

Making the first 1000 days count!

Home Visiting Programme

Evaluation

Report

October 2020



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Introduction

The first three years of a child's life are of crucial importance. A good foundation in the early years can make a difference throughout adulthood. A child's brain undergoes an amazing period of rapid development during this time. The development of the brain is influenced by many factors, including a child's relationships, experiences, and environment. That is why **parental support in this period of life is pivotal for the healthy and happy development of young children.**

'Making the first 1000 days count!' is a project co-developed by ICDI and our partner in Ethiopia, Education for Sustainable Development (ESD). With this project we are focusing on the first 1000 days of children's lives. We put into practice an **innovative, holistic approach to community-based Early Childhood Development (ECD) environment for children 0-3 years**, which involves integrating parenting support with community-based health and social care support in seven communities in Ethiopia. The main pillars of the approach are: Community based non formal ECEC services (Play Hubs); Home Visits; Shared Community Ownership; improved health and social integration of children aged 0 – 4 (see box below).



AIM

Promote the healthy social and emotional development of babies, toddlers and children in general in Ethiopia.

LOCATION

In the region of Amhara in Ethiopia in 7 communities in Siyadeberna-Wayu & Debre-Birhan.



The project was implemented in the region of Amhara in Ethiopia in seven communities in Siyadeberna-Wayu and Debre-Birhan between April 2018 and September 2020. At the time of writing discussions are in place in order to continue its implementation.



The main pillars of the Making the first 1000 days count approach are:

- 1 Community based non formal ECEC services (Play Hubs)**
Family friendly centres where young children access toys and educational activities, parents can participate in workshops and services can connect with each other.
- 2 Home Visits**
One-on-one consultations over a period of 4 months that put play and responsive parenting at the centre, offering caregivers access to important information and very practical tools they can use in day-to-day interactions with their young children.
- 3 Shared community ownership**
Local Committees composed of parents, grandparents, community and religious leaders, health workers, ECEC practitioners and local authorities' representatives, develop annual plans for the well-being of children 0-4 and monitor their targets in relation to prenatal care, postnatal care, nurturing, play and development.
- 4 Improved health and social integration of children**
aged 0-4 through the increased availability of and access to health and education services for parents and children (including prenatal care).

This report focusses on the Home Visiting component of the project, which aims to provide parenting support for the hardest-to-reach families of very young children. It presents the findings of an internal evaluation of its quality and impact which was conducted by ICDI and ESD. This **evaluation** is primarily intended for the programme developers and implementers as a learning and feedback mechanism to improve and adapt the programme as necessary.

Other key stakeholders who will be interested in the findings are health and education policy staff in **local and national government** in Ethiopia, given that the home visiting programme serves to support government priority for ECEC set out in the **National Policy Framework for Early Childhood Care and Education***. Another group who may find this evaluation useful are **donors** and **INGOs**, especially those focused on strengthening parenting and improving outcomes for children in the early years.

Rationale and goal of the home visiting programme

In Ethiopia it's not a common practice for parents, especially those in lower and middle income groups, to bring their very young children (0 to 4 years) to centre-based early childhood education and care (ECEC) services where children play and learn together and where their development and socio-emotional well-being are supported by trained educators. We realized that not all families would be ready to participate in centre-based group activities such as in the Play Hubs or in other ECEC centres. Families, especially those living in rural areas, have very limited or no access to services in their communities and are often not aware of the importance of ECEC. Where services do exist, they don't cater to the needs of families with very young children.

For these reasons, we decided to offer a combination of modalities in this programme. We opened seven Play Hubs, and at the same time developed a home-visiting programme to reach the hardest to reach families. This was designed to supplement the existing government supported home-visiting programme, which is delivered by Health Extension Workers and focusses primarily on providing information about nutrition and health.

The intended outcome (result) of the home visiting programme was that parents would be able to provide safe and supportive environments for their children's development and learning and would become regular users of other health and ECEC local services, such as the Play Hub and the neighbouring Health Post.

How the home visiting programme works

The home visits were conducted by a trained community facilitator and a health extension worker, who visit the family homes in pairs. In total seven pairs of home visitors were trained, one pair for each of the participating community. The programme was organized as follows: All families received an introduction visit to assess the home environment and offer support and information to parents and carers. After the introduction visit, families were invited to access the services offered in the local ECEC Play Hubs. Families considered particularly vulnerable or less likely to go to the Play Hubs, received further support through a 4-month home visiting trajectory which included bi-monthly home visits.

These visits, which typically lasted 50 minutes were designed to alert parents of the importance of establishing healthy connections with their babies and of building loving, trusting and supportive relationships with their children. They were also intended to reduce stress parents and carers may experience in their parenting role by providing a **listening ear, calm reassurance, support, and information**. It was hoped that over time, families and Home Visitors would build strong relationships that could lead to lasting benefits for the entire family. **During each visit**, the Home Visitors asks about the child and mother's well-being, engaged in the play activities with the parent and child leaving relevant material and agree on the next appointment. After each visit the Community Facilitators documented observations, actions and follow-up.

A Home Visiting Toolkit** was developed to assist home visitors during their visits and help them engage with parents. The Toolkit*** contained information on the role of Home Visitor; how to conduct a home visit; activity cards according to the child's age and developmental stage.

Aims of the Internal Evaluation

As noted in the introduction, this evaluation was designed as a **learning and feedback loop tool**. Specifically, we as the programme developers and implementers wanted to understand whether the programme met the needs of those who it was intended for; the usefulness and usability of the Toolkit as a resource for home visitors and families; the quality of the programme and whether it was having the desired effect.

Evaluation activities were conducted throughout the whole project, beginning with a pilot study, so that adaptations and improvements could be made to the home-visiting programme along the way based on lessons learnt.

Another function of the internal evaluation was to increase the capacity of the ESD programme staff, as well as the home visitors to collect and use data, to assess quality and to inform planning and delivery of the home visiting programme.



**The toolkit was adapted to Ethiopian context and translated into Amharic.

***Part One and Two are publicly available, but if an organisation is interested in applying it, ICDI offers a training during which Part 3 and 4 are also shared and explored.

Please feel free to contact us through icdi@icdi.nl

Piloting the Home Visiting programme

Between October 2018 and January 2019, we piloted the home visiting programme with a sample of 30 families. ESD staff, who were not directly involved in delivering home visits, conducted post pilot interviews with parents participating in the pilot and with the home visitors.

The **purpose of the pilot** was:

- 1) To assess the usability of the Information Cards and Activity cards (part of the Home Visitors Toolkit) from the perspective of the Home Visitors;
- 2) To assess the usability of the Activity cards from the perspective of the parents;
- 3) To evaluate the experience of the home visitors taking part of the programme in terms of expectations of the role (working conditions, roles and responsibilities, professional development needs);
- 4) To evaluate the experience of parents taking part of home visiting programme in terms of: awareness re child development and their role in their child's development; and, sense of being supported and listened to. As a result of the pilot there were a number of modifications made to the Activity Cards to improve their clarity. We also included additional information about the desired time and length of the visits in the Toolkit. See **Annex 1** for the report of the pilot.



The Quality Evaluation

The aim of the quality evaluation was to assess the **quality** and **impact** of the **home visiting programme** after it had been running for 16 months. In total 140 families were visited. We wanted to assess which elements were working best, which were in need of improvement, and most importantly, whether the programme's overall goal was being met.

We were also interested in finding out whether there **were differences between the seven communities** in terms of how the home visiting programme was being implemented and if there were **challenges or opportunities for developing the programme that were particular to each community**.



The tool that we used for the quality evaluation was an adapted form of the **Strengthening Families self-assessment tool for Home Visiting programs**, which was developed by the **Center for the Study of Social Policy******. Together with ESD programme staff, we made a selection of the items to better match the content and intended outcomes of the home visiting programme. We also needed to adapt a number of items so that they were culturally appropriate and relevant for Amhara context. Finally, we translated the tool into Amharic.

The tool is divided in 6 components:




In total, the adapted version of the evaluation tool is made up by 87 statements. The person completing the tool, indicates their agreement or disagreement about each statement, where 5 represents strongly agree, 4 - agree, 3 - neither agree or disagree, 2 disagree and 1 strongly agree. Statements that score 3 and below highlighted aspects of the programme that needed further exploration or could need further attention. See **Annex 2** for the complete tool.

1. Parental Resilience		5. Strongly Agree	4 Agree	3. Neither agree or disagree	2. Disagree	1 Strongly disagree
1. Home visitors develop mutually respectful relationships with all family members by	1.1.1 Taking time to get to know family members individually, by name/					
	1.2.1 Regularly inquiring about what is happening in their lives.					
	1.3.1 Providing emotional support and encouragement/ Ibytsbu					
	1.4.1 Sharing appropriate information about themselves/					
	1.5.1 Recognizing and acknowledging their strengths, efforts and contributions					

While the original tool was intended to be a self-assessment evaluation, for this evaluation an **ESD project officer** or a **social worker** interviewed the **7 pairs of community facilitators - health extension workers** using the tool. The interviews took place in June 2020 and the duration of each interview was between 60 to 90 minutes. After the all the interviews were conducted, ESD staff calculated the average score for each question per community and filled out in one assessment form in English for each of the seven communities with the average scores.



Confidentiality and ethical issues: All community facilitators and health extension workers gave their permission to participate in this evaluation. To protect anonymity no names are used. Also, for the purposes of this report, the seven communities are identified by number only. 

Findings

We organized the findings according to each component, paying attention to the similarities and differences between communities, and also identifying noteworthy findings per component and areas needing further attention if/when the Programme is to be continued. We begin each section by explaining what is meant by the component.



Parental Resilience

The first component on the evaluation tool is **parental resilience**; this relates to extent to which home visitors provide care and attention to parents to help them manage stress, meet family challenges to provide a nurturing and supportive environment to their children.

Overall, the findings indicate that the community facilitators as well as the health extension workers **strongly agree** or **agree** with most of the statements. They indicated that they **take the time to get to know family member individually by their name**. Nevertheless regarding the statement whether home visitors develop family plans that identify the **family's assets, interests, skills, needs and goals for the families and their children and identify services, opportunities and community resources that may help the families achieve their goals**, health extension workers of **three communities answered that they disagree with this statement**.

Another interesting finding involves mental health, where community facilitators and health extension workers were asked if parents and home visitors have access to a mental health consultant who can help them proactively address the needs of children and other family members during stressful times.

Interviewees representing **four communities strongly disagree**, and interviewees representing **two communities disagree with this statement**. This highlights the lack of mental health support services in the community, which is typical in rural areas in Ethiopia. It is also possible that the home visitors were not aware of the services if they did exist. Further investigation on this finding with ESD staff, indicated that there is **general lack of understanding about mental health, what it means and how mental health problems can be prevented or treated**. This is an important issue which needs attention in the ongoing training of health visitors in this programme.

Community facilitators and health extension workers from **two communities** (#2 and #6) answered most negatively in this component.

2

Social connections

This component focusses on the importance of social connections as high-quality relationships support nurturing parenting behaviors. Here we were interested in finding out more about how the programme supported families to develop relationships.

The average answer across all items for this component is **agree** but there were a few issues that stand out, that need further attention.

When asked if the programme provided opportunities for families to socialize and foster a sense of community by providing opportunities for families with similar interest, children's age and circumstances to connect to one another, community facilitator and health extension workers from **three communities disagreed** with this statement, two replied, neither agree or disagree and one agreed. **This is an unexpected finding, given that in this project that an important role of the home visitors is to introduce parents to the Play Hubs, which provide a space for families to connect with one another.** However, further discussions with ESD programme staff suggest that to date, parents are much more like to attend the organized meetings and training in the Play Hub, rather than the informal drop-in service which allows them to borrow toys and meet other families.

All interviewees disagreed that the project plans informal social events where staff and families can interact. While this is not a main activity of the Play Hubs, it's interesting to see that the opportunity for planning informal events in the Play Hubs didn't come up.

Interviewees from **community #1 and #6** reported most negatively in this component.

3

Knowledge of parenting and child development

This component focusses on the Home Visitors' experience and knowledge on child development and parenting. Providing the adequate information about their children's development helps parents to know what to expect from their child and understand what children need during each developmental phase.

The average score for the statements in this component was **agree**. However, it is possible to identify differences in experiences amongst the communities. Asking if Home Visitors and parents work together to regularly monitor the children's development with appropriate tools, the community facilitator and health extension worker representing **community #2 disagree** with this statement. When asked if Home Visitors shared current, research-based information and age appropriate developmental expectation, the community facilitator and health extension worker representing **community #5 disagree**.

Another relevant finding was that communities were asked if the staff provides timely parenting tips and discuss issues with parents (i.e. changes in eating or sleeping, separation issues, stress or frustration). Interviewees from both **community #2** and **community #6** disagreed with this statement, while the other interviewees in other communities responded either agree or strongly agree.

4

Concrete support in times of need

The fourth component of the evaluation is **concrete support in times of need**, the aim of this component is to understand if the programme effectively provided a link between the home visits and the community services available.

This component is the one with the **lowest ranking/answers overall******.

When a family is experiencing extreme difficulties but there is no sign of imminent harm to the child or other family members, ESD staff attempted to connect the family to resources that can help address the issue, including such intensive services as respite care, shelters or emergency crisis representatives. Interviewees from **four of the seven communities** responded that they disagreed with this statement. And the interviewees from **three communities were neutral – i.e. they neither agree or disagree**.

When asked if ESD staff continue to support the family and monitor the situation until it is resolved, the same representatives of the **four communities** responded that they disagreed and the community facilitators and health extension workers from the remaining **3 communities expressed a neutral standpoint on this. They neither agree nor disagree.**

This is also an unexpected finding. Even though the Play Hubs, are not the place to refer the families for these kind of situations, the aim was that Home Visitors would be able to refer families to other services and supports in the locality. Further investigation on this finding with ESD staff, indicated that ESD staff follow up on families with extreme problems and continue their support and monitor the case until the problem is resolved. Up to this assessment they didn't have an active case of this kind.

5

Social and emotional competence of children

This component addresses whether Home Visitors provide parents with skills, information, materials about social and emotional competence. This is important, since there is considerable research evidence linking young children's social and emotional competence to cognitive development, language skills, mental health and school success.

Overall, the community facilitators and health extension workers **agree** with all the statements in this component.

When looking at the differences across communities, there were a number of noteworthy findings. The interviewees from **community #5** and **community #7** strongly agreed with all the statements in this component.

The statement where there was **least agreement was, 'Home Visitors receive training, and ongoing coaching to support their skills in supporting children's social emotional development'.** Health extension workers and community facilitators from **three communities, neither agreed or disagreed with this.** Further investigation on this finding with ESD staff, indicated that the home visitors received continuous training and coaching support on children social and emotional development from the project officer, social workers and ICDI, but respondents in these communities may have expected more. The remaining interviewees **agreed** with this statement.



Responding to possible child abuse or neglect

One responsibility of home visiting programs is to respond to observations of possible child abuse and neglect. So the purpose of this component is to understand if home visitors and ESD recognise and respond to possible child abuse.

This is the shortest section of the assessment; the health extension workers and community facilitator agree with all the questions. Regarding the statement: 'ESD has policies and follows protocols for recognizing and reporting child abuse' interviewees from **one community** answered that they neither agree nor disagree. Another interesting finding is that nobody strongly agreed with the statements in this section.

Conclusion and final remarks

This internal evaluation has allowed us to identify the aspects of the Home Visiting Programme that worked best and those which need more attention. Overall, we can conclude that the **programme is on its way to fulfilling its main objectives, specifically providing parenting support for the hardest-to-reach families of very young children.** The Home Visitors (community facilitators and health extension workers) have by and large been successful in developing mutually respectful relationships with families and provided parents with guidance on everyday parenting struggles as well as where to get help in times of crisis. The community facilitators and health extension workers also helped families identify and extend their support system. Furthermore, this evaluation showed that the programme has been successful in providing families with knowledge and information about prenatal and infant health and development; and how parenting changes as children grow and develop.

There were many similarities amongst all seven communities in how the home visiting programme was experienced. However, the responses from community facilitators and health extension workers in community #2 and community #6 suggest they would benefit from additional training and ongoing support. **There seemed to be a mismatch between their expectations of the Programme and what the Programme aimed to achieve.** This needs further investigation.

Whilst the **overall findings are positive**, there is nevertheless, room for improvement. This evaluation has confirmed the importance of **continuous mentoring and training for home visitors**, so that they can provide a quality service the families based on trusting relationships with individual families. It is also important that home visitors

have opportunities to talk with their peers, mutually support each other, provide feedback and discuss pressing matters and common concerns. ESD have already a system in place so this peer support is possible. It is recommended that this is maintained and strengthened. Health visitors would also benefit from additional training about mental health in general and specifically about infant and maternal mental health. There is a general lack of awareness about what contributes to mental health, and how to recognize and treat mental health problems in Ethiopia. This programme would make a small but significant contribution in this regard.

Finally, the function of Play Hub as a community play space for families with young children needs and strengthening the links between home visiting programme and the Play Hubs needs to be further explored. It is therefore recommended that more attention is paid to listening with parents about the kind of events and services they would like in the Play Hubs.

All of these recommendations and lessons will be taken into consideration in the project's next phase.



For more information about the 'Making the first 1000 days count' project visit:
<https://icdi.nl/projects/making-the-first-1000-days-count>



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Education for sustainable development count the first one thousand days project pilot home visiting program post assessment report

February 2019

Introduction

In this home pilot home visit program totally thirty families from seven project implementation communities (kebeles) at Siyadbrnawayu and Debrebrehan district have been included. The introduction and seven round visits of the families have been taken placed by 14 health extension workers who have been working at the targeted communities with the facilitation work of seven ESD community workers. From the total number of families those were included in the visit 66.67 percent of the families live in the rural setting, 6.67 percent in semi-urban setting and the others 28.67 live in the urban setting. The post-pilot interview with families and home visitors was done by two ESD project officers. On the post-pilot program totally 30 families and 10 health extension workers who were participated in the pilot visit program were interviewed.

Purpose of the post visit

- ✓ To assess the usability of the Information Cards and Activity cards by the home visitors and parents.
- ✓ To assess the overall performance of home visitors on the home visit.
- ✓ To assess the outlooks and satisfaction of parents on the visit.

Findings from Families interview

1. All the participants of this interview responded that, yes I was supported and listened by the visitors a lot during the visit.
2. 80% percent of mothers responded that on average the visitors stayed with me between 30 mints to one hour.
- B. 80% of mothers replayed that the ideal length of the visit was 40 mints.
- C. 95 %of mothers select morning time for the visit

The main reason that was mentioned by the respondents was that on the morning time they have free time for the program.

3. 100 percent of the mothers said that, yes the purpose of the visit was explained and discussed with me before the visit.



B. Only 22 percent of mothers responded that yes, I used the activity cards given by the home visitor to lesser extent; the others didn't use the activity cards at all.

C. 88 percent of mothers said that I didn't use the activity cards when I was playing with my child without the presence of the visitor.

The reason they gave for their response was;-

- ✓ I don't have enough time to read and practice with my child.
- ✓ I didn't understand well the activity cards because of that I couldn't practice it.
- ✓ The pictures in the cards are not well visible to understand the activity in the card.
- ✓ I am illiterate because of that I can't read and practice the activity cards.

D. 99 percent of mothers responded that the information and support offered by the home visitor is better than the materials.

The reason they gave for their response was;-

- ✓ I am illiterate because of that i couldn't read and practice the information on the materials.
- ✓ I don't have enough time to read and practice the materials.
- ✓ I took more time to read, understand and practice the information in the card but the visitor can simplify such kind of things.

4. *Things parents doing differently after the visit*

- ✓ I understood the importance of play, and i started to play with their child.
- ✓ I start to clean my houses, wash cloths and keep my children hygiene.
- ✓ I understood the importance of the exclusive burst feeding for the first six months and i started to practice it.
- ✓ I aware of the preparation of nutritional foods from cereals, due to this i can prepare and feed my children.
- ✓ I start to visit health centers for consultation and prenatal checkup.
- ✓ I separate the Animals' habitat from my home.

Findings from the post pilot interview with home visitors

1. 65.5% of the participants of the pilot action responded that the information and the training that was given before the home visit was very relevant to understand the program, to large extent but the other 45 percent said that the program helped them to understand it partially, it means they need additional capacity building training on the applicability of home visit.
2. 62.5 % of the interviewee responded that the information on the training helped me to get know the tool kit to large extent the others said partly.



3. 65% of home visitors responded that the training helped me to do the home visit to a large extent the others said partly.
4. 66 % of respondents said that yes the tool kit helped me to be a better home visitor to a large extent and the others said partly.
5. 85% present of the respondents said that both the activity cards and the info cards are equally useful, and the other 15% said that the activity cards are the most useful.

The reason they give for their response was;

- ✓ **Both the activity and info cards provide me important thoughts about children and mothers.**
6. From info cards, 6 and 7 are difficult to understand because there are long sentences on it.
 - ✓ From the activity cards, A4 is difficult to practice by the activity didn't consider the wearing style of mothers in the rural and semi urban areas, most of the time they wear the dress and they didn't wear underwear.
 7. Most of the activity cards are easy to understand and use it except the activities not marked with × sign in the following table.

A1: The Smiling Activity	×	B1: Test out sounds and smells	×	C1: Cook Together	×
A2: Massage	×	B2: Snuggle with your child	×	C2: Pretend play	×
A3: Dancing Activity	×	B3: Feeding your memory with love	×	C3: Nature's paint brushes	
A4: Ride with me		B4: Mimic	×	C4: Arts & Crafts	
A5: Tummy Time	×	B5: Floating Catch Game	×	C5: Pillow Case Hoppers	×
A6: Baby Sit-Ups	×	B6: Obstacles on the floor game	×	C6: Toddler Beading	×
A7: Kicking Activity	×	B7: Move around	×	C7: Up and Over	×
A8: Roll Over	×	B8: Touch it, Hold it, Bang it.	×	C8 Fast-Slow Race	×
A9: Pointing Power	×	B9: Naming Body Parts	×	C9: Pretend Play	
A10: Listening Activity	×	B10: I Spy with my Little Eye	×	C10: Counting and Subtilizing	×
A11: Talking Activity	×	B11: Rhyme Time		C11: Song-versations	×
A12: Sing Activity	×	B12: Space Explorer	×	C12: Puppet Game	×
A13: Tracking Activity	×	B13: Peek-a-boo	×	C13: Hide and seek	×
A14: Reflection Activity	×	B14: Putting it together game	×	C14: Sort Buttons	×
A15: Fingers and Toes	×	B15: Disappearing toy game	×	C15: Treasure Box	×
A16: Sounds all around	×	B16: Stacking activity	×	C16: Block Basketball	

Activity card A4, B11, C3, C4, C9, and C16 are difficult to understand and practice.

8. 55% of the respondents replayed that, no I didn't use all the activity cards.

The reason they gave for their answer was



- ✓ **Some of the activity cards were not appropriate for the domain.**
- ✓ **I didn't understand some of the activity cards.**

9. A. 90% of respondents said that in each visit I was weight for 30 to 60 minutes on average.
B. 90% of the respondents said that the ideal length of the visit staid for 40 minutes
C. 90% of the respondents said that morning time is the best time for the visit because most mothers are free at that time.
10. Actively A5, A8, A14, A6, A7, B15, and C13 are easy to understand and practice by families.
11. 75% of the interviewee said that, if the mother doesn't well understand the activity, the cards were not received well in addition to this 67% of them mentioned that if the activity was not attractive or easy to practice at that time the cards may not be valuable.
12. a. only 19% of respondents said that to a lesser extent mothers used activity cards in between the visits but the other respondents replayed that the mothers didn't use the activity cards between the visits.
- b.100% of the respondents replayed that; I will ask them about the activity *at the beginning of next visit.*
- 13.100% of them replayed that yes I need extra training on the applicability of the tool kit in general and practical training on the use of action cards and info cards.

14. **Challenges**

- ✓ Selected project beneficiaries are too busy on timely crop collection.
- ✓ Work over load on Health extension.
- ✓ Most of the tasks and assignments given to the family members during the home visiting are not done well.
- ✓ Lack of interest and understanding from family members on the home visiting.
- ✓ Time constraint to practice the activities in the toolkit with families.
- ✓ Families high expectation from the project (material and financial support)

Strength

- ✓ All eight rounds of the visit program were completed according to the schedule.
- ✓ Selected families for the pilot action were volunteers to participate on the visit program.
- ✓ Before the visit selected families were well oriented about the program.
- ✓ Even though health extension workers have high work over load but they can perform the home visit.

Opportunity

- ✓ Availability of health post centers and at list two health extension workers in each kebele(community)



- ✓ Availability of top up fee for the home visitors.
- ✓ Most parents were volunteers to be involved in the home visit.

15) 88.5% of the respondents replayed that the most successful part of the home visit was the lesson provided for the families about personal and environmental hygiene, preparation of nutritional food from cereals, importance of exclusive breast feeding, and importance of play with children.

In general the findings of the home visit summarized below

- ✓ Families agreed to have the home visit program in the morning.
- ✓ Before the visit, the purpose of the visit was clearly explained for all the families.
- ✓ The ideal length of the visit program is 45 minutes.
- ✓ Most families didn't use the activity cards without the presence of the visitor.
- ✓ The support provided by the visitor is more empowering and use full than the materials provided by the home visitor.
- ✓ Additional capacity building training is needed on the application of home visit for home visitors.
- ✓ The action card and info cards are equally helpful to provide better support for families.
- ✓ Sign of changes are observed because of this home visiting program on personal and environmental hygiene, exclusive breast feeding, and importance of play
- ✓ The training provided for the visitors creates good opportunity to understand the applicability, use of the visit program and totally the tool kit.
- ✓ Activity card A4, B11, C3, C4, C9, and C16 and info card 6 and 7 are difficult to understand and practice.
- ✓ If the activities in the cards were not well understood by the mothers then they were not well practiced.
- ✓ Most of the mothers participated in the pilot action didn't use activities in the cards between the visits.

Making the first 1000 days count!

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የመገምገሚያ ሰነድ/መሳሪያ

The **purpose** of this tool¹ is to assess the quality and impact of the home visiting programme so far, based on the experience of the home visitors and health extension workers.

የዚህ መሳሪያ አላማ የቤት ለቤት ጎብኝዎችና የጤና ኤክስቴንደሽን ሠራተኞችን ልምድ መሠረት በማድረግ በቤት ለቤት ጉብኝት ፕሮግራም የተገኙትን ውጤቶችና ጥራታቸውን ለመገምገም ነው፡፡

How to conduct the interviews? ቃለመጠይቆች እንዴት እንደሚደረጉ?

¹ Based on: Strengthening Families™ self-assessment tool for Home Visiting Programs. Retrieved from:
<https://cssp.org/wp-content/uploads/2018/10/HOME-VISITING-PROGRAM-SELF-ASSESSMENT.pdf>

ESD staff will be interviewing the home visitors and the health extension workers in pairs using the assessment form translated in Amharic. This means that there will be 7 interviews (1 per pair). The duration of each interview is estimated around 60 to 90 minutes. During or after conducting the interviews, ESD staff has to fill out the assessment form for each pair.

በመጀመሪያ የመገምገሚያውን ሰነድ ወደ አማርኛ በመተርጎም የቤት ለቤት ጎብኝዎችና የጤና ኤክስቴንሽን ሰራተኞች በጥንድ ሆነው በኢ.ኤስ ዲ ሠራተኞች ቃለመጠይቅ ይደረግላቸዋል። ይህም ማለት 7 ቃለ መጠይቆች (1ቃለ መጠይቅ በየጥንዱ) ይደረጋሉ ማለት ነው። እያንዳንዱ ቃለመጠይቅ ከ60 እስከ 90 ደቂቃ ይወስዳል ተብሎ ይገመታል። ቃለመጠይቆቹ ሲደረጉ ወይም ከተደረጉ በኋላ የኢ.ኤስ ዲ ሠራተኞች የመገምገሚያ ቅጹን ማለትም የእያንዳንዱን ጥንድ ቃለመጠይቅ መልስ መሙላት ይኖርባቸዋል።

How to submit the final data to ICDI?

ተሰብስቦ የተጠቃለለውን መረጃ እንዴት ለአይ.ሲ. ዲ. አይ. እንደሚላክ

After all the interviews are conducted, ESD staff is requested to calculate the average score for each question and fill in one assessment form in English with all the average scores. Questions that score 3 and below will highlight aspects of the programme that need further attention. ESD staff has to identify those aspects and make a selection of those that are most urgent to explore further in order to improve them in the future. This single file with average scores (in English) and the selection of the aspects that need further exploration (in English) will be sent back to ICDI.

ሁሉም ቃለመጠይቆች ከተደረጉ በኋላ የኢ.ኤስ ዲ ሠራተኞች የእያንዳንዱን ቃለመጠይቅ አማካይ ውጤት በማስላት በአንድ የገምገማ ሰነድ ላይ በእንግሊዝኛ እንዲሞሏቸው ይጠየቃሉ። ማለትም ሁሉንም አማካይ ውጤት በዚህ ፎርም ላይ ይሞሏቸዋል ማለት ነው።

The tool is divided in **6 components**:

መሳሪያው /ቅጹ በ6 ዋና ዋና ክፍሎች ይከፈላል

1.	Parental Resilience / በወላጅነት ችግርን የመቋቋም ጥንካሬ.
2.	Social Connections / ማህበራዊ ተያያዥነት/ግንኙነት
3.	Knowledge of parenting and child development / በወላጅነት ጥበብና የልጆች ሁለንተናዊ እድገት ዙሪያ ያለ እውቀት
4.	Concrete support in times of need/ አስፈላጊ በሆነ ጊዜ ሁሉ ተጨባጭ ድጋፍ ማድረግ
5.	Social and emotional competence of children/ የልጆች/የህጻናት ማህበራዊና ስሜታዊ ብቃት
6.	Responding to possible child abuse or neglect/ ሊከሰቱ በሚችሉ የህጻናት ጥቃትና ችላ መባል ላይ ምላሽ መስጠት

1. Parental Resilience በወላጅነት ችግርን የመቋቋም ክህሎት		5. Strongly Agree/አስ ማማለሁ	4. Agree	3. Neither agree or disagree/አል ስማም	2. Disagree	1. Strongly disagree/አ ልስማም
1. Home visitors develop mutually respectful relationships with all family members by/ የቤት የቤት ጎብኝዎች ከሚጎበኟቸው ቤተሰቦች ጋር ክብር የተሞላው ግንኙነት አዳበረዋል	1.1.1 Taking time to get to know family members individually, by name/ ጊዜ ወስዶ እያንዳንዱን የቤተሰብ አባል በስም ለይቶ ማወቅ					
	1.2.1 Regularly inquiring about what is happening in their lives./በመደበኛነት በእያንዳንዱ ቤተሰብ ህይወት ውስጥ የሚታዩ ክስተቶችን መርምሮ ማወቅ					
	1.3.1 Providing emotional support and encouragement/ ስሜታዊ ድጋፍ ማድረግና ቤተሰቡን ማበረታት					
	1.4.1 Sharing appropriate information about themselves/ ስለቤተሰቡ ጉዳይ ተገቢና ተስማሚ መረጃ ለአራሱ ለቤተሰቡ መስጠት					
	1.5.1 Recognizing and acknowledging their strengths, efforts and contributions/የቤተሰቡን አባላት ጥንካሬ፣ ጥረትና ለሚያደርጓቸው አስተዋጽኦዎች ሁሉ እውቅና መስጠትና ማመስገን					
1.2. Home visitors show that they value fathers and are sensitive to their unique needs by/ የቤት ለቤት ጎብኝዎች ለአባቶች ጥሩ ግምት አላቸው፤ እንዲሁም ለየት ያለውን ፍላጎታቸውን በቅጡ ይረዱታል	1.2.1 Inviting fathers to attend programs and working to engage them in activities/ በፕሮግራሙ እንዲሳተፉ አባቶችን መጋበዝና በተለያዩ የፕሮግራሙ ሥራዎች ማሳተፍ					
	1.2.2 Encouraging fathers and male family members to engage in everyday child rearing such as playing, feeding and cleaning. አባቶችንና ሌሎች ወንድ የቤተሰቡን አባላት በህጻናት የማሳደግ ስራ እንዲሳተፉ ይረዱታል (በማጫወት፣በመመዝገብና ንጽህናቸውን በመጠበቅ)					
1.3. Home visitors provide guidance to parents on how to appropriately respond to family crises (i.e., poverty, divorce, abandonment, serious illness, job loss)./ በቤተሰብ ላይ ለሚደርሱ ኢኮኖሚያዊና ማህበራዊ ቀውሶች (ማለትም በድህነት፣ በፍቺ፣ በመኪደዳት፣በጽኑ ሀመምና ስራ						

በማጣት) የቤት ለቤት ኅብኝዎች ለወላጆች ችግሩን ማቃለል የሚችሉበትን አቅጣጫ ያሳያሉ						
1.4. Home visitors reinforce parental authority by encouraging active parental decision-making about their children's education, including Early Childhood Education and Care (ECEC) and preschool. /ወላጆች በልጆቻቸው ላይ የነቃ ውሳኔ አሰጣጥ እንዲያደርጉ በማበረታታት የቤት ለቤት ኅብኝዎች የወላጅነትን አመራርን ያጠናክራሉ						
1.5. The program consults with parents immediately when child health, behavior or developmental problems are suspected or identified. የልጆች ጤና መታወክ፣ የባህሪና የልጆች እድገት ሂደት ችግር ውስጥ መግባቱ ሲጠረጠርና ሲታወቅ በፕሮግራሙ አማካይነት ለወላጆች ወዲያውኑ ምክር ይሰጣቸዋል						
1.6. The program assists parents in finding and connecting to other community services such as birth registration, health services, child protection. የልደት ምዝገባ፣ የጤና አገልግሎት፣ የህጻናት ጥበቃና የመሳሰሉትን ማህበረሰባዊ አገልግሎቶችን ወላጆች እንዲያገኙ ፕሮግራሙ እገዛ ያደርጋል						
1.7. Parents and Home Visitors develop family plans together that: ወላጆችና የቤት ለቤት ኅብኝዎች የቤተሰብ እቅድ በጋራ ያቅዳሉ	1.7.1 Identify the family's assets, interests, skills, needs and goals for themselves and their children. ለእራሳቸውና ለልጆቻቸው ጥቅም የሚገለግሉ የቤተሰቡን ንብረት፣ ምኞት፣ ክህሎት፣ ፍላጎትና ግቦቻቸውን ይለያሉ					
	1.7.2 Identify services, opportunities and community resources or services that may help families achieve their goals, continue their learning and/or provide avenue for community involvement and leadership. ቤተሰቦች ያለሙትን ግብ እንዲመቱ፣ በህይወት ልምምዳቸው እንዲቀጥሉና ወይም ለማህበረሰቡ ተሳትፎና አመራር ሰጪነት መጠናከር የሚረዱ ሁኔታዎችን ለማመቻቸት አገልግሎቶችን፣ መልካም እድሎችንና የማህበረሰቡን ሀብቶች ወይም አገልግሎቶችን ይለያሉ					
1.8. The program supports a parent's personal education and career goals by: ፕሮግራሙ የወላጆችን በግል አራስን የማስተማርና የህይወት/የኑሮ ግብ ይደግፋል						
1.8.1 Linking families with community services that expand their knowledge and skills (adult education, employment opportunities, literacy, parenting skills, job training, job preparation skills). ቤተሰቦች እውቀታቸውንና ክህሎቶቻቸውን (ማለትም የንልማሳ ትምህርት፣ የስራ እድል፣ የማንበብና መጻፍ መስረታዊ ትምህርት፣ የወላጅነት ክህሎት፣ የስራ						

	ሥልጠናና የስራ ፈጠራ ክህሎትን) ከሚያዳብሩበት የማህበረሰብ አገልግሎቶች ጋር ማገናኘት/ማያያዝ					
1.9. The program provides workshops and other opportunities for family members to develop new skills through: ፕሮግራሙ ለቤተሰቦች ወርክሾፖች/አውደጥናቶችና ሌሎች አድሎችን በመፍጠር አዳዲስ ክህሎቶችን እንዲያዳብሩ ማድረግ	1.9.1 Addressing topics identified by families as important to them. በቤተሰቦች የሚለዩ ችግሮች/ርእሶችን መሠረት በማድረግ አስፈላጊውን ትምህርት መስጠት					
	1.9.2 Activities designed to address interests of different family members (i.e., fathers, mothers, other family members). የተለያዩ ቤተሰቦችን (አባቶች፣ እናቶችና ሌሎች ቤተሰብ አባላት) ፍላጎት/መሻትን ምላሽ የሚሰጡ ክንውኖችን ለማከናወን ማቀድ					
	1.9.3 Providing childcare during trainings or workshops. ስልጠናዎች ሲሰጡና አውደጥነቶች ሲከናወኑ ለህጻናት አስፈላጊውን ጥበቃ ማድረግ					
1.10. Parents and Home Visitors receive ongoing training and up-to-date information on dealing with stress and trauma, including: ድብርትና ጭነቀት ያለባቸውን ቤተሰቦች ለመርዳት ወላጆችና የቤት ለቤት ጎብኝዎች ቀጣይነት ያለው ስልጠናና አዳዲስ መረጃዎችን እንዲያገኙ ማድረግ	1.10.1 Talking with parents about helping children in times of family crisis. በቀውስ/በችግር ጊዜ እንዴት ልጆችን መርዳት እንደሚቻል ከወላጆች ጋር መነጋገር					
	1.10.2 How stress impacts the child's brain, behavior and development. እንዴት ድብርትና መጨናነቅ የልጆችን የአእምሮ አድጎት፣ ባህሪና ሌሎች አጠቃላይ እድገቶቻቸው ላይ አሉታዊ ተጽእኖ እንደሚያደርስ የማሰራዳት ሥራ ተሠርቷል					
	1.10.3 Recognizing the signs of stress in children. በልጆች ላይ የሚታዩ የድብርት/መጨናነቅ ምልክቶች ምን እንደሆኑ ለይቶ የማሳወቅ ስራ ተሰርቷል					
	1.10.4 How stress may impact the child's behavior and how to shape adult responses to the child's behavior accordingly. እንዴት ድብርት/መጨናነቅ በልጆች ባህሪ ላይ አሉታዊ ተጽእኖ እንደሚያሳድርና					

	ይህንንም ችግር ለማረቅ የጎልማሶች/የወላጆች ምላሽ ወይንም ችግሩን ለማስወገድ እንዴት የጎልማሶች/የወላጆች ባህሪ መቀረጽ እንዳለበት ትምህርት ተሰጥቷል					
	<p>1.10.5 The important role that parents and caring adults play in buffering children during stressful times.</p> <p>ልጆች በድብርት/በመጨናነቅ ሁኔታ ወስጥ በሚሆኑበት ጊዜ የልጆቹን መጨናነቅ ለመቆጣጠር/ለማስወገድ ወላጆች/አሳዳጊዎች ሊጫወቷቸው የሚገቡ ጠቃሚ ሚናዎችን የማስተማር የማሳወቅ ስራ ተሰርቷል</p>					

2. Social Connections ማህበራዊ ተያያዥኝነት/ግንኙነት		5. Strongly Agree በጣም እስማማለሁ	4. Agree እስማማለሁ	3. Neither agree or disagree እስማማለሁም አልስማማምም ለማለት አልችልም	2. Disagree አልስማማም	1. Strongly disagree በጣም አልስማማም
2. Home visitors build Parents' awareness of social connections by የቤት ለቤት ጎብኝዎች ወላጆች በማህበራዊ ግንኙነት ላይ ያላቸውን ግንዛቤ በማሳደግ ላይ ናቸው	2.1.1 Helping families assess their level of social connectedness and examine their support system. ቤተሰቦች ያላቸውን ማህበራዊ ግንኙነት መጠንና የሚረዱትን ስርዓት እንዲገመግሙ የሚረዱ ስርዓት አለ፡					
	2.1.2 Helping parents (mothers, fathers and/or others in primary parenting roles) understand the benefits of a supportive social network. ወላጆች (ማለትም እናቶች፣ አባቶችና/ወይም ሌሎች የወላጅነት ሚና የሚጫወቱ ሁሉ) የደጋፊ ማህበራዊ መረቦችን ጠቃሚነትን እንዲረዱ ማድረግ					
2.2 The program provides opportunities for families to socialize and fosters a sense of community by ፕሮግራሙ ማህበረሰባዊ ግንኙነትን ለማጠናከርና ለመደገፍ የሚያስችል እድል ይፈጥራል	2.2.1 Hosting periodic events for parents. ለወላጆች የሚጠቀሙ ኩነቶችን በየጊዜው እንዲከናወኑ መደገፍ					
	2.2.2 Providing opportunities for families with similar interests, children's ages and/ or circumstances (such as parents of infants, parents with special-needs children, parents who speak the same language) to connect with one another. ተመሳሳይ ፍለጎት፣ በተመሳሳይ እድሜ ላይ ያሉ ልጆችና ተመሳሳይ የኑሮ ዘይቤና አኗኗር ያላቸው ቤተሰቦች ማለትም (የጨቅላ ህጻናት ወላጆችን፣ የተለየ ድጋፍ የሚሹ ህጻናት ያሏቸውንና ተመሳሳይ ቋንቋ የሚናገሩ ወላጆችን) እርስ በርስ እንዲያያዙ/እንዲገናኙ ለማድረግ የሚያስችል እድል ተፈጥሯል					
	2.2.3 Planning informal social events where staff and families can interact. የኢ ኤስ ዲ ሰራተኞችና የቤተሰብ አባላት የሚሳተፉበት መደበኛ ያልሆኑ ማህበራዊ ኩነቶች እንዲከናወኑ የሚያስችል እቅድ ታቅዷል					
2.3 Home visitors help parents identify and overcome barriers to participating in social activities by offering information on available resources (i.e., support with transportation, child care)						
በቀላሉ ስለሚገኙ ድጋፎች (ማለትም የትራስፖርት ድጋፍና የህጻናት እንክብካቤ ድጋፍ) በቂ መረጃ ለወላጆች በመስጠት ወላጆች በጋራ የማህበራዊ እንቅስቃሴዎች ላይ እንዳይሳተፉ ተግዳሮት የሆኑባቸውን ችግሮች በአረፋቸው ለይተው እንዲያስወግዷቸው የቤት ለቤት ጎብኝዎች አስፈላጊውን ድጋፍ ለወላጆች ያደርጋሉ						
2.4 Home visitors receive training and/or	2.4.1 The importance of positive relationships within a supportive social network and the impact of social					

are knowledgeable about:	relationships on the growth and development of children.					
የቤት ለቤት ጎብኝዎች በሚከተሉት ጉዳዮች ላይ ስልጠና ወይም በቂ እውቀት አላቸው	አበረታች በሆነ ማህበራዊ መረብ ውስጥ ያለን ግንኙነት ጠቃሚነቱንና የተፈጠረውም ማህበራዊ ግንኙነትም በልጆች አካላዊ ለውጥና ሁለንተናዊ እድገት ላይ በሚፈጥረው በጎም ሆነ አሉታዊ ተጽእኖ ዙሪያ የቤት ለቤት ጎብኝዎች ስልጣንዋል ወይም በቂ እውቀት አላቸው					
	2.4.2 How to guide parents to identify and build positive, supportive relationships with other adults. ከሌሎች ጎልማሶች/አቻዎቻቸው ጋር መገንባት ያለባቸውን በጎና ጠቃሚ ግንኙነቶችን ወላጆች ለይተው ጠቃሚ የሆነ ማህበራዊ ግንኙነት እንዲገነቡ ለማስቻል የሚረዳቸውን ዘዴ ለማወቅ የሚስችል ስልጠና የቤት ለቤት ጎብኝዎች ወስደዋል ወይም እውቀቱ አላቸው					
	2.4.3 Opportunities in the community in which parents can participate. የወላጆችን ተሳትፎ የሚያበረታቱ እድሎች በማህበራሰቡ ውስጥ አሉ					
2.9 Parents are encouraged to share parenting information with each other. ስለወላጅነት ባህሪ የሚያስረዱ ጠቃሚ መረጃዎችን እርስ በርስ የመለዋለወጥ ልምድ አንዲኖራቸው ወላጆች ይበረታታሉ						

3. Knowledge of parenting and child development በወላጅነት ጥበብና የልጆች ሁለንተናዊ እድገት ዙሪያ ያለ እውቀት		5. Strongly Agree በጣም እስማማለሁ	4. Agree አስማማለሁ	3. Neither agree or disagree እስማማለሁም አልስማማምም ለማለት አልችልም	2. Disagree አልስማም	1. Strongly disagree በጣም አልስማማም
3.1 Home visitors demonstrate a strong understanding of child development: የቤት ለቤት ጎብኝዎች በልጆች/ህጻናት ሁለንተናዊ እድገት ዙሪያ በቂ እውቀት አላቸው	3.1.1 Home visitors model developmentally appropriate responses to children's behavior, interests, temperaments and need for exploration and learning. የቤት ለቤት ጎብኝዎች ለልጆች ባህሪያት፣ ፍላጎት፣ አመልና ለህይወታቸው የሚያስፈልጓቸውን ነገሮች አስቀድሞ በማወቅ እንዲሁም ለፍላጎታቸውም ሆነ ለባህሪያቸውና አመለካከታቸው ሁሉ ተገቢ ምላሽ በመስጠት ተምሳሌት (ሞዴል) መሆን ችለዋል					
	3.1.2 Home visitors understand and can explain the development arc for young children. የቤት ለቤት ጎብኝዎች የልጆችን የእድገት ሂደት የሚያሳየውን ስእላዊ መግለጫ/ቀስት በሚገባ ተረድተዋል ለሌሎችም በጥሩ ሁኔታ ማስረዳት ይችላሉ					
	3.1.3 Home visitors can explain to parents how parental activities and interactions support their child's development. የቤት ለቤት ጎብኝዎች የወላጅነት ተግባርና ከልጆቻቸው ጋር ያላቸው ቁርኝትና መስተጋብር ምን ያህል ለልጆቻቸው ሁለንተናዊ እድገት ጠቃሚ መሆኑን ለወላጆች በሚገባ ማስረዳት ይችላሉ					
	3.1.4 Home visitors participate in regular trainings to stay up-to-date on advances in the understanding of child development. የቤት ለቤት ጎብኝዎች ስለ ልጆች/ህጻናት ሁለንተናዊ እድገት ያላቸው እውቀት ላሉበት ጊዜ የሚመጥን ሆኖ እንዲቆይና በየጊዜው እንዲሻሻል የቤት ለቤት ጎብኝዎች መደበኛ በሆነ የስልጠና ፕሮግራም ይሳተፋሉ					
3.2 Home visitors work collaboratively with parents to coordinate support for children's development:	3.2.1 Home Visitors and parents work together to regularly monitor the children's development with appropriate assessment tools. የቤት ለቤት ጎብኝዎችና ወላጆች ተስማሚ የሆነ የግምገማ					

የቤት ለቤት ጎብኝዎች ለልጆች/ለህጻናት ሁለንተናዊ እድገት የሚረዱ ድጋፎችን ለማስተባበርና ለማቀናጀት ከወላጆች ጋር በትብብር ይሠራሉ	መሳሪዎች/tools/ በመጠቀም በመደበኛነት የልጆችን/ህጻናትን ሁለንተናዊ እድገት ለመቃኘት/ለመቆጣጠር ከወላጆች ጋር በጋራ ይሠራሉ::					
3.3 Home visitors share current, research-based information with parents about: የቤት ለቤት ጎብኝዎች ምርምራዊ መረጃዎችን ለወላጆች ያቀርባሉ	3.3.1 Their child's growth and development (including brain development). ስለልጆች/ህጻናት እድገት (የአእምሮን እድገት ጨምሮ) ምርምራዊ መረጃዎችን ለወላጆች ያደርሳሉ					
	3.3.2 Age-appropriate developmental expectations. እድሜን መሠረት ያደረገ የእድገት ደረጃን በተመለከተ የተሰሩ ጥናታዊ መረጃዎችን ለወላጆች ያቀርባሉ					
	3.3.3 How children develop self-esteem, language skills, social skills, communication skills and motor skills. ስለእራሳቸው ጥሩ ግምት/ክብር መስጠት ፤ የቋንቋ ክህሎትን፤ ማህበራዊ ክህሎትን፤ የግንኙነትና ቀስቃሽ/motor/ ክህሎትን እንዴት ልጆች/ህጻናት ማዳበር እንደሚችሉ መረጃዎችን ለወላጆች ያደርሳሉ					
	3.3.4 Age-appropriate activities to engage in with their children. ወላጆች በልጆቻቸው ህይወት ውስጥ በሚገባ እንዲሳተፉ የሚረዱ እድሜን መሠረት ያደረጉ ተስማሚ እንቅስቃሴዎች ዙሪያ በምርምር የተገኙ መረጃዎችን ለወላጆች ያደርሳሉ					
	3.3.5 Immunizations, safe sleep and other health and safety issues. በክትባት/በሽታን የመከላከል ሀይልን በማጎልበት/ በጤናማ እንቅልፍ ዙሪያና ከሌሎች የደህንነት ጉዳዮች ጋር የተያያዙ የምርምር መረጃዎችን ለወላጆች ያደርሳሉ					
	3.3.6 The negative impacts of exposing children to violence. ልጆች ለሀይል ጥቃት በመጋለጣቸው ምክንያት በሚደርሱባቸው የወደፊት አካላዊና ስነልቦናዊ ጉዳዮችን በተመለከተ የተገኙ ምርምራዊ መረጃዎችን ለወላጆች ያደርሳሉ					
3.4 Home visits are responsive to the needs of parents in different circumstances. For example:						

<p>የቤት ለቤት ጉብኝቶች በተለያዩ ሁኔታዎች ውስጥ ላሉ ወላጆች ፍላጎቶች ፈጣን ምላሽ የሚሰጡ ናቸው ለምሳሌ፤</p> <ul style="list-style-type: none"> • Different parenting styles of mothers and fathers and the strengths of each የእናቶችና የአባቶች የተለያዩ የወላጅነት አቀራረቦች/styles/ እና የእያንዳንዱ ወላጅ ጥንካሬ • Needs and concerns of first time parents ለመጀመሪያ ጊዜ ወላጅ የሆኑ ወላጆች ፍላጎቶችና የሚጨነቁባቸው ጉዳዮች • Needs of parents who are parenting a child with a disability የአካል ጉዳት ያለባቸው ህፃናት/ልጆችን የሚያሳድጉ ወላጆች ፍላጎት • Traditional caregivers (grandparents) ባህላዊ ህጻናት ተንከባካቢዎች (አያቶች) 					
<p>3.5 Staff provide timely parenting tips and discuss parenting issues with parents when: ከዚህ ቀጥሎ ያሉ ጉዳዮች በሚኖሩበት ጊዜ የኢ ኤስ ዲ ሰራተኞች ስለወላጅነት ተጨማሪ ምክር ለወላጆች በመስጠት በወላጅነት ጉዳት ዙሪያ ወላጆችን ያወያያሉ</p> <ul style="list-style-type: none"> • Child behavior or development issues arise (i.e., changes in eating or sleeping patterns, separation issues, aggressive behavior). አዳዲስ ባህርያት ወይም የአድጎት ለውጥ በልጆች ላይ ሲታይ (ማለትም ከአመገባቸውና ከእንቅልፋቸው ጋር የተያያዘ ለውጥ ሲኖር፤ በመለያየት ዙሪያ፤ ተጋፊነት/ጠብ አጫሪነት ባህሪ በልጆቹ ላይ ሲታይ) • A parent appears to be frustrated or stressed and in need of support አንድ ወላጅ ሲሰጋ/ሲፈራ ወይም ሲጨናነቅና ድጋፍ ሲሻ/ሲያስፈልገው • A parent appears to be having difficulty relating to or communicating with their child አንድ ወላጅ ከልጁ/ልጆቹ ጋር ያለው ግንኙነት ሲዛባና ከልጁ/ከልጆቹ ጋር ጤናማ ግንኙነት ማድረግ ሲያቅተው 					
<p>3.6 The program provides specific learning opportunities for expectant and new parents, covering topics such as: ፕሮግራሙ ትምህርት እናገኛለን ብለው ለሚጠብቁና ለአዳዲስ ወላጆች ከዚህ በታች የተጠቀሱትን ርእሶች የያዘ የትምህርት አድል ይሰጣል</p> <ul style="list-style-type: none"> • Prenatal and infant health and development የቅድመ ወሊድ፤ የህጻናት ጤናና ሁለንተናዊ እድገት • The birth process and what to expect የወሊድ ሂደትና ምን እንደሚጠበቅ • The needs of postnatal women and their families በድህረ ወሊድ/ከወሊድ በኋላ በሴቶችና በቤተሰቦቻቸው ላይ የሚታይ ፍላጎት 					

<p>• The developing role of first time parents (including adolescent parents, if appropriate) ወላጅነት የመጀመሪያቸው የሆኑ ወላጆች የማሳደግ ሚና (በጉርምስና ኢድሜ ክልል ውስጥ ያሉ ወላጆችን ጨምሮ)</p>						
<p>3.7 The program provides information and guidance about:</p> <p>ፕሮግራሙ ከፊትለፊት የተጠቀሱትን መረጃዎችና መመሪያዎች ለወላጆች ይሰጣል</p>	<p>3.7.1 Children's transition to school (i.e., what to expect from teachers, the preschool experience). የልጆች ወደ ት/ቤት መሸጋገር፡ (ማለትም፤ ከመምህራን ምን እንደሚጠበቅ፤ የቅድመ መደበኛ ት/ቤቶች ልምዶች)</p>					
	<p>3.7.2 Parents' and children's educational rights and responsibilities. የወላጆችንና የልጆችን የትምህርት መብትና ሃላፊነት</p>					
	<p>3.7.3 The importance of parents staying involved in their child's education and taking leadership roles in their child's school. የወላጆች በልጆቻቸው የትምህርት ጉዳይ ንቁ ተሳትፎ እያደረጉ የመቆየት ፋይዳና በልጆቻቸው ት/ቤቶች ውስጥም የውሳኔ ሰጪነት ሚና መጫወት ጠቃሚነትን</p>					
<p>3.8 Ensuring that program parent-child activities are appropriate for families with children with special needs. ልዩ እዛዝ የሚሹ ልጆች ላሏቸው ወላጆች የወላጅ-ልጅ ጥመርታዊ እንቅስቃሴ አስፈላጊ መሆኑን ማረጋገጥ</p>						
<p>3.9 Staff reinforce positive parent-child interactions by:</p> <p>ከፊት ለፊት የተጠቀሱትን ጉዳዮች በመተግበር የኢ.ኤስ.ዲ ስራተኞች በጎ የሆነ የወላጅ-ልጅ ጥመርታዊ መስተጋብርን ያጠናክራሉ</p>	<p>3.9.1 Noticing and acknowledging when parents are attuned to their children's needs or are communicating effectively with their children. ወላጆች የልጆቻቸውን/ህጻናቶቻቸውን ፍላጎቶች መለየት ሲችሉና ፈጥኖ መረዳትን ሲለምዱ ወይም ከልጆቻቸው ጋር ያላቸው ግንኙነት ጥሩ ሲሆን ሁኔታውን ማስታወቅና እውቅና መስጠት</p>					
	<p>3.9.2 Sharing something positive with parents about their child's behavior and development. የልጆችን ባህሪና ሁለንተናዊ እድገት መልካም ጎኖች ለወላጆቻቸው ማዋየት</p>					
	<p>3.9.3 Modeling positive discipline. ጠቃሚ ስነስርዓቶችን ተምሳሌት ማድረግ</p>					

4. Concrete support in times of need አስፈላጊ በሆነ ጊዜ ሁሉ ተጨባጭ ድጋፍ ማድረግ		5. Strongly Agree በጣም እስማማለሁ	4. Agree እስማማለሁ	3. Neither agree or disagree እስማማለሁም አልስማማምም ለማለት አልችልም	2. Disagree አልስማማም	1. Strongly disagree በጣም አልስማማም
4.1 If parents bring up issues that home visitors feel unequipped to handle, home visitors can refer parents to: ወላጆች በቤት ለቤት ጎብኝዎች ሊመለሱ የማይችሉ ጉዳዮችን/ጥያቄዎችን ካነሱ የቤት ለቤት ጎብኝዎች ከፊት ለፊት የተጠቀሱትን ግለሰቦች/የአገልግሎት ተቋማትን እንዲጠይቁ ያደርጋሉ	4.1.1 A senior staff member የኢ.ኤስ.ዲ.ን በስራ ቆይታቸውና በእውቀታቸው ቅድሚያ ያለቸውን ሰራተኞች					
	4.1.2 A specialist with knowledge in the area. በዚህ ጉዳይ ልዩ እውቀት ያለውን ማለትም ልዩ ሙያተኛ					
	4.1.3 Community services (school, health institutions and community based organisations) የማህበረሰብ አገልግሎት ተቋማትን (ት/ቤቶች : ጤና ተቋሞችና የማህበረሰብ ተቋሞች)					
4.2 When a family is experiencing extreme difficulties but there is no sign of imminent harm to the child or other family members: አንድ ቤተሰብ ከባድ ችግር ገጥሞት ሳለ አይቀሬ የሆነው የልጆች ወይም ሌሎች የቤተሰቡ አባላት ጉዳት ምልክት ባይታይም	4.2.1 Home visitors work with the family to discuss concerns and appropriate action steps. የቤት ለቤት ጎብኝዎች በተከሰቱት ከባድ ችግሮች ላይ ለመወያየትና ተገቢውን የትግበራ እርምጃ ደረጃ በደረጃ ለመውሰድ ከቤተሰቡ ጋር በጋራ ይሠራሉ					
	4.2.2 ESD Staff attempt to connect the family to resources that can help address the issue, including such intensive services as respite care, shelters or emergency crisis services. የኢ.ኤስ.ዲ. ሠራተኞች ችግር የደረሰበትን ቤተሰብ ከችግሩ እንዲላቀቅ የሚረዱትን መንገዶች (ሰፊ አገልግሎቶችን የሚያገኝበትን ማለትም አልፎ አልፎ የሚደረጉ እንክብካቤዎችን፤ መጠለያ ወይም አስቸኳይ የቀወስ ማቃለያ አገልግሎቶች) ጋር በተቻለ መጠን ሊያገናኙት ይሞክራሉ					
	4.2.3 ESD Staff continue to support the family and monitor the situation until the situation is resolved. የቤተሰቡ ችግር አስከፊነቱ ድረስ የኢ.ኤስ.ዲ. ሠራተኞች ለቤተሰቡ አስፈላጊውን እገዛ ያደርጋሉ፤ በተጨማሪም በየጊዜው የቤተሰቡን ሁኔታ					

	ይከታተላሉ ፤ ይገመግማሉ					
4.6 The program actively builds collaborative links with other service providers: ፕሮግራሙ ከሌሎች አገልግሎት ሰጪዎች ጋር ጠንካራ የትብብር ግንኙነት ይመስርታል/ ይገነባል	Pre-natal checks in hospitals, health post or equivalent. ቅድመ ወሊድ ምርመራ በሆስፒታሎች፣ በጤና ኬላዎች ወይም ተመሳሳይ በሆኑ ተቋሞች እንዲፈጸሙ ያደርጋል					
	Assisted birth with trained midwife ወሊድ በሰለጠኑ አዋላጆች እንዲታገዝ ያበረታታል					
	Post-natal checks in hospitals, health post or equivalent. ድህረ ወሊድ ምርመራ በሆስፒታሎች፣ በጤና ኬላዎች ወይም ተመሳሳይ በሆኑ ተቋሞች እንዲከናወኑ ይመቻቻል					
	Vaccinations ክትባቶች ይከናወናሉ					
	Birth registration የልደት ሰርቲፊኬት					
	Child care centres የልጆች እንክብካቤ ማእከላት					
	Preschool ቅድመ መደበኛ ት/ቤት					
	Parent education/support በቤት ወስጥ በወላጅ የሚሰጥ ትምህርት/የወላጅ እዝ					
	Family planning የቤተሰብ እቅድ					
	4.6.2 Coordinating follow-up efforts across service providers. በአገልግሎት ሰጪ ድርጅቶች ላይ የሚደረገውን የክትትል ሥራ ለማሳለጥ የማስተባበር ሥራ ይሰራል።					
	4.6.3 Sharing information about resources with parents. ፕሮግራሙን ለማሳለጥ የሚረዱ በሀብት ዙሪያ ያሉ መረጃዎችን ወላጆች እንዲያውቁባቸው ይደረጋል					

5. Social and emotional competence of children የልጆች/የህጻናት ማህበራዊና ስሜታዊ ብቃት		5. Strongly Agree በጣም እስማማለሁ	4. Agree እስማማለሁ	3. Neither agree or disagree እስማማለሁም አልስማማምም ለማለት አልችልም	2. Disagree አልስማማም	1. Strongly disagree በጣም አልስማማም
5.1 Home visitors provide parents with: የቤት ለቤት ጉባኝዎች ከፊት ለፊት የተጠቀሱትን ነገሮች በመተግበር ለወላጆች እገዛ ያደርጋሉ	5.1.1 Age-appropriate activities and coaching to strengthen parents' bonds with their children. የወላጆችንና የልጆችን ግንኙነት ለማጠናከር እድሜን ያገናዘበ እንቅስቃሴዎችና ስልጠና ይሰጣል					
	5.1.2 Information about positive social skills and developmentally appropriate emotional behavior in children of multiple ages and stages of development. ስለማህበራዊ ክህሎት፣ በህጻናት ሁለንተናዊ እድገት ጋር ሊሰማማ ስለሚችል በስሜት የሚገለጽ የህጻናት ባህሪ (በተለያዩ እድሜ ክልልና የእድገት ደረጃ ላይ የሚገኙ) መረጃ መስጠት					
5.2 Home visitors nurture children and model nurturing for parents by: የቤት ለቤት ጉባኝዎች ልጆችን ይንከባከባሉ፤ እንዲሁም ለወላጆቻቸውም ከፊት ለፊት የተጠቀሱትን በመፈጸም ሞዴል/ተምሳሌት ይሆናሉ	5.2.1 Responding consistently to children in a warm, supportive manner. ሞቅ ባለ፤ ፍቅርና እገዛ በተሞላበት ሁኔታ ለህጻናት ምላሽ መስጠት					
	5.2.2 Showing warmth through appropriate physical contact. አካላዊ መቀራረብን/መነካካትን በመፍጠር ለህጻናቱ ፍቅርን ማሳየት					
	5.2.3 Demonstrating mutual respect between children and adults (i.e., listening attentively, making eye contact, treating children fairly). በልጆችና በአዋቂዎች መካከል የጋራ መከባባርን (ማለትም መደማመጥ፣					

	የአይን ላይን ግንኙነትን፤ ልጆችን በእኩልና ተገቢ በሆነ ሁኔታ ማየትን) መፍጠር					
	5.2.4 Responding sympathetically to help children who are upset, hurt or angry. የተበሳጨ፣ የተጎዱ ወይም የተቆጡ/የተናደዱ ልጆችን በማጽናናት ካሉበት ሁኔታ እንዲወጡ በሚያስችላቸው መልኩ ምላሽ መስጠት					
	5.2.5 Encouraging children to express their feelings through words, artwork and expressive play. በቃላት፣ በኪነጥበብ ስራና ትርጉም ባላቸው ገላጭ ጫወታዎች ልጆች ስሜቶቻቸውን እንዲገልጹ ማበረታታት					
	5.2.6 Modeling empathy and appropriate emotional responsiveness. የልጆችን ችግር እንደራስ ችግር መቁጠርና መረዳት እንዲሁም ተስማሚ/ተመጣጣኝ የሆነ ስሜታዊ ምላሽ የመስጠት ባህሪን ተላብሶ ሞዴል ወይም ተምሳሌት መሆን					
	5.2.7 Encouraging and reinforcing social skills such as sharing, taking turns and cooperative play. ነገሮች መጋራትን፣ ተራ በተራና የህብረት ጫወታዎችና የመሳሰሉትን ማህበራዊ ክህሎቶችን ማበረታታትና ማጠናከር					
	5.2.8 Actively involving children in solving conflicts and problems (i.e., helping children to talk out problems and think of solutions; sensitizing children to feelings of others). ልጆች በንቃት ግጭቶችን በመፍታት ስራ ላይ እንዲሳተፉ ማለትም ችግሮቻቸውን እንዲናገሩና መፍትሄ ለማግኘትም እንዲያስቡ መርዳት፤ እንዲሁም ልጆች የሌሎች ችግር የሚሰማቸው እንዲሆኑ ማድረግ					
	5.3 Including appropriate resources such as books and toys that expose children to role models from their own and other cultural backgrounds. ከእራሳቸው ወይም ከሌሎች ባህላዊ መሰረቶች በመነሳት ልጆችን ርል መደል/ዋና ተምሳሌት እንዲሆኑ ሊረዱባቸው የሚችሉ እንደ መጻህፍትና አሻንጉሊቶች ጨምሮ መዋዘ/እንዲኖሩ ማድረግ					
	5.4 Home visitors receive training, and ongoing coaching to support their skills in supporting children's social emotional development					

የቤት ለቤት ጎብኝዎች የልጆችን ማህበራዊ የስሜት እድገት ለማግኘት የሚረዳቸውን ክህሎት ለማዳበር ቀጣይነት ያለው ስልጠና ያገኛሉ					
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6. Responding to possible child abuse or neglect ሊከሰቱ በሚችሉ የህጻናት ጥቃትና ችላ መባል ላይ ምላሽ መስጠት	5. Strongly Agree በጣም እስማማለሁ	4. Agree እስማማለሁ	3. Neither agree or disagree እስማማለሁም አልስማማምም ለማለት አልችልም	2. Disagree አልስማማም	1. Strongly disagree በጣም አልስማማም
6.1 Recognizing and responding to early signs of possible child abuse and neglect, including physical and behavioral indicators. የህጻናት ጥቃትና ችላ መባልን የሚያመለክቱ (አካላዊና ባህሪያዊ አመለካከትን) ፈጥኖ መገንዘብና ምላሽ መስጠት					
6.2 ESD has policies and follows protocols for recognizing and reporting child abuse and neglect. የህጻናትን ጥቃት ለመረዳትና ሪፖርት በማድረግ ረገድ ኢ ኤስ ዲ ፖሊሲ ያለው ሲሆን በመመመሪያ የሚሠራ ድርጅት ነው					
6.3 Home Visitors regularly check that there are no objects that could be a hazard to young children in the house (i.e., hot liquids, broken glass, sharp metals, poisonous liquids). በቤት ውስጥ የፈላ/የሚፋጅ ፈሳሽ፣ የተሰበረ ብርጭቆ ወይም መስታወት ነክ እቃዎች፣ ስለት ያላቸው ብረቶች፣ መርዛማ ፈሳሾችና የመሳሰሉት ለህጻናት አደገኛ የሆኑ ነገሮች አለመኖራቸውን የቤት ለቤት ጎብኝዎች በየጊዜው ያረጋግጣሉ					
6.4 Home Visitors discuss with parents the importance of safe environment for children's health (i.e., Candles, open fire, poison / daylight, fresh air, windows).					

ጤናማ የሆነ አካባቢያዊ ሁኔታ መፈጠር (ማለትም የበራ ሻማ፣ኩራዝ፣ቡታጋዝ፣ የተቀጣጠለ ከሰል፣ የሚነድ አሳትና መርዛማ ነገር በህጻናቱ አካባቢ አለመኖር ወይም በቂ የጸሀይ ብርሀን፣ ገጽህ አየርና በቂ መስኮቶች መኖር) ለህጻናት ጤንነት እጅግ ጠቃሚ መሆኑን በተመለከተ የቤት ለቤት ጎብኝዎች ከወላጆች ጋር ውይይት ያደርጋሉ					
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