

## Message from CRPF

Dear readers,

It is a pleasure to welcome you to the CRPF newsletter. The present issue features updates from the CRPF and some useful summaries of research pieces presented at the monthly seminar. We look forward to your comments, suggestions, and contributions. For more information contact us at CRPPF@gmail.com or 011-3-720030

## In this Edition...

- ◆ *New Policy Paper from Young Lives*
- ◆ *Research Summaries of the CRPF Monthly Seminars*
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## Preliminary Findings from Young Lives Round 4 Survey

Young Lives has just released preliminary findings from the fourth round of survey interviews carried out in late 2013. The preliminary report provides evidence about inequalities in children's development trajectories.

The study found out that the poorest children, those in rural areas and/or from marginalised social groups, are consistently being 'left behind' in terms of nutritional status, learning and employment opportunities. The conclusion emphasizes how policy interventions at different stages of the early life course can reduce the development of such inequalities.

The findings are grouped around 5 key messages:

1. Children value school and want to study for longer, obtain better jobs than their parents, and delay marriage and starting a family.
2. Stunting is profoundly damaging for children and is very common, particularly among the poorest groups. Early intervention is best but post-infancy change occurs, which needs to be better understood.
3. Improving achievement levels for poor children is central to overcoming the global crisis in learning.
4. Despite high aspirations for education and work, the reality at age 19 is very different.
5. The poorest girls are the most likely to have married and had a child before the age of 19.

*\*Young Lives is unique international study of childhood poverty following the changing lives of 12,000 children in 4 countries– Ethiopia, India, Peru and Vietnam– over 15 years. Young Lives aims to provide good quality information about the lives of children living in poverty.*



# Child Research and Practice Forum Newsletter

## Assessment of Community- and Family-Based Alternative Child Care Services in Ethiopia. (Undertaken by FHI 360 with the support from OAK Foundation)

Presentation by: Dr. Getnet Tadele

### Objectives

The aim of the study is to identify, list and quantify all formal forms of community and family-based alternative child care services and describe the extent and quality of existing alternative child care and gaps to be addressed.

### Methodology

The study employed a cross-sectional, mixed methods design focusing on magnitude, quantity, and quality assurance mechanisms. For the quantitative data, a multistage random sampling method was used to draw sample agencies; 184 were taken as a sample from a total of 354. For the qualitative data, purposive sampling was used in consultation with national and sub-national structures of MoWCYA offices. Total informants were 324. The study included 5 regions: Addis Ababa, Amhara, SNNPR, Oromia, and Afar.

### Findings

- The proportion of international organizations to local institutions was 1:3. Addis Ababa has a higher proportion of foreign/international agencies and there are smaller proportion of faith-based organizations compared to the combined proportion of other regions. 95.7 percent of the agencies rely on external funding.
- The vast majority of the agencies provide services exclusively focusing on inter-country adoption alone. Only 29.6 percent combine inter-country and domestic adoption. Reported reasons for the low uptake of formal (legal) domestic adoption included strong resistance to reckon adopted child as one's own, especially when it comes to inheritance. Nine in every 10 institutions provide community based alternative care services; economic strengthening and educational support were the most popular (87.3% and 85.5%, respectively). Reunification was the most prevalent service (44.5%), while adoption placement was the second most popular service. Only about half of the agencies include services for children with special needs or disabilities.
- Quality of services is affected by inadequate number and mix of qualified personnel. For instance only 64.2% have social workers and only 56.8% have health workers.
- 82.3% of agencies have eligibility criteria for identifying target children/families
- Availability of proper internal policies that uphold safety and protection of children to be endorsed and observed by all personnel is crucial. Not all agencies have such policy, adoption, only about half of agencies have such policy.
- Community-based care services select target children/families with the involvement of various groups: 75% involve the community (committees), only 6.6% of agencies involve children.
- 90% of agencies conduct regular monitoring of progress and outcomes of services, including home visits (86.6%), periodic visits (74.4%), staff meetings (68.0%), and community con-



versations (38.4%).

- Three-quarters of agencies conduct evaluation of programs. Evaluations are done by relevant government authorities (75%), an internal evaluator (66.2%), donors (41.9%), and an external evaluator (30.9%).

### Major challenges facing agencies

- Negative perception of the communities is attributed to the way the agencies operate. Communities seem to believe they have little information and little say on how the agencies operate; there is a lack of transparency.
- Lack of sustainability is attributed to reliance on external funding, lack of linkages between the community and agency, and relevant government agencies.
- Lack of access and familiarity of agencies to the standard guidelines.

### Conclusion & Recommendations

Existing service providing agencies do not match the massive demand. Appropriate alternative forms of care such as (domestic) adoption and foster care should be explored and made more child-friendly. There is a need to Promote existing informal and generally positive child-care options, mainly kinship care, by providing guidance, support and supervision. Reunification should be actively sought to find long-term solutions that are in the best interests of these vulnerable children.

# Child Research and Practice Forum Newsletter

## Delivering Quality Early Learning in Low-Resource Settings: Progress and Challenges in Ethiopia. (Undertaken by Young Lives)

Presentation by: Workneh Yadeta

### Objective

The objective of this study is to understand the level of children's access to Early Childhood Care and Education (ECCE) & primary education in rural & urban areas; to document the major challenges of achieving quality ECCE and early primary education and to draw some concluding remarks on how to improve access and quality of ECCE and early primary education.

*(this summary covers only those findings on ECCE)*

### Methodology

Young Lives is collecting longitudinal survey data on two cohorts of children: 2000 children born in 2001 (called the younger cohort (YC)) and 1000 children born in 1994/5 (called the older cohort (OC)) in five regions. The paper summarizes data on access to ECCE and primary school from the first three survey rounds, in 2002, 2006/7 and 2009/10; and three rounds of qualitative data (2007 & 2008, 2011). The methods used in all of the sites included individual interviews and participatory group exercises with the children; individual interviews and focus groups with care givers and other key stakeholders, such as teachers of pre-schools and primary schools, health extension workers, kebele chairpersons, and education and health representatives; and semi-structured observations in home, school and community settings.

### Findings:

#### Access to ECCE

Summary from 3 rounds of YL Survey data indicated that there is limited access to ECCE. There were large increases in the number of children attending pre-school between 2006 and 2009. The proportion of children using government or community pre-schools barely changed between 1999 and 2006, indicating that for poorer families, there are few alternatives to fee-charging private or public schools.

Increases in pre-school enrolment have largely occurred in urban areas. The increases largely occurred among better-off families. The rates of enrolment in pre-school among the poorest quintile of Young Lives children have stayed constant and the rates of enrolment in pre-school in rural areas have stayed close to zero.

Resources are scarce, government engagement is limited and there is heavy reliance on the private sector. Many poorer parents in urban areas use faith-based facilities, which aim to teach children basic literacy so they can read the Koran or Bible and to instruct them in aspects of religious faith.

#### Inequalities: Urban/Rural

The findings in this section draw on data collected from children, caregivers, and teachers, and on observations made at pre-schools and primary schools in two of the sub-sample communities: an urban site named 'Leku' and a rural site called 'Leki'.

#### Case studies of contrasting pathways in urban Leku

In Leku, children potentially have access to a wider range of pre-school than in rural areas, but access is strongly contained by the level of fees involved. The cost of fees is a major factor shaping access to schools. Better-off families are able to send their children to private pre-schools starting from the age of three. NGO- or FBO-run pre-schools are usually partly subsidised, but families still have to pay fees. Poorer families send their children to an NGO- or church-run pre-school if one is available and they can afford the fees. Otherwise, they send their children to an informal priest school. Alternatively, they simply do not send their children to pre-school at all and wait until they are seven years old and can be admitted to Grade 1 in the government primary school.

#### Rural areas: great need for ECCE; great challenges in delivery: case of Leki in Oromia

On the other hand, in Leki (semi-rural community), there were no formal pre-schools available at the time research was conducted for this report. The only preparation available for primary school was a summer school programme, which was facilitated by college and university students during their summer vacations. The main focus of the summer school was on school readiness, in terms of skills for literacy and numeracy. In the summer of 2008, the summer programme was discontinued and no one had responsibility for coordinating and continuing the initiative.

### Conclusions

The Ethiopian government's 2010 ECCE Framework is an important advance in policy development for the youngest children. In rural areas, it would be useful to explore other low-cost methods of ECCE that place less of a burden on primary schools, such as Rapid School Readiness Programmes or community-based centres. In urban areas, if the government continues to rely largely on non-governmental providers, there will be a need for stronger governance, regulation and quality assurance of these providers as well as some form of subsidy arrangements or vouchers to ensure that the poorest children can access ECCE.



# Child Research and Practice Forum Newsletter

## Community-based Promotion of Kangaroo Mother Care by Health Extension Workers: Results from a Feasibility Study. (Undertaken by Save the Children with the support from USAID)

Presentation by: **Thewodros Zewdie**

### Background and Methods

Selected districts in Ethiopia that are supported by the Maternal and Child Health Integrated Program (MCHIP) participated in pilot-testing of the feasibility of incorporation of Kangaroo Mother Care (KMC) into the community-based neonatal care package provided by Health Extension Workers (HEW) in the catchment areas of 10 health facilities in four regions. A prospective feasibility study of the pilot program was undertaken over 18 months between 2012 and 2013.

The study was designed as a before-and-after evaluation of the coverage of the HEW-led KMC promotion activities and KMC practices among recent mothers within the pilot catchment areas. During the first phase of implementation, facility-based essential newborn care and kangaroo mother care were established in the 10 selected health centers. During the second phase, a total of 174 HEWs were trained to provide antenatal and postnatal counseling to pregnant women to promote Kangaroo Mother Care. Trained HEWs were expected to provide women with four antenatal visits at home or at the health post- and three postnatal home visits to the mother and the baby within 24 hours, on the 3<sup>rd</sup> and 7<sup>th</sup> day after delivery. To measure exposure to the program and changes in behavior, a baseline and end line household survey were conducted with new mothers residing in the catchment areas of participating health centers. Additionally, role plays were used to assess HEW's ability to retain and deliver the CKMC counseling messages at 5 months and 20 months following training. The baseline and end line surveys included 218 and 214 eligible mothers, respectively.

### Findings

Although the provision of antenatal care by HEWs increased over the study period, coverage remained low (31% of mothers) and only half of those mothers reported receiving counseling on KMC from the HEW (15% of mothers). Overall, almost 40% of mothers were counseled on KMC by any type of health provider during ANC.

Postnatal care coverage by HEWs also improved but was very low. Only 13.6% of mothers in the end line survey had a health check with a HEW within the first week after delivery. Although the Health Development Army (HAD) members were oriented to improve postnatal counseling on KMC, very few mothers received a postnatal health check from an HAD member (less than 2%). Notably, facility delivery at a government hospital or health center increased significantly over the study period.

The proportion of babies who received skin-to-skin care at any time following delivery significantly increased from 13.4% to 44.1%, with facility deliveries having much higher skin-to-skin practice at end line than home deliveries. At end line, 21.5% of babies were put in skin-to-skin position immediately following delivery, although this practice was ten times more frequent for facility births than home births. Delayed bathing and exclusive breast-feeding during the first three days also increased significantly over the study period. Delayed bathing was more common for facility deliveries and the rates of exclusive breast-feeding were very high for both home and facility deliveries.



Results from the role play assessments of HEW counseling skills (not shown), indicated that HEWs retained the majority of the knowledge and skills that they gained during the KMC training. For example, when HEWs were asked to demonstrate how they would instruct a new mother in the practice of KMC, over 60% of HEWs delivered most of the 10 required messages at the end line assessment. Similarly, the majority of HEWs (60%) demonstrated between 8 and 10 of the 10 KMC positioning skills during the simulated observational assessment following training.

### Conclusions

Findings in the study with respect to low levels of contact by HEWs with pregnant and postpartum women, especially within the first week after birth, are consistent with other studies regarding the timing and reach of community health works. This can be explained in part by the fact that HEWs have multiple responsibilities and are expected to split their time between service delivery at the health post (expected to be 25% of their time) and working in the community.

### Recommendations

Ensure that pregnant and recently delivered women get the counseling and support their need. It is important for the Federal Ministry of Health (FMOH) and its implementing partners to develop strategies for increasing coverage of home visits by HEWs during ante-natal and postnatal periods. One strategy that FMOH instituted to improve contact with households was the introduction of the Health Development Army, which is a volunteer structure with a more manageable volunteer to household ratio. Even though the end line survey showed that home visits by this group of volunteers immediately after childbirth is surprising low, this is a structure that could be used to strengthen counseling and support provided to pregnant and recently delivered women to practice key essential newborn care behaviors.

## Up Coming Event

Young Lives' 4th round survey launch  
Ghion Hotel, 16 January 2014

Photo credit: © Antonio Fiorente /Alula Pankhurst  
Note: pictures are not of Young Lives' research participants.