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*Child Care Service Provisions of children in  
Government Preschools of Debre Markos Town*

By

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June, 2021

Addis Ababa University, Ethiopia

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This is to certify that this thesis presented by Shambel Sewnet, entitled: “*Child Care Service Provisions of children in Government Preschools of Debre Markos Town*” and submitted in partial fulfillment of the requirements for the degree of Master of Arts (MA) in ECCE with Specialization Area of ECCD, complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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## **Abbreviations/Acronyms**

AAP – The American Academy of Pediatrics  
ADEA – Association for the Development of Education in Africa  
ANRSEB – Amhara National Regional State Education Bureau  
APHA – American Public Health Association  
CDC – Child Development Center  
CPR – Cardio Pulmonary Respiration  
CPSC – Consumer Product Safety Commission  
DHHS – Department of Health and Human Services  
DI – Developmental Interaction  
ECC – Early Childhood Care  
ECD – Early Childhood Development  
ECDC – Early Childhood Development and Care  
ECCD – Early Childhood Care and Development  
ECCE – Early Childhood Care and Education  
ECE – Early Childhood Education  
EFA – Education for All  
EMIS – Educational Management and Information System  
ESDP – Education Sector Development Program  
FDRE – Federal Democratic Republic of Ethiopia  
FGD – Focus Group Discussion  
FRESH – Focus Resources for Effective School Health  
GOs – Governmental Organizations  
ILO – International Labor Organization  
KG – Kinder Garten  
KII – Key Informant Interview  
MDG – Millennium Development Goal  
MNCDSA – Mid North Coast Disabled Surfers Association  
MoE – Ministry of Education  
MoH – Ministry of Health

MoLSA – Ministry of Labor and Social Affairs  
MoNCDSA – Ministry of National Community Development and Social Affairs  
MoWA – Ministry of Women Affairs  
MoWC – Ministry of Women and Children  
NGOs – Non – Governmental Organizations  
NICHD – National Institute of Child Health and Development  
OECD – Organization for Economic Co-operation and Development  
PISA – Program for International Student Assessment  
SRI – School Readiness Initiative  
SSA – Sub-Saharan Africa  
UN – United Nations  
UNCRC – The United Nations Convention on the Rights of Children  
UNESCO – The United Nations Educational, Scientific and Cultural Organization  
UNICEF – The United Nations Children’s Fund  
WCAO – Women and Children Affair Office  
WEO – Woreda Education Office  
WGECD – Working Group on Early Childhood Development  
WHO – World Health Organization

## **Abstract**

*The main objective of this research was to explore the situation of child care service provisions in government preschools of Debre Markos town. To achieve this objective, a descriptive research design with qualitative approach was employed. Data collection instruments used in this study were observation, key informant interviews, and focus group discussions. Participants of the study were 10 principals, 10 preschool facilitators, 1 preschool education expert, 20 parents, and 2 health extension workers from Debre Markos town health center who support the preschools. The data were analyzed using the thematic analysis technique. The findings of the study revealed that the child care service provisions of preschools seem to be inadequate. The outside environment of preschools was also not favorable. Positively there was a little bit start of collaboration efforts in preschools with parents and government to facilitate a better physical environment and to fulfill child care service facilities. The overall result indicated that preschools have problems to fulfill child care service facilities. The majority of preschool teachers in government preschool settings had no special training in providing child care services; there was no any care giver in the preschools, majority of government preschool settings had poor indoor and outdoor care services and facilities, all of the preschools had no standardized and separated dining and sleeping rooms, poor health, nutrition, hygiene and sanitation service provision, no follow-up and controlling system, etc. There was no special attention and sufficient budget allocation for preschools from the concerned bodies. Better coordination and strong commitments of stakeholders are highly required to standardize the existing poor status of preschools' child care service provision. In addition, technical supports and close follow-up systems are required from the Debre Markos town education office and the East Gojjam Zone Education department both to improve the existing status of facilities and care services.*

**Key Words:** *childcare, facilitators, indoor, outdoor and preschool*

# CHAPTER ONE: INTRODUCTION

## 1.1 Background of the Study

Early Childhood Care and Education has a long past and a short history in Ethiopia (Pankhurst, 1955) (as cited in Belay & Belay, 2016). The Ethiopian early childhood care and education (ECCE) practice started during the introduction of Christianity as early as in the 4<sup>th</sup> c. (Pankhurst, 1955). Evidences indicate that at least male children were able to attend priest school education to learn reading scriptural literature (Negash, 1996). Following the expansion of Islam along with western and northern Africa, Islamic education was also introduced in Ethiopia in the 7<sup>th</sup>c resulting in the opening of Quranic schools that teach early Arabic reading to Muslim children Alidou et al. (2006) (as cited in Belay & Belay, 2016). ECCE practice in Ethiopia was introduced during Emperor Menelik for foreign nationals from European countries in 1898 (Demeke, 2003) (as cited in Teka & Belay, 2017). Then after, it was practicable for Ethiopians during emperor Hailesellasié. In fact, the first modern preschool (kindergarten) was established in Dire Dawa for the children of French consultants who were helping in building the first railroad in Ethiopia eight years prior to the first public school (Demeke, 2003) cited in Belay and Belay (2016). However, modern preschool as a general public service began in August 1963, with pilot projects established at the Community Centers in Ras Desta Sefer (Addis Ababa), Debre Zeit, Debre Berhan, Awassa, and Asmara under the then Ministry of National Community Development and Social Affairs (MNCDSA Report, 1972) as cited in (ibid). Early year's child care and socialization have rather been comprehensively embedded in more indigenous practices of the Oromos "Gadda" System (Firdissa, 2017). However, the practice including preparing curriculum, expanding and undergoing teacher training, and opening coordinating offices was expanded during the Derg regime by opening Kindergartens (KGs) in different urban and rural areas, (MoLSA & MoE, 1990) (as cited in Teka & Belay, 2017).

The current Government of Ethiopia recognizes the importance of Early Childhood Care and Education (ECCE) as it is a critical experience that requires due attention and a great deal of investment. Failing to supply better nutrition, health care, and education to

children at this stage of development is depriving them of their right to develop as productive citizens, to enjoy a far better quality of life and eventually to contribute to society's growth. The term Early Childhood Care and Education (ECCE) refers to a holistic and comprehensive approach to policies and programs for children from prenatal to seven years of age, their parents, and caregivers (MoE, MoH & MoWC, 2010). But, the real practice and implementation at the ground level are quite different from the policy framework expectation.

According to Huntsman (2008) (as cited in Addis, 2014), Child care is also defined as arrangements for the care of young children provided by adults who are not their parents. Informal child care by relatives, nannies, or home care providers usually takes place at home setting either in the child's home or the adult's home while formal care by trained or untrained caregivers takes place in school or child care center settings. The program helps children to develop pre-reading, pre-writing, pre-counting, and pre-arithmetic skills which are basic in preparation for the child's formal schooling. The children will also learn basic life skills such as hand-washing and good eating habits. The program's design will follow a play-based approach (MOE ECCE Policy Frame Work, 2010). The health workers play an important role in awareness-raising and health training of the children, their parents, and facilitators (MOE ECCE Policy Frame Work, 2010).

In recent decades, childcare services have become a matter of serious public concern as they play an important role in children's development and provide valuable support to families with young children (MOE ECCE Policy Frame Work, 2010). Accessible childcare provision is extremely important for working parents. Affordable and good-quality childcare service provision may improve the reconciliation of work and family life and thus foster labor market participation and gender equality. Therefore, great attention is needed from scholars, professionals, and other concerned bodies (MOE ECCE Policy Frame Work, 2010).

Different countries have put in place different measures to regulate the quality of child care service provision. Providing quality child care service provision for children is a serious issue that the public should be involved in establishing regulations and enforcing regulations to ensure basic safety, health, and welfare for children Love. et al. (1996).

Child Daycare services in some form have been established to a varying extent and quality in a large number of countries and in practically all parts of the world with the acceptance that child care is necessary even for infants and toddlers when the mothers are obliged to work. Scarr (1998) (as cited in Rahel, 2014) concluded that raising children is one of the difficult tasks, but it is the most important and rewarding thing that human beings need to do. Child care service needs to satisfy certain requirements to provide quality child care for the healthy development and wellbeing of the child. A study conducted by Fuller, Kagan, Loeb and Chang (2004) found out that quality child care services have positive effects on children's' development. Berk (2009) also concluded that children's' development can be enhanced by high-quality early child care service. Other key dimensions of child care service delivery in preschools, like the role of stable staff (caregivers) and positive care giving, are also important to achieve quality child care service provision in preschools Rohacek et al. (2010). The early childhood life is the most formative and any poor care at this early age may leave long lasting physical and mental traces, which probably handicaps the rest of the child's life (Berk, 2009). Preschools, therefore, need to be fully equipped with resources and materials to improve children's' mental and physical development (Huntsman, 2008). However, in the context of Ethiopia, it seems that most preschools are without proper resources and equipment even teachers are not well trained.

Having all the above pieces of evidence and other important studies, public discourses, and government reports, the researcher select and stick his concern on this very important issue to address child care service provision in preschools. Formal preschools serve children ages 4 to 6+ in the majority of African countries, however, the enrollment rate is typically less than 10 percent. Most preschools are found in the urban areas; the lowest access rates are in remote rural areas and urban slums (World Bank, 2008). Enrollment rates are low; yet teacher-child ratios are relatively high. Most African governments do not employ preschool teachers; a large proportion of the teachers are not trained. Preschool curricula are often based on models from the West or are downward extensions of primary education (Gakuru, 1992; Hyde & Kabiru, 2003; Kabiru, 1993; & Myers, 2001) (as cited in World Bank, 2008).

African governments and communities have shown increased concern for early education in response to international agreements such as the Convention on the Rights of the Child, Children's Summit, and Dakar Framework for Action Education for All, UN Special Session for Children, and the Millennium Development Goals (MDG). Recent ECD conferences have also emphasized that early care and education are essential to achieve basic education goals and to develop human resources. Governments have to increase resources for this sector. Comprehensive programs meeting the holistic needs of children and involving parents and communities should be developed and made accessible; curricula should be indigenized, training is made more relevant and accessible, and early care and education partnerships be strengthened (World Bank, UNICEF, & WGECD-ADEA, 2002) (as cited in Admasu, 2014).

The first years of a child's life are critical for survival, growth, and development. To ensure a good start in life, all children need immunizations, access to early learning environments for children particularly preschools or daycare that meet children's needs for play, learning, sleeping, being with other children, and food, as well as caregivers' needs for respite and time to work. However, preschool child care service provision still is lagging in Ethiopia. It is possible to present numerous challenges of the Ethiopian early child care service provision in preschools from access to equity to quality and more (Fantahun, 2016). However, this study is deliberately made to be specific access and quality child care service provision problem in government preschools of Debre Markos town. The quality of preschools in terms of environment, physical space and whether the environment is developmentally stimulating is low (Fantahun, 2016). For example, a study conducted by Fantahun (2013) revealed that most of the preschools in Addis Ababa are functioning in rented compounds where the indoor and outdoor spaces are not adequate for children for exploration, play and practicing life skills. Materials which promote problem-solving activities, critical thinking, and creativity are scarce in most preschools. Hoot et al. (2006) (as cited in Fantahun, 2016) explained the nature of the classrooms as overcrowded classrooms with a child teacher ratio of 1:30 or greater.

Tirussew et al. (2009) also indicated that preschools lack child-sized toilets, appropriate and neat playground materials, and overcrowded classrooms. The most common problem is that parents demand ECE teachers and kindergarten owners to teach their children to

read and write and speak English language (Fantahun, 2013). As a result, addressing the developmental needs of preschool children and the transmission of nation 's culture, values and norms through the curriculum is questionable (Kassahun, 2013).

Thus, the findings of such studies are often either limited to a particular group or are too general. Not many studies in Ethiopia have attempted to examine the experience of the child care service provisions in preschools with different service needs without too being general in their approach. This study, therefore, will try to deal with the central issues of the childcare service provision and its challenge and development performance and its status within the existing preschool role, both from the theoretical and practical viewpoints in comprehensive manner. So, this study aims to shed light on the experiences of government preschools in relation to childcare service provision practices at Debre Markos town in order to contribute information that may serve as bases for further assessment and academic intervention.

## **1.2 Statement of the Problem**

Chowdhury, A., & Choudhury, R. (2002), Audrey Curtis, & Maureen O'Hagan. (2003), Belay Tefera, & Hawaz, H. Yesus. (2015), Benberu Worku. (2017), and Fantahun Admas (2017) conducted different researches in the area of early childhood care and education. To see the gap for the current research, the researcher tried to review and find out which area was missed by the former researchers. Some of the previous researchers' work has also been presented here.

A study conducted by Girma (2014) indicated that lack of access to early childhood care service provision predicts not only decreased school performance at later stages but also other efficiency measures of the educational system and future social behaviors during adolescence and adulthood.

Addis (2014) is another researcher who conducted a study on the Assessment of Quality Service Provision by Child Day Care Centers in Nifas Silk Lafto Sub-City of Addis Ababa and came up with the findings showing that most caregivers are not trained and the need for trained caregivers is not recognized. He also indicated that large group size, poor physical setting, low wages, and poor work environment for the caregivers are

challenges affecting care service provision. Here it is possible to understand that his emphasis was not at the preschool setup but on daycare centers.

In addition, lack of coordination between offices, lack of permanent budget particularly for preschool established by public organizations, many KGs were opened in an area that was not child friendly; classrooms were not convenient, there was lack of space for different services and many KGs ran short of teaching aids and resources (Belay & Hawaz ,2016). There was lack of daycare services hampering mothers from public and professional participation, and inadequate health services to children enrolled in KGs (MoLSA and MoE, 1982 E.C as cited in Belay & Hawaz ,2016)

Still another study by Animaw et al. (2015) was conducted to assess Early Childhood Care and Education in West Amhara Sub Region focusing on its status and challenges. Here, the researchers were worried about the quality of preschool education service provision, but they did not focus on the issues of child care service provision. Moreover, many researchers have studied mainly child education rather than child care service provision at preschool level.

The above researchers set their conclusions on some ECCE issues, but they have not focused on the child care service aspect especially in the preschool context and this is the gap which the researcher tried to address in this specific study. The current researcher during his field work could observe that there was a serious gap in the implementation of child care service provision at Debre Markos town government preschool (i.e. Edetibeb). This was the rationale that initiated the researcher to study the child care aspect at all government preschools of Debre Markos town. Therefore, the purpose of the present study was to assess the status of child care service provisions to ensure their quality and accessibility in Debre Markos town government preschools. For this purpose, the following basic questions have been designed and addressed in the present study.

### **1.3 Research Questions**

1. What child care services are provided for children at Debre Markos town government preschools?
2. What trainings are given for facilitators in relation to child care services at Debre Markos town government preschools?
3. What are the challenges that hinder child care service provisions at Debre Markos town government preschools?

### **1.4 Objective of the Study**

In order to come up with relevant results and address the basic questions in the study, both general and specific objectives have been designed.

#### **1.4.1 General Objective**

The main objective of the study is to explore the child care service provisions of government preschools in Debre Markos town.

#### **1.4.2 Specific Objectives**

This study has also the following specific objectives:

- To assess child care service provisions provided for children at Debre Markos town government preschools.
- To assess trainings given for facilitators at Debre Markos town government preschools.
- To identify challenges that hinder child care service provisions at Debre Markos town government preschools.

### **1.5 Significance of the Study**

The completion of this study has important results for different stakeholders. The first and the most beneficiaries of this study are the children who are getting the service. It also shows the gaps on child care aspect to the caregivers, facilitators, and the whole concerned bodies of the preschools from the lower to the higher bodies under study. The

study is also believed to add some knowledge in the field of child care service provision. Moreover, it can be used as an input for policymakers on the practice of child care service provision and other governmental and non-governmental organizations.

Furthermore, the result of this study will give insight that can allow other researchers to study and come up with comparable results.

### **1.6 Delimitation/Scope of the Study**

The study is delimited geographically and conceptually as well as in terms of participants and time. Though it was important to conduct this study in a wide area, due to different constraints, it was delimited at Debre Markos town government preschools (geographically), preschool facilitators, directors, parents, woreda health extension workers, and woreda preschool education expert (participants), care service provision (conceptual) and in 2021 (time). The study was also delimited to cover only 10 government preschools at Debre Markos town.

### **1.7 Limitations of the Study**

During the process of conducting this study the researcher encountered the following limitations.

- The problem of getting sufficient literature and relevant materials related to the Ethiopian context is one of the limiting factors.
- Childcare service provision has a weak theoretical basis or no specific theoretical references available for the research title.

## 1.8 Operational Definitions of Basic Terms/Variables

**Child protection** – In this study child protection is protect preschool children from any child abuse, accidental hazard, injury, confrontation and heavy traffic by providing appropriate protection or safety care service for children at preschools.

**Nutritional care service** – It is a care provided for preschool children in relation to food at preschools concerned on sanitizing dining rooms, feeding materials like: tables, spoons, dishes, and keeping personal hygiene.

**Health care service** – providing minor health care services for preschool children like: first aid services for accidental injury, breathing problems, save children from waterborne and communicable diseases at preschools.

**Indoor care service** – In this study it is a service providing for preschool children in the class room focused on child sized furniture, air circulation, sufficient light, class size, area of classroom and child friendly classroom environment.

**Outdoor care service** – a service provided for preschool children outside the classroom in relation to play ground space, outdoor play materials, toilet care service, supply of pure drinking water, and child friendly outdoor environment.

**Psychological care service** – It is a service provided for preschool children especially focused on children's emotional wellbeing.

**Facilitators** – they are trained or untrained persons who employed at preschool level to facilitate, guide, direct and practice children's learning and care service provision.

## **CHAPTER TWO: LITERATURE REVIEW**

This section discusses a variety of ideas collected from different written materials on the concept of child care service provision. It starts by discussing the historical development of early childhood care in global, African, and Ethiopian contexts. Other areas to be presented are: Importance of providing quality preschool childcare service; Types of childcare service provisions in preschools; Preschool physical environment; Training and competency of preschool teachers and other staffs and challenges of childcare service provision in the preschools are also parts of this section. At the end, there is a conceptual framework showing the relationship among the elements on child care service.

### **2.1 Worldwide Historical Development of Early Childhood Care and Development**

According to Audrey and O'Hagan (2003), early childhood care service programs have a long history since 1800 to 1960s from the earliest period infant schools to the "Head Start" initiatives of the latter. Most of the infant schools were promoted moral and social rescue and training and mainly emphasized learning of reading, writing, and numeracy. In addition, physical training in the play grounds and sewing and manual dexterity activities in the class rooms were the other activities providing in the infant schools (Anning, 1991, 2) (as cited in Audrey & O'Hagan, 2003).

According to theories about infant schools, schooling had to occur in a manner consistent with what was believed to be children's natural tendency through playing or "enjoyments" in the terminology of the time. However, the schools were highly well-organized and teaching was mainly through the presentation where the teaching methods were drawn from the monitorial system and designed for giant class sizes (Prochner, 2004).

Roberts (1972) points out that the value of time was a fundamental principle of the monitorial system. Because many children joined the school for only a few years before leaving to watch over younger siblings or for paid employment, their time in school could not be spent in idle pursuits, such as playing. Working-class parents

avored private preschools, called dame schools, where children learned by rote and didn't play in the least.

Froebel (1897) narrates that

the next kindergarten was developed in Europe by him as a non-academic approach to early education and a remedy to the rigid British infant school. Froebel shared Rousseau's vision of the innocence of childhood and, with Pestalozzi, he believed in the importance of connecting learning to real-life experiences (Pestalozzi's "object lessons") but Froebel used "materials" for a more symbolic purpose. Froebel believed also children's minds to be fully formed at birth and capable of reason. Froebel thinks that a teacher's sensitive guidance could bring a child's inner reason to full flower by introducing materials known as "gifts" and activities, called "occupations." The procedural use of these materials easily adjusted into infant school practice; kindergartens used these materials as "building blocks" to develop work skills, manual dexterity, and perseverance.

Macmillan (1919) also developed the preschool as a compensatory program for socially and economically disadvantaged children in England. Its focus was on the physical and emotional health of children, with attention to sensory development and literacy. Macmillan, like her contemporary Maria Montessori in Italy, based her approach to education partly on the theories of Eduardo Sequin of France, stressing sensory education and motor skills training. While Sequin began with the intellectually handicapped child, Macmillan applied an equivalent learning principles to the typically developing but economically destitute child. Isaacs (1949) added a psychoanalytic purpose to nursery school practice in England, in which psychological well-being was believed to develop through social relations.

According to Papalia and Olds (1990:335) (as cited in Yalaw, 2011:11) stated that many years, different scholars confirmed that children from a disadvantaged socioeconomic background after enter school with considerable limitation of knowledge, while in case of their parents struggling to survive, may have little time to support and recreate them. Hence, the America "Head start project" compensatory program was establishing with the aim of providing health care, intellectual enrichment, and a supportive environment care service to the children of low income families could improve their everyday effectiveness in dealing with the present and preparing for the future (ibid).

From the above mentioned concepts, it is possible to say that each country has its own unique historical set about the concept and importance of early childhood care services. But most of them, even the current preschool education system is highly influenced by the then pioneers of different service provision for preschool children.

In recent decades, childcare services became a matter of great public concern. The great importance of early childhood care and education was recognized in 2000 at the World Education Forum in the elaboration on goal 1 of the Dakar Framework for Action: not only the importance of early childhood care and education (ECCE) but also its influence on each of the other goals (Tsegai, 2015).

The conferences have also have emphasized that early care and education are essential to achieve basic education goals and to develop human resources. Comprehensive programs meeting the holistic needs of children and involving parents and communities should be developed and made accessible; curricula should be indigenized, training is made more relevant and accessible, and early care and education partnerships be strengthened (World Bank, UNICEF, & WGECD-ADEA, 2002).

## **2.2 Trends of childcare service provision in Africa**

Infant schools established in the colonies for poor settlers and indigenous children functioned similarly to those in Britain; basic academic and subject knowledge were offered alongside religious instruction (Berman, 1975). The schools for indigenous children were further influenced by British principles concerning education and the management of relationships with indigenous peoples (Select Committee on Aborigines, 1837): These principles concerning education the conversion and civilization of indigenous children reflected race theory, Protestant evangelism, and British imperialism. Civilization was to be attained through knowledge of Western literature and science, a process that involved the denigration and eventual elimination of local heritage (Macaulay, 1935). This view of colonial education was evident in Samuel Wilder spin's estimation of the value of an infant school in Cape Town established for the children of slaves in 1830 (World Bank,2008).

Many Anthropologists study the life of aboriginal African families. Among these are Korbin (1981), Kilbride and Kilbride (1990), and Levine (1994) (as cited in World Bank, 2008) studied the pattern of childcare and the effects of contemporary socio-economic developments on the indigenous family support system in sub-Saharan Africa. They have also discussed that Western legal systems and concept of human rights were also introduced after the colonization and independence of most African countries, which function along with customary law and cultural tradition across the continent (Stuckenbruck,2013:7).

In 19<sup>th</sup> C, different missionary schools were established in order to support Western ideas concerning race, childhood, education, and religion. European missionary societies aimed to convert and “civilize” young African children through the study of Christian scripture. Therefore, the adoption of a euro world view, for example, by stressing individualist as opposed to collectivist values. Missionary teachers brought ideas for infant schools in Africa (for ages 2 – 6) to Africa that reflected the dominant ECD program of the time (World Bank, 2008).

According to Stuckenbruck (2013) over the last few decades, social and economic changes have influenced child care and socialization. Older children attend school while young fathers move to towns or commercial agricultural areas to search wage employment. Mothers are left to take care of children and undertake other responsibilities with inadequate assistance. They are often overburdened by these responsibilities. Despite these changes, traditions remain strong in many areas. Many children are still cared for and socialized by strong networks of caregivers. Mothers are the major caregivers of infants and very young children, but other caregivers such as grandparents, siblings, and neighbors assist them(ibid). Hence, children have played important role in the social reproduction of a given society; there is a variety of childcare systems in African societies. Families who were unable to bear their child often adopt or foster their relative child with motives of harmony and accountability towards the clan, thus the family escapes the natural shame of infertility (Stuckenbruck, 2013:7-8).

This illustrates that family ties and kinship structures are still central in African societies and children belonging to ascertain community who cannot be raised by their parents will most likely be raised within their clan. Kilbride and Kilbride confirm that, community, family, clan, lineage, or ethnic group has priority over the individual (1990:34). This is to mean that; the parent has children for their social group. As a result, children have raised social persons, who will be properly oriented to the group, their ancestors, and the needs of their parents. However, it is widely accepted that young children benefit from healthy, safe, and enriched environment conditions that are not in place in most SSA.

It is also advocated that the ECCD activities for young children be guided by an integrated framework. ECCD does not evolve in a vacuum; it needs to find its place within or in addition to existing structures. It might be useful to distinguish between the activities that are specifically targeted to young children such as parental education, child care, and preschool and the factors that are important or maybe essential for young children but that aren't child-specific like environmental elements including access to safe water and sanitation.

### **2.3 Historical Development of Early Child Care services in Ethiopia**

The early years of formal education in Ethiopia had a long past presence with its origins in the major religious movements (Teka & Belay, 2017), which is allied its growth to the introduction of Christianity in the 4<sup>th</sup> century (Bowen & Horn, 1976) and the foundation of priest schools that taught early reading and writing to young children (Pankhurst, 1955) (as cited in Teka & Belay, 2017), and the Islamic movement beside the western and northern African areas, introducing Islam to Ethiopia as early as the 7<sup>th</sup> century and distribution of Quranic schools that taught early Arabic reading and writing to Muslim children Alidou et al. (2006) (as cited in *ibid*).

In both circumstances its objective was for spiritual purposes; and finally, the exciting movement that brought Christianity and announced formal child education (introducing primary schools, teaching children with mother tongue), care (opening health institution

for child and maternal care), and texts (publications of primary reading materials) in the southern and western regions of Ethiopia (Tesema, 2013).

The concept of preschool education in the current sense, in Ethiopia, is a modern phenomenon in the 20<sup>th</sup> century, Emperor Menelik II acknowledged the significance of enhanced and recent education and then he dedicated and attained the founding of the first public school called Menelik II in 1908 (as cited in Yalew, 2011). Contemporary preschools were, however, presented much far along, primarily for foreign citizens in 1898 (Demeke, 2003), and then for the overall public provision of teaching Ethiopian children in 1963 with test projects run by foreign citizens in diverse metropolitan public centers (MNCDSA, 1972). Hence, preschools of modern/western-type were hosted outwardly, then, from a novel and foreign viewpoint, also marking the former rural-urban split in the history of early childhood education. Even though the launch of this modern type of early years' education may not be considered as a delay even by European standards (Belay & Hawaz, 2015:1), its growth is, however, very slow (Demeke, 2003; Hoot, Szente, & Belete, 2004). This tendency, nevertheless, has been radically transformed by the bold actions of the present government which acquaint with primary school-attached readiness centers (Zero Grades and Child-to-Child Initiative).

Such Early Child Care Education is mostly provided by the private sector for nearly 70% of the urban children (Woodhead et al., 2009; & Young Lives, 2012). The regional difference in ECCE access, ranging from 40.3% for the most urbanized (Addis Ababa) to 0.5% for the less urbanized (the Afar) regions (EMIS, 2014). This shows how bulging the difference is in the urban-rural provision of childhood education. Attending levels even within the urban areas differ, powerfully affected by poverty were only around 20% of the poorest fifth of family's access preschool as compared to about 70% of the more privileged fifth families (Young Lives, 2012; Woodhead et al., 2009).

Certainly, the government and NGOs" providing of ECCE services are restricted although they are distributed more evenly through household poverty levels at least in the cities (Woodhead et al., 2009). Hereafter, the need for more government and NGOs" participation for equitable and accessible ECCE provision for rural children is highly felt.

The government has put down the ground rule for an equitable and accessible ECCE in Ethiopia.

The next documents verify the contributions of the government: a) the Constitution giving recognition to children's rights for education (FDRE, 1995, Article 36 ); b) the National Education and Training Policy that has focused on preschool education for "all-rounded development of the child in preparation for formal schooling" (MoE, 1994:14)2; c) the ESDP IV (2010) document that consists of a package of intentions, strategies, and programs for improving access, equity, and quality of ECCE, and, perhaps a breakthrough phenomenon of all times in ECCE history in Ethiopia (Boakye, 2008); d) the development of the National ECCE Policy Framework (MoE, MoWA & MoH, 2010a); e) Guidelines for Early Childhood Care and Education (MoE, MoWA, & MoH, 2010c), and f) the Strategic ECCE Operation Plan (MoE, MoWA, & MoH, 2010 b) (as cited in Teka & Belay, 2017).

Starting a historical lookout, ECCE practices in Ethiopia can be considered as cooperative exercises rather than activities that were left to the domination of one party. Different groups have been involved in conducting ECCE programs: government, faith-based organizations, NGOs, individual/private organizations, and, public/community organizations( *ibid*). A little more importance could be well-known in the involvement of one over the others across time. For example, the government played an important role through MoLSA in starting and expanding ECCE before the revolution. In the same way, civic organizations like City Dwellers' Associations, Peasant Associations, women's associations, etc., played an energetic role in the course of the socialist regime in the operation of over 190 KGs; paying salaries of teachers; availing indoor and outdoor preschool facilities, and raising funds to cover preschool expenditures (MoLSA & MoE, 1990) (as cited in Teka & Belay, 2017).

Likewise, the private sector has expected a leading role, and with the introduction of Zero-Grades, it looks like the role of the government has increased. Even if these collective efforts are to be valued as they are the only hopeful possibilities for getting out the crowd of underserved Ethiopian children, such happenings do, nevertheless, fail short of collaboration and networking to expressively define scope and territory, share

resources, and exchange experiences for a communal goal. It is even troublesome to note that no government body possesses the ECCE in Ethiopia (MoLSA & MoE, 1990) (as cited in Teka & Belay, 2017).

Furthermore, most of the pre-schools in Ethiopia are found in dangerous places or are not suitable for pre-school education since the facilities were not in line with the well-being and developmental needs of young children. Some preschools lack drinkable water and could be environmentally insufficient owing to an absence of places for play and learning for the reason that most of them activate in buildings not initially built for that purpose. Here is the absence of children's books, dolls, and other related educational materials in some of these pre-schools (Tsegai, 2015).

#### **2.4 Importance of quality preschool childcare service provision**

Through the historical decades, there has been a stable growth in systematic evidence that found the significance of early years for future development. Different Research works confirmed the significance of early care and education, family support, and advanced educational curriculum in making high risk and normal children for primary success in school (Currier, 2001; Essa, 1999; Kagan & Neuman, 2005; Lynch, 2006/07; Ramey & Ramey, 2005; Flett, 2008; Blatchford & Woodhead, 2009; Woodhead, Ames, Vennam, & Workineh, 2009) (as cited in Girma, 2014).

The significance of early childhood care and education can be justified from three coinciding arguments. The systematic argument keeps the strong bond among quality ECCE programs and outcome variables in the cognitive, social, and emotional development domains (Lynch, 2006/07; Blatchford & Wood head, 2009). Reviewing various sources, Kagan and Neuman (2005) recognized that young children who get quality early care and education are likely to show better cognitive and language abilities (as cited in *ibid*).

As Carnegie Report, (as cited in Ramey & Ramey, 2005:234), shortage of access to early childhood care service provisions forecasts not only reduced school performance at later stages but also other competency measures of the educational system and future social behaviors during adolescence and adulthood. High-quality child care can have an

affirmative influence on children's development and school readiness by providing that valuable educational and social experiences.

Different researchers argued that Childcare services focus on providing a nurturing and safe environment for infants and toddlers with access to adequate nutrition, education materials, and opportunities to play (ILO,2019). According to Tierney and Nelson (2009); Korjenevitch and Dunifon, (2010) (as cited in Belay & Hawaz, 2015), indicate that early childhood experiences are critical for rapid brain, cognitive and language development. It is at the same time foundational for infants and toddlers to develop an ability to learn and relate to others to acquire general well-being and emotional health (Gunnar & Cheatham, 2003; Citizens' Committee for Children, 2004), to build internal model of representation of the self (Howes, 1998; & Lally, 1995), and to achieve resilience among high-risk groups (Elicker & Fortner-Wood, 1995) (as cited in *ibid*).

The effects of quality preschool childcare service provision on children's development and learning have been well established in the literature, and there is a general consensus that process quality is the primary driver of children's development in preschool child care service provisions Melhuish et al. (2015).

The OECD Starting Strong reports (Organization for Economic Co-operation and Development (OECD, 2001; 2006; 2011; 2015; 2017b) and other international research points out that high-quality preschool child care service provision is beneficial for children's early development and their subsequent school performance in various domains, such as language use and emerging academic skills, early literacy and numeracy, and socio-emotional skills (Burchinal, 2016; Cappella, Aber & Kim, 2016; Melhuish et al., 2015; Yoshikawa & Kabay, 2015).

The OECD's Programmed for International Student Assessment (PISA) study suggests that 15-year-old students who attended early childhood education for less than one year are 3.1 times more likely than students who attended for one year or more to perform below the baseline level of proficiency in science (this decreases to 2.3 times after accounting for socioeconomic status), (OECD, 2017a). Benefits of high-quality preschool child care service provision also extend to health and well-being, for example by helping

instill healthy habits of eating and physical activity (OECD, 2014). Evidence is growing that high-quality preschool child care service providers also help support children's outcomes later in life, including in labor market participation, reduction of poverty, increased intergenerational social mobility, and social integration (Sammons et al., 2008; Sylva et al., 2004).

An early learning environment that gives young children with opportunities to interact in developmentally appropriate stimulating, and language-rich activities and social interactions can catch up on the risks for children from disadvantaged backgrounds of falling behind or not reaching their full developmental potential (Arnold & Doctoroff, 2003; & Heckman, 2006).

Other researchers also show that only high-quality child care service providers can deliver well-being and appropriate development to young children. As an increasing number of mothers are within the workforce and most children ages 3 and older now attend a toddler care facility on a daily basis, it has become critical that young children from all backgrounds should have access to high-quality child care and early education (ibid).

There is evidence of high returns from preschool childcare investments, which can contribute to global policy priorities such as tackling child malnutrition, increasing children's successful participation in school, and strengthening economic development (Murray, 2010). Preschool childcare service provisions support children's survival growth, development, and learning – including health, nutrition, and hygiene, cognitive, social, physical, and emotional development – from birth to entry into a primary school in formal, informal, and non-formal settings (Tsegai, 2015).

There has been a corresponding recognition of the role of childcare in the development of children by international agencies and conventions. For example, the world conference on “Education for All” (EFA) that took place in Jomtien, Thailand also underscored the fundamental place of Early Childhood Care and Education (ECCE), goal one states on “ECCE” expanding and improving comprehensive services for preschools age children. Some of the benefits investing in early years (ECCE program) stated in the ECCE policy of Ethiopia were:

- Early identification of children with special needs
- Enhanced enrolment in primary schools on equal grounds
- Increased productivity of parents
- Economic returns through the better-equipped children are at the start
- Cost savings for both the families and the nation
- Improved chances for the participation of the girl children
- Increased opportunities for parental and community mobilization and empowerment.

## **2.5 Types of childcare service provision in preschools**

In the early childhood period, a child learns through interacting with the immediate environment. Hence, the preschool environment must be physically safe, socially enhancing, emotionally nurturing, intellectually stimulating, and should equip with a variety of materials to arouse and maintain the child's curiosity, interest and promote learning and academic readiness (Chowdhury & Choudhury, 2002).

Therefore, to assess the current practices of child care service provision the researchers had selected some specific educational inputs such as preschools' physical learning environment (availability and adequacy of indoor-outdoor materials and equipment), conditions of protection service provision, Health, Hygiene, and sanitation service provision, Psychosocial service provision, Educational service provision(early learning practices) and nutritional service provision(focus only the cares before and after eating).

## **2.6 Preschool physical environment**

Children's growth and development are continually being shaped and influenced by their environment. Growth is enhanced through nurturing and responsive caregiving, a healthy diet, homes, and schools that are clean and safe, access to appropriate dental and health care, and communities that are free of drugs, violence, excessive traffic, and air pollution. Opportunities for learning, experiencing new challenges, and positive social interaction promote children's intellectual and psychological development. For these reasons, all aspects of children's environments must

tend careful consideration in order that they provide physical, cognitive, and psychological conditions that have positive effects on children's growth and development. But in this study, the researcher has focused on the following school environment conditions.

**a. Indoor care service**

Indoor resources and utensils are an essential part of the effective implementation of preschool childcare services. These resources and utensils contribute their lion's share in attracting and getting the attention of children for a long period. It also makes the teaching-learning process more concrete, suitable, and simply understandable. More particularly, locally produced instructional materials are very vital in creating different mental maps and conceptual understandings (Chowdhury & Choudhury, 2002).

Melese and Kifele (2017) reported that in woldia town the majority of KGs were not equipped with different locally-produced indoor equipment and instructional materials, in addition, most preschool children had no standardized child-sized table, chairs, shelves, clean and well-ventilated classrooms. And also they had no sufficient amount of light. Furthermore, preschools; lack areas for children to rest, lack of children storybooks if there were some all of them were not developmentally and culturally appropriate, and lack of play materials such as manipulative(ibid).

A great deal of thought and preparation is required to make rooms that are safe for young children. Everything from the traffic flow, placement of furniture, and choice of floor coverings to the design of changing tables and proper storage require careful study. Knowledge of children's abilities at each stage of development plays a key role in anticipating and eliminating potential safety hazards. A safe environment encourages children to explore and learn through play and is also less stressful for adults to work in (Schipper et al., 2009).

Hoot et al. (2006) (as cited in Fantahun, 2017) explained that the nature of the classrooms as overcrowded classrooms with a student-teacher ratio of 1:30 or

greater. In addition, Tirussew et al. (2009) also indicated that preschools in Ethiopia lack child-sized toilets, appropriate and neat playground materials, and have overcrowded classrooms.

Boren and Pickett (1954) and Chowdhury and Choudhury (2002) explain that the presence of adequate indoor materials and equipment were fundamental for the effective implementation of various classroom activities in particular and ECCE in general. More specifically, Boren and Pickett (1954) suggested that every room used by KG should contain child-sized furniture (tables and chairs) that are important for children to sit and work at puzzles, games, and others that are necessary for children to develop new skills using real tools and the real world. Regarding the negative impact of narrow classrooms and the absence of appropriate teaching materials, Bruce (2011) stated that children cannot learn without real, direct, and first-hand experiences.

Moreover, regarding the adequacy of indoor space, Gans Steindler and Almy (1952:352) noted that “in schools where there is adequate space and storage the varied activities go on without friction and all the materials can be tidied away and kept dust-free and orderly.” On the other hand, where space is restricted, impromptu partnering of any kind occurs less often than when children circulate more freely within the block area (Procchner, 1992: 16). From this point of view, one can infer that majority of the studied KGs have similar indoor materials and equipment. In addition to this, they have no wide classroom and child-sized chairs and tables. Hence, this may affect the proper implementation of ECCE in the general and academic achievement of the children (ibid).

#### **b. Outdoor care service**

The importance of experiences for children in the outdoor environment has been recognized since the 18<sup>th</sup> century, yet in today’s society there is little emphasis on these opportunities as more and more activities are planned for and occur inside (J. Lynn Towell, 2005).

The outdoor physical environment can contribute to children's wellbeing, happiness, creativity, and developing independence. It can contribute to and express the quality of children's learning and experiences. The choices made in an education and care service about resources, materials, spaces, layout, air, and light weight quality and access to a variety of experiences within the indoor and outdoor, have a direct impact on the quality of learning opportunities available to children (ibid).

The outdoors presents an exciting environment for children's imaginative play and learning (Bergen & Fromberg, 2009; Miller, Almon, & Miller, 2009; Staempfli, 2009). It also offers important health benefits by encouraging children to be active. Studies continue to link time spent in active outdoor play with reductions in childhood obesity, diabetes, and behavior problems (Barros, Silver, & Stein, 2009; Fadia et al., 2008). However, children's outdoor play areas are also a major source of unintentional injury and, therefore, require a heightened awareness of design, maintenance, and supervisory strategies (Vollman et al., 2009; Olsen, Hudson, & Thompson, 2008).

Schools that use public parks for outdoor recreation should be particularly alert to safety hazards, such as animal waste, needles, glass, and poorly maintained play equipment (CPSC, 2008). Safety must be a major consideration in the design of outdoor play areas. No less than 75–100 square feet of space per child (using the area at the same time) should be available to encourage active play and decrease the potential for unintentional injury.

The National Health and Safety Performance Standards recommend that play areas for infants include a minimum of 33 square feet per child; 50 square feet per child is suggested for toddlers (APHA & AAP, 2002). Ideally, play areas should be located adjacent to the building so that bathrooms are readily accessible and children are not required to walk long distances. Traveling even a short distance to playgrounds with young children requires considerable time and effort, and often discourages spontaneous outdoor play. An important design element in children's play areas involves how space will be used (Dowda et al., 2009; Vollman et al., 2009). Play

areas should be arranged so that children are visible from all directions. Large open areas encourage activities such as running and tossing balls. Hard, flat surfaces allow children to use riding toys and to play outdoors during inclement weather, especially if these areas are covered (ibid).

The limited use of the outdoor environment restricts children's ability to develop large muscle skills. According to Strickland (2001), children develop skills through practice; restricting children's opportunities to run and jump freely in the outdoor environment contributes to the increasing problem of childhood obesity and illness cited in Fantahun (2017). However, in Ethiopia, a study conducted by Fantahun (2013) indicated that the quality of preschools service provision, in terms of environment, physical space, and whether the environment is developmentally stimulating is low. For example, most of the preschools in Addis Ababa are functioning in rented compounds where the indoor and outdoor spaces are not adequate for children for exploration, play, and practicing life skills. Materials which promote problem-solving activities, critical thinking, and creativity are scarce in most preschools (Fantahun,2017).

A comprehensive review of the literature delivered to light four essential characteristics of children's outdoor environment and activities. These points were summarized by Wellhousen's (2002) and Henniger's (1994), cited in Yilmaz (2016 ) as follows: the outdoor environments should (1) provide many opportunities for children to take risks to the extent which is acceptable under safe and well-supervised conditions; (2) offer challenging situations for children consistent with their developmental level and interests; (3) have a variety of materials and space for children to use in all kinds of play; and (4) include manipulative materials and provide choices for children to move some parts of the materials.

### **c. Safety/Protection care service**

Protection is based on the principles and standards of the 1989 United Nations Convention on the Rights of the Child (UNCRC). Children have the right to live in a caring family environment, to be protected, and to participate in all decisions

affecting them. At a worldwide level, Save the Children is advocating for policies and practices which promote the care and protection of children in their own families and communities (as a ‘first resort’<sup>1</sup>), and the use of institutional care as a ‘last resort’ (Save the Children,2005).

Ultimately, under the United Nations Convention on the Rights of the Child (UNCRC), governments have a “duty of care” for any child without primary care, and are obligated to “...provide special protection for a child deprived of their family environment and to ensure that appropriate alternative family care or institutional placement is made available...” (Article 20, UNCRC Summary).

In reality, few governments are fulfilling their responsibilities in this respect. Despite growing numbers of children needing care and protection, governmental responses are weak and underdeveloped in many countries across the east and central Africa region, with an over-reliance on institutional care as a solution. Although many individuals, communities, agencies, donors, and governments have the intention of supporting and protecting children’s rights, understanding is often lacking regarding different forms of care provision, and what forms of care may be in children’s best interests. Institutions are often established without thought to the damage they may cause. In developed Introduction countries where high-quality specialist institutional care is available, small-scale and short-term institutional care may be a child’s best option in a very small minority of circumstances. However, in most cases, institutional care should be considered as a last resort. As highlighted in Save the Children’s position paper on children in residential care (Save the Children, 2003), many features of institutional care constitute an abuse of children’s rights and pose a serious risk to their normal development processes.

Buildings should be located away from heavy traffic, excessive noise, air pollution, animals, exposure to chemicals, bodies of water, large equipment, and other similar hazards to protect children’s health and safety (Marotz, 2010). Rooms that children occupy must have a minimum of two exits, one leading directly outdoors, all doors  
Media reports of school shootings, child mistreatment, unauthorized visitors, and

workplace violence have heightened concerns about security (Addington, 2009; Lindle, 2008).

Additional space could also be needed to accommodate large indoor play structures, special equipment for children with physical disabilities, or cribs for infants. The arrangement of space, or basic floor plan, should be examined carefully to determine the ease of conducting specific activities. It should also accommodate separate areas for active/noisy play and quiet activities. Small rooms that lack storage space, adequate lighting, accessible bathrooms, or suitable outdoor play areas are inconvenient and frustrating for the staff and children (Marotz, 2010).

Play spaces for infants and toddlers should be separated from those of older children to avoid injuries, confrontations, and the spread of illness. Large, open space that is free of obstacles encourages young children to move about and explore without hesitation (ibid).

#### **d. Nutritional care service**

Since nutrition is an integral part of childhood development, the school will offer meals to all children enrolled in the program. Creating a comfortable eating environment encourages children's independence and ability to feed themselves. Children are more likely to eat in comfortable surroundings. Furniture should be of an appropriate size; table height should be comfortable for children to reach and chairs should permit their feet to rest flat on the floor. If a highchair or youth chair is used, it must have a stable base, washable eating tray, crotch safety strap, and support for the child's feet (Marotz, 2010).

Sanitation is additionally a crucial consideration in feeding the toddler. The aseptic environment required when feeding infants is not necessary or possible to maintain with toddlers. However, cleanliness is of prime importance when preparing, serving, and eating food. Hand washing before and after meals is mandatory for toddlers as they often eat with their hands. Teachers must also wash their hands carefully before handling or eating food and again after cleaning up from a meal (Marotz, 2010).

#### **e. Psychological care service**

For the purpose of this study, psychosocial support is the type of support that goes beyond providing to the physical and material needs of the child. Psychosocial support emphasizes one's emotional and spiritual wellbeing and has a bearing on one's psychological health. In other words, it is an ongoing process of meeting emotional, social, mental, and spiritual needs, all of which are considered essential elements for the meaningful and positive development of the child. The wellness model recognizes a close relationship between children's emotional and physical wellbeing (Pachter & Coll, 2009). This association is receiving increased attention because the incidence of behavior problems, school dropout rates, drug abuse, violence, gang membership, depression, and child suicide continues to escalate. At present, approximately one in five children with in the US experience psychological state problems, and one in ten have disorders that seriously interfere with learning (U.S. DHHS, 2009b). Families and teachers play a serious role in shaping children's self-esteem (Erwin et al., 2009). They improve children's chances of achieving success by acknowledging and building on their developmental strengths (ibid).

Even when children are unsuccessful, their efforts should be acknowledged. Failures and mistakes must be accepted as part of the learning process and should be viewed as occasions for offering guidance and positive support. In doing so, children begin to learn important lifelong lessons about the initiative, risk-taking, problem-solving, and handling hardship (Marotz, 2010).

However, carefulness must be exercised never to judge children solely on their accomplishments (or failures) or to make comparisons with other children, but to recognize each child as a unique and valued individual. The emotional climate of a classroom—the positive or negative feelings one senses—has a significant impact on children's social-emotional development (Maxwell & Chmielewski, 2008).

Children are generally more receptive and aware of teachers who are warm, nurturing, and sensitive to their needs. Exposure to negative adult responses, such as ridicule,

sarcasm, or threats is harmful to children's emotional development and simply teaches inappropriate behaviors (ibid).

Stressful situations, like abusive treatment, poverty, unrealistic adult demands, chronic illness, unsafe neighborhoods, being left alone for long periods, or natural disasters (floods, fires, earthquakes, tornadoes), can have a serious impact on children's emotional state (Fairbank & Fairbank, 2009). The incidence of crime, substance abuse, gang activity, and access to guns is often greater in neighborhoods where poverty exists and can result in unhealthy urban environments where children's safety is at risk. Children living in these settings are also more likely to become victims of child abuse or to witness domestic violence (ibid). Their families exhibit a better rate of dysfunctional parenting skills, are often less responsive and nurturing, and use discipline that's either lacking, inconsistent, or punitive and harsh (Owen et al., 2009).

Children face many challenges while growing up during this complex world. Stress, violence, uncertainty, and negative encounters are everywhere. For whatever reasons, it may be teachers who first identify children's abnormal social and emotional behaviors based on their understanding of typical development, careful observations, and documentation of inappropriate conduct (Owen et al., 2009). They also play an instrument in promoting children's emotional health by providing stable and supportive environments that foster children's self-esteem and self-confidence and teach socially appropriate behaviors (Bodrova & Leong, 2008). In addition, teachers can use their expertise to help families acknowledge children's problems, counsel them on inappropriate behavior management techniques, strengthen parent-child relationships, and assist them in making arrangements for professional counseling or other needed services (Owen et al., 2009).

Teachers also play an important role in helping children understand and cope with the effects of abusive and neglectful treatment (Gabalda et al., 2009). They must be positive role models and accept children, for who they are, listening to their concerns without judgment, encourage their efforts, and praise their successes. For many children, teachers could also be the sole adult in their lives who accepts them unconditionally and shows a sincere interest in their well-being without threatening or causing them harm. As

children develop a trusting relationship, they may begin to open up and verbalize their personal feelings (ibid).

Play therapy can be especially effective with young children by providing opportunities where they can act out anger, fears, and anxieties related to abusive treatment (Bowers, 2009). Housekeeping activities, puppets, and doll play are ideal activities for this purpose. For example, talking about how the puppet or doll (child) feels when it is mistreated may help to draw out a child's true feelings. At the same time, teachers can model effective parenting skills for children, such as appropriate ways of talking to, treating, and caring for the puppets or dolls (ibid).

#### **f. Health, Hygiene and Sanitation care services**

The implementation of an effective school health program is a practical means to simultaneously address the inseparable goals of Health for All and Education for All (WHO, 1999) cited in Benberu (2017). Within the framework of EFA agreements, WHO, UNICEF, UNESCO, and the World Bank have agreed upon a core group of cost-effective components of school health, hygiene, and nutrition program, which can form the basis for joint action. Working together to Focus Resources for Effective School Health (FRESH), the agencies involve the subsequent four components to be made available altogether schools:

- Health-related policies in schools that help to ensure a safe and secure physical environment and a positive psycho-social environment, and address all types of school violence, such as the abuse of students, sexual harassment and bullying,
- Safe water and sanitation facilities, as first steps in creating a healthy school environment,
- Skills-based health education that focuses on the development of knowledge, attitudes, values, and life skills needed to make, and acts on, the most appropriate and positive decisions concerning health,

- School-based health and nutrition services are simple, safe, and familiar, and address problems that are prevalent and recognized as important in the community, within the cooperative efforts of stakeholders.

According to the federal democratic republic, MoWA (2009) childcare institutions shall provide health services to the children. Any childcare institution shall, at least, have a first-aid giving room. A health service in a childcare institution shall include:

A Preventive health service: Regular medical check-ups for children below one year; Under normal condition biannual medical checkups for children six years and above; Immunization for children under five years; Teachers understand that health problems can interfere with a child's ability to find out which early detection improves the success of the many interventions. Hand washing is perhaps the single most effective control measure against the spread of communicable and infectious diseases in child care and school environments (Rosen et al., 2009).

Infants and toddlers who are crawling on the floor, eating with their hands, or sucking their thumbs/fingers should have their hands washed frequently, preschoolers and adults should always wash with soap and running water. Children must be taught the correct procedure and supervised to make sure they continue to practice each step carefully(ibid).

Preschool children should be given several opportunities during the day to wash their hands. It is important that children wash their hands before and after eating or whenever they have blown their nose, used the bathroom, played outdoors or in the sand, or touched animals. Although sanitizing hand gels are beneficial for limiting the spread of communicable disease, they are not considered a substitute for thorough hand washing and should be used only when running water is not available (CDC, 2009b; Kinnula et al., 2009; Vessey et al., 2007). Frequent cleaning of furniture, toys, and surfaces is also an effective method for limiting the spread of communicable illness (Bright, Boone & Gerba, 2010; Cosby et al., 2008). Children who are not toilet-trained can spread infectious diseases through urine and feces (Gilbert et al., 2008; Lee & Greig, 2008). Maintaining separate toileting areas

can significantly reduce contamination and the spread of infection from one child to another. Careful adherence to sanitary, disinfection of surfaces (free of cracks), and thorough hand washing will further reduce this risk (ibid).

The physical arrangement of a classroom also provides an effective method for controlling communicable and infectious diseases. Measures taken to group children and limit close contact are also desirable. Crowding at tables or in play areas can be avoided by dividing children into smaller groups. During naptimes, children's rugs, cots, or cribs can be arranged in alternating directions, head to foot, to decrease talking, coughing, and breathing in each other's faces (Owen et al., 2009).

Provisions should also be made for children to have individual lockers or storage space for personal items, such as coats, hats, toys, and toothbrushes to reduce potential contact and transfer of infectious organisms. Items that children placed on their heads, like hats, wigs, and wonder parlor items can spread head lice and, therefore, might not be appropriate to use as play items in group settings unless they can be washed or disinfected (Marotz, 2010).

Protecting children's health in group settings requires teachers to have a sound understanding of common communicable diseases what causes them, how they are transmitted, and how they can be controlled (Marotz, 2010). Their knowledge of childhood illnesses and ability to implement infection control procedures, including handwashing and disinfection, are important management skills. Teachers should also be familiar with local public health policies that specify which communicable illnesses must be reported (ibid).

**g. Early learning care service**

Progressive education is a pedagogical model that emphasizes that the child is a social being that gains knowledge through participation in social experience (Djarbeng, 2019). The Developmental Interaction approach has a strong emphasis on problem-solving and critical thinking with the foundational understanding that children learn through play. The D-I model is also in favor of varied learning sources and relying less on textbooks which is the current standard model of teaching in

Ethiopia. The D-I model is fully aware of the importance of play in children's learning and capitalizes on a play as a medium to learn (Nager & Shapiro, 1999). Play provides children with the practice for fine and gross motor skills needed in development, language acquisition, as well as the ability to develop critical thinking skills (ibid).

Most importantly, the D-I model ensures that learning is experienced and understood by the child. Because parents are interested in knowing that their children are learning/benefiting from attending school, the D-I model considers that and uses projects, productions, portfolio, and the like to assess the learning of the child (Schupak, symposium presentation, 2016) cited in Djarbeng (2019).

Another key aspect of progressive education is its approach to early literacy. Lev Vygotsky was a renowned psychologist whose work in the field of psychology has contributed to our understanding of how children learn through their cultural and social environment. His observations of children attest to the importance of drawing on the experience of children in teaching them how to read and write (Vygotsky, 1980). From observing children, Vygotsky noticed that as young children begin to engage in imaginative play, their play is symbolic and represents a message the child might be trying to convey.

During symbolic play, children come to the awareness of being able to let one object represent another object. The capability of something representing another is what children elaborate on for sounds to depict letters, and for letters to come together and create words for which the child already has a mental representation. Similarly, children use gestures to depict actions and sign actions in the air. When given a writing instrument, the child can transport the gesture as scribbles on the picture. To the child's mind, the scribbles are a representation of the gesture. Their gestures in the air become scribbles on paper that depict the gesture. The scribbles on paper are symbolic gestures of images in a child's mind and a mark here, a scribble there all symbolize something to the child. The child can read her scribbles as words that tell a story (Vygotsky, 1980; Diamond, 2013).

In the classroom, a teacher with this understanding can effectively adapt the curriculum to facilitate a child's developing written language. For the D-I model to be effective, the teacher's role is to be "attuned to what the child brings to the classroom, the inconsistencies, fears, and joys- and to construct a curriculum that reflects both decisions about content and what children bring to that content" (Franklin, 2000, p. 22). The teacher sets up material for play available in the classroom and outdoor play areas. It is the responsibility of the teacher to plan experiences that serve as the starting ground for the child's creativity. Finally, the teacher must talk to the children about their play and frame it in a way that allows them to ask questions, get feedback from peers and teachers; this creates a context for learning about ongoing events in their environment (Franklin, 2000).

The teacher should "listen to the children and supply different entry points to enter into learning" (S. Schupak, Symposium presentation, 2016) cited in Djarbeng (2019). This is not a small feat since it will require the teacher to be innovative and find ways to engage the class. Teachers need to create classroom practices that enable children to be involved and take an active, engaged role in learning (Franklin, 2000). The students will then become open to new experiences, collaborate with peers, tackle new problems, solve problems on their own, seek the help of a peer, before, seeking assistance from a teacher. Activities like these on the part of the students create a community of solidarity, mutual respect, and promote self-efficacy in the students. This encourages group work and builds social skills by promoting interaction in the classroom among students (Bank Street, 2018).

## **2.7 Training of Preschool Teachers and Other Staffs**

Pre-school teachers play a vital role in the development of preschool children. As Feeney et al. (1987) cited in Yalaw (2011:16) stated that, teachers of young children need to be involved in all areas of child's development (Social, emotional, intellectual and physical). Similarly, Chowdhury and Choudhury (2002) explained that the role of pre-school teachers and other care givers influence the development of children's physical and psychological care. Feeney et al. (1987) also viewed that pre-school teachers should have demands knowledge, skill, sensitivity and creativity.

Likewise, Miller and McDowelle (1993) cited in Girma (2014); explained that preschool teachers acquire basic knowledge in the area of health and nutrition, pedagogy, curriculum development, handling of interpersonal and inter group relations with children, parents, specialists and colleagues. The teachers at the preschool will be properly trained with credentials from accredited preschools. The teachers will receive routine training and workshops to keep them up-to-date with innovative ways to interact with children that promote learning in a safe environment (ibid).

In addition, as Woodfield (2004) cited in Girma (2014) stressed the fact that preschool teachers need to have knowledge and understanding of:

- All aspects of children development including theories and approaches to learning;
- How to combine and apply pedagogical knowledge and understanding;
- Multi-sensory learning and teaching approaches for young children; and
- Safety issues and application in practice.

In addition to the above points Marguaruta and Cohen (1984), cited in Girma (2014) explained that the professional training in pre-school education includes: curriculum and methods, school-parents' relationships, materials and equipment experiences and resources, current problems, history, philosophy of education and the administration and organization of schools. In general, the training of pre-school teachers is critical for the pre-school program implementation. Because it is what goes to the training institution of pre-school teachers that is particular in classroom that finally affects children's learning in pre-schools (Yalew, 2011:17).

According to Chowdhury and Choudhury (2002), cited in Girma (2014) there are several basic requirements of preschool teachers such as: -

- Should be at least 18 years old-matured enough to handle young children;
- Should be healthy enough to perform all duties safety and should have no disease that could be transferred to the children;
- Must be willing and able to carry out the activities required by the curriculum;

- Must be able to work with children without using physical or psychological punishment;
- Be willing and able to increase her/his skills and competence through experience, training, and supervision;
- Be very progressive and enthusiastic, always to work for the development and welfare of the children;
- Be academically well trained and qualified. Preferably training in early childhood education, or child development or child psychology; Be preferably women to deal with the young children with their soft and motherly affection; Be a good “house keeper” both indoors and outdoors so that the preschool is always clean and attractive: and
- Be enthusiastic and enjoy being with the children relax and smile on the whole, personal characteristics of pre-school teachers, either enhance or diminish the implementation of the pre-school education as intended.

By considering these facts, the government of Ethiopia has given due emphasis on its education and training policy about the importance of teacher training and competence is the medium of instruction from the kindergarten to higher education under article 3.4.5. of 1994 Education and Training Policy. In the end, adequate training of teachers and care givers in ECCE program is a mandatory component for the overall development of children at their own setting. However, different African countries including Ethiopia study results indicated that insufficient resources arise when looking at teacher education. Many preschool teachers are not trained in most African countries (UNICEF, 2011).

## **2.8 Challenges of childcare service provision in preschools**

Challenges have been experienced in the implementation and enforcement of the laws, policies, regulations, and standards related to childcare. Challenges remain in changing the knowledge, attitudes, and practices around childcare generally and in preschool childcare specifically. Several changes have occurred as a result of the activities undertaken. Some changes are immediately apparent in terms of the

children's living environment, but others are more attitudinal and, as a result, behavioral on the part of both the adults and the children.

It is possible to present several challenges of childcare service provision in preschools from access to quality and more. However, this review is deliberately made to be specific, and the accessibility of childcare service provision problem is addressed as a major challenge. This problem can be conceptualized as quality and availability of indoor and outdoor childcare service provision, early learning literacy and numeracy, attitudinal change, Coordination, and collaboration have been a huge challenge.

Despite growing numbers of children needing care and protection, governmental responses are weak and underdeveloped in many countries across the east and central Africa region. For example, as highlighted in Save the Children's position paper on improving quality childcare service provision (Save the Children, 2006) indicated that in many east and central African countries many individuals, communities, agencies, donors, and governments have the intention of supporting and protecting children's rights, understanding is often lacking regarding different forms of care provision. In addition, the report figures out that negative attitudes and misunderstandings concerning children and their rights and the importance of quality care were some of the major constraints faced during the implementation process. Moreover, insufficient and inadequate accommodation, Poor hygiene and sanitation, Staff and management awareness, and understanding of the child protection policy are very poor (ibid).

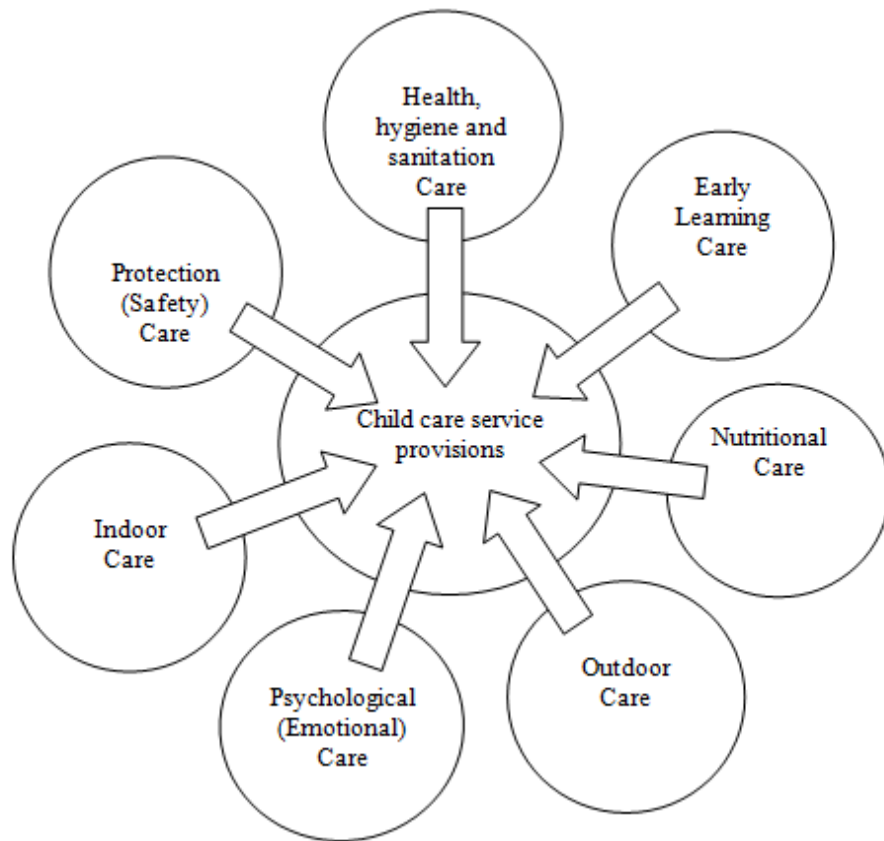
Similarly, a study conducted by Djarbeng (2019) in Ghana, shows that, most preschools do not have access to water and sanitation service provisions. Growing up in Ghana, it is a common occurrence for children to use nearby bushes to ease themselves and return to class without washing their hands. Preschool-aged children's inaccessibility to adequate sanitation contributes to the cases of diarrhea and cholera outbreaks which can impact a child's school attendance (UNICEF, 2011).

Contrary to that information the UNICEF (2011) report provides data showing that in nine out of the ten regions most preschools have access to water and not sanitation. The reason for this might be because preschools' sources of clean water may be shared

between primary schools and attached kindergartens have access to water. The problem with this is that, because of the age of young children, the toilet facilities will have to be structured to accommodate their small statures, and setting aside funds to allocate toilet facilities to small children is not available (Djarbeng, 2019). Due to that, in only 5 regions do over half kindergartens have access to toilets (UNICEF, 2011).

The other major challenge founded by different scholars to provide childcare service provisions was collaboration and coordination of parents and school communities. Parents, in the best efforts to support their children in attending school, might not be presently well equipped to support their child's academic pursuits to the best of their ability. Results from a study by Innovations for Poverty Action in Accra show that after a parental training session, parents had a negative contribution to the classroom experience (Wolf, Aber & Behrman, 2016) as cited in Djarbeng (2019). This is because a vast majority of Ghanaian parents expect their wards to read and write at an early age and to them, that is learning so if a child cannot read the alphabet or say their numbers then as far the parent cares, the child isn't learning anything in class and therefore the school isn't helpful to the child (Aizenman & Warner, 2018; Kabay Wolf & Yoshikawa, 2017). So, the parents put pressure on the teachers and schools to educate their children on literacy at younger and younger ages, even though preschool children's education should be focused on emotional and social development in addition to learning basic arithmetic and reading(ibid).

Coincide with this Fantahun (2013); and Kassahun (2013) cited in Fantahun (2017) indicated that the most common problem in Ethiopian preschool was the demands of parents to teach their children to read, write and speak the English language and do arithmetic. As a result, addressing the developmental needs of preschool children and the transmission of the nation's culture, values, and norms through the curriculum is questionable. In line with this, Tirussew et al. (2009) cited in Fantahun (2017) observed that in preschools, much attention was placed on academics. According to Tirussew et al. (2009) teachers might possess little understanding of pedagogical principles in relation to teaching very young children.



*Figure 1. Conceptual Frame Work of the Current Study*

If these childcare services are provided well and regularly at any preschool setup they have a positive result on children’s wellbeing, creative skill, learning outcomes and holistic development. In general, providing valuable and effective childcare service provision at preschools has taken a lion’s share on creating productive and competent citizen for any country.

## **CHAPTER THREE: RESEARCH METHODS**

This section presents the design of the study, the samples and sampling techniques, the participants, data gathering tools, and the method of data analysis.

### **3.1 Study Design**

This study employed a descriptive research design. Descriptive research design helps to explore and describe rather than use predetermined information from the literature or researched studies (Creswell, 2007). The rationale behind choosing this design was to explore, describe and explain the existing situation with regards to respondents' view about child care service provisions of government preschools at Debre Markos Town. This was done with a view to creating a better understanding of the research problem.

### **3.2 Study Site**

The study was undertaken among preschool facilitators(teachers), principals, parents, health extension workers and preschool educational experts in government preschool settings at Debre Markos Town, East Gojjam Administrative Zone. Debre Markos town is located in the North-West of the capital city of FDRE, Addis Ababa at a distance of 300kms and 265kms to the capital of Amhara Nation Regional State, Bahirdar.

### **3.3 Population of the Study**

There were found 10 governments and 22 private totally 32 preschools in Debre Markos town during the study time. However, the study was conducted only on 10 government preschools. The study populations were 952 children, 32 facilitators, 10 principals and 30 classrooms found in these 10 government preschools. So, the researcher has selected 10 facilitators(teachers), 10 preschool principals, 20 parents, 2 health extension workers and 1 preschool education expert totally 43 participants.

Therefore, the sources of data were teachers, principals, parents, educational experts and health extension workers.

### **3.4 Sample Size and Sampling Techniques**

To get the relevant data, the researcher selected 10 government preschools using availability sampling technique and 20 parents (2 parents from each 10 sample preschools) using purposive sampling technique based on their educational level.

In addition, the researcher selected 10 principals and 10 facilitators using purposive sampling technique. The duration of time or preschool work experience, educational qualification, and volunteer to an interview were criteria in selecting these respondents (facilitators). The researcher used also 1 preschool education expert using availability sampling technique and 2 health extension workers using purposive sampling technique for interview since they are assigned to support and monitor the issues relevant to health, hygiene, and sanitation at 10 government preschools.

### **3.5 Data Gathering Tools**

Observation, key informant interview, and focus group discussion were employed to gather relevant information about the child care service provisions of preschools.

#### **3.5.1 Observation**

Observation has been witnessed as an essential method to grasp first-hand information from actual natural settings (Bernard, 2006:344).

Accordingly, the researcher employed observation to assess information about the child care service provision of those children who are attending the preschool education at Debre Markos town. The researcher also observed the procedure, type, quality, and the way the institutions treat and provide actual care services for the children, which in turn help the researcher to get insight into the works of the institutions. It was done by using checklists developed by the researcher in 10 parts

with around 30 Likert type items. The rationale behind using self-developed checklist items was that the researcher had to address his context based on the preschool nature.

### **3.5.2 Key Informant Interview (KII)**

Davies (2006: 157) cited in Tariku (2015) expresses an interview as a method of data collection, information, or opinion gathering that specifically involves asking a series of questions. To this effect, the researcher employed semi-structured interview questions for principals, preschool facilitators, preschool education expert, and health extension workers to gather data regarding the issues under study.

In doing so, different types of interview questions were used for different participants. For this purpose, an interview for principals was emphasized all-rounded child care service provision because the principals are assigned there to control and evaluate activities performed by preschool facilitators. The next interviewees were preschool facilitators who were interviewed about all rounded child care services inside and outside the classroom of the preschools.

Health extension workers were also interviewed about health, hygiene, and sanitation service whereas the preschool education expert was interviewed based on the outdoor, indoor, and child protection/safety care services. In all the contexts, semi-structured interview was used because it gives a chance to interviewer to produce new and additional ideas relevant to the study.

### **3.5.3 Focus Group Discussion (FGD)**

Focus group discussion was used to get detailed information on individuals' feelings and concerns about issues & service standards for the wellbeing of children. Issues like preschool facilities, psychological, health and child protection care services were discussed in the FGD sessions. Important ideas and recommendations were also collected from participants. Totally 2 FGDs were conducted (group one contain 10 participants, and the same to group two) i.e. two parents were selected from every 10 preschools. The researcher used five (5) FGD guides focused on different points based on the objectives.

During the discussion, the researcher himself acted as moderator and listener by posing pre-determined questions and formulating additional ones as they come to mind around the issue being investigated.

### **3.6 Data Collection Procedures**

Initially, an official letter was written from ECCE center for concerned organizations. The researcher submitted an official letter and personal communication made with the preschools principals, Woreda Education Office, and Health Office to make the research objective clear thereby getting necessary supports and cooperation. The woreda education office and the preschool principals have given the official letter for the researcher to enable him collect data using photo camera and video recordings at preschools. Then after, the researcher has collected the necessary data using Observation, next he interviewed all the interviewees, ended, he undertaken the FGD sessions one after the other at each preschool. When the researcher made observation, he started first from the outdoor to the indoor activities. The researcher has also made the interview as appropriate as the participants' (interviewee's) time place condition. All the principals, Education Office and Health Office officials, and the respective professionals became very cooperative and contributed all the necessary efforts. The corresponding preschools, education office, health center, and health extension workers also played their own roles for the successful completion of the data collection process. For this study, data collection tools like natural Observation, KII and FGD techniques were applied and important data were collected and analyzed thematically. Supplementary data have also been captured with photo camera and video records during field observation and FGD time simultaneously by using the researcher himself. Natural observation has conducted at least for 1:30 hour at each preschool, KII has also conducted for about 30 minute based on the number of questions set for each respondent and each FGD session has conducted for about 2:00 hour.

### **3.7 Data Analysis Techniques**

All the data from the Observation, KII, and FGD were collected by hand-written notes. Each rough note of the KII and FGD was converted to organized notes. The analysis was made based on these notes. To understand the situation, the researcher tried to identify coherent meaning out of each report. The collected data from three different data sources were analyzed and interpreted thematically. All the qualitative data was narrated and interpreted. The Findings of the research are presented under each category while trying to present the findings from the KII, FGD, and data from field observation were merged selectively based on the research questions and objectives.

### **3.8 Ethical Consideration**

Before participating in the study, all participants were informed about purpose of the research and how their involvement would be. This was done by providing selected participants with an information sheet of the study mentioning gains of the study, eligibility to participate in the study, possible risks and benefits of participating in the study, and concerns concerning data-keeping and confidentiality issues. As a result, all of them were informed that participating in the study was voluntary based and confidentiality of their responses would be maintained. Participants who were informed about the study were invited to participate in the study by signing on the information sent. Before the actual utilization of the research techniques, the researcher was asked the consent to respondents to be part of the research issue and explain to the respondents that there was no power variation between them and him. In addition, he has told them the purpose of the research and the confidential aspect of the information.

## CHAPTER FOUR: RESULTS AND DISCUSSIONS

In this chapter, results are identified from different data sources discussed thematically with tables and narration forms. Important points obtained from observation, KII & FGD are summarized and leveled based on the research questions and specific objectives of this research. Major findings i.e. both opportunistic and challenging issues are presented briefly for further discussions.

### 4.1 Results

*Table 1 Basic data obtained from sampling preschools*

Name of pre schools	Existing number of children			Establishment Year of preschools	Number of classrooms	Number of facilitators		
	M	F	T			M	F	T
Abima	90	80	170	2004 E.C	4	-	4	4
Addis Hiwot	15	18	33	2004 E.C	2	1	1	2
Biruh Tesfa	54	49	103	2004 E.C	3	-	3	3
Dibza	31	33	64	2004 E.C	3	-	3	3
Dilbetigil	76	56	132	2004 E.C	4	-	4	4
Edetibeb	69	55	124	2004 E.C	3	-	4	4
Endimata	44	33	77	2004 E.C	3	-	3	3
Teklehaymanot	59	64	123	2004 E.C	3	-	4	4
Tsehaygibat	49	30	79	2004 E.C	3	-	3	3
“Yenie”	19	28	47	2004 E.C	2	1	1	2
Total	506	446	952		30	2	30	32

The KII of the principals and the observation result confirmed that all the government preschools found in Debre Markos town were established in 2004 E.C concurrently attached with the primary schools using the classrooms and outdoor spaces set for primary school education as shown above in Table – 1.

The result in Table –1; indicates that there is a high number of Preschool children enrolled in Abima preschool than the rest sample preschools. From the KII and woreda education office preschool expert, it was proved that parents choose to send their children to Abima preschool because its care service provision was better than the other sample preschools. In addition to this, the indoor and outdoor care services and facilities

are good for preschool children's social and psychological development as shown in figure 2 below. However, all the classrooms were not constructed for preschool purposes and were not standardized.



*Figure 2. Indoor and Outdoor Facilities of Abima Preschool.*

Except for 2 preschools (Edetibeb & Teklehaymanot) that have assistant facilitators as shown in Table-1 above, the other 8 preschool facilitators are working beyond their capacities; as a result, they couldn't give better treatment and support for children. In all cases i.e. in the classroom, play area, at the time of toilet, feeding and sleeping facilitators couldn't provide the expected care service for children at those 8 preschools. In the KII session facilitators also confirmed that they couldn't manage and provide appropriate care for children on different occasions and while using facilities.

All facilitators have the burden of work except Edetibeb and Teklehaymanot preschool facilitators due to the presence of assistant facilitators at two preschools. They cover both the caregiving and facilitating services since none of the preschools has any caregiver and assistant facilitator. None of the preschools or woreda-Education Office has a motivation system for their contributions. In all the preschools there are no experiences or case stories presented in identifying feelings of individual children or in the provision of special treatment for those children who have different characteristics.

Caregivers and janitresses play a significant role in preschool educational institutions enabling the institution to have a suitable environment for the wellbeing of the community. Especially caregivers (guardians) are essential human resources for the effective child care service provision at preschools. But on the contrary, all the

government preschools haven't employed any caregivers (guardians) and janitresses due to the lack of budget as the researcher confirmed from the principals and preschool education expert KII result. However, some preschools use the primary schools' janitresses to clean or sanitize the overall preschool compound as the KII result has shown.

In most cases, facilitators have ignored the request from children even sometimes they used punishment to keep the classroom silent. Generally, facilitators have the intention to work as a facilitator only until they get better job opportunities. Practically one of the facilitators at Abima preschool has been absent without any prior information due to her personal problem accidentally. On that day the researcher observed that big burdens created on the other facilitators. All the situations indicated that children's socio-emotional feelings and attachment levels with facilitators were not in good positions or secured. Generally, there are no encouraging situations for children's care service provision.

#### 4.1.1 Characteristics

*Table 2 Basic Data of Respondents*

Description	Option	Facilitators (Preschool Teachers)	Principals	Parents	Health Extension Workers	Preschool education expert
		N	N	N	N	N
Gender	Male	-	6	8	-	-
	Female	10	4	12	2	1
	Total	10	10	20	2	1
Educational status	Below grade 10	-	-	-	-	-
	Grade 10/12 complete	-	-	3	-	-
	Certificate	3	-	2	1	-
	Diploma	7	-	7	1	-

T	BA/BSC	-	10	8	-	1
	Total	10	10	20	2	1
a b l e	1 to 2 year	-	-	-	-	-
	3 to 6 years	7	-	-	1	-
	Above 6 years	3	10	-	1	1
	Total	10	10	-	2	1

Table – 2 above show that all of the facilitators were females. Even though there is no special requirement concerning gender, the presence of a higher number of females in preschools is in lined with the preschool standard.

The preschool work experience of facilitators is a vital requirement to facilitate preschool education and child care service provision at the preschool level. But to achieve an expected outcome of child care service, education and holistic development of children not only work experience but also the total of other facilities of the preschool, consecutive training and educational status of the facilitators have significant contributions.

The educational status of facilitators is the most important factor for the overall preschool quality. Qualified facilitators provide a suitable environment by keeping a consistent environment, through developing positive relationships between themselves and children and among children. Such environments foster positive care service provision, developmental and learning outcomes of children.

The quality of principals is related to their status of education and professional development. Principals play an important role in creating strong leadership capacity and supporting the professional development of the teaching staff. Preschools’ staff quality can be maintained by strong leadership through motivating and encouraging the teaching staff, and by developing a team spirit to achieve the desired goals. Table – 2 above shows the educational qualification and work experience of the study participants in Debre Markos town. Hence, 7 facilitators have worked for 3-6 years and 3 facilitators have above 6 years of work experience.

Table – 2 indicated that 7 facilitators were diploma holders and the rest 3 facilitators were 10+1 certificate. However, none of the facilitators has taken a special training concerned on the issue of childcare service provision. About principals, the same Table indicated that 10 principals were first degree holders (BED). Whereas health extension workers who supported the preschools were females and one is certificate whereas the other one is a diploma holder but the preschool education expert is also a female one with a first-degree qualification.

#### **4.1.2 practices of child care service provision**

##### **I. Outdoor care services**

To evaluate and recommend the outdoor care service provision in preschools observation and FGD data collection instruments used extensively and additional information also consulted from facilitators and preschool representatives.

As the researcher observed that, all the government preschools have started attached with the compound of primary schools and haven't sufficient play areas as per the standard of 500m<sup>2</sup> – 3000m<sup>2</sup> (area of the preschool compound). In addition, the two preschools (i.e. Tsehay Gibat and Edetibeb) are found with the presence of highway vehicle sound pollution, but all other preschools were free from any sound pollutions (Vehicle, factories, machinery, music, hotels, market, etc.).

All the sample preschools are very far from communicable diseases like TB preventive health institutions, garages, waste disposal areas, swampy areas, rivers, ponds, and sewages. Externally all preschools are enclosed and protected from the entrance of animals and other adults. But, only 5 preschools are well protected and fenced separately from the entering of primary school students. However, the other 5 preschools have not separated compound from the primary schools.

The outdoor environment is not child-friendly and out of thorny plants and other obstacles as we have seen the figure below.



*Figure 3. Physical Environment of Some Preschools' Playground.*

The other 5 preschools have well-leveled playgrounds but all have no green areas and flowering plants for recreation or teaching purposes. The three preschools namely Tsehay Gibat, Dibza, and Yenie preschools have dusty compounds & efforts have not been made to reduce the negative effects of dust particles.

The outdoor environment of all the preschools are not decorated with artworks or ornamental plants to attract children. All the observed preschools have no standardized play areas. Having better spacing could help all preschools to expand their services in addressing the growing demands of the school community. The researcher observed that 2 preschools are exposed to highway (heavy traffic) as shown in the figure below. Being located in the vicinity of highway, the above two preschools exposed children to unavoidable repeated heavy truck noises and as well as car accident might occur on children when they cross the main road.



*Figure 4. Preschools Exposed to Highway (Heavy Traffic).*

As the researcher observed that 3 preschools were dusty and exposed children to different health and sanitation problems. As a result, the observed outdoor spaces of those preschools do not fulfill the requirements. The researcher also observed that 3 preschools (Endimata, Yenie & Biruh Tesfa) are without trees and green areas. None of the preschools were fulfilled most of the criteria as per the standards of the country (See Appendices of national preschool standards). It needs the coordination of stakeholder's efforts to work on the construction of additional service giving facilities and to make preschool child friendly through greening or planting of ornamental trees and rich the centers with artworks.

Regarding toilet services, 5 preschools have separate toilet services for preschool children. But they are not standardized and proportional to the number of children. They have also water supply with washable surfaces. However, there is no any toilet which has a standardized child size and is proportional to the number of children as shown in the figure below (See Appendix D).



*Figure 5. Appearance of Non-Standardized Preschool Toilets.*

In Addis Hiwot, Biruh Tesfa, Tsehaygibat, Teklehaymanot, and Yenie preschools children have getting toilet service with primary school students together which has about 250m distance from the classroom and the road to the toilet is not well prepared. The toilets of these 5 preschools have no any water system, as a result, they are unhygienic and not standardized. During the observation time, especially the appearance of one preschool toilet was spoiled and very dirty. Consequently, the researcher observed that children have excreted their faces out of the toilet which makes dirty the toilet environment extremely.



*Figure 6. Endangered Toilets in The Preschools.*

As shown in the figure above the toilet sit mouth of the preschools is not child sized and it is dangerous for children's wellbeing.

Generally, all observed preschools have no separate toilets for facilitators and children. There are also no special services for children with special needs and age groups in all the centers. According to the observation result, the researcher found that almost all preschools did not have standardized, hygienic, and sanitized toilets. As a result, children are frequently suffered from some viral communicable diseases such as the common cold and influenzas as the KII and FGD participants approved. Alarmingly, those toilets did not have any water nearest to them provided for children's handwashing after toilet service. In addition to this, majority of the observed preschools were out of their own toilets separately but the preschools' children were using toilet service together with the primary school children (See Appendix D).

Concerning pure drinking water, only two preschools (Dibza & Teklehaymanot) have pure water supply if there is fountain water and sometimes available for children who are separated from other children. But in the rest of 8 preschools there is no pure water accessibility. So that, children are using water given from their home with different containers.

From observation and KII results, it was found that no preschools & preschools facilities were constructed with consideration of disabilities and age of children. On the other

hand, none of the preschools have slopes and supporting units with prior consideration of disabled children. In addition to this, outdoor play materials are not fulfilled and not comfortable for children in all observed preschools. The preschools have no outdoor play materials with basic types and standard sizes. Moreover, preschools have no proportional play materials to the number of children (see the standards in Appendix D – I).



*Figure 7. Availability of Playground Materials at Preschools.*

From the facilitated FGD with parents and KII with principals and facilitators, it was proved that there are no efforts in all preschools to mobilize resources from parents and some sector offices to make shades for outdoor play materials so that children could play the games at any required time. Children are using water with different containers from their homes. The containers that children are using to bring water to the center are unhygienic and are not portable for children. One of the facilitators in the preschools said that,

*“Water is the basic and highly important resource for ECCE centers to keep the hygiene of children and the compound sanitation. In this regard, preschools are not comfortable for children at all. Toilet and water-related diseases affected the health of children. Amoeba, giardia, typhoid and other diseases are commonly identified problems. The absenteeism and dropout rate of children is very high. Every day a minimum of 5 to 10 children absent mainly with sickness problems. Efforts were not made by stakeholders to solve the problem and it will be the most challenging issue for the next period too. In such a situation quality of child care and education services are not expecting and practically we faced with such challenges. The WEO experts and*

*supervisors were visiting the center every time and they understood it very well. But, they couldn't do anything except requesting of report/data. All the situations were affecting the effectiveness of children and our performance.”*

Toilet facilities are almost challenging in all centers. The toilet is totally out of the standards of preschool children and even for primary school children. The overall outdoor facilities were not facilitated as per the standard size, ratio, and types. All the centers are required to get standardized toilets and water facilities. More efforts should have been required from all stakeholders to have better facilities for preschools (See Appendix D & F).

## **II. Indoor care services**

Similar approaches are used to assess the status of indoor care services with that of outdoor services.

Abima, Dibza, Dilbetigil, and Teklehaymanot preschools have clear & visible classrooms with better lighting and air circulation. In these preschools children and facilitators could easily move and communicate with one another. The other six preschools have no well-cemented floors, standardized windows and doors, sufficient light & air circulation, and are very difficult for easy movement. All those six preschools have no conducive classrooms or are not constructed for the preschool purpose. So that, these preschools are highly suffocated. Concerning furniture and classroom standards, only two preschools (Abima and Dibza) have their combined desks and dining tables based on children's age. But all other 8 preschools didn't facilitate furniture to the expected level and standards to keep learning aid and play materials. Generally, the majority of the government preschools do not have standardized and easily adjustable furniture's and there is no free spacing for easy movement (See Appendix D – I).

Abima, Dibza, Dilbetigle, and Teklehaymanot preschools have well-cemented and clean classroom floors covered with plastic mat. The rest six preschools have no well-cemented floor and are very difficult for cleaning. The above four mentioned preschools have separated rooms for children's sleeping (napping) purposes even though sleeping materials were not fulfilled and arranging every day. Except Abima and Dibza, the other

8 preschools use the same class for teaching and dining purposes. In addition, six preschools have facilitated sleeping facilities in one corner of the same classroom which is unhygienic and not suitable to take nap. Those six preschools have also a small amount of indoor play materials (See Appendix D – F).

Most of the indoor play materials available in the observed preschools are not locally available, they are purchased and insufficient. Facilitators couldn't show it all at a time. Only minor renovations were made and have been using for preschool purposes. Classroom size, aeration, and lighting systems are not worthy in all the six preschools. Since the majority of the preschools give services to a large number of children in one classroom, children couldn't have opportunities to manipulate indoor games and learning aid materials.

First aid materials (kits) and trained facilitators are not also available in all the centers (See Appendix H & I). However, some preschools are using first aid services from primary schools or school clubs. Other facilities like furniture and sleeping materials should be found in some preschools. But only 4 preschools have separate single rooms for sleeping service. In those four centers, the facilitated single rooms are not adequate and did not give freedom to children. It causes suffocation and stressful conditions in children. The other 6 preschools made efforts to facilitate sleeping places in one side of the classroom in each level (KG-1, KG-2 & KG-3). But which is not convenient, hygienic, and sufficient rather facilitators were taking children to the open air under the shade of trees to refresh and overcoming the hottest day temperature. Moreover, when preschools don't have sleeping rooms and materials, facilitators used different alternatives to refresh children when they feel tired such as: singing a song, telling tales and puzzles, giving different games and activities, recreating in the forest and green areas if they are available, making them to sit & stand repeatedly in the classroom and washing their face as the researcher confirmed from the KII & Observation survey result.

Generally, there are no proportional and sufficient types of indoor materials facilitated in all preschools and children couldn't access them easily. Concerning furniture, only 2 preschools have their chairs and tables for children. But for others, the required number

of chairs and tables were not available. However, all preschools were going under the standard conditions (See Appendix D – I).

### **III. Psychological/Emotional care services**

The outdoor play program is found one of the best activities and time for all children in which they feel happier and relaxing. It gives them to exercising social skills and other developmental needs. On the other hand, shortage of facilities especially toilet services and play materials were the challenges that affect children's emotional feelings. Moreover, there is another factor that affect the emotional feelings of the children sometimes forwarded by some facilitators verbally to the children. i.e. *“you, donkey! why don't you heard? You heartless!”* as explained by one of the interviewee preschool directors.

In the interview session, the preschool principal and one of the facilitators argued that during outdoor playtime, almost all the facilitators give more attention to protect children from injuries and keeping their interest in playing outdoor games. The overall observation result indicated that there are efforts by preschools to improve children's psychological care service provision.

School directors and facilitators who have more experience in the centers show better attachment with children and easily understand what children feel and choose as assured by researcher's repeated natural observation and KII respondents. One of the school directors at Edetibeb preschool confirmed that she has been supported by facilitators in managing children regularly and she has time at least once a day to visit children. Practically it was observed that all preschool children knew her very well and show better attachment & love with special facial expressions. They also showed strong feelings to hold her hand and to have time with her.

More specifically children in KG-3 have better feelings and attachment levels with facilitators due to their close contact and social interaction experience for frequent year. Some children in KG-1 still have problems to adapt the preschool environment and their attachment with facilitators and peers is not as strong as with others.

During outdoor playtime and other resource utilization processes, there was competition among children to get the services. In such circumstances, some children were dominated by other children. Some are reporting the problem for facilitators or need supports from their peers. In such situations, facilitators were working actively to support and care for children. But about half (50%) of the number of children was above the preschool standards and couldn't be manageable by existing facilitators. There were lots of disputes, body contacts, fighting, and crying which makes facilitators busy and tired. But the overall situation during outdoor play time is attractive and enjoyable for the majority of children.

There are cases or difficulties in some children (especially in KG-1) who have problems with toilet training. Assistant facilitators did not exist in most centers to help such children and to clean toilets. Facilitators were not happier and cooperative to support such children due to the burden of work. They forced children to use the toilet services by themselves. For instance, one of the preschools facilitator said that:

*“I let to the children when they feel toilet training to go to latrine and tell them to come back quickly using saliva method after toilet before saliva has been dried”.*

In such circumstances, children feel bad and become stressed. In Addis Hiwot preschool the overall interaction and attachment level of children with facilitators and among themselves was not as strong as with children in other centers. But, relatively there was a better ratio of children with facilitators. Facilitators sometimes used chronic exposure to negative statements, such as *“Why can't you ever do things right?”* or *“I knew you were too stupid”*. These kinds of criticizing have lifelong effects on children's emotional and intellectual development.

There are 2 facilitators for 33 children as compared with 1 facilitator for 42 children in Abima preschool. In 4 preschools, some facilitators are only grade 10 completed and have no training on how to facilitate and care for children. They are less effective in the facilitation of different skills for children and have low motivation to work as a facilitator. Other facilitators who have experience in preschool facilitation have better

attachments with children and enjoying with every improvement of children. They are self-motivated and working with full of interest. Facilitators in most preschools also used Physical abuse (e.g. corporal punishment) frequently to make the class disciplined. But in some preschools, facilitators didn't use corporal punishment to correct children's misconduct instead they used another method like: gestural/signal expressions, making children to hold their ears, to stand in front of the children, and using eye contact with misbehaved children as the researcher confirmed from the KII & observation result. However, in the process of disciplining the children, quick tempers and uncontrollable anger may lead to punishment that is severe and sufficiently violent to cause injuries. ???

#### **IV. Physical Security, Safety/protection care services**

The current study result indicated that some preschools have children's ID card to keep their security, when parents ask to take children to home, they should hold children's ID card. To protect the physical security of children some of the preschools have tried to make free their compounds from dangerous things, facilitators are giving better attention and support while children are using facilities to play outdoor games. But in general, overview attention was not given during the construction or reconstruction process of facilities such as Classrooms, toilets, water services, and main gets of preschools. Totally no preschool has special conditions or facilities for children with different disability types.

In some preschools, most of the children are using taxi services and relatively traveling a long distance from 3 to 4 km. There was no recorded traffic accident in 5 years' history of the center (From center KII). But the data obtained from KII and from FGD sessions, there are streets of accident mainly from two sides:

-The main road crossing the town is too narrow and giving services for large numbers of cars including big Lorries and Buses.

-Transports used by children are small taxis (Bajaj) which are highly vulnerable for car accidents.

The overall status of preschools compound is not threatening for the physical security and safety of children. But, there are capacity problems as well as low awareness level of stakeholders to make preschools' physical environment and facilities standardize, attractive, and child-friendly. Even simple activities were not performing within the existing capacities. For instance, some of the preschools were not cleared from unwanted materials, thorny plants and bushes as the researcher observed. Practically clearing the compounds and watering of the area is not costly but required many efforts.



*Figure 8. Physical Appearance of Some Preschools Compound.*

It needs the commitment and mobilization of the school community and parents. Almost in all preschools, standards of facilities were not made with consideration of children's age and physical conditions (see the national preschool standards in Appendix D – I). Other facilities like electric systems were not properly installed in all preschools. All preschools didn't facilitate furniture to the expected level and standards for keep learning aid and play materials.

The overall assessment result indicated that most of the preschools do not facilitate separate rooms for sleeping with better sleeping materials. Only two preschools namely (Dibza and Abima preschools) have facilitated separate rooms for nap or feeding purposes. The facilitated rooms in both preschools were overcrowded and do not give safety for children. First aid kits are not available at all centers, which are basic materials, and have to be available in all centers with trained facilitators to help children when they are injured accidentally. Furthermore, activities were not performed to keep and secure

the physical, social, and moral safety conditions of children, and at the existing level, it was impossible to say physical security and safety conditions of children are protected.

## V. Nutritional Care Services

Careful handling and storage of foods at appropriate temperatures are important safety measures that can be taken to prevent illness in preschools. The eating area also requires special attention. However, observation survey results in the current study indicated that in all the observed preschools, tables used for eating activities were not washed and sanitized with a disinfecting solution: before and after each meal, before and after each snack.

In addition, children were not always washing their hands carefully before and after eating, and especially facilitators did not wash their hands before they begin to set the table and serve food in case of inaccessibility of pure water in the preschools compound. The preschools' dining rooms are not dry and free from leaky plumbing or drainage problems. Leftover food from serving bowls on the tables is also saved. Surprisingly, children in one preschool (Edetibeb) were eating their food seating on a dusty floor without any table as assured by the researcher during the observation time as shown in the figure below.

As the KII result confirmed in this study, *“when the health extension workers supervise the preschools and if they found underweight children, they give additional nutrients to those children. Moreover, they also checkup whether the children have taken vaccination or not.”* Said one of the interviewee facilitators.



Figure 9. Preschool Children's Dining Room.

## VI. Health, Hygiene, and Sanitation Care Services

Monitoring children's health status regularly offers several distinct advantages. First, facilitators are obligated, professionally and morally, to care for the health of all children in a group setting. Thus, in this regard, an Observational survey with different data capturing techniques made, and the findings were summarized. Additional information was also obtained from preschool facilitators and school directors to understand the service provision clearly. As a result, the following findings, lessons, and best practices were drawn and summarized thematically as follows.

The observation and KII result indicated that all of the preschools have not pure water supplies and easily accessible for children at any time with standard size and separately from other children. Children are using water with different containers given from their homes. The containers that children are using to bring water to the center are unhygienic and not easily portable for them. Mainly, poor environmental sanitation and hygiene system, uncoordinated response measures, and overcrowded conditions of the area make the situation difficult and challenging for the wellbeing of children in the observed preschools.

Moreover, as the researcher confirmed from the KII result, among the two health extension workers the one explained that:

*“we visit and follow up the preschools every week how children's health care, hygiene & sanitation care, nutritional care and toilet care services are practiced in the preschools. We have told to the preschool directors one of the health principles (i.e. 1 toilet hole to 50 children); We give health education for children and preschool facilitators; Facilitators didn't follow up and assist the children when they go to toilet training; In general, preschools have encountered several challenges like: Lack of sufficient playground, pure drinking water, standardized toilet, trained human power, and budget allocation. So, the preschool principals should ask the upper concerned bodies to solve these problems.”*

The other health extension worker also said that:

*“There are 17 health packages adapted from MoH. However, we cascade at least 4 packages to implement at preschools. Such as: health education package, solid & liquid waste package, hygiene & sanitation package, food and nutrition package but when we visit the preschools, none of the preschools has implemented these packages based on the expected level”.*

Facilitators’ daily health observations/monitors are effective for identifying children who suffered from communicable diseases in the early stages. By taking away children from group settings, a direct source of infection can be eliminated. However, as the researcher confirmed from KII that preschool facilitators in all the sample preschools were not evaluating preschool children’s health condition. In addition, in all preschools, facilitators hadn’t reliable data for children’s health conditions. During the learning facilitating process preschools didn’t take alone children who feel sick from group settings, thus, the direct source of infection cannot be eliminated.

Preschool facilitators were not trained to handle emergencies and provide first aid and emergency care for injured children accidentally. They also didn’t get training in cardiopulmonary respiration(CPR). Moreover, facilities of first aid materials and trained professionals were not available in any of the preschools (See Appendix D – I). However, some preschools used alcohol and snow to give first aid for accidentally injured children from the primary schools. When children feel sick and injured accidentally, facilitators take them to the health center using call on the Ambulance and children’s family as the current study found from the KII result.

Alarmingly, as the researcher confirmed from the KII participants and FGD sessions, all the government preschools didn’t have any employed caregivers (guardians) and janitresses for providing effective child care service and cleaning (sanitizing) the preschool compound respectively.

The researcher also observed that: most preschools have not standardized toilets and they were not hygienic and sanitized. Moreover, the researcher observed that the toilets did not have any water nearest to them to clean the latrines and children’s hand washing after toilet service. Especially unexpected preschool which is found attached to the big and an

aged primary school in Debre Markos town known as “Nigus Tekle Haymanot” which is founded in the year 1942 E.C has a toilet with a severe dirty and full of waste matter(feces) and urine around the toilet building. So that, during observation time the researcher saw that children defecate their faces and urine outside the toilet.



*Figure 10. Appearance of some Preschools Children's Toilet.*

## **VII. Early learning care services**

All preschools facilitate better conditions for language skills development of children through songs, posters, and encouraging of children to tell short stories. In this regard, two preschools namely Abima and Dibza have better access to language development aid materials. Other opportunities like playing different indoor games, manipulation of learning aid materials didn't accessible for children at the required level. Mainly problem of space in all centers and lack of play and learning aid materials at the required ratio are the challenges observed in all preschools. In the interview sessions, most of the preschool facilitators and principals raised the problem and shortage of learning aid and play materials. The other issue identified during the FGD sessions was, facilitators were neither trained in the preschool program nor have short-term training except for some preschools facilitators who have got short-term training from an organization School Readiness Initiative (SRI). As a result, facilitators couldn't clearly understand the value or importance of play and learning aid materials.

It was one of the drawbacks that untrained facilitators couldn't help children to manipulate existing learning aid and play materials. Generally, there are lots of such

cases in the centers caused by a lack of trained and experienced preschool facilitators. Lack of trained facilitators is the most challenging issue to facilitate age-appropriate teaching methods and to manipulate existing materials in all the centers. Short-term training is also never facilitated by the WEO or there are no technical backstopping supports made by supervisors to improve facilitators' technical and facilitation skills as assured from facilitators, principals & preschool experts.

Mainly they learn the language and other subject skills through songs and demonstration letters and numbers in the classrooms. They have also opportunities to learn creativity and solve puzzles through group play sessions and facilitators are supporting in such skills development exercise. But, opportunities like free play in the class and manipulation of learning aid and play materials were not freely accessed for children in all observed centers. Both limited access to materials and lack of space for free play are major constraints that hinder children from exercising different creativity skills. Facilitators didn't have different sources of information to improve their facilitation skills and to get additional materials.

Existing learning aid materials were assessed in the classrooms through observation. Additional information was also obtained from interview sessions with facilitators and preschool representatives. The information collected from all preschools indicated that the majority of centers have not different types of learning aid materials and utilizing in the classrooms. Most of the posters, pictures, books, flashcards, letter & word charts and arithmetic materials were availed insufficiently. None of the observed preschools facilitate interest corner to level existing learning aid materials based on type and objectives.



*Figure 11. Early Learning and Facilitating Process in the Classroom*

### **4.1.3 Challenges of child care service provision at preschools**

As the KII and FGD participants confirmed that many problems/challenges hinder child care service provisions at the sampled preschools. But the major challenges that encountered child care services were: lack of attention on child care service provision from the higher to the lower concerned bodies and other stakeholders; lack of organized and consecutive training for facilitators and other staffs; scarcity of budget allocation for preschool facilities (especially for child care facilities); absence of trained human resources (janitress, first aid givers, assistant teachers, and caregivers/guardians); the socio-economical problem of parents; lack of ECCE knowledge and understanding on parents, preschool leaders and other stakeholders.

The researcher observed that the absence of drinking pure water, standardized indoor and outdoor play materials, cleaned toilets, dining rooms, sleeping rooms with adequate materials, first aid kits/materials, standardized classrooms with furniture and outdoor playgrounds were also the chronic problems for the preschools to provide the expected and standardized child care services.

## **4.2 Discussion**

This part discusses the major findings of the study. However, the findings cannot be generalized to all centers; they would give us an insight into the practices of childcare services being provided in the study areas.

### **4.2.1 On childcare services**

In the early childhood period, a child learns through interacting with the immediate environment. Hence, the preschool environment must be physically safe, socially enhancing, emotionally nurturing, intellectually stimulating, and should be equipped with a variety of materials to arouse and maintain the child's curiosity, interest and promote learning and academic readiness (Chowdhury & Choudhury, 2002). The finding of this study indicated that the nature and quality of preschools' child care services, however, vary widely based on the personnel, facilities, and standards maintained. Though the

current preschools are not expected to be the best, it is necessary to satisfy at least minimum standard requirements.

With regard to the status of preschools' physical environment and outdoor care services, the current study results show, all the government preschools have started attached with the compound of primary schools and haven't sufficient play areas as per the standard. The outdoor environment is not child-friendly and was not cleared from thorny plants and other obstacles.

The finding of this study coincides with a study conducted by Fantahun (2013), who pointed out that the quality of preschools service provision, in terms of environment, physical space, and whether the environment is developmentally stimulating or not. In addition, Fantahun explained that in most of the preschools in Addis Ababa the indoor and outdoor spaces are not adequate for children for exploration, play, and practicing life skills. The observation result also indicated that there is also resource competition (water, toilet, play area, and playing materials like rotation, trapeze, slide, etc.) with other students and unhealthy situations created during breaks, entrance, and exit time in the sampled preschools. It can be said that in all preschools the outdoor care services are not proportional, inadequate and the minimum standard is not fulfilled. The outdoor physical environment can contribute to children's wellbeing, happiness, creativity, and developing independence. It can contribute to and express the quality of children's learning and experiences (Bergen & Fromberg, 2009; Miller, Almon, & Miller, 2009; Staempfli, 2009). However, the current study was not coinciding with the above authors, because the overall outdoor facilities/care services were not properly fulfilled the need of preschool children and they were insufficiently available.

Regarding toilet & water services, the toilet has no water supply and totally unhygienic and not standardized in the sample schools. There are also no special services for children with special needs and age groups in all centers. Only 20% of the preschools have pure water supplies and 80% of preschools have no access of pure water totally. Children are using water given from their homes with different containers. This, in turn; compromise the cleanliness of children, classroom, toilets, and compound. Even some parents

revealed that their children are affected on a consistent basis by the toilet and water-related diseases.

Relating to indoor care services, indoor care services are an integral part of the effective implementation of preschool programs. Indoor care services contribute their lion's share in attracting and getting the attention of children for a long period of time. It also makes the teaching-learning process more concrete, suitable, and easily understandable. According to Boren and Pickett (1954) and Chowdhury and Choudhury (2002) which explain that the presence of adequate indoor services and materials was fundamental for the effective implementation of various classroom activities in particular and ECCE in general. More specifically, Boren and Pickett (1954) suggested that every room used by KG should contain child-sized furniture (tables & chairs) that are important for children to sit and work at puzzles, games, and others that are necessary for children to develop new skills using real tools and the real world.

Contrary to Boren and Pickett (1954), the overall assessment results of this study indicated that most of the preschools have not appropriate indoor child care services and equipment. For example, in most of the sample preschools, classrooms were not standardized, no separate rooms for sleeping and feeding purpose. Moreover, most preschool children had no standardized child-sized table, chairs, and shelves, clean and well-ventilated classrooms except four preschools. Hence, this may affect the proper development and academic achievement of the children (See the national standards on Appendix D – I).

Concerning Psychological/Emotional care service practices, the overall observation results of this study indicated that there are efforts by preschools to support children in developing better socio-emotional skills and to improve children's psychological care service provision in the sample preschools. For instance, some preschools' teachers listening to children's concerns without judgment, encourage their efforts, and praise their successes. In addition, the researcher also observed that some school directors and facilitators who have more experience in the centers show better attachment with children and easily understand what children feel and need.

Contrary to this, KII and FGD participants of this study reported that some centers especially teachers were used corporal punishment frequently to make the class disciplined, used

chronic exposure to negative statements. Moreover, all centers haven't guidance professionals. Against the above finding, Marotz (2010) claimed that, children's failures and mistakes must be accepted as part of the learning process and should be viewed as occasions for offering guidance and positive support. In doing so, children can begin to learn important lifelong lessons about the initiative, risk-taking, problem-solving, and handling difficulty.

In relation to health, hygiene, and sanitation care practices, different international and national evidences suggest that the provision of safe and adequate water supply, improved sanitation facilities & safe hygiene excreta disposal and hygiene services create a high-risk environment for children and staffs and thus increase children's ability to environmental health hazards. However, the researcher observed different health, hygiene, and sanitation care service provision problems in the sample schools. For example, in all the sample preschools there was a lack of adequate separated facilities like feeding rooms, and sleeping rooms.

Most preschools have not standardized toilets and they were not hygienic and sanitized. In addition, there were inadequate hand washing facilities and children were not wash their hands before and after eating. Tables used for eating activities were not washed and sanitized with a disinfecting solution.

Regarding protection care service provision practice, the current study claimed that the sample preschools were tried to minimize children's injury condition by providing protection care services. The researcher observed that 50% of the survey preschools fenced their compound and eighty (80%) of preschools were located away from heavy traffic, excessive noise, and other similar hazards. But the researcher observed that in all the sample preschools Safety measures, such as locking outside doors and gates, installing keypads, cannot be implemented to control unauthorized visitors. The arrangement of space, or basic floor plan, was not examined carefully.

Additionally, some of the preschools were not cleared from unwanted thorny plants, bushes, and grasses and some also have dusty compounds. Furthermore, activities were not performed to keep and secure the physical, social, and moral safety conditions of children in some preschools. In line with this, Addington (2009) and Lindale (2008) state, rooms that children occupy must accommodate large indoor play structures, special equipment for children with physical disabilities, or cribs for infants. Play spaces for preschool children should be separated from those of older children to avoid injuries, confrontations, and the spread of illness.

#### **4.2.2 On training of facilitators**

As to Early learning practices and care service provision, most participants reported that the most significant factor in the provision of early learning childcare services is the teachers, who play an essential role in childcare by caring for and teaching children on a daily basis. This perception aligns with the recognition of the centrality of the teachers' role in the childcare literature (Jackson, 2012).

Preschool facilitators were not trained to handle emergencies and provide first aid and emergency care for injured children accidentally, as a result of inadequate health, hygiene, and sanitation provision all preschools are considered to be suffer from open defecation. This result is supported by MOH (2017), which stated that about 49% of schools can't provide sanitation & hygiene service provision to their children, and only 20% of schools having handwashing facilities. Thus, children's ability to learn may also be affected by inadequate health, sanitation, and hygiene service.

#### **4.2.3 On challenges of childcare services**

In the interview sessions, most of the preschool facilitators and principals raised the problem, and the shortage of learning aid and play materials at the required ratio are the challenges observed in all preschools. The other issue identified during the FGD sessions was, facilitators were neither trained in the preschool programs nor have short-term training.

As the KII and FGD participants confirmed that there were many challenges that hinder child care service provision at the sampled preschools. But the major challenges that

encountered child care services were: lack of attention on child care service provision from the higher to the lower concerned bodies and other stakeholders, lack of organized and consecutive training for facilitators and other staffs, scarcity of budget allocation for preschool facilities were the most challenging factors motioned by participants.

## **CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATIONS**

This part provides a summary of steps the researchers has gone through and the results obtained. It also includes the implication of the results and the conclusion. Based on the findings of the study and understanding from the whole process of the study, feasible recommendations are drawn. that could be a solution for the identified problems are also given in this section of the study. These recommendations focus on possible and tangible efforts required from stakeholders for the betterment of child care service provisions in preschools.

### **5.1 Summary**

The main purpose of this study was to explore the child care service provision practices at Debre Markos town government preschools. To attain this objective, descriptive qualitative research design was employed, and a total of 43 participants were selected with appropriate sampling techniques. In doing so, the researcher used purposive sampling to select preschool facilitators and health extension workers, and he employed comprehensive sampling to select school principals and woreda ECCE expert. He also used quota sampling technique to select preschool children parents for FGD because the researcher believed that these groups of people are distributed homogeneously. Then, data were gathered from these participants by using key informant interview, observation and focus group discussion.

The collected data obtained from the interview, FGD, and observations were analyzed through qualitative data analysis techniques. The results obtained from the interview, FGD, and observation were interpreted and discussed thematically. The major themes used to organize the discussion were congruent with the basic research questions namely the types of child care service provisions in preschools, training and competency of preschool teachers and other staffs, and hampering challenges to provide standardize child care services in preschools.

A supportive preschool learning environment promotes the development of children's critical thinking skills; fosters awareness of diversity and multiculturalism; and supports enthusiasm and engagement as the cornerstones of approaches to learning.

The environment must nurture children's capacity to engage deeply in individual and group activities and projects. Such an environment is created through interactions with indoor and outdoor services that offer opportunities for children to set goals and persist in following through with their plans while acquiring new knowledge and skills through purposeful play. Carefully planned instruction, materials, furnishings, and daily routines must be complemented by an in depth range of interpersonal relationships. In this setting, each child's optimal development across every domain (e.g., language, social, physical, cognitive, and emotional) will be supported, sustained, extended, and enhanced.

However, the overall assessment results in this study indicated that there is a big shortage of child care services with the standard level and towards achieving the wellbeing of children specifically, shortage of classrooms, toilets, dining rooms, sleeping rooms, pure water supplies, indoor and outdoor facilities were the major challenges of all centers. All the centers have the problem of trained human resource capital, financial capital, material capital, and information capital. They don't have enforcement mechanisms to share responsibilities and taking of legal measures on stakeholders, lack of technical skills on how to manage and care children in preschools environment, low understanding of parents on basic rights of children, poor environmental sanitation and hygiene system.

## **5.2 Conclusion**

The findings of this study and the discussions made about child care service provision could help to reach the following conclusions.

- ✓ There have been different childcare services provided in the selected preschools. Some of these are outdoor care services, indoor care services, health care services, protection/safety care, educational, nutritional, and psychological care services.
- ✓ Outdoor childcare services offer important health benefits by encouraging children to be active. Large, open space that's freed from obstacles encourages young children to maneuver about and explore without hesitation. However, in the observed preschools, children's outdoor play areas are also a major source of

accidental injuries. Play areas in 2 preschools are not located away from heavy traffic and loud noises. So that car accident may occur on children and children may be disturbed with loud noise during their play and learning time.

- ✓ The overall assessment result indicates that; all preschools were not facilitating separate rooms for napping/sleeping purposes with better sleeping materials. All others did not facilitate separate rooms for dining/feeding purposes. Bathroom facilities and drinking fountain water are not easily accessible. This may not significantly reduce contamination and the spread of infection from one child to another.
- ✓ The overall status of preschools' compound is not comfortable for physical security and safety of children. In some preschools play areas are not enclosed by a fence with a gate and workable lock for children's security and safety. The limited use of the outdoor environment restricts children's ability to develop large muscle skills.
- ✓ As the current study result indicated that all the government preschools didn't have their employed caregivers (guardians) and janitresses for valuable child care service and cleaning(sanitizing) the preschool compound respectively rather some preschools use the primary schools' janitresses as additional work for cleaning purpose.
- ✓ According to the observation result, almost all preschools did not have standardized, hygienic, and sanitized toilets. In addition to this majority of the observed preschools were out of their toilets separately but the preschool's children were using toilet service together with the primary school children. This may not contribute to children's wellbeing, happiness, creativity, and developing independence.
- ✓ The current observational survey result indicated that in some preschools the facilitators do not know how to show affection or converse appropriately with the preschool children. Any emotional connection is absent, such as hugging, kissing, touching, well conversation, or facial expressions of the facilitators revealing displeasure.

- ✓ Facilitators in all preschools also used Physical abuse (e.g. corporal punishment) frequently to make the class disciplined. This may cause psychological impact on children for a long period of time.
- ✓ Lack of trained facilitators is the most challenging issue to facilitate age-appropriate teaching methods and to manipulate existing materials in all the centers. This drawback has a severe impact on children’s learning and teaching process.
- ✓ Opportunities like free play in the class and manipulation of learning aid and play materials were not freely accessed for children in all observed centers. This affect children’s creativity and manipulative skill.
- ✓ The information collected from all preschools indicated that some centers have different types of learning aid materials and utilizing in the classrooms. But the ratio of learning aid materials was not proportional to the number of children and all types of learning aid materials have not been available to support children get all the required skills in all the preschools.
- ✓ In general, the chronic problems(challenges) that hinder the preschools’ child care service provisions were:
  - Deficiency of budget allocation for preschool child care facilities.
  - Absence of trained and available preschool human resources with minimum competence.
  - Lack of knowledge, skill, and understanding about preschool child care service provision on parents, facilitators, and other stakeholders.
  - Absence of well-prepared and organized ECCE materials for children.

### **5.3 Recommendations**

Based on the overall research process and the conclusion made, the researcher recommended the following points for improvement to the concerned bodies.

- ✚ Human resources development and assignment of trained facilitators, fulfillment of required locally available materials have to get the attention of the WEO.

- ✚ Debre Markos WEO should encourage NGOs to invest in the ECCE program through the facilitation of places, technical supports, and credit services.
- ✚ Technical supports and close follow-up systems required from the WEO both for ECCE centers to improve the existing status of facilities and care services.
- ✚ Debre Markos town health center should run community discussion and parenting skills development training required to ensure the safety and health of children.
- ✚ Teklehaymanot preschool should give special attention to children's toilet care service provision.
- ✚ Training and consultative review meetings need to facilitate for parents /guardians, facilitators, and other developmental partners based on basic rights of child protection and safety mechanisms to solve constraints.
- ✚ In-Service training should be regularly organized for the preschool facilitators by the government (WEO), NGO, or other institutions.
- ✚ The WEO should employ assistant facilitators, child caregivers (guardians), first aid givers and janitresses for all government preschools to provide standardized child care service provision.
- ✚ School principals and WEO should give special attention especially to the construction of standardized preschools toilet buildings separately from the primary schools in collaboration with NGOs, GOs, private sectors, investors, developmental partners, and other fund organizations.
- ✚ Play areas for children should be separated from those of older children to avoid injuries, confrontations, and the spread of communicable diseases.
- ✚ Preschools especially Tsehay Gibat and Edetibeb should construct their ECCE center far away from the highway and car accident.
- ✚ Debre Markos town WCAO should give attention to the rights, protection, safety, and wellbeing of preschool children.
- ✚ The social and physical environment of the preschools should be safe and secure as well as receptive and child-friendly.
- ✚ The preschool education program should include culturally relevant, developmentally appropriate, and inclusive indoor & outdoor materials and activities.

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**Appendices:**

Appendix A. In-Depth Interviews

- I. Interview guide for preschool principals
- II. Interview guide for preschool facilitators
- III. Interview guide for health extension workers
- IV. Interview guide for preschool education expert

Appendix B. FGD Guide for parents

Appendix C. Observation Checklists

Appendix D. የቅድመ መደበኛ ትምህርት ተቋም ሊኖሩት የሚገባ የአገልግሎት መስጫ ክፍሎች

Appendix E. ለአንድ መማሪያ ክፍል የሚያስፈልጉ ቋሚ መሳሪያዎች

Appendix F. ቋሚ የውጭ መጫወቻ መሳሪያዎች

Appendix G. የመምህራንና ሰራተኞች ብዛት

Appendix H. የመጀመሪያ ህክምና እርዳታ መስጫ እቃዎች

Appendix I. ለመጀመሪያ ህክምና እርዳታ መስጫ ክፍል የሚያስፈልጉ መድሃኒቶች



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**Appendix A. In-depth Interviews**

*I. Interview Guide for Preschool Principals*

Dear Principal,

I am Shambel Sewnet from Debre Markos college of Teachers Education Department of education and training follow up expert. Now, I am a masters' student at Addis Ababa University. And I am conducting MA thesis for the partial fulfillment of MA degree in early child hood care and education. Now, I am kindly asking you to respond to the questions comes under here. Dear, be Make sure that all the responses given by you will be kept confidentially and not to be used for other purpose. If found it important and eager to read the findings of this study, the researcher is really happy to inform the major findings. Finally, your wholehearted answer determines the findings of this study and then I hope you will response responsibly.

1. What is child care?
2. As a school director, do you follow up child care service provision given for preschool children in your preschool?
3. Do you invite health extension workers to check up health, hygiene & sanitation and nutrition care service provision at your preschool? If yes, what was the feedback from those health extension workers?
4. Do you think that preschool children are secured from indoor and outdoor harmful things? How can you check it?

5. Based on your observation, do you believe that preschool children are free from any physical and psychological abuse?
6. What do you say about the trainings of the preschool facilitators in relation to child care service provision?
7. Do you identify challenges that are encountered during the implementation of child care service provision? If yes. What are those challenges?
8. What do you say about your preschool facilities that contribute to child care service provision?
9. What do you think about an employment of supporting staffs (i.e. assistant teachers, janitresses and care givers) at your preschool?
10. How do you explain about the participation of parents, community, NGOs, GOs, private sectors, and other stakeholders to provide fund and preschool facilities?



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**II. Interview Guide for preschool Facilitators**

Dear preschool teacher,

I am Shambel Sewnet from Debre Markos college of Teachers Education Department of education and training follow up expert. Now, I am a masters' student at Addis Ababa University. And I am conducting MA thesis for the partial fulfillment of MA degree in early child hood care and education. Now, I am kindly asking you to respond to the questions comes under here. Dear, be Make sure that all the responses given by you will be kept confidentially and not to be used for other purpose. If found it important and eager to read the findings of this study, the researcher is really happy to inform the major findings. Finally, your wholehearted answer determines the findings of this study and then hope you will response based on your understandings. Dear, please think over your observation during facilitating children's learning and care services.

1. What child care services are implemented at your preschool?
2. What do you think about the interaction between you and preschool children in the class and outside the class room?
3. Do you and other facilitators use corporal punishment on children? If so, why?
4. Have you performed and ever seen children's abuse, abnegate, hate and neglect at preschool?
5. Does the preschool have pure dining room and food shelf for children? If no, why?
6. What do you think about children's indoor and outdoor care service provision?

7. Do you think that the preschool is located free from any disturbance in relation to child care services? If no, what are they?
8. What do you think about availability of pure drinking water in the preschool?
9. What trainings do you have in relation to child care service provision?
10. How do you follow up the children's health condition in the preschool?
11. How do you support children when they are injured accidentally in the preschool during indoor and outdoor play?
12. Do you support preschool children during toilet practice? If yes, how do you support them?
13. What do you do when children feel tiered in the classroom?
14. How do you implement child care service provision at your preschool?
15. What challenges faced to you when you implement child care service provision at your preschool?



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***III. Interview Guide for Health Extension Workers***

Dear Health Extension Worker,

I am Shambel Sewnet from Debre Markos college of Teachers Education Department of education and training follow up expert. Now, I am a masters' student at Addis Ababa University. And I am conducting MA thesis for the partial fulfillment of MA degree in early child hood care and education. Now, I am kindly asking you to respond to the questions comes under here. Dear, be Make sure that all the responses given by you will be kept confidentially and not to be used for other purpose. If found it important and eager to read the findings of this study, I am really happy to inform the major findings. Finally, your wholehearted answer determines the findings of this study and then hope you will response based on your understandings. All the items are highly related with your profession.

1. What is your attachment with government preschools in relation to health, hygiene and sanitation?
2. How do you explain children's nutrition care service when they are at preschool?
3. What problems have you observed at preschools in relation to health, hygiene and sanitation?
4. According to your observation, how the preschool facilitators implement child care service provisions at preschools?
5. How do you support the preschools in relation to child health, hygiene and sanitation care services?



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***IV. Interview Guide for Preschool Education Expert***

Dear Expert,

I am Shambel Sewnet from Debre Markos college of Teachers Education Department of education and training follow up expert. Now, I am a masters' student at Addis Ababa University. And I am conducting MA thesis for the partial fulfillment of MA degree in early child hood care and education. Now, I am kindly asking you to respond to the questions comes under here. Dear, be Make sure that all the responses given by you will be kept confidentially and not to be used for other purpose. If found it important and eager to read the findings of this study, I am really happy to inform the major findings. Finally, your wholehearted answer determines the findings of this study and then hope you will response based on your understandings. All the items are highly related with your profession.

1. As a preschool expert, what is your understanding about child care service provision at government preschools?
2. How many times do you supervise each government preschool per year?
3. Based on your supervision, what child care services provided by preschool facilitators?
4. Is there any training given for preschool facilitators from the woreda education office or else? If yes, how many times and on what issues concerned?
5. Have you seen how facilitators provide child care services at preschool?
6. To what extent the indoor and outdoor facilities are child friendly at preschool?

7. How do you explain the standards of the government preschools in relation to the care service facilities?
8. What do you think about the supporters of the preschools (i.e NGOs, GOs, Investors and private sectors)?
9. How can you evaluate the implementation of child care service provision in relation to the standards of the preschools?
10. What are the extreme challenges that hinder to provide standardized child care services?



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*Appendix B. Focus Group Discussion Points*

Dear children parents,

I am Shambel Sewnet from Debre Markos college of Teachers Education Department of education and training follow up expert. Now, I am a masters' student at Addis Ababa University. And I am conducting MA thesis for the partial fulfillment of MA degree in early child hood care and education. Now, I am kindly asking you to raise your idea based on the following discussion points and give your assumptions and recommendations for the decisive points. Dear parents, be Make sure that all the ideas given by you will be kept confidentially and not to be used for other purpose. Finally, your whole hearted discussions determine the findings of this study and then hope you will discuss based on your understandings.

1. What seems like your children's sanitation care in the preschool?
2. Have your children punished by their teachers? Why?
3. How do you explain accessibility and quality of the overall preschool facilities?
4. What do you know about the trainings of preschool facilitators?
5. What can you say about challenges that hinder to provide child care services?



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College of Education and Behavioral Study

Center for Early Childhood Care and Education

*Appendix C. Observation checklists*

No	Item	Yes	No	Remark
1	<b>Nutritional care Service</b>			
1.1	The preschool has pure dining room and food shelf for children.			
1.2	The dining room is secured from any contaminated conditions.			
1.3	The feeding furniture is cleaned before and after feeding.			
1.4	Pure water is available for children in the preschool.			
1.5	Children wash their hands before and after feeding.			

1.6	Facilitators check whether feeding materials are cleaned or not after feeding.			
1.7	Children feed well until they finish their tied food.			
1.8	Children's food containers are portable for children and properly closed, so that they don't let for the entrance of foreign organisms.			
<b>2</b>	<b>Health Care Service</b>			
2.1	When children feel sick at the preschool, facilitators take them to health care center.			
2.2	There are trained first aid professionals and adequate kits/materials in the preschool.			
2.3	Children's Classrooms are well ventilated and have sufficient light.			
<b>3</b>	<b>Hygiene and Sanitation care service</b>			
3.1	The preschool compound is clean and free from dirt.			
3.2	The preschool environment is far from factories and other polluting agents.			

3.3	Preschool drinking water is free from contaminating agents like: factory fluids, sewages, food residues, etc.			
3.4	Sanitation materials are accessible in the preschool.			
3.5	Janitresses are present in the preschool and they clean the toilet, classrooms and the preschool compound properly.			
<b>4</b>	<b>Toilet care Service</b>			
4.1	Teachers allow children when they need to go to toilet.			
4.2	Teachers attend and support children when they are using toilet.			
4.3	The toilet sit mouths are comfortable and child sized for children.			
4.4	Children are cleaned after toilet service.			
4.5	The preschool toilet is constructed based on children's age level and standardized level.			
<b>5</b>	<b>Sleeping care Service</b>			

5.1	The preschool has standardized and clean sleeping room with appropriate temperature.			
5.2	The sleeping room is well ventilated and has abundant light.			
5.3	The preschool has sufficient and neat sleeping materials.			
5.4	Facilitators let for children to sleep when they feel tired.			
5.5	Care givers are present in the sleeping room to help children when they sleep.			
<b>6</b>	<b>Indoor care service</b>			
6.1	The indoor furniture is comfortable and child sized.			
6.2	The indoor facilities are standardized.			
6.3	The indoor environment is conducive and child friendly.			
6.4	The classroom floor and wall are smooth enough for children's safety.			
6.5	Windows and doors are harmless.			

<b>7</b>	<b>Playground(outdoor) care service</b>			
7.1	The preschool has abundant area of playground (outdoor space) for children.			
7.2	Playgrounds are free from harmful things.			
7.3	The play (outdoor) materials are comfortable and child sized.			
7.4	The ratio of play materials to children is proportional.			
7.5	The playing (outdoor) materials are standardized.			
<b>8</b>	<b>Psychological/Emotional Care service</b>			
8.1	The preschool community gives care for children's positive interaction.			
8.2	Preschool facilitators give affection for children.			
8.3	The communication with children is safe, ethical and positive in the preschool.			
8.4	Preschool facilitators and school communities give social support for children.			

8.5	The indoor and outdoor environment of the preschool is attractive for children.			
<b>9</b>	<b>Protection/Safety/ care service</b>			
9.1	Preschool facilitators use child labor in the preschool.			
9.2	Facilitators use corporal punishment on children.			
9.3	There is prevalence of violence on children in the preschool. Like: abuse, abnegate, hate and neglect.			
9.4	Facilitators give freedom for children to communicate each other and with themselves.			
9.5	Facilitators give freedom for children to listen, speak, read, write and play.			
<b>10</b>	<b>Early learning care service</b>			
10.1	Facilitators make language stimulation for children through talking and singing.			
10.2	Facilitators encourage children to explore			

	their environment in the preschool.			
10.3	Facilitators tell story, puzzles and folklore for children.			
10.4	The preschool arrange art room for children's art skill.			
10.5	Subject corners are organized in the classroom.			
10.6	The indoor environment is furnished with different blocks, charts, pictures and locally available materials for children.			

**አገር አቀፍ የቅድመ መደበኛ ትምህርት መለኪያ (ስታንዳርድ) 2002 ዓ.ም**

**Appendix D. የቅድመ መደበኛ ትምህርት ተቋም ሊኖሩት የሚገባ የአገልግሎት መስጫ ክፍሎች**

ተ. ቁ	የሕንፃው ክፍሎች	ባለ 1 ክፍል	ባለ 2 ክፍል	ባለ 3 ክፍል	ባለ 4 ክፍል	ባለ 5 ክፍል	ባለ 6 ክፍል	የአንድ ክፍል መጠን በካሬ ሜትር	የመጣሪያ ቦታ በህንፃ በካሬ ሜትር
1	የመጣሪያ ክፍል	1	2	3	4	5	6	7X9	1.55 ሜካ
2	ጽ/ቤት ቢሮ	1	1	1	1	1	1	4.2 X5	

ተ. ቁ	የሕንፃው ክፍሎች	ባለ 1 ክፍል	ባለ 2 ክፍል	ባለ 3 ክፍል	ባለ 4 ክፍል	ባለ 5 ክፍል	ባለ 6 ክፍል	የአንድ ክፍል መጠን በካሬ ሜትር	የመመዘኛ ቦታ በህንፃ በካሬ ሜትር
3	ዕቃ ግ/ቤት	1	1	1	1	1	1	2.8X2.5	
4	የምግብ ማብሰያ	1	1	1	1	1	1	5X5.6	
5	ዕቃ ክፍል	1	1	1	1	1	1	2X2.6	
6	የሕፃናት መጻፍሻና መታጠቢያ	1	1	1	1	1	1	9X5	
7	የመምህራን መጻፍሻ	1	1	1	1	1	1	2X2.4	
8	የሠራተኞች መጻፍሻ	1	1	1	1	1	1	2X4.2	
9	የሕፃናት ማረፊያ ክፍል	1	1	1	1	1	1	4X5	
10	ሁለገብ አዳራሽ	1	1	1	1	1	1	8X14.10	
11	የዘበኛ ቤት	1	1	1	1	1	1	2.45X2.45	
12	የገ/ያዥ ቢሮና የትም/ዕቃ ግ/ቤት	1	1	1	1	1	1	3.50 X 7	
13	የመምህራን ማረፊያ	1	1	1	1	1	1	3.50X7	

ተ.ቁ	የሕንፃው ክፍሎች	ባለ 1 ክፍል	ባለ 2 ክፍል	ባለ 3 ክፍል	ባለ 4 ክፍል	ባለ 5 ክፍል	ባለ 6 ክፍል	የአንድ ክፍል መጠን በካሬ ሜትር	የመጣሪያ ቦታ በህንፃ በካሬ ሜትር
14	የመጀመሪያ ሕክምና ዕርዳታ መስጫና የጽዳት ዕቃ ማስቀመጫ	1	1	1	1	1	1	3.50X5.70	
15	የምግብ ዕቃ ግ/ቤት	1	1	1	1	1	1	3.40X3.70	
16	ልዩ ልዩ ኮርነሮች /ማዕዘን/ ልዩ የመጣሪ ፍላጎት ላላቸው ሕፃናት የንግግር ወንጃ መስጫ ክፍል	1	1	1	1	1	1	4X3.5	

**Appendix E. ለአንድ መጣሪያ ክፍል የሚያስፈልጉ ቋሚ መሣሪያዎች**

ተ.ቁ	የዕቃው ዓይነት	ብዛት	መጠን በሰ/ሜ	ምርመራ
1	ጠመኔና ጥቁር ሠሌዳ	1	50 X 100	
2	የማስታወቂያ መለጠፊያ ሰሌዳ	1	50 X 100	
3	የመምህሩ ወንበር	1	40 X 56 X 78	
4	የመምህሩ ጠረጴዛ	1	80 X 100 X 74	

5	የሕፃናት ወንበሮች	40	34 X 24 X 27	
6	የሕፃናት ጠረጴዛዎች	10	68 X 98 X 75	
7	ዕቃ መደርደሪያዎች	3	10 X 200 X 40	
8	የቆሻሻ ማጠራቀሚያ	1		ከሰጠራ/ከፕላስቲክ የተሠራ

**Appendix F. ቋሚ የውጭ መጫወቻ መሣሪያዎች**

ተ.ቁ	የዕቃው ዓይነት	ብዛት	መጠን	ዓይነት	ምርመራ
1	ኪሶች	10 /ለአርባ ሕፃናት/			1 ኪስ ለአራት ሕፃናት
2	ጎማዎች	10			
3	ቸዋቸዌ	2			
4	ሚዛን	2			
5	ሸርተቴ	2			
6	ሜራጎ ራውንድ	2			
7	መሰላል	2			
8	የመሹለኪያ ቱቦዎች	2			
9	የአሸዋ ሣጥን	2			

**Appendix G. የመምህራንና ሠራተኞች ብዛት**

የቅድመ መደበኛ ትምህርት ተቋም መጠን	የሕፃናት	የረ/መምህራን	የመምህራን	የረዳት መምህራን	የሞግዚት	የጥበቃ ሠራተኞች	የተላላኪ	የጽዳት ሠራተኞች	የጤና ባለሙያ
የመማሪያ ክፍል	ብዛት	ብዛት	ብዛት	ብዛት	ብዛት	ብዛት	ብዛት	ብዛት	ብዛት
ባለ 1 መማሪያ ክፍል	40	1	1	1	1	2	1	1	1
ባለ 2 መማሪያ ክፍል	80	1	2	2	2	2	1	1	1
ባለ 3 መማሪያ ክፍል	120	1	3	3	3	2	1	2	1
ባለ 4 መማሪያ ክፍል	160	1	4	4	4	2	1	2	1
ባለ 5 መማሪያ ክፍል	200	1	5	5	5	2	1	2	1
ባለ 6 መማሪያ ክፍል	240	1	6	6	6	2	1	2	1

**Appendix H. የመጀመሪያ ሕክምና ዕርዳታ መስጫ ቃዎች**

ተራ ቁጥር	የዕቃው ዓይነት	ብዛት
1	የጥጥ ዕቃ	እንደተገኘ
2	ሶስት መዳዘን ፋሻዎች	“
3	ጥቅል ፋሻዎች	“

ተራ ቁጥር	የዕቃው ዓይነት	ብዛት
4	የተቀቀሉ የጨርቅ ፖዶች	“
5	የተቆራረጡ በራዚዎች	“
6	ከፋሽ ጋር የተያያዙ ፖዶች	“
7	የላስቲክ ፋሽ	“
8	የእጅ ፎጣ	“
9	መጠነኛ የእንጨት /ስፕሊንት/	“
10	የሕፃናት መመርመሪያ አልጋ	1
11	ፍራሽ	1
12	ብርድ ልብስ	2
13	አንሶላ	4
14	የመድኃኒት ስኒ	2
15	መቀስ	2
16	ወረንጦ	2
17	መርፌ ቁልፎች	እንደተገኘ
18	የቁስል መለጠፊያ ፕላስቲክ	“
19	የማስታወሻ ደብተር	“
20	ሳሙና ከነመቀመጫው	“
21	የመጠጫ ኩባያ	2
22	ሣህን ትንሽ /ኪድኒድሽ/	2
23	ተርንኪ/ለስቲክ/	2
24	የሕክምና ኩራዝ	2

**Appendix I. ለመጀመሪያ ሕክምና ዕርዳታ መስጫ ክፍል የሚያሰፈልጉ መድኃኒቶች**

ተ. ቁ	የመድኃኒቱ ዓይነት	ብዛት
1	የጥጥ ዕቃ	ቢያንስ በፓድ የታሸገ
2	ሶስት ማዕዘን ፋሻዎች	“
3	ጥቅል ፋሻዎች	“
4	የተቀቀሉ የጨርቅ ፓዶች	“
5	የተቆራረጡ ንፁህ ጨርቆች	“
6	የላስቲክ ፋሻ	“
7	የእጅ ፎጣ	“
8	የሕጻናት ማረፊያ አልጋ	1
9	ስፖንጅ ፍራሽ	1
10	ብርድ ልብስ	1
11	ጥንድ አንሶላ	1
12	አልኮል፣አዩዲንና ጃንቪያንባዩዋሌት	እያንዳንዳቸው በጠርሙስ
13	መቀስ፣ወረንጦ	ቢያንስ ሁለት፣ሁለት
14	መርፌ ቁልፍ	አንድ ፓኬት
15	የቁስል ማጠቢያ (አንቲሴፕቲክ)	“
16	ባለመድኃኒት የቁስል መለጠፊያ ፕላስቲር	“