

IMPLEMENTATION MANUAL

Improving the quality of
child-care centres through
supportive assessment and
'communities of practice'

March 2022



Contents

Acknowledgements	5
Contributions	5
Introduction	6
Background: The development of the Community of Practice programme	6
The purpose of this manual	10
How to use this manual	10
How was this manual developed?	11

SECTION 1

Setting up the CoP Programme. 13

Setting up the CoP Programme	14
Step 1.1: Setting up the CoP programme: Initial Activities	16
Step 1.2. Setting up the CoP Programme: Mapping Childcare Providers.	18
Step 1.3: Setting up the CoP Programme: Planning for delivery	18

SECTION 2

Delivering the CoP Programme Training 19

Preparing for training community volunteers	20
Procedures, techniques, and approaches for the delivery of the CoP programme	20
Delivering the CoP Programme Training	22
Community Volunteers Induction Session	22
Delivering Training Modules	27
Generic Training Facilitation Guide	27
Example programmes for training modules	28

SECTION 3

Delivering Group Sessions and Supportive Supervision

Visits with Childcare Providers 39

Preparing for CoP Group Sessions with Centre Providers	40
Procedures, techniques, and approaches for the delivery of the CoP programme	40
Delivering CoP Sessions	43
Generic Group Facilitation Guide	43
Example programmes for CoP modules	44
Conducting supportive supervision	50

SECTION 4**The four modules: Content for training and CoP sessions53**

MODULE 1: LEARNING THROUGH PLAY	54
Module Planning: Learning through play	54
Trainers notes: Learning through play	55
Learners summary handout: Learning through play	63
MODULE 2: CHILD SAFETY	66
Module Planning: Child Safety	66
Trainers notes: Child abuse and child protection	67
Summary Handout: Child Abuse and Child Protection	78
Summary Handout: Positive Discipline.	81
ANNEX I	83
Handout: Challenges in providing healthy nutrition to children with disabilities	83
Sensory issues	83
Oral motor issues	83
Behavior issues	83
Medical issues	84
ANNEX II	86
MODULE 3: BUSINESS ADMINISTRATION.	87
Module Planning: Business Administration	87
Trainers Notes: Introduction to business skills 1	88
Trainers Notes: Introduction to business skills 2	91
Learners Summary Handout: Introduction to business skills	93
MODULE 4: HEALTH, WASH AND NUTRITION	97
Trainers Notes: Nutrition	98
Trainers Notes: Nutrition – responsive feeding	101
Trainers Notes: Health – water, sanitation and hygiene	104
Trainers Notes: Immunization and first aid	109
Summary Handout: Nutrition	114
Summary Handout: Hygiene and Sanitation	116

Acknowledgements

The African Population and Health Research Centre (APHRC) in collaboration with the University of York and Kidogo Early Years conducted the Nairobi communities of practice study on which this manual is based. With thanks to the British Academy who funded the study and development of this manual by the research team. Many of the materials included within this manual are based on Kidogo's original early childhood development training materials.

The research teams' appreciation goes to the community health volunteers, community health assistants, childcare centre providers and the parents of the children in our research sites of Korogocho and Viwandani, Nairobi. Their commitment to delivering the communities of practice intervention and their insights provided into its feasibility and scale up have been invaluable.

Our thanks also goes to the Ministry of Health and Ministry of Education, Nairobi metropolitan service health and education teams, Ruaraka and Makadara sub-County Health and early childhood development teams. We acknowledge the Action Foundation for having contributed the content on inclusion and care for children with special needs. The study and the development of this manual would not have been possible without their leadership, engagement, and support.

Contributions

This implementation manual was developed by: Margaret Nampijja, Patricia Kitsao-Wekulo, Patrick Amboka and Linda Oloo (APHRC); Helen Elsey, Anna Ray, Mary Abboah-Offei and Jinshuo Li (University of York); Martin Kiyeng, Sammy Murimi, Agnes Unzungu, Josephine Odhiambo, Linet Kaloki, Violet Kemunto (Kidogo); Maria Omare (Action Foundation) and Fridah Kungania, Constance Imbugwa, Judith Chepkemoi and Desmond Wafula (Ruaraka and Makadara Sub-County). The illustrations were produced by Daniel Macharia (Kidogo).

Introduction

Globally, there is a rapidly increasing number of childcare centres in response to the increased demand, resulting from the increasing proportion of women engaging in formal and informal employment. However, many childcare centres in low-income settings do not meet the minimum standards of care, including national standards in Kenya. Therefore, many children are at risk of receiving inadequate care and nurturing during this critical period of their development, which will in turn negatively impact on their future learning and wellbeing.

Within informal settlements in Nairobi, community health, child protection and education workers and volunteers are a valuable resource to ensure that the health, development and safety of the children in these childcare centres is promoted and protected.

This manual provides a guide to implementing a programme to enable community volunteers and workers to support those running and working in childcare centres (centre providers), particularly informal centres in urban poor neighbourhoods.

The manual includes:

1. An outline for a 4.5 day training programme for community volunteers (e.g. CHVs) that can be delivered by community workers (e.g. CHAs)
2. A guide to support community volunteers to run regular 'Community of Practice' group sessions with childcare centre providers
3. A guide and simple quality checklist for community volunteers to use in regular supervisions to the childcare centres in their areas
4. Simple resources that can be copied and shared with the centre providers to support them improve practices in their centres.

Background: The development of the Community of Practice programme

In 2021, the African Population and Health Research Centre in collaboration with the University of York and Kidogo conducted research to understand how best childcare centre providers could be supported to improve the quality and running of their centres in two informal settlements in Nairobi (Korogocho and Viwandani). The study found that only 9% of centre providers in small, home-based, informal childcare centres had received any support before and only 20% had any form of training in early childhood development (ECD) compared to over 70% of providers in larger, school and faith-based childcare centres.

Subsequently, the researchers worked with centre providers, parents, government and early childhood development experts to design a supportive assessment and skills building programme. The programme draws on the 'community of practice' (CoP) approach which brings people together to share their knowledge and experience. The research found that the intervention could feasibly be delivered by CHAs and CHVs and was appreciated by the centre-care providers.

Who is the COP programme targeted at?

The programme has been designed to be delivered at scale within informal settlements and poor urban neighbourhoods in Kenya. It is designed so that community workers and volunteers at the sub-County and County can deliver the programme as part of their routine work. The programme is aimed at people running informal childcare centres in their own home or small rented property in poor urban neighbourhoods and informal settlements. The CoP programme is particularly for informal childcare centres that may not receive support from any other source.

How does the COP programme work?

Within the COP programme, community volunteers, such as CHVs, are trained to provide group sessions with childcare providers and supportive visits to childcare centres to improve health and childhood development practices.

The volunteers are trained by community workers, such as CHAs, and once trained, the CHVs run CoP sessions centre providers on each of the topics covered in the training. During the sessions, one or more community volunteers facilitate the childcare providers to their share experiences and knowledge and learn from each other. In between the regular group sessions, the community volunteers visit each child-care centre in their catchment area to share any further advice and to support and enable childcare providers to put their learning into action. A month by month overview of the CoP programme is provided in Table 1.

The topics covered in the training provided by the community workers (e.g. CHAs) and then covered in the CoP sessions and visits by the CHVs are¹:

1. Learning through play
 - ◆ Types of play
 - ◆ Importance of play to growth and development
 - ◆ How to promote play in early childhood settings
2. Nutrition and Health
 - ◆ Balanced diets
 - ◆ Responsive feeding
 - ◆ Common childhood diseases
 - ◆ Water, sanitation and hygiene
 - ◆ Immunizations
 - ◆ First Aid
3. Child Safety
 - ◆ Causes and effects of child abuse
 - ◆ Signs of child abuse
 - ◆ Child protection
 - ◆ Positive discipline
4. Business administration
 - ◆ Income and expenditure
 - ◆ Budgeting
 - ◆ Finance tracking

¹ Many of the resources used within the training are based on materials and resources developed by Kidogo Early Years. For more information about Kidogo's work please visit www.kidogo.org.

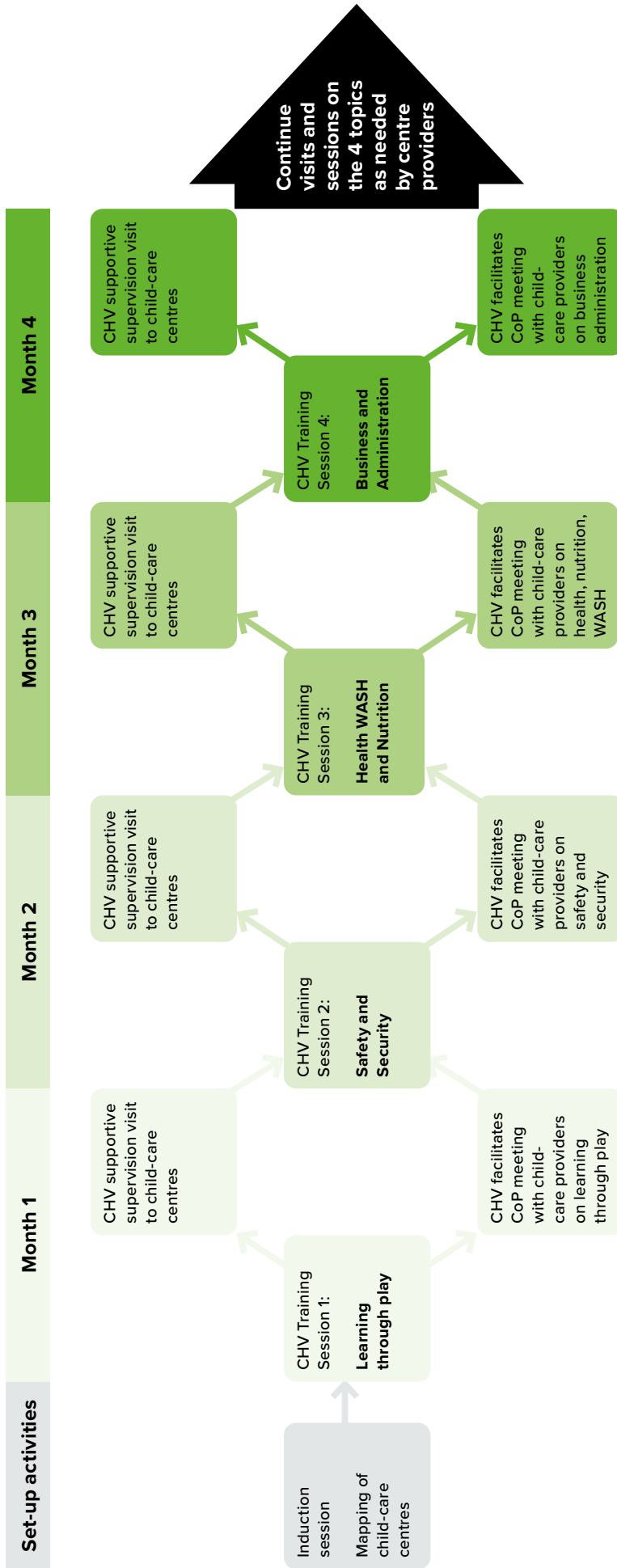


Figure 1: The Process

Table 1: Overview of CoP programme

Timeline	Key activities to complete
Month 1	<p>Set up activities including:</p> <ul style="list-style-type: none"> ■ Project approvals ■ Stakeholder engagement ■ Adjusting and adapting materials and resources ■ Overall project planning
Month 2	<ul style="list-style-type: none"> ■ Induction session with CHVs including training on overall CoP approach, purpose, and supportive assessment. ■ CHVs engage interested centre providers ■ CHVs conduct first quality assessment with centre providers ■ CHVs timetable first CoP session with centre providers
Month 3	<ul style="list-style-type: none"> ■ Train CHV's in Learning Through Play Module ■ CHVs to hold 1st group session with centre providers ■ CHVs to conduct their 1st supportive supervision assessment visit ■ CHAs and CHVs to discuss emerging issues and plan for specific action if required (i.e., more information or immunization drive)
Month 4	<ul style="list-style-type: none"> ■ Train CHV's in Nutrition and Health Module ■ CHVs to hold 2nd group session with centre providers ■ CHVs to conduct their 2nd supportive supervision assessment visit ■ CHAs and CHVs to discuss emerging issues and plan for specific action if required (i.e. more information or immunization drive)
Month 5	<ul style="list-style-type: none"> ■ Train CHV's in Child Safety Module ■ CHVs to hold 3rd group session with centre providers ■ CHVs to conduct their 3rd supportive supervision assessment visit ■ CHAs and CHVs to discuss emerging issues and plan for specific action if required (i.e. more information or immunization drive)
Month 6	<ul style="list-style-type: none"> ■ Train CHV's in Business Administration Module ■ CHVs to hold 4th group session with centre providers ■ CHVs to conduct their 4th supportive supervision assessment visit ■ CHAs and CHVs to discuss emerging issues and plan for specific action if required (i.e. more information or immunization drive)
Month 7 (and ongoing)	<ul style="list-style-type: none"> ■ CHV's continue to provide supportive assessment to centre providers ■ CHV's continue CoP group sessions with providers sharing learning, experiences, problem solving and supporting sustained changes. ■ Monitoring and evaluation of programme considering lessons learnt and scaling up to other communities.

The purpose of this manual

This manual describes the processes and activities involved in delivering the CoP programme and brings together the resources required to deliver the training of community volunteers (e.g. CHVs), run the community of practice group sessions and provide supportive visits to child-care providers to improve the quality of childcare provision in informal settlements. This manual should be used as a starting point and the activities and process can be adapted so that it fits within the routine work of community workers and volunteers in different cities and countries.

The manual does not provide detailed training on early childhood development or child health. To deliver the programme we recommend that you link up with other organisations such as the County health and ECD teams. Kidogo Early Years can provide more detailed training on ECD and running childcare centres for community members and for professionals².

How to use this manual

This manual has 5 main sections, all of which are equally important for establishing and delivering the CoP programme.

Section 1: Setting up the CoP programme

This section is designed to help coordinators plan the delivery of the CoP programme. This includes consideration of the competencies of the people involved in delivering the programme, resource requirements, coordinating arrangements and appropriate timelines.

Section 2: Delivering the training for community volunteers

This section is aimed at the community workers (e.g. CHAs, ECD and child protection officers and other health professionals). It includes techniques and approaches to train community volunteers to run the CoP sessions and provider supportive visits to childcare centres. It provides the information required to plan and deliver each of the four modules; learning through play, nutrition and health, child safety and business administration. It also provides information on an induction session for community volunteers. Here you will find information on module planning which includes example programs to support CHA's (or equivalent) plan the training session to be delivered.

Section 3: Delivering CoP sessions and supportive visits for childcare centre providers

This section is aimed at the community volunteers and includes guidance on organising and facilitating the CoP sessions and making supportive visits to the childcare centres in their catchment area. Here community volunteers will find information on how to plan and deliver the COP sessions including example programs and principles for delivery.

Section 4: The four topics: content for training and CoP sessions

This section provides an outline of the content to be included in the training sessions for the Community volunteers. The details of each topic can serve as a reference for the community volunteers when they deliver the CoP sessions and supportive visits to the childcare providers.

² For more information about Kidogo's work please visit www.kidogo.co or contact info@kidogo.co

Within each module you will find information on:

- **Trainer's notes:** Detailed notes to assist the trainer to deliver the content of the session
- **Handouts:** Short notes, posters, and other resources to be given to the community volunteers to share with centre providers during the CoP sessions and childcare centre visits.

All information in section 2 is colour coded (blue or yellow) to help the manual user identify the purpose of the information.

How was this manual developed?

This implementation manual draws on the lessons learnt through the implementation of the University of York's and the African Population and Health Research Centre study on quality of childcare provision in informal settlements in Nairobi. The materials used in the study have been adjusted and adapted according to the findings and lessons learnt from the study to increase the usability and feasibility of the resource. Many of the resources used are based on materials and resources developed by Kidogo Early Years.³

³ For more information about Kidogo's work please visit www.kidogo.co or contact info@kidogo.co

SECTION 1

Setting up the CoP Programme

This section is designed to help coordinators plan the delivery of the CoP programme.



Setting up the CoP Programme

The flow diagram below outlines the key steps that are required in setting up, delivering, and evaluating the CoP programme in a new setting/community. Each aspect of setting up the CoP programme will be explored in more detail throughout section 1.

Step 1.1: Setting up the: Initial Activities

- Acquire the relevant approvals to undertake the CoP programme in the community
- Establish the team required to coordinate, monitor and deliver the CoP programme
- Engage all relevant stakeholders to input into the design and delivery of the CoP programme.
- Agree on the roles and responsibilities for all stakeholders involved in coordinating, training, delivering or monitoring the CoP programme
- Agree on the communities in which the CoP programme will be delivered



Step 1.2: Setting up the: Mapping of Childcare Providers

- Provide an initial induction session to CHVs about the CoP programme. Train CHVs on the use of a simple quality assessment tool.
- CHV's to identify the child-care centre providers within the selected communities. These could be very informal, e.g. where someone looks after other people's children on a regular basis for a payment.
- CHV's to inform childcare centre providers about the CoP programme. Incorporate those interested in being involved into the project.
- CHV's to perform a simple baseline assessment of the quality of the child-care centres.



Step 1.3: Setting up the: Planning for delivery of the CoP programme

- Plan for when, where, and how CHV training will be delivered.
- Develop a training timeline for when the sessions will be delivered.
- Review the training materials. Adapt and adjust these according to the needs of the community (informed by baseline quality assessments and stakeholder knowledge)
- Print sufficient copies of the materials for CHV's to share out in the CoP group sessions with child-care providers



Step 2.1 Delivering the: Training the CHV's in the module content

- Train the CHV's in the core content of the modules. Involve local experts such as the CHAs, child protection and ECD officers, health and nutrition professionals to deliver this training ensuring the trainers have sufficient knowledge to support others going forwards.
- Train the CHV's in how to deliver the CoP group sessions with the centre providers
- Train the CHV's in how to provide supportive assessment and ongoing support to the centre providers



Step 2.2 Delivering the: CoP group sessions

- Facilitating CoP group sessions for childcare providers focussing on the content of core modules. Provide them with handouts, notes and resources to refer back to.
- CHVs to provide supportive assessment and supervision visits to the childcare providers on an ongoing basis to support the implementation of learning into action and sustain improvements in childcare.
- CHVs reflect on/discuss with other CHVs and CHAs any actions that need to be taken as a result of emerging issues from CoP group sessions e.g. immunisation camps, provision of further information.



Step 2.3 Delivering the: ongoing monitoring and evaluation

- Undertake simple follow up assessments of the quality of childcare being delivered by participating providers. Consider what these findings tell us for further development of the CoP programme.
- Track the number of childcare providers involved in the , and number of community volunteers which remain engaged.
- Collect feedback on the CoP programme from those involved. Consider how it can be adapted, improved and scaled up.



Step 2.4: Scaling up

- Considering the monitoring, evaluation and learning extracted from delivering the CoP programme to date, consider how the CoP programme may be scaled up and expanded to other communities. What changes and improvements may need to be made?
- Consider how the providers already trained can be supported to sustain improved quality of childcare over the long term. How can their skills be used to support others in the community?

Step 1.1: Setting up the CoP programme: Initial Activities

Seeking approvals

Before initiation of the CoP programme, it is important to seek approval from the relevant organisations and stakeholders to proceed with the project. Which organisations need to be approached will be different in each setting.

Human resources, role and responsibilities

Stakeholder engagement is essential to build consensus on how to deliver the CoP programme in an effective and sustainable way. It is important that all key stakeholders are able to contribute to the design and delivery of the CoP programme, focussing on what will work in the context of the chosen communities.

It is important to determine which people/organisations are appropriate, available and able to coordinate and deliver the CoP programme. Roles and responsibilities may fall to different individuals and groups in different settings depending on local agreements. Below is a list of roles which are essential for the delivery of the CoP programme, alongside which are a list of competencies it is helpful for those holding the role to possess.

Table 1: Human resource requirements for the community of practice programme

Role	Responsibility	Competencies required
Coordinating authority	<ul style="list-style-type: none"> ■ Stakeholder engagement including initiating and maintaining engagements with training providers/supervisors ■ Overall responsibility for planning the delivery of the CoP programme. ■ Overall responsibility for collation and interpretation of monitoring and evaluation materials 	<ul style="list-style-type: none"> ■ Existing connections and relationships with key stakeholders required for delivery of the CoP programme. ■ Ability to project manage including planning and coordinating activities related to the CoP programme across all communities involved. ■ Basic data interpretation skills ■ Ability to collaborate to problem-solve for continuous improvement and scale up of the CoP programme
Topic experts (e.g. early childhood education experts, Kidogo, CHAs, health professionals, nutritionists)	<ul style="list-style-type: none"> ■ Review and update as required relevant training materials according to their area of expertise ■ Deliver training to trainers 	<ul style="list-style-type: none"> ■ Has up to date knowledge of one (or multiple) modules (i.e., nutrition) to be able to train the trainers (community workers). ■ Is familiar with the context of the communities in which training will be delivered ■ Able to provide clear and relevant training in their topic area.

Role	Responsibility	Competencies required
<p>Community Workers</p> <p>(e.g. CHAs or other supervisors of the community volunteers)</p>	<ul style="list-style-type: none"> ■ Support and supervise those delivering CoP group sessions to childcare providers ■ Monitoring and evaluation activities including documenting long-term engagement of trainers 	<ul style="list-style-type: none"> ■ Has a good working understanding of the topics covered in the training ■ Has a supportive approach to supervision of the volunteers, able to maintain motivation and address queries or concern ■ Able to collate and interpret basic monitoring and evaluation data for the CoP programme to advise on improvements that could be made
<p>Community volunteers</p> <p>(e.g. CHVs or child protection volunteers or other childcare supporters)</p>	<ul style="list-style-type: none"> ■ Receive training on key topic areas ■ Facilitate CoP group sessions to childcare providers ■ Undertake simple quality assessments of childcare settings ■ Undertake supportive supervision visits to childcare providers 	<ul style="list-style-type: none"> ■ Ability to understand all training materials to a sufficient standard to be able to teach others ■ Confidence, verbal, and literacy skills to be able to relay knowledge on modules to childcare providers ■ Supportive (rather than punitive) attitude to childcare providers, encouraging them to improve quality of childcare ■ Trusted by childcare providers ■ Ongoing connections with childcare providers in the communities to undertake follow up visits
<p>Centre Providers</p> <p>(e.g., home based child-cares, faith-based organizations)</p>	<ul style="list-style-type: none"> ■ Attend and engage with training provided ■ Implement learning into action within their childcare setting to improve quality ■ Engage with supportive assessment visits 	<ul style="list-style-type: none"> ■ Provides childcare services within the relevant community and interested in participating in the community of practice and improving their practice ■ Able to attend regular group sessions and happy for the community volunteer to visit and support putting learning into practice

Step 1.2. Setting up the CoP Programme: Mapping Childcare Providers

Once CoP programme coordinators have chosen relevant communities in which to deliver the CoP programme, the childcare providers within that community need to be identified and offered the opportunity to participate in the CoP programme. The childcare providers could be very informal, e.g. where someone looks after other people's children on a regular basis for a payment. It is this type of childcare provider that will need the support of the CoP programme the most.

The mapping process will be facilitated by CHVs or other community volunteers, who can approach child-care providers, inform them of the CoP programme and incorporate interested providers into the project.

CHV's can also conduct a simple baseline assessment of the quality of the child-care centres at this visit using Tool 2 (see section 2). This tool can be adapted and adjusted to collect the data required relevant to the community context. Tool 2 will be used by CHV's on return visits to track progress over time and help to tailor support to the childcare providers on specific areas of weakness.

CHV's must be inducted into the CoP programme and trained on the use of the tool. See section 2 for a detailed induction programme and an example of Tool 2.

Step 1.3: Setting up the CoP Programme: Planning for delivery

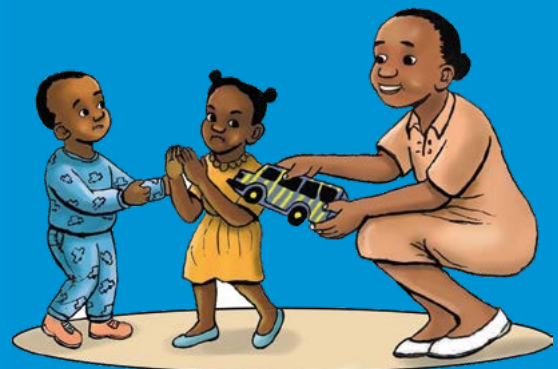
The community of practice programme will require tailoring to the specific context of the childcare providers in each community. Local stakeholders may be aware of an acute need for these childcare providers to receive advice and support on a specific topic, or they may wish to prevent duplication of previous training or supportive interventions. It is therefore important to adjust the training materials and time allocated to training according to the specificities of the community.

It is important to develop a plan of when, where and how training of CHVs will take place. Tools are provided in Sections 2 and 3 to equip CHA's and CHV's plan and deliver sessions.

SECTION 2

Delivering the CoP Programme Training

This section is aimed at the community workers (e.g. CHAs, ECD and child protection officers and other health professionals)



Preparing for training community volunteers

Procedures, techniques, and approaches for the delivery of the CoP programme

The CoP programme training is delivered by community workers (e.g. CHAs) and other sub-county, County staff or those from other organisations (e.g. NGOs) with expertise in health, nutrition, early childhood development and child protection.

The training participants are the community volunteers (e.g. CHVs) who will facilitate the CoP sessions with child-care providers and supportive visits to their centres.

Planning the training programme

1. Space out the training sessions such as tackling one topic per month. This will allow CHVs to conduct CoP group sessions with centre providers between each module taught.
2. Dedicate each training session to a specific topic. Topics are likely to need to be taught over 2 or 3 half days (see template programmes).
3. Each training session should be facilitated by topic experts with an understanding of the local context.
4. Use a range of methods to impart learning including theory, group work, discussions and role plays. Encourage participation of all members.
5. Allow time for the participants (e.g. CHVs) to practice facilitating a group session made up of other CHVs during the training so they build their facilitation skills.
6. Ensure that those trained have sufficient training materials to be able to run the CoP group sessions with the centre providers including short notes, handouts and visual aids.
7. Use simple and clear language to teach. Collectively decide which language will be used to teach in to ensure that all learners will be able to understand and contribute.

The following tool can be used by CHA's (or equivalent) to help plan their training sessions.

Tool 1: Training planning tool for CoP course organisers (e.g. CHAs)

Name of Community:					
Training of CHVs					
Activity	Responsible Person(s)	Time required to deliver training**	Venue	Resources required including handouts	Training Dates
Induction session*		Suggested 1 x half day			
Learning through play*		Suggested 2 x half days			
Child Safety*		Suggested 2 x half days			
Business administration*		Suggested 2 x half days			
Health, WASH and Nutrition		Suggested 2 x half days			

*Priority sessions as teaching material currently not covered in CHV training.

**Timings are suggestions only. These training sessions may need to be shortened or extended to meet the learning needs of attendees.

Delivering the CoP Programme Training

Community Volunteers Induction Session

It is important that an initial induction session is arranged with the community volunteers (e.g. CHVs) *before* they approach childcare centres.

The objectives of this induction session should be to:

- Orientate CHV's to the CoP programme
- Briefly highlight the importance of the 4 module topics
- Train CHV's to do an introductory visit to each centre-provider in their patch including the use of the supportive supervision assessment tool (tool 2)
- Explore the principles of how to conduct a CoP session
- Explore the principles of how to conduct a supportive supervision session

Example programme for community volunteers' induction session (1 half day)

Activity	Notes
Introductions	<ul style="list-style-type: none"> ■ CHVs to introduce themselves ■ All members of CoP project team to introduce themselves and explain their role
Orientation to the CoP programme	<ul style="list-style-type: none"> ■ Explore the current issues of low-quality childcare in the community, explain that any form of paid childcare provider can be included, CHVs sharing their experiences ■ Describe the purpose of the community of practice programme. ■ Provide an overview of the community of practice programme (supportive, peer-learning) ■ Provide an outline of activities involved in the community of practice programme.
Overview of Modules	<p>Provide a brief outline of the importance of the 4 key topic areas that will be covered by the CoP programme:</p> <ul style="list-style-type: none"> ◆ Learning through play ◆ Nutrition and Health ◆ Child Safety ◆ Business administration

Activity	Notes
How to do an introductory visit to a childcare centre	<ul style="list-style-type: none"> ■ Explain the key features of an introductory visit <ul style="list-style-type: none"> ◆ Introducing themselves to the centre providers ◆ Briefly explaining the community of practice programme ◆ Acquiring contact details of childcare centres wishing to be involved ◆ Determine which days/times it is best for centre providers to attend group sessions ◆ Undertaking a baseline quality assessment ■ Explore in detail how to undertake a baseline quality assessment, exploring the meaning of each element of the tool and how it can be completed. ■ Use role play to allow practice in the use of the quality assessment tool
How to conduct a CoP session with centre providers	<ul style="list-style-type: none"> ■ Overview of the ethos of CoP sessions including: <ul style="list-style-type: none"> ◆ Shared learning and open discussion ◆ Centre providers sharing experiences ◆ Ongoing support for overcoming challenges ◆ Problem solving together ◆ Imparting relevant knowledge and advice on specific topics
How to conduct supportive supervision visits	<ul style="list-style-type: none"> ■ Overview of key principles of conducting supportive supervision visits including <ul style="list-style-type: none"> ◆ Ongoing support and advice on key topics learnt ◆ Problem solving with centre providers on how to overcome challenges ◆ Encouraging ongoing improvement ■ Discuss ongoing use of quality assessment tool for improvement, identifying areas of weakness, but not for reprimanding or discouraging childcare providers.
Close	<ul style="list-style-type: none"> ■ Discussion on any questions and concerns from CHVS about CoP programme.

To be provided to all community volunteers to undertake supportive supervision visits.

Tool 2: CoP programme supportive supervision quality assessment tool⁴

Please use this form to help you provide supportive advice to the child-care provider to improve their centres. You can compare completed forms from your visits to see any improvements and help tailor your advice to the child-care providers.

(Tafadhali tumia hii fomu ili ikusaidie kupatiana mawaidha kwa wasimamizi wa vituo vya kutunza watoto kuimarisha vituo vyao. Unaweza kulinganisha fomu ambazo umejaza kila unapotembelea wasimamizi hawa ili uone kama hali ya vituo hivyo imeimarika)




A. Child-care centre Name: (Jina la kituo cha kutunza watoto)		
B. Center provider Name: (Jina la msimamizi wa kituo cha kutunza watoto)		
C. CHV/Childcare supporter name: (Jina)		
D. Location of center (Eneo ambalo kituo hicho kinapatikana):		
E. Date of visit (Tarehe ya kutembelewa):		
F. Contact Telephone Number of Centre Provider:		
Content of CoP CoP programme and training (Yaliyomo ya uingiliaji na mafunzo ya CoP)	Observe items or ask the provider as necessary (Angalia vitu au muulize msimamizi wa kituo kama inahitajika)	Advice given by CHV on assessment (Ushauri wa CHV anapoenda kutathmini kituo)
Learning through play (kujifunza kupitia kucheza) (3 quality points (alama tatu za ubora))	<input type="checkbox"/> 1 Presence of a well labelled learning centre (Uwepo wa kituo cha kujifunza kilicho na lebo vizuri) <input type="checkbox"/> 2 Daily schedule of play times posted and utilised (Ratiba ya kila siku ya nyakati za kucheza zilizochapishwa na kutumika) <input type="checkbox"/> 3 Each child has something to play with (Kila mtoto ana kitu cha kucheza)	<input type="checkbox"/> Yes (ndio) <input type="checkbox"/> No (La)

⁴ This assessment tool is based on a similar tool used by Kidogo Early Years to assess quality of childcare providers in their network. For more info, visit www.kidogo.co or contact info@kidogo.co.

Tool 2: CoP programme supportive supervision quality assessment tool⁴

<p>Health, WASH & Nutrition (<i>Afya, WASH na lishe</i>)</p> <p>(9 quality points <i>(alama tisa za ubora))</i></p>	<p><input type="checkbox"/> 4 <i>Daily health check and knowledge of what to do if a child is unwell (kila siku anaangalia afya na anajua kitu cha kufanya iwapo mtoto ni mgonjwa)</i></p> <p><input type="checkbox"/> 5 <i>First aid kit & knowledge on use (Kitanda cha huduma ya kwanza na ujuzi wa kuitumia)</i></p> <p><input type="checkbox"/> 6 <i>Visibly displayed routine immunisation schedule (Ratiba ya chanjo inayoonekana)</i></p> <p><input type="checkbox"/> 7 <i>Availability of handwashing facility with soap in use (Upatikanaji wa kituo cha kunawa mikono inayotumika ikiwa na sabuni kando yake)</i></p> <p><input type="checkbox"/> 8 <i>Availability of clean & sufficient potties(one potty per 5 children)</i></p> <p><input type="checkbox"/> 9 <i>Centre is visibly clean (Kituo kinaonekana kisafi)</i></p> <p><input type="checkbox"/> 10 <i>Access to clean drinking water (Upatikanaji wa maji safi ya kunywa)</i></p> <p><input type="checkbox"/> 11 <i>Children have breakfast and lunch (Watoto wana kiamsha kinywa na chakula cha mchana)</i></p> <p><input type="checkbox"/> 12 <i>Food menu posted with options (Menyu ya chakula iliyochapishwa na chaguzi)</i></p>	<p><input type="checkbox"/> Yes (<i>ndio</i>)</p> <p><input type="checkbox"/> No (<i>La</i>)</p>
<p>Child Protection, Abuse, Positive Discipline and Child Safety</p> <p>(5 quality points <i>(alama tano za ubora))</i></p>	<p><input type="checkbox"/> 13 <i>Understand child protection issues (Anaelewa masuala ya ulinzi wa watoto)</i></p> <p><input type="checkbox"/> 14 <i>Able to recognize all forms child abuse (Uwezo wa kutambua aina zote za unyanyasaji/ ukaukaji wa watoto)</i></p> <p><input type="checkbox"/> 15 <i>Understand ways to discipline children without using force (Kuelewa njia za kuwaadhibu watoto bila kutumia nguvu)</i></p> <p><input type="checkbox"/> 16 <i>Understand alternatives to corporal punishment (Kuelewa njia mbadala za adhabu ya viboko- kutotumia viboko/kupiga kelele/kuchuna/ kupiga mtoto)</i></p> <p><input type="checkbox"/> 17 <i>Able to recognise the effects of child abuse (Uwezo wa kutambua athari za unyanyasaji wa watoto)</i></p>	<p><input type="checkbox"/> Yes (<i>ndio</i>)</p> <p><input type="checkbox"/> No (<i>La</i>)</p>
<p>Business and Administration</p> <p>(2 quality points <i>(Alama mbili za ubora))</i></p>	<p><input type="checkbox"/> 18 <i>Track attendance daily (Fuatilia mahudhurio ya kila siku)</i></p> <p><input type="checkbox"/> 19 <i>Track finances daily/ weekly / monthly (Fuatilia fedha kila siku/ kila wiki/kila mwezi)</i></p>	<p><input type="checkbox"/> Yes (<i>ndio</i>)</p> <p><input type="checkbox"/> No (<i>La</i>)</p>

Tool 2: CoP programme supportive supervision quality assessment tool⁴

<p>Expected total quality score (Jumla ya alama inayotarajiwa) /19</p>	<p> less than 10</p> <p>[Consider additional support for provider#39]</p> <p><i>(Endelea na usaidizi kwa mwenye kituo)</i></p>	<p> 10 to 14</p> <p>[Encourage provider and provide more support]</p> <p><i>(Tia msimamizi moyo na umpatie msaada zaidi)</i></p>	<p> 15 to 19</p> <p>[Congratulate provider and edge on to continue]</p> <p><i>(Pongeza msimamizi na umhimizi azidi kufanya vizuri)</i></p>
--	--	--	--

If first visit to child-care centre:

What days and times are best for the childcare provider to attend community of practice group sessions?

Delivering Training Modules

Generic Training Facilitation Guide

The following generic training facilitation guide (Tool 3) can be used by CHA's (or equivalents) to help facilitate the training sessions with the community volunteers (CHV's equivalent ECD/child protection volunteers). Specific timed programmes can be created for each session based on this outline and the needs of the community volunteers.

Tool 3: Generic training facilitation guide for use by CHA's (or equivalent)

Introduction

Step 1:

■ For the initial meeting:

- ◆ Greet CHVs (or equivalent ECD/child protection volunteers)
- ◆ Introduce yourself and any others helping to run the session
- ◆ Allow participants to introduce themselves
- ◆ Introduce to participants the purpose of the training:

“Welcome to this first training session. You have been invited to attend this training to gain knowledge and skills needed to provide support to childcare centre providers in your area through group CoP sessions and supportive visits”.

For the subsequent meetings:

Greet CHVs (or equivalent ECD/child protection volunteers)

Ask them how they are doing

Ask them what they talked about in the previous training sessions.

Step 2:

■ For the initial meeting:

- ◆ Ask volunteers to describe the childcare centres in their areas. Explain that the CoP programme is particularly for informal childcare centres that may not receive support from any other source, i.e. small centres in someone's home where parents pay to leave their children.
- ◆ Introduce the topic and ask the volunteers to share their opinion about the topic, whether and how they have been providing advice on this topic within the community and particularly in the childcare centres, ask them to share challenges and how they have addressed such challenges

■ For the subsequent meetings:

- ◆ Allow volunteers to share and reflect on their experiences facilitating CoP sessions with centre providers on the topic they learned in the previous training session. Ensure enough time for them to raise any emerging issues and discuss solutions.

Note: Encourage active participation of each participant to share both positive and negative / challenges with the specific practice/learning

Tool 3: Generic training facilitation guide for use by CHA's (or equivalent)

Main section	<p>Step 3:</p> <p>The trainer to talk about the new topic and share information on how this can be delivered to the centre providers through CoP sessions</p>
	<p>Step 4:</p> <p>Allow volunteers to share potential challenges and solutions in delivering the new topic to centre providers.</p> <p><i>Note:</i> Encourage sharing both positive and negative / challenges with the specific practice/learning</p> <p>Suggested role-play: Split the participants into groups of 4 or 5. Ask one participant to volunteer to have a go at facilitating a CoP session on this topic. Ask the remaining participants in the group to role-play being childcare providers in the community. After 10-15 minutes, ask each group to give constructive feedback to the participant role-playing the facilitator. Ensure that different participants practice in each of the training sessions, so that all participants get to practice and improve their facilitation skills.</p>
Conclusion	<p>Step 5:</p> <p>Seek commitment from the volunteers to support the centre providers in this topic through a CoP session. Ask participants to come up with a plan for how they will deliver the session and visits on this topic in their area.</p>
	<p>Step 6:</p> <p>Inform the volunteers about the venue, date and time for the next training</p>

Example programmes for training modules

These programmes are examples of how to structure the delivery of the training modules. The programmes should be altered and adjusted according to local arrangements and needs including timings, activities, and content. The module content referred to throughout the programmes can all be found in section 4 of this manual.

Learning through play

Example program for 2 x half day sessions

(adjust timings according to learning needs)

Session 1	
Introduction	Arrival and Registration
	Introductions
	Ground rules and setting scene
	Group Discussion: <ul style="list-style-type: none"> ■ Explore CHV's existing experiences on supporting childcare providers on learning through play ■ What challenges are there relating to learning through play in the childcare centers in their communities? Are there any examples of how these challenges been addressed?
Main section	Introduce topic: <ul style="list-style-type: none"> ■ Aim of session ■ Definition of play ■ Types of play ■ Importance of play
	Group Discussion: <ul style="list-style-type: none"> ■ Which games do you remember engaging with as a child? How may these games be used today in childcare centers? ■ Give examples of how play activities and games can be adapted for children with various disabilities.
	Module content: <ul style="list-style-type: none"> ■ Play in relation to the developmental domains ■ Characteristics of children's play ■ Factors hindering play activities
Conclusion	Group Discussion: <ul style="list-style-type: none"> ■ Reflections on how today's topic is relevant to childcare providers in our communities. ■ What might be the challenges and solutions of sharing this knowledge with childcare providers?
	Recap of learning from today's session
	Questions and answers
	Close

Session 2	
Introduction	Arrival and Registration
	Recap of previous session on learning through play
Main section	Module content: <ul style="list-style-type: none"> ■ Play in early childhood settings ■ Activity and learning areas
	Group Activity <ul style="list-style-type: none"> ■ Making toys out of commonly found items ■ Practice making a range of toys from common items such as bottle tops, cloth, scrap paper, wires.
	Applying learning to CoP sessions: <ul style="list-style-type: none"> ■ What will be the challenges of delivering CoP sessions on learning through play? ■ In small groups role play delivery of a CoP session on learning through play. Allow each participant to practice leading a different part of the session and receive feedback. ■ How might supportive supervision visits support learning through play in the childcare centres?
Conclusion	Planning a CoP session <ul style="list-style-type: none"> ■ In pairs, the volunteers plan their upcoming CoP group session on learning through play
	Recap of session
	Questions and answers
	Close- Time and date of next session

Child safety

Example program for 2 x half day sessions

(adjust timings according to learning needs)

Session 1 – Child abuse and child protection	
Introduction	Arrival and Registration
	Introductions
	Recap on previous training
	<p>Group Discussion:</p> <ul style="list-style-type: none"> ■ Sharing of experiences of facilitating CoP sessions with centre providers and undertaking supportive supervision on previous topic(s) ■ Discuss challenges, emerging issues, and possible solutions
Main section	<p>Introduce topic:</p> <ul style="list-style-type: none"> ■ Definition of child abuse ■ Myths and facts about child abuse
	<p>Group discussion:</p> <ul style="list-style-type: none"> ■ What existing experience or knowledge do the volunteers have on child abuse and child protection issues? ■ What kinds of abuse/ behaviors are observed in our communities/environments that harm the children? ■ Peter is four years old and attends a day-care centre, he has vision and hearing disabilities. He frequently shouts out when he has a hard time playing with his peers. The rule in the day-care centre is that older children like Peter must show a good example to the younger children by raising their hands and getting permission before speaking out. <p>Do you think Peter deserves discipline for shouting out at the day-care centre? If so, why and how?</p>
	<p>Module content:</p> <ul style="list-style-type: none"> ■ Types of abuse ■ Signs of abuse ■ Barriers to protecting children ■ Effects of child abuse

Session 1 – Child abuse and child protection**Conclusion**

Group Discussion:

- Reflections on how today's topic is relevant to childcare providers in our communities.
- What might be the challenges and solutions of sharing this knowledge with childcare providers?
- What makes Children with disabilities more vulnerable to abuse?

Recap of learning from today's session

Questions and answers

Close

Session 2 – positive discipline	
Introduction	Arrival and Registration
	Recap of previous session on child safety
Main section	<p>Introduction to positive discipline:</p> <ul style="list-style-type: none"> ■ Definitions ■ Importance of positive discipline
	<p>Group discussion:</p> <ul style="list-style-type: none"> ■ Why do children misbehave? ■ What types of discipline do we commonly see in our communities and in childcare centers?
	<p>Module content:</p> <ul style="list-style-type: none"> ■ Practicing behavior management ■ Why we discourage physical punishment ■ Building blocks for positive discipline
	<p>Applying learning to CoP sessions:</p> <ul style="list-style-type: none"> ■ What will be the challenges of delivering CoP sessions on child protection and positive discipline? ■ In small groups role play delivery of a CoP session on child safety. Allow each participant to practice leading a different part of the session and receive feedback. ■ How might supportive supervision visits be helpful to undertake on child safety? What changes or action may be discussed with centre providers?
Conclusion	<p>Planning a CoP session</p> <ul style="list-style-type: none"> ■ In pairs, plan their upcoming CoP group session on child safety
	Recap of session
	Questions and answers
	Close- Time and date of next session

Business administration

Example program for 2 x half day sessions

(adjust timings according to learning needs)

Session 1- Business administration	
Introduction	Arrival and Registration
	Introductions
	Recap on previous training
	Group Discussion: <ul style="list-style-type: none"> ■ Sharing of experiences of facilitating CoP sessions with centre providers and undertaking supportive supervision on previous topic(s) ■ Discuss challenges, emerging issues, and possible solutions
Main section	Introduce topic: <ul style="list-style-type: none"> ■ Definitions ■ Describing a childcare business
	Group discussion: <ul style="list-style-type: none"> ■ What existing experience or knowledge do CHVs have on business administration? ■ Why might it be important to support childcare providers in running their business? ■ How can you promote healthy eating in children with disabilities?
	Module content: <ul style="list-style-type: none"> ■ Reviewing policies and procedures handout ■ Income ■ Expenses ■ Profit and loss
Conclusion	Group Discussion: <ul style="list-style-type: none"> ■ Reflections on how today's topic is relevant to childcare providers in our communities. ■ What might be the challenges and solutions of sharing this knowledge with childcare providers?
	Recap of learning from today's session
	Questions and answers
	Close

Session 2 – Business administration	
Introduction	Arrival and Registration
	Recap of previous session on business administration
Main section	<p>Module Content:</p> <ul style="list-style-type: none"> ■ Budgets in business including parts of the budget, profit or loss and monitoring the budget
	<p>Group Activity:</p> <ul style="list-style-type: none"> ■ Finance tracker tool – explanation of how it is used ■ Practicing its use. Each volunteer participant should attempt to complete the finance tracker for a hypothetical childcare centre. ■ In pairs participants should practice explaining the use of the finance tracker to each other and receive constructive feedback on the clarity of their explanation.
	<p>Applying learning to CoP sessions:</p> <ul style="list-style-type: none"> ■ What will be the challenges of delivering CoP sessions on business administration? ■ How might the volunteers use supportive supervision to reinforce learning on business administration? What changes can you support centre providers to make?
Conclusion	<p>Planning a CoP session</p> <ul style="list-style-type: none"> ■ In pairs, plan their upcoming CoP group session on business administration
	Recap of session
	Questions and answers
	Close- Time and date of next session

Health, WASH and nutrition

Example program for 2 x half day sessions

(adjust timings according to learning needs)

Session 1 – Nutrition and WASH	
Introduction	Arrival and Registration
	Introductions
	Recap on previous training
	<p>Group Discussion:</p> <ul style="list-style-type: none"> ■ Sharing of experiences of facilitating CoP sessions with centre providers and undertaking supportive supervision on previous topic(s) ■ Discuss challenges, emerging issues, and possible solutions
Main section	<p>Introduce topic</p> <ul style="list-style-type: none"> ■ Importance of nutrition ■ Brief overview on a balanced diet using the food pyramid
	<p>Group discussion:</p> <ul style="list-style-type: none"> ■ What challenges are there for maintaining good nutrition in children in our communities? ■ How can you promote healthy eating in children with disabilities? ■ What nutritious foods are available and affordable that we could encourage centre providers to use? (support discussion with weekly meal planner handout)
	<p>Module content:</p> <ul style="list-style-type: none"> ■ Responsive feeding <ul style="list-style-type: none"> ◆ Feeding techniques ◆ Role modelling feeding ◆ Responding to cues from a child
	<p>Group Activity: WASH</p> <ul style="list-style-type: none"> ■ Recap on good handwashing technique ■ Role Play: In preparation for CoP sessions, the participants (CHV/volunteers) to wash their hands in front of each other, explaining the key steps of good handwashing to others in the group. They should explain to the group (as if explaining to a centre provider) when caregivers and children should wash their hands (i.e. before cooking, after cleaning). ■ Alternative role play: In preparation for CoP sessions, participants (CHV/volunteers) to perform safe diapering steps, explaining what they are doing and the importance of hand hygiene to the rest of the group.

Session 1 – Nutrition and WASH

Conclusion	Group Discussion: <ul style="list-style-type: none"> ■ Reflections from the group on how the learning from the day can be used to support childcare providers.
	Recap of learning from today's session
	Questions and answers
	Close

Session 2 – Immunisation and First Aid

Introduction	Arrival and Registration
	Recap of previous session on Nutrition and WASH
Main section	Module Content: Immunizations <ul style="list-style-type: none"> ■ Review immunization schedule ■ Discuss recording of immunization status of children ■ Question and answers on immunization
	Module content: First Aid <ul style="list-style-type: none"> ■ Discuss common health issues experienced by childcare centre. ■ Review first aid of common health issues/emergencies ■ Recap signs/symptoms and prevention of common early childhood diseases that participants (CHV/volunteers) would like clarification on.
	Activity: First aid <ul style="list-style-type: none"> ■ Using a doll, practice the procedure needed to be undertaken if a child is choking. Allow all participants (CHV/volunteers) to have an opportunity to practice, providing to feedback to each other on technique.
	Applying learning to CoP sessions: <ul style="list-style-type: none"> ■ What will be the challenges of delivering CoP sessions on Health, WASH and Nutrition? ■ How might the participants (CHV/volunteers) use supportive supervision to reinforce learning on health, WASH and Nutrition? What changes can you support centre providers to make?

Session 2 – Immunisation and First Aid**Conclusion**

Planning a CoP session

- In pairs, plan their upcoming CoP group session on Health, WASH and Nutrition.

Recap of session

Discuss options for ongoing support (CHA's, materials, peers)

Questions and answers

- Review questions from any module content if last session

Close

SECTION 3

Delivering Group Sessions and Supportive Supervision Visits with Childcare Providers

This section is for the community volunteers (e.g. CHVs)



Preparing for CoP Group Sessions with Centre Providers

This section provides community volunteers, such as CHVs, with information on how to plan and run CoP sessions with centre providers.

CoP sessions are NOT teaching or training sessions. Instead, CoP sessions are meant to be:

- **An open space for centre providers to discuss their experiences on particular topics**
- **A space to help centre providers problem solve challenges together**
- **A space for community volunteers (e.g. CHVs) to provide support, updates and guidance based on their knowledge of topics such as health and child safety**

CoP sessions should not be viewed in isolation. All shared learning should be strengthened by supportive supervision visits to childcare centres.

Procedures, techniques, and approaches for the delivery of the CoP programme

The CoP sessions are delivered by community volunteers (e.g. CHV's) for centre providers in their communities. CHV's will also undertake supportive supervision visits as a form of follow up and ongoing support for centre providers.

Planning the CoP sessions with childcare providers

1. The community volunteer (e.g. CHV) talks to all the childcare centre providers in their area, particularly the more informal centres in someone's home, and asks when would be the best time to hold a regular (e.g. monthly) group session.
2. Each session should be run with a small number of centre providers (for example 4-6). Small numbers help everyone to participate, make it easier to arranging a date and find an appropriate venue. It allows centre providers to build networks with other providers and will make follow up visits more manageable.
3. Ideally, at least 2 community volunteers (e.g. CHVs) should run each session with the centre providers. They can alternate who takes a leading and supporting role within the sessions.
4. The community volunteers (e.g. CHVs) should be provided with a notebook to document attendance at the session and to note down any important observations or learning to be discussed with CHA's.
5. CHA's should aim to attend a cross section of sessions (i.e., 10% of sessions). As supervisors, they should quietly record observations during the sessions and provide advice, guidance and mentorship to the trainers for them to apply to improve the next session they run. Supervisors should avoid jumping in and taking over the session.
6. Centre providers should inform the volunteer/CHVs of the times and days they are available to participate in group sessions. Sessions should not interfere with childcare arrangements at the childcare centres. Centre providers should always be given plenty of notice of the agreed date and time of the session.

7. Space out sessions (i.e. tackle one topic per month) to not over burden the centre providers with commitments or information. You may need to run multiple sessions on one topic, but space these out so you don't overload centre providers.
8. The child-care centres are a helpful venue for the sessions for discussion and appreciation of the genuine experience of the centre providers. If this is not possible, another venue within the community may be appropriate.
9. Agree together which language the session will be conducted in so all providers are able to understand the content.
10. Allow open space within the sessions for free sharing of experience from centre providers and discussions of how the knowledge learned can be applied to their child-care context.
11. Between the centre provider group sessions, the CHVs should aim to provide one-to-one mentorship and support to centre providers by making planned (or unscheduled) visits to the child-care centres. These visits should aim to support centre providers put what they have learnt into practice, revisiting learning topics were required and problem solving practical solutions together.

Usually a CoP session will last a half a day (3-4 hours). Aim for at least one session per module taught, however some centre providers may require more time to discuss certain modules. Volunteers (e.g. CHVs) may choose to continue CoP sessions on an ongoing basis as a helpful way of ongoing support for childcare providers. Volunteers (e.g. CHVs) will need to arrange their group sessions taking account of the availability of their centre providers. Below is a simple planning tool which can be used to support Volunteers (e.g. CHVs) in planning CoP sessions.

Tool 4: COP session planning tool for CHVs
Names of participating childcare centres:
Centre Provider CoP Group Sessions

	CHV leading session	Time required for group session*	Venue	Resources required including handouts	Date of Session
Learning through play		Aim for at least 1 half day CoP session			
Child Safety		Aim for at least 1 half day CoP session			
Business administration		Aim for at least 1 half day CoP session			
Health, WASH and Nutrition		Aim for at least 1 half day CoP session			

*Timings are suggestions only. More CoP sessions may be needed to meet the needs of centre providers

Delivering CoP Sessions

Generic Group Facilitation Guide

The following group facilitation guide (tool 5) can be used by the community volunteers (e.g. CHVs) to help facilitate the CoP sessions with the centre providers. Specific plans can be created for each session based on this outline and the centre providers requirements.

Tool 5: Guide for volunteers (e.g. CHVs) to facilitate a CoP Session

Introduction

Step 1:

■ For the initial meeting:

- ◆ Greet caregivers
- ◆ Introduce yourself and any others helping to run the session
- ◆ Allow participants to introduce themselves
- ◆ Introduce to participants the purpose of the CoP program:

“Welcome to this first group session. We are calling these sessions a ‘community of practice’ because in the group session you will be able to share your experiences or ‘practice’ of running a centre and caring for the children. We have been trained by on child health and development, so we can give you some advice.”

■ For the subsequent meetings:

- ◆ Greet caregivers
- ◆ Ask caregivers how they are doing
- ◆ Ask caregivers what the team talked about in the previous meeting

Step 2:

■ For the initial meeting:

- ◆ Introduce the topic and ask caregivers to share their opinion about the topic, how they have been implementing it, challenges and how they have addressed such challenges

◆ For the subsequent meetings:

- ◆ Allow caregivers to share their experiences in putting into practice what they learned in the previous meeting

Note: Encourage active participation of each participant to share both positive and negative / challenges with the specific practice/learning

Tool 5: Guide for volunteers (e.g. CHVs) to facilitate a CoP Session

Main section	Step 3: Volunteers (e.g. CHVs) to talk about the new topic and share information on how this can be implemented
	Step 4: Allow caregivers to share potential challenges and solutions in implementing the new information Note: Encourage sharing both positive and negative / challenges with the specific practice/learning
Conclusion	Step 5: Seek commitment from the caregivers to try the new activity/topic in their child-care centres
	Step 6: Inform the caregivers about the venue, date and time for the next meeting and discuss the best times to make your supportive visits.

Example programmes for CoP modules

Below are examples of how you may deliver CoP sessions on specific topics. The programmes should be altered and adjusted according to the needs of the centre providers. The module content to support the CoP sessions can be found in Section 4 of this manual. It is important to remember, it is not essential to cover all the training content but focus on this issues and challenges experienced by your centre providers.

Learning through play

Example COP Session Plan for 1 half day (additional sessions can be planned as required using the following structure)

Introduction	Introductions
	Explaining purpose and ethos of Communities of Practice
	<p>Group Discussion: Allow all participants to contribute.</p> <ul style="list-style-type: none"> ■ Introduce the topic of learning through play ■ What are the favourite games and activities of the children at their childcare? ■ How do they implement play in their childcare centers? ■ What challenges do they face in helping children learn through play? How have they addressed these challenges?
Main section	<p>CHV to discuss about learning through play focusing on:</p> <ul style="list-style-type: none"> ■ Why it is important ■ Actions the childcare providers can take to help improve children’s opportunities to learn through play—singing, reading, dancing, toys, sensory play etc. <p>It may be helpful to talk through the handouts on learning through play including talking with children and playing dress up.</p>
	<p>Activity:</p> <ul style="list-style-type: none"> ■ Making toys out of common everyday items (cardboard, bottle tops, cloth)
	<p>Group Discussion:</p> <ul style="list-style-type: none"> ■ How do childcare providers feel about implementing changes discussed about Learning through Play? What might be the challenges? How can they address these? ■ What could you do to adapt your child care centre to help children with disabilities to play?
Conclusion	<p>Seek commitment from caregivers to try new activities in their childcare centre. Help them develop a plan if necessary.</p>
	Questions and answers
	Choose date and time for next meeting
	Plan when to attend for supportive supervision
	Close

Child safety

Example COP Session Plan for 1 half day (additional sessions can be planned as required using the following structure)

Introduction	Introductions
	Checking in <ul style="list-style-type: none"> ■ How have centre providers found implementing activities from previous sessions?
	Group Discussion: Allow all participants to contribute. <ul style="list-style-type: none"> ■ Introduce the topic of child safety ■ Why do children misbehave? ■ How do we respond to children when they misbehave? How do we manage behaviour when there are lots of children together? ■ What do centre providers find challenging out managing behaviour? What strategies have they found that work? ■ Are centre providers aware of child abuse in their community? What are their concerns about how to keep the children at their childcare center's safe?
Main section	Volunteers (e.g. CHVs) to discuss about child safety focusing on: <ul style="list-style-type: none"> ■ Why it's important ■ Actions the childcare providers can take to help improve children's safety ■ Actions childcare providers can take to encourage positive discipline.
	Group Discussion: <ul style="list-style-type: none"> ■ How do childcare providers feel about implementing changes discussed about child safety? What might be the challenges? How can they address these? ■ What strategies might you use to positively discipline children with disabilities?
Conclusion	Seek commitment from caregivers to make changes in their childcare centre to enhance child safety. Help them develop a plan if necessary.
	Questions and answers
	Choose date and time for next meeting
	Plan when to attend for supportive supervision
	Close

Business administration

Example COP Session Plan for 1 half day (additional sessions can be planned as required using the following structure)

Introduction	Introductions
	Checking in <ul style="list-style-type: none"> ■ How have centre providers found implementing activities from previous sessions?
	Group Discussion: Allow all participants to contribute. <ul style="list-style-type: none"> ■ Introduce the topic of business administration ■ How do centre providers currently think about the business (or money) elements of running a childcare centre? ■ What challenges to centre providers have in managing the money for their business? How do they keep track of their money? Have they got any techniques or solutions they can share with the group?
Main section	Volunteers (e.g. CHVs) to discuss about business administration focusing on <ul style="list-style-type: none"> ■ Why it's important ■ Key concepts of profit and loss. ■ Actions the childcare providers can take to help improve their business management.
	Group activities: <ul style="list-style-type: none"> ■ Completing centre policy notice for each centre provider ■ Using the finance tracker. Support each centre provider to complete the finance tracker for a typical week.
	Group Discussion: <ul style="list-style-type: none"> ■ How do childcare providers feel about implementing changes discussed about business administration? What might be the challenges? How can they address these?
Conclusion	Seek commitment from caregivers to make changes in their childcare centre to enhance their business administration. Help them develop a plan if necessary.
	Questions and answers
	Choose date and time for next meeting <ul style="list-style-type: none"> ■ Plan when to attend for supportive supervision
	Close

Health, wash and nutrition

Example COP Session Plan for 1 half day (additional sessions can be planned as required using the following structure)

Introduction	Introductions
	<p>Checking in</p> <ul style="list-style-type: none"> ■ How have centre providers found implementing activities from previous sessions?
	<p>Group Discussion: Allow all participants to contribute.</p> <ul style="list-style-type: none"> ■ Introduce the topic of health, WASH and Nutrition ■ What are centre providers current practices relating to children's health and nutrition? Do they perform health checks? Do they record immunization status? What works well? What challenges do they experience keeping their children healthy? ■ Where are their gaps in knowledge in health, WASH and nutrition? ■ What are the most common health issues they experience whilst caring for children?
Main section	<p>Volunteers (e.g. CHVs) to discuss about Health, WASH and Nutrition focusing on:</p> <ul style="list-style-type: none"> ■ Why it's important ■ Key areas of challenge for centre providers ■ Actions the childcare providers can take to help improve the health of children attending their centre. ■ Take providers through key handouts: <ul style="list-style-type: none"> ◆ Diapering steps ◆ Undertaking a health check ◆ Responsive feeding ◆ Menu plan
	<p>Group activity (if relevant):</p> <ul style="list-style-type: none"> ■ Planning a weekly menu together discussing it nutritional value
	<p>Group Discussion:</p> <ul style="list-style-type: none"> ■ How do childcare providers feel about implementing changes discussed about health, WASH and nutrition? What might be the challenges? How can they address these? ■ Are there particularly challenges for children with disabilities and how would you address them?

Example COP Session Plan for 1 half day (additional sessions can be planned as required using the following structure)

Conclusion	Seek commitment from caregivers to make changes in their childcare centre relating to health. Help them develop a plan if necessary.
	Questions and answers
	Choose date and time for next meeting
	Plan when to attend for supportive supervision
	Close

Conducting supportive supervision

Between CoP group sessions, the community volunteers (e.g. CHVs) should visit their centre providers to undertake supportive supervision. It is envisaged that these will take place once monthly and continue to occur into the future as part of volunteers (e.g. CHVs) usual work to reach the most vulnerable children and families.

Aim of supportive supervision visits

Overall the aim of the supportive supervision visits are to:

- Answer any questions the centre providers may have on topics they have been learning about together in the CoP group sessions
- Support centre providers to make changes to improve the quality of childcare they provide
- Re-enforce key messages and learning on module topics
- Understand the needs of the childcare providers and the children attending the day care for further interventions to be considered (such as an immunization drive or additional information provided)

Ethos of supportive supervision visits

The manner and ethos in which the supportive supervision visits are carried out is important. Some important principles which should be followed include:

- Encouraging child-care providers
- Promoting continued shared learning to benefit the children attending the centre
- Problem solving challenges together and discovering creative solutions
- Developing a trusting and supportive relationship with the centre provider
- Assessment and monitoring to celebrate progress and inform future improvements. Specifically assessments should not be punitive.

Quality assessments

Undertaking quality assessments is an important part of the supportive supervision visits. An example of a simple quality assessment tool (Tool 1⁵) is given on page 21-23. This should be used by CHVs to support ongoing quality assessment. The same tool can be used on multiple occasions and changes in quality scores can be examined over time. Example actions taken in response to quality assessment scores may include:

1. High quality score – Congratulate childcare provider on making changes. Consider reducing the frequency of CHV visits. Link childcare provider with others to support them to make changes in their childcare setting through sharing lessons learnt.
2. Making steady progress in quality scores – CHV continues to visit, encouraging the childcare provider on progress and problem solving together on how to implement final quality improvements. Consider if it would be helpful to hold further CoP group sessions to share learning and experience in 'problem' areas.

⁵ This assessment tool is based on a similar tool used by Kidogo Early Years to assess quality of childcare providers in their network. For more info, visit www.kidogo.co or contact info@kidogo.co.

3. Low quality scores, making little progress—CHV considers more frequent visits for support. Consider revisiting specific learning points and key messages. Work with the centre provider to problem solve key barriers to implementing positive changes.

SECTION 4

The four modules: Content for training and CoP sessions

This section is for:

1. Community workers (e.g. CHAs, ECD and child protection officers and other health professionals)
 2. Community volunteers (e.g. CHVs)
-



Module 1: Learning Through Play

MODULE PLANNING: Learning through play

Key objectives for the module

- Define play and its importance in children's growth and development
- Understand the need to provide appropriate and adequate play materials to children
- Demonstrate skills and competencies in setting up play learning environments in their programs

Training of CHVs (or other volunteers in the community)

Resources required to deliver training

- A copy of this manual to refer to
- Flip charts (or chalk boards)
- Flip-chart marker pens (or chalk)
- Notebooks
- Pens
- Masking tape
- Manila/brown craft paper
- Local material for making toys such as scrap paper, bottle tops, boxes, used sacks, cloth pieces, wires.

CoP Sessions with centre providers

Resources required to deliver COP session

- Any handouts or resources provided during the training
- A copy of this manual to refer to if needed
- Local material for making toys such as scrap paper, bottle tops, boxes, used sacks, cloth pieces, wires.

Who are these notes for?

- 1) Persons delivering training to CHVs (or ECDs or other childcare personnel) such as CHA's, Childcare specialists, Nutritionists.
- 2) CHV's (or equivalent) delivering COP sessions to centre providers.

TRAINERS NOTES: Learning through play

Introduction

The purpose of this unit is to equip caregivers with appropriate knowledge and skills on how to facilitate children's learning using the Play-based approach. These notes have been adapted from more detailed materials developed by Kidogo. For more information about their work, please visit www.kidogo.co

By the end of this unit, caregivers should be able to:

- Define play and its importance in children's growth and development
- Understand the need to provide appropriate and adequate play materials to children
- Demonstrate skills and competencies in setting up Play learning environments in their programs

Definition of Play

Around the world, play is an important part of childhood. Many adults remember playing as children and their favourite games: climbing trees, playing ball, pretending, and many other activities. However, not all adults remember to play as being a part of their education. In East Africa and many other parts of the world, early education has been formal

For young children, Play is defined as a process through which children actively manipulate and explore ideas and materials that interest them.

Skills promoted in young children through Play

- Concept development
- Creativity
- Problem-solving
- Cooperation
- Fine and gross motor skills

Types of children's play

- Unoccupied play: the child is relatively stationary and appears to be performing random movements with no apparent purpose. A relatively infrequent style of play.
- Solitary play: the child is completely engrossed in playing and does not seem to notice other children. Most often seen in children between 2 and 3 years-old.

- Onlooker play: The child takes an interest in other children's play but does not join in. May ask questions or just talk to other children, but the main activity is simply to watch.
- Parallel play: the child mimics other children's play but doesn't actively engage with them. For example, they may use the same toy.
- Associative play: the child is more interested in each other than the toys they are using. This is the first category that involves strong social interaction between the children while they play.
- Cooperative play: some organization enters children's play, for example the playing has some goal and children often adopt roles and act as a group

Importance of play to a child's growth and development

- Play promotes all aspects of children's development. When children play, they learn to make decisions, negotiate social relationships, solve problems, and express their feelings and ideas. In deciding what to play with and persisting in a chosen activity, children learn to focus and pay attention. In short, play provides many opportunities for children to develop social, emotional, language, motor, and cognitive skills – skills that are the building blocks of later academic success. Through play, children are learning how to learn a skill that will enable them to succeed in primary school and beyond.
- The play offers children opportunities to:
 - Make choices
 - Solve problems
 - Make decisions
 - Interact with each other
 - Interact with the caregiver
 - Pursue their interest or identify their talents
 - Makes learning experiences fun and exciting
 - Experience themselves as competent, capable and successful learners
 - Explore their environment as well as to improve their discovery skills

Play in relations to the Developmental Domains

Cognitive Development and Play

- Children are natural learners who access whatever resources they are given to help them understand the world that surrounds them. Allowing children to learn through play offers opportunities for discovery and exploration. For example, the following types of play promote children's cognitive development:

Social Development and Play

- Play activities model appropriate behavior that promotes harmonious interactions. There are a number of play activities that promote children's social interaction as demonstrated below that are children moving from solitary play into parallel play, associative play, and cooperative play.

Emotional Development and Play

- Play is essential in promoting children's emotional development. Children can master emotional issues such as anxiety, frustration, normal developmental conflicts, traumatic situations, unfamiliar concepts, and overwhelming experiences in their play. That is, play helps children find new ways of dealing with their emotions and their reality. They imitate, re-create, and rehearse roles that help them understand and solve problems related to everyday living. They form relationships, share, cooperate, master their feelings, extend the range of their experience, test ideas, and form associations between things, events, and concepts. Another major emotional benefit of play is that it gives children numerous opportunities to feel good about themselves. Because there is no right or wrong way to play, children have multiple experiences in play, which positively influences their concepts of self.

Language Development and Play

- The act of play is influential in learning language and communication skills. When children are engaged in play, they use language to interact with their peers; as they interact, they are using different tones and sounds to regulate their speech and are developing new vocabulary. Several researchers have argued that play and language promote children's development of expressive tones as well as their perception of the rules underlying the use of voice or conversation patterns of language. Children are also able to improve their oral and written language skills. Children experiment with words and manipulate their use, meaning, and grammar.

Physical Development and Play

- A major characteristic of play is being active through dancing, jumping, throwing, running, and generally moving around. Children often strengthen their gross motor development through the use of their large muscles in these activities. Other types of play activities, such as cutting, eating, writing, buttoning, painting, and dressing, provide for their fine motor development,
- Or refinement of the skills that require the use of smaller muscles. Through play, children are naturally able to use and learn to refine their gross and fine motor skills and coordination.

Characteristics of children's Play

Play is self-directed/self-chosen

- That is players being free to quit. Children should be allowed to freely choose activities of their interest. This, therefore, implies that caregivers should provide adequate and varied materials for children to choose from. When a caregiver introduces a new play activity to children by inviting them, a child who politely declines should not be punished but given activity of their choice.

- A caregiver simply assists [the child] at the beginning to get his bearings among so many different things and teaches him the precise use of each of them, that is to say, she introduces him to the ordered and active life in the environment. But then she leaves him free in the choice and execution of his work.

Play is an activity in which means are more valued than ends

- During play the activity children are usually more focused on the processes and not the ends. While some play activities in the home corner are the type of things adults do as a means to an end (table washing, shoe polishing, sewing), children explore these activities in a totally self-absorbed, end-in-itself way, choosing to repeat them over and over, not to achieve a result, but to joyfully engage in and master a process.

Play is non-literal, imaginative, marked off in some way from reality

- Play often involves engaging activities that are “serious yet not serious, real yet not real.” Play may involve imagination, pretending to do things, fantasy. For children, pretending often involves acting like adults: preparing and serving a snack to the dolls, using pretend tools, pretending to sweep floors or vacuum, going on imaginative journeys to fantasy lands populated with princesses, knights, and dragons. For example, activities using pretend kitchens, pretend tools, small dolls, dress-up corners, and other things used at home.

Play involves an active, alert, but non-stressed frame of mind

- This final characteristic of the play follows naturally from the other four. Because play involves conscious control of one’s own behaviour, with attention to process and rules, it requires an active, alert mind. Players do not just passively absorb information from the environment, or reflexively respond to stimuli, or behave automatically in accordance with habit. Moreover, because play is not a response to external demands or immediate strong biological needs, the person at play is relatively free from the strong drives and emotions that are experienced as pressure or stress. And because the player’s attention is focused on process more than the outcome, the player’s mind is not distracted by fear of failure. So, the mind at play is active and alert, but not stressed.

Factors hindering play activities

- Some of the factors that hinder children’s play activities include:
 - Lack of opportunity to play
 - Lack of space or inadequate space
 - Limited play materials
 - Lack of security and safety in play space
 - Parents’ attitude
 - A child’s health
 - Excessive academic workload

Play in early childhood settings

- The type of play that takes place in early childhood settings is typically “guided play.” In guided play, adult caregivers interact with children in playful ways that promote their continued growth and development. In addition, adults intentionally provide materials or experiences that promote specific developmental outcomes. This is different from free play, where children play for play’s sake. Research has shown that guided play can positively impact learning outcomes for children. Children need daily opportunities for both free and guided play.
- The specific ways adults interact with children and the role they play varies with children’s age and abilities. You will learn more about how to facilitate children’s play later in this guide

Napping/diapering area

- For the childcare centre, safe, quiet, comfortable spaces for resting and napping are crucial and therefore the caregiver must allow the ones who need to sleep do so, however she can as well provide quiet activities for children who don’t fall asleep.
- The bedsheets and covers should be regularly changed and cleaned.
- In the diapering area: (for changing children)/potty:
 - There should be a changing table, gloves, and tissue paper
 - Each child should be having at least two dippers.
 - The caregiver should regularly (hourly) check the child’s diaper
 - The caregiver should wash his/her hands after changing the diaper.

Strategies to make napping and changing area stimulating to children

- In the diapering area:
 - To provide an interesting diapering session for the children, the caregiver can hang mobile from the ceiling
 - This is a time when the caregiver can engage in verbal communication with the baby e.g., before picking up the child, s/he can say, “It is time to change your diaper.”
 - The caregiver should use words and show respect for the child as s/he cares for her. Ask, “May I lift your bottom so that I can change your soiled diaper? Thank you!”
 - It is important for the caregiver to praise the child for any help s/he gives. Say, “You really helped me change your diaper.”
 - Using words to describe body parts and clothing: “I am going to pull your trousers back up your legs also encourages the child to develop language.
- In the napping area:
 - Use curtains over windows or switch off the lights to reduce the light in the nap room.
 - Make sure there is enough light for you to see all of the children.
 - Hold and rock the youngest infants before laying them down to sleep.
 - Do not use pillows or other materials that could overwhelm sleeping infants.
 - Supervise children while they nap

Learning zones

- Learning zones are purposefully and clearly defined learning areas that have the equipment, materials, and supplies that fit together and promote certain aspects of growth and development in children.
- The learning zone in the childcare centre may be few due to the challenge of space and also the age group of the children. We shall focus on the following key learning zones namely; Dramatic zone, Music and Movement zone, Art zone, manipulative zone, sand and water play, Quiet centre and Science zone.

Why are learning zones important in a childcare program?

Learning zones help the child to gain more control over what s/he does in addition to offering easy routes to address children's individual developmental needs.

The Dramatic Play Zone:

This is the area where children act out different roles of either familiar adults or other beings in their environment.

- Dramatic play begins as early as one year when children are able to take a cup and imitate what they have seen the cup is used for.
- This will help the children develop various skills like social interaction, self-care skills-building creativity, and imagination in children, enhancing positive feelings and promoting verbal communication.
- The dramatic centre has the following materials; kitchen equipment, dress-up clothes, dolls, and hospital equipment.

The Art Zone:

- Art activities are those in which each child creates something unique. It is a natural developmental process that begins during infancy and is at its peak during a child's early years.
- This centre also helps the children to develop the following skills; cutting, pasting, drawing, painting, expressing their feelings and developing an interest in Art. The children are also able to develop fine motor muscles.
- Some of the materials that can be in this centre include; old shirts, playdough, recycled materials like tissue rolls, boxes, empty containers, non-toxic paints, papers, glue, tape, and many others.

Music Zone:

- This centre consists of learning materials to help children listen to music, sing, play musical instruments, and move to music thereby supporting their development across all areas.
- Skills developed in Music & movement centre include. speaking and listening, social skills, fine and gross motor development
- Some of the materials needed include children's recorded music on the phone, CD, sticks, drums, music costumes, rattles and Local materials that produce different sounds.

Manipulative / Block Zone:

Manipulative centres are multipurpose areas of learning. For infants and toddlers, the manipulative area consists of relatively big soft materials that children use to play, construct, and manoeuvre.

- This area consists relatively big soft materials and blocks (wooden) that children use to play and construct.
- Manipulative centres help the children to have better eye-hand coordination, fine and gross motor muscle development and following directions. It also enhances creativity and imagination.
- Some of the materials that assist in this centre include assorted blocks (soft and wooden), Big beads, simple puzzles, counters and sorting containers, zip boards.

Sand and Water zone (sensory):

A sand and water learning centre is one of the best ways that give children sensory play experiences.

- The following are the skills that are enhanced, social and emotional skills, eye-hand coordination, fine motor skills, early maths and science skills.
- The materials that are required include; sand-filled basin, empty tins, water-filled basin with pipes, small cups, cut bottles, buckets, floating items, and sinking items.

Science zone:

- This centre is dedicated to providing a nurturing environment for the children where young children can perform simple experiments. In some cases, the caregiver can place the sand and water materials in this area since children are experimenting.
- The science centre shall assist the child to develop observation skills, eye-hand coordination, creative thinking, problem-solving skills, curiosity and language, and communication skills.
- The materials needed include; stones, leaves, dirt, sand, water, pipes, mirrors, strings, plants, flowers, and sensory materials.

Quiet zone:

- The book centre is an important part of the everyday environment that must be used daily in a child-care program.
- The skills that the child will develop include; imagination and creativity, language and communication, creative expression and early literacy skills.
- The materials needed are; simple books, large soft pillows, picture cards, bookshelves or moving library, handmade books, and stuffed animals/dolls

Supporting children with disabilities through play

Play is incredibly valuable for all children, but having a disability can present barriers that may make it difficult for them to fully enjoy the experience. Since the needs of children with disabilities vary a lot, it is important to understand the challenges the child could face during play and adapt the activities to suit their needs. Age and type of disability are key considerations when choosing play activities and adapting them for children with disabilities. In cases of where a child has limitations in moving and coordinating the muscles of the body, accessibility of the play area and play materials is essential.

Play can be made accessible to children with disabilities by taking into consideration the following;

- Clearly defining the areas of play – set boundaries to reduce scope for children to wander, or for other security issues
- Choosing materials and activities to explore through all the senses – interesting textures, shapes, solidity, weight, pattern, colour, temperature etc.
- Considering children with sensory impairments, e.g. provide them with play items that can be explored through touch, reflected light or strong colours and contrast.
- Having accessible information and signage, for example including symbols, Braille or pictorial images in the play area as appropriate
- Ensure the play area is safe and has an even surface for ease of movement
- Adults and peers can offer to assist/support to learners with disabilities in an inclusive play

Play has a number of benefits for children with disabilities. For a child with a hearing or visual impairment, play can help strengthen their other senses. If they have a mobility impairment, play can exercise their muscles and improve coordination.

Children with autism spectrum disorder (ASD) may be less social or imaginative with their play. They may instead show interest in non-toy objects, and get enjoyment from activities like counting or sorting objects. It is important to note this and use their interests to encourage social and imaginative play.

A child with attention deficit hyperactivity disorder (ADHD) may struggle to play socially, because their symptoms, such as having difficulty waiting their turn, can sometimes put other children off. Play can give these children the chance to express themselves and exert some energy, and with some adult guidance can help them build relationships with other children too.

For classroom activities, there are adaptations (or changes) you could make to the classroom or to the teaching methods to support learners with disabilities. Some of these adaptations and supports for successful learning include;

- Environmental support: altering the physical environment to increase participation. For example, for children that are easily distracted, keep their desks away from the windows, doors and activity centres in the classroom
- Materials adaptation: modifying materials to promote independence. For example, use large print letter or word cards, books etc for children with low vision or partially sighted.
- Activity simplification: breaking down a complicated task into smaller parts or steps. For example post pictures to show hand washing steps
- Child preferences: capitalizing on a child's favourite activities and areas of strength
- Special equipment: using adaptive devices to facilitate participation in play and learning
- Adult support: employing direct adult intervention to support the child's efforts.
- Peer support: utilizing classmates to help children learn by modelling.

This handout is for:

ALL (trainers, CHVs (or equivalents) and centre providers

LEARNERS SUMMARY HANDOUT: Learning through play

- **Play** is the process through which children actively manipulate and explore ideas and materials that interest them.
- When children play, they **develop skills** such as Concept development, creativity, problem-solving, cooperation and fine and gross motor skills
- **Types of children's play** are unoccupied play, solitary play, onlooker play, parallel play, associative play and cooperative play
- Play is important as it leads to holistic development and children get opportunities to make choices, solve problems, interact with each other and caregivers, identify and pursue interests/ talents, makes learning fun and exciting, explore environment and improve discovery skills and experience themselves as competent, capable and successful learners
- Plays helps **cognitive development** in children when they engage in Functional play or exploratory play, constructive play, dramatic play and socio-dramatic play
- Play helps in **social development** by modelling appropriate behaviour that promotes harmonious interactions through solitary play, parallel play, associative play and cooperative play
- Play helps **emotional development** by helping children master emotional, form relationships, share, cooperate, master their feelings, extend the range of their experience, test ideas, and form associations between things, events, and concepts. Play gives children opportunities to feel good about themselves.
- Play aids in learning language and communication skills. Through play children develop expressive tones and perception of the rules underlying the use of voice or conversation patterns of language. Children improve their oral.
- **Physical development** is helped by play as children strengthen their **gross motor (large muscles)** and **fine motor (Small muscles)** and develop balance, spatial awareness and coordination.
- Characteristics of children's play include being self-directed/self-chosen, means are more valued than ends, Play is non-literal, imaginative, marked off in some way from reality, and play involves an active, alert, but non-stressed frame of mind
- **Play is hindered** by lack of opportunity to play, lack of or inadequate space, limited play materials, a child's health, lack of security and safety in play space, parents' attitude and excessive academic workload
- In early childhood settings both free and guided play should be used.
- In the class have plays areas, make it stimulating to children by having two to three learning centres, ensure regular rotation of the play materials, a space for active play with additional space for individual and quiet play, photographs, pictures and children's own artwork displayed at their eye level.
- Some **learning zone** include Dramatic, Music and Movement, Art, manipulative, sand and water play, Quiet and Science centres. Learning centres help the child to gain more control over what they do while offering easy ways to address children's individual developmental needs.



Talking Together

Let children say names of objects and people. Show them that you are interested in what they are doing. Let them know that swahili is to be spoken in the center.



Materials

None needed.



More Activities ...

Keep talking with children!



Reflection

What do you notice about children's ability to engage in conversations with you?

What are you learning about the children's ability to speak in Kiswahili?

What will you do to encourage quiet children to speak more?



Steps

1. Imitate various sounds with children of which they will communicate back.
2. Observe the children in their small groups what they are doing and how they are doing it.
3. Comment on what the children are saying
4. Encourage the children to talk in Swahili.





Physical Development

1-3
toddlers

FOR CENTRE PROVIDERS



Getting Dressed

When children explore and try on adult clothes, they not only engage in fun pretend play, but they gain confidence as they learn to button, snap and zipper the clothes.



Materials

Adult clothes, shoes, hats, etc. and a box to store them



Reflection

Observe what the children do with the clothes.

Which children were able to use the buttons, snaps or zippers?



Try This

1. Collect adult clothes for the children to explore and play with.
1. Invite children to touch or put on the clothes. Talk with the children about what they are doing. "I see you are wearing a big yellow hat, Anna."
1. Model how to button, snap and zip the garments. "Your sweater has buttons. Can you push the buttons through the holes? You did it!"



More Activities ...

Bring out the box of dress up clothes and encourage children to pretend to be mamas and daddy's.



Module 2: Child Safety

MODULE PLANNING: Child Safety

Module 3: Child Protection, Child Abuse, Positive Discipline and Child Safety

Objectives of the module:

- Understand key risks to children in the community, including due to child abuse
- Recognise the signs of child abuse and how they may impact children
- Understand positive discipline and how this can be applied within childcare settings

Training Session for Volunteers (e.g. CHVs)

Resources required to deliver training

- A copy of this manual
- Handout on positive discipline
- Flip charts (or chalk boards)
- Flip-chart marker pens (or chalk)
- Notebooks
- Pens
- Masking tape
- Manila/brown craft paper
- Guidelines for child safety

COP Sessions for centre providers

Resources required to deliver COP session

- A copy of this manual to refer to as needed
- Handout on positive discipline

Who are these notes for?

- 1) Persons delivering training to CHVs (or ECDs or other childcare personnel) such as CHA's, Childcare specialists, Nutritionists.
- 2) CHV's (or equivalent) delivering COP sessions to centre providers.

TRAINERS NOTES: Child abuse and child protection

Definitions of Abuse:

In accordance with the WHO, 1999 and 2002, we define abuse as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power.

Child abuse can stem from commission or omission

Child Protection

Child protection is the protection of children from violence, exploitation, abuse and neglect in and out of the home.

Child protection systems are a set of laws, policies, regulation and services needed across all sectors – especially social welfare, education, health, security, and justice – to support prevention and response to protection-related risks. These are systems that have been put in place to safeguard the rights of the children either by the government, private and community institutions. The responsibilities to ensure these systems are followed is often shared by the government agencies, local authority and community groups which have routine referral systems of reported cases of child abuse.

Examples of Myths and Facts about Child Abuse

Myth: Children make up stories about abuse

Fact: A child rarely lies about abuse. Pressure and threats may make a child deny abuse happened or fear that they may be removed from the family for telling someone about it.

Myth: Sometimes children are to blame for their abuse

Fact: No child is to blame for abuse. Adults should take responsibility for their own behaviour and have no right to harm a child no matter how a child behaves.

Myth: Physical discipline is not child abuse

Fact: Children can be disciplined to behave in a more acceptable way. There are many ways to discipline children without using force; physical discipline will lead to physical abuse if it causes harm or injury to a child.

Types of Abuse:

- **Physical abuse:** This includes the infliction of physical harm such as slapping, kicking, biting, shaking, using physical restraints, burning, poisoning, pushing or shoving.
- **Psychological/Emotional abuse:** This could include yelling, isolation for long periods, putting the child down by name-calling or telling them they are worthless. It could also include situations where a child is compared negatively to another child, intimidation and other exposures that undermine the mental or emotional well-being of a child. This crushes the child's image and confidence and could lead to destructive behaviour in future. Also includes teasing, bullying, exposure to domestic violence
- **Neglect and abandonment:** It includes cases where a person fails to provide basic necessities such as food, medical care, clothing or education for the child. Abandonment arises where a person charged with the duty of taking care of a child abandons all such parental responsibility thereby threatening the well-being of the child.
- **Sexual abuse:** This is the act of engaging a child in any indecent exposure of their body, any form of sexual activity (whether by asking or pressuring, or by other means).

Corporal Punishment

It's the use of physical force to cause pain to a child, not injury, for purpose of correction or control of a child's behavior. This entails violence towards a child in form of caning, slapping, kicking and whipping as a form of discipline and punishment. The punishment is usually routine and brutal. It results in cuts and bruises and severe cases lead to internal bleeding, broken bones, knocked out teeth permanently disfigured and even death. Corporal punishment goes against the Kenyan law and International Human Rights standards.

Impacts of Corporal Punishment

- Can increase a child's aggressiveness leading to a cycle of physical aggression
- Can contribute to delinquent, criminal and anti-social behaviour. It does not teaches the child why the behaviour is wrong
- Corporal punishment evokes fear, anxiety and anger and affects quality of adult child relationship
- Harsh punishment leads to low confidence, helplessness and feelings of humiliation in children
- It leads to likelihood of violence being a feature of close relationships in future

Alternatives to Corporal Punishment

The parents/caregivers

Should:

- Allow children to repair any damage they cause
- Praise generously for good behaviour
- Recognize anger triggers and develop alternatives to violence
- Set clear consistent rules
- Show interest
- Identify appropriate and engaging activities
- Give clear instructions according to the child's developmental age

- Focus on desirable behaviour, and reward acceptable behaviour
- Allow children to experience the consequences of their undesirable behaviour

Causes of Child Abuse

- Unrealistic expectations and lack of understanding about their developmental stages and related behaviour
- History of abuse of a person
- Lack of proper ways to discipline a child
- Alcohol and drug abuse
- Stress and temper

Why Children are Vulnerable to Abuse

- **Physical status** – smaller, less strong, less powerful, less resistant to ill treatment and ill health
- **Developmental status** – making them less understanding, less coping, undeveloped issues and lack of understanding of consequences
- **Societal status** – Unable to cater for their basic human rights such as food, health, and shelter

Who Might Abuse

- Family members, friend, neighbour
- Peers
- Caregivers/ Trusted adult- teacher, faith leader, NGO worker
- Organized groups
- Sex tourist
- Stranger

Signs of Child Abuse

How to recognize child abuse?

- Some children may not show any signs of being abused, others may behave in ways that indicates they have been abused, they may also signal through physical appearance and emotions.
- Some signs can be common across different types of abuse. Other signs may only suggest that a child is experiencing trauma or grief.

Sexual Abuse

- They know more about sexual activities than other children their age
- They play in a sexual way
- They refuse to undress for activities or often wearing layers of clothing
- They have bruising, bleeding, swelling, tears or cuts on their genitals or anus
- They have unusual vaginal odour or discharge
- They have itching or pain in the genital area, difficulty going to the toilet, walking or sitting

- They have a sexually transmitted disease, especially in a young child
- They have torn, stained or bloody clothing, especially underwear
- They are afraid of being alone with a particular person
- They are frequently depressed, feel suicidal or attempt suicide
- They create stories, poems or artwork about abuse.

Physical

- Bruises, burns, bite marks, broken bones that are unexplained in different stages of healing.
- Being unable to explain an injury or giving inconsistent, vague or unlikely explanations for an injury.
- Having unusual injuries.
- History of family violence.
- Failing to seek medical assistance for injuries, burns and bruises.
- Repeated visits to the doctor with injuries, poisoning or minor complaints.
- Unusual fear of a parent or caregiver.
- Wearing inappropriate clothing in warm weather (to hide bruises, cuts or marks).
- Avoiding physical contact.
- Scared when other children cry or shout.
- Is excessively friendly to strangers.
- Starting fires or being fascinated with fire.
- Destroying property.
- Hurting animals.

Emotional

- Extreme behaviour from being overly aggressive to submissive.
- Delayed emotional development.
- Mistrust towards people
- Compulsive lying or stealing.
- High levels of anxiety.
- Persistent bedwetting, urinating or soiling in clothes.
- Regressive behaviour, such as baby talk or thumb sucking.
- Having feelings of worthlessness about life and themselves.
- Lack of eating or overeating.
- Self-harming tendencies.

Neglect

- Wearing inadequate clothing, especially in winter.
- Being left unsupervised for long periods.
- Alcohol or drug abuse at home.

- Delayed physical, emotional or intellectual development.
- Starving, begging, stealing or hoarding food.
- Having poor hygiene, dirt or body odour.
- Frequent illness, infections or sores.
- Talking about no one being at home to provide care.
- Frequently late or absent from school.

Barriers to protecting children

- Poverty
- Ignorance
- Lack of information
- Lack of commitment to implement
- Lack of alternatives to custom/Practice
- Civil unrest and conflict
- Lack of infrastructure and systems for child protection
- Lack of platforms for children's voices to be heard
- Distance-children living in isolated communities with limited support from outside

Effects of child abuse

- Harm experienced by the children has a significant and lasting effect on children; the children may have different responses to what occurred. The children may experience a range of physical, psychological and emotional problems resulting from the harm. These include
- Feelings of fear, guilt and self-blame
- Low self-esteem.
- Self-harming or suicidal thoughts.
- Permanent physical injuries and even death.
- Learning disorders, poor cognitive and language development.
- Developmental delays, physical ailments and eating disorders.
- The lack of trust towards adults and difficulty forming relationships with others.
- Disrupted attachments with those who are meant to keep them safe.
- Mental health disorders such as anxiety, attachment, post-traumatic stress and depression disorders.
- Behavioural problems including violence, aggressiveness and criminal behaviour.

Child abuse among children with disabilities

The signs and effects of abuse discussed in the earlier section applies to all categories of children.

However, research carried out by various child protection agencies shows that children with disabilities are three-to-four times more likely to experience abuse than their peers who do not have a disability. Additionally, girls with disabilities are more likely to experience physical and sexual violence than boys with disabilities. This could happen in their own homes or in other environments such as care centres or institutions;

Some of the reasons that make children with disabilities most vulnerable to abuse include;

- They are often perceived to be easy targets
- They might have communication or learning difficulties meaning they are unable to tell anyone about their experiences.
- The need for personal assistance in daily living including personal care e.g., bathing and toileting exposes them to the risk of abuse
- They have fewer outside contacts and so may be isolated.
- Physical dependency and decreased ability to resist abuse
- They face prejudice and stigma in the community

Children with disabilities might encounter difficulties to communicate or report abuse. Some ways that can be used to support them communicate experiences of abuse include;

- Sign language – used for children who cannot speak (are nonverbal) for example those with Autism or have a hearing impairment. It is also used with toddlers who have not learned to speak yet.
- Touch – a touch on an arm or shoulder can convey a message of care when verbal communication may not be possible. It can also be soothing and help calm a child who may be having a hard time or feeling frustrated
- Social stories and picture cards – They are visual or written guides that describe different social situations that the children might encounter so that they can rehearse and practice. For example, pictures can be used to show unsafe places in the community or teach children parts of the body.
- Art is another medium, like music, that can allow children with disabilities to express themselves and their feelings without having to use words.
- Technology – For example, children who are nonverbal or have limitations in verbal communication can instead type on phones, tablets or computers.

TRAINERS NOTES: Positive discipline

Discipline: It is the practice of teaching and enforcing appropriate behaviour through correction and guidance.

Positive discipline: It is the gentle/ loving guidance, offered in a positive way avoiding to be punitive, keeping children on the right path. It's non-violent, solution-focused based on respect and child development principles.

Positive discipline raises children who want to behave, but negative discipline raises angry kids who lose interest in pleasing their caregivers

Behaviour Management: This is all of the actions and conscious inactions to enhance the probability people individually and in groups choose behaviours which are personally fulfilling, productive, and socially acceptable.

Why do children misbehave?

- Unmet needs
- Difficulty in Expression
- Lacking attention
- Misguided power
- Revenge
- Health problems
- Poor nutrition
- Family problem
- Major life changes
- Natural skill deficits
- Emotional disturbances
- Developmental disabilities
- Sleep disturbances
- Mental delays

Strategies caregivers can use to minimize misbehaviour

- Be consistent and avoid negotiations.
- Give a child time to problem solve before stepping in as you give positive feedback.
- Practice sharing. As you set limits and rules.
- Offer alternatives

Practicing Behaviour Management

1. Communicate Rules/Expectations: Don't criticize, yell, lecture, be respectful and explain.
2. Routines: Control for organization and create a sense of security

3. Role model: Display positive interaction, express your feelings appropriately, promote acceptance and kindness and be responsible for your actions.
4. Working with parents: Communicate often about everything, build relationships on trust/respect and be very clear about rules based on child development principles

Importance of Positive Discipline

Discipline teaches children how to:

- Solve problems on their own by thinking for themselves and making the right decisions.
- Get along with others and resolving conflicts in a non-violent way.
- Do the right thing when you're not there, therefore it makes your work easier

“Beating children is the only way to teach stubborn children in the slums,” one of our teachers demanded in the early days. Corporal punishment was banned in Kenyan schools in 2001, but it’s still practiced today with children as young as six months old.

Positive Discipline is not permissive parenting; letting the child do whatever they want; having no rules; having expectations; having limits; about short-term reactions; or an alternative punishments to slapping and hitting

Why no physical punishment?

- Physical punishment makes kids more aggressive.
- Physical punishment doesn’t actually work in the long term, physical punishment will only make kids’ behaviour worse.
- Spanking alters children’s’ brains & frequent spanking decreases cognitive ability.
- Physical punishment encourages kids to continue the cycle of abuse: physical punishment is cyclical and the children have a higher risk for delinquency and having criminal behaviour.
- The negative effects of physical punishment go well into adulthood.

Building blocks for positive discipline

1. Identify Long-term goals
2. Provide Warmth & Structure
3. Understand how children think & feel
4. Problem Solving

Building Block 1 – Long-term Goals:

Examples of the long-term characteristics:

- Kind and helpful
- Good communication
- Confidence
- Thoughtful and courteous
- Knowing right from wrong

- Motivation to master tough
- Honest & courteous
- Taking responsibility
- challenges
- Non-violent
- Loyalty to family and friends
- Ability to think independently
- Good problem solving Dedication

Short-term versus Long-term Goals:

When you hit or yell a child who is not listening, you are focusing on the short-term goal of trying to have them listen to you. The way we act is a model for our children, if we yell and hit, this is what they learn to do. Yelling and hitting teach children the opposite of what you want her to learn. Every time you react this way, you lose an opportunity to show a better way.

Building Block 2a – Providing Warmth:

- Warmth is providing emotional security, unconditional love with verbal and physical affection. You need to have empathy with the child’s feelings. **How can you provide warmth?**
- Saying “I love you”
- Showing children love, even when they do something wrong.
- Reading to them
- Comforting them when stressed or afraid
- Listening to them
- Looking at the situation from their point of view
- Praising them
- Playing with them
- Laughing and hugging them
- Supporting them when facing challenges
- Encouraging them when they are doing something difficult
- Telling them you believe in them
- Recognizing their efforts and successes
- Showing them they trust them
- Having fun with them

Building Block 2b – Providing Structure:

Structure is providing clear guidelines for behaviour, clearly stated expectations, clear explanation of the reasons for rules and discipline. It enables encourages the child's independent thinking.

How does Structure Help?

- Helps the child learn what is important; understand their mistakes and what to do to fix them
- Gives your child the information they need to succeed next time
- Structure gives her the tools she needs to solve problems when you're not there
- The structure shows children how to deal with disagreements with others on their own

How can you provide Structure?

- Prepare children for difficult situations by telling them what to expect and how they can cope
- Explaining the reasons for rules
- Discussing the rules with them and hear their point of view
- Helping them find ways to fix their mistakes on their own
- Being fair and flexible in how you treat children and how you discipline
- Controlling your own anger or frustrations
- Explaining your point of view, but also listening to the child's point of view
- Teaching them about the effects of their actions on other people
- Giving them the information they need to make good decisions
- Talking with them often
- Avoiding threats of hitting, taking away love, or other things children fear
- Acting as a positive role model and guide

Building block 3: Understanding how children think/feel

Understand their developmental level and behaviour to be more effective teachers/caregivers.

Understand children don't want to make us angry but may lack enough understanding and want to make their choices and should respect their choices for them to have increased understanding and make good choices.

Building Block 4 – Problem Solving:

- Understand the child's temperament, feelings, and developmental stage
- Understand WHY the child is behaving in that way
- Approach calmly and communicate respectfully
- Acknowledge & respect the children's feelings

Positive Discipline strategies for Children with Disabilities

Children with disabilities have unique needs and disciplining them might not be an easy task for teachers and caregivers. Some strategies for disciplining them include;

- **Use appropriate body language and facial expressions** especially for children with hearing impairment – nod, smile, and look directly at the child.
- **Understand the condition of the child** – To understand the child’s behavior, you have to understand the things that affect it and his or her condition. Talk to the child’s parent or guardian as they will often understand their child better than anyone.
- When talking to young children and those using sitting aids such as wheelchairs and special seats, bend, kneel, or sit at their level so not to be intimidating.
- **Restructure the environment** – Some objects or stimuli in the environment could cause undesired behavior by a child who is hyperactive. In this case, remove objects that invite misbehavior; for example, if games or toys used as teaching aides distract or scare the child, remove them.
- **Redirect behavior positively** – for instance if a child with autism is fond of bouncing a soccer ball around the classroom, redirect this behavior by bouncing the ball outside on the playground where there is more space to play.
- **Establish a routine** – Children with certain conditions, like Autism and Attention Deficit Hyperactivity Disorder (ADHD), respond particularly well to structure or order of events. Try to stick to the same routine every day.
- **Use Clear and Simple Messages** – Communicate expectations to the child in a simple way. For children with intellectual disabilities, this may require more than just telling them. You may need to use pictures, role-playing, or gestures to be sure the child understands the instructions. Keep verbal and visual language simple, clear, and consistent.
- **Offer Praise** – Encourage the child by praising and rewarding the child’s effort as well as successful accomplishment of the set goals – whether it is by giving material rewards, allowing screen time, or listening to a favorite song.
- When you catch the child doing something right, praise him or her for it. In certain cases, this strategy can be more effective because children naturally want to please their carers. By getting credit for doing something right, they will likely want to do it again.

This handout is for ALL (trainers, CHVs (or equivalents) and centre providers

SUMMARY HANDOUT: Child Abuse and Child Protection

Abuse is all forms of physical or emotional ill-treatment, sexual abuse, negligent treatment, commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity by a person with responsibility, trust, or power. Stems from commission or omission.

Child Protection – is the protection of children from violence, exploitation, abuse and neglect in and out of the home.

Types of abuse

- **Physical abuse:** causing physical harm by slapping, kicking, biting, shaking, burning, poisoning, pushing or shoving.
- **Psychological/Emotional abuse:** includes yelling, isolation for long, name-calling or telling them they are worthless, teasing, bullying, exposure to domestic violence
- **Neglect and abandonment:** A person fails to provide basic necessities such as food, medical care, clothing or education for the child.
- **Sexual abuse:** This is the act of engaging a child in any indecent exposure of their body, any form of sexual activity (whether by asking or pressuring, or by other means).

Causes of child abuse

Misunderstanding of their developmental stages and related behaviour, history of abuse of a person, lack of proper ways to discipline, alcohol and drug abuse & stress and temper.

- Children are easily abused as they are physically smaller and less powerful, less developed and due to societal status.
- Children might be abused by family members, friend, neighbour, peers, trusted adult/caregiver, organized.

Signs of child abuse

- Sexual abuse:
 - ◆ know more and play in a sexual way
 - ◆ bruising, bleeding, swelling, tears or cuts on their genitals or anus
 - ◆ have unusual vaginal odour or discharge
 - ◆ difficulty going to the toilet, walking or sitting
 - ◆ STD
 - ◆ have torn, stained or bloody clothing, especially underwear
 - ◆ are afraid to be alone with a particular person

- ◆ are frequently depressed
- ◆ feel suicidal or attempt suicide
- ◆ create stories, poems or art about abuse

■ Physical abuse:

- ◆ bruises
- ◆ burns
- ◆ bite marks
- ◆ broken bones
- ◆ unusual injuries
- ◆ child can't explain source of injuries
- ◆ failing to seek medical assistance for injuries
- ◆ Fear of parent/caregiver
- ◆ wears layers of clothing
- ◆ avoids physical contact
- ◆ excessively friendly to strangers
- ◆ destroying property
- ◆ scared when other children cry or shout
- ◆ starting fires or being fascinated with fire

■ Psychological/Emotional abuse:

- ◆ being overly aggressive or submissive
- ◆ delayed emotional development
- ◆ mistrusts people
- ◆ compulsive lying or stealing
- ◆ anxiousness
- ◆ bedwetting
- ◆ urinating or soiling in clothes
- ◆ regressive behaviour, such as baby talk or thumb sucking

■ Neglect and abandonment:

- ◆ wearing inadequate clothing, especially in winter
- ◆ being left unsupervised for long
- ◆ Alcohol or drug abuse at home
- ◆ delayed physical, emotional or intellectual development
- ◆ starving, begging, stealing or hoarding food
- ◆ having poor hygiene, dirt or body odour
- ◆ frequent illness, infections or sores

- ◆ talking about no one being at home to provide care
- ◆ frequently late or absent from school.

Effects of child abuse

- Feelings of fear, guilt and self-blame
- Low self-esteem, self-harming suicidal thoughts
- Permanent physical injuries and even death
- Learning disorders, poor cognitive and language development, developmental delays
- Physical ailments and eating disorders
- Lack of trust of adults and difficulty forming relationships with others
- Disrupted attachments, mental health disorders such as anxiety
- Attachment, post-traumatic stress and depression disorders
- Behavioural problems including violence
- Aggressiveness and criminal behaviour
- Drug and alcohol abuse
- High-risk sexual behaviour

This handout is for: All (trainers, CHVs (or equivalents) and centre providers

SUMMARY HANDOUT: Positive Discipline

- **Discipline:** It is the practice of teaching and enforcing appropriate behavior through correction and guidance.
- **Positive discipline:** It is the gentle/ loving guidance, offered in a positive way avoiding to be punitive, keeping children on the right path. It's non-violent, solution-focused based on respect and child development principles. It raises children who want to behave.
- **Behaviour Management:** This is all of the actions and conscious inactions to enhance the probability people individually and in groups choose behaviors which are personally fulfilling, productive, and socially acceptable.

Why do children misbehave?

- Unmet needs
- Major life changes
- Poor nutrition
- Difficulty in Expression
- Natural skill deficits Family problem
- Lacking attention
- Emotional disturbances
- Health problems
- Misguided power
- Developmental disabilities
- Mental delay
- Revenge
- Sleep disturbances

Strategies caregivers can use to minimize misbehaviour

- Be consistent and avoid negotiations
- Give a child time to problem solve before stepping in as you give positive feedback
- Practice sharing. As you set limits and rules
- Offer alternatives

Practicing Behaviour Management

1. **Communicate Rules/Expectations:** Don't criticize, yell, lecture, be respectful and explain.
2. **Routines:** Control for organization and create a sense of security.
3. **Role model:** Display positive interaction, express feelings appropriately.
4. **Working with parents:** Communicate often about everything, build relationships.

Importance of Positive Discipline on Children

- Solve problems on their own by thinking for themselves and making good decisions.
- Get along with others and resolving conflicts in a non-violent way.
- Do the right thing when you're not there, therefore it makes your work easier

We shouldn't use physical punishment as it – leads to more aggressiveness, doesn't work in the long term, alters children's brains and decreases cognitive ability. Leads to a cycle of abuse.

Building blocks for positive discipline

1. Identify long-term goals
2. Provide warmth and structure
3. Understand how children think and feel
4. Problem Solving

Annex I

HANDOUT: Challenges in providing healthy nutrition to children with disabilities

Sensory issues

Various textures and taste can lead to frustrations and refusal to feed in a child as they may tend to stick to certain foods and resist new foods

Signs of sensory problems

- strong dislike of certain tastes and smell
- acceptance of foods with certain textures and temperatures
- avoid chewing their food
- over stuffing the mouth
- cravings for intense flavors

Solution

- Begin by slowly altering the child's favorite food for example, you can serve a teaspoon of the new food beside his favorite and introduce in between bites.
- Let a child participate in food selection and preparation to expose them to different textures and smells

Oral motor issues

These result from muscle strength and tone difficulties

Signs of oral motor problems

- Low muscle tone around the mouth
- Unusual motor patterns like difficulty in coordinating mouth muscles, getting food stuck in the mouth
- Choking or gasping when trying to swallow

Solution

- Carry out oral motor exercises that will help in strengthening the tongue, lips and jaws
- Avoid raw or other hard to chew foods
- Close supervision of feeding for those who can feed themselves

Behavior issues

Picky eating, ritualistic eating and tantrums during feeding are examples of behavior issues. Picky eating is when a child is unwilling to try new foods or has strong food preferences. Ritualistic eating are compulsive ways in which a person interacts with food that produces anxiety when not followed.

Solution

- Experiment with small changes while introducing new foods.
- Encourage the child to touch food to get used to them
- Encourage the child to eat with the rest of the family

Medical issues

Gastrointestinal (indigestion, vomiting, nausea), or Respiratory issues (choking or coughing while feeding, wheezing and other breathing problems, a child complaining of food feeling stuck).

Solution

Advise parents to seek medical support for their child.



Socio-Emotional

0-3
infants &
toddlers

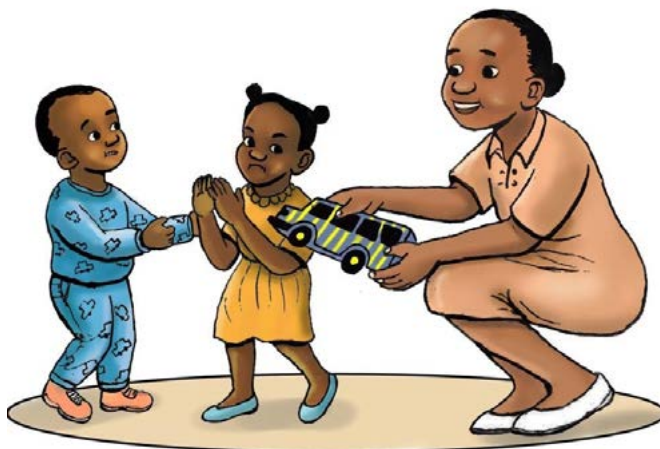
When Children Fight

When children fight in the classroom, it may be that they don't want to share materials or they are angry. Use of positive discipline is encourage to help them interact well.



Materials

Puppet or stuffed animal



More Activities ...

Bring out your puppets (see Puppet Talk . Have the two puppets fight over a toy.



Steps

1. If children are fighting over a toy or materials, step in and help.
2. Ask each child to tell you what the problem is. Then ask the children to help you think about how to solve the problem.
3. If they need help, offer suggestions: Here's a blue truck. Would you be willing to play with it until Muthoni is done playing with the red one?
4. Let's set a timer. When it rings, Otieno , you'll have to give the red truck to Muthoni(Sand timer)



Reflection

How long were the children interested in singing this song with you?

Did any of the children suggest other actions for this song?



Annex II

Supporting children to learn self-dressing skills

Dressing frames are a wonderful tool for teaching a variety of essential self-dressing skills to children with and without disabilities. By practicing on these frames, a child can prepare for greater future independence. They help children practice essential developmental skills. Loop and tie a shoelace, push buttons through fabric holes, zip up a zipper, and pop snaps into place--all of these activities reflect the real-life dressing, making the lessons and skills gained immediately applicable to all children.

Play activities with the frames help develop fine motor skills, independence, and coordination.

Note: Dressing frames with a string/ cord should not be used with children under 3 years



Module 3: Business Administration

MODULE PLANNING: Business Administration

Training Session for Volunteers (e.g. CHVs)

Resources required to deliver training

- A copy of this manual
- Flip charts (or chalk boards)
- Flip-chart marker pens (or chalk)
- Notebooks
- Pens
- Masking tape
- Manila/brown craft paper
- Expense tracker (handout)
- Centre Policy (handout)

COP Sessions for centre providers

Resources required to deliver COP session

- A copy of this manual to refer to
- Expense tracker (handout)
- Centre Policy (handout)

TRAINERS NOTES: Introduction to business skills 1

A business is the activity of buying or selling of goods or services with the intention of making a profit. It is separate from the owner.

A child-care business provides a child-care service and education for the age group of 6 months to 3 years/above at a fee.

It's important to use the right yet simple name for your business and state what the business is for.

Describe my daycare business:

The child-care business description helps your customer understand the service you are offering and how you are meeting their needs and how it's different from others. To do this you need to identify:

- Service offered
- Who it is for
- The details about the service
- How the service works
- The location of the business. It should be very strategic to your target customers and accessible
- Hours of operation
- How is my service different from other similar service in the area?
- This will help you understand how to price your services differently from others. (Mae

1. Money-In (Income)

The number of children in your centre who pay their fees in full will determine how much you get at the end of the day.

Income is the money that is received regularly as a result of work/service that has been done/ offered. The business owner needs to state explicitly what they will do or services offered through a centre policy document that also states what is they expect their customers to do.

The centre policy includes:

- Child-care/School services offered in a child-care like caregiving, feeding program, etc.
- The hours of operation that should be standard yet clear and specific will let you know how to charge per day and for additional hours that go beyond the operating hours.
- Methods and time of payment should be standard and well communicated to all parents. Where possible write it down and display it. Document all payments and if possible issue receipts.
- Put in place a clear plan to follow up on fee balances preferably a week before the deadline by either sending notes, SMS or phone calls to remind the parents.
- The penalty for not following the policy should also be clear.

Recording payments must be done as it happens. You can't rely on your memory. This keeps track on how much money you have been paid by the customer/made. It will help keep track of all debts and how to follow up on them. As the owner, you need to lead by example and record payments, if not, those hired to do the same won't do so.

Marketing your school is important and having a clear signage to market the school and for people to identify it. To market your school, you need to know your current customers and your target customer better and how to reach them. Forms of marketing may be fliers, poster or by word of mouth especially by the parents. Engaging parents through parents' meetings or material making day contributes towards the parents understanding and appreciating what you do.

2. Money-Out (Expenses)

An expense is the cost for running a business.

a. Area of spending:

- ◆ As long as a business stays open it will resources that will cost money such as labor, rent, electricity, fuel, learning materials, etc. It is important to record all items bought as they happen.

b. Fixed Cost vs. Variable cost

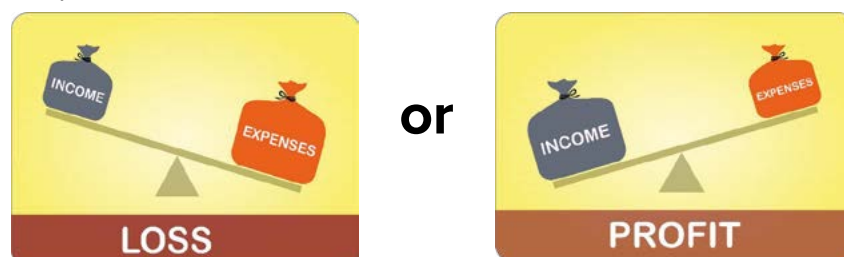
- ◆ Fixed costs are costs that remain constant for a long period of time, such as cost for rent, waste management, etc. This cost can be planned for beforehand and is paid periodically.
- ◆ Variable costs are costs that change as time goes by based on the number of customers, the market rate, the season, etc. Such expenses include food, water, labour, etc.
- ◆ These costs should always be recorded the same day it happens.

c. Smart Spending In order for you to spend smart, you need to use a budget.

- ◆ If you record all your expenses consistently, you will notice a pattern of how you buy items. This will enable you to plan a budget for what you need to buy for a specific period. This allows you to plan ahead of time.
- ◆ Planning ahead of time enables you to have a better prediction of your business needs for it to be successful.
- ◆ Those who provide the supplies you need for your business will impact the cost of your service and this impacts both your price you charge and profit/loss you make at the end of the day. It will require you to look around and identify who can supply the items you need at the best price and on time. This allows you to plan for future purchase.
- ◆ Where possible try to make bulk purchases for items which allows you to get better discounts and save on what you had budgeted for.

3. Profit and Loss

- ◆ A business can either make a profit or a loss based on its operation. A profit is made when the amount of income is more than the total expense incurred to run the business. If the income is less than the expense, then the business has incurred a loss.



a. Pricing the Service

- Price is the money desired/expected in payment for service offered. In order to come up with the right pricing strategy you need to figure out your costs / operating expenses and target profit.
- You have to keep in mind:
 - ◆ Cost – You need to understand the cost of providing your service in terms of material costs (stationary, food stuffs), direct costs (labour) and indirect costs (rent, utility bills, advertising). Also, you should consider how much to pay you/ what you'd like to earn.
 - ◆ Competitors' pricing – You need to be aware of how much the other competitors charge for their services and what they offer compared to you. This will help you communicate with your customers the value they are getting from you compared to your competitors.
 - ◆ What the customer is willing to pay – Determine how much your target customer is willing to pay for your service. This will give you a clear picture of how much they value your service.
- With all factors considered, you will be able to identify your cost and compare the price in the market as you take to account the perceived value of the target market to set your price based on the value of the service you offer.
- Once you identify the price for the service, you need to determine the payment model, i.e. daily, weekly, monthly, termly or annually. This payment model can either be fixed or flexible depending as per the owner's' discretion but it has to be standard to all customers to avoid any ill will from the customers

TRAINERS NOTES: Introduction to business skills 2

Budgets in Business

For the past two months, the focus has been on tracking the expenditure and income of the daycare. The next step from this is to create a budget for the daycare business for the month ahead and how to make management decisions as a result of the budget. Make this to be in a discussion form and just have bullet points of discussion. Example:

■ Income and expenditure

What is a budget? *It is an estimate of income and expenditure for a certain period of time.*

Why is a budget important? *It allows you to have a spending plan for your money so that you can have enough money for the important things you need in the business.*

The budget helps to:

- Have control of your money
- Focus on your financial goal
- Detect any potential problem like bad spending habits, spending money that you don't have.
- Prepare for emergencies

Parts of the budget

The budget of the daycare business looks at both income and expenditure of the business.

1. Income

From the previous training, we learnt what income is. The continuous recording of income over a period of time help you understand how money flows into the business. This make it easier for you to set targets around collection of school fees, feeding program, sale of uniforms, etc.

Finance tracker will help you to understand your customers paying patterns which will assist you to control the payment patterns in your daycare and when to start following up on debts.

2. Expenditure

The daycare business operations will also require financial resources to purchase: *food, learning materials, cleaning supplies, water, electricity, etc.* As per the financial tracking exercise, it was easy to record how much was utilized in a given day but now we want to get a good sense of how much you need per day, week or month. It also give a clear picture of the areas we spend the most and why.

By carefully observing the recorded expenditure, is there any observation that can be made across the different days and the different weeks?

The continuous recording of expenses over a period of time will show a pattern of how money flows out of the business. It is normal to expect that the cost for every day to remain the same but it always changes every day for one reason or another.

From your own records, what are some of the reasons you experienced changed in your expenses?

To help understand the specific areas of the budget that are affected, the budget can be broken down to different parts to help you monitor the changes, such as:

- Facility (*Rent, water, electricity*),
- Staff (*Teachers', cook's and Security Salaries*),
- Feeding program (*Bulk food, Fresh daily items, cooking supplies, Fuel*) and
- Others (*Cleaning materials, stationary, etc*).

The daily routine gives an indication on how much the child-care is likely to spend in a week if the expense pattern are similar in the subsequent week as well. Consistency in the pattern can be translated to anticipated spending pattern of the month. *For example:*

	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Cost	Monthly
Tomatoes	20	30	40	25	30	15	160	640
Onions	15	15	20	15	15	10	90	360
Vegetables	20	–	30	–	20	–	70	280
Salary	–	–	–	–	400		400	1,600
	55	45	90	40	465	25		

Based on the identified pattern for the month, you can now set the budget for the following month.

NB: When creating the budget, always give an allowance for changes to happen in case the price for items happen to be more than what it was last time. This can be done by having a ***miscellaneous fund*** in the budget for any emergencies.

3 Profit or loss

The estimates of the expected income can be compared against the expected expenditure of the business to identify if you will get either a profit or a loss. This import as it helps in making decisions of how you should make appropriate adjustments that will influence consistent profits for the business.

Total Revenue – Total Expense = Profit/Loss

Monitoring the budget

As the month begins, create a budget of the amount you wish to spend for the month. As the days go by, record the expenses. By the end of the month, take note of every expense and check if you spent according to what you had planned. If you spent the exact amount or less, then that is good, if the amount spent was more than the amount budgeted, try and get the reasons for that then identify if it could be avoided or included in the budget next time.

LEARNERS SUMMARY HANDOUT: Introduction to business skills

- **A business** is the activity of buying or selling of goods or services with the intention of making a profit.
- **A daycare business** provides a child-care service and education for the age group of 6 months to 3 years/above at a fee. Use a simple and ideal name for your business and state what the business is for.
- **Have a description of your daycare**, the business description helps your customer understand the services offered, how their needs are being met and how it's different from others.
- **The description** needs to identify: Service offered, who it is for, the details about the service, how the service works, the location of the business, hours of operation, and how the service different from others in the area.
- **Income** is the money that is received regularly as a result of work/service that has been done/offered.
- **Recording payments** is done as it happens to keeps track on money made/paid.
- **Market your daycare** by having a clear signage, know your current and target customer better and how to reach them. Use fliers, poster or by word of mouth
- **An expense** is the cost for running a business. Area of spending: labor, rent, electricity, fuel, learning materials, etc. It is important to record all items bought as they happen.
- **Fixed costs** are costs that remain constant for a long period of time, such as cost for rent, waste management, etc. This cost can be planned for beforehand and is paid periodically.
- **Variable costs** are costs that change as time goes by based on the number of customers, the market rate, the season, etc. Such expenses include food, water, labor, etc.
- **Smart spending** involves using a budget. If you record all your expenses consistently, you will notice a pattern of how you buy items. This will enable you to plan a budget for what you need to buy for a specific period. This allows you to plan ahead of time.
- A business can either make a profit or a loss. A profit is made when the amount of income is more than the total expense incurred to run the business. If the income is less that the expense, then the business has incurred a loss.
- Pricing the services is important, in order to come up with the right pricing strategy you need to figure out your costs / operating expenses and target profit. Also consider the competitors pricing and what the customer is willing to pay.
- Once you identify the price for the service, you should determine the payment model, i.e. daily, weekly, monthly, termly or annually. This payment model can either be fixed or flexible depending as per the owner's' discretion but it has to be standard to all customers to avoid any ill will from the customers

Centre policies and procedures

Name of the centre _____

Working hours	Opening	
	Closing	
Prices	Per Day	
	Per Week	
	Per Month	
Services	Feeding Program	
Policies/rules		

Note

To ensure that we offer the best childcare services kindly pay the fee by: _____

For more information call: _____

Thank you for entrusting us with your child



Example Finance Tracker Tool

If no money has been paid for the day, indicate using —. If the child is present, indicate using a ✓, if the child is absent, indicate using a ✗

Name	Amount Payable	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Paid	Balance	Amount Payable	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Paid	Balance	

Module 4: Health, WASH and Nutrition

MODULE PLANNING: Health, WASH and Nutrition

Training Session for Volunteers (e.g. CHVs)

- Resources required to deliver training
- A copy of this manual
- Flip charts (or chalk boards)
- Flip-chart marker pens (or chalk)
- Notebooks
- Pens
- Masking tape
- Manila/brown craft paper
- Soap
- Water (for handwashing)
- Nutrition Charts (handout)
- Food pyramid (handout)
- Immunization charts (handout)

COP Sessions for centre providers

Resources required to deliver COP session

- A Copy of this manual to refer to
- Nutrition Charts (handout)
- Food pyramid (handout)
- Immunization charts (handout)

Who are these notes for?

- 1) Persons delivering training to CHVs (or ECDs or other childcare personnel) such as CHA's, Childcare specialists, Nutritionists.
- 2) CHV's (or equivalent) delivering COP sessions to centre providers.

TRAINERS NOTES: Nutrition

Importance of nutrition for optimal child growth development

Balance Diet/Diet diversity. This is a meal with a wide range of foods from the major seven food groups' hence adequate (enough) nutrients which is one of the important factors influencing growth and immunity. A balanced/diversified diet must contain densely sufficient and varied amounts of CHO (Carbohydrates) Protein, Fat, Vitamins, Minerals and Fiber in the required (right) quantity, texture, frequency to meet the child's/individual daily recommended dietary intake for holistic growth and development.

Refer to the food pyramid.

Complementary feeding & exclusive breastfeeding (6 complete months) then (6-59)

Complementary feeding is the period of transition from exclusive breastfeeding to family foods which covers children from 6-23 months of age, young child feeding from 23 months to 59 months {2 years to 5 years} (vulnerable period). It is the time when malnutrition starts in many infants & children, contributing to the high prevalence of malnutrition in children less than two years of age.

Malnutrition in young children can be prevented by feeding them enough densely nutritious and safe complementary foods: This kind of feeding should be:

Timely – meaning that foods are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding.

Adequate – meaning that foods provide sufficient energy, protein, and micronutrients to meet a growing child's nutritional needs for holistic development.

Safe – meaning that foods are hygienically stored and prepared and fed with clean hands using clean utensils and not bottles and teats.

Properly fed – meaning that foods are given consistent with a child's signals of appetite and satiety, and that meal frequency and feeding method – actively encouraging the child to consume sufficient food using fingers, spoon or self-feeding which are suitable for the age.

Infants i.e. from birth (1 day old) to six months should be exclusively breastfed because breast milk contains all the nutrients the child needs for appropriate growth and development and prevention of various childhood related diseases including malnutrition. In a child-care set-up, this should be encouraged since infants still have their body system developing and may not be able to break down all the nutrients from family foods which are provided at the age below six months.

Ages; 6 months to 8 months: a child should begin complementary foods like: Thick porridge/ mashed sweet potatoes or bananas/rice & fruits like avocado, ripe mangoes/pawpaw either blended or mashed like pudding. This is with continued breastfeeding. Give 2-3 times a day between 6-8 months.

9 months to 11 months: Let the children eat family food and together with others; foods like ugali, bread, vegetables at this stage they are to begin picking food and eating. At this stage avoid blending foods and let them eat whole and variety. Give 3-4 times daily between 9-11 months.

12 to 23 months: let them eat family foods which are varied in terms of texture and portion. At least four meals per day with adequate amounts of fluids like soups & water; should be able to be fed by him/her. Give 12-24 months with additional nutritious snacks offered 1-2 times per day, as desired.

24 to 59 months: Eat normal family foods at least 4 times a day with a snack in between at the right amount and 1-2 snacks daily.

Note: Appropriate nutrients are vital for child's growth and development hence aids in prevention of malnutrition and early childhood diseases. Children will have strong immune system with appropriate growth spurn therefore, kids don't learn if they don't have good nutrition! With good Nutrition then a productive community and nation!

Which foods should be avoided?

- **Salt** – up to seven months, a baby should eat less than 1g of salt per day (breastmilk and formula milks contain the right amount of salt). Between seven months and one year, 1g of salt per day is the maximum. Salt should not be added to foods, and salty foods, such as bacon, cheese and some processed foods, should be limited.
- **Sugar** – avoid giving children sugary foods which can spoil their teeth or make them develop cavities.
- **Honey** – should not be given to children under one year. It can contain bacteria which could lead to infant botulism (where the bacterium causes baby harm).
- **Nuts** – can be given from around six months old, if they are finely ground. Children under five years old should not have whole nuts because of the risk of choking and inhalation unless gently mashed to soothe the right texture for the child.

Directions on the kinds of food children to be given and in what consistency/texture:

Around six months to 8 months

- Thicker food with some lumps; soft finger foods can also be introduced at this stage.
- Fruit and vegetables: Rice, pasta, potatoes, yam, bread and cereals, meat, fish, pulses and eggs, yoghurt and custard.

Nine – twelve months

- Mashed, finely chopped, minced consistency; more finger foods across the seven food groups above.

Twelve months and older

- Mashed, chopped family foods and a variety of finger foods: Also normal family foods across the seven food groups.

Key points on importance of good nutrition

- Decrease the chance of various diseases related to nutrient deficiency – Children develop quality eating habits & helping protect children against diseases now and in the future.
- Helps keep the healthy weight – Good nutrition keeps the child healthy.
- Increases energy level – when children have sufficient energy they grow healthy and strong.
- Improves the skin health – Skin becomes well nourished.
- Boosts Immunity system – Helps prevent diseases in children/fight diseases.
- Brain development- This enables good performance in school in children.
- Prevents malnutrition – e.g. kwashiorkor, marasmus, stunting.
- Improves the organ and tissue performance & child's strong teeth, bones and muscles grow.
- Helping children get the vitamins and minerals their bodies need.

TRAINERS NOTES: Nutrition – responsive feeding

Introduction

Responsive feeding is the relationship between an infant or child and his or her caregiver that is characterized by the child communicating feelings of hunger and satiety through verbal or nonverbal cues, followed by an immediate response from the caregiver to the child's desired needs. This depends on the age of the child.

Responsive feeding techniques

- Be sensitive to children's hunger and satiety. Take note of when children are hungry and when they are satisfied.
- Feed slowly and patiently. Encourage children to eat, do not FORCE.
- Experiment with different combinations, tastes, textures and methods of encouragement.
- Minimize distractions during meals if the child loses interest easily.

Remember: Feeding times are periods of learning and love. Talk to children during feeding, eye to eye contact.

Role modelling in feeding as a caregiver

- Eat together with your children at the same level.
- Make positive comments about healthy eating.
- Praise children when they eat (or try to eat) their fruits/vegetables.
- Make meals and snack time positive, cheerful and unhurried!
- Eat what they are allowed to eat e.g. healthy food like whole fruits, cereals, and vegetables.
- Avoid eating sweets near children.

Appropriate feeding practices

- Eat when seated at the tables, if possible, otherwise have a designated eating area (i.e. spread a mat; eat away from learning area, away from the toilet etc.).
- Encourage self-feeding from 12 months.
- Use appropriate serving sizes. Serve more only if the child is still hungry.
- Children will eat what they need.
- Don't share utensils (One child: one plate).
- Make it fun and enjoyable – be cheerful!
- Use appropriate utensils: e.g., cups, bowls, spoons and do not use teats/bottle feeding.

Responsive feeding techniques (6-36 months old)

- Respond positively to the child with smiles, eye contact and encouraging words.
- Feed the child slowly and patiently with good humor.
- Try different food combinations, tastes and textures to encourage eating.
- Wait when the child stops eating and then offer again.

- Give finger foods that the child can feed him/herself.
- Minimize distractions if the child loses interest easily. Stay with the child through the meal and be attentive.

Illness/ condition and information/suggestion

- **Child's mouth or throat is sore:** The child may be more comfortable if you rinse his/her mouth with water before offering foods. Sour fruits, very sweet foods or spicy foods may irritate the mouth. Could you give soft or smooth foods? It might help to drink through a straw.
- **Child has chest infection or cough:** What about sitting the child upright and slowly giving small amounts? Have you tried frequent small amounts of food?
- **Child has diarrhoea:** Continuing to give some foods during diarrhoea helps the child to avoid losing weight. Extra fluids/breastfeeds are important. Try giving bananas, mashed fruits, soft rice and porridge during diarrhoea. If diarrhoea is severe: oral rehydration solution is needed.
- **Child has a blocked nose:** It often helps to clear the nose before feeding. You could try to feed slowly as this would give the child time to breathe?
- **Child has a fever:** Extra fluids/breastfeeds are good during a fever. Watch for when the fever is down. The child may be more interested in some food then.
- **Child is vomiting:** Could you give very frequent fluids/breastfeeds in small amounts?
- **Child is sleepy:** Could you watch for times child is alert and feed then?

12–36 Months signals a child shows during this age /during this period and how the caregiver should respond

- Shows active interest in food: pointing to foods, knowing the names of foods, asking for food when hungry
- Chooses foods s/he likes and refusing other foods (these preferences may change frequently)
- Becomes more skilled with utensils and imitating other people who are using them
- May be easily distracted from eating. Parents' response (appropriate)
- Respond to their child's signs. Offer healthy foods and avoid sweets, biscuits and salty snack foods.
- Anticipate mealtimes and have food ready before the child is over-hungry, tired or crying.
- Assist the child with skills while allowing the child to pick up food with their fingers and to self-feed.
- Feed slowly and patiently, and encourage children to eat, but do not force them. If a child receives more attention for refusing food than to eat it, the child may eat less in order to get the attention.
- Offer a variety of foods. If a new food is introduced and the child refuses; give the food at different times and change the tastes. Show that you like the food. If children refuse many foods, experiment with different food combinations, tastes, textures and methods of encouragement.
- Minimize distractions during meals if the child loses interest in eating easily.

Note: Feeding and eating is about more than nutrients. It is an opportunity to assist many different facets of child development from sensory, motor, cognitive and executive function and self-regulation skills.

Health, WASH and Nutrition Considerations for Children with Disabilities

Feeding is classically the most challenging part for a parent or carer looking after a child with a disability. The challenges encountered during feeding time of children with disabilities could include inability to settle, restrictive and ritualistic behaviours, fear for new foods, preferences, some may experience motor challenges like chewing and prefer softer foods than those that are crunchy and hard, some may be choosy in terms of colour and refuse to eat certain colours.

Many children with developmental and intellectual disabilities are very sensitive to food textures. This can make it hard for caregivers to introduce new vegetables, fruits and other foods. If they like how the foods feels, they may be willing to try new foods that feel the same. Try to introduce new foods based on the texture they prefer. If a child tends to like softer foods than the crunchy or hard ones, it is in order to seek medical attention to rule out dental problems.

Diet can affect behaviour and cognitive ability in children with disabilities. For example, food additives and sugars are suspected to worsen hyperactivity. Missing breakfast lowers mental performance and can make children more malnourished. Promoting healthy eating for these children simply means doing away with unhealthy food habits. The parent or caregiver needs to ensure the child gets a balanced diet with vegetables, fruits, grains like ugali and protein like meat, eggs, milk. It is also advisable to work closely with a nutritionist to advice on the dietary needs of the child.

Children with cerebral palsy may experience feeding difficulties due to challenges with the control of their muscles. Try using different utensils (spoons or forks) that are easier for them to manage , help them sit in an upright position and play games or rhymes to encourage chewing. Changing the food consistency may also be helpful to safely feed a child with cerebral palsy.

TRAINERS NOTES: Health – water, sanitation and hygiene

Introduction

This document illustrates the role of water sanitation and hygiene practices in the childcare centres which aim at decreasing the spread of water and sanitation related diseases. Water sanitation and Hygiene has a great impact on the health of a child hence appropriate practices at the childcare centre would impact the early life of the children.

Sanitation: Promoting health and nutrition through prevention of human contact with hazards/germs associated with poor food handling, preparation and storage, contaminated drinking water and unclean environment, the control of vectors (living organisms that transmit diseases).

Hygiene: A set of practices associated with the prevention of diseases; e.g. handwashing, accessibility to clean safe drinking water and general cleanliness.

Purpose of the training:

1. To improve health behaviours of children in terms of hygiene practices.
2. Prevent water, sanitation and hygiene diseases.
3. To understand the proper ways on how to dispose of faecal matter.
4. To provide high quality and healthy learning environment.

Infection can be spread through direct physical contact between people, airborne droplets from coughing and sneezing or from contact with surfaces and objects. Children in childcare centres come into contact with many other children, adults, toys, furniture, food and eating utensils.

This high level of physical contact with people and the environment creates a risk that children will be exposed to infection and spread infectious illnesses. While it is not possible for caregivers to prevent the spread of all infections, they should be working to create a clean environment to minimize the spread of disease.

Some hygiene methods childcare centres should be using:

Hygiene strategies that service providers should be using daily on children at the centres include:

- Accessibility to safe and clean drinking water.
- Caregivers and adults to use thorough hand washing and appropriate drying practices.
- Encouraging children to follow simple rules of hygiene practices e.g. handwashing and basic dental care.
- Ensuring equipment and toys are disinfected/washed regularly at the centre and well maintained.
- Keeping facilities e.g. toilets, kitchen, napping area, and play areas clean.
- Using hygienic toileting and nappy changing methods (Steps)
- Having hygienic procedures for wiping children's noses & display hygiene practices offered at the centre.
- All caregivers should handle food with high levels of hygiene.

- Waste management: Use of a dust bin with a lid to dispose of the waste from the kitchen and centre.
- Providing written information to parents about the centre's hygiene practices including recommended immunization schedules for children.
- Developing clear procedures for handling and disposing of body fluids such as blood and any contaminated items such as used wound dressing.
- Childcare centres should encourage families to keep sick children at home after seeking medical treatment so that they get adequate rest.

Promoting good hand-washing practices

Why hand washing

This is because we carry thousands of germs on our hands which easily spread through:

- Hand to hand contact e.g. greetings like high fives, touching items around.
- Children and teachers touch each other e.g. hugging, help each other, and play.
- Contaminated objects which include door handles, books, pens, toys, clothes, mats, tables, and chairs.

Steps to hand washing

- Wet hands
- Apply liquid soap or use bar soap
- Rub hands together for at least 15 seconds:
- Rub palms
- Backs of hands
- Between fingers
- Under nails
- Rinse all soap with running water
- Dry hands (use illustrations on the poster)

When should children wash their hands?

- When they arrive at the childcare centre.
- Before eating or drinking & after eating.
- After toileting/ nappy changing.
- After playing outside or handling animals/Play Materials.
- After sneezing or coughing into their hands.
- Whenever hands are visibly dirty.

When should caregivers wash their hands?

- When they arrive at the centre and before going home.
- Before handling food and feeding children.
- Between handling uncooked and cooked food – to prevent cross-contamination.
- Before and after giving or applying medication or ointment.
- After changing diapers or assisting a child to use the toilet.
- After using the toilet.
- After contact with body fluids (e.g. runny noses, spit, vomit, blood).
- After handling pets or animals.
- After cleaning.
- Whenever hands are visibly dirty.

Safe drinking water:

Water is unsafe when it contains germs and worms such as hookworm and roundworm.

Germs and worms live in urine and faeces, which can get into water from our hands or items we touch which cause diarrhoea, cholera, dehydration, and malnutrition.

Diarrhoea is one of the common signs of illness in children from germs/worms causing dehydration which causes death and/or stunted growth in children. Therefore, the provision of clean and safe drinking water should be a priority.

How to make water safe for consumption

1. Boiling: Boil water up to 100 degrees Celsius. (Produces bubbles)

Advantages

- Boiling kills harmful bacteria, viruses, and worms.
- It helps to remove some microorganisms, chemicals, and other components.
- Fewer skills needed on how to boil water.

Disadvantages

- Fuel for boiling water might be expensive.
- It doesn't stay clean if you put it into a dirty container.

2. Water guard /Chlorine treatment. (5ml/20lrt)

Advantages

- Reduces most bacteria and viruses present in water.
- Protects against re-contamination.
- It is easy to use and acceptable.
- Reduces cases of diarrheal disease.
- It's affordable (Childcare provider/anyone and sustainable).

Disadvantages

- Some people might dislike the taste.

Good hygiene practices

Diapering and toileting

- Diapering areas, potties, urinals, and toilet areas MUST be kept clean regularly!!

Steps for diapering

1. *Preparation:* Bring all the materials you need while changing the child at the diapering station.
2. *Clean the child:* (Communicate to him/her).
3. *Remove the waste:* The child's faeces and dirty clothes.
4. *Replace the diaper:* Sliding a new and clean diaper/nappy to the child.
5. *Handwashing for the child:* Wash the child's hand using clean running water.
6. *Clean up:* Wipe or disinfect the diaper changing area and remove any dirt particles before changing another child.
7. *Wash your hands :* The caregiver should wash his/her hands after completing everything.

Toileting and potty hygiene

Children:

- All children should wash their hands with soap and water every time they use the toilet/potty.
- All children use clean/disinfected potties each time of bowel movement.

Staff /Caregiver:

- Staff must empty the contents of the potty into the toilet carefully every time it is used.
- Toilets must be cleaned at least 2 times a day and whenever it's dirty.
- Clean and disinfect the potty.
- Wash their hands.

General cleanliness of the environment

The general hygiene comprises the personal hygiene, toys, floors, cooking utensils, and bedding, furniture used by the children, carpets, latrines, food preparation process, and the potties.

Oral hygiene

All children should brush their teeth every morning before coming to the centre. Children below one year have their teeth cleaned using a soft toothbrush designed for infants or have their mouth washed gently using clean warm water. The teachers ensure oral health check is done for every child daily and share the information with the parents.

How frequent should the center be cleaned and all its items

- The centre should be cleaned on a daily basis and also immediately after the children finish eating so as to prevent the spread of germs.
- All the bedding to be aired on the sun (during sunny days) so as to kill germs or washed (mattress cover/sheet) after every two days for total hygiene maintenance and germs prevention.
- All the toys should be kept clean or disinfected and stored in a clean box or container.
- All the utensils used in food preparation should be cleaned and dried in a rack for water to floor down before storage in the centre/use.
- All the furniture to be dust-free and cleaned before use by the children.
- All toilets/potties should be cleaned frequently to avoid any flies being around the centre; this prevents the spread of infectious diseases/bacteria.

Personal hygiene

- All children should come to the centre in clean clothes and packed for extra clean clothes; especially for child-cares.
- All children must come clean at the centre which should be assessed by caregivers during the drop-off by the parents.
- At least two handkerchiefs/clean small cloths per child in case of common cold while at the centres.

Note: *Maintain a high level of hygiene by practicing general cleanliness and Handwashing regularly to prevent diseases.*

TRAINERS NOTES: Immunization and first aid

Purpose of the module

To equip the CHVs with basic knowledge and skills on different health topics including immunisation, providing a safe environment for children and about detecting and managing emergencies/ danger signs through first aid, and referral. The CHVs will then train the center providers in these skills through the CoP group session. The different topics are described in the table below.

Table 1. Health topics

Health topic	How to detect (signs)	What to do (management)	Resources needed
A. Immunization	Check children's immunization card for any missed (Check monthly)	<ul style="list-style-type: none"> ■ Make a list of children with pending immunizations ■ Advise parents to take child for immunization ■ Refer the defaulters to CHVs to follow up at home 	<ul style="list-style-type: none"> ■ Immunization schedule ■ Child immunization card ■ MoH reporting form/register provided by CHV
B. First aid			
Prevention of accidents	<p>Ensure a safe environment</p> <ul style="list-style-type: none"> ■ All sharp knives and implements should be put away ■ All chemicals and cleaning products should be put away ■ Avoid giving children small pieces of play materials e.g. beads, coins ■ Keep fire, hot food, water in a basin etc. away ■ Children should be observed by the adult at all times ■ Ensure a spacious, well-light, smooth, flat and clear play area for the children ■ Children should be within sight(observed) of the caregiver at all times ■ Young infants (below 2 years) must be assisted to feed 		
Common emergencies	<p>How to detect:</p> <p><i>Signs and symptoms</i></p>	<p>First aid</p> <p><i>First aid: the first and immediate assistance given to any person suffering from either a minor or serious illness or injury, with care provided to preserve life, prevent the condition from worsening, or to promote recovery.</i></p>	<p>Materials/resources</p> <p>*First aid kits (center providers to make First aid kits by compiling the items listed below)</p>

Health topic	How to detect (signs)	What to do (management)	Resources needed
<p>1. Choking: <i>a foreign (e.g. food, coin, play material) object lodges in the throat or airway, blocking the flow of air or breathing</i></p>	<ul style="list-style-type: none"> ■ Coughing excessively ■ Struggling to speak, breath, cough, or cry ■ Hands at the throat ■ Anxious, or distressed ■ Fainting 	<p>Dislodge the object by doing the following:</p> <ul style="list-style-type: none"> ■ Kneel down behind the child ■ Place one arm across the child's chest for support ■ Bend the child over at the waist so that the upper body is parallel with the ground ■ Deliver 5 back blows between the child's shoulder blades with the heel of your hand followed by 5 chest blows ■ Alternate 5 back and 5 chest blows ■ Rush child to hospital if this fails, as you inform parents 	<ul style="list-style-type: none"> ■ Quick means of transport
<p>2. Foreign object in nose or ear</p>	<p>Object visible in the nose or ear</p>	<ul style="list-style-type: none"> ■ Take child to health facility for removal and inform parents 	
<p>3. High fever</p>	<ul style="list-style-type: none"> ■ Temp $\geq 38^{\circ}\text{C}$ 	<ul style="list-style-type: none"> ■ Tepid sponge (cloth wetted with warm water); avoid overcooling ■ Reduce clothing ■ Refer child to the health facility and inform the parents 	<ul style="list-style-type: none"> ■ Thermometer ■ Cloth and warm water ■ Quick means of transport
<p>4. Convulsions (usually febrile convulsions, or epilepsy)</p>	<ul style="list-style-type: none"> ■ Fitting, frothing at the mouth 	<ul style="list-style-type: none"> ■ Ensure child is well positioned (lay them on their side with the neck straight to protect airway) ■ Remove nearby objects to protect child from injury ■ Rush the child to health facility, as you continue to monitor breathing and inform parents 	<ul style="list-style-type: none"> ■ Quick means of transport

Health topic	How to detect (signs)	What to do (management)	Resources needed
5. Sudden onset of profuse diarrhea/ vomiting	<ul style="list-style-type: none"> ■ Watery stools ■ Vomiting 	<ul style="list-style-type: none"> ■ Give Oral Rehydration Solution (ORS) ■ Prepare ORS locally: <ul style="list-style-type: none"> ■ 6 level teaspoons of sugar +Half level teaspoon of Salt+One litre of clean preboiled cooled water (2 big size plastic cups each 500 ml.) ■ Call parents to take child to hospital 	<p>ORS (packet or home made)</p> <p>Quick means of transport</p>
6. Fainting/ unconsciousness	<ul style="list-style-type: none"> ■ Child not responsive 	<ul style="list-style-type: none"> ■ Inform parents immediately ■ Rush child to hospital 	<ul style="list-style-type: none"> ■ Quick means of transport
7. Burns (fire, hot water, food etc)	<ul style="list-style-type: none"> ■ Visible injury e.g. blisters 	<ul style="list-style-type: none"> ■ Cool the burn immediately preferably with running water (e.g. gently pour water from a clean jar) ■ If large burnt area (e.g. the entire abdomen, or both hips) or severe burn rush child to hospital, ■ Always inform parents immediately 	<ul style="list-style-type: none"> ■ Cold water ■ Quick transport
8. Cut wounds & bleeding	<ul style="list-style-type: none"> ■ Visible wounds ■ Bleeding ■ Child crying 	<ul style="list-style-type: none"> ■ Apply gauze and plaster to the wound to stop the bleeding ■ Always inform parents & take child to health facility 	<ul style="list-style-type: none"> ■ Gauze ■ Plaster
9. Falls & fractures	<ul style="list-style-type: none"> ■ Child crying in pain ■ Bleeding ■ Unable to use that limb 	<ul style="list-style-type: none"> ■ Stop any bleeding with clean gauze ■ Refer child to hospital ■ Always inform parents immediately 	<ul style="list-style-type: none"> ■ Gauze

Health topic	How to detect (signs)	What to do (management)	Resources needed
10. Nose bleeding	<ul style="list-style-type: none"> ■ Nose bleeding 	<ul style="list-style-type: none"> ■ Lay child down on their side ■ Wipe away blood from nose area ■ Observe child ■ Refer child to hospital if bleeding is profuse or if it persists and inform parents 	<ul style="list-style-type: none"> ■ Clean gauze or towel ■ Quick means of transport
11. Poisoning	<ul style="list-style-type: none"> ■ Mouth frothing ■ Excessive sweating ■ Vomiting or diarrhea ■ Poor breathing ■ Fainting 	<ul style="list-style-type: none"> ■ Rush child to hospital with suspected poison, and inform parents immediately 	<ul style="list-style-type: none"> ■ Quick means of transport
12. Snake bite	<ul style="list-style-type: none"> ■ Clear bite marks ■ Bitten site is hot, swollen & painful 	<ul style="list-style-type: none"> ■ Lower the injured limbs at a level lower than the heart ■ Immediately rush the child to a hospital. ■ Take a photo of the snake if possible without putting yourself at harm ■ Minimize movement ■ Call parents immediately 	
13. Other danger signs: <ul style="list-style-type: none"> ■ Anxious/depressed child (psychologically distressed) ■ Signs of child abuse (physical, or sexual etc) 	<ul style="list-style-type: none"> ■ Child is sad, unarousable, irritable ■ Bruises, foul smell 	<ul style="list-style-type: none"> ■ Discuss with parent possible causes and possible solutions ■ Involve CHV who will refer to child protection services 	
RECORDING INCIDENTS	Cases of accidents/emergencies should be recorded in a record book/ form as they occur, and periodically reviewed by the CHVs who can advise accordingly. CHV can also include these in their reports.		

Including Children with Disabilities in WASH and Immunization interventions

Children with disabilities face barriers in attending childcare centres when water and sanitation facilities are not accessible to them. It is important to ensure that these facilities are inclusive and child-friendly to address their needs. Helping children with disabilities to learn how they can use a potty or wash their hands in their own way is important for their health and sense of empowerment. Try to find ways to support them to keep clean and hygienic and give plenty of positive encouragement when they do keep clean.

Access to safe drinking water, proper sanitation and hygiene reduces stunting and under nutrition in children with disabilities by preventing parasitic diseases and diarrhoea which may damage the gastrointestinal system limiting supply of nutrients. Under nutrition worsens their immunity and exposes them to frequent attack by diseases, which eventually leads to poor quality of life.

It is important to check that all children are up-to-date with their immunisations. This may be even more important for children with disabilities who may not be able to access health services so easily. Talk to the child's parent or guardian to check they are immunised. Community based immunization efforts can ensure that no child misses their vaccinations.

This handout is for: ALL (trainers, CHVs (or equivalents) and centre providers

SUMMARY HANDOUT: Nutrition

Importance of nutrition for optimal child growth development

- Balance diet is a meal that consist of the major seven food groups; carbohydrates, proteins, fats, vitamins, minerals, and fiber in the right quantity, texture, frequency for proper growth.

Food groups which make up a balanced diet

- Grains and Grain Products and All Other Starchy Foods.
- Pulses beans, peas and lentils.
- Nuts and Seeds.
- Dairy & Dairy Products.
- Flesh Foods: these are sources of animal protein, they include meat, poultry and fish.
- Eggs: a source of protein, are found in Chicken, Duck, turkey, Guinea fowl, and Quail eggs.
- Fruits and Vegetables: They are a source of Vitamins & Minerals.

Complementary feeding and exclusive breastfeeding

Complementary feeding is the period of transition from exclusive breastfeeding to family foods.

- **1 day old – 6 months:** should be exclusively breastfed
- **6 – 8 months:** thick porridge/mashed sweet potatoes or bananas/rice & fruits like avocado, ripe mangoes/pawpaw blended or mashed with continued breastfeeding.
- **9 – 11 months:** children eat family food that is whole without blending.
- **12 – 23 months:** eat family foods, varied in texture and portion, at least four meals per day with an adequate amount of fluids like soups & water.
- **24 – 59 months:** Eat normal family foods at least 4 times a day with a snack in between.
- Salt, sugar, honey and nuts should be avoided for infants.

Key points on importance of good nutrition

- Boosts Immunity system
- Brain development
- Prevents malnutrition
- Increases energy level
- Improves organ and tissue performance

Responsive feeding

- Responsive feeding is the relationship between a child and caregiver, and their communication in relation to feeding.
- To practice responsive feeding, be sensitive to children's hunger and satiety, feed slowly and patiently, experiment with different combinations, tastes, textures and minimize distractions during meals.
- As a caregiver role model proper feeding by eating together with your child, making positive comments about healthy eating, praise children when they eat/ try to eat their fruits/ vegetables, make meals and snack time positive, cheerful and unhurried. Eat same food as them and avoid sweets.
- Practice appropriate feeding practices by eating while seated, encourage children to self-feed from 12 months, use appropriate servings and serve more only if the child is still hungry. Also ensure to use appropriate utensils without sharing between children. For a child who is 6-36 months old practice responsive feeding by responding positively to the child with smiles, eye contact and encouraging words, feed them slowly and patiently with good humor, try different food combinations, tastes and textures, wait when the child stops eating and then offer again give finger foods that the child can feed him/herself and minimize distractions if the child loses interest easily.

This handout is for: ALL (trainers, CHVs (or equivalents) and centre providers

SUMMARY HANDOUT: Hygiene and Sanitation

- **Hygiene** – keeping one’s self and surroundings clean to prevent illness or the spread of diseases.
- **Sanitation** – promotion of health by providing clean drinking water and adequate waste and sewage disposal.
- **Hygiene in the childcare centers can be maintained** by teaching children to adhere to hand washing and basic dental care, regular cleaning and disinfecting of surfaces and toys, keeping facilities including bathrooms, kitchens, play, sleep and rest areas clean, proper diapering and toileting practices and ensuring clean, safe drinking water and proper food handling.
- **Necessary steps for hand washing**
 - ◆ Wet your hands with running water
 - ◆ Cover your hands with liquid soap and rub them vigorously.
 - ◆ Clean between fingers, under fingernails, around wrists, both the palms and backs of hands.
 - ◆ Rinse your hands thoroughly to remove all soap and germs.
 - ◆ Use a paper towel to turn off the tap or rinse tap with water then close.
 - ◆ Pat dry hands with a clean towel or shake then while facing them down.
- **When children should wash their hands**
 - ◆ Before and after eating
 - ◆ After playing
 - ◆ After visiting the toilet
 - ◆ After touching a wound
 - ◆ After going through a diaper or nappy change
- **Caregivers should wash their hands:**
 - ◆ Upon arrival at the child care program.
 - ◆ Before preparing, serving, or eating food.
 - ◆ Before and after giving medication.
 - ◆ After using the bathroom.
 - ◆ After changing a child’s diaper or helping a child use the potty.
 - ◆ After wiping children’s noses and mouths.
 - ◆ After cleaning or treating children’s wounds.
- **Water can be made safe to drink** by **boiling** or **treating it with a chemical** (chlorine, iodine or water guard).
- **General cleanliness of the environment can be realized** by Personal hygiene and cleaning the environment, toys, furniture, floors, walls, carpets, latrines and clean handling of food.

Childhood immunisations, vitamin supplements and deworming schedule for under 5s

STAGES FOR CHILDHOOD IMMUNISATION	BCG	Polio	IPV (inactivated polio vaccine)	Diphtheria/ Pertussis/ Tetanus/ Hepatitis B/ Haemophilus Influenza type B	Pneumo-coccal	Rota Virus	Measles Rubella	Yellow Fever	Vitamin A Capsule	Deworming
At birth	One dose	One dose (within 2 wks of birth)								
6 Weeks		1st dose		1st dose	1st dose	1st dose				
10 Weeks		2nd dose		2nd dose	2nd dose	Last dose				
14 Weeks		Last dose	One dose	Last dose	Last dose					
6 Months							1st dose		1st dose	
9 Months							2nd dose	One dose		
1 Year									2nd dose	1st dose
1 ½ Years									3rd dose	2nd dose
2 Years									4th dose	3rd dose
2 ½ Years									5th dose	4th dose
3 Years									6th dose	5th dose
3 ½ Years									7th dose	6th dose
4 Years									8th dose	7th dose
59 Months									Last dose	Last dose

FOR CENTRE PROVIDERS



Diapering Steps

1

Preparation



- Prepare the changing area
- Bring all the items you need

2

Clean the child



- Clean the child with disposable wipes.
- Wipe front to back

3

Remove the waste



- Throw away soiled diaper and wipes in a waste bin and cover it.

4

Replace diaper



- Slide a clean diaper under the child.
- Tie the diaper around the child's waist

6

Clean up & Handwashing



- Wipe any visible stool using disinfectant.
- Wash your hands well with soap

5

Handwashing



- Use soap & water to wash the child's hands well.
- Return child to a safe area

To make diapering interesting...
Hang a mobile above diapering area and talk to your child.

you have two little feet!



FOR CENTRE PROVIDERS

Responsive Feeding



Counselling Card

0-6 months



Exclusive breastfeeding



Expressed breast milk

6-8 months



1/4



Uji



Mashed food



Snack



24-59 months



Wash your hands before and after eating

9-11 months



1/2



Full



12-24 months



3/4



3/4



1. When the child is sick

Feed slowly & patiently. Give mashed food or soft food. Give their favourite foods. Give small frequent meals. Breastfeed longer and more often. Increase fluid intake.

2. Recovering from illness

Be responsive to the child's increased hunger. Give additional meals/snacks every day for 2 weeks. Offer more food per meal.

3. Refuses to eat

Give an alternative food. Make food more presentable e.g. in the shape of a smiley face. Talk and sing to the child. Ensure the child does not eat alone.

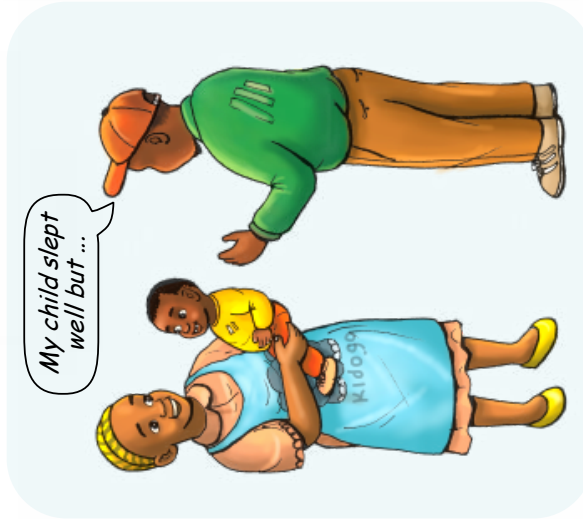
4. Has a reduced appetite

Feed slowly & patiently. Give their favourite food. Breastfeed more often. Provide more feeding opportunities. Prepare smaller portion sizes as opposed to 3 main meals.

FOR CENTRE PROVIDERS

DAILY HEALTH CHECK

1. Listen



- Greet the child and the parent.
- Ask how the child is feeling.

- Listen to what the parents tell you about the child's health in the morning
- Listen to the child's breathing behaviour: is there any wheezing, coughing or breathing difficulty?
- Ask if there is any sudden communicable illness at home

2. Look



- Get down to the child's level to see her/him clearly.
- Look for signs of health or illness.

- Is the child's behaviour unusual for this time of the day?
- Is the child scratching the skin?
- Is the child pulling at the ear?

3. Feel



- Feel for the pulse rate at the wrist using your thumb
- Feel for the temperature using the thermometer

- Ensure you feel for any kind of unusual body temperature
- If the child is sick, has high body temperatures or has burns contact the parent immediately.

FOR CENTRE PROVIDERS



Weekly Menu Plan

Meals


**MORNING
SNACK**

LUNCH

**AFTERNOON
SNACK**

Days

MON

 Wimbi
Porridge

**Rice + Cabbage + Yellow
Beans**
Grated Carrots

 Fruit in
season

TUE

 Wimbi
Porridge

**Ugali + Omena + Green
Vegetables**

 Fruit in
season

WED

 Wimbi
Porridge

Matoke + Cabbages
(Green bananas)
Grated Carrots

 Fruit in
season

THUR

 Wimbi
Porridge

Chapati + Kamande

 Fruit in
season

FRI

 Wimbi
Porridge

**Ugali + Green
Vegetables**

 Fruit in
season

SAT

 Wimbi
Porridge

Rice + Ndengu + Cabbage
(Greengrams)

 Fruit in
season

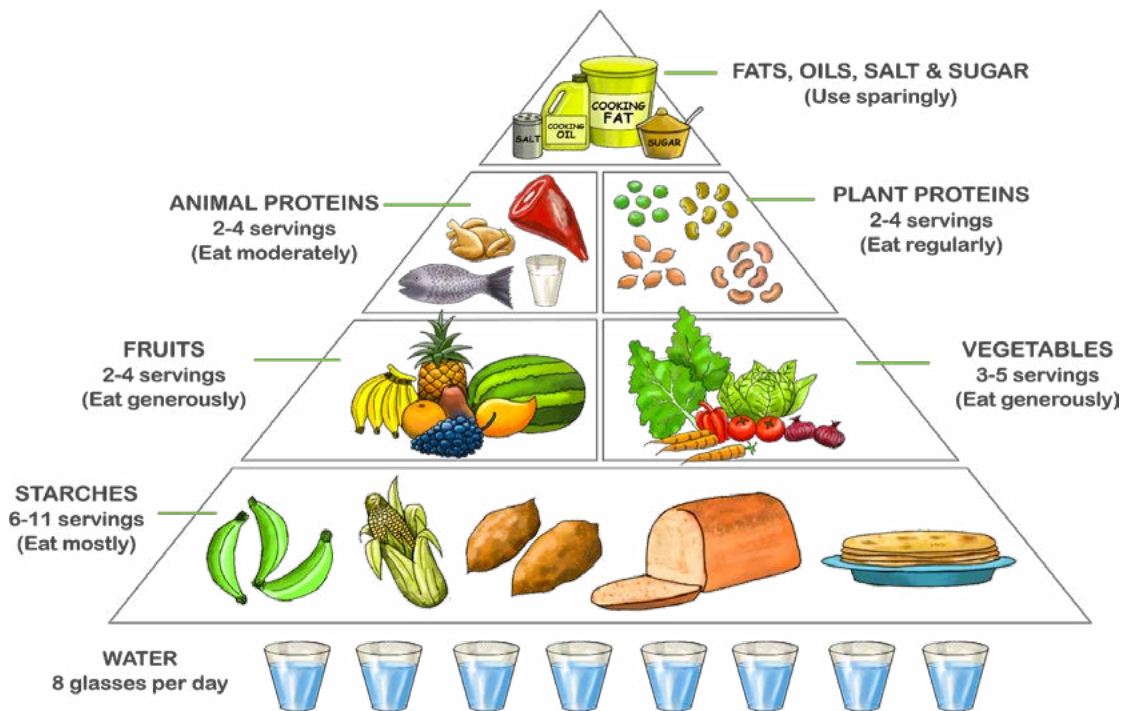
Children below 6 months to be exclusively breastfed or cup fed exclusive expressed breast milk (mothers milk)

It is important to love children equally and feed them densely nutritious food



FOR CENTRE PROVIDERS

Food Pyramid



Tool 6: records for cop sessions with centre providers

Location:

Names for the villages/catchment areas of CHV:

CoP sessions	Date	Names of day centres present (no. of staff present for each centre)	Names of centre providers	Start time	End time	Specific topics discussed (specify materials used for demonstration and given to be taken away)	Take home messages	Date of next CoP	Facilitators (and supervisors name if present)
Health, Nutrition and WASH									
Child Protection, Abuse, Positive Discipline and Child Safety									
Learning through play									
Business and administration									

Tool 7: records for day centre supportive supervision by chvs

Name of CHV:

Location:

Name/ ID of centre	Date of visit	Time visit started	Time visit ended	Materials delivered as part of the visit	Specific task/ areas supervised

For more information on the CoP project contact: APHRC: info@aphrc.org +254 (20) 400 1000 and check the University of York website: <https://www.york.ac.uk/healthsciences/research/public-health/projects/nairobi-childcare-community-practice/>

For more information on the work of Kidogo please contact: info@kidogo.co

