

Promoting responsive caregiving, early learning, and maternal mental health through primary health care in Ethiopia



Background

According to the Nurturing Care country profile (2021), 59 percent of children under five years in Ethiopia are at risk of poor development. Nurturing care refers to the five domains needed for optimal early childhood development (ECD): good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for learning.¹ In Ethiopia, decades of sustained government-led investment and resource mobilization has resulted in impressive reductions in child mortality, stunting, and wasting. However, until recently, very little investment had taken place—and minimal data was available—to support the responsive caregiving and early learning domains.

For example, while 42 percent of children 4–6 years participate in organized pre-primary early learning activities (SDG 2021 report), there are wide variations between regions. Furthermore, no national data exists on parenting knowledge and practices that support responsive caregiving and early learning at home. Preliminary findings from a recent study commissioned by UNICEF indicates that caregiver knowledge of child development milestones is low;² 48 percent of caregivers believe that physical punishment is necessary, and parents do not see themselves as having a role in their child's learning, instead considering this to be the task of school. 21 percent of children under five years have no adult family member engaging in early learning activities with them. When caregivers play with their children, mothers carry out most of the interactions (70 percent), with fathers engaged only about a third of the time. Additionally, there is a notable lack of safe and stimulating play spaces for young children in communities, especially in urban areas.

Furthermore, multiple conflicts and climate emergencies, such as drought, have resulted in a high number of internally displaced people (close to 3 million) and refugees (close to 1 million) in Ethiopia, adding stress to parenting and creating risks for child development. The previously mentioned UNICEF study cites internally displaced caregivers experiencing stress, grief, and depression, and feeling unable to provide responsive care and early learning opportunities to their children due to lack of income and stability.¹

Introduction

The health sector is typically the only way to consistently reach and support young children and their caregivers during the early years, when brain development is most active (i.e., the primary window of opportunity for ECD). The Nurturing Care Framework launched in 2018, recommends that routine health services not only ensure that children survive, but that they also support children to thrive and reach their full potential in life.

In recent years, Ethiopia has made considerable strides in leveraging the health sector to provide more comprehensive nurturing care. It developed its first-ever national action plan for nurturing care for ECD in late-2018. In 2019, a situational analysis was conducted by the Federal Ministry of Health (FMOH) to understand the extent to which existing health services were supporting nurturing care. The analysis revealed that responsive caregiving and early learning were not generally promoted through the health sector. These findings spurred the FMOH and its partners into action, which included training the first group of national trainers on the UNICEF/World Health Organization (WHO) *Care for Child Development* (CCD) package and supporting regional health bureaus to start implementing interventions promoting responsive caregiving and early learning through the health sector. PATH has been able to support these efforts through generous funding from the Bainum Family Foundation and Big Win Philanthropy.

Promoting more holistic nurturing care through the health sector as part of the Yenege Tesfa initiative in Addis Ababa

The FMOH and the Addis Ababa City Administration Health Bureau are implementing the Yenege Tesfa (“Tomorrow’s Hope”) initiative—which aims to create pro-child, family-friendly communities and spaces in Addis Ababa and the surrounding areas. PATH served as the health sector lead of the Yenege Tesfa consortium from 2019–2023. This partnership resulted in the development and implementation of Ethiopia’s first-ever scalable model for providing monitoring of developmental milestones and counseling caregivers on responsive caregiving and early learning as an integral part of primary health care (PHC).

¹ <https://nurturing-care.org/what-is-nurturing-care/>

² American Institutes for Research. *Study on parenting for early childhood development in Ethiopia*. New York, NY: UNICEF; 2022.



Using the CCD package as a starting point, PATH worked with experts from the national ECD Technical Working Group (TWG), FMOH, the Addis Ababa City Administration Health Bureau, major teaching hospitals, UNICEF, WHO, and the Bernard van Leer Foundation to adapt CCD content to the Ethiopian context. Existing counseling cards for health extension workers (HEWs) and facility data record tools were used as a basis for designing job aids and data capture strategies for health providers. As a result of these efforts, a step-by-step training manual, visual job aids for PHC touchpoints, and a mentoring guide were produced.

The following three interventions were designed to promote responsive caregiving and early learning as part of PHC service delivery:

- Including play sessions in health facility waiting areas.
- Monitoring developmental milestones in well-baby and sick child consultations.
- Counseling on responsive caregiving and early learning during antenatal and postnatal care visits and child consultations.



A maternal and child health nurse checking a child's developmental milestones during a sick child consultation. Photo: PATH.

Using a training of trainers methodology and on-the-job mentoring and supervision, 3,207 health providers (including HEWs) have been capacitated to provide these interventions in all 101 public health centers and 7 hospitals of Addis Ababa. Between January 2021 and March 2023, cumulatively, 1,192,458 consultations (i.e., 94 percent of all consultations) at facility-level integrated developmental monitoring and counseling. This represents one of the few examples of health systems-based provision of interventions that explicitly promote responsive caregiving and early learning at this level of scale in sub-Saharan Africa.

A mixed methods assessment revealed that around 70 percent of caregivers had received counseling on the importance of playing and talking with their children during their visit to a health facility. Play sessions were found to be taking place in 75 percent of sampled health facilities, although there were some concerns about the quality and consistency of play sessions.

As a result of counseling received during health facility visits, caregivers mentioned playing with their children at home and making them age-appropriate playthings. According to health service providers, the provision of integrated ECD services has also elevated the overall client experience and resulted in a higher number of clients coming for services. Providers felt that these interventions could be implemented as part of routine service delivery, and many facilities reported following up on them through their regular supervision and data review meetings.

The quality of the promoted interventions improved over time—from 20 percent to 57 percent of sampled health facilities—demonstrating satisfactory performance from baseline to endline (i.e., scoring at least 75 percent on an observational checklist). However, it was also clear that well-baby services did not provide adequate contact time for individual counseling on responsive caregiving and early learning, while services such as antenatal care and postnatal care provided opportunities for individual counseling and group play sessions in waiting areas were suitable for group counseling.



A play session under way in the health facility reception waiting area. Photo: PATH.

Other areas that may need improvement include the following:

- Improving detection of developmental delays, which is currently less than 1 percent.
- Strengthening adherence to the recommended steps

for developmental monitoring and counseling, especially on teaching new practices.

- Reinforcing use of home-made playthings, as opposed to store-bought, in the waiting areas.
- Strengthening responsive care and early learning in home outreach activities by family health teams.

Promoting more holistic nurturing care and mental health support as part of post-conflict PHC reconstruction efforts in Amhara

Through 2022 and early 2023, PATH supported efforts to integrate responsive caregiving, early learning, and maternal mental health (MMH) into efforts to rebuild PHC in six woredas of Amhara Region affected by the conflict in northern Ethiopia. Facility-level providers were trained to set up play areas in waiting rooms, monitor child development, screen for perinatal depression, and counsel caregivers on responsive care, early learning, and psychosocial well-being. HEWs were trained to conduct mother-baby support groups for pregnant women and mothers of young children, which aimed to improve maternal mental health and practices in nutrition and child development. A total of over 700 health providers from 18 health centers and 81 health posts were trained. During the project, over 100,000 children under five years were monitored for their development, of whom 1,310 had suspected developmental delays. All health centers and 31 health posts established play areas.



A pregnant woman receiving counseling on maternal mental health. Photo: PATH.

16,222 women were screened for perinatal depression, of whom 218 were confirmed to have mild depression and subsequently linked to support groups. Participation in the mother-baby support groups was associated with a dramatic reduction in mild depressive symptoms in 44 percent of women at the start to only 4 percent at the end. Mother-baby support group participants' knowledge of how to support their children's development and nutrition also increased, with average scores rising from 31 percent to 61 percent.

In the words of one participant: *"Mother-baby support group helps us share our experiences and reflect on the things we faced. We talk about hot issues as well as stressful conditions, and it gives us relief and helps get rid of painful things from our mind. It also offers opportunity to stimulate children and makes them active when they are playing with locally available materials."*

Additionally, to support children with stable routines and learning, PATH developed a nonformal curriculum to be used in community playgroups, where children 3–5 years came

together a few days a week to play in play corners, listen to stories, and engage in educational games. Primary schools offered spaces and pre-primary teachers for community playgroups. Participation in the community playgroups was associated with an increase in caregivers' reported engagement in play activities at home—from just around 70 percent at the beginning to over 90 percent at the end of the project. The percentage of families with children's books at home grew from 27 percent to 70 percent, likely due to the emphasis on using locally available storybooks.



A mother-baby support group session is conducted by an HEW in the community. Photo: PATH.



Children engaging with local storybooks during a community playgroup. Photo PATH.

As one mother described it: *"This community playgroup brought learning through play... Now, [children] are playing at home in addition to playgroup, so it helps us and the children to forget our problems."*

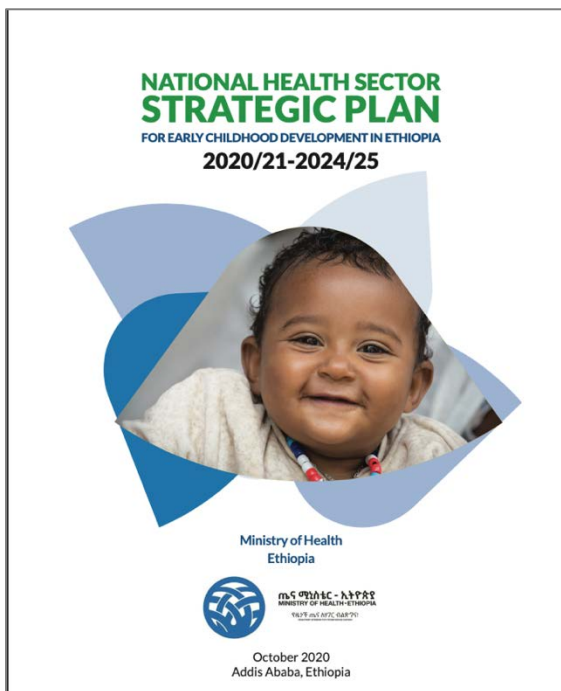
Several facilities and woreda offices added the ECD interventions to their performance monitoring and supervision checklists and to their routine review meetings. HEWs also planned to integrate mother-baby support groups into their routine activities, as they perceived them to be useful to achieving their health promotion objectives.

Strengthening the enabling environment for nurturing care within the health sector

The long-term sustainability and government ownership of innovative responsive caregiving and early learning interventions through the health sector requires implementing relevant strategic policies and plans. PATH worked hand in hand with the national ECD TWG to provide extensive

technical assistance to the development of the following documents:

- National Health Sector Strategic Plan for ECD (2021–2025).
- National Newborn and Child Health and Development Strategic Plan (2022).
- National Early Childhood Development and Education Policy Framework (2022/2023).



PATH worked with the national ECD TWG to facilitate integration of relevant content on developmental monitoring, responsive care, and early learning into the *Integrated Management of Newborn and Childhood Illness (IMNCI)* chart booklet and training modules and the *Expanded Program on Immunization* implementation guideline. PATH also supported efforts to include ECD indicators in national registers used in antenatal care, prevention of mother-to-child transmission of HIV, postnatal care, infant immunization, neonatal intensive care units, management of acute malnutrition, IMNCI, and comprehensive nutrition services.

In addition to national-level efforts, PATH responded to demand from the FMOH, regional health bureaus, and nongovernmental partners to provide capacity-building support and training materials to train 74 trainers from

Amhara, Afar, Benishangul-Gumuz, Dire Dawa, Gambela, Harari, Oromia, Sidama, Somali, South West Ethiopia Peoples, and Southern Nations, Nationalities, and Peoples (SNNP) regions. In turn, they have trained an additional 329 health providers from 58 health facilities—50 health centers linked to 50 communities and 8 hospitals—in Afar, Benishangul-Gumuz, Oromia, Sidama, and SNNP regions.

Future plans

PATH wishes to continue supporting Ethiopia's FMOH and its partners in operationalizing global guidance on nurturing care into practical and contextually sound models and tools.

PATH looks forward to supporting regional health bureaus to scale up services promoting responsive caregiving, early learning, and maternal mental health as part of routine PHC and further improve their effectiveness through human-centered design.

Finally, PATH is eager to evaluate with more rigor the promising interventions piloted in post-conflict settings in the Amhara Region and transition them to other vulnerable settings hosting internally displaced or refugee populations in Ethiopia and beyond.



Mother-baby support group demonstrating a playbox they put together for their children to play with, while they discuss the sessions. Photo: PATH.

As we embark on this work, we are inspired by these words from a health provider: *“Providing stimulation and responsive care for children and providing counseling for caregivers improve the well-being of the family.”*