance.

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References and Background Sources

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In addition to references listed here, information was gathered on programs through reviewing publicly available information from organizational websites or publications as well as via direct communication with program implementers.

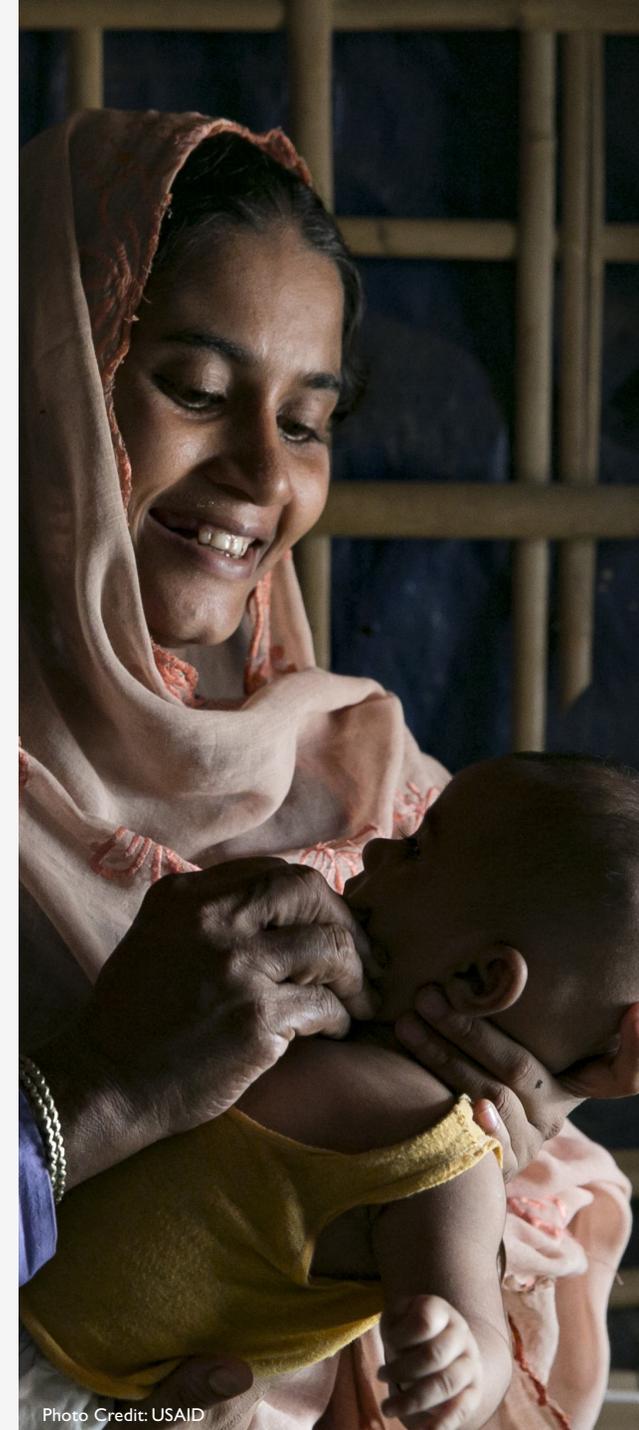


Photo Credit: USAID



Indicator Definitions and Sources

DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Child Development		
Children under-5 at risk of not reaching developmental potential	Percentage of children under-5 that were exposed to stunting or extreme poverty	Lu, Chunling, Maureen M. Black, and L.M. Richter. 2016. "Risk of Poor Development in Young Children in Low-Income and Middle-Income Countries: An Estimation and Analysis at the Global, Regional and Country Level." <i>The Lancet Global Health</i> , 4: e916-22, doi: 10.1016/S2214-109X(16)30266-
Developmental disability in children under-5	Rate of developmental disability per 100,000 children under-5, disaggregated by six forms of developmental disability (epilepsy, intellectual, hearing loss, vision loss, ASD, and ADHD)	Global Research on Developmental Disabilities Collaborators. 2018. "Developmental disabilities among Children Younger than 5 Years in 195 Countries and Territories, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016." <i>The Lancet Global Health</i> , 6: e1100-21, doi:doi.org/10.1016/S2214-109X(18)30309-7.
Children ages 36–59 months that are not developmentally on track	Percentage of children (aged 36–59 months) not developmentally on track in at least 3 of the 4 following domains: literacy-numeracy, physical, social-emotional and learning	No data available.
Early Learning		
Support for learning	Percentage of children (aged 36–59 months) with whom any adult household member has engaged in 4 or more activities to provide early stimulation and responsive care in the last 3 days	No data available.
Attendance in early childhood education	Number of children aged 36–59 months who are attending an early childhood education program	No data available.
Availability of playthings	Percentage of children under-5 who play with 2 or more types of playthings	No data available.
Availability of children's books	Percentage of children under-5 who have 3 or more children's books	No data available.
Health		
Preterm births	Proportion of live births that preterm (before 37 completed weeks of gestation)	Chawanpaiboon, Saifon, Joshua P.Vogel, Ann-Beth Moller, Pisake Lumbiganon, et al. (2019). Global, Regional, and National Estimates of Levels of Birth in 2014: A Systematic Review and Modelling Analysis. <i>The Lancet Global Health</i> , 7: e37-46, doi.org/10.1016/S2214-109X(18)30451-0.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Health (continued)		
Under-5 mortality rate	Deaths of children under-5 per 1,000 live births	United Nations Inter-agency Group for Child Mortality Estimation. 2020. Under-Five Mortality Rate--Total." Accessed from https://childmortality.org/data on July 2021.
Nutrition		
Stunting	Percentage of under-5s falling below minus 2 standard deviations (moderate and severe) from the median height-for-age of the reference population	Central Statistical Agency Ethiopia and ICF International. 2017. 2016 <i>Ethiopia Demographic and Health Survey Key Findings</i> . Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency Ethiopia and ICF International. Ethiopian Public Health Institute and ICF International. 2021. <i>Ethiopia Mini Demographic and Health Survey 2019: Final Report</i> . Rockville, Maryland, USA: Ethiopian Public Health Institute and ICF International.
Wasting	Percentage of children under-5 falling below minus 2 standard deviations (moderate and severe) from the median weight-for-height of the reference population	Central Statistical Agency Ethiopia and ICF International. 2017. 2016 <i>Ethiopia Demographic and Health Survey Key Findings</i> . Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency Ethiopia and ICF International. Ethiopian Public Health Institute and ICF International. 2021. <i>Ethiopia Mini Demographic and Health Survey 2019: Final Report</i> . Rockville, Maryland, USA: Ethiopian Public Health Institute and ICF International.
Underweight	Percentage of under-5s falling below minus 2 standard deviations (moderate and severe) from the median weight-for-age of the reference population	Central Statistical Agency Ethiopia and ICF International. 2017. 2016 <i>Ethiopia Demographic and Health Survey Key Findings</i> . Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency Ethiopia and ICF International. Ethiopian Public Health Institute and ICF International. 2021. <i>Ethiopia Mini Demographic and Health Survey 2019: Final Report</i> . Rockville, Maryland, USA: Ethiopian Public Health Institute and ICF International.
Low birth weight	Proportion of births that are low birth weight (less than 2,500 grams)	No data available.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Nutrition (continued)		
Early initiation of breastfeeding	Proportion of children breastfed within 1 hour of birth	Central Statistical Agency Ethiopia and ICF International. 2017. <i>2016 Ethiopia Demographic and Health Survey Key Findings</i> . Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency Ethiopia and ICF International. Ethiopian Public Health Institute and ICF International. 2021. <i>Ethiopia Mini Demographic and Health Survey 2019: Final Report</i> . Rockville, Maryland, USA: Ethiopian Public Health Institute and ICF International.
Exclusive breastfeeding for 6 months	Proportion of children under 6 months who are exclusively breastfed	Central Statistical Agency Ethiopia and ICF International. 2017. <i>2016 Ethiopia Demographic and Health Survey Key Findings</i> . Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency Ethiopia and ICF International. Ethiopian Public Health Institute and ICF International. 2021. <i>Ethiopia Mini Demographic and Health Survey 2019: Final Report</i> . Rockville, Maryland, USA: Ethiopian Public Health Institute and ICF International.
Minimum acceptable diet	Proportion of children 6–23 months who are fed a minimum acceptable diet	Central Statistical Agency Ethiopia and ICF International. 2017. <i>2016 Ethiopia Demographic and Health Survey Key Findings</i> . Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency Ethiopia and ICF International. Ethiopian Public Health Institute and ICF International. 2021. <i>Ethiopia Mini Demographic and Health Survey 2019: Final Report</i> . Rockville, Maryland, USA: Ethiopian Public Health Institute and ICF International.
Safety and Security		
Positive discipline	Proportion of children 1–14 years whose caregivers reported using only non-violent forms of discipline in the past month	No data available.
Inadequate supervision	Percentage of children under-5 left alone or under the supervision of another child younger than 10 years of age for more than 1 hour at least once in the last week	No data available.
Children living in poverty	Poverty headcount ratio at \$1.90 a day, age 0–14 is the percentage of population age 0–14 living on less than \$1.90 a day at 2011 international prices	World Bank. 2020. <i>Poverty and Equity DataBank</i> . https://datbank.worldbank.org/reports.aspx?source=poverty-and-equity-database# . Last accessed July 2021.
Children covered by social protection systems	Effective coverage of child and family benefits as part of main social security programs and social protection	No data available.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Policies		
Paid maternity leave	The country has a paid maternity leave policy or law	World Policy Analysis Center. “Is paid leave available to mothers and fathers of infants?” Accessed: July 2021. https://www.worldpolicycenter.org/policies/is-paid-leave-available-to-mothers-and-fathers-of-infants/is-paid-leave-available-for-both-parents-of-infants .
Paid paternity leave	The country has a paid paternity leave policy or law	World Policy Analysis Center. “Is paid leave available to mothers and fathers of infants?” Accessed: July 2021. https://www.worldpolicycenter.org/policies/is-paid-leave-available-to-mothers-and-fathers-of-infants/is-paid-leave-available-for-both-parents-of-infants .
Free antenatal and delivery care	Antenatal visits and delivery services are provided free of charge at public facilities	Ministry of Health. 2020. <i>Health Sector Transformation Plan II (HSTP II)</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.
Free health care for children under-5	Child health services are free to all, or free for children under-5 under national health insurance schemes	Ministry of Health. 2020. <i>Health Sector Transformation Plan II (HSTP II)</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.
Free pre-primary education	Government provides free pre-primary schooling before primary school entry	Ministry of Education. 2010. <i>National Policy Framework for Early Childhood Care and Education (ECCE) in Ethiopia</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.
Required birth registration	Law or policy requires registration of births	Negarit Gazeta Extraordinary Issue. 1960. <i>Civil Code Proclamation No. 165/1960</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.
Multi-sectoral ECD strategy	Country has an explicit multi-sectoral ECD strategy	Ministry of Health. 2020. <i>National Health Sector Strategic Plan for Early Childhood Development</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.
Laws protect the rights of children with disabilities and promote their participation and access to ECD services	Laws in place to protect the rights of children with disabilities and promote their participation and access to ECD services, including health care and ECCE	Ministry of Labour and Social Affairs. 2012. <i>National Plan of Action of Persons with Disabilities (NPAPWDs)</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.
Ministry/agency tasked with national multi-sectoral ECD coordination	Country has a ministry/agency tasked with multi-sectoral ECD coordination at the national level	Ministry of Health. 2020. <i>National Health Sector Strategic Plan for Early Childhood Development</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.
Regular coordination meetings at the sub-national level	Regular coordination meetings between the different implementing actors at the sub-national level	Ministry of Health. 2020. <i>National Health Sector Strategic Plan for Early Childhood Development</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.
Health workers required to receive training in promoting ECD	Health workers required to receive training in delivering ECD messages (developmental milestones, childcare, parenting, early stimulation, etc.)	Ministry of Health. 2020. <i>National Health Sector Strategic Plan for Early Childhood Development</i> . Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia.





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