Thrive by Five in Northwestern Tigray: Consolidated Report on Institutional Integration, Scaling Early Connection and Care in Twelve Woredas

July 2025

Prepared By

Anchor Consultancy

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Acronyms

TbF	Thrive by Five
ECCD	Early Childhood Care and Development
ECCE	Early Childhood Care and Education
ECCDE	Early Childhood Care, Development, and Education
HEW	Health Extension Worker
HEP	Health Extension Program
TWG	Technical Working Group
PTA	Parent-Teacher Association
FGD	Focus Group Discussion
KII	Key Informant Interview
TOT	Training of Trainers
IEC	Information, Education, and Communication
BCC	Behavior Change Communication
IRC	International Rescue Committee
GAVI	Global Alliance for Vaccines and Immunization
WHO	World Health Organization
UNICEF	United Nations Children's Fund
HSTP-II	Health Sector Transformation Plan II
ESDP-VI	Education Sector Development Programme VI
HAC	Humanitarian Action for Children (UNICEF framework)
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ECDAN	Early Childhood Development Action Network
DW	Dimtsi Weyane (Regional Media Outlet)

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Executive Summary

This consolidated report presents strategic insights from the rollout of Thrive by Five across twelve woredas in Northwestern Tigray, detailing its integration into public systems, community engagement, delivery mechanisms, and pathways to sustainability. Launched as a multisectoral initiative, Thrive by Five leveraged existing structures postnatal visits, O-Class routines, and community events to deliver its culturally resonant tools and messages. Over 513 stakeholders were trained, including Health Extension Workers (HEWs), ECCD teachers, and community champions, while 20 Listening Circles were established, reaching 600+ caregivers with playful learning and behavioral dialogue.

The initiative achieved exceptional reach through media, with radio, video, and digital content engaging more than 1 million viewers via platforms such as Dimtsi Weyane, Gere Emun, and IRC Telegram. Urban hubs like Shire and Sheraro used hospitals and semi-formal caregiver forums for delivery, while terrain-challenged woredas like Tsimbla and Seyemti Adiyabo adapted low-tech formats like storytelling and community drama. Thrive by Five was effectively integrated into health outreach routines, school improvement planning, and nutrition campaigns, signaling strong alignment with woreda-level priorities.

However, key gaps were identified: facilitators requested refresher training, resource materials, and formal recognition within sector roles. To address long-term sustainability, stakeholders recommended embedding Thrive by Five into pre-service teacher training programs, especially at **Adwa Teachers College, Axum University, Abi-Adi College of Teachers and Leadership, Araya Kahasu Health College and Dr. Tewolde Health college** enabling ECCD graduates to implement the approach from day one. TWGs also emphasized the importance of multisectoral coaching, shared supervision formats, and adaptive learning systems.

Finally, financing pathways include integrating Thrive by Five into public budget lines, aligning support from IRC, GAVI, Minderoo, and mobilizing community co-financing through PTAs and local councils. The report concludes with strategic recommendations to embed Thrive by Five into government routines, media calendars, teacher pipelines, and woreda development plans. With demonstrated reach, community ownership, and systems compatibility, Thrive by Five is ready to transition from pilot to platform—positioned for sustained expansion across Tigray and beyond.

1.Introduction
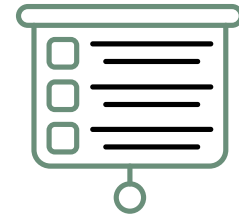
1.1. Background and Context

The Northwestern Zone of Tigray, is one of the seven administration zones in the Tigray regional state. The Zone's capital Shire is located approximately 1,065 kilometers north of Addis Ababa and 166 kilometers from the regional capital, Mekelle. Shire town, also known as Shire Inda Selassie, serves as the administrative and economic hub of the Northwestern Zone of Tigray. Historically significant, this area boasts numerous ancient churches, monasteries, and archaeological sites, reflecting its rich cultural heritage.Northwestern Tigray, a region defined by its mountainous terrain, rural population distribution, and vibrant cultural identity, has endured years of armed conflict, displacement, and infrastructure collapse.

Northwestern Tigray has been severely affected by the recent two year conflict (2020-2022), which causes massive atrocities, displacement, and systemic service collapse. With an estimated population of 5.9 million in the Tigray region (Ethiopian Statistical Service (ESS), 2024), and approximately 900,000 children aged 0–5 years (UN World Population Prospects, 2019), early childhood development (ECD) remains critically endangered [1]. According to Ministry of Health (2024/25) woreda-level population estimates, the Northwestern Zone hosts approximately 1,039,964 people, with a largely youthful demographic profile. Children under the age of five account for 13–15% [2] of the total population—translating to roughly 135,195 to 155,995 young children who represent both the most vulnerable and the most promising foundation for long-term recovery and development.

The *Thrive by Five in Conflict and Crisis: Enhancing Childhood Development in Tigray, Ethiopia - Project proposal (2024)* outlines the compounded effects of political instability, climate shocks, and economic fallout from COVID-19, emphasizing that children are spending their formative years in environments marked by "violent conflict, chaos, and displacement." These overlapping stressors severely restrict access to health services, nutrition, early stimulation, and responsive caregiving—key domains for brain development and lifelong wellbeing.

[1] Thrive by Five in Conflict and Crisis: Enhancing Childhood Development in Tigray, Ethiopia (2024)

[2] https://data.unicef.org/country/eth/?utm_source=chatgpt.com
https://data.unicef.org/sdgs/country/eth/?utm_source=chatgpt.com

Figure 1: Administrative Map of Tigray

Source: soluap.com, 2023

Key:

West Tigray	North West Tigray	South Tigray
Central Tigray	East Tigray	

The Ethiopian National Children's Policy (Federal Democratic Republic of Ethiopia, 2017) affirms that deprivation during these early years violates the rights of children to survival, protection, and development. It calls for systemic responses that involve families, communities, and multi-level government structures. However, this vision is challenged by the scale of war-related destruction. The Tigray War Damage, Loss, and Needs Assessment reports that more than 1,600 educational institutions including pre-primary centers were damaged, and over 861 schools were repurposed, erasing safe learning environments. Enrollment and gender parity indicators in early education have regressed sharply since the onset of the conflict (World Bank, 2022).

Additional evidence from the Ethiopia Damage and Needs Assessment (World Bank, 2022) reveals extensive damage to health posts, water and sanitation systems, and maternal and child health services across Tigray, especially in the Northwest. These service disruptions are especially dangerous in early childhood, a period when 80% of brain development occurs within the first three years (National Health Sector Strategic Plan for ECD, 2020/21–2024/25). Despite national policy frameworks like the Early Childhood Development and Education (ECDE) Policy and the health sector plan, coverage and quality remain limited in conflict-affected regions, with an estimated 60% of children under five failing to reach their full developmental potential due to multidimensional deprivation (Ethiopian Ministry of Health, 2020).

The Thrive by Five initiative delivered in partnership by IRC and the Minderoo Foundation seeks to address this developmental crisis by empowering caregivers through behavior change communication and localized storytelling. Embedded within the operational structure of Gavi REACH, Thrive by Five leverages platforms such as regional radio stations (Demtsi Weyane and Tigray Radio), video content via the popular sitcom drama Gere-Emun, and community-based listening circles. Through adapted, culturally relevant content produced in Tigringa and validated via Human-Centered Design approaches, Thrive by Five equips caregivers with actionable knowledge to support children's early learning, emotional connection, and healthy routines.

According to project estimates (Project Proposal, 2024), Thrive by Five aims to indirectly reach 210,480 children through caregiver-focused media and directly engage 33,617 children via trained service providers, ECCD facilitators, and HEWs. This multimedia strategy responds to communication challenges posed by geographic inaccessibility and service fragmentation, offering a model that is both adaptable and scalable across similarly fragile contexts.

In sum, this thematic evaluation assessed how Thrive by Five is being integrated within the complex developmental landscape of Northwestern Tigray. It will explore alignment with national policies, service delivery realities, community dynamics, and equity considerations, ultimately generating evidence to guide expansion and sustainability efforts in post-conflict ECD programming.

1.2. Objectives of the Thematic Analysis

The thematic analysis evaluates the integration, relevance, and potential scalability of the Thrive by Five initiative within the complex humanitarian and recovery landscape of Northwestern Tigray. Specifically:

- **Assess integration of Thrive by Five within local systems and routines**
  - Examine how Thrive by Five activities, messages, and delivery formats are embedded into existing health, education, and social protection platforms
  - Evaluate alignment with woreda-level operational structures, government routines, and community platforms

- **Identify key enablers and barriers to uptake**
  - Document contextual, institutional, and behavioral factors that support or hinder successful implementation
  - Explore caregiver readiness, service provider capacity, and policy receptiveness to integrated ECD approaches

- **Generate insights on multisectoral collaboration and community ownership**
  - Understand the dynamics of coordination between government actors, local NGOs, community leaders, and caregivers
  - Assess the level of participation, feedback mechanisms, and adaptation efforts at community level

- **Compare implementation patterns across woredas**
  - Identify similarities and differences in scale-up potential, caregiver engagement models, and service delivery pathways
  - Explore how geographic, cultural, and infrastructure-related factors affect integration outcomes

- **Inform strategic adaptation and future program design**
  - Provide evidence to refine Thrive by Five content, facilitation tools, outreach channels, and monitoring systems
  - Suggest modifications that improve cultural resonance, gender responsiveness, and accessibility in low-resource contexts

- **Develop scalable pathways and sustainability strategies**
  - Recommend approaches for phased expansion, capacity strengthening, and institutional embedding
  - Map financing mechanisms—including government buy-in, donor alignment, and cross-program integration—for long-term continuity

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- **Contribute to ECD evidence generation in post-conflict environments**
    - Position Thrive by Five as a model for localized, media-enabled, and behavior-centered ECD interventions in fragile settings
    - Align findings with national policy directions and international best practices for nurturing care
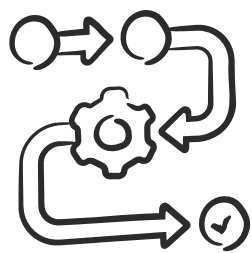
2. Methodology

2.1. Data Sources

This thematic assessment was informed by a comprehensive mix of qualitative data collection activities, implemented across twelve target woredas in the Northwestern Zone of Tigray. The process applied participatory approaches to capture the perspectives of stakeholders across system levels of government, service providers, and beneficiary communities [parents/caregiveries, religious leaders, and community leaders] and to understand the feasibility, relevance, and potential for integration and scale-up of the Thrive by Five initiative. The following data sources formed the basis of the assessment:

- **Consultative Meetings with Technical Working Groups:** Consultative sessions were conducted with focal persons from the Health, Education, and Women and Children Affairs Bureaus in each woreda. A semi-structured interview guide was used to explore:
  - Government priorities and future plans regarding Thrive by Five scale-up
  - Entry points for integrating Thrive by Five into existing health, education, and community platforms
  - Anticipated challenges and enablers for integration
  - Recommendations for localized delivery and expansion strategies These meetings were documented through detailed minutes and, where applicable, audio recordings.
- **Stakeholder Mapping and Engagement:** A stakeholder mapping exercise ensured the involvement of key actors from the relevant sectors in all twelve woredas. This facilitated broad-based representation and cross-sectoral dialogue on Thrive by Five implementation pathways.
- **Focus Group Discussions (FGDs): 24** FGDs were held in each woreda, including:
  - One mixed-group discussion with Health Extension Workers, ECCD/O-Class facilitators, and caregivers (10–15 participants)
  - One caregiver-only discussion (10–15 participants) Topics covered included woreda demographics, existing government plans, integration barriers, proposed strategies, and media preferences. These sessions provided valuable insights into community perspectives and practical considerations for content adaptation.

- **Key Informant Interviews (KIIs):** Two KIIs per woreda were conducted with decision makers from the woreda Health and Education Offices. These interviews explored strategic alignment, resource availability, institutional constraints, and expectations regarding Thrive by Five scale-up. Interview guides mirrored those used in the consultative meetings to ensure thematic consistency.
- **Document Review:** Woreda-level plans and sectoral strategy documents were reviewed using a standardized checklist. Key focus areas included:
    - Objectives related to early childhood development
    - Existing interventions targeting young children
    - Allocated resources and stakeholders involved
    - Monitoring indicators and institutional responsibilities This review helped contextualize primary data and validate proposed integration points.
- **Individual Woreda Reports:** Findings from each woreda were synthesized into standardized individual reports. Each report included:
    - Overview of the woreda and demographic profile
    - Sector plans related to Thrive by Five
    - Identified barriers, enablers, and entry points
    - Stakeholder-proposed strategies for integration and scale-up Drafts were shared with members of the technical working group for validation and alignment.

Together, these data sources provided a multilayered understanding of Thrive by Five's operational context, community resonance, and institutional fit offering a grounded foundation for strategic decision-making and future implementation efforts.

2.2. Thematic Analysis Approach

A rigorous thematic analysis approach was employed to synthesize qualitative data collected across the twelve target woredas. This method allowed for the identification of underlying patterns, operational dynamics, and context-specific insights relevant to the integration and scale-up of the Thrive by Five initiative.

The analysis followed a hybrid model, incorporating both inductive and deductive techniques:

- **Inductive Coding** Analysts generated codes directly from the data without relying on a pre-established framework. This allowed organic emergence of themes based on stakeholder narratives, caregiver perspectives, and community reflections. Transcripts from focus group discussions, key informant interviews, and consultative meetings were reviewed line-by-line to identify recurring concepts, language cues, and localized framing of early childhood development priorities.

- **Deductive Coding** In parallel, a predefined coding framework was applied based on national policy priorities (e.g., ECDE framework, Health Sector Strategic Plan, National Children's Policy) and the strategic implementation logic of Thrive by Five. Key constructs such as integration pathways, service readiness, behavior change mechanisms, and community validation were used to guide initial categorization and ensure policy alignment.

- **Thematic Consolidation** Codes from both streams were then clustered into broader themes, including cross-cutting categories such as multisectoral coordination, caregiver responsiveness, delivery barriers, and service provider engagement. These themes were consolidated using qualitative data analysis software and manual triangulation, ensuring that emerging patterns were substantiated across different respondent types and woreda contexts.

- **Comparative Interpretation** The thematic findings were interpreted through a comparative lens, enabling the team to identify similarities and differences across woredas. This process also helped surface contextual factors—such as geographic accessibility, sociocultural norms, and infrastructure resilience—that influenced implementation feasibility and uptake of Thrive by Five.

- **Stakeholder Validation** Preliminary themes were presented to members of the technical working group for validation. Their feedback informed refinements to the coding structure and added interpretive depth to the analysis, particularly regarding policy relevance, community entry points, and sectoral alignment.

The thematic analysis produced a nuanced understanding of Thrive by Five's operational fit, community resonance, and strategic leverage within the complex landscape of post-conflict Northwestern Tigray. These insights are reflected throughout the subsequent findings and recommendations.

2.3. Comparative Analysis Approach

To deepen understanding of Thrive by Five's integration and contextual resonance, a comparative analysis was conducted across the twelve target woredas of Northwestern Tigray. This approach allowed the assessment team to identify consistent patterns as well as localized variations in implementation readiness, caregiver responsiveness, and institutional support for the initiative.

Findings were systematically compared using a woreda-level analysis matrix, which mapped key indicators such as:

- **Strategic Alignment Across Woredas** Thrive by Five was broadly aligned with existing health and education development plans, particularly in its emphasis on early childhood care, maternal-child health, and culturally resonant learning. Stakeholders across woredas viewed the initiative as timely and complementary to current priorities, especially when embedded into platforms such as immunization campaigns, school feeding programs, and ECCD facilitator routines.

- **Community Engagement Modalities** All woredas recognized the importance of community structures—such as religious leaders, parent-teacher committees, youth clubs, and traditional councils—in supporting Thrive by Five dissemination. However, engagement strategies varied. Some woredas leaned heavily on peer networks and religious gatherings, while others utilized media platforms and school-based events. These variations reflected differences in trust networks, social mobilization capacity, and prior exposure to ECCD concepts.

- **Service Delivery and System Capacity** Health Extension Programs and ECCE classrooms were consistently identified as key entry points for integration. Yet capacity levels, infrastructure conditions, and staff availability differed across locations. Many frontline workers reported competing priorities and limited time for ECCD activities, underscoring the need for routine integration and targeted support measures.
- **Sociocultural Influences on Perception and Uptake** Across woredas, caregivers and educators frequently viewed ECCD as either supplemental or urban-centered. These perceptions shaped initial skepticism but also presented opportunities for transformation. Culturally adapted media, storytelling, and peer-led sensitization helped bridge understanding and build momentum for play-based learning and responsive caregiving.
- **Geographic and Operational Constraints** Woredas with poor road access, seasonal flooding, or low mobile coverage faced logistical barriers to training, supervision, and media dissemination. Integration was more feasible in areas with stable outreach platforms, flexible community schedules, and shared service points.

The comparative analysis approach enabled clustering of woredas based on readiness levels, engagement pathways, and scale-up opportunities. By triangulating common themes and contextual differences, the assessment generated actionable insights for phased implementation planning, resource targeting, and culturally anchored program adaptation. These findings are synthesized in subsequent sections to inform Thrive by Five's strategic trajectory within Northwestern Tigray.

2.4. Limitations

Some minor challenges were encountered during the assessment, such as limited access to a few remote areas and variability in respondent awareness of ECCD concepts. Inconsistencies in document availability-particularly inconsistent availability of woreda-level plans and field logistics occasionally affected the depth of data collection. Nonetheless, diverse sources and stakeholder validation helped ensure the findings remained balanced and meaningful.
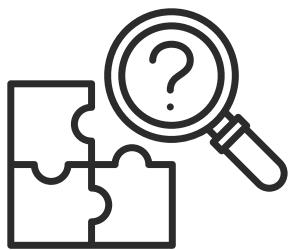
3. Thematic Analysis Findings

3.1. Overarching Themes

3.1.1. Alignment with Existing Government Initiatives

Thrive by Five demonstrated strong alignment with national, regional and woreda-level priorities in health, education, as well community and child protection. Across all twelve target woredas [1], the initiative reinforced sectoral mandates, filled critical service gaps, and enhanced integration of early childhood care and development (ECCD) particularly in crisis-affected and resource-constrained contexts.

Health Sector Alignment

Thrive by Five complemented Ethiopia's **Health Extension Program (HEP)** and the **Health Sector Transformation Plan**, embedding ECCD into maternal and child health routines, outreach campaigns, nutrition activities (food distribution) and immunization drives. It advanced components of the WHO-supported **Nurturing Care Framework**, especially through responsive caregiving, caregiver behavior change, and early stimulation during health contacts. Health officials in the woreda consistently viewed Thrive by Five as a strategic enhancement of existing services. As one official from Seyemti Adiyabo noted, *"Thrive by Five strengthens our immunization efforts…we've lacked tools to connect health and early stimulation."*

Across woredas, HEWs began incorporating ECCD prompts into house-to-house visits, nutrition screening, and health education sessions. However, frontline workers also highlighted persistent gaps in ECCD training and content delivery. A HEW from Adi Daero remarked, *"We talk about nutrition and vaccines, but early learning isn't part of our training."*

Technical Working Groups advocated for ECCD indicators to be embedded in maternal-child health checklists, and for ECCD integration into Zero Dose Child tracking protocols. These recommendations echoed national priorities and reinforced guidance outlined in the Thrive by Five project proposal and UNICEF Humanitarian Action for Children Appeal(2025), both of which emphasized the urgency of psychosocial and developmental support in fragile settings.

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[1] The twelve target woredas included in the Thrive by Five thematic analysis are: Adi Daero, Endabaguna, Kisad Gaba (Asgede), Laelay Qoraro, Maekel Adiyabo, Seyemti Adiyabo, Sheraro, Shire, Tahtay Adiyabo, Tahtay Qoraro, Tsimbla, and Zana.

Education Sector Alignment

Thrive by Five reinforced the goals of Ethiopia's **ECCDE Framework**, which prioritizes foundational learning through culturally responsive, play-based approaches. Across all woredas, education officials embraced Thrive by Five as a valuable supplement to existing ECCD efforts, particularly in areas with active O-class programs and ECCE clusters.

As noted in the Government KII Summary from Kisad Gaba, "Thrive by Five is what our ECCD classrooms were missing without contextual materials, the teachers felt lost." Reports from Maekel Adiyabo and Shire showed active use of Thrive by Five storytelling tools, songs, and games in daily lesson planning validated by positive behavioral changes in children reported by caregivers. One parent from Tsimbla shared, "Our children now sing, tell stories. They smile more. Thrive by Five made playing a way of learning."

The initiative aligned with woreda school improvement plans, ECCE facilitator training, and curriculum enrichment efforts. Education officials in Laelay Qoraro began updating teacher job descriptions and assigning ECCD focal persons, signaling institutional ownership and long-term planning. These developments directly reflected the implementation strategies outlined in the Thrive by Five proposal and supported goals in Ethiopia's education sector roadmap.

Child Protection and Community Structures

While formal child protection systems remained limited across most woredas, Thrive by Five leveraged informal, community-based structures to deliver ECCD messages and reinforce protective caregiving norms. These included PTAs, women's associations, religious gatherings, youth clubs, and kebele councils. A TWG member from Tahtay Qoraro observed, "*Thrive by Five helped people talk not just about sickness, but about how children learn and feel.*" This shift in discourse marked a significant move toward embedding ECCD within everyday community interactions.

Mass media tools such as **radio dramas, videos (Gere-emun), toll-free shows**, and **church announcements** enabled wide dissemination of ECCD messages in linguistically and culturally resonant formats. Reports from Sheraro, Endabaguna, and Adi Daero documented community uptake of Thrive by Five through food distribution gatherings, school closure events, and listening circles. Caregivers in Shire reflected on the initiative's local relevance: "*We thought ECCD was only for city children. Now we see it fits our own way of raising children especially through stories and church messages.*"

These engagement platforms supported grassroots resilience and informal protection practices, aligning with broader humanitarian goals noted in the **OCHA Humanitarian Update (2025)**, which stressed the role of community networks in post-conflict recovery and child wellbeing.

Table 1: Alignment of Thrive by Five with Government Initiatives Across Sectors

Sector	Alignment Areas	How Thrive by Five Integrates	Supporting Sources and Illustrative Quotes
Health	• Health Extension Program (HEP) • Maternal and child health outreach • Immunization campaigns & Zero Dose tracking • Nutrition screening & monthly health forums	• ECCD prompts integrated into HEW routines, household visits, and health education sessions • Collaborative roll-out with GAVI and IRC using outreach days • ECCD messaging added to postnatal counseling and nutrition drives	*"We've trained 43 people—HEWs, committee members, public influencers. They're ready to mobilize Thrive by Five"* TWG, Adi Daero. *"Thrive by Five strengthens immunization we lacked tools to connect health and stimulation"* KII, Seyemti Adiyabo. **Sources**: ECCDE Framework, Health Sector Plan, HAC Appeal, OCHA Update
Education	ECCE classrooms and preschool routines - School improvement plans & cluster supervision - School feeding programs - Curriculum enhancement & teacher job descriptions	Storytelling, play-based learning integrated into lesson planning - ECCD facilitators trained using contextualized guides and Game Bank - Thrive by Five embedded in classroom routines, school events, and teacher evaluations	*"We see ECCD as central not just a side activity"* Education KII, Kisad Gaba *"Our children now sing and ask questions after listening to circles"* Caregiver FGD, Tsimbla. **Sources**: ECCDE Framework, Thrive by Five Proposal, Adi Daero & Shire Reports
Pre-Service Education, Health Education Colleges & Workforce Development	• ECCD diploma and degree programs • Teacher preparation and practicum modules • Curriculum alignment with ECCDE competencies	• Thrive by Five tools (Game Bank, facilitator guides, IEC/BCC materials) considered for integration into pre-service training • Target institutions: *Adwa Teachers College*, *Axum University* • Supports long-term instructional quality and workforce readiness	*"Our ECCD graduates need field-tested tools. Thrive by Five shows what works with families"* TWG Member, Laelay Koraro. Sources: ECCDE Framework, Adwa College graduate perception study [1], TWG consultative notes

| Child Protection & Community Structures | • Parent-teacher associations (PTAs), women's groups, religious councils
• Community meetings, food distribution events, school closures
• Local radio, dramas, toll-free shows
• Listening circles and peer-parent groups | • ECCD messaging embedded in mass gatherings and community rituals
• Peer-led listening circles facilitated with Tigrigna-language guides
• Radio shows (e.g. Gere Emun) and dramas promote behavioral change and caregiver empowerment | *Thrive by Five helped us talk about how children learn and feel, not just about sickness" TWG, Tahtay Qoraro.*

"We thought ECCD was for city children now we see it's part of our way of life" Caregiver, Shire.

Sources: ECCDE & HAC Frameworks, OCHA Update, Kisad Gaba & Zana Reports |

[1] https://www.ijstr.org/final-print/sep2016/Perception-Of-Pre-service-Trainees-To-The-Training-Program-And-Teaching-Profession-The-Case-Of-Adwa-Teachers-And-Educational-Leadership-College-2012-Graduates.pdf

3.1.2. Barriers and Enablers for Thrive by Five Integration

The integration of Thrive by Five across health, education, and community systems in Northwestern Tigray was shaped by a complex interplay of structural constraints and enabling conditions. While the initiative was widely welcomed, its uptake varied across woredas due to contextual realities, institutional readiness, and frontline capacity.

🚧 Barriers to Integration

Staffing Gaps and Competing Priorities Health extension workers (HEWs) and ECCD teachers faced heavy workloads and limited time to incorporate Thrive by Five activities. ECCD was not yet embedded in job descriptions or performance standards, and many lacked formal training in early stimulation and responsive caregiving [1] [2].

"We talk about nutrition and vaccines, but early learning isn't part of our training." HEW, Adi Daero FGD Summary *"Teachers are willing, but they need tools and mentoring. ECCD is still treated as optional"* TWG Member, Kisad Gaba.

Policy Fragmentation and Weak Coordination Cross-sectoral coordination remained inconsistent. Several woredas lacked joint planning mechanisms or shared reporting formats, leading to siloed implementation [3] [4].

"We mobilize for sanitation and immunization, but no one talks about how children learn." TWG, Endabaguna *"We need one platform not separate meetings for each sector"* Education Official, Laelay Qoraro.

Resource Constraints and Infrastructure Gaps Transport, fuel, and materials were limited, especially in remote kebeles. Poor road conditions and seasonal access issues disrupted service delivery. Budget allocations for ECCD were either absent or insufficient [5].

"We lack resources to provide the nutrition the children need, and we work daily in the fields we have little time." Caregiver, Adi Daero *"We need vehicles and airtime to reach families. Without it, we can't follow up."* Service Provider, Sheraro

Low Awareness and Cultural Misalignment Many caregivers perceived ECCD as urban-centric or irrelevant to rural life. Misconceptions about play-based learning and early stimulation limited engagement, especially among fathers and elders. *"We thought ECCD was only for city children. No one explained how it helps our children learn through play"* a Parent, from Adi Daero. *"Some families resist storytelling because they think it's not serious learning."* Teacher, Tsimbla.

[1] https://thrivebyfive.co.za/wp-content/upload\/11/Thrive-by-Five-Index-report-Revised-August-2022-FINAL-1.pdf
[2] https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09629-8
[3]https://joomla.emro.who.int/images/stories/evidence-data/Identifying-and-Addressing-barriers-to-implementation-Colvin_Session_2.pdf
[4] https://www.tandfonline.com/doi/pdf/10.1080/23288604.2015.1077301
[5] https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02458-6

Documentation and Learning Gaps Most woredas lacked systems to capture lessons learned, track behavior change, or monitor ECCD uptake. This limited adaptive learning and evidence-based planning[6].

"We do activities, but we don't document what works or what doesn't" TWG Member, Tahtay Adiyabo.

These barriers reflect broader challenges noted in the **UNICEF HAC Appeal (2025)**, which emphasized the need for integrated, community-based services and capacity building in fragile settings. The **OCHA Humanitarian Update (March 2025)** also highlighted coordination bottlenecks and infrastructure deficits as key impediments to child-focused programming.
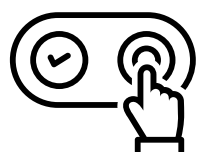
Enablers Supporting Uptake

Trained Local Champions and Peer Networks Over 513 individuals including HEWs, ECCD facilitators, PTA members, and religious leaders were trained and actively promoted Thrive by Five. Peer-led listening circles and caregiver forums created trusted spaces for dialogue and behavior change.

The trained cohort included:

- **54 Health Extension Workers (HEWs)**
- **62 O-Class and ECCD teachers**
- **373 community representatives**, including PTA members, women's association leads, religious figures, and youth council facilitators
- **24 technical trainers and planning experts**

These local champions were selected based on community engagement roles, availability for scale-up support, and prior involvement in ECCD initiatives. They now serve as focal points for implementation and peer support across health posts, schools, and community forums.

One TWG member from Adi Daero noted:

"We've trained 43 people, HEWs, committee members, even public influencers. They're ready to mobilize Thrive by Five."

Listening circles facilitated by these trained actors offered safe, culturally familiar spaces for caregivers to engage with ECCD content, ask questions, and practice playful routines with their children. In Zana, a caregiver reflected:

"Listening circles helped us understand how to play with our children. We learn from each other."

[6] https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09629-8

The training distribution was geographically balanced, with each woreda hosting between 33 and 46 participants. Sheraro, Tahtay Adiyabo, Maekel Adiyabo, Asgede, Tahtay Qoraro, Shire, Laelay Qoraro, Zana, Tsimbla, Endabaguna, Adi Daero, and Seyemti all completed structured sessions ensuring that ECCD mobilization is seeded across both urban-adjacent and rural communities.

The peer-to-peer approach adopted in these sessions resonates strongly with principles set forth in the **ECCDE Framework**, which emphasizes community-led capacity building, as well as the **Thrive by Five project proposal,** which calls for trained facilitators to anchor media-based content and behavior-change efforts at the grassroots level. The inclusion of diverse stakeholder profiles—including youth leaders and faith-based actors—also aligned with **HSTP-II's** strategic vision of promoting health literacy and equity through community partnerships.

Pre-Service Integration for Long-Term Sustainability, there is growing potential to integrate Thrive by Five content into pre-service ECCD training programs, particularly through institutions such as *Adwa Teachers College* and *Axum University*. These colleges offer diploma and degree tracks for ECCD-specialized graduates and have participated in regional assessments and inclusive education initiatives.

Thrive by Five tools including the Game Bank, facilitator guides, and IEC/BCC materials—are well-suited for inclusion in teaching methodology courses, practicum modules, and culturally responsive pedagogy. This integration would equip future ECCD educators with field-tested tools and values-aligned approaches before entering the classroom.

"Our ECCD graduates need field-tested tools. Thrive by Five shows what works with families."
TWG Member, Laelay Koraro

Community Structures and Cultural Anchors Religious gatherings, food distribution events, and school closures were leveraged to disseminate ECCD messages. Platforms like *Gere Emun* radio dramas and church announcements increased reach and resonance.

"Thrive by Five fits our way of life especially through stories and church messages" a *parent, Shire.* "We use food distribution days to talk about ECCD it works because people are already gathered" *Service Provider, from Sheraro.*

Sectoral Commitment and Policy Endorsement Health and education bureaus in all woredas endorsed Thrive by Five and began embedding it into school feeding programs, immunization campaigns, and ECCE expansion plans. Several assigned ECCD focal persons and initiated budget proposals.

"This is not an add-on, it's now part of our woreda strategy" Education Official, Laelay Qoraro.

Media Tools and Behavioral Change Communication Radio shows, video clips, and IEC/BCC materials developed by Thrive by Five team and GAVI supported caregiver engagement and frontline delivery. The service providers TOT Guide , Game Bank and Tigrigna-language Listening Circle Guide provided culturally relevant content.

"The drama helped my child open up. Now he tells stories and asks questions" a caregiver in Tsimbla. "We use the Game Bank during school events. It makes ECCE fun and familiar" Teacher, Maekel Adiyabo.

Joint Monitoring and Adaptive Learning Monthly review meetings, led by IRC and GAVI, enabled cross-sectoral supervision and troubleshooting. TWGs used these sessions to refine implementation and share best practices.

"We meet monthly to review progress and adjust. It helps us stay aligned." TWG Member, *Tahtay Qoraro*

These enablers reflect the principles of the **ECCDE Framework**, the **Thrive by Five project proposal,** and global implementation guidance on integrated care [7]. They also align with evidence from the **Thrive by Five Index Report (2022)**, which emphasizes the importance of caregiver engagement, media tools, and community-based delivery models.

3.1.3. Scalability and Sustainability Considerations

The Thrive by Five initiative demonstrated strong potential for scale-up and long-term sustainability across all twelve target woredas driven by design features that emphasize institutional embedding, locally adapted content, strategic partnerships, and community-owned delivery models. Across field consultations, woreda reports, and implementation frameworks, stakeholders identified key elements that supported impact and positioned Thrive by Five for broader regional expansion.

Design Elements Supporting Scale-Up

Thrive by Five prioritized simplicity, contextual relevance, and system alignment. Its modular content—including the *Tigrigna-language Listening Circle Guide*, the *Game Bank of culturally resonant stories and playful activities*, and locally validated *facilitator manuals*—enabled smooth adaptation across diverse kebeles and livelihood settings.

[7] https://www.tandfonline.com/doi/pdf/10.1080/23288604.2015.1077301

ECCD materials were integrated directly into routine service platforms:
- **Health**: maternal-child health campaigns, immunization drives, nutrition screening
- **Education**: ECCE classrooms, school feeding programs, teacher routines
- **Community**: food distribution events, religious gatherings, PTA forums

These delivery points reflected the **ECCDE Framework's** call to embed ECCD into existing systems rather than creating standalone programming.

"*Thrive by Five is not a separate program, it's part of our daily work now*" Education Official, Laelay Qoraro (KII Summary).
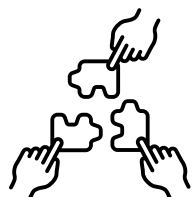
Partnerships and Institutional Anchoring

Scalability was reinforced through partnerships with IRC, GAVI, Minderoo Foundation, and local government sectors. IRC led content development and rollout, GAVI supported immunization-linked integration and monitoring, and woreda bureaus facilitated training, supervision, and budgeting. The **Thrive by Five project proposal** emphasized the strategic value of assigning **ECCD focal persons** in both Health and Education offices a step now realized in several woredas, including Maekel Adiyabo and Seyemti Adiyabo.

These focal persons guided:
- Inclusion of Thrive by Five in **annual woreda work plans**
- ECCD content alignment with **school improvement strategies**
- Integration into **maternal and newborn service delivery checklists**

Joint planning cycles and monthly review sessions further anchored Thrive by Five within the multisectoral coordination structures described in the **Health Sector Transformation Plan II (HSTP-II)**.

"*We've included Thrive by Five in our annual work plan. This isn't a temporary project—it's part of our system now*" TWG Member, Maekel Adiyabo.

Capacities for Sustainability

Several operational milestones demonstrated Thrive by Five's durability and grassroots momentum:

- **Training of 513 local stakeholders** across 12 woredas, including 54 HEWs, 62 ECCD teachers, 373 community representatives, and 24 technical trainers
- **Training of 12 Listening Circle facilitators** equipped to deliver guided peer sessions using the Tigrigna-language curriculum and storytelling modules
- **Establishment of 20 listening circles** across the zone, actively engaging 600+ caregivers in play-based learning, behavioral reflection, and community dialogue
- **Production and distribution of IEC/BCC materials**, including posters, brochures, visual aids, and teaching tools tailored to ECCD messaging for HEWs and ECCD teachers

Reaching **1 million+ viewers**, extending engagement beyond Northwestern Tigray into central and southern zones.

- **Potential integration into pre-service ECCD education**, with Thrive by Five tools (Game Bank, facilitator guides, IEC/BCC materials) considered for inclusion in diploma and degree tracks at institutions such as *Adwa Teachers College* and *Axum University* supporting long-term workforce development and instructional quality.

These efforts responded directly to implementation recommendations outlined in the **ECCDE Framework,** the Thrive by Five project proposal, and IRC's operational guidance for media-enhanced ECCD delivery. They also addressed previously identified gaps in capacity, localized tools, and community-facing platforms.

"Listening circles helped us understand how to play with our children. We learn from each other" Caregiver, Zana (FGD Summary). *"We use the Game Bank during school events. It makes ECCE fun and familiar"* ECCD Facilitator, Maekel Adiyabo.

Through these components, Thrive by Five built the foundations for community-led ECCD delivery that is scalable, adaptable, and deeply embedded in local systems.

In general, Thrive by Five's scalability rests on its ability to align with sectoral priorities, equip local champions, and mobilize community structures for sustained ECCD promotion. Its tools are adaptable, its partnerships are strategic, and its rollout has seeded institutional ownership and behavioral change across the region laying the groundwork for expanded implementation across Tigray and beyond.

Table 2: Scalability and Sustainability Consideration Matrix

Scalability/ Sustainability Component	Implementation Details Across Woredas	Cited Sources and Refrence Materials
Adaptable ECCD Design and Delivery	• Modular tools: Listening Circle Guide, Game Bank, facilitator manuals • Integrated into health outreach, ECCE classrooms, school feeding, and community platforms	ECCDE Framework; Thrive by Five project proposal; Adi Daero & Tsimbla woreda reports
Local Capacity Strengthening	• 513 individuals trained: 54 HEWs, 62 ECCD teachers, 373 community reps, 24 trainers • 12 trained Listening Circle facilitators • Peer-led ECCD delivery in schools, health posts, and households	TWG meeting minutes; FGD summaries; Maekel Adiyabo and Seyemti rollout data
Community Engagement Structures	• 20 Listening Circles established across 12 woredas • 600+ caregivers actively engaged • PTA forums, religious gatherings, food distribution events used for content delivery	Sheraro, Zana & Kisad Gaba woreda reports; Caregiver FGDs; ECCDE Framework
Institutional Embedding	• ECCD focal persons designated in Health and Education bureaus • Thrive by Five integrated into woreda development plans and sectoral job descriptions • ECCD indicators added to planning and supervision tools	HSTP-II; Government Officials KII Summary; IRC coordination templates
Multi-Channel Media Outreach	• Behavioral messaging via radio (*Gere Emun*), drama clips, video, IEC/BCC tools • Facebook & YouTube broadcasts through Dimtsi Weyane and Tigray Radio • IRC Thrive by Five Telegram channel reaching over 1 million viewers across Tigray	IRC media analytics; Dimtsi Weyane YouTube; Dimtsi Facebook; IRC Telegram dashboard
Pre-Service Education Integration	• Potential inclusion of Thrive by Five tools into ECCD diploma and degree tracks • Target institutions: Adwa Teachers College and Axum University • Use of Game Bank, facilitator guides, and culturally adapted IEC/BCC materials in pedagogy and practicum	Adwa College graduate perception study[1]; ECCDE Framework; TWG consultative notes
Monitoring and Adaptive Learning	• Monthly multisectoral review meetings led by IRC & GAVI • Shared reporting formats and joint supervision visits • Field-informed revisions to content and delivery practices	IRC-GAVI supervision plans; TWG consultative sessions; Thrive by Five proposal

[1] https://www.ijstr.org/final-print/sep2016/Perception-Of-Pre-service-Trainees-To-The-Training-Program-And-Teaching-Profession-The-Case-Of-Adwa-Teachers-And-Educational-Leadership-College-2012-Graduates.pdf

3.2. Cross-Cutting Themes

3.2.1. Multisectoral Collaboration and Coordination

Thrive by Five's success across the twelve target woredas has been deeply shaped by the strength and structure of multisectoral collaboration. Coordination between health, education, and community actors has enabled the initiative to move beyond siloed delivery and toward integrated, locally owned ECCD programming. While the depth of collaboration varied by geography and institutional maturity, several consistent patterns emerged across field consultations and implementation reports.

Joint Planning and Technical Working Groups (TWGs) All twelve woredas established or revitalized multisectoral TWGs composed of representatives from Health and Education Bureaus, ECCD focal persons, IRC and GAVI technical leads, and community influencers. These platforms served as coordination hubs for planning, supervision, and troubleshooting. TWG members emphasized the value of shared ownership:

"We meet monthly to review progress and adjust. It helps us stay aligned." *TWG Member, Tahtay Qoraro*

TWGs also facilitated harmonization of ECCD indicators across sectors, integration of Thrive by Five into woreda development plans, and alignment with school improvement strategies and maternal-child health campaigns.

Sectoral Contributions and Role Clarity Health and education actors contributed distinct but complementary strengths:

- **Health Sector**: HEWs delivered ECCD messages during immunization outreach, nutrition screening, and postnatal visits. GAVI-supported platforms such as Zero Dose tracking and Child Health Days were leveraged for ECCD integration.
- **Education Sector**: ECCD teachers embedded Thrive by Five content into daily routines, school events, and cluster supervision visits. Education officials updated job descriptions and facilitated ECCD training sessions.
- **Community Structures**: Religious leaders, PTA members, and youth groups mobilized caregivers through listening circles, church announcements, and food distribution events.

"We mobilize for sanitation and immunization, but no one talks about how children learn—Thrive by Five can change that." — TWG Member, Endabaguna

This triangulated delivery model reflects the **ECCDE Framework's** emphasis on cross-sectoral synergy and the **HSTP-II's** call for integrated health promotion through community partnerships.

Shared Tools and Communication Channels Collaboration was strengthened through co-developed tools and shared media platforms:

- **Facilitator Guides and Game Bank**: Used by both HEWs and ECCD teachers to deliver consistent ECCD messages.
- **IEC/BCC Materials**: Posters, brochures, and visual aids distributed across health posts, schools, and religious centers.
- **Digital Platforms**: Thrive by Five content was disseminated via Dimtsi Weyane's Facebook and YouTube channels, Tigray Radio, and the IRC Thrive by Five Telegram channel, collectively reached over **1 million viewers**, extending engagement beyond Northwestern Tigray.

"We use the Game Bank during school events it makes ECCD fun and familiar" teacher, Maekel Adiyabo.

These shared tools enabled consistent messaging, reduced duplication, and fostered mutual accountability.

Challenges and Adaptive Solutions Despite progress, coordination faced challenges:

- **Sectoral silos** and fragmented planning cycles
- **Limited documentation** of joint activities and outcomes
- **Uneven participation** in TWGs due to competing priorities

To address these, IRC and GAVI supported joint supervision visits, standardized reporting formats, and mentorship for Thrive by Five focal persons. TWGs began using shared checklist for follow-up.

Multisectoral collaboration has been a cornerstone of Thrive by Five's implementation. By aligning sectoral mandates, leveraging community structures, and co-owning delivery platforms, stakeholders have created a resilient and scalable model for ECCD integration. This approach reflects global best practices in multisectoral coordination [1] and offers a replicable blueprint for other regions seeking to institutionalize early childhood development within government systems.

[1] https://apps.who.int/iris/bitstream/handle/10665/312110/ncd-multisectoral-coordination-eng.pdf?sequence=1
https://www.onehealthjournal.org/Vol.10/No.1/4.pdf
https://breakthroughactionandresearch.org/wp-content/uploads/2024/09/Promoting-Multisectoral-Collaboration-for-Resilient-Health-Systems-Through-One-Health-Platforms.pdf

3.2.2. Community Engagement and Ownership

Community engagement and ownership have emerged as defining strengths of Thrive by Five implementation across the twelve target woredas. The initiative's participatory design, culturally resonant tools, and grassroots delivery mechanisms have fostered trust, relevance, and sustained caregiver involvement. Field consultations consistently revealed that when communities are meaningfully engaged, not just informed they become active co-creators of ECCD solutions.

Inclusive Engagement Platforms

Thrive by Five leveraged existing community structures such as parent-teacher associations (PTAs), women's associations, youth clubs, religious gatherings, and food distribution events to reach caregivers in familiar, trusted settings. These platforms were used to deliver ECCD messages, facilitate listening circles, and gather feedback on implementation.

"We thought ECCD was only for city children. Now we see it fits our own way of raising children especially through stories and church messages" Caregiver,from Shire town.

In Adi Daero, caregivers emphasized the importance of integrating ECCD into daily routines, suggesting that school lessons and health post visits were ideal touchpoints for continuity. Religious leaders in Tahtay Qoraro and Sheraro helped disseminate Thrive by Five messages during sermons and community meetings, reinforcing cultural legitimacy.

Listening Circles and Peer-Led Forums

The establishment of **20 Listening Circles** across the twelve woredas of the Northwestern Tigray facilitated by **12 trained community actors** created safe spaces for caregivers to reflect, share, and learn. These circles engaged over **600 caregivers**, many of whom had never participated in formal ECCD programming. The Tigrigna-language Listening Circle Guide and Game Bank provided culturally aligned prompts and activities that resonated with rural families.

"Listening circles helped us understand how to play with our children. We learn from each other" Caregiver, in Zana.

These forums also served as feedback loops, allowing facilitators to capture caregiver insights and relay them to TWGs and sectoral focal persons. In Tsimbla and Zana, caregiver suggestions led to the adaptation of storytelling formats and the inclusion of local proverbs in the Game Banks.

Media Channels and Digital Reach

Thrive by Five extended its engagement through **multi-platform media outreach**, including:

- **Gere Emun video productions**, dramatizing ECCD themes through relatable characters and scenarios
- **Dimtsi Weyane and Tigray Radio and Television**, broadcasting caregiver testimonials and ECCD messages via Facebook and YouTube
- **IRC Thrive by Five Telegram channel,**

Reaching over 1 million viewers across Tigray, including central and southern zones. These channels amplified caregiver voices, normalized ECCD practices, and created a sense of shared identity across woredas. They also allowed for real-time feedback, with caregivers commenting, sharing, and requesting content adaptations.

Feedback-Driven Adaptation

Community feedback directly shaped implementation strategies. For example:

- In Endabaguna, caregivers requested more visual aids, prompting the production of illustrated posters and brochures
- In Sheraro, youth groups suggested integrating ECCD messages into school closure events and food distribution days
- In Maekel Adiyabo, religious leaders proposed sermon-based ECCD messaging, which was piloted and later scaled

These adaptations reflect the **ECCDE Framework's** emphasis on participatory planning and the Thrive by Five proposal's commitment to community-led design. They also align with global best practices in community ownership, which stress the importance of feedback loops, inclusive representation, and cultural preservation [2].

Thrive by Five's community engagement strategy has gone beyond outreach—it has cultivated ownership. By embedding ECCD into local routines, empowering caregivers through peer-led forums, and amplifying voices via media, the initiative has built a foundation for sustained, community-driven impact. This approach not only strengthens implementation but ensures that ECCD becomes a lived priority across generations.

[2] https://fastercapital.com/content/Community-ownership--Community-Ownership--Fostering-Collaboration-and-Empowerment.html
https://movementstrategy.org/resources/the-spectrum-of-community-engagement-to-ownership/

4. Comparative Analysis

4.1. Similarities Across Woredas

4.1.1. Alignment with Woreda Development Priorities

Across all twelve target woredas Adi Daero, Endabaguna, Kisad Gaba (Asgede), Laelay Qoraro, Maekel Adiyabo, Seyemti Adiyabo, Sheraro, Shire, Tahtay Adiyabo, Tahtay Qoraro, Tsimbla, and Zana Thrive by Five was consistently recognized as complementary to existing woreda development priorities. Stakeholders across sectors affirmed that the initiative reinforced strategic goals in health, education, nutrition, and community resilience, while also addressing long-standing service gaps and equity challenges.

Health Sector Priorities

Thrive by Five aligned with woreda-level health strategies focused on maternal-child health, nutrition, and community-based service delivery. In all twelve woredas, integration into the **Health Extension Program (HEP)** and immunization platforms was seen as a natural fit. HEWs and Village Health Leaders (VHLs) began incorporating ECCD messages into postnatal visits, nutrition screening, and outreach campaigns.

This alignment reflects the **HSTP-II's Woreda Transformation Agenda**, which emphasizes equity, health literacy, and community ownership. TWG members in Maekel Adiyabo and Sheraro noted that Thrive by Five filled a critical gap in early stimulation and caregiver engagement areas previously overlooked in maternal-child health programming.

"Thrive by Five strengthens our health outreach. It helps us talk about how children grow, not just how they survive" *TWG Member, Kisad Gaba.*

Education Sector Priorities

Thrive by Five supported woreda education goals by enriching ECCE classrooms, strengthening teacher capacity, and aligning with school improvement plans. Education officials in Laelay Qoraro and Zana emphasized that the initiative's play-based learning approach complemented national ECCDE standards and woreda-level curriculum enrichment efforts.

In several woredas, ECCD content was embedded into school feeding programs, cluster supervision visits, and teacher job descriptions advancing institutionalization and sustainability. These efforts mirror the **ECCDE Framework's** call for integrated, culturally responsive early learning.

"*Thrive by Five is what our ECCD classrooms were missing without contextual materials, the teachers felt lost*" *Education Official, from Kisad Gaba.*

Community Development and Protection Priorities

Thrive by Five aligned with community mobilization strategies by leveraging existing structures PTAs, religious networks, youth clubs, and women's associations to promote ECCD awareness and caregiver engagement. Listening circles, food distribution events, and religious gatherings became platforms for behavior change communication and peer learning.

This approach reflects the **Multisectoral Woreda Transformation Strategy (MSWT)**, which emphasizes household-level transformation through literacy, livelihood, and life expectancy. Thrive by Five's use of mass media (e.g., *Gere Emun* dramas, Dimtsi Weyane, Tigray TV and radio broadcasts, Telegram outreach) extended its reach and reinforced community ownership.

*"We thought ECCD was for city children. Now we see it fits our way of life especially through stories and church message*s" *Caregiver, from Shire.*

Planning and Budget Alignment

All twelve woredas began embedding Thrive by Five into their **annual development plans**, with several assigning ECCD focal persons and proposing ECCD-specific budget lines. This reflects the principles of the **Seqota Declaration's Costed Woreda-Based Planning Process**, which promotes "One Goal, One Plan, One M&E System" for multisectoral nutrition and child development[1].

TWG members Adi Daero and Tahtay Qoraro confirmed that Thrive by Five was included in joint sector reviews and quarterly planning cycles demonstrating institutional buy-in and strategic alignment.

"This is not an add-on, it's now part of our woreda strategy" *TWG Member, Maekel Adiyabo.*

Thrive by Five complements woreda development priorities by reinforcing sectoral mandates, filling service gaps, and advancing inclusive, community-driven ECCD. Its alignment with national frameworks and local plans positions it as a scalable, sustainable model for early childhood wellbeing across Tigray.

4.1.2 Capacity Constraints in Government Agencies (Specific to Thrive by Five)

While Thrive by Five aligns closely with woreda development priorities and enjoys community acceptance, its implementation across the twelve target woredas has encountered consistent capacity-related constraints within government agencies. These limitations have challenged the initiative's operational reach, consistency, and long-term integration into health, education, and community systems.
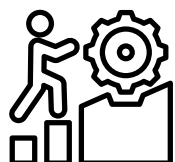
Infrastructure and Logistics Challenges

Many woreda sites reported that physical infrastructure such as HEW stations and ECCE classrooms remained under-equipped to host or store Thrive by Five materials. The absence of electricity, seating, dedicated learning spaces, and storage compromised delivery of Game Bank content, radio-listening sessions, and facilitator tools. Outreach and supervision were often hindered by poor roads, limited fuel, and lack of transport.

"*We need vehicles and airtime to reach families. Without it, we can't follow u*p" Service Provider, Sheraro FGD Summary.

The **Thrive by Five project proposal** had recommended low-cost distribution pathways and mobile delivery formats precisely to mitigate these rural access barriers. These challenges were echoed across the Adi Daero, Seyemti Adiyabo, and Tahtay Qoraro woreda reports.

Workforce Constraints and Implementation Burden

Thrive by Five was introduced within existing government structures but with limited staffing support. In most woredas, ECCD tasks were layered onto HEWs and ECCE teachers without corresponding updates to job descriptions or performance monitoring. As a result, trained implementers struggled to balance Thrive by Five facilitation with routine responsibilities in immunization, nutrition, hygiene promotion, and preschool instruction.

"*Teachers are willing, but they need tools and mentoring. Thrive by Five adds more without adjusting expectation*s" TWG Member, Kisad Gaba. "*HEWs are expected to run parenting sessions now there's no formal ECCD in their training*" TWG Member, Tahtay Adiyabo.

The project's training data covering 513 individuals and 12 Listening Circle facilitators represented a strong foundation, but woreda TWGs emphasized the need to institutionalize responsibilities and add facilitation metrics into sector performance checklists.

Budgetary Constraints and Material Shortages

Thrive by Five's sustainability requires budget allocations at woreda and regional levels, yet in nearly all woredas, ECCD implementation remained dependent on donor support or temporary partner funding. Materials like posters, brochures, and audio equipment were distributed during rollout but not replenished or budgeted for by sector offices. In some cases, school clusters and health posts lacked printed facilitator guides due to procurement delays.

"We've added Thrive by Five to our work plan, but we've budget shortages to sustain activities" Education Official, Laelay Qoraro KII Summary.

The **Seqota Declaration's woreda-based costing framework** and **MSWT guidelines** call for joint financing and integrated line items to support community health and foundational learning initiatives mechanisms still underutilized for Thrive by Five.

Coordination and Reporting Gaps

Although TWGs were active in all twelve woredas, coordination between sectors remained fragile. Most education and health bureaus used distinct planning calendars and monitoring formats, resulting in fragmented supervision. There was also limited documentation of caregiver feedback, media reach, and session quality making adaptive learning difficult.

"We run Thrive by Five sessions, but there's no reporting tool. It's hard to know what's working" Trainer, Endabaguna.

"Sometimes health and education teams plan separately; we miss chances to reinforce each other" TWG Member, Zana.

To address this, IRC and GAVI promoted shared supervision templates and monthly review meetings, as referenced in rollout records and TWG meeting minutes. However, long-term coordination protocols have yet to be formalized into government routines.

Thrive by Five faces several operational and institutional constraints that limit scale and sustainability. These include infrastructure limitations, staff workload imbalances, unfunded action plans, and fragmented sector coordination. Stakeholders widely acknowledged these issues and expressed readiness to address them provided that strategic investment, systems reforms, and integration mechanisms are introduced and owned locally.

4.2. Differences Across Woredas

4.2.1. Community Engagement Approaches

Thrive by Five's rollout across the twelve target woredas revealed highly varied caregiver engagement strategies each shaped by media access, institutional platforms, and community infrastructure. Modalities ranged from curated radio programming and digital videos to peer-led listening circles and PTA forums. All approaches centered on five developmental domains: **Talk, Connect, Play, Community, and Healthy Home** with consistent activity sets broadcast, facilitated, and adapted locally.

Radio Messaging (Across All Woredas)

Fifteen tailored **radio episodes** were broadcast across all twelve woredas, produced in collaboration with IRC, Minderoo Foundation, and Dimtsi Weyane Radio. Each episode spotlighted three activities per developmental domain, promoting nurturing practices, early stimulation, and community values. The episodes aired via local stations and Dimtsi Weyane's national network.

- **Talk domain**:
  - *Activity 10*: Sing along together
  - *Activity 33*: Drawing emotions
  - *Activity 56*: Baby talk
- **Connect domain**:
  - *Activity 11*: Breastfeeding bonding time
  - *Activity 112*: Celebrating diversity
  - *Activity 120*: Crying to communicate
- **Play domain**:
  - *Activity 32*: Drawing me, drawing you
  - *Activity 81*: Feel the rhythm!
  - *Activity 121*: Riddles help children learn
- **Community domain**:
  - *Activity 46*: Being kind
  - *Activity 64*: Let's dance!
  - *Activity 105*: Celebrating spirituality
- **Healthy Home domain**:
  - *Activity 57*: Nutrition for babies
  - *Activity 62*: Home-made obstacle course
  - *Activity 117*: Safety first

These broadcasts provided scalable caregiver education across remote and underserved locations.
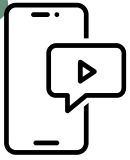
Video Messaging (All Woredas)

Thirteen **video clips** embedding Thrive by Five content were developed by the Gere Emun drama collective and disseminated via **Dimtsi Weyane TV**, **YouTube**, and **Facebook**, as well as during food distribution events and community meetings. These clips dramatized parenting practices, highlighted the importance of vaccination, and showcased real families modeling activities like *Let's dance* and *Crying to communicate*. The IRC Thrive by Five Telegram channel, extended these messages to urban centers and woreda clusters beyond the Northwestern zone.

Listening Circles (20 Circles Across 8 Woredas)

A total of **20 Listening Circles** were launched in 8 woredas (2 per site), each engaging ~30 caregivers weekly. These circles were led by trained facilitators using the **Tigrigna-language Listening Circle Guide** and Game Bank, fostering dialogue, emotional reflection, and hands-on interaction.

Listening circles with two cycles active in:

- **Adi Daero**
- **Tahtay Qoraro**
- **Maekel Adiyabo**
- **Sheraro**
- **Tsimbla**
- **Laelay Qoraro**
- **Kisad Gaba (Asgede)**
- **Tahtay Adiyabo**

Circles with one cycle in:

- **Zana**
- **Endabaguna**
- **Shire**
- **Seyemti Adiyabo**

Training Rollout (All Woredas)

All twelve woredas conducted direct service provider training via a **TOT rollout**, reaching 513 individuals including HEWs, ECCD teachers, community representatives, and technical facilitators. Facilitator training included practice with listening circle content, media messaging, and use of visual IEC/BCC materials. Reported coverage was consistent across woredas, with follow-up coaching and mentoring from Thrive by Five and GAVI team.

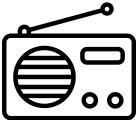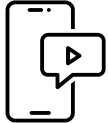**Table 3:** Additional Community Engagement Platforms by Sector

Sector	Engagement Platforms Used Across Woredas	Examples from Individual Woreda Reports
Health	• Health post-based ECCD sessions • Immunization-linked outreach days • Nutrition screening events • Postnatal counseling visits • Zero Dose tracking campaigns	• Maekel Adiyabo: ECCD messaging integrated into immunization days and nutrition screening • Adi Daero: HEWs used ECCD prompts during postnatal visits and outreach forums • Tahtay Qoraro: ECCD activities linked to monthly health forums
Education	• ECCE classroom routines • PTA meetings and school closure events • School feeding platforms • Cluster supervision visits • Teacher-parent dialogues	• Laelay Qoraro: ECCD embedded in school improvement plans and PTA forums • Kisad Gaba (Asgede): ECCD games and storytelling used during school closures • Seyemti Adiyabo: ECCD messaging integrated into school feeding sessions
Child Protection and Community	• Listening circles (20 circles across 8 woredas) • Religious sermons and church announcements • Food distribution gatherings • Youth clubs and women's associations • Market day storytelling • Community drama and cultural events	• **Tahtay Adiyabo**: ECCD messaging delivered through sermons and youth clubs • **Sheraro**: ECCD content shared during food distribution and religious gatherings • **Zana**: Community drama performances and youth-led storytelling forums • **Endabaguna**: ECCD messages disseminated via church announcements and women's group meetings

Table 4: Media and Digital Platforms (Cross-Cutting)

Platform Type	Reach and Content	Examples
Radio Messaging	• 15 curated episodes aired across all 12 woredas, covering Talk, Connect, Play, Community, and Healthy Home domains	• Broadcast via **Dimtsi Weyane Radio** • Activities included: Sing along together, Crying to communicate, Let's dance!, Safety first
Video CLips	• 13 drama-based clips produced by **Gere Emun**, aired on **Dimtsi Weyane TV**, YouTube, and Facebook	• Featured ECCD themes and vaccination messages • Screened during community events and school closures
Telegram Channel	• Thrive by Five Telegram channel reached, extending beyond NW Tigray	• Used for caregiver tips, activity reminders, and video dissemination

Thrive by Five leveraged a wide array of platforms formal and informal, digital and interpersonal to embed ECCD messaging into everyday community life. These platforms were not only diverse but deeply rooted in local routines, enhancing both reach and resonance across the twelve woredas.

4.2.2 Existing ECCD, Health, and Nutrition Service Delivery

Thrive by Five implementation across Northwestern Tigray is shaped by significant disparities in infrastructure, staffing, and service quality across woredas. These variations directly influence the feasibility, depth, and sustainability of ECCD integration into health, education, and community systems. While some woredas demonstrate readiness for scale-up, others face acute gaps that require targeted investment and adaptive planning.

Education Sector

Access to pre-primary education varies widely across the twelve woredas. **Asgede (45)**, **Tahtay Adiyabo (40)**, and **Tahtay Koraro (39)** report the highest number of schools with O-classes, while **Endabaguna (4), Sheraro (6)**, and **Shire (14)** show limited coverage. Most woredas report **six ECCD experts**, but **Tahtay Koraro (42)** and **Zana (25)** stand out due to additional partner support and regional prioritization.

Thrive by Five training reached **six educators per woreda**, with activities such as *Drawing me, drawing you* and *Riddles help children learn* integrated into classroom routines. However, TWG FGDs highlighted persistent quality gaps: many ECCE classrooms lack age-appropriate materials, facilitators are undertrained in play-based learning, and ECCD is not yet embedded in lesson planning or school improvement plans.

"*Teachers are willing, but they need tools and mentoring. Thrive by Five adds more without adjusting expectations*" TWG Member, Kisad Gaba. "*Our children now sing and ask questions after listening circles*" Caregiver, Tsimbla.

There is growing potential to integrate Thrive by Five content into pre-service teacher education programs, particularly through institutions such as Adwa Teachers College and Axum University. As regional hubs for ECCD training, both institutions host diploma and degree programs that prepare early childhood educators for placement in public schools and community centers. Their curricular structures offer promising entry points for adapting Thrive by Five tools including the Game Bank, activity cards, and facilitation guides into teaching methods, practicum modules, and culturally responsive pedagogy. This pre-service integration would support long-term capacity building by equipping ECCD graduates with field-tested tools and values-aligned methodologies before they enter the classroom [1].

Embedding Thrive by Five into pre-service curricula ensures that future ECCD educators enter the workforce equipped with practical, culturally resonant tools, reducing reliance on in-service training and enhancing instructional quality from the outset.

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[1]   https://www.ijstr.org/final-print/sep2016/Perception-Of-Pre-service-Trainees-To-The-Training-Program-And-Teaching-Profession-The-Case-Of-Adwa-Teachers-And-Educational-Leadership-College-2012-Graduates.pdf

Health Sector

Health infrastructure is uneven across woredas. Tahtay Koraro (16) and Asgede (15) lead in health post coverage, while Endabaguna, Sheraro, and Shire report zero functional health posts. Hospitals are present only in Adi Daero, Endabaguna, Sheraro, and Shire, serving as referral hubs for surrounding kebeles.

Staffing levels vary significantly. Tahtay Koraro (42 HEWs) and Zana (33) are comparatively well-resourced, while Sheraro (16) and Seyemti Adiyabo (17) face notable shortfalls. Thrive by Five integration into health routines is progressing steadily, with seven health workers trained per woreda except in Asgede, Laelay Koraro, and Zana, where only one health trainee was reported.

HEWs are increasingly using Thrive by Five prompts during postnatal visits and outreach, including activities like *Breastfeeding bonding time*, *Crying to communicate*, and *Nutrition for babies*. However, many report needing clearer job description updates, printed guides, and supportive supervision.

"Thrive by Five strengthens immunization we lack tools to connect health and stimulation" *KII, Seyemti Adiyabo.* "We lack vehicles and airtime to reach families. Without it, we can't follow up" *Service Provider, Sheraro.*
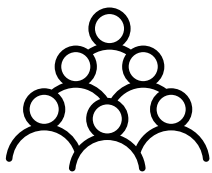
Community Structures

Community engagement remains a cornerstone of Thrive by Five delivery. Each woreda mobilized between 25 and 33 local representatives including PTA members, religious leaders, youth facilitators, and women's association members. These actors anchor listening circles, radio messaging, and caregiver forums.

Structured listening circles are fully operational in eight woredas, with two circles per site. In Shire, Zana, Seyemti Adiyabo, and Endabaguna, rollout was delayed due to facilitator turnover and venue access issues and conducted for one cycle . Despite these delays, caregivers continue to receive Thrive by Five messaging via local radio (15 episodes), drama clips (13 videos from Gere Emun), and community platforms such as church gatherings, market events, and food distribution sites.

Community representatives were trained on activities like *Being kind*, *celebrating spirituality*, and *Home-made obstacle courses*, and are actively facilitating peer-led sessions and supporting behavior change communication.

"We thought ECCD was for city children. Now we see it's part of our way of life." Caregiver, Shire. "We've trained service providers in every woreda. Their job now is to bring Thrive by Five to families, not just schools or clinics." TWG, Maekel Adiyabo.

While some woredas show readiness to scale Thrive by Five through stronger infrastructure and staffing, others face structural constraints that require targeted investment and coordination. Mapping service availability and quality has proven essential to customizing rollout strategies and ensuring equitable uptake. Going forward, systematic improvements in planning, training, and joint supervision will be critical to bridging these gaps and institutionalizing Thrive by Five across Tigray.

Table 5: Service Delivery Overview Across 12 Woredas

Name of the Woreda	Number of Health Posts	Number of Health Centers	Number of Hospitals	Number of Schools with O-Classes	Number of Health Extension Workers/ Health Professionals	Number of ECCD Experts	Number of TbF Trainees		
							Education Sector	Health Sector	Community Representatives
Endabaguna	0	0	01	04	08	12	06	07	32
Tsembla	11	03	0	28	34	28	07	07	31
Adi Daero	11	02	01	26	23	31	06	07	32
Asegede	15	04	0	45	50	45	07	01	25
Laelay Qoraro	10	02	01	28	33	29	06	01	31
Zana	12	04	0	25	33/116	25	06	01	31
Tahtay Adiyabo	08	04	0	40	19	45	06	07	32
Shiraro	0	01	01	06	16	12	06	07	33
Maekel Adiyabo	06	02	0	16	16	19	06	07	32
Seyemeti Adiyabo	07	01	0	12	17	13	06	07	30
Tahtay Qoraro	16	05	0	39	42/132	42	06	07	32
Shire	0	03	01	14	33/145	18	06	07	32

Source : TWG FGD Summary (2025)

4.3. Contextual Factors Influencing Integration and Scale-up

4.3.1. Sociocultural Norms and Practices

Thrive by Five's integration and scale-up across Northwestern Tigray has been shaped not only by infrastructure and institutional capacity, but also by deeply rooted sociocultural norms. These norms governing caregiving roles, gender expectations, child-rearing practices, and belief systems have influenced how communities perceive, accept, and adapt the initiative. While many norms have served as facilitators of uptake, others have presented subtle but significant barriers to behavior change and cross-sectoral ownership.

Caregiving Roles and Gender Expectations

Across all twelve woredas, caregiving is predominantly viewed as a maternal responsibility. Mothers are expected to provide emotional support, hygiene, nutrition, and early stimulation, while fathers are often seen as financial providers or disciplinary figures. TWG FGDs in Adi Daero, Sheraro, and Tahtay Adiyabo revealed that male caregivers rarely participate in ECCD sessions or listening circles unless explicitly invited by religious leaders or youth groups.

This gendered division of labor has implications for Thrive by Five's messaging and delivery. Activities such as *Breastfeeding bonding time* and *Baby talk* were widely accepted, but prompts like *Sing along together* or *Feel the rhythm!* were sometimes dismissed as "women's work." In response, facilitators in Tsimbla and Maekel Adiyabo began tailoring sessions to include fathers through storytelling formats and market-day outreach.

"We thought ECCD was for mothers. Now we see how both parents connect with children." *Caregiver, Tsimbla.*

Child-Rearing Practices and Developmental Beliefs

Traditional child-rearing in Tigray emphasizes obedience, respect for elders, and communal responsibility. In many woredas, early stimulation and play are not widely recognized as developmental priorities. TWG members in Kisad Gaba and Seyemti Adiyabo noted that caregivers often associate learning with formal schooling, not with home-based interaction.

Thrive by Five activities such as Drawing emotions, Riddles help children learn, and Celebrating spirituality challenged these assumptions by introducing play and emotional expression as foundational learning tools. Listening circles helped normalize these practices, especially when linked to religious teachings or cultural proverbs.

"*We used to think play was a waste of time. Now we see it helps children grow*" TWG Member, Kisad Gaba.

Belief Systems and Cultural Anchors

Religious and spiritual beliefs play a central role in shaping parenting norms. In Tahtay Qoraro, Zana, and Endabaguna, religious leaders were instrumental in promoting Thrive by Five messages during sermons and community gatherings. Activities like Celebrating spirituality and Being kind were embraced as extensions of faith-based values.

However, some belief systems also reinforced restrictive norms. In Shire and Sheraro, caregivers expressed hesitation around activities that encouraged emotional vulnerability or non-traditional gender roles. TWG FGDs highlighted the need for culturally sensitive framing using local idioms, storytelling, and religious texts to contextualize ECCD messages.

"We talk about health and prayer, but not about how children feel. Thrive by Five helped us open that door" Religious Leader, Shire.
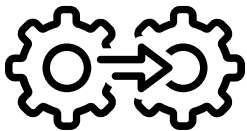
Implications for Integration and Scale-Up

Sociocultural norms have acted as both enablers and constraints. Where norms aligned with Thrive by Five principles such as communal caregiving, storytelling, and spiritual reflection program acceptance was high. Where norms conflicted such as rigid gender roles or limited recognition of play adaptation was required.

The initiative's success in navigating these dynamics reflects its participatory design and flexible delivery. Facilitators were trained to listen, adapt, and co-create with communities. Media platforms like *Gere Emun, Tigray TV and radio* and Dimtsi Weyane helped normalize new behaviors, while listening circles created space for reflection and gradual change.

Global literature reinforces this approach. Studies show that sociocultural norms can either empower or inhibit individual agency, depending on how tightly they are enforced and who controls their interpretation [1]. Thrive by Five's emphasis on empathy, inclusion, and local ownership aligns with best practices in culturally responsive programming.

Sociocultural norms are not static barriers; they are dynamic forces that shape how communities engage with early childhood development. Thrive by Five's ability to respect, reflect, and gently reshape these norms has been central to its acceptance and scalability across Northwestern Tigray.

[1] https://gwern.net/doc/psychology/personality/2021-eck.pdf
https://academic.oup.com/book/7631/chapter/152652302
https://inspireculture.org/cultural-awareness/multicultural-society/understanding-and-navigating-cultural-norms-in-a-multicultural-society/

4.3.2 Geographic Accessibility and Infrastructure

Thrive by Five's rollout across Northwestern Tigray has been shaped by a complex interplay of geographic, infrastructural, and seasonal factors. These realities have directly influenced training logistics, content dissemination, and community engagement requiring adaptive strategies to ensure equitable access across both urban centers and remote kebeles.

Urban and Semi-Urban Centers

Woredas such as **Endabaguna**, **Shire**, and **Sheraro** despite reporting zero functional health posts—are relatively urbanized and host hospitals and health centers that serve as referral hubs. These areas benefit from better road networks, higher population density, and more consistent access to electricity and mobile networks. As a result, Thrive by Five activities such as video screenings, radio listening sessions, and community drama performances were more easily coordinated and widely attended.

Private clinics, religious institutions, and semi-formal caregiver forums also played a role in these settings, offering alternative platforms for ECCD messaging. TWG FGDs in Shire and Endabaguna noted that urban caregivers were more likely to access content via **Facebook**, **YouTube**, and **Telegram**, and to engage with digital formats such as **Gere Emun** drama clips and **Dimtsi Weyane** broadcasts.

"In town, we hear the messages on the radio and see the videos. But in the villages, they don't have signal (network) or power" TWG Member, Endabaguna.

Rural and Remote Woredas

In contrast, woredas like **Tsimbla**, **Tahtay Adiyabo**, and **Seyemti Adiyabo** face terrain-related barriers that limit access to services and gatherings. During the rainy season, roads become muddy and impassable, delaying training rollouts and disrupting listening circle schedules. Facilitators and teachers often return to their places of origin during these months, creating gaps in continuity and supervision.

TWG FGDs in Tsimbla and Maekel Adiyabo emphasized the need for bundling ECCD sessions with immunization days, market events, and school feeding programs to overcome logistical constraints. In these areas, printed guides and storytelling formats were prioritized over digital media due to unreliable electricity and weak mobile networks.

"The rainy summer seasons are a bit challenging as roads will be inaccessible or difficult to manage " TWG Member, Tsimbla.

## Infrastructure Distribution and Service Density

The attached woreda data reveals stark disparities in infrastructure density. Tahtay Koraro and Asgede report the highest number of health posts (16 and 15 respectively). Similarly, access to O-class schools ranges from 4 in Endabaguna to 45 in Asgede, with implications for ECCD integration and caregiver reach.

These disparities affect not only service availability but also the feasibility of hosting listening circles, training sessions, and community gatherings. In Zana and Seyemti Adiyabo, circle rollout was delayed due to lack of suitable venues and facilitator transport. TWG members in Laelay Koraro and Tsimbla emphasized the need for decentralized training hubs and mobile delivery formats.

Content Dissemination and Media Reach

While Thrive by Five's mass media strategy reached over 1 million viewers across Tigray, dissemination was uneven. Caregivers in urban and semi-urban zones accessed content regularly, while those in remote kebeles struggled with intermittent electricity, and limited mobile coverage. TWG members in Seyemti Adiyabo and Tahtay Qoraro reported that facilitators had to travel long distances to deliver messages manually, often without transport or airtime support. Beyond radio messaging, alternative solutions have been employed to address this challenge. Facilitators in Maekel Adiyabo and Tahtay Qoraro, for example, used printed guides and storytelling formats during market days and religious gatherings. These adaptations reflect the ECCDE Framework's emphasis on inclusive, low-tech delivery in resource-constrained settings.
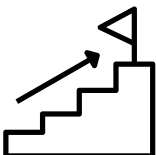
Implications for Integration and Scale-Up

Geographic accessibility is not just a logistical issue it is a structural determinant of equity. Woredas with stronger infrastructure are better positioned to scale Thrive by Five, while others require tailored strategies. These include:

- Mobile training units and decentralized supervision
- Bundling ECCD with existing outreach platforms (e.g., immunization, school feeding)
- Investing in transport, airtime, and venue upgrades
- Expanding low-tech content formats (e.g., printed guides, storytelling, drama)

Global literature reinforces these approaches, highlighting that inclusive infrastructure must account for terrain, mobility, and community design [2]. Accessibility is not just about proximity it's about the ability to participate meaningfully in services and programs.

[2] https://link.springer.com/rwe/10.1007/978-3-319-95717-3_34
https://www.scirp.org/journal/paperinformation?paperid=137082
https://www.at2030.org/static/at2030_core/outputs/GDI_Hub_-_A_global_comparison_report_on_Inclusive_Infrastruct_z

5. Synthesis of Findings

5.1 Implications for Thrive by Five Programming

The comparative analysis across Northwestern Tigray's twelve woredas reveals critical insights that inform how Thrive by Five content should be designed, delivered, facilitated, and institutionalized. These implications are rooted in field realities, sociocultural dynamics, infrastructure constraints, and sectoral priorities requiring a programming approach that is both technically sound and locally resonant.

Content Design: Culturally Embedded, Domain-Driven Activities

Thrive by Five's five developmental domains **Talk**, **Connect**, **Play**, **Community**, and **Healthy Home** have proven highly effective in engaging caregivers across diverse sociocultural settings in Northwestern Tigray. Activities such as *Sing along together*, *Crying to communicate*, and *Celebrating spirituality* were widely embraced when delivered through familiar formats like storytelling, religious sermons, and local idioms. TWG FGDs in Kisad Gaba and Seyemti Adiyabo emphasized the importance of tailoring content for low-literacy caregivers and expanding relevance to male participants.

Importantly, the **15 radio episodes and 13 video clips** curated for Thrive by Five were designed to be inclusive alongside the **modular direct service provider** TOT manual, participant workbook, Listening Circle facilitator guide, and Game Bank enriched with cultural stories, proverbs, sayings, and role-play activities. Together, these resources reflect the participation of fathers, extended family members, neighbors, and community influencers. The media assets showcased real-life caregiving scenarios and dramatized activities across all five developmental domains, reinforcing the message that ECCD is a shared responsibility not one limited to mothers or formal educators.

In addition, **IEC/BCC materials** were developed with **culturally adapted illustrations**, using local attire, household settings, and familiar symbols to ensure visual resonance. These materials supported facilitators in low-tech environments and helped bridge comprehension gaps for caregivers with limited literacy.

"The pictures helped us understand the activities. Even those who can't read could follow along" Caregiver, Tahtay Qoraro.

Implication: Future content design should continue to prioritize modularity, allowing facilitators to select and adapt activities based on caregiver profiles, seasonal routines, and community norms. Media and print materials should remain inclusive featuring diverse caregiver roles and culturally grounded visuals. This approach not only enhances comprehension and relevance but also strengthens community ownership and intergenerational engagement.

Delivery Methods: Multi-Platform, Low-Tech, and Bundled Outreach

Thrive by Five's delivery strategy across Northwestern Tigray successfully combined mass media, interpersonal facilitation, and community-based outreach to reach caregivers across diverse geographies. The use of **15 curated radio episodes, 13 drama-based video clips, and Telegram dissemination** extended the initiative's reach to **over 1 million viewers**, particularly in urban centers like **Shire**, **Sheraro**, and **Endabaguna**, where access to electricity, mobile networks, and community venues was more consistent.

However, dissemination was uneven in remote kebeles due to terrain-related barriers, seasonal road inaccessibility, and intermittent connectivity. TWG FGDs in **Tsimbla**, **Maekel Adiyabo**, and **Seyemti Adiyabo** highlighted that facilitators often lacked transport and airtime, and that caregivers in rural areas had limited access to digital content. During the rainy season, facilitators and teachers frequently returned to their places of origin, disrupting continuity and supervision.

To address these challenges, Thrive by Five employed **bundled outreach strategies**, integrating ECCD messaging into **immunization days, school feeding programs, market events,** and **religious gatherings**. Facilitators used **printed guides, storytelling formats**, and **community drama** to reinforce messages in low-tech settings. These interpersonal formats were supported by a suite of facilitation tools including the **Listening Circle Guide**, **Game Bank**, and **TOT manuals with participant workbooks** all designed to be modular, culturally adapted, and inclusive of fathers, extended families, and community influencers.

"Sometimes we plan sessions, but the roads are washed out. We have to wait a week" TWG Member, Tsimbla *"The pictures helped us understand the activities. Even those who can't read could follow along"* Caregiver, Tahtay Qoraro.

Implication: Thrive by Five programming should continue to prioritize **multi-platform delivery** that blends mass media with interpersonal reinforcement. In rural and semi-urban areas, **low-tech formats** such as printed materials with culturally resonant illustrations, storytelling, and drama should be scaled. Bundled outreach through existing service platforms (e.g., health days, school events) remains essential for reaching caregivers during seasonal disruptions. All delivery methods should remain **modular and inclusive**, enabling facilitators to adapt content to local realities and caregiver diversity.

Facilitation Strategies: Peer-Led, Gender-Sensitive, and Supervised

Listening circles active in 8 woredas demonstrated strong caregiver engagement, especially when led by trained community actors using the Tigrigna-language guide. However, facilitators in Seyemti Adiyabo and Zana reported challenges due to lack of transport, supervision, and formal recognition. Gender dynamics also influenced participation, with male caregivers underrepresented unless invited through religious or youth networks.

Implication: Facilitation should be peer-led, gender-sensitive, and supported by ongoing supervision. Facilitators need clear roles, incentives, and integration into sectoral routines. Male engagement should be promoted through tailored messaging and trusted community channels [1].

Institutional Collaboration: Embedded Planning and Joint Ownership

Thrive by Five aligned well with woreda development priorities in health, education, and community protection. TWGs in Tahtay Koraro, Adi Daero, and Laelay Koraro reported successful integration into annual plans, cluster supervision, and immunization outreach. However, coordination remained uneven, with separate reporting formats and limited budget allocations in several woredas.

Implication: Institutionalization requires **joint planning, shared supervision tools, and dedicated budget lines.** Thrive by Five should be embedded into existing platforms such as the Health Extension Program (HEP), ECCE school routines, and community development forums. Cross-sectoral TWGs must be empowered to lead adaptive planning and data-driven decision-making [2].

5.1.1 Adaptations to Program Design and Implementation

Thrive by Five's rollout across Northwestern Tigray has demonstrated the importance of tailoring program design and implementation to local realities. Field-level feedback, infrastructure mapping, and sociocultural analysis reveal several areas where refinements are needed to enhance relevance, accessibility, and sustainability.

Modular Content and Flexible Activity Design

The five developmental domains **Talk**, **Connect**, **Play**, **Community**, and **Healthy Home** have proven effective across diverse settings. However, TWG FGDs in Kisad Gaba, Seyemti Adiyabo, and Tahtay Adiyabo emphasized the need for **modular content** that allows facilitators to select and adapt activities based on caregiver literacy, cultural norms, and seasonal routines.

[1] https://worldinabrainstorm.com/thrive-by-five-international-program/
[2] https://brainbuilding.org/research/harnessing-technology/tools/thrive-by-five/
https://thrivebyfive.co.za/wp-content/uploads/2022/11/Thrive-by-Five-Index-report-Revised-August-2022-FINAL-1.pdf

The existing suite of tools including the **Game Bank, Listening Circle Guide, TOT manual**, and **participant workbook** already reflects this modularity. These resources **incorporate local proverbs, cultural stories**, and **role-play formats**, enabling facilitators to engage fathers, grandparents, neighbors, and religious leaders in ECCD delivery. Radio and video content also dramatize caregiving scenarios that resonate across gender and generational lines.

"The pictures helped us understand the activities. Even those who can't read could follow along" Caregiver, Tahtay Qoraro.

Recommended Adaptation: Expand modular content libraries with woreda-specific prompts, seasonal adaptations, and gender-inclusive framing. Ensure facilitators are trained to curate and sequence activities based on context.
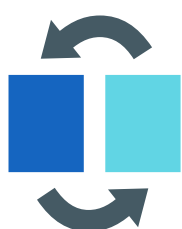
Alternate Platforms and Low-Tech Delivery Formats

While Thrive by Five's media strategy reached over **1 million viewers**, dissemination was uneven in remote kebeles due to **electricity outages, poor signal,** and **seasonal road inaccessibility**. TWG members in Tsimbla, Maekel Adiyabo, and Seyemti Adiyabo recommended bundling ECCD messaging with **immunization days, school feeding programs,** and **market events**.

Printed guides, storytelling formats, and community drama were particularly effective in low-connectivity areas. Facilitators used visual IEC/BCC materials with **culturally adapted illustrations** to reinforce messages during interpersonal sessions.

"Sometimes we plan sessions, but the roads are washed out. We have to wait weeks" TWG Member, Tsimbla.

Recommended Adaptation: Scale up low-tech formats and bundle ECCD delivery with existing outreach platforms. Develop woreda-specific dissemination plans that account for terrain, connectivity, and seasonal disruptions.
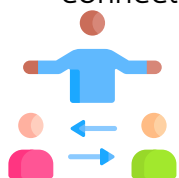
Tailored Facilitator Training and Supervision

All twelve woredas conducted TOT sessions, training over **500 direct service providers**. However, TWG FGDs in Zana, Endabaguna, and Sheraro highlighted gaps in **ongoing supervision, transport support,** and **role clarity**. Facilitators often lacked airtime, printed materials, and formal recognition within sectoral routines.

Listening circle facilitators requested refresher training on **group dynamics, inclusive facilitation, and adaptive messaging** for male caregivers and low-literacy participants. TWGs also recommended integrating ECCD facilitation into **HEW and teacher job descriptions** to ensure accountability.

Recommended Adaptation: Institutionalize facilitator roles within health and education systems. Provide refresher training, supervision checklists, and incentives. Develop woreda-level coaching plans to support quality assurance.

Institutional Integration and Cross-Sectoral Ownership

While Thrive by Five was included in woreda work plans, budget allocations and reporting formats remained fragmented. TWGs in Tahtay Koraro, Adi Daero, and Laelay Koraro called for **joint planning, shared supervision tools,** and **dedicated ECCD budget lines**.

Global guidance from the Thrive by Five International Program and Early Years Starter Kit reinforces the importance of **co-design, local validation,** and **cross-sectoral collaboration** to ensure sustainability [3].

Recommended Adaptation: Embed Thrive by Five into woreda-level planning and budget cycles. Strengthen TWG mandates and promote pooled financing across health, education, and community sectors.

Thrive by Five must continue evolving through modular content, low-tech delivery, tailored training, and institutional embedding. These adaptations will ensure the initiative remains responsive to local needs, resilient to contextual challenges, and scalable across diverse geographies.

[3] https://worldinabrainstorm.com/thrive-by-five-international-program/
https://brainbuilding.org/research/harnessing-technology/tools/thrive-by-five/

6. Scalability

6.1 Strategies for Phased Scale-up across Woredas

Scaling Thrive by Five across Northwestern Tigray requires a phased, context-responsive approach that balances operational readiness, infrastructure capacity, and community demand. The twelve woreda implementation experience offers a roadmap for expansion—highlighting where systems are primed for scale, where adaptive support is needed, and how community momentum can be leveraged to sustain growth.
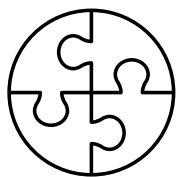
Phase 1: Consolidation in High-Readiness Woredas

Woredas such as **Tahtay Koraro**, **Asgede**, and **Zana** demonstrate strong infrastructure, staffing, and multisectoral engagement making them ideal candidates for early scale-up. These sites report:

- High numbers of health posts (e.g., 16 in Tahtay Koraro, 15 in Asgede)
- Elevated ECCD expert staffing (e.g., 42 in Tahtay Koraro, 25 in Zana)
- Active TWGs and full rollout of listening circles and media dissemination
- Strong community representation and trained facilitators across sectors

These woredas can serve as **anchor sites** for peer learning, facilitator exchange, and regional coordination. Expansion here should focus on deepening integration into sectoral routines (e.g., HEW job descriptions, ECCE lesson plans) and piloting advanced tools such as digital reporting templates and caregiver feedback dashboards.
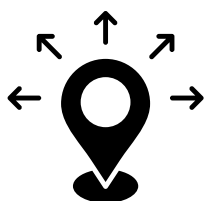
Phase 2: Strategic Expansion in Urban Referral Hubs

Woredas like **Endabaguna**, **Shire**, and **Sheraro** despite reporting zero functional health posts are relatively urbanized and host hospitals and health centers that serve as referral hubs. These areas benefit from:

- Hospital-level infrastructure (e.g., 1 hospital each in Endabaguna, Shire, and Sheraro)
- Higher population density and stronger media access
- Private clinics, religious institutions, and semi-formal caregiver forums
- Consistent access to electricity and mobile networks (with intermittent outages)

Thrive by Five activities such as video screenings, radio listening sessions, and community drama performances were more easily coordinated and widely attended in these settings. TWG FGDs noted that urban caregivers were more likely to access content via **Facebook**, **YouTube**, and **Telegram**, and to engage with digital formats such as **Gere Emun** drama clips and **Dimtsi Weyane** broadcasts.

Recommended Actions:
- Leverage hospitals and health centers for bundled ECCD outreach
- Expand digital content dissemination and urban caregiver forums
- Integrate ECCD into private sector platforms and religious networks
- Pilot urban-specific supervision and reporting formats

Phase 3: Adaptive Support in Rural and Terrain-Challenged Woredas

Woredas such as **Tsimbla, Tahtay Adiyabo**, and **Seyemti Adiyabo** face terrain-related barriers and seasonal disruptions that limit access to services and gatherings. During the rainy season, roads become muddy and impassable, and facilitators often return to their places of origin, creating gaps in continuity.

Despite these challenges, TWG FGDs reported strong community demand and creative adaptations such as bundling ECCD sessions with immunization days, market events, and school feeding programs. Printed guides, storytelling formats, and community drama were prioritized over digital media due to unreliable electricity and weak mobile networks.

Recommended Actions:
- Scale low-tech formats and printed IEC/BCC materials
- Bundle ECCD delivery with existing outreach platforms
- Provide flexible supervision and transport support
- Train additional facilitators from youth clubs, women's groups, and religious councils

Table 6: Phased Expansion Summary

Phase	Woredas	Criteria	Priority Actions
Phase 1: Consolidation	Thatay Qoraro, Asegede, Zana	High structure, full rollout, strong TWG	Deepen integration, pilot digital tools, document best practices
Phase 2: Strategic Expansion	Endabaguna, Shire, Shiraro	Urban hubs with hospitals and media access	Leverage referral platforms, expand digital content, engage private sector
Phase 3: Adaptive Support	Tsimbla, Tahtay Adiyabo, Seyemti Adiyabo	Terrain barriers seasonal disruption. strong demand	Bundle outreach, scale low-tech formats, expand facilitator pool

Lessons from four countries show that successful scale-up requires navigating complex adaptive systems, investing in workforce capacity, and embedding programs into national planning cycles[1]. Thrive by Five's TWG-led planning and woreda-level integration reflect these global lessons.

"Scaling requires systems thinking, not just program replication" ECDAN Resource, 2023.

Thrive by Five's scale-up must be sequenced, strategic, and grounded in local realities. By prioritizing operational readiness, leveraging urban infrastructure, and supporting rural adaptations, the initiative can expand sustainably ensuring that every child, in every woreda, has the opportunity to thrive.

[1] https://ecdan.org/resource/scaling-up-integrated-early-childhood-development-programs-lessons-from-four-countries/

6.2 Mechanisms for Securing Sustainable Financing

Ensuring the long-term sustainability of Thrive by Five in Northwestern Tigray requires a diverse set of financing mechanisms that balance public funding, donor alignment, community support, and strategic partnerships. While the initial rollout benefited from external collaboration, the path to institutionalization demands embedding ECCD into formal planning processes, sectoral budgets, and regional media infrastructures.
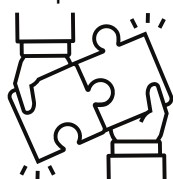
Integration into Public Budget Cycles and Sector Plans

Several woredas including **Tahtay Koraro**, **Adi Daero**, and **Laelay Koraro** have incorporated Thrive by Five into their annual health and education sector plans. ECCD activities are now reflected in school improvement strategies, HEW outreach calendars, and cluster supervision schedules. However, in most woredas, formal budget lines have yet to be assigned.

To shift Thrive by Five from a project to a systemic intervention, it should be embedded in:

- **Sectoral planning cycles** including HEP activities, O-Class routines, and nutrition days
- **Joint supervision checklists** across TWGs and multisectoral technical groups

This approach aligns with the *ECCDE Framework* and *HSTP-II* mandates to finance integrated ECCD interventions through recurrent service channels.
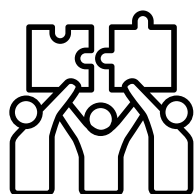
Donor Alignment and Blended Financing Strategies

Global evidence from UNICEF's *Early Childhood Financing Toolkit*, the *EY–Ashoka Sustainable Finance Framework*, and the *THRIVE Initiative* underscores the value of blended approaches where donor support complements domestic financing. Thrive by Five can tap into:

- **Pooled funding mechanisms for integration and scale-up** coordinated among IRC, GAVI, and Minderoo

TWGs in Zana and Shire specifically suggested aligning Thrive by Five financing with nutrition, immunization, and child protection envelopes already supported by donors.
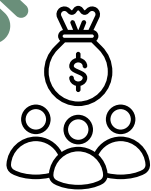
Community Co-Financing and Local Government Buy-In

Across all woredas, community actors including PTAs, religious leaders, and youth groups have contributed venues, time, and facilitation support to Thrive by Five activities. In Tsimbla, Tahtay Adiyabo, and Maekel Adiyabo, TWGs documented spontaneous offers by caregivers to sustain Listening Circles and storytelling sessions.

To formalize this momentum, Thrive by Five should:

- Encourage **community co-financing** via in-kind contributions and neighborhood funds
- Mobilize **local champions** to advocate for Thrive by Five in woreda council sessions
- Promote ECCD resolutions through **TWG-led advocacy platforms**
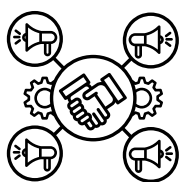
Strengthening Media Partnerships for Content Sustainability

Thrive by Five's success in mass communication has hinged on robust collaboration with **regional media outlets** notably **Dimtsi Weyane (DW)**, **Tigray Radio and TV**, and **Gere Emun Productions**. These partners contributed to:

- **Development and airing** of 15 thematic radio episodes and 13 drama-based video clips
- **Cross-platform dissemination** via radio, television, social media, and community screenings
- **Localization and dramatization** of Thrive By Five activities through culturally resonant formats

To maintain and expand this partnership, the initiative should:

- Advocate for **co-financed slots** on DW and Tigray TV programming calendars
- Integrate Thrive by Five initiative into existing talk shows, drama serials, and public service content
- Build long-term contracts with Gere Emun to develop new story-driven media linked to ECCD domains

"The radio and TV series helped us understand parenting better. We hear the stories and remember the lessons" Caregiver, Endabaguna.

Integration into Pre-Service Education for ECCD Professionals

To ensure long-term sustainability and institutional ownership, Thrive by Five content should be integrated into **pre-service curricula** offered by teacher education colleges and universities specializing in **Early Childhood Care and Development (ECCD)**. This approach not only enhances instructional quality but also embeds the program into formal training pipelines—aligning with national workforce strategies outlined in the *ECCDE Framework and Education Sector Development Programme (ESDP-VI).*

Across Northwestern Tigray, direct service providers trained through Thrive by Five have utilized a robust toolkit including:

- TOT manuals and participant workbooks
- Listening Circle Facilitator Guide
- Game Bank enriched with proverbs, local stories, and dramatic role-play
- Culturally resonant IEC/BCC materials and visual aids

These resources provide ready-to-integrate material for pedagogical courses, methodology modules, and practicum preparation for ECCD graduates. TWGs in **Adi Daero**, **Tahtay Qoraro**, and **Laelay Qoraro** have expressed interest in transitioning trained facilitators into mentoring roles within pre-service institutions.

"Our ECCD graduates need field-tested tools. Thrive by Five shows what works with families"
TWG Member, Laelay Koraro.

Recommended Action:

- Collaborate with regional education colleges to formally integrate Thrive by Five content into ECCD diploma and degree tracks
- Align modules with national teacher competency frameworks and practical field training requirements
- Engage Bureau of Education curriculum committees for endorsement and rollout

This strategy also strengthens financing by positioning Thrive by Five within **government-funded education pipelines**, reducing reliance on donor-driven in-service models and reinforcing long-term workforce readiness.

Table 7: Sustainable Financing and Institutionalization Mechanisms for Thrive by Five

Mechanism	Application in Tigray Context
Public budget integration	Embed ECCD into woreda health and education budgets, linked to HEP and ECCE platforms
Donor-aligned funding	Harmonize IRC, GAVI, Minderoo support with nutrition, child protection, and immunization campaigns
Community co-financing	Formalize in-kind support from PTAs, youth clubs, and religious groups; mobilize ECCD advocates locally
Media partner investment	Secure co-produced content slots with DW, Tigray TV and Radio, and Gere Emun for ongoing ECCD messaging
Pre-service education integration	Incorporate Thrive by Five tools into ECCD college curricula and teaching practicum; align with national frameworks
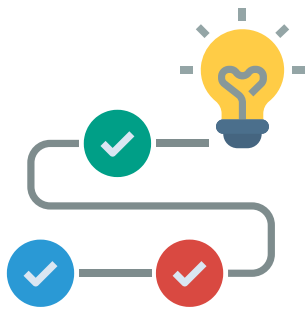
7. Conclusion and Recommendations

7.1 Summary of Key Findings: Thrive by Five Implementation

Thrive by Five's rollout across twelve woredas in Northwestern Tigray revealed strong uptake, strategic alignment with local systems, and scalable delivery formats. The following findings highlight how Thrive by Five performed across its core components content, facilitation, media, and institutional anchoring.
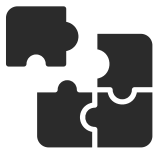
Integration into Sectoral Routines

Thrive by Five was successfully embedded into existing health, education, and community platforms:

- **Health**: ECCD prompts were integrated into HEW routines, postnatal visits, and nutrition outreach, complementing Zero Dose tracking and maternal-child health campaigns.
- **Education**: Thrive by Five activities such as *Drawing me, drawing you* and *Riddles help children learn* were incorporated into O-Class schedules, school feeding programs, and teacher supervision routines.
- **Community**: ECCD messaging was delivered through PTAs, religious gatherings, and food distribution events, leveraging existing social infrastructure.

"Thrive by Five strengthens immunization. We lacked tools to connect health and stimulation" KII, Seyemti Adiyabo.

Community Engagement and Peer Facilitation

- 513 stakeholders trained, including 54 HEWs, 62 ECCD teachers, 373 community representatives, and 24 technical trainers.
- 20 Listening Circles established across all woredas, engaging over 600 caregivers in guided peer sessions.
- Facilitators used the Tigrigna-language Listening Circle Guide, storytelling modules, and culturally adapted visuals to promote playful routines and behavioral reflection.

"Listening circles helped us understand how to play with our children. We learn from each other" Caregiver, Zana.

Multi-Platform Media Dissemination

Thrive by Five's media strategy extended reach and reinforced messaging:

- 15 radio episodes and 13 drama-based video clips aired via Dimtsi Weyane, Gere Emun, , Tigray radio, and Telegram, reaching over 1 million viewers across Tigray.
- IEC/BCC materials including posters, brochures, and visual aids were distributed to HEWs and ECCD teachers.
- Caregivers in urban centers accessed content via Facebook, YouTube, and community screenings, while rural facilitators used printed guides and storytelling formats.

"The drama helped my child open up. Now he tells stories and asks questions" Caregiver, *Tsimbla.*

Pre-Service Education Integration Potential

A strategic opportunity emerged to embed Thrive by Five into pre-service ECCD training:

- Institutions such as Adwa Teachers College and Axum University offer diploma and degree programs for ECCD graduates.
- Thrive by Five tools Game Bank, facilitator guides, and IEC/BCC materials—are well-suited for inclusion in teaching methodology, practicum modules, and community engagement coursework.

"Our ECCD graduates need field-tested tools. Thrive by Five shows what works with families" TWG Member, Laelay Koraro.
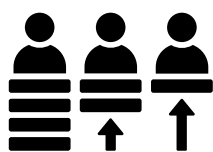
Equity and Adaptability

Thrive by Five prioritized inclusive access:

- **Modular content** adaptable to caregiver literacy, gender roles, and cultural norms.
- Inclusion of **fathers**, **extended families**, and **community influencers** in ECCD messaging.
- Delivery formats were tailored to terrain-challenged woredas (e.g., Tsimbla, Seyemti Adiyabo) using low-tech formats like storytelling and drama.
- Urban hubs (e.g., Shire, Sheraro, Endabaguna) leveraged hospitals, media access, and semi-formal caregiver forums for wider dissemination.

7.2 Final Recommendations for Integration and Scale-up of Thrive by Five

Thrive by Five has demonstrated strong uptake across Northwestern Tigray, with over 500 trained stakeholders, 30 active listening circles, and media content reaching more than 1 million viewers. To transition from pilot to embedded system, the following recommendations outline strategic actions for institutional integration, multisectoral accountability, and sustainable expansion.

Institutional Embedding into Government Systems and Routines

- Integrate **Thrive by Five tools and activities** into the annual work plans, supervision schedules, and sector-specific routines of Health and Education bureaus.
- Codify Thrive by Five facilitation roles within **HEW responsibilities**, **teacher job descriptions**, and **school feeding program delivery**.
- Align Thrive by Five's five domains (Talk, Connect, Play, Community, Healthy Home) with existing health, nutrition, and education indicators used in woreda-level planning.

Pre-Service Education Pathway for Thrive by Five Integration

- Collaborate with regional institutions such as Adwa Teachers College, Axum University, Abi-Adi College of Teachers and Leadership, Araya Kahasu Health College and Dr. Tewolde Health college to embed Thrive by Five's modules Game Bank, Listening Circle Guide, and participant workbook into **ECCD diploma and degree curricula**.
- Support the development of practical teaching methodology courses using Thrive by Five's culturally curated tools.
- This will generate a pipeline of educators and facilitators prepared to implement Thrive by Five upon graduation reducing reliance on external refresher training.

Media Partnership Strengthening for Continued Dissemination

- Advocate for dissemination arrangements with **Dimtsi Weyane**, **Gere Emun**, and **Tigray Radio and TV** for regular broadcasting of Thrive by Five content.
- Leverage caregiver testimonials and drama clips to normalize Thrive by Five messaging beyond the twelve pilot woredas.
- Expand Telegram, YouTube, and Facebook dissemination through structured media calendars linked to sector outreach days.

Community-Led Delivery and Facilitation Sustainability

- Expand the Listening Circle model with community actors (women's groups, youth facilitators, religious leaders) using the Tigrigna-language guide and storytelling modules.
- Create woreda-level facilitation rosters, link facilitators to existing outreach platforms (e.g. immunization, nutrition screening), and establish performance monitoring systems.
- Provide facilitators with refresher coaching, locally managed supervision checklists, and small in-kind incentives.

Multisectoral Accountability and Adaptive Learning

- Sustain monthly TWG review meetings with shared reporting templates across health, education, and community sectors.
- Develop light-touch ECCD dashboards that highlight Thrive by Five uptake, reach, and caregiver feedback.
- Encourage documentation of micro-adaptations and community innovations to inform program refinement.

Financing and Resource Mobilization for Thrive by Five Scale-Up

- Include Thrive by Five in **public budget lines**, embedded within nutrition days, ECCE expansion budgets, and community development platforms.
- Coordinate donor engagement through IRC, GAVI, and Minderoo for pooled financing of Thrive by Five content, facilitator support, and media production.
- Mobilize local councils, PTAs, and religious institutions to contribute venues, airtime, and logistical coordination to sustain the initiative.

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9. Annex

ANNEX I

Semi-Structured Interview Guide for Consultative Meetings with the Technical Working Group

Introduction

This interview guide is designed to facilitate consultative meetings with members of the Technical Working Group. The aim is to gather insights on the integration and scale-up of the Thrive by Five approach within health, education, and community sectors in the 12 target woredas.

Participant Information

- Facilitator: _____
- Date: _____
- Location: _____

Interview Objectives

- To understand government plans for the full-scale implementation of Thrive by Five.
- To identify potential entry points for integration into existing programs.
- To discuss anticipated challenges and enablers for integration.
- To gather recommendations from the technical group on integration strategies.

Interview Questions

1. What are the existing government programs and initiatives that align with the goals of Thrive by Five in this woreda?
2. What are the key challenges and opportunities for integrating Thrive by Five into existing government programs?
3. What are the potential entry points for Thrive by Five integration within the health, education, and community undertakings?
4. Who are the key stakeholders that need to be involved in the integration and scale-up process?
5. What resources are available within the woreda that can support the integration and scale up of Thrive by Five?
6. What are the potential barriers to integration and scale up, how they can be addressed?
7. What are the community's needs and priorities related to early childhood development?
8. What are the enablers to integration and scale-up and how can they be emboldened?
9. What are the existing communication channels that can be used to disseminate Thrive by Five content?
10. What strategies would you recommend for ensuring the sustainability of Thrive by Five?
11. How can the community be actively involved in the integration and scale-up process?
12. What are the key indicators that should be used to monitor the progress of Thrive by Five integration?
13. What are your recommendations for improving the Thrive by Five project?
14. Is there anything else you would like to add regarding the integration and scale-up of Thrive by Five?
15. What has been the experience of collaboration or integration between GAVI and Thrive by Five (TbF) in this woreda, if any?
16. How has learning and documentation been handled in previous integrations or collaborations (including with GAVI)?
17. Are there mechanisms in place to document lessons learned from such integration efforts?
18. What role have radio broadcasts and other social media platforms played in spreading awareness about Thrive by Five in your woreda? How can these be strengthened for future scale-up?

Conclusion

- Thank Participants: Thank everyone for their time and valuable insights.
- Next Steps: Briefly outline how the information gathered will be used and any follow-up actions.

ANNEX II

Key Informant Interview (KII) Guide for Government Officials and Experts

Introduction

This KII guide is designed to gather detailed insights from government officials in the education and health sectors, as well as experts, regarding the integration of the Thrive by Five approach in Tigray. The aim is to explore perspectives on the integration process, sustainability, and scalability of the initiative.

Interview Objectives

- To understand the current landscape of early childhood development (ECD) in Tigray.
- To identify opportunities and challenges for integrating Thrive by Five content within existing health and education systems.
- To gather insights on strategies for scaling up Thrive by Five approach.

Participant Information

- Name: _____
- Position: _____
- Organization: _____
- Date: _____

Interview Questions

- Can you provide an overview of your woreda, including the key demographics and socioeconomic conditions?

Total population:_____ male:_____ female:_____

Number of households:_____   Number children under five:_____

1. Are you familiar with the Thrive by Five program? If so, what are your initial thoughts on the potential for integrating and scaling up this initiative in your woreda?
2. What do you see as the key entry points or opportunities for integrating Thrive by Five into the existing government plans and initiatives in the education and health sectors?
3. How can the Thrive by Five program complement or strengthen the ongoing ECCD and integrated health and nutrition efforts in your woreda?
4. What do you perceive as the main challenges or barriers to effectively integrating and scaling up the Thrive by Five program in your woreda?
5. Are there any specific capacity gaps, resource constraints, or coordination issues that could hinder the successful implementation of Thrive by Five in your context?
6. How can these challenges and barriers be addressed to ensure the smooth integration and scale-up of the program? How do you work around it?
7. What are the enablers to integration and scale-up and how can they be emboldened?
8. What kind of support, resources, or technical assistance would you and your teams require to effectively integrate and scale up the Thrive by Five program in your woreda?
9. What specific strategies or approaches would you recommend for the successful integration and scale-up of Thrive by Five in your woreda and the surrounding region?
10. What strategies would you recommend for ensuring the sustainability of Thrive by Five?
11. What are the key indicators that should be used to monitor the progress of Thrive by Five integration?
12. Is there anything else you would like to share about the potential for Thrive by Five in your woreda or any other relevant information that could inform the project's implementation and scale-up strategies
13. Are there any ongoing or past initiatives where GAVI collaborated with early childhood development or health/education programs?
14. What lessons or documentation exist from such experiences that could inform the integration of Thrive by Five?
15. How can learning documentation be systematically incorporated into the Thrive by Five scale-up process?
16. Have radio or social media messages been used to promote Thrive by Five in your woreda? If yes, how effective have they been, and what improvements would you suggest?

ANNEX III

Focus Group Discussion (FGD) Guides for Thrive by Five

FGD Guide for Service Providers

Introduction

This focus group discussion aims to gather insights from service providers about their experiences and perceptions related to the Thrive by Five approach. The goal is to identify opportunities for integration and recommendations for scaling up the initiative in Tigray.

Participant Information

- Facilitator: _____
- Date: _____
- Location: _____

Discussion Objectives

- To explore service providers' experiences with Thrive by Five.
- To identify barriers and facilitators for integration within health and education sectors.
- To gather recommendations for scaling up the initiative.

Discussion Questions

1. What has been your experience with Thrive by Five approach? How have you implemented its content in your work?
2. What types of training or resources have you received related to Thrive by Five? How effective have these been in supporting your work?
3. What challenges have you encountered while integrating Thrive by Five content into your services? Are there specific barriers related to policy, resources, or community engagement?
4. What opportunities do you see for better integration of Thrive by Five within existing health and education systems? Can you identify any successful collaborations or practices that could be expanded?
5. In your opinion, what strategies would be effective for scaling up Thrive by Five approach to additional woredas or even at regional state level? What partnerships or networks could be leveraged for this purpose?
6. What support do you believe is necessary for service providers to enhance their role in the Thrive by Five initiative? How can the initiative better support your work?
7. What strategies would you recommend for ensuring the sustainability of Thrive by Five?
8. What are the key indicators that should be used to monitor the progress of Thrive by Five integration and scale-up?
9. Have you observed any collaboration or shared work between GAVI and Thrive by Five or similar programs?
10. In your experience, how can learning and documentation be improved to capture integration efforts and outcomes?
11. Have you seen or heard any messages about Thrive by Five on the radio or social media? How do these messages support your work or reach the community?

Conclusion

- Summary of Key Points: Recap of the main insights shared during the discussion.
- Thank Participants: Thank everyone for their contributions and valuable insights.

ANNEX IV

FGD Guide for Parents/Caregivers

Introduction

This focus group discussion aims to gather insights from parents and caregivers about their experiences and perceptions of the Thrive by Five approach. The goal is to identify their needs and recommendations for integration and scale-up.

Participant Information

- Facilitator: _____
- Date: _____
- Location: _____

Discussion Objectives

- To explore parents' and caregivers' experiences with Thrive by Five.
- To understand their perceptions of child development support.
- To gather recommendations for improving and scaling the initiative.

Discussion Questions

1. How did you first learn about Thrive by Five initiative? What aspects of the program have you participated in?
2. What has your experience with the content and resources provided? How helpful have these resources been in supporting your child's development?
3. What changes have you noticed in your child's development since engaging with Thrive by Five? Can you share specific examples of improvements in areas such as physical, cognitive, or social-emotional development?
4. What challenges do you face in implementing Thrive by Five practices at home? Are there barriers related to knowledge, resources, or community support?
5. What additional support or resources would help you better implement the Thrive by Five activities? How can the initiative better engage with parents and caregivers?
6. In your opinion, what strategies would be effective for expanding the Thrive by Five approach to more families in your community? What role do you think community leaders, HEWs and Educators could play in this process?
7. What strategies would you recommend for ensuring the sustainability of Thrive by Five?
8. What are the key indicators that should be used to monitor the progress of Thrive by Five integration and scale-up?
9. Have you heard of any health or education programs (like those supported by GAVI) working with Thrive by Five? If yes, how was that experience for your child or community?
10. Have you received any information about Thrive by Five through radio programs or social media? If yes, what did you think of them, and how helpful were they?

Conclusion

- Summary of Key Points: Recap main insights shared during the discussion.
- Thank Participants: Thank everyone for their contributions and insights.

ANNEX IV

FGD Guide for Parents/Caregivers

Introduction

This focus group discussion aims to gather insights from parents and caregivers about their experiences and perceptions of the Thrive by Five approach. The goal is to identify their needs and recommendations for integration and scale-up.

Participant Information

- Facilitator: _____
- Date: _____
- Location: _____

Discussion Objectives

- To explore parents' and caregivers' experiences with Thrive by Five.
- To understand their perceptions of child development support.
- To gather recommendations for improving and scaling the initiative.

Discussion Questions

1. How did you first learn about Thrive by Five initiative? What aspects of the program have you participated in?
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7. What strategies would you recommend for ensuring the sustainability of Thrive by Five?
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10. Have you received any information about Thrive by Five through radio programs or social media? If yes, what did you think of them, and how helpful were they?

Conclusion

- Summary of Key Points: Recap main insights shared during the discussion.
- Thank Participants: Thank everyone for their contributions and insights.

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