

Leadership in action: how Ethiopia embraced the nurturing care agenda



LEAD
AND INVEST

Clear and consistent government leadership at all levels, starting with executive leadership at the highest level, facilitates implementation of the nurturing care agenda. Ethiopia's vision for an inclusive and prosperous nation has encouraged all ministries and sectors to play their part and created an enabling environment for new ways of working: this opened the door for greater attention to ensuring that all children in Ethiopia aged under 5 years receive nurturing care.



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Since 1990, Ethiopia has made steady progress in improving child survival, with under-5 mortality dropping from 205 per 1,000 live births in 1990 to 55 per 1,000 live births in 2019.¹ While more and more children are surviving, the Ministry of Health (MOH) is cognizant that not all are able to reach their full developmental potential. The new enabling environment made it possible for the MOH, under the direction of the Directorate of Maternal, Child Health and Nutrition, to expand its focus beyond surviving to include thriving and transforming children's lives. It also served to reinforce collaborations with the Ministries of Education, Labour and Social Affairs, and Women, Children and Youth Affairs, as well as a range of development partners and stakeholders across diverse sectors.

This case study describes how the MOH has been collaborating with other ministries to elevate attention to and investment in early childhood development (ECD) and leading a multisectoral effort to operationalize the nurturing care agenda. The case study sets out the process followed in developing a vision shared by different sectors and stakeholders, assigning roles and responsibilities, developing strategic and operational plans, and building capacity to implement effective interventions at national and regional (i.e. subnational) levels.

“Our fear is that a whole generation will not be equipped to reach its full potential and compete in the economy of the future.”

Dr Abiy Ahmed,
Prime Minister of Ethiopia



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

¹ Ethiopia demographic and health survey 2016: key indicators report. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency [Ethiopia] and ICF International; 2016.

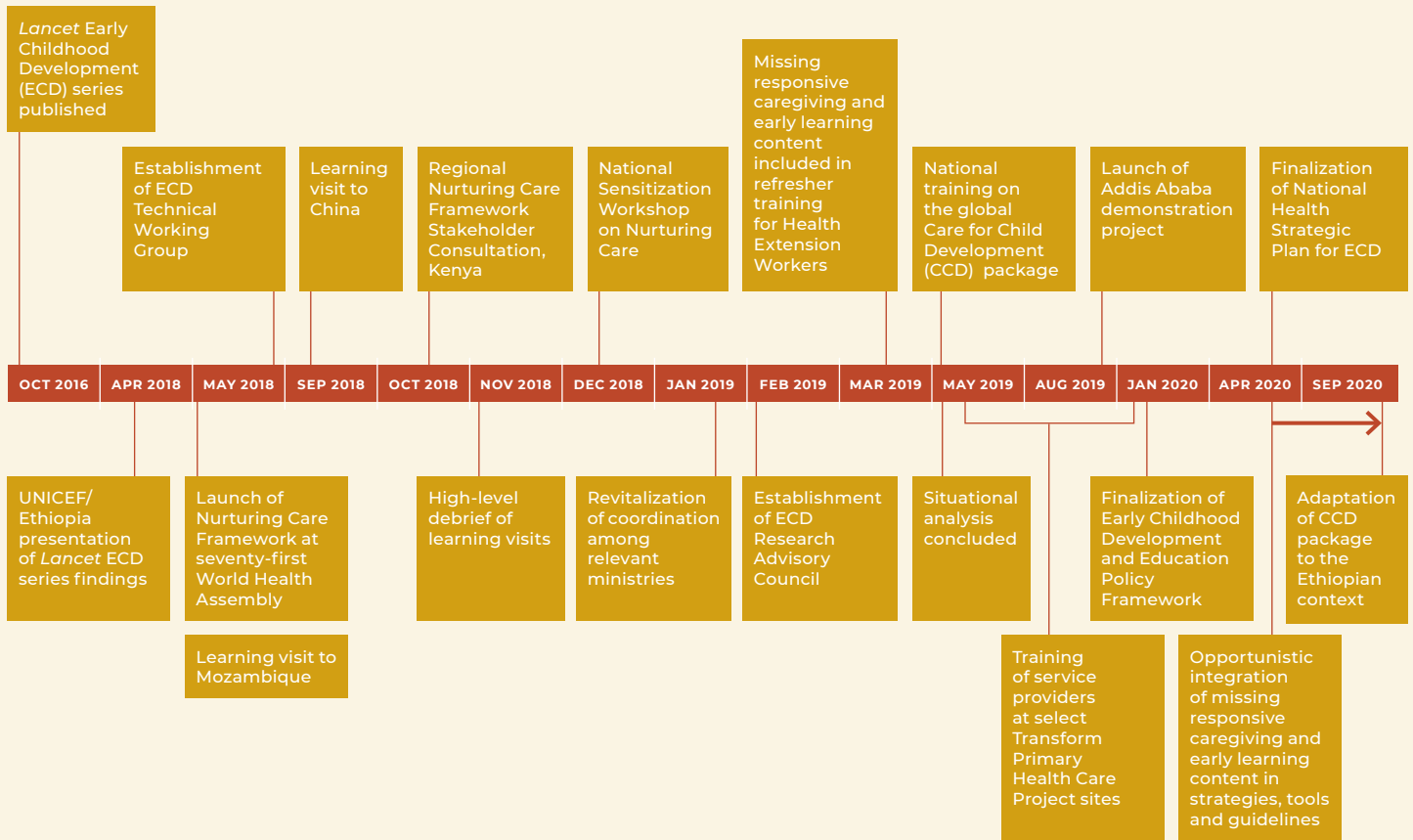


Advocacy and leadership actions

Within three years, the MOH, together with other key ministries and partners, has created a vibrant environment which enables multiple

sectors and diverse stakeholders to work together at different levels to promote nurturing care. This section captures the five key building blocks of Ethiopia's collective dedication and commitment to advancing nurturing care (see Figure).

Figure. Advocacy and leadership actions to advance nurturing care in Ethiopia



Learning about nurturing care and the power of investing in ECD. *The Lancet's* ECD series² (2016) and the Nurturing Care Framework (2018) provided the global foundation for the promotion of nurturing care generally, and particularly responsive caregiving and early learning through routine services. Throughout 2018, representatives from the MOH, together with other ministries and development partners including PATH, USAID, the World Bank, the World Health Organization (WHO) and UNICEF,

participated in multiple learning events that provided the essential underpinnings for the design of Ethiopia's nurturing care roadmap. These included: a presentation on *The Lancet's* ECD series for partners in Ethiopia; a learning visit to China to see ECD programmes and multisectoral collaboration in action; and a visit to see how responsive caregiving and early learning (in the form of developmental counselling and monitoring) were being integrated into health services in Mozambique. A large

Ethiopian delegation attended a regional consultation in Nairobi, Kenya³ to discuss operationalization of the Nurturing Care Framework within the health sector, resulting in the development of a national action plan. Participants in learning exchanges debriefed their colleagues and jointly agreed on next steps. In 2019, additional learning visits to Brazil and Denmark were organized for the Minister of Health and delegates from the Prime Minister's Office and the Addis Ababa City Administration.

² Black MM, Walker SP, Fernald LCH et al. Early childhood development coming of age: science through the life course. *Lancet*. 2017, 389(10064):77-90.

³ Participating countries: Ethiopia, Kenya, Malawi, Mozambique, Tanzania, Zambia, Zimbabwe. For the meeting report, see: <https://nurturing-care.org/events/stakeholders-consultation-meeting/>.



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Establishing a multisectoral ECD Technical Working Group (TWG) led by the MOH. In May 2018, the Directorate of Maternal, Child Health and Nutrition established the ECD TWG to identify concrete ways for the health sector to promote nurturing care, and to define key issues, roles and responsibilities. While this TWG was initially part of the Child Survival TWG, it was expanded to increase its diversity by including representation from a range of ministries and stakeholders, such as civil society organizations and private sector companies, while continuing to be coordinated by the MOH.

Organizing a national sensitization workshop on nurturing care.

A national sensitization workshop for relevant ministries and development partners convened in late 2018 was the first high-level forum focused specifically on nurturing care for ECD. The workshop brought together over 200 participants representing national and regional representatives from four ministries,⁴ UNICEF, WHO, the World Bank, PATH, USAID,

DFID, Christian Children's Fund of Canada, academia, regional bureaus representing three sectors⁵ and the media. The workshop raised awareness and fostered a common understanding of nurturing care, the importance of investing in nurturing care, the contribution that each sector could make and the value of multisectoral coordination. Participants developed a joint action plan with specific tasks for the different ministries and committed to replicating this workshop in five major regions of Ethiopia. Participants also agreed to revise the national Early Childhood Development and Education policy framework to ensure alignment with the Nurturing Care Framework.

Gathering and using evidence to inform planning. In the Ethiopian context, Research Advisory Councils established by the MOH gather, analyse, synthesize and translate international and national evidence to ensure that programmes implement evidence-based interventions. In 2019, a Research Advisory Council thematic group was specifically established for ECD.

Following this, the MOH, financially supported by UNICEF, conducted a situational analysis of the extent to which existing health services were promoting nurturing care. The analysis revealed that responsive caregiving and early learning were not generally promoted through the health sector: a critical gap and missed opportunity, because the health sector is often the only way to reach young children and their caregivers consistently during the early years. It also discovered limited multisectoral coordination, insufficient public financing and a lack of national evidence around best practices. A subsequent policy brief and strategy produced by the ECD Research Advisory Council identified promising models of service delivery approaches and played an instrumental role in shaping the MOH's vision of promoting nurturing care.

Building the workforce's capacity to seize opportunities for early learning and responsive caregiving within existing health platforms.

In early 2019, the MOH conducted a training of trainers on the WHO/UNICEF Care for Child Development package⁶ to develop a pool of 42 experts at national and regional levels able to build the capacity of service providers to promote responsive caregiving and early learning through existing health services. Many of the trainees had experience as trainers in the Integrated Management of Newborn and Childhood Illness (IMNCI) package, which provided a sound foundation for quickly internalizing the content. The training also featured dedicated sessions on adaptation, contextualization and planning to enable immediate introduction of the Care for Child Development package into routine health services. Following the training, four regional health bureaus rapidly started building local capacity for its implementation.

⁴ Ministry of Health, Ministry of Education, Ministry of Labour and Social Affairs and Ministry of Women, Children and Youth.

⁵ Ministry of Health, Ministry of Education and Ministry of Women, Children and Youth.

⁶ Care for Child Development is a toolkit that equips front-line workers, such as health and social workers, with the knowledge and skills to counsel and empower caregivers to communicate and play with their children. See: https://www.who.int/maternal_child_adolescent/documents/care_child_development/en/.



Achievements

Together, these advocacy and leadership actions created conditions in which Ethiopia was able to rapidly translate the Nurturing Care Framework into well conceived and coordinated action which is already beginning to bear fruit through development of enhanced policies, strategies and programmes for young children and their families.

Enabling a multisectoral policy environment. The national sensitization workshop revitalized commitment to multisectoral collaboration at national and regional levels and positioned the nurturing care agenda as a collective responsibility. Coordinated efforts by ministries and development partners led to revision of the Early Child Care and Education policy framework. The newly named Early Childhood Development and Education (ECDE) framework, adopted in 2019, emphasizes the importance of responsive caregiving and recognizes the need to leverage all touch-points (including in health facilities). Most importantly, it specifies the roles and responsibilities of each sector in advancing the nurturing care agenda. By the end of 2020, four regional health bureaus had already integrated activities promoting nurturing care into their annual work plans and budgets.

A clearly defined way forward for the MOH. The enabling national environment, and lessons learned from the various workshops and country exchange visits, enabled the MOH to reinforce support for nurturing care in influential guiding documents. Examples include the National Mental Health Strategy (2020–2025), the Health Sector Transformation Plan (2020–2030) and the National Health Strategic Plan (NHSP) for ECD (2021–2025). The NHSP is aligned with the revised ECDE policy framework and the Nurturing Care Framework and is complemented by a monitoring and evaluation framework developed by the ECD Research Advisory Council.

Integration of early learning and responsive caregiving into maternal and child health training packages. Following extensive consultation, the Care for Child Development package was contextualized and adapted to include developmental monitoring and maternal mental health screening and counselling content, and was made more conducive to participatory adult learning. Content on responsive caregiving and early learning was integrated into the Integrated Refresher Training for Health Extension Workers (HEWs), the HEW pre-service curriculum, new job aids for HEWs and social workers, the BabyWASH manual, and COVID-19 guidelines. Work is currently underway to integrate responsive caregiving and early learning content into packages used by health facility workers (e.g. IMNCI and neonatal intensive care unit training manuals). In addition, key messages were introduced into the existing mHealth platform to support uptake of and demand for reproductive, maternal, newborn and child health services by parents and caregivers and to promote healthy behaviours.

The Early Childhood Development and Education (ECDE) framework, adopted in 2019, emphasizes the importance of responsive caregiving and recognizes the need to leverage all touch-points.

Financing at national and regional levels to promote nurturing care within health services. The MOH has successfully leveraged financing from the USAID-funded Transform Primary Health Care Project to reinforce missing responsive caregiving and early learning content in routine health services



Adapted and contextualized Care for Child Development counselling card (in Amharic).

in four major regions, as well as to disseminate job aids and build service providers’ capacity. The Addis Ababa City Administration, Big Win Philanthropies and the Bernard van Leer Foundation are co-financing a national demonstration project to promote nurturing care through health facilities, home visits and ECD centres. This project has obtained additional technical assistance through a grant to PATH from the Bainum Family Foundation to support integrating health sector work within the larger multisectoral initiative. Results and lessons learned from these initiatives will inform the finalization of health sector packages, encompassing the nurturing care components for use in routine health services nationally.





Success factors

Cultivating champions at the highest level of government and across key ministries. Nurturing care in Ethiopia has benefited from consistent leadership and a harmonized vision at all levels of government. The Prime Minister's encouragement to ministries to expand their mandate to ensure all-round development of Ethiopians has opened the door for individual ministries to promote the nurturing care agenda. Focal persons have been appointed in each ministry and empowered (including with financial resources) to work on this agenda. Within the MOH, the Minister of Health, the State Health Director, the Maternal and Child Health Director and the Child Health Case Team Coordinator frequently check on progress and motivate ECD TWG members and the MOH ECD Focal Person by recognizing their contributions. The dedication, passion and continued leadership of the ECD Focal Person, Mrs. Tina Asnake, have been critical for the MOH's embracing of the nurturing care agenda, for collaboration with other sectors and for seeding nurturing care across Ethiopia.



Photo credit: ©UNICEF Ethiopia/2012/Getachew

All-of-government approach to nurturing care action. Government leaders set the vision, provide overall directives, call upon the whole of government, facilitate multisectoral responses and commit to investment. National programme staff orient stakeholders at all levels, conduct planning meetings, set priorities, build multistakeholder partnership, plan together, implement by sector, monitor together, facilitate local adaptation, build national and regional capacity for implementation, agree on indicators, monitor implementation and mobilize resources. Regional health bureaus, in collaboration with stakeholders, develop plans in line with national priorities, make local adaptations, build capacity of managers, supervisors and front-line providers, mobilize communities, create demand, and monitor, review, revise and act.

Opportunities for learning and exchange at all levels. The multiple learning opportunities and effective dissemination approaches were instrumental in garnering and maintaining enthusiasm. For example, the Deputy Mayor of Addis Ababa's visits to Brazil and Denmark influenced his decision to establish and co-finance the demonstration project in Addis Ababa. The ECD Focal Person participated in a technical meeting of global experts in Geneva⁷, which took stock of actions across countries to advance nurturing care and provided further guidance on how to elaborate activities.

Collaborative engagement from the very beginning. The composition of the ECD TWG and the various learning events were deliberately structured to include representation from multiple institutions and sectors. This approach recognized and appreciated the contributions of each sector, with dialogue and collaboration forming the basis of joint action plans. For example, the national sensitization workshop on nurturing care brought together a range of stakeholders from

multiple sectors, making it easier for all actors to own the revision of the ECDE policy framework. These deliberate multisectoral actions, driven not by external partners or funders but by champions within government, facilitated the contextualization of the nurturing care agenda and ensured its alignment with national priorities.

Consistent leadership and a harmonized vision at all levels of government have seeded nurturing care in Ethiopia.

Harnessing partnerships to drive the agenda. Strong collaboration between the key ministries, coupled with commitments by several UN and nongovernmental partners to help the government advance its vision and priorities, helped to catalyse and sustain momentum for the nurturing care agenda. Financial contributions and technical assistance from UNICEF, WHO, Transform Primary Health Care, the World Bank and PATH helped the government to achieve key activities and processes (e.g. ECD situational analysis, learning visits, capacity building of service providers, contextualization of the Care for Child Development package and printing of job aids and counselling materials).

Taking the time to reflect and be evidence-driven. The learning visits not only sensitized key Ethiopian stakeholders to best practices and the latest evidence for nurturing care, but also served as forums for reflection on what is currently happening and how existing interventions can be reinforced to promote all aspects of nurturing care.



Barriers

Low technical capacity in the MOH and ECD TWG. Initially, while MOH technical leads and ECD TWG members were enthusiastic about the nurturing care agenda, they did not know how to go about strengthening health services to promote nurturing care. This resulted in a lack of confidence and clarity on where to start and what to do. Participation in the national training on the Care for Child Development package and the regional stakeholder consultation in Nairobi, Kenya provided much needed clarity and gave the MOH the confidence it needed to own and drive the agenda.



Lack of global tools to help the MOH advance nurturing care. Initially, when the MOH was ready to explore what it would mean to advance nurturing care through the health sector alongside other sectors, there were no global resources to guide implementation of the Nurturing Care Framework, (e.g. no global tool to conduct a situational analysis or implementation guidance).

When conducting the situational analysis, for example, the Ethiopia team had to develop the tool locally from scratch. Had these materials already been available it would have reduced the time and energy needed at the beginning of the process and ensured that the work was aligned with the global agenda from the outset.

Looking forward

Ethiopia has shown that the nurturing care agenda can be contextualized and rapidly scaled up when the following conditions are in place: government commitment, starting from the highest level of executive leadership; strong and participatory coordination and collaborative structures; dedicated focal experts in key ministries and departments; openness to learn from each other, as well as from experiences both inside and outside the country; and national and international partners ready to help the government realize its vision.

Within three years, Ethiopia's MOH established a solid foundation for promoting nurturing care in the health sector, and in collaboration with other sectors. The focus has now shifted to sustaining and building on this progress. The MOH will continue its work with partners to reinforce missing nurturing care elements and to integrate them into key policies, strategies, guidelines and tools. It will also explore opportunities

to integrate responsive caregiving and early learning into essential service delivery platforms at community and health facility levels. Efforts to build capacity and ownership at multiple levels, including among parents and communities, will enable all stakeholders to work together so that all children survive, thrive and reach their full developmental potential.

While there is currently a high level of interest in and commitment to the nurturing care agenda across all key ministries, it cannot be assumed that this will always be the case. Historically, emergencies or changing priorities at the highest levels of government have tended to divert attention and resources as is being observed during the ongoing COVID-19 pandemic. During such crises, the focus reverts to child survival, leaving aside interventions that support the new thrive agenda, and even risking reversal of recent achievements. Ongoing advocacy efforts are therefore needed at all levels to ensure that decision-makers see nurturing care as a priority, even during times of crisis.

FOR MORE INFORMATION:

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Visit <https://nurturing-care.org/country/ethiopia/> for more information on the activities and documents mentioned in this case study.

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