Improving the Quality of Childcare Through Parenting Enrichment and Training of Trainers: The Eritrean Model

by

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ABSTRACT

Societal perceptions of what constitutes desirable parenting behaviour, practices and attitudes vary considerably. Studies that have investigated parenting practices, behaviours and attitudes in ethnic groups in Eritrea point to the fact that differences within communities – values and beliefs, family structures, views on collective responsibility, and other associated factors generate distinct patterns of parenting and affect the way children are reared. Ethnic groups apply their own criteria when identifying behaviour deemed as violating or supporting child health, growth and development. This project is notable for its attempt to develop an Eritrean Parenting Enrichment strategy using a participatory process that includes different categories of stakeholders, with parents and grassroots communities at the forefront. Using a participatory and consultative approach, a Parenting Enrichment Manual and a Facilitators’ Guide were developed. Consensus building workshops were conducted before the resource content and methodology were introduced to a group of Zoba regional level ECD stakeholders who were trained through a series of workshops to play the role of Zoba Trainer of Trainers. This core group would be responsible to roll out the intervention. Several lessons have emerged from this project. The lessons learned suggest that ECD interventions must be context specific, attuned to the culture and social economic contexts of the target communities. Intervention models that exhibit a tendency to address one issue or use one intervention for all communities, may not create the needed change. Furthermore, the lessons learned indicate that although parenting enrichment is a low-cost strategy toward improving holistic child development, it works best with complementary programs and childcare support systems.
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CHAPTER 1: INTRODUCTION

This chapter is divided into four sections. The first section provides a background to the ECDVU Major Project, which has two inter-related components: the Eritrean Parenting Enrichment initiative and a Training of Trainers initiative designed to support the implementation of the parenting enrichment initiative. Included in the first section is a brief statement about the importance of the Parenting Enrichment initiative to the Eritrea Integrated Early Childhood Development Project and the country at large. This is followed by a statement of the problem. The third section highlights the purpose and significance of the project, while the fourth and final section provides guidance on how this report is presented.

Background

The completed ECDVU Major Project focuses on how Eritrea has embarked on a journey to use alternative strategies, both formal and non-formal, to promote the holistic development of children from birth through six years. One such strategy is the Eritrea Parenting Enrichment intervention. Evans (1998) defines parenting as the provision of on-going care and support that a child requires in order to survive and thrive. Families and communities, as well as broader social and cultural contexts, make up a complex background for the process of parenting and parenting support. Effective Early Childhood Development (ECD) takes all these factors into consideration.

The Government of Eritrea recognizes ECD as an essential and, in the long-term, sustainable investment. The government has demonstrated this commitment within the broader policy framework of its macro policy, which underscores the importance of mother and child services and the need to provide children with legal and social
protection. This commitment to ECD is based on the realization that children who receive quality care and early stimulation to enhance their health and their physical, intellectual and socio-emotional development are healthier and stronger, both as children and later as adults, fit better into society, are more successful in school and in life, and contribute more to the socio-economic development of their country than their counterparts who do not receive quality care. There is no doubt that when children receive quality care, the economic and social benefits which accrue to the individual and to society as a whole far exceed the costs (Young, 2002; Evans, Myers, & Ilfeld, 2000; Barnett, 1998; Karoly et al., 1998; Grantham-McGregor et al., 1997).

By applying the knowledge and skills gained from the ECDVU course, the Parenting Enrichment strategy will make a substantial contribution to the Eritrea Integrated Early Childhood Development Project and the overall quality of life of children in Eritrea.

As noted, the project has two components, namely, the conception and development of the Parenting Enrichment strategy and the development of the Training of Trainers approach to lead and link implementation of the Parenting Enrichment intervention with other ECD project activities in the six regions (Zobas) of Eritrea. Training of Trainers was included as an important part of this project because people are crucial to the success of an ECD program and there is a great shortage of ECD human resources in Eritrea. This choice was also influenced by the knowledge that, while the selection of appropriate people to staff ECD projects and programs is one of the keys to a successful enterprise, a second key is the kind of training and support received by staff at
the different levels in the program structure. Training is an essential part of implementing and sustaining high quality programs.

Project Statement

Despite clear evidence that the world’s children are tomorrow’s human capital, early years’ interventions have continued to be poorly represented in the overall systems of many countries in sub-Saharan Africa, including Eritrea. In Eritrea, due to successive wars and droughts, the overall opportunities created for early years’ interventions have remained of low quality and limited to only a small percentage of children. For example, during the period 1998-1999, only 5% of children aged 5-6 were enrolled in kindergarten centres, most of them in urban areas (Ministry of Education, 1999). Regarding the health sector, apart from the existence of immunization services, health interventions reaching young children have been very inadequate. High levels of poverty and illiteracy, especially among women, make the situation worse.

With the launch of the Eritrean Integrated Early Childhood Development Project (EIECDP) in 2000, different interventions were developed to complement and supplement traditional childcare and development services. It was recognized that no early childhood program can bring lasting benefits to the child unless parents, families, social institutions and other service providers in the community are involved in the development and provision of ECD. The new initiatives are gradually bringing parents and communities to the forefront in the development and provision of early childhood care.

The goal of the EIECDP is to “improve the quality of life of Eritrean children thereby keeping the young population healthy and productive for the sustainable social
and economic development of the country.” Hence the developed national project aims to improve child health by improving the overall health system of the country, improve child and maternal nutrition through strengthening service delivery and community participation in nutrition interventions, improve early childhood education and care by providing for children’s basic needs, support children in difficult circumstances through psychosocial assistance and through the reintegration of orphans, and change the community’s behaviour on childcare practices through strategic communication, advocacy, survey and research.

The EIECDP aims to achieve a 20 percent decrease in fatality cases in children from the five major causes – malaria, ARI, diarrhoea, measles and malnutrition, a 20 percent decrease in malnutrition – as measured by prevalence of underweight in children below 6 years of age, a 20 percent decrease in repetition and dropout rates between grades 1 and 2, and the reunification of 32,000 orphans with their nearest relatives by the year 2005.

In addition, the project will reach 31,000 children from 5 to 6 years through the kindergarten strategy and 90,000 children from 0 to 6 through the non-formal community caregiver and parenting enrichment strategies (World Bank/Government of Eritrea ECD Project Document, 2001).

This ECDVU Major Project focuses on how the Eritrean Parenting Enrichment strategy is devised to meet the basic needs of children and describes the Training of Trainers (TOT) strategy. The latter has been identified as a cost-effective means of developing human resources to facilitate sustainable planning, implementation,
monitoring and evaluation for the Parenting Enrichment intervention and other ECD project components.

Rationale for the Project

This ECDVU Major Project serves different purposes. Most importantly, it contributes to the holistic development of Eritrean children. Because of its integrated nature, the Parenting Enrichment strategy enhances children’s psychosocial and cognitive development, encourages the reunification of orphans with their nearest relatives, and contributes to a decrease in child fatalities, malnutrition (as measured by prevalence of underweight in children below 6 years of age), and repetition and dropout rates between grades 1 and 2.

The TOT strategy that is developed will facilitate implementation, monitoring and evaluation of the Parenting Enrichment strategy and will contribute to human resource development for ECD in Eritrea. Those trained will appreciate the interrelationship of health, nutrition, care and stimulation and will pass this knowledge along to parents, families, caregivers and communities, and to institutions and organizations-working with children and their families.

These goals will be achieved through training a selected core group of national and regional TOTs. These include ECD coordinators, communicators, supervisors, different categories of health agents and other partners such as adult education groups, the National Union of Eritrean Women, The National Union of Eritrean Youth and Students, and representatives of NGOs and faith-based organizations working with children and their families. Each of the six regions identified a diverse team of members to be trained at the national level as the ECD trainers for the region. Regional teams of
TOTs are now responsible to raise awareness and introduce, implement, monitor and evaluate the Parenting Enrichment component in their respective regions.

As well, this intervention contributes to the global agenda of making children’s rights a reality for all children, especially those living in difficult conditions.

*Presentation of the Project Report*

This report is divided into six chapters. The first chapter provides a background to the project, starting with a brief statement about the importance of the project to the EIECDP. This is followed by a statement of the problem, purpose and significance of the project. The literature reviewed to inform and guide this project is presented in Chapter 2. Chapter 3 includes a description of this ECDVU Major Project; that is, the conception of the Parenting Enrichment strategy, development of resource materials to facilitate implementation of the Parenting Enrichment strategy, and development of the TOT program to roll out this intervention. Chapter 4 provides and discusses the findings of this project, while Chapters 5 and 6 present conclusions and recommendations respectively.
CHAPTER 2: LITERATURE REVIEW

Section 1: Parent and Family Education

Among others, Landers (1992) and Evans (1998) greatly acknowledge and advocate for the family’s role as a major force in the development and provision of ECD. They perceive the family’s involvement as an indispensable ingredient for sustaining the accomplishments of early childhood programs. In light of this perspective, Landers and Evans emphasize that educators should involve themselves in training parents and future parents in family care and education skills.

Engle, Lhotska, and Armstrong (1997) suggest that one of the keys to supporting the child’s optimal development is to provide appropriate care, meaning not only keeping the child safe and free from harm but also the interactive process which enhances psychosocial and cognitive development during the foundation period. They propose that the most important factor in a child’s development is to have at least one strong relationship (attachment) with a caring adult who values the well-being of the child.

The literature reveals there is no single “best way” child development strategy. Thus, a parent support intervention is an approach chosen as one of the means to enhance the quality of care of young children. In 1994, the Malta World NGO Forum marked the International Year of the Family (whose theme was “promoting families for the well-being of individuals and societies”) by recommending family education and empowerment as a “realistic global approach to the family as the ‘basic unit of the society’ and the natural environment for the healthy development of all its members and of every society” (UNESCO, 1995, p. 5).
China is one of the countries that emphasizes parents and family education. It recognizes the family as the very first environment that the children grows up in, and parents as the very first teachers in the children’s progress into life. Baolan and Xiaoping (1995) proposed, and rightly so, that parents of children of different age groups should be provided with comprehensive knowledge and methods of family education.

In support of this proposition, the China National Institute of Educational Research and Family Education advocates for the family as affecting not only the present society but societies in the future. The family is conceived as the foundation for the growth and development of children; families can enhance the good effects produced by social and school education and offset problems that obstruct them. Thus, China perceives family education as a public matter affecting both the attainment of the global target of basic education for all and the improvement of the cultural quality of the Chinese nation.

China organizes parents’ schools in a multitude of flexible forms to satisfy the particular needs of parents who differ widely in local, professional and cultural backgrounds. Many parents have come to see the vital importance of family education and the new demands that modern society makes on children. From this understanding has evolved the “give and take cycle” of family education in which teaching and learning form a two-way, interactive process by which the two generations of a family make progress simultaneously (Baolan and Xiaoping, 1995).

Sharing the Turkish experience, Kagitcibasi, Bekman and Goksel (1995) advocate for the significance of a non-formal mother-child education program. The Turkish model is based on a two-tiered approach, which aims to provide early enrichment to the young
child and training and support to the mother. Through this intervention, trained mothers were more verbal, less punitive, and more responsive to their children and had a greater number of interactions with their children than mothers who received no training. Trained mothers were found to value autonomous behaviour of the child to a greater degree than untrained mothers and were more cognitively stimulating with their children.

Earlier, Kagitcibasi, Sunar and Bekman (1988) reported that trained mothers had a different pattern of interaction with their husbands than untrained mothers. They were more likely to share decision making with their spouses on subjects such as birth control and child discipline than were untrained mothers. Trained mothers also enjoyed a greater degree of communication and role sharing with their spouses, the latter being evident, for example, in husbands helping with household chores.

Myers (1993) reported multipurpose programs to create greater motivation for participation. Programs that integrate different components such as family planning, mother-child health, nutrition, and school preparation, were found to be more effective than programs with a singular purpose. Engle (1980) and Evans (1997) also proposed that intervention programs, especially for women in development, should be multipurpose and directed at the intersecting needs of women and children.

The Initial Education Project of Mexico (Myers 1998), targeting the most disadvantaged population groups in rural and urban areas in Mexico, used a non-formal approach to provide home-based childrearing practices. The training was conducted by community educators who worked with families. Teaching materials, guidebooks with comprehensive illustrations, and other educational materials to teach skills for caring and stimulating children’s cognitive and psychosocial development were distributed, and
radio programs were broadcast regularly by local stations to advertise the project and to motivate families to participate.

Section 2: Training of Trainers

Generally, research points to the critical importance of context-appropriate training in creating a desired community impact and ensuring effectiveness and sustainability. Weikart (1998) emphasizes the need for interventions to have valid research backing and associates success and effectiveness with how well a program is delivered. The points above suggest the importance of carrying out a training needs assessment to guide workshops and courses in the selection of content, methodology and duration.

Based on the philosophy that people learn best through active learning and personal experience, Torkington (1992) advocates for active, participatory and experiential learning approaches. She describes experiential training as training that involves activities that require trainers to interact, carry out tasks and participate in problem solving. She proposes that people learn best when they are actively engaged, able to start with what they already know, able to relate new knowledge to existing knowledge, and able to relate theory to practice when information or knowledge has personal meaning for them or when they go through a process of assigning personal meaning to the knowledge. Experiential learning is well anchored in theories of adult development and learning.

In a Philippines ECD program (UNESCO, 1994) a TOT model using the Cascade Model for Training was found effective. In this model, training content and methodology were developed at the national level and cascaded through training to the regional,
provincial, municipal and village levels. This model, however, could have drawbacks. For example, the highest level of trainers at the national level usually receive the most training and the broadest basic information; they may have access to complete sets of related materials, such as manuals and training aids, as well as access to highly qualified resource persons. But quite often these resources tend to dwindle as training is extended to lower levels, often disappearing at the level of grassroots communities, where there is greatest need.

Thus, while in principle a TOT model appears to be the most realistic, practical and enviable approach, when used to deliver large-scale national training programs, more often than not, the intended results are not achieved. To facilitate effectiveness, Evans, Myers, and Ilfeld (2000) propose fewer “tiers” in the system so that less information is lost as it is passed on.

Using the ‘Participatory Training and Implementing Process’ to develop a community-based Early Childhood and Family Development Project in Lao PDR, UNICEF and the local stakeholders identified and involved strong and knowledgeable people at all levels of the project, including parents and caregivers, community leaders or “animators,” people with expertise in specific topics who were supporters of the effort, representatives from agencies that were sponsoring the project, and other “outsiders.” These people formed a team which then worked to train each other (each learning from and teaching others) to develop materials and create a structure for working with diverse groups within the community to implement the project and to train people in diverse roles. In comparison to a top-down model, the Participatory Training and Implementation Process could be described as a multi-directional model, which has several advantages
over the top-down TOT model. The Participatory Training and Implementation Process model includes the following assumptions, beliefs, and attitudes: everyone involved in a project has something to learn and something to teach (thus knowledge resides throughout the ranks, including outsiders); appropriate content is chosen by key stakeholders working at all levels of a project; and, knowledge will be shared and passed on more effectively if there is a context for knowledge exchange linked to program planning and implementation.

In many cases, someone on the team has the necessary knowledge and can help to train the rest of the team in the requested topic. In other cases, an outsider can be brought in with a very specific focus and be given guidelines about particular interests, learning styles and needs of the trainees. This process often leads to higher quality, more cost-effective and more relevant training. Users of this model also claim that the process of exchanging knowledge actively, with respect for the contributions of all participants, is more likely to lead to active participation and knowledge exchange in the resulting program activities than would be inspired by traditional top-down training.

Evans, Myers and Ilfeld (2000) suggest, however, that although this model has been used quite effectively at the community level, there are no examples of using it to implement a large-scale effort such as a national program. Nonetheless, they acknowledge that this model has potential as a large-scale model if strong and talented individuals from all key groups/roles are identified and provided with opportunities to come together as a multi-disciplinary team. For greater effectiveness, they propose that a support team be developed to provide knowledge, help, facilitation or technical assistance when requested or needed.
Lessons learned from the literature about training include the following: people are crucial to the success of an ECD program and, while the selection of appropriate people to staff ECD projects and programs is one of the keys to a successful enterprise, a second key is the kind of training and support received by the staff at the different levels in the program structure; when training systems are designed to meet the needs of those to be trained and the systems they will serve, it is possible to create effective training; it is important to build on existing training programs and for planners to allocate needed resources; and, there is a need for continuous in-service training.

The literature further reveals that, in general, on-the-job training has been a weak link in early childhood programs; some very notable exceptions include the Reggio Emilia programs in Italy. Refresher courses are not a particularly good investment in terms of training unless they are linked to practice and to some kind of follow-up. On-the-job training should be linked to practice, and it should be the role of the supervisors to help make this linkage. A multi-level approach to training that involves both supervisors and service providers has several advantages. Where this approach has been used, it has led to strong links between supervision and training, and a structure has emerged to sustain joint planning, joint monitoring of program activities, and interactive consultation processes that cross program or service lines (Evans, Myers, & Ilfeld, 2000).

In association with Save the Children, Gibbons (1992) identifies the following training problems and constraints to success encountered in advance of delivering training activities: insufficient information about the learners’ needs; curriculum dictated by outsiders; inappropriate and hard-to-adapt concepts or materials; unclear learning
objectives or training plan; difficulty linking training to field activity; and, the absence of organizational or family support.

Advising on post-training constraints, Gibbons (1992) suggests TOTs often fail to receive further support on using new skills or information. They also experience difficulty in adapting materials, concepts, and new ideas to the “real world,” and in monitoring, assessing and using the findings.

The literature reviewed above, and other selected literature, informed the development of the EIECD Parenting Enrichment and TOT strategies.
CHAPTER 3: PROJECT DESCRIPTION

Aware that the most significant part of the young child’s formative environment lies outside the pre-school and that parents and the community have a big role to play, the Eritrea ECD project has developed the Parenting Enrichment strategy. This strategy builds on existing strengths to enhance the knowledge, skills and attitudes of parents, families and communities in order to promote the quality of care for children under six. This chapter is presented in two sections. Section 1 outlines the goals and objectives of the Parenting Enrichment strategy and describes the process taken to develop the Parenting Enrichment resource materials; Section 2 describes how the TOT strategy was developed, with the goal that trained trainers would roll out the Parent Enrichment intervention.

Section 1: Eritrea ECD Parenting Enrichment Intervention

Goals and objectives of the Parenting Enrichment strategy.

The Eritrea Parenting Enrichment strategy aims to build on existing strengths to enhance the knowledge, skills and attitudes of parents, families and communities in order to promote the quality of care for children under six. In order that it contribute to holistic parenting and development of children, it was decided that the Parenting Enrichment strategy would use an integrated approach. Thus, right from the beginning, the four ECD stakeholder Ministries (Education, Health, Labour and Human Welfare, Agriculture and Fisheries, and Information) and ECD partners were involved in different ways in conceptualizing the strategy. Stakeholders and partners participated fully in identifying and developing the resources needed, in determining how the strategy could be implemented, and in monitoring. Through this strategy, parents, families, other childcare
providers and communities will gain knowledge and skills to plan marriages, time births and improve the quality of mothers’ health before and during pregnancy and after delivery; practice exclusive breastfeeding for the first six months, introduce appropriate complementary feeding during the sixth month, and prolong breastfeeding into the second year; increase immunization rates; promote children's early learning and development; improve the quality of care for children with special needs; foster and promote healthy adult-child interactions in families; promote the use of positive ways of teaching desired discipline; promote practices that ensure safe, secure environments in which children can grow and develop happily; protect children from harmful cultural practices; promote hygiene at the family and community levels and reduce childhood illnesses through disease prevention and appropriate treatment when children are ill; and, guard against the spread of HIV/AIDS and provide care and support to HIV/AIDS victims, orphans and vulnerable children. The following process was used to develop the strategy.

The process followed to develop the strategy.

In light of the knowledge that Eritrea centre-based pre-school education and care was being accessed by only five percent of pre-school aged children, and that children aged 0-3 were completely left out, a strategy was developed to reach the unreached children through their parents in order to promote the quality of life of families and children from birth through six years.

The process started with a review of related literature, especially of the research carried out by the different stakeholder Ministries and other organizations in Eritrea. Of great interest were studies with components on parenting and childrearing practices.
Among others, the following studies provided beneficial information: “Formative Research on Child Health and Hygiene behaviours in the Selected Communities in Six Zobas of Eritrea” (Nicholas & Azenegash, 2001); “The Orphans of Eritrea: Orphanages – Part of the Problem or Part of the Solution?” (Wolff & Gebremeskel, 2002); “A Report on IMCI: The Adaptation of Infant and Young Child Feeding Recommendations in Eritrea” (BASICS, 1998); “A Desk Review of Traditional Practices and Cultural Values in Relation to Child Protection and Child Rearing” (Yeshi, 2000); and, “Indigenous Knowledge on Childcare and Guidance in Eritrea” (ECD Project Coordinating Office, 2002). The review was further enriched with input derived from interviews with researchers, focus group discussions, and workshops.

*Interviews with researchers.*

To get more insight into parenting and childrearing practices and to collect more information, the literature review was followed up by interviews with some of the researchers who investigated parenting practices among different ethnic groups in Eritrea. The interview sessions provided opportunities for more in-depth sharing and for asking more focused questions. Interviews with the lead researchers of the studies “Indigenous Knowledge on Childcare and Guidance in Eritrea” and “The Orphans of Eritrea: Orphanages – Part of the Problem or Part of the solution?” provided more insight.

*Focus group discussions.*

To hear the voices of the target stakeholders at the community level, communities in the selected pilot areas of Tseazega and Tseadachristian in Zoba Maekel were visited and focus group discussions were held. The discussion included representatives of the
following area stakeholders: management committees of community children’s centres; local administrative council; Adult Education Program; National Union of Eritrean Women; National Union of Eritrean Youth and Students; community elders; and parents, including both young and middle-aged fathers and mothers.

After gathering the necessary background information, several workshops were conducted to share ideas about how the Parenting Enrichment strategy could be developed. Five workshops were conducted with representatives of the ECD stakeholder Ministries and selected partners. Four of the five workshops targeted community groups and their leaders, while one workshop (described below) brought together the two categories of stakeholders.

A consultative and consensus-building stakeholders’ workshop.

A consultative and consensus-building workshop was conducted on May 15, 2002, at the Ministry of Education Resource Centre. This workshop, which brought together community- and national-level ECD stakeholders, was opened by the Director General of General Education and was facilitated by an ECD consultant, the Head of ECCE Panel and the Head of Curriculum Development of the Ministry of Education.

The purpose of the workshop was to engage a cross-section of ECD stakeholders in identifying key parenting and childrearing issues and concerns which would be addressed through the Parenting Enrichment strategy. Of immediate need was content that would form the Parenting Enrichment Guide and Manual. The 27 participants represented the following groups: the ministries of Health, Agriculture and Education; NGOs and faith-based organizations, unions such as the National Union of Eritrean Women and National Union of Eritrean Youth and Students; ECD Project Coordinating
Office; and, community-level stakeholders from the selected pilot villages of Tseazega and Tseadachristian in Zoba Maekel.

Using a card method, this workshop produced an outline that formed the content of the eight sections in the Parenting Enrichment Manual. Participants worked in groups to discuss and identify key parenting issues and concerns in the Eritrean context, which they wrote on the provided cards. During the plenary session, the cards were displayed and issues and concerns were discussed. Finally, the participants categorized the cards to form sections or chapters of information. This categorized information was developed into the eight sections of the Parenting Enrichment Manual. A summary of the goals and objectives, the target group, and the methodology used to generate the proposed content and the program accomplished can be found in Appendix I of this report.

*Documenting the first draft.*

While developing the Manual, more consultation was made with selected specialist groups and individuals as well as with parents and community leaders to ensure accuracy and relevance of information. After producing the first draft, copies of the Manual were made available to representatives of the different ECD stakeholder Ministries and selected partners. These stakeholders studied the first draft of the Manual in readiness for a workshop that was conducted to improve and further enrich it. This workshop was conducted on July 4, 2002, at the Ministry of Education ECCE Resource Centre. The workshop input was incorporated into the Manual.

After incorporating the feedback, a process to produce a Facilitators’ Guide was started. Relevant literature was reviewed and consultation was made with different people experienced in training and adult education. A workshop was conducted to reflect on the
first draft and to improve it. Again, feedback from the workshop was incorporated. A second workshop was conducted to try the proposed methods on content in the Manual; the findings were used to further improve the Facilitators’ Guide. After this, different sections of information were piloted with selected communities using methods in the Facilitators’ Guide. At each of the sites, piloting was conducted by a trained team of members who represented different stakeholder ministries. Findings were used to further refine the two resource materials. Then, a small group of specialists edited for information and language accuracy, relevance and context appropriateness.

Editing was followed by spelling out terms of reference for translators. Eight people translated the Parenting Enrichment Manual and Facilitators’ Guide into the eight Eritrean national languages. While translation was going on, an artist was contracted to illustrate the two resource materials and to produce a flip chart for use during training sessions. A description of the illustrations to be made was documented and discussed with the artist for his input and clear understanding of the purpose each illustration was going to serve. It was also agreed that follow-up meetings would be held fortnightly to review the overall progress. These meetings helped to ensure the quality of illustrations.

When the artist completed the set work, illustrations were piloted with groups of community members whose feedback was used to ensure that the illustrations communicated the intended messages. Finally, graphic work and scanning of the pictures into the text were carried out. This was followed by printing and distribution of copies for use by TOTs to pilot with communities in their respective Zobas. Printing of final copies for wider use will be done between March and May 2004.
Several materials were identified to facilitate implementation of the Parenting Enrichment intervention. These include the Parenting Enrichment Manual and a Facilitator’s Guide for use by TOTs and resource centre directors; a simplified version of the Parenting Enrichment Manual for use by the community caregivers; flip charts; Parenting Enrichment readers; and, an interactive radio program. A description of each of these resources is provided below.

*The Parenting Enrichment Manual.*

The Parenting Enrichment Manual is the information source for the Eritrea Parenting Enrichment Program. It has been developed for use mainly by different categories of program facilitators. The information and skills, meant to benefit children under six through their parents, families, communities and other childcare providers, are presented in eight sections of the Manual.

The original Manual contained eight major components: introduction; content coverage; goals and objectives; parenting behaviour and practices at the time the manual was developed; self reflection; essential parenting enrichment knowledge and skills; summary of key messages; and work plan. Four of these sections were omitted after the second pilot: parenting behaviour and practices at the time the manual was developed; self reflection; summary of key messages; and work plan. This reduced the number of pages from 85 to 53. As well, the pilot recommended developing a short, simplified version of the information in the Parenting Enrichment for use by grassroots providers. This information was summarized in a simple 25-page version.

*Section 1: Healthy mothers produce healthy babies* is devoted to safe motherhood before, during and after delivery. *Section 2: Bringing up healthy Eritrean children*
promotes breastfeeding and complementary feeding, nutrition and immunization. *Section 3: Enhancing childcare, growth and development* helps parents and caregivers to enhance childcare, growth and development and provides information on care of children with special needs. *Section 4: Enhancing intellectual and language development* provides guidance on how parents and caregivers can enhance language development of children from 0-6, foster healthy adult-child interactions and promote early learning through play. *Section 5: Using positive ways to enhance desired discipline* provides information on the effects of physical punishment and rebuke, and promotes the use of positive ways of teaching discipline to young children. *Section 6: Ensuring safe and secure homes and cultural practices* focuses on creating safe, secure environments for children. It advises on protecting children from burns and scalds, falls, sharp tools and broken glass, cuts and infected wounds, choking and poisoning. It also provides guidance on how to provide appropriate First Aid to young children when injury happens. Furthermore, it raises awareness and advocates for protection of children from harmful cultural practices. *Section 7: Ensuring hygiene to promote health and development* is devoted to the promotion of safe sanitation methods, water, food and body hygiene. *Section 8: Promoting health, growth and development through disease prevention and treatment* is the last but not the least important section. It focuses on disease prevention and appropriate treatment when children are ill and provides advice on protecting children from coughs and colds, pneumonia, tuberculosis, diarrhoea and malaria. It also raises awareness on HIV/AIDS, provides information on protecting unborn babies, children and adults from being infected with HIV/AIDS, and promotes positive care for children living with HIV/AIDS.
No specific section has been written on the rights of children. This is because of the belief that for better understanding and appreciation by parents, rights should be discussed in context and in an integrated way. Thus, children’s rights have been integrated in all the eight sections in this manual. Survival rights are integrated in Sections 1, 2, 7 and 8, developmental rights in Sections 3 and 4, protection rights in Sections 5 and 6, and participation rights in Section 5. The developed Parenting Enrichment Manual forms Appendix II of this report.

_The Parenting Enrichment Facilitators’ Guide._

The Parenting Enrichment Facilitators’ Guide makes clear the goals, objectives and content of the Eritrea Parenting Enrichment Program and provides guidance on how to use the information and materials developed to support and promote this program. The Guide offers suggestions on what should be done before, during and after the Parenting Enrichment training and sharing sessions. It also proposes different methods that suit adults and the teaching/learning materials that can be used. In addition, this guide suggests some of the ways through which facilitators of this program can communicate more effectively with individuals and groups of parents, childcare providers and communities participating in the program.

The Eritrea Parenting Enrichment Facilitators’ Guide has five sections and each section has four components. Section 1 explains why the Eritrea Parenting Enrichment Program was developed and the impact it is expected to create on the lives of young children, their families and communities. Section 2 focuses on working with parents, childcare providers and community leaders and how these individuals can be involved in planning, implementing, monitoring and evaluating the program in their particular
communities. Section 3 provides guidance on preparing, facilitating and evaluating training/sharing sessions. Section 4 proposes methods and materials that can be used. Section 5 suggests how facilitators of this program can more effectively communicate with individuals, groups of parents, other childcare providers and the communities they are serving. The Facilitators’ Guide ends with an annex that proposes different methods and techniques for delivering content in the Manual (content method match). However, facilitators are left with the freedom to choose the methods that suit them, the target group, the culture and overall context in which each would be working. The Facilitators’ Guide forms Appendix III of this report.

*The Parenting Enrichment flip charts and posters.*

In light of the knowledge that some facilitators might not find enough time, paper and other materials to draw pictures and make other illustrations for use during the training/sharing sessions, a flip chart has been developed to accompany sections in the Parenting Enrichment Manual. Guidance on how to use the flip chart and other teaching/learning materials is provided in the Parenting Enrichment Facilitators' Guide. In addition, a summary of key messages and information are provided in bullet form at the back of each chart.

*The Parenting Enrichment readers.*

A set of readers will contain a very simplified summary of the content in the Parenting Enrichment Manual. Using pictures, a few sentences and activities, work covered in the various sections of the Parenting Enrichment Manual will be summarized for parents, siblings, other childcare providers and community members to read and learn
on their own. The readers will communicate selected key messages through simple stories of incidents that take place in everyday parenting. As well, simple exercises to promote literacy and numeracy skills are set on each story. Taking into consideration the reading ability of most of the parents, who are mainly graduates of or still taking the Adult Education Literacy classes, a story and accompanying literacy and numeracy exercises will occupy one page with a font size of 14.

The Parenting Enrichment readers can also be used in different ways during the Parenting Enrichment and Adult Literacy training sessions and to extend learning at home and at leisure. The readers will also be used by the program facilitators during the training/sharing sessions in different ways. For example, at the beginning of a session, facilitators can ask participants to study illustrations on a specified page and read and discuss the message(s) communicated through the illustrations. This can provoke thought and serve as a good introduction to the session. Some of the activities in the readers can be done at an appropriate time during the session, while others could be done as homework on days when participants do not attend the sessions.

*The Parenting Enrichment interactive radio program.*

In addition to these resources, a radio program has been developed. Currently the broadcast is done in only one of the eight languages, Tigrinia, which is spoken by 50 percent of the population. At an appropriate time, the broadcast will be done in more languages and another program will be developed alongside the existing Adult Education programming and the National Union of Eritrea Women programs which are functioning throughout the country. Listening groups will be formed and facilitated to share and learn using this method.
The Eritrea Parenting Enrichment Program will be left open and flexible so that it can be enriched and improved in response to what is happening with children and families and within the community. This approach is based on the understanding that developing a program of this nature is a gradual process and that it should be let to evolve. The monitoring and assessment process will provide the necessary information to make modifications that best meet the needs of different categories of families.

*Working with partners to develop and deliver the parenting enrichment intervention.*

Ways and opportunities to forge partnerships with other interested organizations and persons in the community have been explored and will continue to be utilized. Different players will be targeted, namely, the people whose behaviour directly influences child growth and development, stakeholders who influence the behaviour of the primary target audience, and those in positions of authority or influence over a large group. Civil society groups, the media and other partners will have an important role to play in the development, implementation, monitoring and evaluation of the Parenting Enrichment intervention.

The partnership approach enriches and makes the Eritrea Training of Trainers different from the traditional top-down model. For example, while the TOTs are expected to include the fundamental principles which guide the intervention as identified and agreed at their initial training, they are left with the freedom to further enrich the interventions by involving other stakeholders who can add value to them. This will be achieved through involving partners as resource persons in the interventions. These may
come from within the community, from the sub-Zoba, Zoba or national levels, and even from international organizations working with families and children.

Annexing and incorporating the Parenting Enrichment program with existing programs such as those for adult education, the National Union of Eritrean Women, National Union of Eritrean Youth and Students, and elementary schools in the catchment areas and through scheduled community meetings and workshops are some of the ways of organizing time, space and resources available in the community to reach out and benefit a wider target group of children, parents and communities in cost-effective ways.

*Developing and using committees at community and other levels.*

Community Committees have been formed to further enhance community participation and ensure ownership, accountability and sustainability of the Parenting Enrichment intervention by parents, families and communities. Committee members are selected by the communities and receive training to enable them to play their roles. The Committees will provide leadership to parents and communities to identify and prioritize their ECD needs and to take full control in planning, implementing, monitoring and assessing progress. Committees are responsible for identifying venues in the community where the sharing and training sessions can take place. They also mobilize parents and community members to participate in the program.

**Section 2: Developing the Training of Trainers Strategy**

Why did Eritrea choose to use a Training of Trainers strategy? Aware that training is one of the most important inputs in implementing and sustaining high-quality programs, the Ministry of Education supported the idea of developing and utilizing a
TOT model that uses a cascade method in the development and provision of ECCE/ECD. Training a core group of ECD leaders at the Zoba level would further enhance the understanding of and commitment to the vision, mission, purpose, goals and objectives of the integrated ECD project in the country. The training is based on three main realizations, namely, that unless people understand what they are doing and why they are doing it, they cannot be effective; that while the selection of appropriate staff to the project components is key to a successful enterprise, the kind of training and support received by recruited staff is of paramount importance in ensuring success; and, that people who have been selected as the “best” when the project components begin will only continue to be the best if they have adequate and on-going training and supportive monitoring.

Table 1 below provides more information about the 35 people who were identified by the six Zobas to train as the Zoba TOTs.
To further enhance their capacity, the 35 Zoba TOTs have continued to receive in-service training in the form of short workshops. These workshops have proved to be very valuable opportunities for peer learning and peer support to reflect on the program and to share best practices and ways of addressing challenges.

*Workshop preparation.*

Prior to holding the initial workshop to prepare Zoba TOTs for their new roles and responsibilities, several preparatory meetings took place. The meetings were attended by selected persons who would serve as facilitators of the TOT workshop. The preparation included developing the workshop programme, identifying and documenting contents in the form of workshop resource literature and other teaching/learning aids, and preparing a guide that the TOTs would adjust to suit their various circumstances.
Facilitators agreed on the methods and key teaching/learning aids that would be used. These were compiled and packaged in a user-friendly manner for participants’ use.

The selected information on participants file would serve several purposes before, during and after the workshop: (i) participants studied the provided information on a topic before the workshop session and prepared for more active and informed participation during the session; (ii) studying before and after sessions built the participants’ confidence as well as that of the facilitators who were being groomed to play the role of the national core group to lead the piloting, implementation and monitoring of the Parenting Enrichment and other ECD strategies; and, (iii) TOTs at both Zoba and national level have continued to use the file as a reference resource for different activities including training and awareness raising.

Content coverage.

Among other things, the workshop shared findings and recommendations of the Ministry of Education ECCE/ECD Needs Assessment study done during March to May 2002; described and shared best practices and reflected on challenges regarding the current status of the community caregiver strategy in the six Zobas; attempted to define and further clarify the concept of Parenting Enrichment strategy; provided examples of similar initiatives in different countries; provided an opportunity for the TOTs to familiarize themselves with the content in the Parenting Enrichment Manual and the methodology in the Parenting Enrichment Facilitators’ Guide and to fill gaps and add value to this resource; and created an opportunity for the TOTs to share experiences and draft context-appropriate work plans to pilot in their respective Zobas. Through these and
other related activities, Zoba TOTs were introduced to their roles and responsibilities. More information can be found in the workshop program, Appendix IV.

*Training methodology and techniques.*

The Eritrea Training of Trainers program did not regard the trainees as empty vessels that needed to be filled; instead, training built on existing knowledge and skills as the starting point for further learning. This approach conforms to the findings of the Torkington and Landers (1995) and many other adult education commentaries that each participant has a vast store of knowledge and skills gathered from his or her own early childhood experiences and adult life. During the training, not only was this store of knowledge and skills drawn upon to further develop knowledge and skills within the groups, but it was also used to synthesize universally applicable key learning points. This was done using the participatory, experiential methods that are most appropriate for adults.

A variety of active learning methods were used and participants were well involved in the learning process. Participants were able to relate and interpret the program, the content and the proposed methodology in their own contexts in the areas where they came from. Most times, participants constructively contributed to the teaching/learning process in different ways. They participated in providing real-life examples and experiences, asked and answered questions for clarification purposes, critically and carefully remarked on suggestions made by their facilitators and colleagues, and participated in micro-teaching demonstration sessions on how to conduct activities for parents. Sessions provided evidence that working together, trainer and trainees can construct situations which give the trainee first-hand experiences during the training
itself, and that such experiences can illuminate and bring greater understanding of theoretical concepts.

The training helped the TOTs to realize the importance of involving parents and community leaders and members in the planning and implementation of the Parenting Enrichment component of the ECD project and in their own learning. Although all the topics are important, it is also true that different communities have different priorities. TOTs were advised and appreciated the fact that parents and community members should guide selection of what to start with and what to do later and should participate in determining the frequency, duration, time and place of the sessions. The way the Parenting Enrichment Manual is developed and organized allows for flexibility in the planning and delivering of sessions.

By the end of the workshop, all the methods in the Facilitators’ Guide described in pages 18-26 had been used many times to demonstrate how to deliver content in the Parenting Enrichment Manual and other ECD project activities. This was one of the ways through which the TOTs were introduced to and prepared to use interactive, active learning methods. Lessons have been learned that how trainers train is of equal, if not more importance, than the content of their training activities.

The trained Zoba trainers would provide initial and periodic in-service training and support to those working with them to implement the ECD strategies at community and family levels. ECCE supervisors, ECD coordinators, communicators, and Zoba health, food and nutrition promoters would, in addition to training, continue with other responsibilities in administration, personnel management, monitoring effectiveness,
advocacy and awareness raising to ensure ownership of ECD by the families and communities.
CHAPTER 4: PROJECT FINDINGS AND DISCUSSION

The concept of supporting parents has existed for decades, but the definition and manner of implementing parent support programs have changed over the time. Parenting support has evolved to reflect new knowledge of early child development, to incorporate a broader interpretation of who should and does provide care for children, and to include innovative strategies for providing children with appropriate supports. This chapter presents findings and discussion on the ECDVU Parenting Enrichment project. Section 1 focuses on the Parenting Enrichment strategy while Section 2 is devoted to the Trainer of Trainers strategy that would be used to roll out the intervention to benefit target beneficiaries.

Section 1: Parenting Enrichment: Findings and Discussion of Findings

Models and interventions that use participatory processes are likely to succeed compared to those that use top-down procedures.

This project confirms that parents need to be brought to the forefront of ECD interventions right from needs assessment and through to evaluation of impact created. The findings disagree with the traditional deficit and didactic models, which start with the assumption that parents are ignorant about their children and need to be enlightened, and that if you just tell parents what they need to know, they will do a better job with their children. Instead, the experience at hand makes clear the fact that when a project/intervention involves the beneficiaries in the process, to identify and prioritize needs, in planning how to address the needs, and in the implementation, monitoring and evaluation process, the intervention is more likely to succeed than one that would use top-down procedures.
This project has also provided evidence that better results are likely to be got when existing strengths identified during needs assessment are used as stepping stones toward addressing the challenge of creating a balance between culturally accepted practices that are not in harmony with scientific findings about childcare. The popularity of the Community Caregiver strategy that has been developed using a participatory approach provides evidence to this. As a result, the regional stakeholders and the EIECD Project World Bank/Government of Eritrea Mid-term Review team have recommended that the Community Caregiver model be extended to more communities (World Bank Mid-term Review, Aide Memoire, Project Implementation Status, 2004). It should be noted that the community caregivers observed at work by this team were those who were trained by the TOTs developed by this ECDVU project.

*Finding the right balance between traditional and scientifically validated childcare practices.*

Knowledge of both traditional childrearing practices and “scientifically validated” childcare has proved to be essential in developing a parenting enrichment program (Evans, 1994). This knowledge enabled the designers of the Eritrea Parenting Enrichment Program to: (i) identify appropriate entry points to introduce and/or enhance the scientifically validated childcare; and (ii) to incorporate positive traditional wisdom and childrearing practices, and allow language of the family and surrounding community and parental patterns of integration with the community into local services occupy ample and significant space in the Parenting Enrichment intervention and the resources developed to accompany it.
As well, the Eritrea experience confirms a need to understand the political, economic, social and cultural forces at work in the different communities and regions in the country and to understand that parents’ behaviour and day-to-day decisions are affected by these and other pressures.

Making choices among alternatives and models.

Making the right choice has been recognized to be the first requirement toward success. There are different models of non-formal ECD, but none may be appropriate for everybody, everywhere, all the time – not even in a small country like Eritrea. For example, it came out clearly that the Kunama, an egalitarian society with distinctive matrilineal elements who live in southwestern Eritrea close to the border with Ethiopia and who have different faiths including ancestral heroes, do not prioritize their family and childcare needs in the same way as the Hedarebs, a Muslim and patrilineal society that lives a semi-nomadic pastoralist lifestyle. The Saho pastoralists who live in the highlands as well as in the lowlands also prioritize their needs differently from the Afar fishing society that lives in the southern coastal areas and the Tigrinia, an agricultural society that lives in the highlands of Eritrea. Thus, when developing ECD parenting and other interventions, it is important to bear in mind cultural contexts, availability and quality of the social services that touch children’s lives, such as health, education, child protection and family welfare, as well as political agendas that determine national priorities. These and other variables influence the quality of life of children and their families.

Nonetheless, it is also true that there are some commonalities that cut across these situational variables which allow the offering of some more or less generic programming strategies which can be adapted locally. Guided by the above understanding, Eritrea ECD
stakeholders carefully identified content for the Parenting Enrichment strategy. They considered the goals and objectives, essential knowledge and skills, as well as the methodology and teaching/learning aids to use in relation to factors such as age of the target group(s), geographical location, way of life, feasibility, culture, potential partners, costs that might be involved and sustainability. The way the Parenting Enrichment Manual is developed and the variety of methods designed in the Facilitators’ Guide all allow for flexibility. For example, the resource material allows each community to prioritize its needs and each to start by addressing its greatest need from any one section in the manual without altering the contents. Facilitators also make choice of the methods and techniques that best suit the content, the context, and the groups of parents and community members they are catering to.

These findings provide evidence to suggest that Western accounts of childrearing may not apply to developing countries, a matter of importance given the dominance of Western research in the thinking of policy and intervention studies. Instead, the findings provide evidence that interventions and programs must address the specific socio-cultural milieu of countries, of communities within countries, and of families within communities where the children are born and reared, and must recognize the socio-economic basis that underpins the behaviour and actions of parents and other caregivers. Insofar as it is not possible for any “centralized” program to know all such differences, it is important that any program devised provide what Pence and McCallum (1994) refer to as an “open architecture” – a structure that allows for the words, priorities, values and beliefs of local contexts to enter into the curriculum of a training program.

*Parenting enrichment may not be enough without other supportive systems.*
During the process to identify content and methodology for the Eritrea Integrated Parenting Enrichment intervention, community-level focus group discussions and workshops with selected stakeholders at different levels in the structure revealed that while all parents wish and try to do the best for their children, most of them have various limitations, some of which are beyond their control. This is especially true for those in rural poor communities.

These limitations include, among others, unavailability of health clinics within affordable walking distance coupled with absence of or irregular and expensive means of transport, very low income and high rates of illiteracy, especially among women. These limitations are consistent with the findings of the Malta World NGO Forum (1994), which categorically state that “taking care of the best interest of the child, as set out in the Convention on the Rights of the Child, must not be seen as a threat to the family, but as a challenge for society.” Governments have a big role to play toward improving the quality of life of families, children and communities.

**Benefits and challenges of integrated ECD projects.**

There is no doubt that integrating nutrition, growth monitoring, hygiene and psychosocial stimulation has several advantages to the target beneficiaries and to those developing and delivering the ECD project. Besides enhancing holistic care and development of the child, an integrated and holistic approach has been found to reduce the time costs to the parents and community members as well as at the levels of material production, training and deployment of staff.

In this regard, Evans, Myers, and Ilfeld (2000) suggest that child development should not be compartmentalized into health, nutrition, education, social, emotional and
spiritual variables. Instead, all should be interwoven in a child’s life to facilitate a holistic development. This is because progress in one area affects progress in other areas. Similarly, when something goes wrong in any one area, it impacts all the other areas. For example, inadequate nutrition and poor health have a negative impact on cognitive, physical, social and emotional development.

During the process of developing this project, however, there has been evidence that although an integrated ECD approach seems best in theory, it is not easy to interpret the theory into practice. For example, it often proved difficult to bring together the key stakeholders in the Ministries of Health, Agriculture and Fisheries; Education; Labour and Human Welfare who are in charge of health and nutrition, early years’ education and child protection respectively. It was a challenge to pull the different Ministries and their specialists together to develop one Parenting Enrichment Manual that integrates essential parenting knowledge and skills and accompanying resources.

In the early stages, each Ministry thought it could produce its own manual and train its own staff to deliver the service. Difficulties seemed to lie in the fear that usually comes with change. Some of the different Ministry representatives feared, and rightly so, that it would be difficult to manage the required coordination across several Ministries which had, in the past, implemented some of the ECD program components separately. Some Ministry officials also suggested that the existing targeted grassroots level implementers would not have the expertise to deliver an integrated package of both nutrition and child psychosocial development.

Indeed, integration is a new approach. It requires adequate preparation to help people overcome the fear that integration cannot work. Adequate time is needed for joint
conceptualization of how the integration would be planned, implemented, monitored and evaluated. In the Eritrea experience it was very important to specify roles and responsibilities in ways that involve all the key players as equal partners. But there is no doubt that although integration is a challenge, when well conceived and planned it is the most cost-effective arrangement, especially in resource-poor countries and communities. Appendix V provides a second example of a workshop that involved different stakeholders and partners in deciding how the Parenting Enrichment strategy could be implemented.

The Eritrea experience also reveals that it may not always be possible to integrate all of the necessary components into an intervention like the Parenting Enrichment initiative. Lessons learned include the reality that sometimes it is better to gradually and progressively introduce new ideas and concepts as they ripen. Raising hopes that may not be addressed due to some inevitable circumstances could have a negative impact on the program. Success in the prioritized areas should lead to more success and should prepare the beneficiaries to explore other possibilities.

*Quality and relevancy of parenting enrichment programs.*

Enrichment programs should be interesting, flexible and progressive to enable different groups of parents and other care providers to progress at their own pace. Parents and communities are different and a parenting enrichment program should be seen to add value to the knowledge base and parenting skills which the target beneficiaries already have. The program must also suit the activity calendar of the target groups. This project found the use of peer support, small group and individualized learning through home visits very helpful in the effort to address the individual needs of families.
Increasing ownership and accountability by parents and communities.

Involving parents and communities in prioritizing content in the Manual according to their needs, in choosing venues, and in deciding the duration, frequency and times of sessions has been found to increase interest in participation and minimize absenteeism and late arrivals to sessions (Parenting Enrichment Facilitators’ Guide, p. 5). Where this involvement is taking place, parents and communities have talked about the intervention as theirs.

More children can be reached through non-formal strategies that involve parents and communities to supplement and complement the formal system.

The pilot phase of implementing non-formal strategies to reach and benefit more children indicates that non-formal approaches to pre-school provisions and basic education, of which parenting enrichment is a part, do indeed possess enormous potential, if properly planned and implemented, to serve as an alternative outlet to address the demand for ECD services. In the face of prevailing conditions in resource-poor countries that have not achieved basic elementary and pre-school education for all, four advantageous characteristics of a non-formal approach stand out among others. These are flexibility, cost effectiveness, wide coverage within a short time, and mass participation.

As evidenced by the Government of Eritrea and World Bank ECD Project Mid-term Review Mission, (January 19-31, 2004), the Community Caregiver strategy (which includes Parenting Enrichment as well as rural community children’s centres and outreach services for children) has been well accepted as an alternative and innovative approach to pre-school education demanded by the objective circumstances and development needs of the regions and the country at large (World Bank, Mid-term
Review Mission, Aide memoire, 2004). This diversified strategy has been identified as a sustainable means of reaching the large numbers of children who would probably never be reached through the formal kindergarten.

Non-formal strategies are seen as a means of taking education to children where children cannot come to education, as well as a means of mobilizing poor communities to directly participate in the planning, management and implementation of relevant pre-school and basic education for their children. However, the Eritrea experience makes it clear that in order to be effective and to create desired impact, non-formal approaches to children’s education and other ECCE/ECD services need to be carefully planned and implemented with clear guidelines and receive full acknowledgement in the various Ministries and the country at large. This is important for many reasons. For example, this recognition would lead to an institutionalization of such strategies and their inclusion in the policy and budget at the different levels in the structure. Uganda is one of the countries that provides a success story of this approach.

Nonetheless, this approach requires a change in attitude among decision and policy makers who, by their background, have only known education and other social services to be provided through the formal system. Appendix VI provides an example of the kind of workshops that were conducted to introduce the concept of non-formal strategies with an emphasis on the Community Caregiver strategy, through which rural children’s services and Parenting Enrichment are implemented.

*Parenting Enrichment for different categories of care providers.*

Given that due to different circumstances an increasing number of children are taken care of not only by their biological parents but also by other categories of
caregivers, it was decided that the Eritrea Parenting Enrichment strategy should target different categories of care providers. The target groups include caregivers such as those working with the EIECD Project, biological mothers and fathers, guardians, grandparents and older siblings, hired house helpers involved in childcare and development services at the family level as well as different people working in institutions and organizations offering care and development services to young children and their parents.

In the Eritrea context, this category includes community caregivers, growth monitoring promoters, traditional birth attendants, home agents, health promoters, ECD resource centre directors, kindergarten directors and teachers, and ECD coordinators, supervisors and trainers. The resource materials produced will also be used by ECD partners such as the National Union of Eritrean Women, the National Union of Eritrean Youth and Students, adult education programs, faith-based organizations and others working with children, families and communities to promote the quality of life of children in Eritrea (Parenting Enrichment Manual, p. 5).

Asked how they found the contents of the Parenting Enrichment Manual, the community caregivers on the Northern Red Sea training course at Ghindah said it was not only going to benefit their target group – the parents in their respective communities – but would make a greater impact on their own families and the children they would cater to through the rural children’s centres and outreach services.

Asked about how she found Parenting Enrichment sessions at Korbaria, Zoba Debub, a middle-aged mother remarked, “Although I very well knew all children love play and that all children should be fed, I never associated play and eating with intellectual development.”
A Tigre grandmother said:

We just told stories one after the other. But now we have been encouraged to ask some questions about the stories we tell to our young children. And it is true that questions encourage the children to listen more carefully, to think and remember what the story is about.

Although the Tigres are well known for finding time to tell stories around the fire after their dinner when the cows and sheep have settled in the traditional night paddocks, it was never part of their culture to ask questions to the listener either during or after the story.

Parent education is supported in the work of Koh (1989) and Evans (1998), who propose that when compared with the construction of childcare centres, parent enrichment programs are more feasible and cost effective. They are both low-cost and sustainable. Evans and Stansbery (1998) suggest that programming efforts to support infants 0-3 must begin by considering what supports will strengthen parents, what will help families to thrive, and how care for infants can be strengthened within their most natural contexts. It is also true that most parents prefer to care for their children below three years at home rather than send them to centres without adequate facilities for the age group.

Availing appropriate materials for use and using different channels to disseminate information facilitates success of the program or intervention.

A strategy that does not have the necessary resources to support its implementation, monitoring and evaluation may not achieve its intended goals and objectives. It is important to develop and avail needed resource materials to enable the
players to deliver a program. It is also important that materials produced suit the purpose and users.

For example, while at the beginning of this ECDVU project the first draft of the Parenting Enrichment Manual was considered adequate for use by different categories of providers, it was recommended during the pilot phase that a short, simplified version of the same manual be produced for use by grassroots-level providers such as the Ministry of Education community caregivers and extension workers of the Ministries of Health, Agriculture, Fisheries and Labour and Human Welfare and the ECD partners. The original Parenting Enrichment Manual and Facilitators’ Guide were found more suitable for use by TOTs and resource centre directors who are responsible for training the different categories of staff involved in delivering the Parenting Enrichment intervention to grassroots communities and parents.

The feedback further proposed that after translating the two resource materials into the eight local languages, the original Parenting Enrichment Manual and Facilitators’ Guide could be availed for use as reference materials by the extension workers who might wish to find more information about the various topics and improve their methods and skills to facilitate sessions for adults.

Providing basic teaching/learning aids to enrich the training and sharing sessions.

Given that both trainers as well as extension workers and grassroots providers may not find time to collect and make teaching/learning aids, and that some facilitators may not have the skills to draw pictures and other forms of illustrations for use as visual aids for their sessions, a flip chart to support training at all levels was developed. The flip
chart was derived from drawn pictures rather than photographs. This decision was taken as one of the means of ensuring neutrality that promotes acceptance of the communicated messages and information by the nine different ethnic groups in Eritrea. However, avoiding the use of photographs created special challenges, those of ensuring that illustrations communicated intended messages and information.

Making written descriptions and handing them to an artist proved not to be enough. Thus, it was found necessary to hold meetings with the artist at short intervals as he worked on sets of illustrations for each of the eight sections in the Manual. The discussions at these meetings greatly contributed toward improving the quality of pictures. As well, the sharing meetings saved time and other resources that would be spent on making corrections on an already completed and not accepted artwork. Given that illiterate communities benefit from pictures rather than written texts, flip charts and other illustrations developed for such target groups ought to be simple, clear, communicative and context appropriate in order to serve the intended purpose.

*Reaching out through an interactive radio program.*

As a means of reaching out to more parents and communities, a simple but very interactive Ministry of Education Early Childhood Education Care radio program was developed. This has been found to facilitate more sharing with the target groups compared to models where an expert presents information for the target audience to listen to, thus talking at people rather than talking and sharing with people. The interactive radio program includes brief presentations to stimulate discussion and a call-in by parents
and others who ask questions and raise key issues for discussion. The concept of an interactive radio program is based on the understanding that direct service to parents does not have to be provided exclusively by those who are present on the scene. Radio and video have proved to be powerful tools for reaching populations that otherwise would be difficult to reach through some conventional mechanisms.

Questions asked and issues raised during the call-in time vary and demonstrate different knowledge gaps as well as best practices by different stakeholders. Some of the questions and problems raised by some listeners are responded to by other listeners, thus demonstrating active listening, critical thinking and wide sharing. A radio program that includes health, nutrition and child protection and listeners groups will be developed during the second quarter of 2004, while one that includes children as the target group will be added during the year of 2005.

The interactive radio approach to ECD is used, among other countries, in Bolivia, South Africa, Nepal and Columbia (Bosch, 1997). Impact evaluation of the Bolivia interactive radio program analysed the program’s effect on caregiver knowledge and behaviour, on parent knowledge and behaviour, and on child development indicators over four months. Findings revealed that the program was effective at increasing knowledge about early childhood development and challenging the behaviour of both caregivers and parents. They also showed the program was having an impact on overall child development as measured by UNICEF indicators in the Andean region (Bosch, 1997). This evidence and the feedback received so far on the Eritrea effort confirm that the use of radio does impact the quality of care and support for children under the age of six.
The Eritrea ECD children’s interactive radio program component will be developed after lessons are learned regarding the effectiveness of the program for adult listeners (parents and others). The Eritrea experience reveals that the more channels are used to disseminate information, the more people are likely to be reached and the more they are likely to benefit from the program or intervention.

*Piloting is crucial to ensure relevance and quality.*

Though Eritrea is a small country, lessons learned support the view that implementation of new large-scale projects is difficult without informed feedback from piloting. In the process of implementing the Parenting Enrichment strategy, it was found more cost effective to begin with a pilot in selected communities. This helped to experiment, try things out, and make adjustments as required before moving to a large-scale implementation.

Piloting of *Section 4, Part 2: Fostering healthy adult-child interaction* (Parenting Enrichment Manual, pp. 30-31) revealed that when the parent/caregiver has time and energy, he or she can engage more readily with the child. Parents made it clear that when there are multiple demands on the caregiver, in and outside the home, it is more difficult to find enough time for the child. However, responsiveness of a caregiver was identified to be most important in whatever circumstances he or she and the children might be in.

Piloting of *Section 3, Part 1: Enhancing child care, growth and development* (Parenting Enrichment Manual, pp. 21-23) revealed that parents had good ideas and experiences about developmental milestones and cues; however, there was more to learn in order for parents and other care providers to interpret children’s signals and needs accurately, and respond to them promptly, appropriately and consistently. In this regard,
there was evidence that more challenges exist for providers of children with special needs. As well, a need to provide focused help to enable parents, families and other providers to appreciate the synergy between health, nutrition and cognitive development was revealed when piloting *Section 4: Enhancing intellectual and language development* (Parenting Enrichment Manual, pp. 26-35).

This project also provides evidence that an intervention is more likely to be successful and sustainable if it starts small and can be grown over time. When one attempts to increase coverage, either by creating multiple small efforts that complement each other, or by taking a successful effort to scale, it is essential that one plans it in such a way that quality is not lost. It is therefore important that time be taken to ensure quality programs rather than rush to introduce poor-quality interventions which may not add value toward improving the quality of life of children and their families. A poor-quality project is not worth the investment. Piloting is a must; it helps to refine and ensure the appropriateness of the intervention in relation to the context.

*A monitoring system is essential.*

Piloting the Parenting Enrichment intervention has taught that effective monitoring requires tools to use. Once developed, the tools should be piloted and refined before they can be widely used. In the case of this project, it was not until a monitoring tool was developed that it became easy to get regular and focused information from the ECD supervisors in the six Zobas in Eritrea. Appendix VII is a tool that was used to monitor the pilot phase of the Parenting Enrichment strategy. As well, it is necessary to
develop built-in mechanisms that ensure the sharing of collected information by those in the planning, management and implementation roles at different levels in the structure and with partners. These mechanisms promote taking joint and informed decisions.

Building on existing structures.

The experience gained in developing and piloting the Parenting Enrichment strategy proposes that the more partners an integrated intervention identifies, trains and involves, the more parents, communities and children will be reached, and the more the intervention is likely to be owned and sustained by the family and the community. In the case of the Eritrea Parenting Enrichment, partners have participated not only in the development of the intervention but also in establishing options such as mother-to-mother, home visits, evening playgroups, community education meetings and other initiatives.

Furthermore, the lessons reveal that an increase in partners provides opportunities for a complementary action and leveraging of resources. However, to achieve a high level of involvement without losing quality depends on quality of training, coordination, transparency and accountability.

Section 2: Training of Trainers Strategy: Findings & Discussion of Findings

Investing in developing a cadre of staff that can interface with policy makers, top- and middle-level managers and implementers.

The need to invest in developing a cadre of staff that could interface with policy makers, top- and middle-level managers and implementers to influence policy and to provide leadership to promote quality and effectiveness of ECD clearly emerged during
this project. Before the initiative to develop a core group of Zoba TOTs, almost no interventions were making good progress. After training Zoba TOTs to roll out not only the Parenting Enhancement intervention but other components of ECD, the graph changed. There was more awareness raising at all levels in the regional structure; pre-service training of community caregivers that was previously done at the national level was conducted at the regional level, and so were the different refresher courses for kindergarten teachers and directors, as well as orientation courses for regional ECD stakeholders.

As well, there was a remarkable improvement in planning and monitoring the interventions. This was because the Zoba TOTs regarded those they trained as their products and were more concerned than ever before to follow them up to make sure they practiced what they had been taught. The participatory approach that includes different categories of stakeholders at the different levels in the structure promoted ownership of ECD, especially by the Zoba headquarters staff and the grassroots communities. The communities made more demand for ECD interventions than was expected; this has led to a consideration to allocate more budget to facilitate the expansion of the Community Caregiver Strategy.

In addition, the Zoba ECD Technical Committee members became more informed about the various components of ECD and how they are linked toward enabling holistic development of children. For example, at a workshop that brought all the regional ECD leaders together for their participation and input into the Government of Eritrea/World Bank-funded integrated national ECD project mid-term review, it was rewarding to hear a regional officer describing to the World Bank team how the “smokeless charcoal
stove,” an input by the Ministry of Agriculture, links with different components by the Ministries of Education, Health and Labour and Human Welfare.

In response to the question that politely investigated whether or not there was knowledge and experience of integration at the different levels in the Zoba structure, several voices suggested that TOTs had created an impact at the Zoba level. In the words of one male regional officer:

Since the return of our Trainers of Trainers from their workshop in Asmara the concept of integration became clearer than ever before. For example, in our Zoba we now know that the Ministry of Agriculture smokeless stove not only does help to improve health and hygiene at family, community, Zoba and national level, it also frees the mother and allows her more time to interact with her young ones in ways that help them to develop mentally. Mothers are now more able to answer their children’s questions rather than dismiss them. They are more able to tell stories to their children, to sing for them and with them and join in some play and crack jokes.

A male health officer said, “The smokeless stove has also reduced accidents and troubles young children got into while their mothers went to look for firewood.” He elaborated his statement with specific examples.

A female social worker added, “There is also evidence of less shouting, the use of abusive language, the beating and ridiculing of children that was common in some families before they got the smokeless stoves that have eased on their workload” (Eritrea ECD Project Mid-term Review Workshop, January 26, 2004).
These statements echo those research studies that report a higher incidence of psychological distress among people suffering from economic hardships, which is correlated to caregivers’ coercive behaviour toward children (Evans and Stansbery, 1998).

*Multi-skill training.*

It has been found cost effective to train Zoba TOTs as facilitators of different ECCE Components. In addition to introducing the diversified Community Caregiver strategy, including the Parenting Enrichment component and non-formal community rural children’s centre-based and outreach services for children, to the core group of Zoba TOTs, it was also found necessary to impart technical skills and factual knowledge about kindergarten education so that the TOTs are well grounded in both the formal and non-formal provisions in the entire system of pre-school education in Eritrea. This was considered to be more cost effective than training different groups of TOTs to support development and implementation of each of the several different components of ECD that target children under six. This approach has enhanced the understanding of the concept and practice of integrated ECD services.

Zoba TOTs were also prepared to play the role of supervisors, program managers and leaders. Thus, this group was introduced to an integrated and participatory planning, implementation, monitoring and evaluation of ECD project activities, supervisory and leadership skills, styles, roles and responsibilities. Multi-skill training has helped them to provide support to the work of different categories of trained ECD providers and partners, to provide guidance to the Zoba policy makers and managers and to the various ECD committees and other stakeholders.
The inclusion of a leadership component was prompted by the realizations that: (i) initiatives that have either appointed or volunteer leaders tend to perform better than those without leadership; (ii) a leader in any human group is the one to whom others look for assurance and clarity when facing uncertainty or threat, or when there is a job to be done; (iii) a leader acts as the group’s professional, technical and knowledgeable guide; (iv) the kind of environment a leader creates affects performance, attitudes and morale of the people she or he is leading; and, (v) whether a project, program, institution or organization succeeds, withers or fails depends to a large extent on the leader.

More specifically, Zobas with appointed supervisors, regardless of the individual’s strengths and weaknesses, demonstrated better performance in all aspects of the Eritrea ECD components than the Zobas that did not have appointed supervisors. This finding has prompted the Zobas that did not have education supervisors for early years’ education to appoint them.

Furthermore, performance levels and achievements at the Zoba level confirm that ECD leaders who are knowledgeable about human behaviour and group processes and possess such interpersonal skills as empathy, social insight, charm, tact, diplomacy, persuasiveness and oral communication ability are better able to develop and maintain cooperative relationships with subordinates, superiors, peers and outsiders than those who are insensitive and offensive. It can therefore be concluded that when there are strong links between supervision, training and management, a structure will emerge that sustains joint planning, monitoring, evaluation and training to promote quality of ECD initiatives and increase access.

\textit{In-service training for the different categories of ECD providers.}
The process of grooming a core group of Zoba TOTs made it clear that new approaches to learning and child development are not issues that can easily be imparted on a short training course. The TOTs and those they train need repeated opportunities to develop and taste out ECD approaches and to reflect on their practice. This project has demonstrated that a lengthy in-service course for field workers is not always necessary or even desirable; however, it is useful if trainees can spend some time together as a group. When together for a period of some days or weeks, trainees build up a group feeling that enhances the possibilities of peer learning and support. A related finding is that while on-site training requires careful planning and logistics, it has the great advantage of being located where the trainee is actually working. It can thus build on what exists in the specific environment. It also enables local people, other ECCE workers, parents and the community to see for themselves what the training is all about and sometimes even to participate in some aspects of it.

The need for timely and continued training was evidenced in the performance levels of the ECCE supervisors who joined the cadre of TOTs late. Zobas led by ECCE supervisors who joined the circle when it was formed and benefited continuously from the series of TOT courses provided demonstrate more confidence and better Zoba performance than those Zobas that appointed ECCE supervisors late. The use of mentoring and peer learning and the exchange of visits has been found to help bridge the gap between new and old supervisors who are members of the core group of Zoba TOTs. The National ECCE Panel members also provide special support to the newly appointed ECCE supervisors in different ways. Follow-up has been found to be particularly important when trainees receive short training in new areas.
It should be noted, however, that besides the quality of TOTs who play several roles, there are many other factors that lead to differences in Zoba performance. Examples of these include the availability of enabling resources (e.g., transport to facilitate monitoring and hands-on support), terrain, weather, culture, levels of social economic development, and the political will that lies in the decentralized governance.

*Build on current training facilities and systems.*

While at times there is a temptation to want to create whole new training systems, sometimes it is more cost effective to build on existing efforts and systems. In the case of Eritrea, it was considered strategic to empower the existing staff at the regional level to do their own training for grassroots providers, rather than introduce a new training officer at each region or continue to conduct training for grassroots providers at the national level with thin staff. This decision, however, was not without challenges. For example, it was important to ensure that traditional national-level trainers at the National Teachers’ Training Institute continue to regard themselves as having an important role to play in this field, so that they do not feel displaced.

The Eritrean experience reveals that new developments, such as developing a core group of TOTs to serve specific purposes, should be linked to what is already in place. Those currently offering training opportunities, and institutions that have always offered training, should continue to be seen as legitimate stakeholders and be included in project/program planning. This approach will help to minimize likely negative attitudes that are associated with a fear of change that takes place in systems.

In this regard, representatives of the tutors of the ECCE Kindergarten Teachers’ Course at Asmara Teacher Training Institute were invited to take part in the Zoba TOT
series of training workshops. To make sure they understood the integrated ECD approach and methodology, a course was designed to prepare those who would facilitate the TOT course. In addition, these staff are periodically invited to participate in monitoring and further developing the TOT strategy. Involving them has helped to create a situation where the two groups regard each other as partners rather than competitors in training ECD providers.

Amazing, however, is the evidence that the community caregivers who were trained by the Zoba core group of trainers have demonstrated more confidence and commitment to their work than most of those who were trained at the national level by the Teacher Training Institute ECCE tutors. Among other causes, this could be due to the fact that the traditional ECCE teacher educators are more knowledgeable about training kindergarten teachers who work in the formal system of education and are less competent in handling the training for the non-formal sector, which requires different orientation in working with communities and adults. It is also true that the Zoba TOTs were better informed and involved in the EIECD Project.

The above and other related lessons confirm that trainers who are good at developing curriculum and training teachers for kindergarten may not be equally competent with non-formal models such as the Eritrea Community Caregiver strategy – a strategy that includes flexible outreach activities for children, parents and communities.

Nonetheless, given the shortage of qualified ECD personnel, this study proposes that it would be cost effective for the Ministry of Education to invest in building the capacity of the small existing team of ECCE tutors at the Teacher Training Institute. Capacity building would enable this team to gain more knowledge and skills regarding an
integrated ECD. Eventually, they would be in a position to offer an integrated training program, rather than limiting the course they offer to the traditional kindergarten teachers’ course focusing on centre-based approaches to how young children learn. For more effectiveness, this would also require upgrading physical structures and enabling support systems.

*Training kindergarten teachers and community caregivers to serve children,*

*parents and the community.*

The training curriculum for kindergarten teachers and directors should be improved by incorporating the Parenting Enrichment and adult pedagogy. This would prepare the trainees to greatly contribute to enhancing holistic care of the parents and development of the children. In this regard, the ECDVU project found working with parents and communities need not only be introduced theoretically within the four walls of classrooms at the Asmara Teachers’ Training Institute but that trainees gain more confidence when given opportunities to carry out supervised practical sessions with parents and community groups, just like they do with children on school practice.

Without such training, ECD workers find it difficult to provide parental support and education, even if they are well versed in the content of child development and can work well with children. This project has also found that Parenting Enrichment at the kindergarten school level is received better when it is made a responsibility of the Kindergarten School Parents’ Committee. The Committee, the parents and the surrounding community agree on the frequency and meet at the kindergarten school for sessions. Resource persons from within and outside the community facilitate sessions.
By this arrangement the sessions are attended and facilitated by both men and women. Deliberate effort to involve men is gradually impacting father participation in ECD at family and community levels. This should not only be said to families but should, as much as possible, be seen to be the case with the Ministry's staff development and deployment.

Moving away from deficit parent education models.

This project provides evidence that facilitators tend to teach the way they were taught at elementary, high school and at other institutions. The situation in Eritrea reveals the TOTs came from the background where the teachers played the role of being the source and masters of knowledge to fill empty vessels – the learners. It has been a challenge to change this traditional role that would systematically continue to make parents feel like empty vessels when they actually already know much about childrearing practices (although some of what they know may not conform to scientifically validated childcare). Whatever they know, that knowledge should be let out and discussed to provide entry points for facilitators to add value or provide required counselling toward the acquisition of new knowledge, skills and methods of childcare. This approach is supported by Salole (1992), among others, who observes that deficit models of parent education have systematically caused people to feel incompetent and inadequate in raising their own children.

To overcome this old problem, a Parenting Enrichment Facilitators’ Guide was developed. The methods in the Guide are based on the realization that parents understand their situations best. When well involved and supported, parents would be in a position to
propose how they could enrich what they are already doing well and improve on areas that need improvement.

In this intervention, environments that promote mutual respect are created so that both facilitators and parents and other childcare providers have something to give and to learn. Facilitators play two roles, one of learning from the existing realities and one of adding value to benefit the target groups.

In addition, this project confirms that most adults do not respond to being lectured, drilled or put through rigid exercises. Common sense suggests, and this project confirms, that to succeed in training parents to be flexible, responsive, loving and interactive with their children, the program and methods used during the training sessions should reflect these values and behaviour styles.

A related lesson learned during this project is that if the national training team expects the Zoba Trainers – and Zoba TOTs expect the community caregivers – to use interactive, learner-centred methods, then they themselves must use them during the process of training. As stated above, teachers tend to teach the way they were taught. Likewise, if during the training session one advocates the use of discussion, role-play, song, demonstration, small group and pair practice methods and techniques but in practice uses a lecture method, the trainees will also lecture when they go to their places of work to train the set target group.

In keeping with the finding that teachers tend to teach the way they were taught, the national training team uses interactive methods. The team introduces a method to trainees by using it practically to deliver content on the training program. Thus, TOTs do not only hear about methods but experience them directly. Trainees get to appreciate the
role of interactive methods in learning and what preparation it takes to conduct successful sessions. It was therefore not surprising that, when on its monitoring visit, the ECCE Panel (which has played the role of the national TOTs) found the Zoba TOTs using a variety of methods.

Developing a partnership approach to improve quality and promote access.

Given the current shortage of ECCE supervisors and the lack of means of transport to reach out to sites where ECCE is being provided, this project has found that selected partners, when trained, will ably participate in monitoring implementation of ECD in their catchment villages. This has been tried out in two of the six Zobas by Zoba TOTs. They identified partners in their Zobas and trained them to monitor the Parenting Enrichment and Community Rural Children’s Centre interventions in neighbouring communities. Choice of the partner to train depended on availability and the partners’ credibility at the community level. At the grassroots level, possible ECD partners in Eritrea include the National Union of Eritrean Women, National Union of Eritrean Youth and Students, Adult Education, directors of elementary schools, local administrative council members, ECD Community Committees, and volunteer parents and community members.

The TOTs have a range of options when implementing their programs. This means they don’t necessarily have to execute their programs in the same way. In fact, all are left free to identify their on-site suitable partners and resource persons when implementing their activities.

Effectiveness of trainers of trainers and cascade method.
Training of Trainers and the use of a cascade method has proved to be cost effective and speeds up the process of reaching out to families and communities. For example, after training six TOTs from each of the six regions within the same month (August 2003) they introduced the new kindergarten syllabus to a total of 344 kindergarten teachers and directors. And, between October and December 2003, the TOTs were able to introduce the Parenting Enrichment component to a total of 82 community caregivers. Soon after, the trained community caregivers resumed their work and are benefiting different parents, communities and children. The Government of Eritrea and World Bank ECD project monitoring mission was greatly impressed when they found the trained TOTs, kindergarten teachers and community caregivers at work in Zobas Debub and Northern Red Sea on January 22 and 23, 2004, respectively. The mission reported that “the children in both kindergartens and community caregiver centres were happy in their learning and playing environment and were actively participating in activities without any shyness or fear” (World Bank Mid-term Review Mission, Aide Memoire, p. 2).

Given the amount that has been achieved in just a short time by a small group of Zoba TOTs, this project confirms that while financial resources are always a key factor, human resources are even more important. A small budget spent on training key partners in approaches that are genuinely useful can be more beneficial and have a more lasting effect than spending the same sum of money, for example, on supplying material items.

*Extending training to include more ECD providers at different levels in the structure.*
The confidence demonstrated by the Zoba TOTs confirms a need for ECD workers at different levels to be groomed in ways that make them enjoy their work and find it satisfying and rewarding. Some of this can be achieved through training that makes them realize how important they are in the development and provision of ECD and that prepares them for their roles and responsibilities. This finding proposes that ECD staff who work at policy-making and management levels, those in training and research, and those in higher institutions of learning should be enabled to be more in tune with current theory and practice of ECD. This knowledge would make them more confident, more apt to consider change and other people’s ideas as possibilities rather than threats, more flexible and able to work with other stakeholders, and more ready to initiate and advocate for suitable, inclusive ECD policies and sustainable short-, mid- and long-term programs.

Some of such knowledge, skills and experience can be acquired, developed or enhanced through a variety of venues, for example, pre- and in-service training programs (both short and long), study tours, exchange programs and attachments. On-the-job flexible distance learning with periodic face-to-face sessions has become popular in places that lack trained personnel. Another popular program is evening and weekend studies conducted by local universities in collaboration with other institutions of higher learning. On-the-job training is particularly helpful where it would be difficult to replace staff when they leave for full-time training.
CHAPTER 5: CONCLUSIONS

This project aimed to contribute to improving the quality of life of Eritrean children by developing a Parenting Enrichment strategy that used a TOT approach to roll out the intervention. This chapter summarizes key conclusions reached by the author, as part of her literature review and in carrying out the project. This summary is divided into two sections: Section 1 provides conclusions drawn from the experience and lessons learned when developing and piloting the Parenting Enrichment strategy; Section 2 shares conclusions reached regarding the development of the TOT strategy.

**Section 1: Parenting Enrichment Strategy: Conclusions Reached**

*Taking care of the best interest of the child, as set out in the Convention on the Rights of the Child, must not be seen as a threat to the family, but as a challenge for society.*

Taking care of the best interest of the child, as set out in the Convention on the Rights of the Child, must not be seen as a threat to the family, but as a challenge for society. Families require support through an interlocking system of formal and non-formal networks and services to promote holistic parenting and development of children. This conclusion is based on the realization that, on their own, most families may not provide all that children need to grow up well. Thus, in Eritrea, every effort ought to be made to ensure that gains made through the ECD project are not lost but form the foundation on which to build more in the best interest of the child.

*Support programs should target both biological parents and non-biological caregivers in the community who take the responsibility for the child.*
Given that every child has a right to survival and to an improved quality of life, interventions should address all categories of families and children. Quite often the families and children in greatest need are not prioritized well enough. Families with children with special needs and families that are isolated and lack access to social services ought to be given the attention they require.

In cases where parents are not present, due to long work hours, out-migration in search of work, divorce and family violence, death, ravages of war, and political displacement, those people in the children’s immediate environment and those charged with their care (officially or unofficially) should receive parenting support. That support should include efforts to weave the child more securely into the fabric of the family and community as it exists within the culture. Integrated Parenting Enrichment, Eritrea group homes for war orphans and other disadvantaged children, interventions designed to encourage and support extended families to take on such children, and the introduction of non-formal outreach services for rural children are some of the best practices that need to be sustained.

*Pre-packaged models of parenting support or education may create more self-doubt than improvement in parents’ abilities.*

It is important to make sure that the programs and interventions chosen are ones that support the families’ and children’s culture and childcare systems, add value to available care and address individual needs. Acceptance of pre-packaged models of parenting support or education may create more self-doubt than improvement in parents’ abilities. The interventions described in this project support the belief that the best interventions are those that allow for local creativity, those that respond to realities in
contexts, and those that start small and are let to grow before being implemented as a large-scale national program.

Adapting a model to a particular setting requires great care so that the imported curriculum or program does not cut out or obscure local ways of structuring care. When done correctly, the process of adapting a model does not look different from the process of creating a model. Both require the same steps, which include needs and context assessment, team building, participatory training and joint planning, development of program ownership by all stakeholders, development of locally valid content, and implementation of the program in specific ways that support and strengthen existing best practices.

*Holistic development of children is facilitated by integrated government ECD policies that are formulated by a cross-section of ECD stakeholders.*

The tenet that families have the primary responsibility for supporting the growth and development of their children should be supported by government policies. Urgently needed in Eritrea is an integrated holistic national ECD policy linked to the macro policy. Such a policy would address and incorporate issues in social institutions, legal frameworks, cultural ethos and other related factors that affect child development.

Participatory processes should be used at every level in the policy-making process to facilitate a wider ownership, commitment and accountability by people at different levels in the structure including grassroots beneficiaries.

*Models and interventions that are developed with a full understanding of the context are more likely to create the desired impact.*
All attempts to address families should be context appropriate. Without a clear understanding of context, interventions are unlikely to create the intended impact. The social, cultural, political and economic contexts must be taken into account to more appropriately address the needs of families and their children. For example, it is high time Africa was recognized as a big continent with many countries and communities at different levels of development. This understanding would help to minimize the tendency to think that what works in one country and community in Africa will work equally well in another, or that Western research findings and models can provide answers to Africa as a continent or to individual countries therein.

*Piloting of interventions enables their testing for appropriateness.*

Interventions that do not pilot their assumptions to find out if they indeed address the real problem or challenge may not lead to the desired outcomes. Information manuals, facilitators’ guides, monitoring tools and other resources designed to accompany an intervention need to be piloted. Feedback should be used to further refine them for the purpose they are intended to serve.

*Availability of enabling resources and political will promote the success of interventions.*

Interventions that prepare and avail appropriate resource materials to facilitate the achievement of set goals and objectives succeed more than those that do not have basic information, tools and equipment or trained staff to use them to deliver the intervention. These resources, however, should be sustainable after external funding is withdrawn.
Sustainability of resources, both human and material, needs careful consideration right from the onset of a project or program.

*Monitoring, assessment and evaluation are necessary.*

Monitoring, assessment and evaluation are necessary to inform policy and practice of the impact of the intervention. Information gathered helps to ensure the project is on course, to turn wheels, to open windows for other possibilities, or to make choices among alternatives.

*In poverty-stricken countries political will requires the support of development partners.*

Political will may not be the only answer to ECD challenges in poverty stricken countries. Some well-intentioned policies that are very well articulated are likely to remain on paper because of failure to raise adequate budgets to implement them, develop systems and provide services. Inadequate budgets may also not sustain ECD projects started with donor funding, a situation that has led some analysts to refer to Africa as “a graveyard of projects.” Although countries must endeavour to move away from the handout syndrome toward self-sufficiency, this does not happen suddenly. Thus, economically less able countries should continue to seek development partners such as international organizations, donor agencies and willing countries to supplement regional and national budgets.

*Integrating ECD into national budgets and the global movements of Poverty Alleviation and Education for All would create more lasting outcomes.*
Given the international research findings of how poverty and illiteracy affect the quality of life of children and their families and the developmental goals, objectives and expected outcomes of Poverty Alleviation and Education For All, effort should be made to incorporate ECD into these two global concerns.

*Integrated approach to ECD is cost effective in different ways.*

Integrating nutrition, growth monitoring, hygiene, psychosocial stimulation of children and literacy education for adults and out of school youths (who soon become parents) is a challenge, but such an integrated approach has several advantages to the target beneficiaries and to those developing and delivering ECD services. Providing life and income generation skills and permanent literacy, and supporting these with improved childcare knowledge, systems and services, offers more promise for disadvantaged parents, families and communities to meet most of the basic needs of their children.

*Understanding the synergy between nutrition, health, physical and cognitive development promotes holistic care and development of children.*

There is an obvious lack of awareness about the synergy between nutrition and health and the cognitive and socio-emotional development of young children. Some parents in the project did not realize the impact of certain practices and behaviours such as early weaning, non-responsive interaction with young children and the use of coercive methods to instill discipline, work skills and responsibility. Some of the beliefs, attitudes, behaviour and practices have been ongoing from generation to generation; their eradication calls for multi-pronged strategies to break the intergenerational cycle.
Parents, families and community awareness about ECD strengthens demand, ownership and accountability.

Parents and communities who know the value of ECD provisions and systems to improve their children’s quality of life make more demands, participate more actively, and are more accountable to ECD interventions. However, their involvement does not happen naturally. A deliberate, systematic and rigorous sensitization, along with awareness-raising programs and training, are required to empower families and communities to be the drivers of such ECD interventions as Parenting Enrichment, outreach services for children, health and nutrition, and growth monitoring. Where a lot of awareness raising has been done, parents and communities participate more actively, are more keen to contribute to the costs of establishing and running services, and make more demands for ECD interventions than their counterparts. It is this process of parental and community involvement that extends ECD services beyond what would be possible using only the national budgets and resources provided by the donor agencies.

Networking and working with partners provides opportunities for complementary action and leveraging of resources.

Increasing partnership and working with ECD stakeholders across sectors of the civil society including NGOs, community- and faith-based organizations, the media, the private sector, the university, research institutions and other interest groups provides opportunities for complementary action and leveraging of resources. ECD cannot easily be supported by one single organization or ministry; it requires the committed participation of all ECD stakeholders within and outside the country. However, the
effectiveness of many different partners with different inputs will depend on the quality of coordination, transparency and accountability.

*An integrated communication strategy pays off.*

Use of a joint ECD communication strategy to enhance and increase knowledge, engender positive attitudes, and promote specific behaviours that contribute to the achievement of Eritrea ECD goals and objectives is cost effective. Different players should be targeted, namely, the people whose behaviour directly influences child growth and development, such as parents, pregnant women and caregivers (primary audience); stakeholders who influence the behaviour of the primary target audience, such as grandparents, community leaders, health workers, religious leaders, siblings and community childcare workers (secondary audience); and those in a position of authority or influence over a large group (tertiary audience). Success of ECD depends on each of these categories of stakeholders, because of the important roles they play.

*Research promotes development of context-appropriate models and interventions.*

Research on the knowledge, attitudes and practices of target groups facilitates the design and implementation of appropriate intervention strategies. Exploring how cultural concepts could be translated into professional practices would provide findings that might enrich intervention strategies. It would also be necessary to investigate, for example, how strengths in given communities could be used as access gateways to the desired change; how the different ethnic groups’ valuing of good discipline and how the development of work skills at the earliest time could be promoted without violating children’s rights; how responsive interaction which involves negotiation could replace the punitive measures
commonly used in the process of teaching, guiding, correcting and supervising children; how some of the experiences and traditional wisdom could be used to minimize undesired parenting behaviour and practices; and, how the concept of parental authority which leads to parents regarding a child as their property and subjecting them to harmful cultural practices can be changed.

Section 2: Trainer of Trainers’ Strategy: Conclusions Reached

People are crucial to the success of ECD programs.

While the selection of appropriate people to staff ECD projects and programs is one of the keys to a successful enterprise, a second key is the kind of training and support received by staff at the different levels in the program structure. Strategic planning is unlikely to be effective unless ECD policy makers, leaders and implementers at different levels in the structure are well prepared for their roles and responsibilities.

To facilitate sustainable staff development for promoting quality of and increasing access to ECD in Eritrea, opportunities must be created for pre- and in-service certified and non-certified short and long courses for different categories of stakeholders incorporating current training facilities and systems with those of other countries that demonstrate best practices. These training opportunities would raise the status of the ECD sector as a whole and that of practitioners as individuals. ECD qualifications would continue to be linked with other accredited forms of vocational training and directly with a career track.

Multi-skill training is cost effective.
In this regard, results of this project support the existing reality in the world of work whereby it has proved cost effective to employ a few staff who can offer different services because of the different skills they possess. The multi-skilled TOTs produced by this project provide evidence to this. For example, they are able to train different categories of ECD stakeholders, carry out needs assessment and plan the implementation of ECD interventions. Furthermore, they are able to supervise and manage the ECD interventions and provide the required leadership. In March 2004, Zoba TOTs will be introduced to simple research methods. Besides enhancing their monitoring experiences, this training will prepare them to support studies that will aim to assess impacts created by ECD interventions in their respective Zobas.

*Success of interventions depends to a large extent on the leadership provided.*

Leaders influence the thinking, feeling and action of those they are leading in order to achieve set goals and objectives. The kind of environment a leader creates affects the performance, attitudes and morale of the people she or he is leading. Leaders who demonstrate self-awareness, self-management, interpersonal skills and different management styles as they carry on their everyday work will succeed more often in working with parents and communities than their counterparts.

*Trainers who are good at developing curriculum and training kindergarten teachers may not be equally competent to develop curriculum and train implementers of non-formal interventions for children and their families.*

While it is necessary that the existing training systems and staff be brought on board to introduce new components, at times, as in the Eritrean example, it pays off to
develop a new team to lead the innovations. Traditional systems tend to be rigid and take unnecessarily long to effect change. In the context of Eritrea, what has been achieved through the Zoba TOT strategy would have taken the formal sector many years and a very big budget to achieve.
CHAPTER 6: RECOMMENDATIONS

This chapter is divided into two sections. Section 1 summarizes implications of this project in the form of recommendations, both for governmental policy and ECD stakeholders who are already engaged and for those who wish to participate in the effort to improve the quality of life of children in Eritrea. Section 2 provides a conclusion to this project.

Section 1: Recommendations

Support development of ECD through macro and micro policies.

The tenet that parents have the primary responsibility for supporting the growth and development of their children, with the state providing support to families, must be demonstrated and echoed in government macro and micro policies and with clear programming efforts to support parents and their children within their contexts. Family policies and interventions must be based on careful and verified analysis of family realities and a comprehensive view of family life – not on untested, implicit assumptions.

Develop integrated ECD policies with support systems to facilitate holistic development of children.

Urgently needed is an integrated ECD policy with clear support systems that promote the quality of and increase access to services for holistic development of children in all areas of the country, including children with special needs. Referral care and services should be built in to cater to children with severe handicaps. Policies and
interventions that lack support systems may not lead to achievement of expected outcomes.

Involve a cross-section of stakeholders at all levels in the structure in the process to develop ECD policy.

Wide participation and involvement of different categories of stakeholders, among other factors, ensures a wider acceptability, ownership, commitment and accountability by the people. ECD policies that people are not committed to may not create the desired impact and are likely to be referred to as “government policies.”

Develop policies that support both formal and non-formal programs in order to reach more of the hard to reach children and families.

Community-based interventions and programs that have been developed through cost sharing with parents to supplement and complement the formal systems need to be supported by policies and national budgets to facilitate their sustainability. For example, compared with the construction of childcare centres, training and maintaining staff in an integrated parenting enrichment program seems to be the most cost-effective integrated provision that could be offered to children under the age of three and the difficult to reach 4- to 6-year-olds.

Make ECD an important component of Poverty Alleviation and Education For All policies.

Because of the impact poverty and education have on quality of family life, child rearing practices, social services and child development in general, ECD should be linked with Poverty Alleviation and Education For All policies at global and national levels.
Develop and implement policies and programs that integrate parents into the social fabric.

While it is important to provide parenting enrichment programs in the form of education, it is also important to appreciate that the holistic development of children results from many factors working together. It is therefore equally important that support systems are set up in ways that do not exclude or marginalize certain children and their families. For example: health services should be accessible and affordable, education and employment opportunities should not be closed to certain parents or ethnic groups, and social services should not keep parents in circles of dependency when they could instead be gradually empowered. Parenting Enrichment in the form of education alone, without availing the necessary services, may not create the desired impact.

Implement an integrated communication strategy to raise awareness and support implementation of integrated ECD policy.

Develop and implement an integrated ECD communication strategy to increase knowledge, engender positive attitudes and promote specific behaviours that contribute to the achievement of ECD policy goals and objectives. Monitor effectiveness of the channels of communication and take steps to enrich and fill gaps.

Ensure culturally relevant and appropriate programming.

The program and the interventions chosen by any country or community should: build on the families’ and communities’ strengths, support existing systems and add value to them, and improve knowledge and skills regarding care for different categories of children at home and in early years’ formal and non-formal settings. The best
programs are likely to be those that allow for local creativity that responds to realities in contexts.

**Incorporate both traditional and scientifically validated childrearing practices.**

ECD initiatives and programs need to build on existing strengths and use them as bridges to acquiring new knowledge, skills and practices. This process requires reflection with parents and communities and incorporation of the wisdom of traditional practices. Parents will then be more likely to appreciate the relevance of new information and try it out with more openness than when scientifically validated childrearing practices disregard the traditional strengths in the context.

**Increase awareness, demand, ownership, and accountability by parents and communities as a means to ensure sustainability.**

This can be achieved through a systematic and rigorous awareness-raising and sensitization program targeting primary, secondary and tertiary audiences who influence ECD policy and practice.

**Prioritize building capacity of families and communities through training.**

Community capacity building is critical and paramount in ensuring ownership and sustainability of ECD interventions. Communities may not participate meaningfully and maximally in their own development in the absence of capacities that would allow them to be more productively involved.
Promote participatory planning that involves parents, communities and grassroots partners.

Involving parents, communities and grassroots partners in identifying needs, developing, implementing, monitoring and evaluating ECD interventions and programs. Communities and their leaders may not respond to and own top-down models as well as when they are involved and recognized as valued partners in the full process.

Develop independence rather than dependence on emergency handouts.

ECD program activities that are developed to support families must aim at encouraging and enabling families to acquire, develop and/or enhance knowledge and skills for self-reliance and overcome dependence on emergency handouts.

Develop a system through which to monitor developed ECD policies, projects and programs.

Policies and programs that are not supervised and monitored may not yield the intended results. Monitoring is important to ensure the initiative is on course and provides information that could be used to further enrich the initiative or make it more context appropriate.

Facilitate research to inform policy and practice.

Studies of knowledge, attitudes and practices in the area of child rearing are needed to enable governments, partners and other stakeholders to select models that reaffirm the values of the family and the home within the changing context of contemporary society.
Ensure training of staff at different levels in the structure to facilitate development and delivery of ECD.

Policies and programs without capable staff to implement them may never take root and create the desired impact. It is therefore important to invest in training of staff and to continue to enhance the knowledge and skills of those trained. Training could take different forms, including certified and non-certified short and long courses. New approaches to learning and child development are not issues that can easily be imparted during one training course. This commitment to training will also create opportunities for different groups of ECCE workers to develop and test approaches and to reflect on their practice.

Focus on training multi-skill training.

Given the scarcity of ECCE and ECD human resources, focusing on multi-skill training pays off. It also facilitates understanding of and promotes an integrated approach in needs identification, planning, implementation, monitoring and evaluation of projects, programs and interventions.

Develop a cadre of leaders to provide the required leadership for ECD initiatives.

Given that initiatives that have either appointed or volunteer leaders tend to perform better than those without accountable leadership; that a leader acts as the group’s professional, technical and knowledgeable guide; that the kind of environment a leader creates affects performance, attitudes and morale of the people she or he is leading; and that whether a project, program, institution or organization succeeds, withers or fails
depends to a large extent on its leader, it is important to develop effective leaders for
ECD interventions at the different levels in the structure.

Ensure availability of the required resources for use by the staff to facilitate effective
delivery of services.

Training staff and sending them out to deliver a service without enabling
resources such as information manuals and accompanying basic teaching/learning aids
can be compared to sending trained soldiers to the front without ammunition, and may
not be a worthwhile investment. To do a good job, even the most specialized staff
requires basic tools. Thus, hurrying to implement strategies when accompanying resources
have not been developed and distributed for use may have a negative impact on the
program or intervention.

Train partners to play some of the roles.

Given the current shortage of trained ECD staff to raise awareness, design,
implement and monitor ECD initiatives and services and the lack of other enabling
resources such as transportation to reach out to sites, selected partners working in the
catchment areas could be trained to play some of these roles.

Develop and provide accredited ECD courses.

Gradually develop accredited ECD courses by building on current training
facilities and systems to facilitate sustainable staff development to promote quality of
ECD in Eritrea. This will raise the status of the ECD sector as a whole and that of
practitioners as individuals. ECD qualifications would need to be linked with other
accredited forms of vocational training and directly with a career track.
Section 2: Conclusion

A focus on parenting enrichment means acknowledging the parents’ wishes and values in childcare and development. This requires involving parents and listening to what they have to say. More than ever before parents’ voices should be heard by different categories of ECD providers, professionals, researchers and politicians who have a direct influence on policies. The irony is that while a normal expectation would be for governments to do everything possible to address the needs of children and facilitate their holistic development and to also facilitate realization of their full potential, as inevitably these children are the future of each nation, this has not been the case. Instead, the tears of adults and their needs and interests have, through the centuries, attracted government attention and been prioritized over those of children.

Given that every child has a right to a decent life, steps need to be taken to address the cultural and socio-economic constraints that have for centuries led children to be construed as property without any rights at all. Thus, there is a need to re-address the social structures and the legal rules that have been knotted together which, to date, fail to provide basic services and protect children.

Thus, taking care of the best interest of the child, as set out in the Convention on the Rights of the Child, must not be seen as a threat to the family, but as a challenge for society. Families require support through an interlocking system of formal and non-formal networks and services to promote holistic parenting and development of children.
BIBLIOGRAPHY


APPENDIX I: CONSULTATIVE WORKSHOP

PRODUCING A PARENTING ENRICHMENT MANUAL AT THE MINISTRY OF EDUCATION BOARDROOM

May 15, 2002

The Ministry of Education organized a workshop to bring together key stakeholders to participate in the production of an integrated Parenting Enrichment manual, which would later be used by the Ministry of Education and partners to promote holistic parenting and development of children.

Purpose of the workshop

This workshop was intended to provide an opportunity to ECD stakeholders to share ideas and experiences regarding how to improve the quality of life of children and that of their families through a parenting enrichment strategy.

Target group

Twenty stakeholders participated in this workshop. These represented:

- ECD Project Coordinating Office
- NGOs working in the interest of children and their families
- community-based organizations
- village-level administration committees
- Community Children’s Centre Parents’ Committee members
- Zoba Maekel Education Administration and Supervision and Adult Education Division
• National Union of Eritrean Women
• National Union of Eritrean Youth and Students
• community child caregivers trained by the MOE/ECCE

**Objectives of the workshop**

The workshop aimed to produce an outline for a Parenting Enrichment Manual that would be developed to further enhance parents’ knowledge, skills behaviour and practices and:

• improve the health of the mother and of the growing baby before birth
• improve care and health of the baby at birth and after
• ensure that children age 0-6 years are fed appropriately so that they grow into healthy, strong and happy children
• stimulate young children’s physical, intellectual and social development
• encourage the use of positive methods to teach discipline
• improve young children’s health through appropriate care, hygiene and treatment when ill

The following program was followed:

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<th>Date and Time</th>
<th>Activity</th>
<th>Facilitator</th>
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<tr>
<td>15/05/02</td>
<td></td>
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<tr>
<td>8:15-8:30</td>
<td>Registration</td>
<td>ECCE Panel member, Ministry of Education</td>
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<td></td>
<td>Receiving key workshop documents, stationary, etc.</td>
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<tr>
<td>8:30-9:00</td>
<td>Welcome and Opening remarks: Progress made by ECCE in the implementation of ECD.</td>
<td>Mr. T. Gerrahtu, Director General of General Education</td>
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<td>9:00-9:15</td>
<td>Who is doing what for parents, communities and children: Introductions through a game.</td>
<td>Bergitte, ECCE Ministry Education, Volunteer</td>
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<td>9:15-10:15</td>
<td>Sharing experiences with partner-institutions and organizations: Presentation of packages developed to improve the quality of parenting and quality of children by different institutions/organizations.</td>
<td>Ministry of Health Ministry of Agriculture ECD Program Office Ministry of Education.</td>
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<td>10:15-11:15</td>
<td>Sharing views of what individuals would wish included in Parenting Enrichment Manual to promote holistic parenting and</td>
<td>Dr. Edreda, the MOE ECCD Consultant and Ms. Abeba, Head of ECCE</td>
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<td>15/05/02</td>
<td>development of children (i) through group using card method (ii) through plenary categorizing information on cards to propose Sections of Chapters in the Manual.</td>
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<td>11:15-11:30</td>
<td>Tea/Coffee</td>
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<tr>
<td>11:30-1:00</td>
<td>Group Work Comparing and contrasting content proposed by the workshop and the pre-prepared outline by the MOE.</td>
<td>Group Leaders supported by: Abeba, Miriam, Birgitte and Dr. Edreda.</td>
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<td>1:00-2:00</td>
<td>Lunch</td>
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<td>2:00-3:00</td>
<td>Sharing group findings and consensus building on the final outline.</td>
<td>Group leaders from different Ministries</td>
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<td>3:30-4:00</td>
<td>The way forward and closing.</td>
<td>Dr. Zemui Alemu, Technical support Committee, MOH</td>
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<td>4:00-4:15</td>
<td>Tea and Departure</td>
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ERITREA ECD
PARENTING ENRICHMENT MANUAL
*For a firm foundation*

*For use by Trainers of Trainers and Resource Center Directors/Teachers*

November 2003
## PARENTING ENRICHMENT MANUAL

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Parenting Enrichment Manual

Introduction

Why this Manual?

This Manual has been produced to serve as one of the resource materials for use by different categories of caregivers particularly those working with the Parenting Enrichment component of the Eritrea Integrated Early Childhood Development Programme. Besides ECD Trainers of Trainers, ECD Resource Centre Directors, this information can be used by Community Caregivers as a reference book and other partners working with children, families and communities to promote the quality of life of children in Eritrea.

Objectives of this Manual

This Manual has been developed in response to the goals and objectives of the Eritrea Integrated Early Childhood Development Programme which has been initiated to promote services for young children’s basic needs namely, healthcare, proper nutrition, social protection, and early psychosocial stimulation as a means of helping children towards realizing their full potential. The goal of this intervention is to improve the quality of life of the Eritrean child thereby keeping the young population healthy and productive for sustainable social economic development of the country.

Eritrea recognizes Early Childhood Development as an essential, and in the long term, a sustainable development strategy. This is based on the realization that children who receive quality care and early stimulation to enhance their health and physical, intellectual and socio-emotional development are more healthy and strong as children and later as adults, fit better in society, do better in school and become more successful in life and contribute more to the socio-economic development of their countries than their counterparts who may not receive quality care. When this happens the economic and social benefits of quality Early Childhood Development, which accrue to the individual and to society as a whole will by far exceed the costs. This Manual is a contribution towards making this goal a reality.

The Manual builds on existing best practices and aims to further enhance the knowledge, skills and attitudes of parents, families and the communities to:

• Plan childbirths and promote safe motherhood.
• Appreciate the practices of quality care and demonstrate this by among others: planning marriages and timing births; ensuring nutritious meals for expectant mothers; expectant mothers consulting with health workers at least four times during the period of pregnancy; women delivering with the help of a health worker; ensuring exclusive breast feeding for the first six months; providing adequate and nutritious meals to children during the weaning period and after; ensuring immunization and growth monitoring; improving health through hygiene, and protecting children against childhood diseases, injury and harmful cultural practices.

• Provide early stimulation for physical, intellectual and socio-emotional development of children of the age 0-6 years and provide adequate care to children who are growing 'normally' and to those with special needs.

• Use play, games, songs, stories and situational approaches to facilitate early learning and enhance growth and development of young children.

• Use positive methods to teach children acceptable discipline.

• Protect unborn babies from HIV infection and guard against the spread of HIV/AIDS.

**Using this Parenting Enrichment Manual**

There are eight Sections in this Manual. Section one focuses on promoting safe motherhood. Sections two to eight address different aspects of quality care and development of children of the age below six years. The second part of Section eight provides information on preventing the spread of HIV/AIDS.

No specific section has been written on the Rights of Children. This is because we believe, for better understanding and appreciation, rights should be discussed in context and in an integrated way. Thus, *Children's Rights have been integrated in all the eight Sections in this Manual. Survival rights are integrated in Sections one, two, seven and eight; Development rights in Sections three and four; Protection rights in Sections five and six; and Participation rights in Section five.*

If you are a facilitator of groups of parents and other child caregivers, we suggest that you first read through the summary of content coverage, goals and objectives of each of the Sections of the Manual and relate it to the accompanying Facilitators’ Guide, Flip Charts, and the knowledge you already have about the information provided. Once you know child care realities on the ground and have a clear idea of the purpose of this Manual, its objectives, content, proposed methods and expected outcomes you can then together with participants prioritize topics according to need.

Although all the topics are important, it is also true that different communities have different priorities. Participants should guide selection of what to start with and what to do later. It is also important that facilitators agree with participants on programming of sessions. Facilitators should always move at the pace of the participants they are catering for. The way this Manual is developed and organized allows for flexibility in planning and delivering of sessions.
If you are a parent or caregiver with the interest to enrich your parenting knowledge and skills to benefit your family, you may not need to refer to the Facilitators’ Guide and Flip Charts.
SECTION 1

HEALTHY PARENTS PRODUCE HEALTHY BABIES

Introduction

Welcome to Section one of this Manual. Based on the understanding that healthy parents produce healthy babies, we shall start by looking at how to ensure safe motherhood. Information in this Section will enrich your knowledge about some of the practices that promote safe motherhood.

Content coverage

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to conduct Parenting Enrichment sessions that improve practice and create desired behaviour regarding:

- Planning marriages and timing births
- Recognizing signs of pregnancy
- Ensuring good health to produce a healthy baby
- Recognizing appropriate practices when pregnant
- Protecting unborn babies against infection
- Recognizing warning signs during pregnancy
- Preparing for the baby's arrival
- Avoiding complications during the birth process

We hope you will find this information beneficial.

Goal

To improve the quality of life of babies and reduce the number of children who die in the first year of life.

General objectives

To contribute towards:

- Decreasing the number of women who get children before 18 and after 35 years of age.
- Increasing spacing between pregnancies.
- Raising the quality of diet of the mother during pregnancy.
- Decreasing the proportion of low birth weight infants.
- Reducing infant mortality rate.
Essential Parenting  Enrichment Knowledge and Skills

Planning and timing births

Pregnancy and age

- Pregnancy before the age of 18 or after the age of 35 increases health risks for mothers and their babies.
- Girls who are educated, have had a good diet during their childhood and teenage years and are healthy will have fewer problems in pregnancy and childbirth.
- A girl is not physically ready to begin bearing children until she is about 18 years.
- Marriages between close relatives, for example, close cousins may lead to producing children with deformities.
- If a woman is over the age of 35 and has had four or more pregnancies, another pregnancy is a serious risk to her own health and that of the foetus.

Spacing births

- For the good health of both the mother and the children there should be a space of at least three years between births. The risk to the mother's health is greater if births come too close together.
- If a woman becomes pregnant before she is fully recovered from previous pregnancy, there is a higher chance that she might produce an underweight baby.
- Care for under weight babies is very demanding and such babies are less likely to grow well. They are more likely to become ill and four times more likely to die in the first year of life than babies of normal weight.
- Family planning services provide people with knowledge and the means to plan to begin having children.
- There are many safe and acceptable ways of avoiding pregnancy when it is not the right time for a couple to have a baby.
- Family planning is the responsibility of both men and women. Such information can be got from a health worker.

Ensuring safety before conception

Before conception a husband and wife or partners should:
- Discuss and agree that they need to have a baby.
- Make sure that they are healthy.
- Have a medical check-up to eliminate any possibility of sickle cell, anemia, HIV/AIDS and other infections and diseases that can be transmitted from a mother to her unborn baby.
- Avoid drug abuse, for example, alcoholism, smoking and misuse of any drugs both home made and scientifically manufactured.
- Be emotionally stable, physically developed and healthy, and economically able to support themselves and the baby when he or she is born.
• Plan to space their children with a minimum of three years.

Recognizing signs of pregnancy

There are several signs of pregnancy although not every expectant mother experiences all of them.

Change of behavior such as:

• Missing the period
• Frequent passing of urine
• Enlarged breasts
• Morning sickness which is shown by vomiting or feeling like vomiting, feeling dizzy, constipation, headache and backaches
• Likes and dislikes of food
• Likes and dislikes of certain smells
• Likes and dislikes of certain people and place

Ensuring good health to produce healthy babies

• All pregnant women need particularly nutritious meals and more rest than usual throughout the pregnancy.
• Anemia in pregnancy increases the severity of bleeding and the risk of infection during the birth process. It is a significant cause of death. Iron supplements for pregnant women protect both women and their babies. Pregnant women should consult a health worker for advice on how these can be got.
• Goiter, a swelling of the neck, is one sign of a shortage of iodine in the diet. A pregnant woman with a goiter is in a high risk of miscarriage, stillbirth or giving birth to a child with brain damage.
• Using iodized salt provides pregnant women and children with as much iodine as they need. If iodized salt is not available in shops that sell foodstuffs seek advice from a health worker.
• Small amounts of iodine are essential for children's growth and development. If a mother is iodine deficient during pregnancy, her baby may be born with a mental, hearing or speech disability, or may have delayed physical or mental development. Information on children with special needs is given in the second part of section four of this Manual.
• Pregnant women need to be immunized to protect themselves and their babies from tetanus.
• Home herbal and other traditional treatments, smoking, alcohol, drugs, poisonous, and pollutants are especially harmful to pregnant women, unborn babies and young children.
• Physical abuse of women during pregnancy is dangerous to both the woman and the foetus.
• A skilled health worker such as a Traditional Birth Attendant, nurse, midwife or doctor should check a pregnant woman at least four times during every pregnancy. It is also important to seek the advice of a health worker about where the baby should be born.

• Pregnant women should avoid things and situations that may cause serious harm to their unborn babies and that could lead to producing babies with deformities. They should, for example, avoid doing strenuous work such as lifting or carrying heavy loads, all types of falls, and being over anxious. They should avoid taking drugs both home made and those scientifically manufactured without advice from the doctor. They should also avoid situations that may lead to contracting diseases especially German measles, syphilis and HIV/AIDS.

• A pregnant woman needs support from her family and other people who live with her and around her.

• Malaria is a very dangerous disease for pregnant women. Wherever malaria is common pregnant women should take anti-malaria tablets recommended by a health worker. This is because not all anti-malaria tablets are safe to take during pregnancy.

• Pregnant women with signs and symptoms of malaria must be treated adequately and immediately by a health worker. They should not rely on the home herbal and other treatments. When not properly treated malaria can have very serious effects.

• Parents together with members of the family should gradually prepare other siblings about the coming of the new baby.

Protecting unborn babies from being infected in the womb

• A pregnant woman needs to eat adequate nutritious meals to feed the embryo. Whatever food a mother takes is first digested and absorbed in her blood stream. This then, passes through the placenta to the embryo. Infections and drugs may be passed to the embryo in the same way. A child born of HIV/AIDS or syphilis-infected mother may be infected and have the same diseases in this way.

• Some drugs including the home herbal that are taken during pregnancy without a health worker's advice may be passed to the embryo and cause deformation of some body organs.

Recognizing warning signs during pregnancy and measures to take

• Failure to gain weight. At least 6 kilograms should be gained during pregnancy.
• Anemia.
• Paleness inside the eyelids. Healthy eyelids are red or pink.
• Feeling very tired or easily out-of-breath.
• Unusual swelling of legs, arms or face.
• The foetus moves very little or not at all.

When any of these signs shows or is felt an expectant mother should seek immediate help from a health worker. She should not resort to home herbal and other traditional
treatments that are not recommended by a health worker. These could be harmful to both
the mother and the foetus.

**Signs that mean expectant mothers get help immediately**

- Spotting or bleeding from the vagina during pregnancy or profuse or persistent
  bleeding after birth
- Several headaches or stomach aches.
- Several or persistent vomiting.
- High fever.
- The water breaks before due time for delivery.
- Convulsions.
- Severe pain.
- Prolonged labour.

A pregnant woman should seek immediate help from a health worker when any of these
signs shows. Use of home herbal and other cultural/traditional treatments may
complicate ones condition.

**Preparing for the baby's arrival**

Parents and family members need to prepare for the coming of the baby by ensuring:

- some money to meet various expenses.
- there is clean clothing for immediate use by the baby.
- there is a safe tool to cut the umbilical cord if delivery is to be done at home.
- there are clean cloths to use during the birth process.
- there is adequate cooking fuel to prepare food for the mother and for keeping her
  warm if it is cold.
- there is adequate food for use by the mother and the rest of the family.
- the home is clean and tidy.
- the whole family is ready emotionally to receive the baby and to support the
  mother. At times it might be necessary to request for the services of a responsible
  person to help the mother at least for the first month of delivery.

**Avoiding complications during the birth process**

To minimize the problems and dangerous conditions that may develop during the birth
process, it is important that a mother delivers at a health facility. If delivery is to be done
at home arrangements should be made so that she is fully supported by a health worker.
Use of home herbal and other traditional treatments not recommended by a health worker
could lead to some complications.

Although in most women the birth process proceeds without any problems, there are
some women who may experience problems such as:

- the baby's head does not face down towards the cervix. This is a dangerous
  position which might lead to the death of both the baby and the mother.
• the baby's legs coming first. This is dangerous to the baby.
• lack of adequate oxygen for the baby during delivery which may cause serious brain damage.

The baby may lack oxygen if:
• the umbilical cord is pinched/pierced during contractions.
• the baby's feet come out first hence the baby is not able to breathe properly.
• the cord is wrapped around the baby's neck preventing it from breathing.
• the baby is holding the cord and squeezing it cutting off the supply of oxygen.

To avoid these and other complications, all women should deliver with the support of a health worker.

SECTION 2
BRINGING UP HEALTHY ERITREAN CHILDREN

Introduction

Welcome to the second Section of this Manual. This section has two major parts. The first part provides information about the importance of exclusive breastfeeding for the first six months. It also explains why complementary feeding should be introduced at the age of six months. The second part focuses on nutrition and immunization.

Information in this section will enhance your knowledge about promoting the health of young children through ensuring adequate breastfeeding, nutrition, immunization, and growth monitoring.

Content coverage

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to contribute towards:

Promoting breast feeding and complementary feeding at six months
• Practicing exclusive breastfeeding for the first six months
• Preventing dangers of breast milk substitutes
• Providing complementary feeding at 6 months

Promoting nutrition and growth monitoring
• Ensuring nutrition before, during pregnancy and during lactation
• Checking to ensure a child is growing well-growth monitoring
• Preventing dangers of Vitamin A and iron deficiency
• Preventing dangers of iodine deficiency
• Feeding children who may not have appetite
Promoting immunization

We hope you will find this information helpful.

Goal

To improve the quality of health and development of children of the age 0-2 years.

General objectives

This Section has 5 major objectives. It aims to contribute towards:

- Increasing breastfeeding by ensuring exclusive breastfeeding for a minimum of six months.
- Increasing the practice of introducing complementary feeding on nutritious meals during the sixth month and prolonging breastfeeding into the second year.
- Improving weaning practices and decreasing infections during the first two years.
- Decreasing the prevalence of protein energy-energy malnutrition and micronutrient deficiencies.
- Increasing immunization rates.

Essential Parenting Enrichment Knowledge and Skills

Part 1: Breastfeeding and complementary feeding

Practicing exclusive breast feeding for the first 6 months

Good nutrition is important at any time of development but it is especially critical in infancy. This is because the baby's brain and body are growing so rapidly. Breast milk is the best food a child can have. Breastfeeding alone is the only food and drink an infant needs for the first six months. Breast milk has several advantages, for example, it has all the nutrients a baby needs in order to grow and develop well. It is also easy for the baby to digest. Breast milk is clean and it is ready food for the baby to take at any time of the day and night. Breast milk protects children against illness. All other substitutes such as infant formula or cow milk that some parents may want to use are inferior to breast milk.

Breast milk is the baby's "first immunization". Breastmilk protects babies and young children against dangerous illnesses. For example, it helps protect against diarrhea, ear and chest infection and other health problems. However, the protection is greatest when breast milk alone is given for the first six months and breastfeeding continues well into the second year and beyond. No other food or drink can provide this important protection which all babies need. Mothers should breastfeed their babies day and night whenever the baby wants to feed.
Preventing dangers of breast milk substitutes

Breastmilk substitutes, such as infant formula, cow or sheep milk have low-grade nutrients. These foods often lead to illness because they are expensive and some families dilute them to make enough for the child. Adding more water than recommended to breast milk substitutes is like washing nutrients from a baby's food. Sometimes breastmilk substitutes get contaminated in the process of preparation and storage, especially if a family is not able to ensure the required hygiene. If a mother cannot breastfeed her baby, and has to use breast milk substitutes, it is better to use an ordinary clean cup than a bottle. A cup is easier to keep clean than a feeding bottle. This is particularly important in families where both the mother and father may not be around to take charge of or supervise the preparation of the breast milk substitute, feeding of the baby, cleaning and safe storage of feeding containers. Some house helpers who are left in charge of young children may not always prioritize the importance of hygiene and timely feeding as parents may do. Their priorities might be different.

Breastfeeding for the first 6 months

- Newborn babies should begin breastfeeding within one hour of birth. They should be kept close to their mothers and remain in skin-to-skin contact with their mothers as much as possible. This creates a special bond between the mother and child. Breastfeeding time should be one of the many other opportunities mothers should use to express their love, the joy and happiness to have the baby. This should be done through talking with the baby and cuddling, full of smiles.

- The thick yellowish milk, the mother produces in the first few days after birth (colostrums) is the perfect food for newborn babies. It is very nutritious and helps the baby against infection. Sometimes mothers are advised not to feed colostrums to their babies. This advice is incorrect.

- Babies should be let to breastfeed as often as they want. Frequent breastfeeding causes more milk to be produced. Thus, the more the baby breastfeeds the more milk the mother produces. Giving babies other foods or drinks in the first few months of life causes the baby to breastfeed less often, so less breast milk is produced.

Almost every mother can breastfeed successfully

- Almost every mother can breastfeed successfully. In most cases mothers who think they do not have enough breast milk to feed their babies lack confidence. They need the encouragement and practical support of their family, friends and relatives.

- Getting a baby to breastfeed soon after birth stimulates the production of the mother's breast milk. It also helps the mother's uterus contract, which reduces the risk of heavy bleeding or infection.
• A baby needs no drink or any other food while waiting for the mother's milk supply to increase. Breastfeeding alone is the only food and drink a baby needs for the first six months. No other food or drink, not even water, is usually needed during this period.

• There is a risk that a woman infected with the HIV can pass the virus on to her baby through breastfeeding. Women who are infected or suspected that they may be infected should consult a trained health worker for testing, counseling and advice on how to reduce the risk of infecting their babies. Section eight provides more information on HIV/AIDS prevention.

Providing complementary feeding at 6 months

• From the age of six months to one year, breastfeeding should be offered before other foods, to be sure the infant takes plenty of breast milk everyday. The child's diet should include peeled, cooked and mashed vegetables, grain, fruit, some oil, as well as fish, eggs, chicken, meat or dairy products to provide vitamins and minerals. In the second year, breastfeeding should be offered after meals and at other times. Parents and caregivers who mostly feed children on "enjera" and "kitcha" need to add more to this. Foods such as "tehini", "teteko", "shiro", "kusta" and lentils that are readily available in some areas would enrich a child's meal. Children need a good variety of nutritious foods in order to grow well and healthy. A health worker can advise on how to improve the family diet using readily available foods to the family.

• A mother who works away from her home should continue to breastfeed her baby if she breastfeeds as often as possible when she is with the baby or infant.

Summary of general guideline for complementary feeding

<table>
<thead>
<tr>
<th>From 6 to 12 months</th>
<th>Breastfeed frequently and give other foods three to five times a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 12 to 24 months</td>
<td>Breastfeed frequently and give family foods five times a day</td>
</tr>
<tr>
<td>From 24 months onward</td>
<td>Continue breastfeeding if both mother and child wish and give family foods five times a day</td>
</tr>
</tbody>
</table>

Breastfeeding as a protection against pregnancy

• It is possible for a mother to become pregnant before her periods return. This becomes increasingly likely six months after the birth.

• Exclusive breastfeeding can give a woman more than 98 percent protection against pregnancy for six months after giving birth—but only if her menstrual
periods have not resumed, if the baby breastfeeds frequently day and night, and if the baby is not given any other food, or drink, or a pacifier or dummy.

- A woman who wants to delay another pregnancy should choose another method of family planning if any of the following apply: if her periods have resumed, her baby is taking other food or drink or uses a pacifier or dummy, or her baby has reached the age of six months.

- It is best for the health of the mother, her children and the entire family if she avoids becoming pregnant again until her youngest child is more than two years of age. Parents should seek family planning advice from a health worker.

Part 2 - Ensuring nutrition and growth monitoring

Essential Parenting Enrichment Knowledge and Skills

Ensuring nutrition before and during pregnancy

- To be able to produce a healthy baby, the mother to be needs to be healthy. All pregnant women need particularly nutritious meals and more rest than usual throughout the pregnancy.

- Ethnic groups that restrict the quality and quantity of girls' meals for fear they would mature faster and become sexually active at an early age, although protective, work against the understanding that girls who have had a good diet during their childhood and teenage years will have fewer problems in pregnancy and childbirth.

- The nine months of a baby's life in the mother's womb is a critical stage of growth and development of the baby. If a woman is malnourished before and during pregnancy it will affect the growth and development of her baby. It might also lead to complications at the time of birth and later in the life of both the mother and the child.

- If a child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This may not be made up when the child is older. It will affect the child for the rest of his/her life.

Practicing growth monitoring to ensure a baby is growing well

Poor diet, frequent illness, inadequate or inattentive care of young children can lead to malnutrition. Malnutrition weakens the body's resistance to illness. The situation is made more complicated when children do not receive full immunization during the first year and do not get growth monitoring advice from a trained health worker.

- A baby should grow well and gain weight rapidly. Regular weighing informs the parent or caregiver about how well a child is growing. From birth to the end of
the second year infants should be weighed every month. If a baby has not gained weight for about two months, something is wrong. She/he may be sick or may need larger servings or more nutritious food or may need more attention and care. Parents and health workers need to act quickly to discover the cause of the problem and take the right action.

- If an infant is not regularly gaining weight or growing well, there are some important questions to ask: Is the child eating often enough? Is the child receiving enough food? Do the child's meals have too little 'growth' or 'energy' foods? Is the child refusing to eat? Is the child sick? Is the child getting enough foods with vitamin A to prevent illness? Is the child being given breast milk substitutes by bottle? Are food and water kept clean? Are faeces being put in a latrine, toilet or buried? Is the young child left alone for much of the time or in the care of an older child?

- Each young child should have a growth chart. The child's weight should be marked with a dot on the growth chart each time he or she is weighed, and the dots should be connected after each weighing. This will produce a line that shows how well the child is growing.

If the line goes up, the child is doing well. A line that stays flat or goes down indicates cause for concern. The right action needs to be taken immediately if the child is not doing well.

- In part one of this Section, it was made clear that breast milk alone is the only food a baby needs until the age of six months. After six months, an infant needs a variety of other foods in addition to breast milk. A breastfed baby who is not gaining weight may be ill, or may not be getting enough breast milk. A health worker can check the baby's health and advise the mother on how to increase the baby's intake of breast milk.

- After six months of age, the risk of infection increases as the child begins to eat other foods and starts to crawl. The home and surrounding area should be kept clean and safe for a crawling child. Both the child's hands and the child's food should be kept clean.

Preventing dangers of Vitamin A and iron deficiency

Providing vitamin A to facilitate healthful growth

- Children need vitamin A to resist illness and prevent visual impairments. Vitamin A can be found in liver, eggs, vitamin enriched oils, ripe mangoes, papays and many other fruits and dark green leafy vegetables and carrots, dairy products, breast milk and vitamin A supplements.
• When children do not have enough vitamin A, they are at the risk of night blindness. If a child has difficulty seeing in the early evening and at night, more vitamin A is probably needed. Such a child should be taken to a health worker for advice. Vitamin A supplements in form of capsules can be found at a health centre.

• Diarrhea and measles deplete vitamin A from the child's body. Vitamin A can be replaced by more frequent breastfeeding, and for children older than six months by feeding the child more fruits, vegetables, eggs, liver and dairy products. Parents should seek advice from a health worker on readily available foods to the family that provide vitamin A.

**Providing iron-rich foods to facilitate healthful growth**

• Children need iron-rich foods. Anemia-lack of iron can impair physical and mental development. Anemia in children under two years of age may also cause problems with coordination and balance. The best sources of iron are liver, lean meat, fish and eggs.

• Symptoms of anemia include paleness of the tongue, the palms of the hands and the inside of the lips, tiredness and breathlessness.

• Anemia in pregnancy increases the severity of bleeding and the risk of infection during the birth process. Infants born to anemic mothers often suffer from low birth weight and anemia. Iron supplements for pregnant women protect both women and their babies. Iron supplements can be found at a health center.

**Preventing dangers of iodine deficiency**

• Iodized salt is essential to preventing learning disabilities and delayed developments in children. Small amounts of iodine are essential for children's growth and development. If a child does not get enough iodine, or if his or her mother is iodine-deficient during pregnancy, the child is likely to be born with a mental, hearing or speech disability, or may have delayed physical or mental development. More information about causes, signs and symptoms of children with special needs or disabilities is provided in the second part of Section 3 of this Manual.

• Using iodized salt provides children with as much iodine as they need. When you go to buy salt ask for iodized salt. It is now sold in most shops. If iodized salt is not available in shops seek advice from a health worker.

**Feeding children who may not have appetite**

• Children may not always have good appetite. When a child does not show interest in eating he/she should be encouraged to eat. Children without appetite
should not be harassed, rebuked or forced to eat or drink. Instead they should be persuaded and asked what they would prefer to eat and drink. Although their choices might need to be enriched, they provide a positive starting point. A child with a disability may need extra help when eating and drinking.

- In families where meals are served in a common dish or where males eat from one dish and females from another regardless of age, younger children may not get enough food. Younger children should have their own plate or bowl of food. This will ensure that they can eat what they need. It will also help the parent or caregiver to see and know how much each of the younger children has eaten.
- Sick children may not like to eat or drink. They should be encouraged to eat and drink as often as possible. This is particularly important when they have diarrhea or measles. Dehydration is a serious problem for children with diarrhea. Drinking plenty of liquids will help prevent dehydration.
- If illness and poor appetite persist for more than a few days, the child needs to be taken to a health worker for treatment and advice. The child is not fully recovered from illness until he/she weighs about as much as when the illness began.

**Ensuring immunization**

**Essential Parenting Enrichment Knowledge and Skills**

**Immunizing children to promote healthful growth**

**Importance of immunization**

Every child needs to be immunized. Children who are immunized are protected from dangerous diseases, which often lead to disability or death. A child is immunized by vaccines, which are injected or given by mouth. The vaccines work by building up the child's defenses against disease. A child who is not immunized is very likely to get measles, whooping cough and other diseases that can kill. Each year many children die of diseases that could be prevented with readily available vaccines. Pregnant women also need to be immunized to protect themselves and their infants from tetanus.

**Immunizing children according to schedule**

- Every child needs a series of immunization during the first year of life. It is essential that infants complete the full number of immunization otherwise the vaccine may not work.
- Immunization protects against several dangerous diseases. A child who is not immunized is more likely to suffer from illness, become permanently disabled or become undernourished and die.
• It is important for parents and caregivers to know that immunization only works if given before the disease strikes and that children who survive these diseases are weakened and may not grow well or may be permanently disabled. Such children may die later from malnutrition and other illnesses.

• Some parents think that a child who has fever, a cough, cold, diarrhea or some other illness is not well enough to receive immunization. All parents and caregivers need to be assured that it is safe to immunize a child even if a child has an illness or disability or is suffering from malnutrition.

• After injection, a child may cry or develop a fever, a minor rash or a small sore. This is normal. A mother should breastfeed her child frequently or give the child plenty of liquids and foods. If a child develops high fever, he/she should be taken to a health center for treatment and advice.

• To protect a child during the first year of life, the following immunization should be followed and completed.

**Immunization schedule**

<table>
<thead>
<tr>
<th>Age</th>
<th>The immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td>BCG, polio and in some countries, hepatitis B</td>
</tr>
<tr>
<td>6 weeks</td>
<td>DPT**, polio and in some countries hepatitis B</td>
</tr>
<tr>
<td>10 weeks</td>
<td>DPT, polio and in some countries hepatitis B</td>
</tr>
<tr>
<td>14 weeks</td>
<td>DPT, polio and in some countries hepatitis B</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles</td>
</tr>
</tbody>
</table>

** BCG offers partial protection against some forms of tuberculosis and leprosy; DPT protects against diphtheria, whooping cough and tetanus

• Immunizations are most effective if they are given at the ages specified, or close to those ages as possible. If for any reason a child has not had the full series of immunization in the first year of life, it is extremely important to have the child fully immunized at the earliest time possible.

• *Parents and caregivers need to always remember that a new or sterile needle and syringe must be used for every person being immunized. They should insist on this. This is one of the ways of protecting children and mothers from HIV infection.*
Guarding against tetanus

- Mothers should give birth in hygienic conditions. Unhygienic conditions at birth put both the mother and the baby at the risk of getting tetanus.
- If a pregnant woman is not immunized against tetanus and tetanus bacteria or spores enter her body, her life will also be at risk.
- Tetanus bacteria or spores grow in dirty cuts. These germs can grow if the umbilical cord is cut with an unclean knife or anything unclean touches the end of the cord. Any tool used to cut the cord should first be cleaned and then boiled or heated over a flame and allowed to cool. The baby's umbilical cord must be kept clean. Herbal and other treatments not recommended by a health worker might create some complications when applied on a baby's umbilical cord.

SECTION 3
ENHANCING CHILD CARE GROWTH AND DEVELOPMENT

Introduction

Welcome to Section three of this Manual. This section focuses on care, growth and development of children during the first six years. Part one provides information and guidance on meeting development needs of children who may be growing and developing 'normally'. Part two is written in the best interest of children with special needs. It highlights causes and symptoms and advises on care and provision for children with special needs.

Content coverage

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to contribute towards:

Enhancing child growth and development

- Recognizing importance of and providing good child care during the first six years.
- Recognizing indicators and enhancing growth and development

Care for children with special needs

- Recognizing signs and symptoms that may suggest special needs
- Caring for children with special needs

We hope you will find this information useful.
Goal

To improve growth and development of children of the age below six years.

General objectives

To contribute towards:

- Increasing parents and caregivers' knowledge and understanding about stages of development through which children of the age zero to six years pass.
- Increasing parents and caregivers' skills to provide for and enhance children's growth, early learning and development.
- Increasing parents and caregivers' knowledge about children with special needs and how to care for them.

Essential Parenting Enrichment Knowledge and Skills

Part 1: Enhancing childcare, growth and development

Recognizing importance of and providing good child care during the first 6 years

The first 6 years of childhood are critical

- The first six years of childhood are critically important, particularly the first three years. Although child development follows certain patterns, the development of an individual child remains a unique experience and parents and caregivers need to treat each child as an individual. It is important to let each child make progress on his at her own pace.

- During the first two years of life the infant's body increases rapidly. Different parts of the body grow at different rates. The skull expands rapidly as the brain grows. Brain growth depends on interaction with people and things in the child's environment.

- All babies grow and learn faster when they receive affection, attention, stimulation and good nutrition.

Recognizing indicators and enhancing growth development

<table>
<thead>
<tr>
<th>Age</th>
<th>Indicators of development</th>
<th>What parents and caregivers can do to enhance development</th>
<th>Warning and danger signs to watch out for</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Month</td>
<td>Turn head towards a hand that is stroking his/her check or mouth. Brings both hands towards own mouth. Turn towards familiar voices and sounds. Suckle breast and touch</td>
<td>Make skin-to-skin contact and breastfeed within one hour of birth. Support the baby's head when you hold the baby upright. Message and cuddle the baby often. Always handle the baby gently, even when you are tired and upset. Visit the health worker with the baby six</td>
<td>Poor suckling at the breast or refusing to suckle. Little movement of arms and legs. Little or no reaction to loud sounds or bright lights. Crying for long periods for no apparent reason. Vomiting and diarrhea which can</td>
</tr>
<tr>
<td>Age</td>
<td>Indicators of development</td>
<td>What parents and caregivers can do to enhance development</td>
<td>Warning and danger signs to watch out for</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------</td>
<td>----------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>it with own hand.</td>
<td>weeks after birth. Breastfeed frequently. Talk and sing to the child as often as possible. (See Sections 4 for more information on supporting intellectual development, language acquisition and development and early learning through play).</td>
<td>lead to dehydration. <strong>Action:</strong> Do not keep the child on home herbal treatment, seek a health worker's advice. Enhance the child's development as advised in column 3 of this table.</td>
<td></td>
</tr>
<tr>
<td>6 Months</td>
<td>Raise head and chest when lying on stomach. Reach for dangling objects. Grasp and shake objects. Roll both ways. Sit with support. Explore objects with hands and mouth. Begin to imitate sounds and facial expressions. Respond to own name and to family faces.</td>
<td>Lay the baby on a clean, flat surface to enable him/her move freely and reach for objects. Prop or hold the baby in a position to enable him/her see what is happening nearby. Continue to breastfeed on demand day and night and start adding other foods (two meals a day at 6-8 months, 3-4 meals a day at 8-12 months). Talk, sing to the child as often as possible. See Sections 4 for more information on supporting intellectual development, language acquisition and development and early learning through play.</td>
<td>Stiffness or difficulty moving limbs. Constant moving of the head (this might indicate an ear infection, which could lead to deafness if not treated). Little or no response to sounds, familiar faces or the breast. Refusing the breast or other foods. <strong>Action:</strong> Seek a health worker's advice. Enhance the child's development as advised in column 3 of this table.</td>
</tr>
<tr>
<td>12 Months</td>
<td>Sit without support. Crawl on hands and knees and pull up to stand. Take steps holding onto support. Try to imitate words and sounds and respond to simple requests. Enjoy playing and clapping. Repeat sounds and gestures for attention. Pick things up with thumb and one finger. Start holding objects such as a cup and attempt self-feeding.</td>
<td>Do not leave the child in one position for many hours. Make areas as safe as possible to prevent accidents. Continue to breastfeed and ensure the child has enough food and a variety of family foods. Help the child to experiment self-feeding. Make sure that the child is fully immunized. If the child is developing slowly or has physical disability, focus on the child's abilities and give him/her extra stimulation and interaction. See part two of this section on children with special needs. Point to objects and name them, talk and play with the child frequently. Use meal times to encourage interaction with all family members. (See Sections 4 for more information on supporting intellectual development, language acquisition and development and early learning through play).</td>
<td>The child does not make sounds in response to others The child does not look at objects that move. The child listens and does not respond to the caregiver. The child has no appetite or refuses food. <strong>Action:</strong> Seek a health worker's advice. Enhance the child's development as advised in column 3 of this table.</td>
</tr>
<tr>
<td>2 Years</td>
<td>Walk climb and run. Point to objects or pictures when they are named (e.g., nose, eye). Say several words together from about 15 months. Follow simple instructions. Scribble if given a pencil or crayon. Enjoy simple stories and songs. Imitate the behaviour of others. Begin to eat by self.</td>
<td>Continue to breastfeed and ensure the child has enough food and a variety of family foods. Encourage, but do not force, the child to eat. Provide simple rules and set reasonable expectations. Praise the child's achievements. Teach the child to avoid dangerous objects. Sing and play games with the child. Talk to the child normally do not use baby talk. (See Sections 4 for more information on supporting intellectual development, language acquisition and development and early learning through play).</td>
<td>Lack of response to others. Difficulty keeping balance while walking. Injuries and unexplained changes in behaviour. (especially if the child has been cared for by others). Lack of appetite. <strong>Action:</strong> Seek a health worker's advice. Enhance the child's development as advised in column 3 of this table.</td>
</tr>
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</table>
## Part 2: Care for children with special needs

### Recognizing signs and symptoms that may suggest special needs

A child with special needs is one who is not like other children in terms of mental, physical or socio-emotional characteristics. However, such a child also needs love, breastfeeding, nutritious meals and early stimulation like other children do. It is therefore important that parents and other caregivers know about special needs in order to adequately care for children with special needs.

It is also important to know that some of the impairments may be preventable and or treatable when identified early enough. To achieve this, parents and caregivers need to be very observant and to take immediate action when they notice any of the special needs signs and symptoms.

### Types of special needs

A child could:

- be physically impaired
- be visually impaired
- be mentally impaired
- be emotionally disturbed/maladjusted
- have learning disability
- have communication disorders
- be multiply handicapped
- be gifted and talented

Caring for children with special needs

<p>| Type of special need               | Causes                                                                 | What parents and caregivers should know and do                                                                                                                                                                                                 |
|-----------------------------------|------------------------------------------------------------------------|                                                                                                                                                                                                                                               |
| Physically impaired              | Some of the causes: Inheritance eg mongolism; malnutrition; lack of immunization; drug abuse; difficult birth; accidents. | Action to take: Handle the child properly and seek advice and help from a health worker and Special Education providers. Provide early training and stimulation to strengthen the muscles. Provide special facilities to the child eg special chairs, toileting facilities etc. Ensure the child gets enough play materials, and nutritious diet to promote growth and development. Train the deaf child early enough to use body and sign language to express his/her needs. Train the blind child to use senses, for example, hearing, touching and smelling. Accept the child the way he/she is. |
| Children with physical impairment have one or more parts of the body not functioning properly. | Signs and symptoms: The child's movements do not seem normal. He/she is: unable to locate the mother's breast and suck. unable to sit up at 10 months. unable to walk at 16 months. |                                                                                                                                                                                                                                               |
| Visually impaired                 | Some of the causes: Accidents/injuries; venereal disease from the mother and other diseases like measles; Vitamin A deficiency. | Seek advice and help from a health worker and Special Education providers. Provide as much support as you can. Seek training in how to handle visually impaired children. Love and accept the child the way he/she is. |
| Children with visual impairment can either see little (partially blind) or cannot see at all and are blind. | Signs and symptoms: Do not turn head towards light and objects moved in front of the head. Have pupils that do not reduce in size when the child is in the sun. Make movements of the eye from side to side. Have abnormally big or small eyes. Fall over things on the floor that would normally be seen. Have difficulty in directly grasping things that are right in front of his/her eyes. |                                                                                                                                                                                                                                               |
| Emotionally disturbed or maladjusted | Some of the causes: Inheritance; death in a family; neglect; desertion of one or both parents from the family; divorce and separation; lack of security at home and neighbourhood. | Seek advice from a health worker and Special Education providers. Give support to the child. Do not overprotect the child allow him/her some independence. Do not be very strict. Identify the fear causing objects and situations and help the child to overcome fear. Love and accept the child the way he/she is. |
| These are children who have behaviour problems. | Signs and symptoms: Do not socialize properly with others for example at play. They lack concentrate on an activity. They bully others. Fighting and crying more than other children do. They are withdrawn. They show excessive fear and get disturbed sleeps. They can spend long periods doing nothing. |                                                                                                                                                                                                                                               |
| Hearing impaired                  | Some of the causes: Accidents; deformities of the ear; chronic ear infections; congenital-where the mother may be suffering from German measles. | Seek advice and help from a health worker and Special Education providers. Make arrangements for the child to train in the use of sign language and also learn it in order to communicate with the child. Love and accept the child the way he/she is. |
| Children with hearing impairment could be partially deaf and therefore able to hear a little and to speak a little. Others might be completely deaf and hence have no language and | Signs and symptoms: Do not turn the head towards noise or |                                                                                                                                                                                                                                               |</p>
<table>
<thead>
<tr>
<th>Type of special need</th>
<th>Causes</th>
<th>What parents and caregivers should know and do</th>
</tr>
</thead>
<tbody>
<tr>
<td>can communicate only through signs.</td>
<td>sound. Tilt the head on one side towards sound. Do not show any response when his/her name is called. Fail to develop language. Follow your features with eyes when you talk. Have pain in the ear or inflammation of the ear.</td>
<td>he/she is.</td>
</tr>
<tr>
<td>Communication disorders</td>
<td>Some of the causes: Inadequate social stimulation; brain impairment. Signs and symptoms: Cannot bubble by the age of 6 months. Cannot put words together to construct sentences by the age of three years.</td>
<td>Seek advice from a health worker and Special Education providers. Make arrangements for the child to train in the use of sign language if advised to do so. Talk to the child frequently since children learn language by hearing and imitating. Love and accept the child as he/she is.</td>
</tr>
<tr>
<td>Mental impairment</td>
<td>Some of the causes: Inheritance; congenital- due to drug abuse; difficult births; nutrition eg. iodine deficiency; accidents; childhood diseases. Signs and symptoms: Severe aggregation. Disorientation. Delayed language/communication. Continuous dripping of saliva. Queer behaviour. Clumsy movements. Slow in thinking and doing other tasks.</td>
<td>Seek advice from a health worker and Special Education providers. Provide individual and close attention. Give adequate play materials and play and talk with the child. Have a positive attitude towards the child. Love and accept the child the way he/she is.</td>
</tr>
<tr>
<td>Multiple handicapped</td>
<td>Causes and symptoms: A mix of some of the causes, signs and symptoms mentioned above.</td>
<td>Action: Seek advice and help from a health worker and Special Education providers.</td>
</tr>
<tr>
<td>Gifted and talented</td>
<td>Some of the causes: Genetic influence. Signs and symptoms: Do developmental things like sitting, walking, talking earlier than expected. Perform activities that are above their age such as exploring, discovering, and experimenting. They are very observant and are usually impatient with ordinary life. They ask inquisitive questions and demand answers for them.</td>
<td>Seek advice and help from Special Education providers and teachers of young children. Encourage and create environments to suit and meet learning needs of the child. Answer all the questions truthfully. Allow freedom to explore, discover, and experiment by giving the child a variety of play and other learning materials. Encourage him/her to do his/her best.</td>
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**SECTION 4**

**ENHANCING INTELLECTUAL AND LANGUAGE DEVELOPMENT**

**Introduction**

Welcome to Section four of this Parenting Enrichment Manual. This section focuses on language and intellectual development of children of the age below six years and on fostering healthy adult-child interactions in families. Part one provides information and
guidance on enhancing young children's early learning in interesting ways that appeal to them and promote their language and intellectual development. Part two proposes ways of fostering healthy adult-child interactions while part three focuses on how play facilitates early learning and development.

**Content coverage**

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to contribute towards:

**Enhancing language development of children of the age 0-6 years**
- Enhancing language development of children of the age 0-6 months
- Enhancing language development of children of the age 6-12 months
- Enhancing language development of children of the age 1-2 years
- Enhancing language development of children of the age 2-6 years

**Fostering healthy adult-child interaction**

**Facilitating early learning and development through play**
- Enhancing intellectual development through play
- Enhancing socio-emotional development through play
- Enhancing physical development through play
- Creating enabling early learning environments for children 0-2 years
- Creating enabling early learning environments for children 3-6 years

We hope this information will be of practical value.

**Goal**

To enhance early learning and development of children of the age below six years.

**General objectives**

To contribute towards:
- Enhancing children's language acquisition and development
- Enhancing children's intellectual development
- Increasing participation of parents and caregivers in enhancing children's language and intellectual development
- Promoting healthy adult-child interactions in families.

**Essential Parenting Enrichment Knowledge and Skills**

**Part 1: Enhancing language and intellectual development of children of the age 0-6 years**
Enhancing language development of children of the age 0-6 months

- Maintain eye contact with the baby by smiling at him/her and responding to his/her behaviour including movements, vocalizations, for example, by patting or making similar sounds to his/her own. Reflect the baby's behaviour in a positive, confirming and reassuring way.

- Make sure that while interacting vocally or otherwise, you tune in rhythm, taking turns, waiting and respecting each other's turns. Once the baby has a go, then you go, or the other way round; follow his/her initiative.

- Express your happiness and excitement in being with the baby; respond to him/her by making happy faces or happy sounds.

- Name and comment on the things that the baby focuses on or the things that the baby does or the things the parent or caregiver does with the baby. This should be done with approval expressing positive affect and adjusting the pitch of the voice so that it becomes more like positive, approving "baby talk".

- Use the locally available materials and provide things and ways for the child to see, hear, feel and move and play with. Have large colourful, clean and safe things for the child to reach for and learn from using his/her senses.

- Communicate by looking into the child's eyes, smiling at him/her, and talking to him or her about what is happening. Ask him/her questions even though at this stage you would be the same person to supply the answer.

- Respond to the child's behaviour through appropriate sounds and words, for instance, encouraging, praising, responding where relevant, focusing on naming objects, processes and feelings that the child is busy with.

- Describe things to the child and explain what they are for.

- Make use of breastfeeding time to talk to the baby.

Enhancing language development of children of the age 6-12 months

- Give the child clean and safe play things to handle, bang, drop, hide and find. Communicate by responding to the child's actions and questions, interests and things he/she wants you to see or do with him/her.

- Tell the child names of people in the family and relatives and friends as they visit, and names of objects, pets, plants, goats, sheep and cattle and other things. Encourage the child to talk about them by asking him/her simple questions.
• Describe things to the child and explain what they are for.

• Tell the child simple stories about what happens in and around the home. Avoid stories with threatening incidents.

• Show the child pictures found around the home, for example, on paper boxes, newspapers and calendars and talk about them with the child.

• Sing simple songs, clap to the rhythm and encourage the child to clap and dance and sing with you.

• Take the child for walks around the home and in the community and talk about most of what is seen such as plants, people, pets, insects, domestic animals and birds, tools and work the people are doing.

Enhancing language development of children of the age 1-2 years

• Tell the child names of things and what they are used for. Tell him/her names of people and pets, domestic animals and birds in the environment.

• Talk about what you are doing and ask the child about what he/she is doing to stimulate thought and talk.

• Provide local toys and time to play and join the child's play.

• Help the child to use the words he/she knows whenever possible and use them in your own conversation.

• Play games such as fetching games, asking games, hiding and finding games and copying games. Let the child play with sand, water and with bricks, pieces of wood, boxes, sticks or stones to build houses and construct other things as they wish. Some parents restrict their children from playing with sand, water and mud because they get messy. This denies children a lot of learning. Children learn a lot from these natural materials. At times the child will want to play alone and with other children, give him/her opportunities to do so.

• Give the child things to stack up, and to put into containers and take out. Encourage him/her to talk about what he is doing by asking him/her questions.

• Respond to the child's attempts to talk and ask questions.

• Do not restrict your own vocabulary too much. Toddlers understand much more than they can express. They learn words by hearing them in context.

• Tell the child simple stories and sing simple songs about things and situations in and around the home.
• Show the child real objects as you work and uses them and show him/her pictures. Encourage the child to name and talk about objects and pictures. Ask some questions that encourage more careful observation and provide details. Use pictures, which are readily available in the home and surrounding environment, for example, pictures on calendars, paper boxes and newspapers.

Enhancing language development of children of the age 3 - 6 years

• Encourage the child to talk about things in the house, kitchen and the surrounding environment.
• Tell the child what is happening, for example, what you are doing and what other people are doing. Explain the importance of the activities that are taking place.
• Gradually introduce your child to his/her family lineage and the village or town where the family lives.
• Observe, listen and take interest in what the child is doing and saying. Ask questions to stimulate thought and conversation.
• Respond to the child's questions in a positive way.
• Do not interrupt or finish the sentence if a child is struggling for the words. The process of talking actually helps children to form new concepts.
• Tell the child stories, sing songs and play games together.
• Take walks and talk about what you see as you walk such as plants, people, work, other children and pets.
• Make and provide local toys and find time to play with the child and enrich his/her play.
• Encourage the child to like books by looking at them together. Let the child look at pictures and ask him/her questions about them.
• Encourage the child to tell own stories. A young child's story does not take the form of stories told by adults and are not long. A child's story is about what he or she sees and does and may be only a few sentences long. On the other hand older children tell stories resembling those told by adults.
• Encourage the child to scribble, draw and talk about his/her work. Children can draw and scribble on the ground using their fingers and sticks. They can practice these skills using charcoal on stones, wood and waste paper of any kind. Children do not need bought books and pencils to scribble and draw in order to learn from this kind of experience.
• Encourage the child to observe, and name objects and pictures. Do this by asking him/her about differences and similarities in objects and pictures seen in the environment. Ask the child to arrange objects, for example, from the smallest to the biggest. Ask him/her to put together objects and pictures with similar colours, shapes and texture.

• Introduce counting and number names by counting real objects, for example, fruits, cups and plates, chairs, play materials and other things. Encourage the child to count things with you or after you. Do not force him or her. After hearing you count many times he/she will soon imitate you and will be able to count and chant numbers on his/her own.

**Using songs and stories to enhance mental development**

• Songs and stories help children develop their mental capacities. They also help children to acquire and develop skills of listening and speaking. Children enjoy songs such as: "Ruru-ruru Kicha-hariru; " Neaki keruru............"; " Endu Wedei ebeyeley "; and " Tate-Egri habenni Senbete."

• Children who listen to stories will soon be able to create and tell their own stories basing on their experiences, pictures and objects they play with. Remember that a child's story could be just a few sentences.

• Some traditional stories teach skills and knowledge needed by children in their everyday lives as well as passing on the heritage and stories of the community. Care should however be taken in selecting stories to tell and read to young children. Long and horrifying stories should not be told to young children.

• Children enjoy listening to and singing songs of different rhythmic quality. They love songs that stimulate them to move to the beat by dancing, clapping, marching, galloping and many other actions. Home made percussion instruments such as shakers and drums enrich children music and dance.

• Songs help children correct grammar and to experience different feelings such as happiness, sadness and peacefulness.

• Through stories and songs children learn socio skills such as kindness, helpfulness, obedience and respect.

**Part 2: Fostering healthy adult-child interaction**

Children are human beings and have feelings and ideas. They need to be let to express their ideas and feelings and to be listened to. When children are encouraged to express themselves and are given feedback in a good way they:

• Learn more and understand better
• Develop confidence in themselves
• Develop positive self concept
• Improve their communication skills
• Become more cooperative and supportive of their parents, siblings and other family members
• Become happy
• Feel important and valued when others listen to them, seek out their ideas and allow them to express themselves.

Fostering healthy adult child interaction

Encourage children to speak in the everyday life of the family when the family is on its own or has visitors by:
• Recognizing the child's presence.
• Being attentive to what the child has to say.
• Being communicative and not ignoring and neglecting what the child says.
• Not overshadowing the child, but giving the child a chance to participate.
• Motivating the child with recognition and praise.
• Speaking politely and not raising your voice unnecessarily to silence and put off the child.

Involving children in decision-making interactions

Children can be involved in situations such as:
• Discussing matters that concern them, for example, in deciding who does what regarding work parents want children to help with. Most parents tend towards authoritative parenting and want to dictate everything, including what games children should play, what they should eat and wear.

• Planning what to do on special days and occasions in the family such as on Independence day; Religious holidays; Birthdays and on days when the family is going to have visitors, to visit friends or go on picnics.

• Making a budget for shopping and giving children an opportunity to choose what to buy, for example, their own clothes or play things.

• Deciding on what to prepare for family meals.

• Sometimes being let to choose clothes they wish to put on when going out rather than parents and other caregivers making choices for children all the time.

SECTION 4 PART 3: EARLY LEARNING THROUGH PLAY

Introduction

Welcome to part two of Section four of this Manual. This Section provides information on the role of play in children's early learning and development. Observations of how young children learn show that "play is how children learn what no one can teach them". Play enhances children's language, intellectual, socio-emotional and physical
development. Information and guidance given in this section will further enrich your knowledge about the importance of play in the early years and will improve parents and caregivers' skills to facilitate young children's play.

**Content coverage**

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to contribute towards:

- Enhancing intellectual development through play
- Enhancing socio-emotional development through play
- Enhancing physical development through play
- Creating enabling early learning environments for children 0-2 years
- Creating enabling early learning environments for children 3-6 years

We hope you will find the information and the suggested tips to enhance children's play beneficial.

**Goal**

To enhance early learning and development of children of the age below six years.

**General objectives**

To contribute towards:

- Increasing parents and caregivers' appreciation of the role of play in children's intellectual, socio-emotional, physical and language development.
- Increasing the level and improving the quality of parents and caregivers' participation and facilitation of children's play.

**Essential Parenting Enrichment Knowledge and Skills**

**Enhancing intellectual development through play**

What parents and caregivers need to know about play and intellectual development:

- When children are playing, they are actually thinking through their ideas, organizing their thoughts and gradually developing new skills.
- During their play, children explore, investigate and make discoveries about properties of materials in their environment by using all their senses.
- Children acquire and develop important learning skills such as asking questions and recall of experiences.
- Conversation during play helps language development.
- Play provides experiences that promote logical thinking. For example, when children engage in identifying cause and effect relationships, identifying similarities and differences and when doing sequencing activities such as arranging objects from smallest to biggest and shortest to longest.
• During play children learn to concentrate. They learn to take risks and continue with tasks to completion.
• Children also develop mathematics and science concepts, for example, when they play with sand and water.
• Play helps children to become more creative and to be able to solve age appropriate problems.
• During play children learn to make age-appropriate decisions and experience a sense of control over their lives.

**Enhancing social-emotional development through play**

What parents and caregivers need to know about play and social-emotional development:

During play children:
• Learn to share materials that interest them.
• Replay scary events so that they can control their feelings.
• Develop independence.
• Experience their own power.
• Build self-esteem and pride.
• Learn to co-operative with other children and people.
• Learn to take responsibility (using materials carefully and returning them to their proper places).
• Achieve satisfaction by completing tasks.
• Express their feelings such as anger or fears in acceptable ways.
• Feel important and valued when others listen to them, seek out their ideas and allow them to express themselves.
• Handle their feelings in acceptable, socially appropriate ways, for example, they learn to listen to each others ideas and learn to share materials.
• Come to see and understand that what they say and do affects others.

**Enhancing physical development through play**

What parents and caregivers need to know about play and physical development:

• Different physical play helps children develop different muscles and sensory co-ordination.

• Physical play helps children to perform various skills in a co-ordinated manner.

• Play such as kicking balls, running, jumping, skipping and dancing help children to develop large muscles (gross motor co-ordination), and to use and refine their gross motor skills in a natural way.

• Play like modeling with clay, scribbling with a pencil, threading beads, sorting and classifying little objects facilitates development of children's small muscles
(fine motor co-ordination). For example, children develop eye-hand co-ordination which is an important readiness skill for reading and writing.

- Children learn what their bodies can and cannot do and learn to take decisions. They experience a sense of control over their lives.

**Providing toys and games to enrich children's play**

What parents and caregivers need to know about toys and games:

- Parents and older children can make a variety of toys and games using locally available materials. Young children too can make some toys for their use when given safe materials and encouraged to do so.

- Children do not need bought toys in order to play and learn from their play.

- Toys have little value as objects. It is only when children use them that they become valuable and serve a purpose. Children need not be beaten or rebuked for dismantling a toy. It is the curiosity and desire to find out and learn about how the toy works that leads them to dismantle toys. This should be regarded as part of the learning process.

- Children like playing with toys they are familiar with. It is therefore important to make local toys for children to use.

- Toys can be made from any junk materials such as pieces of worn out clothes, wood, clay, feathers, banana leaves, trunks and grass.

- When making play objects for children it is important to make sure that the finished item does not have sharp edges which can cause accidents during play. Avoid using glass material in toy making since this breaks easily and children can sustain injuries.

- Giving children toys resembling things like guns, spears, can make children aggressive. Children should be given education-oriented toys and should be discouraged from playing fighting and killing. Instead they should be encouraged to learn to make peace.

- Many traditional children's games teach skills and knowledge needed by children in their everyday lives as well as passing on the heritage and stories of the community.

- Children between the ages of 4-6 especially like to play games that involve other children in a group such as role-playing and team games.

- Games assist children to learn new skills, knowledge and behaviour. They learn social skills such as co-operating with others, taking turns, winning and losing. Play develops children's intellectual skills such as thinking, speaking, counting,
concentrating and memorizing. Through play children acquire and develop physical skills such as catching and throwing, aiming, balancing, rhythm and coordination. They also learn moral behaviour such as honesty and fairness. Play and games provide great joy and fun.

- Children very often play games using natural or scrap materials, which they make into new objects through their imagination or creativity. Both the making of the objects and using them provide rich learning experiences.

**Creating enabling early learning environments for children 0-2 years**

Play is children's way of learning. It facilitates their intellectual, socio-emotional, physical and language development.

Parents and caregivers should:

- Provide babies and toddlers playthings because children learn through play using all their senses. Through play children discover their environment.

- Play activities stimulate children's bodies and senses. Playing with things and people develops children's intellectual skills like thinking, asking questions, solving problems as they occur, observing and reporting.

- Provide opportunities for babies to learn while enjoying their babyhood. Do this by making time to facilitate and participate in activities which babies like doing such as: listening to sounds and songs; being touched; looking at faces; noticing their own hands; playing with their fingers and toes; kicking; reaching for objects; grasping objects and releasing them; banging and playing with toys; playing peeping and other games.

- Find time to play with children. Adults are babies and toddlers' best "plaything" to begin with, supplemented, as they grow older and more mobile, with objects.

**Creating enabling early learning environments for children 3-6 years**

Parents and caregivers should:

- Provide materials, space and time and should encourage children to make things of their own choice. This promotes creative thinking.

- Help children when required, but should allow children opportunities to grow from dependence to independence.

- Ensure that the environment and materials are secure and safe for children to use.

- Provide a variety of simple toys made from everyday materials found around the home and the freedom to experiment with them in a safe and supportive
environment. Children should also be encouraged to make their own toys and to use them. Children do not need expensive, bought toys in order to learn.

- Keep play materials where children can easily reach them, use them and put them back. All dangerous materials should always be kept safely out of reach of children.

- Invite and encourage children to help in age appropriate practical skills such as sorting bad beans from good beans for cooking, picking rubbish from the compound, washing dishes, sweeping and fetching water. It is important that children participate using tools that suit their age such as small jerry cans popularly called "jallons" when asked to participate in fetching water.

**SECTION 5**

**USING POSITIVE WAYS TO ENHANCE DESIRED DISCIPLINE**

**Introduction**

Welcome to Section five of this Parenting Enrichment Manual. This Section proposes positive ways through which parents and caregivers can teach acceptable behaviour to young children. Information in this section is based on the realization that physical punishment and rebuke are a very ineffective forms of disciplining children. The fact that rebuke and physical punishment are often repeated for the same behaviour testifies to their ineffectiveness. These two forms rarely motivate children to act differently because they do not bring an understanding of what children ought to be doing.

**Content coverage**

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to contribute towards:

- Recognizing that hitting and rebuking children are wrong ways of teaching discipline
- Recognizing and preventing effects of physical punishment and rebuke on young children
- Using positive ways to teach discipline

We hope you will find this information beneficial.

**Goal**

To promote development of respect for individual and self-discipline.
General objectives

- To promote ways of teaching and enhancing discipline of children of the age 0-6 years which recognize dignity and respect and lead to development of self-discipline.

Essential Parenting Enrichment Knowledge and Skills

Recognizing that hitting and rebuking children are wrong ways of teaching discipline

- Smacking, spanking, beating and rebuking children are not effective ways of teaching discipline to children. Instead use should be made of more positive forms of discipline, which help children learn to think about others and about the consequences of their action.

- Physical punishment and rebuke were considered appropriate in the general culture of the past. Today parents do not have to beat and rebuke their children because this is how they themselves were disciplined by their own parents when they were young. Social attitudes need to change with what is now known about how children learn discipline and other things.

- Spanking or slapping a child is an act of violence. Parents who believe in little smacks would be better off if they used the positive discipline approach. In fact, the little smack does cause a child pain and is intended to do so. If hitting children is wrong, then the difference between the little smack and the beating is simply one of degree. Sometimes "minor" physical punishments cause unexpected injury and regrets.

- Hitting children is wrong and dangerous because children are small and fragile.

Recognizing and preventing effects of physical punishment and rebuke on young children

- Hitting children can lead to ruptured eardrums, brain damage, and injuries.

- The immediate effect of physical punishment may be to stop the misbehaviour, but the long term effect is to increase the chances of worse behaviour and other problems. This can lead to impaired learning and delinquency, and later in life, depression, child abuse, wife beating, quarreling and fighting with schoolmates and workmates and committing other crimes.

- Aggression breeds aggression. Children subjected to physical punishment are more likely than others to be aggressive to siblings; to bully other children at school; to take part in aggressively anti-socio behaviour in adolescence; to be violent to their spouses and their own children and to commit violent crimes.
Rebuke, name-calling, belittling such as describing and labeling children as "donkoro, wedi sebeiti, ghinai and hamam" and other related forms of punishment, which either accompany physical punishment like slapping, caning and pinching or are administered alone cause psychological damage.

**Using positive ways to teach discipline**

*Recognizing development of family and socially accepted discipline as a process of learning*

- The starting point should not be to replace one form of punishment with another. Discipline should be seen as part of the process of learning. Like other processes that facilitate effective learning or change of behaviour, this process requires environments that reduce possibility for error, modeling of the wanted behaviour, recognizing the child's efforts and praising him/her for what he/she has done well.

  Children learn better when they are helped to understand why what they have done is wrong and not acceptable rather than when adults demonstrate their authority and anger through shouting and fighting small children who might not even have intended to do wrong. Noisy, quarrelsome and fighting parents will bring up noisy quarrelsome and fighting children. Most of the behaviour is learnt it is not born. Parents and caregivers make children what they become.

  As part of balanced parenting, parents and caregivers should respond to children when they misbehave as well as when they behave well. The purpose of discipline is to lead a child to choose to do what is right rather than forcing him/her to. That is the difference between training and controlling. Control only suppresses undesired behaviour and it comes out in some other form later on.

- Children learn to behave through observing and imitating what adults around them do and how they respond to situations.

- Parents and caregivers should be good examples of what they want their children to become. For example parents should not quarrel in the presence of children. They should model and explain the behaviour preferred and why it is preferred.

- Help children know acceptable behaviour without depending on punishment for wrongdoing but on clear and consistent limits that prevent unwanted behaviour. Setting age appropriate rules and explain their importance will save children from getting into problems of discipline.

- Ensure safety and security in the environment to minimize situations that may lead to slapping or rebuke. For example, making sure the baby can't reach the fire; the toddler cannot open the forbidden door; the child is holding your hand before you reach the road.
• Build children's confidence while they learn. Give them their say, listen to them and respect their points of view.

• Certain ways of talking with a child can damage relationships. The following ways of talking put children down and make them feel worthless, ignorant and foolish.
  - Using abusive names for example, "Stupid", "Idiot"
  - Sarcasm for example, "Well done" when the child has failed to perform a task.
  - Threatening, for example, "Do that one more time and you will regret it for the rest of your life".
  - Shaming the child, for example, "Why can't you be like your sister? You are hopeless".
  - Harsh blaming, for example, "You bother me so much. I should not have had you".

It is understandable that parents get angry with children but these ways of talking only make children feel bad about themselves and lead them into confusion and more bad behaviour.

• Using positive discipline approach to teach and enhance good behaviour. Positive discipline means trying not to be negative.
  - "Do" works better than "don't". Rewards work better than punishment.
  - Show and tell what children should do-not just what they should not.
  - Explain your real reasons; "because I say so" is not helpful and does not teach anything for the next time
  - Try to say: "yes" and "well done" and other expressions that recognize the good behaviour and other good qualities such as "betami tsebuk", "gobez", "nefue", "nefeti" at least as often as: "no" and "stop that".
  - Be ready to praise behaviour you like as to scold for behaviour you do not like.
  - Rely on rewards like hugs, "thank you", "well done", "zedenke serah" and jokes, not punishments like smacks, yells and rebukes.
  - Ignore minor silliness. The more you nag the less children listen.
  - In some situations a quiet talk can be very effective.
- When children do something wrong explain what it is and how to put things right.

- Even when you dislike your child's behaviour, never suggest that you dislike your child.

Using positive language to get what you want done

Another very useful tip is to always talk to your child in positive language instead of negatives.

  Instead of "Don't slam the door"
  Try "Shut the door quietly".

  Instead of "Don't throw that stone at your brother!"
  Try "Put that stone on the ground".

  Instead of "Don't spill your drink!"
  Try "Hold the glass with two hands".

Positive language gets a good response from a child. You may be surprised at how much easier it is to get him/her to do what you want.

SECTION 6
ENSURING SAFE AND SECURE HOMES AND CULTURAL PRACTICES

Introduction

Welcome to Section six. This Section has three major parts. Part one highlights the importance to create environments in which active children can grow and develop happily. Part two provides guidance on what parents and caregivers should do when an injury happens. Part three focuses on the need to protect children from harmful cultural practices. More specifically, this section addresses common causes of injury to children of the age zero to six years, it provides advice on how to provide first aid when an injury happens and calls for awareness raising on the effect of harmful cultural practices.

Content coverage

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to contribute towards:

Creating safe and secure environments for children such as:

- Protecting children from burns and scalds
- Protecting children from dangers of falls
- Protecting children from dangers of sharp tools and broken glass
- Protecting children from dangers harmful play
- Protecting children from harmful animals
- Protecting children from choking
- Protecting children from poisoning
- Protecting children from inappropriate medication
- Protecting children from electric shocks
- Protecting children from drowning
- Protecting children from dangers on the road

Providing appropriate First Aid for children when injury happens
Protecting children from harmful cultural practices

We hope you will find this information helpful.

**General objectives**

To contribute towards:

- Increasing the level of safety and security in homes and surrounding environments for children of the age below six years.
- Increasing parents and caregivers' competencies to provide appropriate first aid when injury happens.
- Reducing the practice of harmful cultural practices.

**Essential Parenting Enrichment Knowledge and Skills**

**Part 1: Creating safe and secure environments for children**

- Protecting children from burns and scalds

*Burns and scalds are among the most common causes of serious injury among young children, they can cause permanent scarring and some are fatal.*

The great majority of burns and scalds are preventable. Children should be kept away from fires, cooking stoves, lamps, matches and electrical appliances. Children need to be prevented from touching cooking stoves, boiling water, hot food and hot irons.

Burns can be prevented by keeping young children away from fires, matches and cigarettes; keeping stoves on a flat, raised surface out of reach of children; turning the handles of all cooking pots away from the reach of children; keeping petrol, paraffin, lamps, matches, candles lighters, hot irons and electric cords out of reach of young children.
- **Protecting children from dangers of falls**

*Falls are common cause of bruises, broken bones and serious head injuries.*

Serious falls can be prevented by discouraging children from climbing onto unsafe places, using railings to guard stairs, windows or balconies; and keeping the home clean and well lit.

- **Protecting children from dangers of sharp tools and broken glass**

*Sharp tools and broken glass can cause serious cuts, loss of blood and infected wounds.*

Glass bottles should be kept out of reach of young children, and the house and play area should be kept free of broken glass. Young children should be taught not to touch broken glass, older children should be taught to dispose of any broken glass safely. Knives, razors and scissors should be kept out of reach of young children. Older children should be trained to handle them safely.

Sharp metal objects, machinery and rusty cans can cause badly infected wounds. Children's play areas should be kept clear of these objects. Household refuse, including broken bottles and old cans, should be disposed of safely.

Teaching children the dangers of throwing stones or other sharp objects and playing with knives or scissors can prevent other injuries around the home.

Play and sleeping areas should be kept free from small objects such as buttons, beads, coins, seeds and nuts.

- **Protecting children from choking**

*Chocking is a life-threatening emergency.*

Young children should always be supervised during meals. Cut or tear children's food into small pieces. Coughing, gagging and high pitch, noisy breathing or the inability to make any sound at all indicate breathing difficulty and possible choking. Chocking is a life-threatening emergency. Caregivers should suspect an infant is choking when he or she suddenly has trouble breathing even if no one has seen the child put something into the mouth.

Very young children should not be given groundnuts and hard sweets, or food with small bones or seeds.

- **Protecting children from poisoning**

*Poisoning is a serious danger to small children.*

Insect and rat poison, paraffin, bleach, and household detergents can kill or permanently injure a child. Much poison does not need to be swallowed to be dangerous. It can kill, cause brain damage, make one blind or permanently injured if inhaled, get onto the child's skin or into the eyes, get onto the child's clothes.
If poisons are put in soft drink or beer bottles, jars, cups, children may drink them by mistake. All medicines, detergents, bleaches, chemicals and poisons should be stored in their original containers, clearly labeled, tightly sealed and out of reach of children.

- **Protecting children from inappropriate medication**

  *Medicine meant for adults can kill small children.*

  Medicine should only be given to a child if it was prescribed for that child and never be given to a child if it was prescribed for an adult or some other child. Overuse or misuse of antibiotics can cause deafness in small children. Medication should only be used as prescribed by a health worker.

- **Protecting children from electric shocks**

  *Children can be seriously injured if they put their fingers or other objects into electric sockets*

  Power sockets should be covered to prevent access. Electric wires should be kept out of children's reach. Bare electric wires are particularly dangerous. Never use electric appliances with bare wires in your house.

- **Protecting children from dangers on the road**

  *Children under six years old are particularly at risk on the roads*

  Children under six years of age should always have someone with them and they should be taught safe road behaviour as soon as they can walk.

  Young children do not think before they run onto the road. Families need to watch them carefully. Children should not play on the road and near the road, particularly if they are playing with balls. Children should be taught to walk on the side of the road, facing traffic.

  When crossing the road, young children should be taught to stop at the side of the road, look both ways, listen for cars or other vehicles before crossing, hold the hand of another person—an adult or older child, walk, not run. Older children should be encouraged to look after younger children and to set a good example.

  Bicycle accidents cause injury and death among older children. Families can prevent bicycle accidents if they make sure that children with bicycles are trained in road safety and ensure that children wear helmets or protective headgear when biking. Children are at high risk of serious injury if they travel in the front seat of a car or are left to themselves unsupervised on the bed of a truck.
### Part 2: Providing appropriate First Aid for children

Taking appropriate measures when injury happens These first measures should be taken to prevent worsening of the situation if medical help is not immediately available.

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>FIRST AID ADVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid for Burns</td>
<td>• If a child's clothing catches fire, quickly wrap the child in a blanket or clothing or roll her or him on the ground to put out fire.  &lt;br&gt;• Cool the burned area immediately. Use plenty of cold, clean water. If the burn is extensive, put the child in a bath or basin of cold water. It may take up to half an hour to cool the burned area.  &lt;br&gt;• Keep the burned area clean and dry and protect it with a loose bandage. If the burn is bigger than a large coin or it begins to blister, take the child to a health worker. Do not break the blisters, as they protect the injured area.  &lt;br&gt;• Do not remove anything that is sticking to the burn. Do not put anything except cold water on the burn.  &lt;br&gt;• Give the child fluids such as fruit juice or water with little sugar or salt.</td>
</tr>
<tr>
<td>First Aid for Falls or Road Injuries</td>
<td>• Injuries to the head and spine, especially the neck, are very dangerous because they can cause lifelong paralysis or be life-threatening. Limit movement of the head and back and avoid any twisting of the spine to prevent further injury. &lt;br&gt;• A child who is unable to move or is in extreme pain may have broken bones. Do not move the injured area. Steadily support it and get help from a health worker immediately.  &lt;br&gt;• If the child is unconscious, keep her or him warm and get help from a health worker immediately. For bad bruises and sprains, immerse the injured area in cold water or put ice on the injury for 15 minutes. Do not put the ice directly on the skin; instead, use a layer of cloth between the ice and the skin. Remove the ice or water, wait 15 minutes and repeat if necessary. The cold should help reduce pain, swelling and bruising.</td>
</tr>
<tr>
<td>First Aid for Cuts and Wounds</td>
<td><strong>For minor cuts and wounds:</strong>&lt;br&gt;Wash the wound with very clean water (boiled and cooled), water and soap. Dry the skin around the wound. Cover the wound with a clean cloth and place a clean bandage over it.&lt;br&gt;<strong>11. For serious cuts and wounds:</strong>&lt;br&gt;• If a piece of glass or other object is sticking in the wound, do not remove it. It may be preventing further bleeding and removing it could make the injury worse.  &lt;br&gt;• If the child is bleeding heavily, raise the injured area above the level of the chest and press firmly against the wound (or near it if something is stuck in it) with a pad made of folded clean cloth. Maintain pressure until the bleeding stops.  &lt;br&gt;• Do not put any plant or animal matter on the wound, as this could cause infection.  &lt;br&gt;• Put a bandage on the wound. Allow for swelling by not tying the bandage too tightly.  &lt;br&gt;• Get help from a health worker immediately. Ask the health worker if the child should have a tetanus injection.</td>
</tr>
<tr>
<td>First Aid for Chocking</td>
<td>• If an infant or child is coughing, do not interfere. Let her or him try to cough up the object. If the object does not release quickly, try to remove the object from the child's mouth.  &lt;br&gt;• If the object is still lodged in the child's throat: For infants or small children:</td>
</tr>
</tbody>
</table>
### SITUATION FIRST AID ADVICE

Support the head and neck. Turn the baby's face down with the head lower than the feet. Deliver five blows to the back between the shoulder blades. Turn the baby face up and press firmly on the breastbone between the nipples five times. Repeat until the object is dislodged. If you cannot dislodge the object, call or take the child to the nearest health worker for immediate help and treatment.

For bigger children:

Stand behind the child with your arms around the child's waist. Form a clenched fist with your thumb against the child's body above the navel and below the rib cage. Put the other hand over the fist and give a sharp inward and upward thrust into the child's abdomen. Repeat until the object is dislodged. If you cannot dislodge the object, call or take the child to the nearest health worker for immediate help and treatment.

#### First aid for Electric Shocks

- If a child has had an electric shock or burn, turn off the power before touching the child. If the child is unconscious, keep her / him warm and immediately get help from a health worker.
- If a child is having difficulty breathing or is not breathing, lie the child flat on the back and tilt her or his head back slightly. Hold the child's nostrils closed and blow into the mouth. Blow hard enough to make the child's chest rise. Count to three and blow again. Continue until the child begins breathing.

#### First Aid for Poisoning

- If a child has swallowed poison, do not try to make the child vomit as this may make the child more ill.
- If poison is on the child's skin or clothes, remove the clothing and pour large amounts of water over the skin. Wash the skin thoroughly several times with soap
- If a child gets poison in her or his eyes, splash clean water in the eyes for at least 10 minutes.
- Get help from a health worker immediately. If possible, show a sample of the poison or medicine or its container to the health worker. Keep the child as still and quiet as possible.

### Part 3: Protecting children from harmful cultural practices

#### Protecting children from some of the harmful practices

- Female genital mutilation (FGM) in form of clitoridectomy, excision or infibulation is harmful to girls and women and is a violation of their rights.

- Subjecting girl children to FGM as an initiation into womanhood, the removal of uvula as a measure to prevent children from diseases, burning milk teeth tissue (seni barkay) as a cure for diarrhea, incisions and marking certain parts of the body for identification or as presumed cures for certain illnesses are harmful practices and medically serve no useful purpose. The damage inflicted by these practices have far reaching effects.

- The danger posed to the health and well-being of children is much more apparent when seen in the light of the spread of HIV/AIDS. Since the operators themselves provide the instruments used for these operations, it is difficult to ascertain their cleanliness and safety.
Motives for the mutilation vary and are often bewildering, conflicting and at odds with biological facts. Generally, the reasons given for FGM fall into four main categories: psycho-sexual, religious, sociological, and hygiene and health.

An old woman of the village, a Traditional Birth Attendant or a woman whose task is to perform this ritual most frequently performs the operations.

Burning milk teeth tissue (seni barkay) cutting certain parts of the body, incisions for identification or as presumed cures for certain illnesses are practices that have undesired and harmful effect to the health and psychological being of those who under go these rituals.

Cutting uvula, incisions and marking certain parts of the body are feared may even be more infectious than FGM since the operations are conducted on many children with the same instrument without sterilization.

**Reasons for continuation of FGM**

Discuss the following reasons that have been given by some groups of people as explanations for continuation of FGM. Is it worthwhile maintaining this traditional practice in the present and future of Eritrea?

- **Religious beliefs**: Many traditional practices are thought of as healthy and are often associated with religious beliefs, mainly by the Muslims, who say it is ordered by the prophet, claiming it to be in the Koran, but also by Christians, who believe an uncircumcised girl will go to hell after death.

- **Sociological** reasons include the beliefs that an uncircumcised girl will not find a husband, she would be debased by her society, will not be able to give birth and her children would suffer at birth.

  Uncircumcised girls are regarded as outcasts; the child is insulted and laughed at by her peers and neighbours; the parents and relatives feel shame. She will also be restless, aggressive, and frantic that she may break household items. Circumcision would calm her down.

- **Psycho-sexual**: The girl will run after men if she is not mutilated, she will not stay faithful to her husband and will be sexually insatiable.

- **Hygiene and health**: an uncircumcised girl cannot keep clean, she will smell badly, she will not be able to give birth, her children will suffer at birth.

- **Economic**: Traditional healers see these practices as lucrative source of income that has to be sustained and perpetuated.

- **FGM promoters**: The influence of grandparents-particularly grandmothers and other influential female elders is a serious problem as they are the initiators of and are central to the sustenance of the harmful traditional practices.

- **Absence of a national policy**: There is no national policy to prevent these practices although there are on-going efforts advocating stopping FGM and cutting of uvula.
In the light of the available medical services and the social welfare and political developments discuss reasons given by local community members for cutting uvula, burning milk teeth, incisions and marking certain parts of the body.

**Contributing towards eradication of harmful cultural practices**

The following and other measures could be taken towards stopping harmful cultural practices:

- Discussing at family level why the cultural practices in the area are harmful to children during their early years and later in adulthood.

- Sensitizing the public and raising awareness about the harm caused by FGM, removing uvula, burning milk teeth, incisions and marking certain parts of the body.

- Educating women and girls about the harmful traditional practices as a matter of priority using a variety of arrangements that suit the target groups, for example women's organizations such as the National Union of Eritrea Women, National Union of Eritrea Youth and Adult Education.

- Raising awareness and influencing people who actually practice FGM and other harmful traditional practices so that they may be convinced of the harm they are doing to the well-being and health of children and women.

**SECTION 7**

ENSURING HYGIENE TO PROMOTE HEALTH, GROWTH AND DEVELOPMENT

**Introduction**

Welcome to Section seven of this Parenting Enrichment Manual. This section focuses on ways of promoting children's health and development through hygiene. Information in this section is based on the reality that many illnesses and deaths among young children are caused by germs that get into their mouths through food or water or dirty hands. Children who are in ill health may not enjoy their childhood and grow and develop to realize their full potential.

**Content coverage**

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to contribute towards:

- Using safe sanitation methods to promote health
- Using safe water to promote health
- Ensuring food and personal hygiene practices
We hope you will find this information helpful.

**Goal**

To promote health, growth and development of children of the age below six years.

**General objectives**

To contribute towards:
- Increasing the level of hygiene in homes and their surrounding areas by ensuring use of safe sanitation methods.
- Promoting ways and practices of ensuring safe water for domestic use.
- Increasing the level of food hygiene.
- Increasing the level of personal hygiene.

**Essential Parenting Enrichment Knowledge and Skills**

Using safe sanitation methods to promote health

- The single most important action to prevent the spread of germs is to dispose all faeces both human and animal-safely. All human faeces should be disposed of using latrines or toilets. Latrines or toilets need to be kept clean. Animal faeces need to be kept away from the house, paths and areas where children play.

- If the family has not yet constructed a latrine everyone should always defecate well away from the houses, paths, water sources and places where children play. The faeces should be buried immediately. It is important for each family to have its own latrine or toilet.

- All faeces including those of infants carry germs and are therefore dangerous. If children defecate without using a latrine, toilet or potty their faeces should be cleaned up immediately and put down the latrine or buried. Latrines should be cleaned and covered all the time. Toilets should be kept clean, well flashed and covered.

- All family members, including children should wash their hands thoroughly with soap and water after contact with faeces, before touching food. Rinsing the fingers with water is not enough. It is also important to wash hands clean after handling animals and raw foods.

- Children are easily infected with worms, which deplete the body's nutrients. Worms and their eggs can be found in human and animal faeces and urine, in surface water and soil, and in poorly cooked meat. Children should not play near latrines, or defecation areas. Shoes prevent worms from entering the body through the skin of feet.
• Children living in areas where worms are common should be treated two to three times per year with recommended antihelmenthic medication. Seek advice from a health worker.

**Disposing of all household refuse safely**

• Safe disposal of all household refuse helps prevent illness. Germs can be spread by flies, cockroaches, rats and mice, which thrive in refuse such as food scraps and peelings from fruit and vegetables.

• If there is no community-wide collection of garbage, each family should a garbage pit where household refuse is buried or burned.

• Keeping the household and nearby area clean and free of faeces, refuse and water can help prevent disease. Household waste water can be disposed of safely by making a soak pit or channel to the kitchen garden or to the field.

**Using safe water to promote health**

• Families should use water that is from a safe source or is purified. Water containers should be kept clean and covered to keep the water clean. Families have fewer illnesses when they have an adequate supply of clean water and know how to keep the water free from germs. If the water is not clean it can be purified by boiling or filtering.

• Clean water source include properly constructed and maintained piped systems, tube -wells, protected dug wells and springs. Water from unsafe sources-such as ponds, rivers, open tanks and step-wells can be made safe by boiling. Water should be stored in covered containers.

• Families and communities can protect their water supply by:
  - Keeping wells covered and installing a hand pump.
  - Disposing faeces and wastewater well away from any water source used for cooking, drinking or washing.
  - Building latrines at least 15 metres a way and down hill from a water source.
  - Ensuring the wastewater channel has a sufficient slope to allow smooth movement of water.
  - Not depositing rubbish on or near the water source
  - Fencing water sources to prevent animals and people treading in the catchment area.
  - Digging diversion trenches to prevent direct storm water from joining the water source and digging and cleaning trenches to prevent water pollution through stagnation.
Discouraging bathing, washing utensils, clothes and other things at the water source.
Strictly prohibiting urinating or defecating near the source.
Avoiding the use of pesticide or chemicals anywhere near water source.
Reporting any damage to the source to the village or community leaders responsible for the maintenance of the water source.

Families can keep water clean in the home by:

- Storing drinking water in clean and covered containers.
- Avoiding touching clean water with unclean hands.
- Taking water out of the container with a clean ladle or cup and not drinking from the same ladle or cup.
- Having a tap on the water container.
- Not allowing anyone to put his or her hands into the container or to drink directly from it.
- Keeping animals away from stored water.

Pesticides and other chemicals should not be stored in or near drinking water containers and water should never be stored in pesticide or fertilizer containers.
Parents and caregivers should not pack or keep drinks for children in such containers. Children could by mistake drink poison thinking it is a drink that was packed or kept for them.
Chemicals such as pesticides and herbicides can be very dangerous if even small quantities get into the water supply or onto food, hands or feet. Clothes and containers used when handling chemicals should not be washed near household water source.

If there is uncertainty about the safety of the drinking water, local authorities should be consulted.

Ensuring food and personal hygiene

Using safe food hygiene practices

- Raw or left over food can be dangerous. Raw food should be washed or cooked. Cooked food should be eaten without delay or thoroughly reheated.

- Germs on food can be swallowed and cause illness. To protect food from germs:
  - Food preparation surfaces should be kept clean. Plates, knives, cooking pans and pots should be washed thoroughly after use.
  - Food should be kept in covered containers to protect it from insects and animals.
- Feeding bottles or teats should not be used because they contain germs that cause diarrhea unless they are cleaned each time with boiling water. Children should be fed from clean open cups.

- Pesticides and other chemicals should not be stored in or near drinking water container or food. Never store food or water in pesticide or fertilizer containers.

**Ensuring personal hygiene**

- Children often put their hands into their mouths. It is important to stop children from cleaning their noses with bare hands. Wash a child's hands often, especially after he/she has been playing and before touching food.

- Washing children's faces clean everyday helps to prevent eye infections. A dirty face attracts flies, which spread the germs they carry from person to person. If not kept clean and healthy eyes may become sore or infected and vision may be impaired or lost.

- If the eyes are healthy the white part is clear, the eyes are moist and shiny, and vision is sharp. If the eyes are extremely dry or very red and sore, if there is a discharge or if there is difficulty seeing, then the child should be examined by a health worker as soon as possible.

- Everybody should wash hands after using a latrine or toilet and before touching food.

- Children play and work hard during the day. They sweat and get tired. A bath at the end of the day will help them relax and sleep soundly.

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**SECTION 8**

**PROMOTING HEALTH, GROWTH AND DEVELOPMENT THROUGH DISEASE PREVENTION AND TREATMENT**

**Introduction**

Welcome to the last Section of this Manual. Information in this section is based on the understanding that children who are in ill health may not enjoy their childhood and may not develop to realize their full potential. This sections focuses on disease prevention and appropriate care and treatment as some of the means to promote health, growth and development of young children. Part one provides information on prevention and treatment of some childhood illnesses and diseases. Part two is devoted to HIV/AIDS awareness raising and prevention.
Content coverage

During the training sessions you should aim to discuss, share experiences and provide information to build competencies of the target ECD providers so that they are able to contribute towards:

**Disease prevention and treatment such as:**

- Preventing against and ensuring appropriate treatment for coughs and colds
- Preventing against and ensuring appropriate treatment for pneumonia
- Preventing against and ensuring appropriate treatment for tuberculosis
- Preventing against and ensuring appropriate treatment for diarrhea
- Preventing against and ensuring appropriate treatment for malaria
- Raising awareness on HIV/AIDS
- Protecting unborn babies against HIV/AIDS infection
- Caring for children living with HIV/AIDS
- Contributing towards HIV/AIDS prevention

We hope you will find this information useful.

**Goal**

To promote health, growth and development of children of the age below six years.

**General objectives**

To contribute towards:

- Promoting parents and caregivers' knowledge and skills to prevent children from preventable diseases.
- Increasing parents' knowledge and skills to identify signs and symptoms of diseases and take timely and appropriate action.
- Increasing use of health facilities and decreasing dependence on home herbal and other treatments not recommended for use by health workers.
- Raising awareness about HIV/AIDS infection and its prevention.

**Essential Parenting Enrichment Knowledge and Skills**

**Part 1: Disease prevention and treatment**

**Preventing against and ensuring appropriate treatment for coughs and colds**

Coughs, colds, sore throats and runny noses are common in the lives of children and usually are not cause for alarm. In some cases, however, coughs and colds are danger signs of more serious illnesses such as pneumonia or tuberculosis. Respiratory
infections kill many children and therefore coughs and colds should not be taken for
granted. Parents and caregivers should not rely on home herbal and other treatments not
recommended for use by health workers. They should seek treatment from a health
center.

- A child with a cough or cold should be kept warm and encouraged to eat and
drink as much as possible.

- Babies and young children lose their body heat easily. When they have a cold or
cough they should be kept covered and warm. Sometimes coughs and colds are
signs of a serious problem. Parents and caregivers should seek treatment and
advice from a health worker.

- Coughs and colds spread easily. People with coughs and colds should avoid
coughing or spitting near children.

- The nose of a child with a cold should be kept clean not to allow flies to spread
germs from it to other people.

Preventing against and ensuring appropriate treatment for pneumonia

A child who is breathing rapidly or with difficulty might be suffering from pneumonia,
which is an infection of the lung. This is a life-threatening disease and the child should
be taken to a health center for immediate treatment. Many lives of children who die of
pneumonia can be saved if parents and caregivers know that rapid and difficult breathing
are danger signs requiring urgent medical help, if they know where to get help and if low-
cost antibiotics are readily available.

- The child should be taken immediately to a health worker for treatment if any of
the following are present:
  - the child is breathing much more quickly than usual
  - the child is breathing with difficulty or gasping for air
  - the child's lower part of the chest sinks in when he/she breathes in, or it
    looks as though the stomach is moving up and down
  - the child has had a cough for more than two weeks
  - the child vomits frequently.

- Families can help prevent pneumonia by making sure that babies are exclusively
breastfed for at least the first six months and that all the children are well
nourished and fully immunized.

Preventing against and ensuring appropriate treatment for tuberculosis

A child with a harsh cough may have tuberculosis, which is also an infection in the lungs.
Tuberculosis is a serious disease that can kill or permanently damage ones lungs.
• Families can help prevent tuberculosis if:
  - They ensure that children are fully immunized. BCG immunization offers some protection against some forms of tuberculosis.
  - Children are kept away from anyone who has tuberculosis or has a cough with bloody sputum.
  - Children are not fed on unboiled milk and half cooked meat from animals that may be infected.

• If a health worker provides special medications for tuberculosis, it is important to give the child all the medicine according to the instructions for as long as specified, even if the child seems better.

 Preventing against and ensuring appropriate treatment for diarrhea

Diarrhea kills many children every year through dehydration and malnutrition. Children are more likely than adults to die from diarrhea because they become dehydrated more quickly. Diarrhea is caused by germs that are swallowed, especially germs from faeces. This happens most often where there is unsafe disposal of faeces, poor hygiene practices or lack of clean drinking water, or when infants are not breastfed. Infants who are fed only on breast milk seldom get diarrhea and breastfeeding can reduce the severity and frequency of diarrhea. Burning children’s milk teeth tissue does not prevent diarrhea nor does it cure it.

Ways through which diarrhea can be prevented

- Washing hands with soap and water after contact with faeces.
- Using safe drinking water.
- Washing, peeling or cooking all foods thoroughly.
- Serving food and drinks in clean dishes, plates, cups and glasses and eating the food in clean environments free from flies and dust.
- Ensuring hygiene regarding left over food. This can collect germs that can cause diarrhea. After two hours cooked foods are not safe unless they are kept very hot or very cold in a refrigerator.
- Safely disposing of all faeces and other refuse by burying or burning it to stop flies from spreading germs.
- Keeping the household area clean and washing children’s hands often with water and soap, especially before giving them food. Young children frequently put their hands in their mouths. It is important to keep them clean.

Early identification and treatment of children with diarrhea

• Diarrhea kills children by draining liquids from the body, thus dehydrating the child. As soon as diarrhea starts, it is essential that the child be given extra fluids as well as regular foods and fluids. Some people think that drinking liquids makes diarrhea worse. This is not true. Drinking lots of liquids helps to replace the fluids lost during diarrhea.
• A child with diarrhea needs to continue eating regularly. While recovering from diarrhea, the child needs at least an extra meal every day for at least two weeks.

• Some of the recommended drinks for a child with diarrhea: breastmilk by breastfeeding more than usual, soups, rice water, fresh fruit juices, weak tea with little sugar and clean water from a safe source.

• Parents and caregivers should immediately seek help from a trained health worker if the child:
  - passes several watery stools in one or two hours
  - passes blood in the faeces
  - vomits frequently
  - has a fever
  - is extremely thirsty
  - does not want to drink
  - refuses to eat
  - has sunken eyes
  - looks weak

• If a child is dehydrated with severe persistent diarrhea only oral rehydration solution or medicines recommended by a trained health worker should be used. Quite often this is referred to as ORS (Oral Rehydration Salts).

Using Oral Rehydration Salts (ORS) to treat diarrhea

ORS is a special combination of dry salts that, when properly mixed with safe water, can help rehydrate the body when a lot of fluid has been lost due to diarrhea.

How to make the ORS drink:

1. Put the contents of the ORS packet in a clean container. Check the packet for directions and add the correct amount of clean water. Too little water could make the diarrhea worse.
2. Add water only. Do not add ORS to milk, soup, fruit juice or soft drinks. Do not add sugar.
3. Stir well, and feed it to the child from a clean cup. Do not use a bottle.

A child under the age of two years needs at least a quarter to half of a large cup of ORS drink after each watery stool. A child aged two years or older needs at least a half to a whole large cup of the ORS drink after each watery stool. Diarrhea would usually stop in three or four days. If it does not, consult a trained health worker.

Preventing against and ensuring appropriate treatment for malaria

Malaria is a serious disease, which spreads through mosquito bites. In areas where malaria is common, it can be the leading cause of death and poor growth among young children. Malaria is also particularly dangerous for pregnant women. It causes
severe anemia, miscarriages, stillbirths, low birth weight and maternal death. Many lives can be saved by the prevention and early treatment of malaria.

**Ways through which malaria can be prevented**

- All members of the community should be protected against mosquito bites, particularly young children and pregnant women, and especially between sunset and sunrise when mosquitoes are most active.

- Malaria is transmitted through mosquito bites. Sleeping under mosquito net treated with a recommended insecticide is the best way to prevent mosquito bites. Usually, the nets need to be re-treated when the rains begin, at least every six months, and after every third wash. Trained health workers can advise on the safe insecticide and re-treatment schedules.

- Babies and other small children should sleep under a treated mosquito net. If the nets are expensive, a family can buy one big net, which the small children can sleep under. Breastfed babies should sleep with their mothers under a net.

- If mosquito nets cannot be used, other actions can help. For example, curtains, cloths or mats impregnated with a recommended insecticide can be hung over doors and windows; screens can be put on doors and windows; mosquito coils or other fumigants can be used; clothing that covers the arms (long sleeves and long pants or skirts) can be worn as soon as it begins to get dark. This is especially important for children and pregnant women.

*Preventing malaria by stopping mosquitoes from breeding*

Mosquitoes breed wherever there is still water—for example, in ponds, swamps, puddles, pits, drains and in moisture on long grass and bushes. They can also breed along the edges of streams and in water containers and tanks.

- The number of mosquitoes can be reduced by:
  - filling in or draining places where water collects
  - covering water containers or tanks
  - clearing long grass and bushes around houses

- Malaria affects the whole community. Everyone can work together to reduce the breeding places for mosquitoes and to organize regular treatment of mosquito nets with insecticide. Families and communities can prevent malaria by taking action to stop mosquitoes from breeding.

*Early identification and treatment of children with malaria*

Wherever malaria is common, children are in danger. Malaria should be suspected if anyone in the family has fever, or if young children refuse to eat, vomit, drowsiness, are
drowsy or have fits. Seek help from a trained health worker. Do not keep a child at home on home herbal and other kinds of treatment.

- A child with fever should be examined immediately by a trained health worker and receive appropriate malaria treatment as soon as possible.

- A child with malaria needs to take the full course of treatment, even if the fever disappears rapidly. If the treatment is not completed, the malaria could become more severe and difficult to cure.

- Malaria burns up energy, and the child loses a lot of body fluids through sweating. The child should be offered food and drink frequently to help prevent malnutrition and dehydration. A child suffering or recovering from malaria needs plenty of liquids and food.

- If the malaria symptoms continue after treatment, the child should be taken to a health center or hospital for help. The problem could be that the child has an illness other than malaria or the malaria is resistant to the medicine and another medicine is needed.

- Children with a fever should be kept cool for as long as the fever persists. This can be done by sponging or bathing with cool (not cold) water and covering the child with only a few clothes or one blanket.

Part 2: HIV/AIDS

Raising awareness on HIV/AIDS

What is HIV/AIDS?

AIDS is caused by the human immunodeficiency virus (HIV). HIV damages the body's defenses against other diseases. AIDS is the occurrence of different signs and symptoms as a result of the body losing its ability to protect itself against disease. AIDS is a disease, which occurs as a result of HIV having broken down the body's defense system.

Medication can help people with HIV/AIDS live longer, but the disease so far has no vaccine or cure. Prevention is the most effective strategy against the spread of HIV/AIDS. Every person in Eritrea should know how to avoid HIV/AIDS infection and how not to spread it.

How does HIV/AIDS spread?

People infected with HIV usually live for years without any signs of the diseases. They may look and feel healthy, but they can still pass on the virus to others. AIDS is the last stage of HIV infection. People who have AIDS grow weaker because their bodies lose the ability to fight illnesses. In adults, on average, AIDS develops 7 to 10 years after infection. In young children it usually develops much faster.
AIDS is an incurable but preventable disease. HIV that causes AIDS, spreads through unprotected sex (intercourse without a condom), transfusions of blood, contaminated needles and syringes (most often those used for injecting drugs) and from an infected woman to her child during pregnancy, childbirth or breastfeeding.

It is not possible to get HIV/AIDS from touching those who are infected. Hugging, shaking hands, coughing and sneezing will not spread the disease. HIV/AIDS cannot be transmitted through sharing latrines, through toilet seats, telephones, plates, glasses, eating utensils, towels, bed linen, swimming pools or public baths. Mosquitoes or other insects do not spread HIV/AIDS.

**Protecting unborn babies against HIV/AIDS infection**

- It is advisable to insist on safer sex if you are not sure about your health status and that of your partner.
- It is advisable to have a medical check-up to eliminate any possibility of HIV/AIDS infection before friends commit themselves to marry each other.
- Before conception the mother and father should discuss and agree that they need to have a baby.
- An HIV/AIDS test can help couples decide whether to have children. If one partner is infected, he or she could infect the other while attempting to conceive. If a woman got infected it would be most likely that the HIV/AIDS infection would be transmitted to the baby through the mother.
- Empowering women and promoting safer, condom use and better detection and treatment of sexually transmitted infections can reduce HIV infection in women. If a woman discovers that she is HIV positive, she needs emotional support and counseling to help her make decisions and plan for her future.
- Pregnant women need to know that treatment with specified medicines during pregnancy and special care during delivery can greatly reduce the risk of passing the infection to the baby.
- Mothers need to know the different options for feeding babies and the related risks. Health workers can assist in identifying a feeding method that can maximize the baby's chance of growing up healthy and free from HIV.
- Babies born to women who have not received medication and are infected with HIV have about a 1-in-3 chance of being born with HIV. More than two thirds of the infants infected with HIV may die before they are five years old.
Caring for young children living with HIV/AIDS

- Babies and young children living with HIV/AIDS have special needs for good nutrition, immunization and regular health care to avoid complications from common childhood illnesses, which can be fatal. If the child is infected, it is likely that the mother, and probably also the father, is infected. Home care visits will be needed.

- Children are not only at risk of being infected, but they are also affected by the impact of HIV/AIDS on their families and communities. For example, if children lose parents, and caregivers to HIV/AIDS, they need help in understanding what is happening and dealing with their loss and grief. Orphaned children might have to assume responsibilities as the head of the household and will undoubtedly face great economic difficulties. If others care for orphaned children, then that family's limited resources must stretch to accommodate the additional needs of these children.

Children living with HIV/AIDS or with families affected by HIV/AIDS may be stigmatized or isolated from their community. They can be denied access to health services and school. Efforts should be made to keep HIV/AIDS affected families together and not to institutionalize orphaned children. Orphans are less traumatized if the extended family or the community cares for them.

- Few young people and adults receive the accurate and appropriate information they need. Families and communities should demand and support confidential HIV/AIDS counseling, testing and information to help protect adults and children from the infection.

Contributing towards HIV/AIDS prevention

- Mutual fidelity between two uninfected partners protects them both from HIV/AIDS. The more sex-partners people have, the greater the risk that one of them will have HIV/AIDS and pass it on. However, anyone can have HIV/AIDS. It is not restricted to those who have many sex partners. A blood test is the most accurate way to tell if someone is infected with HIV/AIDS as an infected person may look completely healthy.

- Unless partners have sex only with each other and are sure that they are both uninfected, they should practice safer sex. (Safer sex means no-penetrative sex where the penis does not enter the mouth, vagina or rectum or the use of a newer latex condom for every act of intercourse). A health worker should be invited to provide more information and guidance on types of condoms and how to use a condom.

- It is possible to stop HIV/AIDS from spreading to the next generation if young people know the facts about HIV transmission, abstain from sex, and have access to condoms.

- School aged-children should be provided with age-appropriate information on HIV/AIDS and life skills before they become sexually active. HIV/AIDS education at this stage has shown to delay sexual activity and to teach responsibility.
• Girls are especially vulnerable to HIV infection and need support to protect themselves and be protected against unwanted and unsafe sex. Girls and women have the right to refuse unwanted and unprotected sex. Parents and teachers should discuss this issue with girls and boys to make them aware of girls' and women's rights. Boys should be taught to respect girls as equals, and girls should be empowered to avoid or defend themselves against unwanted sexual advances.

• Children living in institutions, on the street, or in refuge camps are at even greater risk of being infected with HIV/AIDS than are other children. Support services need to be developed and provided accordingly.

Testing for HIV/AIDS

• HIV counseling and testing can help in the early detection of HIV infection and in enabling those who are infected to get the support services they need, manage other infectious diseases they might have, and learn about living with HIV/AIDS and how to avoid infecting others. Counseling and testing can also help those not infected to remain uninfected through education about safer sex.

• If the result of an HIV/AIDS test is negative, this means the person tested is not infected or it is too early to detect the virus. The HIV blood test may not detect infection up to the first six months. The test should be repeated six months after any possible exposure to HIV/AIDS infection. Since an infected person can transmit the virus at any time, it is important to use a condom during sex or avoid penetration.
ERITREA ECD
PARENTING ENRICHMENT
FACILITATORS' GUIDE
For a firm foundation

For use by ECD Trainers of Trainers
and Resource Centre Directors

November 2003
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### PLANNING WITH PARENTS AND COMMUNITIES

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- Linking the programme with the community
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The Parenting Enrichment Facilitators' Guide

Why this Guide?

This Guide has been written to help ECD Trainers of Trainers and Resource Centre Directors in the training of facilitators of the Parenting Enrichment programme. In this regard, ECD Trainers of Trainers and Resource Centre Directors are expected to study this Guide as one of the means to enhance their training knowledge, methodology and techniques in the context of the developed Parenting Enrichment intervention and be able to pass on the same to those they will train to facilitate Parenting Enrichment sessions at community level. The Parenting Enrichment intervention aims to improve the quality of care for Eritrean children of the age below six years.

The Guide:

- Makes clear the goals, objectives and the content of the Eritrea Parenting Enrichment programme and how to use the information in the Parenting Enrichment Manual, the major tool for this intervention and other materials developed to promote this national effort.

- Provides guidance on what should be done before, during and after the Parenting Enrichment training and sharing sessions. It proposes different methods that suit adults and the teaching /learning materials that can be used.

- Suggests some of the ways through which facilitators of this programme can communicate more effectively with individuals and groups of parents, childcare providers, and communities participating in the intervention.

Goals of the Parenting Enrichment intervention

The Eritrea Parenting Enrichment programme aims to build on existing strengths to enhance the knowledge, skills and attitudes of parents, families and communities in order to promote the quality of care for children of the age below six years. This will be achieved by working with parents, other childcare providers and communities to:

- Promote planning of marriages, timing births and the quality of health of the mother before and during pregnancy as well as after delivery.

- Promote the practice of exclusive breastfeeding for the first six months, introducing complementary feeding on nutritious meals during the sixth month, and prolonging breastfeeding into the second year.

- Increase immunization rates.

- Promote children's early learning and development.
- Raise more awareness and improve the quality of care for children with special needs.
- Foster and promote healthy adult-child interactions in families.
- Promote use of positive ways of teaching desired discipline.
- Promote practices that ensure safe and secure environments in which active children grow and develop happily.
- Raise more awareness and protect children from harmful cultural practices.
- Promote hygiene at family and community level, and reduce childhood illnesses through disease prevention and appropriate treatment when children are ill.
- Guard against HIV/AIDS

SECTION 1

PLANNING WITH ECD COMMITTEES, PARENTS, COMMUNITIES AND OTHER STAKEHOLDERS

Introduction

The Parenting Enrichment programme has been developed to benefit children of the age below six years through their families, communities and other organizations and institutions providing Early Childhood Development Services. It is therefore important that these partners participate in planning, implementing, monitoring and evaluating this programme. Information in this Section suggests ways through which this can be achieved.

Content coverage

- Linking the programme with the community
- Planning with parents and community leaders

Objectives

By working through this Section you will be able to guide those you are training to:

- Identify the real needs of the community they will be working with.
- Use the programme content to address the needs of the families and communities they will be working with.
• Involve parents, community leaders and other childcare providers they will be working with in planning and implementing the Parenting Enrichment programme.

Essential training knowledge and skills

Linking the programme with the community

• “First read through the Parenting Enrichment Manual and relate it to the accompanying Parenting Enrichment Reader, Parenting Enrichment Facilitators’ Guide, Flip Charts and posters and the knowledge you already have about the topics addressed by this programme.
• After reading, visit some families. Talk with and listen to parents and other childcare providers, children and community leaders. Observe and learn more about parenting behaviour, attitudes and practices.

• Use your findings to complement and supplement information in the Parenting Enrichment Manual, Parenting Enrichment Reader and Parenting Enrichment Facilitators’ Guide, Flip Charts and posters.

• Once you know enough about the community you are serving and you have a clear idea of the purpose of this Parenting Enrichment Programme, its objectives, the methods that can be used and the expected outcomes you can then, together with the group of parents, community leaders and other childcare providers you are working with, plan how to implement this programme.

Planning with parents, communities and other childcare providers

Selecting what to start with-prioritizing needs

• Although all the topics are important, it is also true that different communities have different priorities. Let the parents, community leaders and other childcare providers you are working with know what the programme aims to achieve and the topics of the content in the Parenting Enrichment Manual.

Ask them to give their views in relation to the content in the Manual and the particular needs of the families and the community or organization you are serving. Take note of the needs that might be mentioned and might not be addressed by the information in the Parenting Enrichment Manual. Plan how such needs could be incorporated and addressed by the programme. Ask the group of child care providers and community leaders to select the topics to start with and those to be done later.

• You can therefore start with any topic in the Parenting Enrichment Programme. However, a topic should be well completed before moving to the next one.
The way the Parenting Enrichment Manual is developed and organized allows for this to happen. For example, you may not start with Section 1 if the greatest need for the group you are working with was hygiene. If it were, then you would start with Section 7.

It is better to do little at a time and do it very well. This will create greater impact than rushing to cover a Section or sub-section in a short time. You are advised to move at the pace of the participants.

- Discuss and agree with the group of parents, other childcare providers and community leaders on:
  - how much time to spend on each training/sharing session
  - when and how often during the week or month the sessions should be conducted
  - where the sessions would take place

**Timing training/sharing sessions and other activities**

- Choice will depend on many things. You should be prepared to be flexible. For example, in the agricultural communities most families might be very busy in the mornings during a planting and could opt for afternoon sessions while during the dry season afternoons or evenings might be preferred. Do not impose anything, discuss and come to agree on what is likely to work best for the group and the community you are working with.

  Sessions and other activities do not have to take place everyday and they do not have to take many hours in order to be effective.

  But remember too, that however hard you try, you may not be able to please everyone and that there will always be some unforeseen circumstances such as burials or illnesses, which may prevent some people from attending.

**Selecting where to hold the training/sharing sessions and do other activities**

- **Finding a venue**

You do not have to have a purpose built venue for a community programme of this nature. There are probably many different places in the community that could be used.

Working with some members of the group and community leaders you can find out if it is possible to use a classroom, verandah or a shade at a neighbouring Elementary School, Kindergarten or Community Children's Centre.
Most of these facilities are not always in full use most of the evenings and on Saturdays and Sundays and many are closed during the whole school vacation. There might also be some other places in the community that could be used. These too would need to be identified and a choice made.

When looking for venues assure the owners that the group would always take good care of the things therein and leave the place clean and tidy. And be prepared to keep your promise.

Small group activities and meetings can take place at a home of one of the participants.

Guide the group of parents and caregivers to consider the following when choosing a venue.

- **Size of the venue**

  The venue should be big enough to hold the group members comfortably.

  If the training/sharing sessions are to be held outside, they should take place in an area that is big enough to shade everyone from the sun. It is also important to think of what should happen if it rains.

- **Location of the venue**

  The venue should not be in a noisy place. Noise will distract the sessions. It will make it difficult for group members to concentrate and for you to do a good job.

  A good venue is one that is central to most of the participants. It should be a place that can be easily reached by most members of the group.”

**SECTION 2**

**THE PROGRAMME RESOURCE MATERIALS AND HOW TO USE THEM**

**Introduction**

A pack with four resource materials has been developed for use to implement the Eritrea Parenting Enrichment Programme. This Section describes the materials that have been developed for use and how they should be used support the Parenting Enrichment Programme. This information is presented in four parts. Each of the parts is devoted to one of the four resource materials as specified below.

**Content Coverage**
Part 2: The Parenting Enrichment Reader
Part 3: The Parenting Enrichment Facilitators' Guide
Part 4: Teaching learning aids

Objectives

Studying information and skills provided in this Section will enable you to help you those you will be training to:

- Be familiar with the information in each of the four resource materials designed for use to implement the Eritrea Parenting Enrichment Programme.

- Appropriately use the four resource materials to implement the Eritrea Parenting Enrichment Programme.

Essential training knowledge and skills


Content coverage - Parenting Enrichment Manual

“The Parenting Enrichment Manual is the information source for the Eritrea Parenting Enrichment programme. It has been developed for use mainly by ECD Trainers of Trainers and Resource Centre Directors who will be responsible to train facilitators of this programme. The information and skills meant to benefit children of the age below six years through their parents, families, communities and other childcare providers are presented in eight Sections.

Section 1: Healthy mothers produce healthy children
Section 2: Bringing up healthy Eritrean children
  Part 1: Breastfeeding and complementary feeding
  Part 2: Ensuring nutrition and immunization
  
  Section 3: Enhancing childcare, growth and development
  Part 1: Promoting growth and development of children
  Part 2: Improving care for children with special needs

  Section 4: Enhancing intellectual and language development
  Part 1: Enhancing language development
  Part 2: Fostering healthy adult child interaction
  Part 3: Early learning through play

Section 5: Using positive ways to enhance desired discipline
Section 6: Ensuring safe and secure homes and cultural practices
  Part 1: Creating safe and secure environments for active children
  Part 2: First Aid for children when injury happens
  Part 3: Protecting children from harmful cultural practices
Section 7: Ensuring hygiene to promote health, growth and development.
Section 8: Promoting health, growth and development through disease prevention and treatment.

Part 1: Disease Prevention and treatment
Part 2: HIV/AIDS

The lay out of Sections in the Parenting Enrichment Manual and how to use the information and skills provided

Each of the eight sections of the Manual includes nine parts:

- **Introduction**

  The introduction provides information about what a Section is about and how it will help parents, communities and other childcare providers to improve the quality of care for children of the age below six years.

- **Content coverage**

  This part provides a list of the sub-topics in a Section. Some Sections have more than one part. Sections one, five and seven have one part; Sections two, three and eight have two parts while Sections four and six have three parts. For details see the Parenting Enrichment Manual.

- **Goal**

  This part provides a statement of the overall goal of a Section. Like other programme goals, stated goals may not be achieved immediately. They will be achieved gradually as the Sections are completed. Some goals may even be realized long after completing a Section.

  This is because sometimes it may not be so easy for parents and other community members to change from practices they have used for many years to raise their children. Some attitudes and practices will take long to change. And some people may not learn as fast as you may wish. Change is a process and sometimes it takes some people time to achieve. Be patient with those who are slow, otherwise you might lose them if you push too much.

- **Objectives**

  This part states general objectives to be achieved as participants work through the content of the different sessions. Some Sections have a lot of content and several objectives to achieve. Others do not.

  It is the achievement of these objectives that will soon or later lead participants to realize the set programme goals at family and community level.
• **Essential Parenting knowledge and skills**

This part contains information and guidance on how parents, childcare providers and the communities can do to improve their parenting behaviour, attitudes and practices. The information and guidance provided is based on findings of several research studies that have been done at different times on childcare practices among different ethnic groups in Eritrea.

All Sections contain a lot of information that may not be discussed in depth during one session. The number of sessions that should be organized in order to cover information in a Section will depend on different things. You are advised to always move at the pace of the group you are catering for.

The Manual contains pictures that could be used when one is facilitating a small group of trainees and other care providers.

The Parenting Enrichment Programme addresses different areas. It is important to plan and involve other people to help you. Such people have been referred to as Resource Persons in Part 2 of Section 3 of this Guide. Resource Persons will help you to create greater impact.

During some of the Adult Education classes time could also be used to focus on information in the Parenting Enrichment Manual and use could be made of the Parenting Enrichment Reader. It is by using different ways to inform and share with parents and other childcare providers and communities that greater impact could be created.

**Part 2: The Parenting Enrichment Reader**

This reader contains a very simplified summary of the content in the Parenting Enrichment Manual. Using pictures, a few sentences and activities work covered in the various Sections of the Parenting Enrichment Manual has been summarized for parents, other childcare providers and community members to read and learn on their own. To make it easy for the both facilitators and participants to link the programme content and materials, the Sections in the Parenting Enrichment Manual correspond to those in the Parenting Enrichment Reader, Flip Charts and posters.

Quite often graduates of Adult Education Literacy Programmes do not easily find suitable materials to enable them continue developing the skills acquired through their literacy classes and to gain mastery. This Reader is one of the materials that have been developed as a contribution towards filling this gap. It creates opportunities for parents and other graduates of the Adult Education Programme, to read on their own and respond to the set activities.
They can read this Reader and do activities individually, in pairs or in small groups. It would be a good idea if each participant on the Parenting Enrichment Programme had his or her own Reader. This would enable them to use their Readers at home. The Reader would then become a family Reader and the Parenting Enrichment programme would become a family programme. This would benefit all members in the family including children in Elementary Schools, learning to read.

You can also use this Reader during the training sessions in different ways. For example, at the beginning of a session you can ask participants to study a selected picture/s on a specific page. This can be done individually or in pairs. After studying the picture/s you can ask some questions that lead to a discussion. Some of the activities in the Reader can be done at an appropriate time during the session. Others could be done as homework on days when participants do not attend the sessions, thus extending learning at home and at leisure.

Adult Education instructors could also use the Reader with those parents and community members participating in the Adult Literacy programme.

**Part 3: The Parenting Enrichment Facilitators' Guide**

The Parenting Enrichment Facilitators' Guide (this Guide) provides information about the Eritrea Parenting Enrichment Programme, the materials that have been developed to support the programme and how these should be used. It proposes methods and other teaching /learning aids that could be collected or made and used during the training /sharing sessions. It also suggests how facilitators could be helped to work more effectively work with parents, other childcare providers and the community.

More specifically:

- **Section one** explains why the Eritrea Parenting Enrichment Programme was developed and the impact it is expected to create on the lives of young children, their families and communities.

- **Section two** focuses on working with parents, childcare providers and community leaders to plan how to implement the programme in their particular communities.

- **Section three** provides guidance on preparing, facilitating and evaluating training/sharing sessions.

- **Section four** proposes methods and materials that can be used.

- **Section five** suggests how facilitators of this programme could be helped to more effectively communicate with individuals, groups of parents, other childcare providers and with the communities they are serving.
**Part 4: A booklet of a summary of information for use by Community Caregivers and other community level facilitators**

This booklet contains a summary of each of the eight Sections of the Parenting Enrichment Manual meant for use by ECD Trainers of Trainers and Resource Centre Directors. Information in this booklet has been developed for use by Community Caregivers and other community level facilitators of the Parenting Enrichment Programme who may not find enough time to read the full Parenting Enrichment Manual. However the full Manual is open to all and community level facilitators who may require more information are advised to refer to the full Manual. The community level facilitators’ booklet also contains pictures that could be used when one is facilitating a small group of parents and other care providers.

**Part 5: The Parenting Enrichment Flip Charts and Posters**

A flip chart is a series of pictures that communicate messages on a topic while posters are single pictures. Aware that some facilitators might not find enough time, paper and other materials to draw pictures for use during the training/sharing sessions, flip charts and posters have been developed to accompany each of the eight Sections in the Parenting Enrichment Manual and the Parenting Enrichment Reader. The Section and Topic with which each of the charts and posters can be used are written clearly on each of these charts.

Guidance on how to use these flip charts and posters and other teaching /learning materials is provided below in Part 3 of Section 3.”

**SECTION 3**

**PLANNING AND PREPARING TO FACILITATE TRAINING / SHARING SESSIONS**

**Introduction**

“All activities we do in our daily lives are done to serve a purpose. We think about them and plan how to get them done. Think of what you do when you want to travel to visit a family you have not seen for a long time and the family lives far a way from your village. Also think of what happens when a family is going to have a weeding or a burial. A lot of planning and preparation is made.

You too should have a clear purpose for each of the training/sharing sessions. To be a successful facilitator and to enjoy your work and get satisfaction from it, you need to plan and prepare well for the training/sharing sessions.

Goals and general objectives for each of the eight major Sections in the Parenting Enrichment Manual have been identified and stated for you. These objectives will help you to divide the Section into manageable content for training/sharing sessions.
Content coverage

- Part 1: Planning for effective training/sharing sessions
- Part 2: Methods to use
- Part 3: Teaching/learning aids that can be used

Objectives

By working through this Section you will be able to help those you are training to:

(i) Divide the content in any of the eight Sections in the Parenting Enrichment Manual into portions for a series of training/sharing sessions in a way that suits the particular group you are working with.

(ii) State objectives for the training/sharing sessions appropriately.

(iii) Identify suitable methods and activities for the training/sharing sessions.

(iv) Make a plan of how best to share knowledge, experiences and skills with the participants that will improve parenting behaviour, attitudes and practices the Section in the Parenting Enrichment Manual is addressing.

(v) Adequately facilitate and evaluate the planned training/sharing sessions.

Essential training knowledge and skills

Before the session

Decide on the content to cover

- Read through the content in the section of Parenting Enrichment Manual you are planning to work on with the group of participants. Relate this information to that in the:
  - Parenting Enrichment Reader
  - Parenting Enrichment Flip charts and posters
  - Other information about the topic for the session and
  - Realities and needs of the participants and the community you are working with.
- Decide what you are going to focus on during the session.
Identify and state objectives for the session

- Objectives should describe clearly what the group of parents, other child care givers and the communities you are working with will be able to do during the training/sharing session or a series of sessions.

- When thinking about possible objectives you should be guided by the content, the time you have, methods that can be used, the kind of participants you are catering for, and the materials you have available to use.

- Below are four examples of statements of objectives.

**Example 1**

- Participants will be able to:

  (i) **Discuss** why it is important for a pregnant mother to eat nutritious meals during pregnancy.
  (ii) **Name** some of the foods that a pregnant mother could eat at breakfast, lunch and dinner.

**Example 2**:

- Participants will be able to:

  (i) **Describe** five ways through which diarrhea can be prevented.
  (ii) ** Appropriately mix** Oral Dehydration Salts and
  (iii) **Measure** appropriate amounts that could be administered to children of different ages suffering from diarrhea.

**Example 3**:

- Participants will be able to each **make** a toy for three- year old children from local materials.

**Example 4**:

- Parents and caregivers will be able to:

  (i) **Observe** a role play on teaching and enhancing discipline.
  (ii) **Identify** positive and negative actions, words, gestures and attitudes used in the role-play to young children.
  (iii) **Propose** and **discuss** other ways that could be used to handle the discipline cases in the role-play.
Note that we have not used verbs like understand, know and appreciate. This is because they do not help facilitators or anyone else to know if the participants have indeed understood, known or appreciated something.

**Planning and preparing to achieve the stated objectives**

After stating objectives for the session, plan and prepare how to achieve the stated objectives with the participants you are working with.

- Identify and plan the activities that participants will do as a means to achieve the stated objectives.

- Choose the most suitable methods to use. Select some methods from those proposed below in Part 2 of this Section.

- Identify the teaching/learning aids you will need for the session. Again you can choose from some of those proposed in this Guide. These are found below in Part 3 of this Section.

- Think of some every day life examples you will use to illustrate what you are saying. Good and effective examples are those that the participants will already be familiar with. Also identify when during the session you will call upon participants to provide their own examples.

- Decide how best you can sequence the activities of the session or a series of sessions to ensure a good flow. What will be done first, second, third and so forth. In this regard, decide how you will introduce the session in a very interesting way, how you will teach/share the knowledge and skills and how you will end the session.

- Briefly write how the session will flow. You do not have to write much. A few sentences to say and remind you of what information and skills you will share, how, when and where you intend to get things done will be enough.

- Make or collect the teaching/learning aids or materials to use in the session.

- If you have planned to use a resource person remind him/her of the topic, time and the place where the session/activity will take place.

**During the session**

- Throughout the session, maintain a good working relationship with the group you are working with. Good facilitators of a programme of this nature demonstrate the following qualities:
- They do not dominate the training/sharing sessions, instead they create opportunities for participants to do most of the work.
- They treat participants as equals and friends.
- They respect participants' ideas and build on their experiences and knowledge.
- They encourage participants to relate well to one another and to respect one another's points of view.

• When you speak make your voice interesting and speak loud enough for all group members to hear.

• Begin the sharing session with an introduction, that is, tell the participants what the session is going to be about and follow the plan of activities that you made. Use the teaching and learning aids as planned.

• Involve parents and caregivers you are working with as much as possible. Let them participate in activities such as those suggested under the different methods in Section 3 of this Guide and many others you consider suitable.

• Make sure the information and messages you communicate to the participants are clear.

Step by step check and make sure that participants have understood. For example, you can ask them questions about the work covered. Try to use why and how questions rather than those that call for 'yes' and 'no' answers.

Always let group members know how well they are doing. Recognize and comment on each one's progress even when the progress made is little and is not very good.

**Before you close the session:**

- Remind the participants what has been done during the session.
- Discuss with participants how what has been learnt/shared can be put into practice to create desired changes.
- Find out the things they liked during the session and those they did not quite like. Let them make suggestions on how to improve the situations they do not like. Use the suggestions to improve future sessions and other activities.

**After the session**

After the session evaluate your work and that of the participants.
• Evaluation is about looking critically at how a training/sharing session or other programme activities have been performed. Take a critical look at how you played your role as a facilitator and how the participants played their role. Identify what was done well and what was not done so well and how future sessions/activities could be improved.

There are three things you should evaluate:

- **The plan**: The set objectives and how you planned to achieve these.
- **The process**: How the plan was implemented.
- **The product**: What was achieved.

• Evaluation should be continuous throughout the training/sharing sessions. This will allow you to check on progress made and to adjust the training/sharing sessions accordingly.

Always involve participants in the evaluation process.

- Ask them what they like and do not like about the methods you use and activities you set.
- Find out if what they are learning/sharing is helping them. Is it making a difference in the way they used to do things and in the way they are doing them now?
- Ask them what else they would like to do and how they would want it done.
- Pay follow up visits to see how well members of the group are applying the knowledge and skills they share/learn during programme activities and if it is creating the desired impact.
- Take participants views seriously and consider them when you are planning other sessions and programme activities.

Most importantly, the evidence of the success of the Parenting Enrichment Programme activities will be seen in the changes made in the parenting behaviour, practices and attitudes of the group and communities you are working with.

**Part 2: Methods to use**

**Different methods that can be used with adults**

Training and sharing sessions should aim at enabling open sharing of knowledge, skills and experiences. However, depending on how the sessions are approached, the methods used can have either a beneficial or harmful effect. Methods can increase parents and
caregivers' ability and confidence to solve their own problems and to address challenges in their everyday life, or can do just the opposite. How something is taught or experience is shared is just as important as what is taught or shared. When thinking of a method to use, it is helpful to bear the following in mind.

- Different people learn in different ways.
- Methods used to teach children are not always suitable for adults.
- Some of the participants in a programme of this nature may not have experience of attending school and other formal education courses. This requires you to consider and use types of learning the participants have been exposed to and can benefit them. For example, traditionally, people learn from stories and songs. They learn by observing and trying out what they have seen others do.
- Choice of methods to use should be guided by the objectives you set to achieve with the group, the content you want to share, the teaching/learning materials and time available for the session and by who your participants are.

The following are some of the methods that could be used. Remember not to use the same method or to make participants do same activity most of the time. Vary both the methods and the activities you set. This will keep participants interested in the programme.

**Using the traditional method: story telling**

Since story telling is a useful approach, particularly for participants who may have had limited experience of formal education.

- Stories create opportunities for participants to identify with story characters who find the solution to a problem they might also be facing.
- It is often easier for a group to discuss problems of imaginary people in a story than to talk about the real problems in their own lives. This helps them to reflect on their own difficulties and challenges.
- Story telling can be used to help people to see how new and old ideas can fit together or conflict in a real life situation.

**Different ways to use stories**

Stories can be used in different ways. For example, besides a facilitator, resource person or participant telling a story alone many participants can be involved in telling one story.

One person starts the story by talking about an imagined family or community. The family or community in the story has a problem it is trying to solve. Characters are
established. At a specific and clear point in the story another member of the group is asked to add on to the story. At a later time other members, one after the other, are requested to push the story forward. Finally someone is asked to conclude the story. In one-way or the other the problem is solved.

The group is then asked to analyze and discuss:

- The actions that were taken by the different people in the story.
- What led to decisions to take actions that were taken by the different people in the story?
- How appropriate the decisions taken were, given the circumstances of the family or community in the story?
- Advantages and disadvantages of the decisions and actions the different people took.
- Finally engage the participants to discuss what they would have done if they were the real parents and community members in the story, and why they would have done so.

Group stories are useful because they get everyone to think and take part.

The following are some of the qualities of stories that should be used during the training/sharing sessions. Stories should:

- Be simple and clear, with one or two main messages
- Relate to the lives of the participants and communities where they come from.
- Respect and build on local tradition
- Be interesting and include situations of happiness, sadness, excitement, courage, serious thought and decision making to solve problems.

Remember you can use pictures to help you tell a story.

**Using the power of songs**

Songs can be composed to communicate some parenting messages on the different topics found in the eight Sections in the Parenting Enrichment Manual. Like stories, songs should respect and build on local tradition. They should carry specific educative messages.

Songs can be educational and entertaining for both the singer/s and the audience. Enrich the songs by accompanying them with some local music instruments and actions. Those with a good rhythm could climax into a dance.
Songs are powerful in spreading messages. For a song with a catchy tune and words, it takes only a very short time for the message to circulate widely as the song is taken up by one group after the other. A good song will soon be sung by everyone, in the community, and will also soon spread to other communities.

**Seeing and learning from others: demonstrations**

To demonstrate is to show others how to do or make something. For example:

When sharing information and skills in Section 7 of the Parenting Enrichment Manual, you or some else can show others how to mix Oral Dehydration Salts and measure correct amounts to administer to children of different age groups to treat diarrhea.

When sharing information and skills in Section 4 of the Parenting Enrichment Manual, a Red Cross worker, nurse or doctor can be invited to demonstrate to participants how to provide First Aid to young children.

When sharing information and skills in Section 3 of the Parenting Enrichment Manual, you can invite a kindergarten teacher to show participants how to use pictures cut from a paper box, calendar, local newsletter, or old magazine to enhance children’s language and intellectual development.

Always make sure that all members can see clearly what is being done. It is also important to organize opportunities for the participants themselves to practice what has been demonstrated.

**Using actions that might never be forgotten: role-play and drama**

**Role-plays**

You can use role-plays to stimulate a discussion on some parenting behaviour, attitudes and practices. These too should be based on any of the eight topics in the Parenting Enrichment Manual. They could be real life or imagined situations. When real life situations are used real names of people should be substituted by other names.

For role-plays, no written script is needed. Each participant pretends she/he is someone else and tries to act and speak the way the person would. A few ‘props’ or special objects could be used when necessary and if they are easily available. But most of the time people should pretend to do things, for example knocking on a door. Use of imagination in such ways adds to the fun and creates opportunities for members in the group to act some behaviour that happen in real life.

Role-play is especially useful for looking at attitudes, customs, patterns of behaviour and how these affect development, and for exploring different ways that can be used to solve problems.
After observing or participating in a role play participants should be involved in activities that serve to deepen understanding of families and communities and their problems and to learn lessons that might lead to desired changes.

**Drama**

Like role-plays, drama is a form of an action-packed story telling by a group. Drama can be used to explore problems or situations by acting them out. Drama can be used to explore people's attitudes, feelings and behaviour. When well used, drama increases understanding of family and community problems and how these could be addressed. Through discussions and other activities that follow a drama, participants should analyze the messages and propose possible actions that could lead to desired change.

With drama, the story or play is usually planned and practiced in advance. Parts may be memorized. But for the group of participants you are working with, it is better and more effective if they understand their roles and speak in their own words. It should not be necessary for them to memorize words.

The story for a play can be based on a topic in the Parenting Enrichment Manual. Others could be developed from the ideas and experiences of the participants. This would further promote the group's skills and knowledge to plan, solve problems, organize and communicate effectively.

- Music and drama are powerful ways of communicating messages. When well used the messages communicated may never be forgotten.

- Messages through drama, like those through songs, quickly spread throughout the villages.

- Music and drama are entertaining ways of sharing information. They capture the attention of adults, youths and young people and appeal to their feelings, minds and wills.

- Always remember to use actions and language parents, communities, childcare providers understand.

**Talking and sharing with colleagues: discussions**

**Discussions**

Discussions can be conducted with all the participants together or in small groups or pairs. Through discussions, participants can help one another to understand or appreciate
an idea. Discussions provide opportunities for participants to share knowledge and experiences with facilitators and with one another.

Discussions that involve all the participants are sometimes called plenary discussions. Plenary discussions become more successful when facilitators play the following roles.

- Make sure that the topic for discussion is something that participants have some knowledge or experience about. People may not talk about what they do not know.

- Draw the attention of the participants to important points raised by their colleagues.

- Ask some questions that will make participants talk about those things you consider important to discuss and the group might not be addressing.

- Ask some questions that call for more careful thinking and details.

- Make observations and comments that encourage more and different people to share their experiences.

- Encourage both men and women, young and old to say something, make observations, comment, ask questions for clarifications or to enrich the discussion.

- Give participants enough time to exchange ideas.

- Encourage participants to listen to and to respect their colleagues' points of view.

- Note the main points raised and lead participants to agree on what is generally acceptable and not acceptable.

- Lead the group to draw lessons from the discussion to improve their own situations.

**Working with a few colleagues on selected activities: group work**

At an appropriate time during the different sessions you could divide the participants into small groups to get on with some activities. Two examples of such activities are given below.

*Example 1:*

If the session is about how parents and caregivers can facilitate children's early learning through play you can divide participants into groups. Each group could concentrate on making certain types of toys. One group could make toys from pieces of cloth, another
group could make toys from pieces of wood. A third group could use packing boxes collected from the local environment for this use. By the end of the session different types of toys would be made.

Example 2:

In a session about First Aid, you could invite a resource person such as a Red Cross Workers, a Scouts' teacher or a nurse to demonstrate some First Aid skills. After the demonstration you could divide the participants into groups to practice some of the demonstrated skills.

What contributes to effective group work?

- **Clear instructions**

Give clear instructions. If participants are not sure of what you want them to do, they will waste a lot of time. They will never do the work the way you planned to get it done. Participants should be informed if they would be expected to report to the plenary and how the reporting would be done.

- **Leadership**

Identify or ask each group to choose its leader or chairperson. Groups tend to work better when they have a leader. Group leadership should rotate. This helps everyone to learn to lead and to be led.

- **Timing**

Inform participants of how much time they will spend on group work and on reporting to the plenary. You should set reasonable time for the activities set. Adults may not like being rushed too much especially when an activity is very interesting or very demanding.

- **Availability of materials to use**

Groups may not do their work well if they do not have materials to use.

- **Forming groups**

Take care when forming groups. Sometimes some people may not like working with some particular individuals. You can reduce such tensions by never forming permanent groups. Among other advantages, this arrangement creates opportunities for participants to share ideas with different colleagues, and not with the same persons when it is time to work in groups.
• **Number of groups**

The number of groups that can be formed will depend on many things such as the nature of work, materials and space available for use. However, we advise that you do not form many groups as these might not be easy to supervise.

• **Helpful support**

While participants are working in the small groups you have organized go round and listen in. Give assistance as required and make sure all the group members are participating. Remind them each is an important member of the group and should make a contribution. No one should monopolize a discussion or should try to do all the work alone.

• **Creating opportunities for the different groups to share and learn from one another**

Group work should sometimes end by bringing the different groups together to share views or learn from one another's work. Encourage people to make comments, observations and to ask questions about reports or displays made by the different groups.

**Case studies**

Case studies are descriptions of selected real or imagined situations. Case studies are developed and used to communicate specific messages, knowledge and skills. Use of case study method can greatly develop participants' analytical and decision making skills. A very useful debate can be sparked off by a case study.

The descriptions of "Some parenting behaviour and practices at the time of developing the Parenting Enrichment Manual" found at the beginning of each Section of the Parenting Enrichment Manual could be looked at as cases studies. These however, do not provide enough details.

You can write case studies and use them as a means to stimulate thought and debate. When you write a case study include the necessary details. A case study text should be read to participants in the language they understand well.

After reading the case study to participants, involve them in activities that cause them to critically analyze the situation described and to propose actions that could be taken to solve the problems in the particular situation. Lessons learnt should be linked to real life situations.

**Resource Persons**
A resource person is someone who has a lot of knowledge and experience about something. He/she could be invited to help participants to learn and know about something in the area of his/her work.

In the community you are working with or in the nearby villages there will be some people who know a lot about some of the topics in the Parenting Enrichment Manual. It would pay off if you spent some time finding out who those are and invited them to lead some of the sessions in the area of their specialization.

The Parenting Enrichment Programme is wide and calls for different knowledge and experience. Do not try to facilitate the programme alone. Involve other people who know about the topics in the Parenting Enrichment Manual and programme.

For example:

- A growth monitoring promoter could be invited to facilitate sessions on growth monitoring.

- A midwife, nurse or traditional birth attendant could assist with some sessions on safe motherhood.

- A Red-Cross worker, a nurse or doctor could be invited to lead a session on First Aid.

- A Malaria Agent or someone from the HAMSET project could talk to the group about prevention and treatment of malaria.

- A kindergarten teacher could help parents and caregivers on how they can use play to enhance their children's language and intellectual development.

- A drama group such as that of the National Union of Eritrea Youth or of HAMSET project could be invited to stage a drama that communicates educative messages on HIV/AIDS.

However, to do a good job Resource Persons need to be contacted in good time and told exactly what it is that you want them to do. Always show them the information in the Parenting Enrichment Manual that you would like them to help with.

**Using energizers**

You should also conduct some activities specifically to boost participants' interest and to provide a break and a few minutes of relaxation from an activity they have concentrated on for quite some time. Such exercises could include movement activities, word games and others. They could be used at the beginning, in the middle and at the end of a session.
- When you are choosing icebreakers and morale boosters consider the age of the participants, space and the time available.

- Icebreakers and morale boosters should be short, quick and easy to learn and do with ease and enjoyment.

**Part 3: Making and using training materials**

**Different types of teaching/learning materials**

Training materials are often referred to as teaching/learning aids. This part focuses on visual aids that can be used to help participants understand more clearly the key messages during the training and sharing sessions.

Visual aids such as flip charts, posters, other forms of pictures and illustrations, and real objects help in different ways. They help to explain a point; they aid memory; they create interest; and cause participants to imagine and come up with different ideas.

You should always try to:

- Make, collect and use a variety of teaching/learning aids.

- Keep your teaching/learning aids simple, relevant and clear.

- Use real objects where possible.

- Involve group members in the making and collecting of teaching/learning aids whenever this is can be done.

There are many different kinds of training materials. These include real objects, pictures and other forms of illustrations and chalkboards. Identify and collect real objects that are convenient to bring into the session.

- **Pictures/posters and charts**

  Collect and draw pictures and other illustrations that can be used to make clear messages you intend to share with participants. When you draw, keep pictures simple so that the main messages come through clearly. Avoid complicated details. Make things look as real as possible, especially people. Make colours as natural as you can. If most of your participants cannot read, avoid writing many words and sentences on charts.

- **Parenting Enrichment flip charts and posters**
Eight Parenting Enrichment Flip Charts and posters have been developed for use with the Parenting Enrichment Manual and the Parenting Enrichment Reader. Each of the Sections in the Parenting Enrichment Manual has a Flip Chart and posters that go with it. Most of the pictures on these charts are also found in the two programme books, namely, the Parenting Enrichment Manual and the Parenting Enrichment Reader.

These pictures have been drawn to illustrate and make clear some of the key messages during the training/sharing sessions. The Section and Topic for which each of the Flip Charts and posters can be used are written clearly on these charts. The charts to use are also mentioned at the beginning of each of the Sections in the Parenting Enrichment Manual.

**How to use the Parenting Enrichment flip charts, other pictures, illustrations and real objects**

- Display the Flip Chart, picture, illustration or real object you have prepared to use in the training/sharing session. Make sure the teaching/learning material is displayed where all participants can easily see it. The Parenting Enrichment Flip charts have been designed in such a way that they can sit on any surface such as a stone, plank, chair or table. They can also be hang up on a tree, wall or board. Always remember to take care not to hurt trees when you use them to serve this purpose.

- Draw the attention of the participants to the teaching/learning material.

- Allow a few moments for the participants to observe the teaching/learning material. Let them talk about it amongst themselves.

- Draw the participants' attention to what you want them to look at. Using the teaching/learning material, explain and make clear the messages you intend to communicate. Start from general ideas and move to specific details that further clarify the learning points. Do this by asking questions, drawing participants attention to specific parts and by building on the responses got from participants.

- Give participants time to relate the learning points to real life situations in their communities.

- Guide participants to discuss ways the lessons learnt could be put into practice to make the desired change in the every day life of the families and communities where the participants come from.

**Using small pictures and photographs**

If the teaching/learning materials you have made or collected are too small to be seen from a distance, display them on a table, mat or clean ground. Call participants to come
sit or stand where they can see them clearly. Use these in the same way as described above for the big teaching/learning materials.

**Chalkboards**

A chalkboard is a very useful teaching/learning aid. The main advantage of using a chalkboard is that one can write, draw and rub and use the same space for different purposes. In case you are running the training/sharing sessions at a school or a children's center which has a chalkboard make use of it. Use it to draw simple pictures and to display posters and charts and in other ways you consider appropriate.

But never write notes on the chalkboard like some teachers sometimes do for children to copy. Even those parents who know how to read and write very well do not have to copy notes. Instead refer them to the Parenting Enrichment Manual and the Parenting Enrichment Reader written in the languages they are able to read.

Flip Charts, posters and other forms of pictures and illustrations also have some great advantages. You can fold your charts and move with them to facilitate sessions in different places. Once you have Flip Charts, posters and other forms of pictures and illustrations you can use them several times and with different categories of participants. They are more permanent than the work on a chalkboard, which is rubbed to create space for other work.

Always try to use a variety of teaching/learning materials to enrich training/sharing sessions.”

**SECTION 4**

**COMMUNICATING MORE EFFECTIVELY**

**Introduction**

“A good facilitator communicates well. Communication means passing a message from one person (or group of persons) to another. Communication can take many forms (talking, drawing, making gestures, etc). In the Parenting Enrichment Programme, good communication is very important. However, not all of us are good communicators! We therefore need to think of ways to improve our communication skills.

This Section proposes some of the skills you need to improve in order to increase your effectiveness when working with parents, other child caregivers and community members.

**Content coverage**

- Observing to learn
- Listening to learn
• The appreciated speaker
• Sending messages through body language
• A few tips on working with different groups
• A few tips on getting information through talking with parents, other childcare providers and community members.

Objectives

By working through this Section you will be able to help those you are training to:

• Learn more and better from situations, individuals, groups of people, and community members in order to add value and provide appropriate guidance.
• Make more families and communities achieve the Parenting Enrichment programme goals and objectives and improve the quality of care for children.

Essential communication knowledge and skills

Observing to learn

Observing is different from seeing. For example, we may see with our eyes, but not with the view to understand the meaning of what we see.

So be watchful. Try to understand what you see. Observe the way the community, the families, and institutions care for young children. Knowing more about the community will make you a better facilitator in different ways.

Listening to learn

Listening is more than hearing, just like observing is more than seeing. We may hear many things without understanding what is being said. Effective listening involves understanding of what the person thinks (the mind). Understanding what the person feels (the heart). Understanding what the person wants to do (the will). Communication is a two way process. Adults come to training/sharing sessions with lots of knowledge.

- Give them time to say what they want to say.
- Be ready to learn from what they are saying and build on it.
- Encourage them to do more and even better what they are already doing well.
- Draw their attention to areas they need to improve.
- Add value by providing new knowledge and skills they need in order to further improve their parenting behaviour, attitudes and practices.
Some tips on how to encourage parents, community members and other childcare providers to say more

Assure the speaker that you are interest in what is being said

You can encourage people to speak by doing some of the following: a conversation or meeting. Nod your head in agreement, using facial expressions. Do less talking and encouraging participants to talk more.

Assure the person/s you are communicating with that you have interest in what is being said or talked about and that you understand what is being said. You can achieve this by using expressions such as: 'Aha!' 'I understand'. 'I do not quite understand'. 'I was not aware of that'. 'I see!' 'That must have been very rewarding'. 'Sorry, that must have been very depressing'. Laugh when partners say something interesting, showing that you are sad when they tell a sad story.

- **Use door openers**

You can encourage communication through asking questions such as: Why is that? How come? When did it happen? Who did it? Where? What do you do when that happens? All these and others encourage participants to say more.

- **Paraphrasing**

You can also say what has been said by using other words. This helps to make sure you understand what has been said. It also informs the person who is communicating with that you have understood what he/she is talking about. 'Have you said that you set out to go to the well before the sun was out and came back when it was overhead?'

Listen and listen.
Listen and listen again.
Listen to different voices.
Listen to parents and others who provide care.
Listen to voices of the children they care for.
Listen to learn and to provide appropriate guidance.

The appreciated speaker

We communicate better when we use simple words and correct expressions. Try not to use language that will put people off. Avoid not to be misunderstood. And do not be arrogant.

Be simple!

Be clear!
Be straightforward!

This will require you to think about how best you can say what you want to say, and how to say it in a few words to the groups of parents, other childcare providers and communities you are working with. Saying unnecessarily too much in uninteresting or arrogant ways will make your listeners bored.

The disliked speaker

Undesired verbal communication involves the following:

*Giving orders:* 'You sit over there and listen.'

One would probably not feel respected when ordered like this. A facilitator does not have to order parents and other community members to get things done. Explanations, persuasion and polite requests serve better.

*Threatening:* 'If you do not come for the meeting on Saturday, you will not get any help from us. We will also never come to your village.'

How would you encourage participants not to miss training/sharing sessions or important community meetings?

*Moralising:* Is this what you have been doing with all you have learnt about nutrition? I can see your children are well cared for! Their stomachs are full, their hair yellowing and noses running.'

If you visited a family and you made this observation, how would you talk about such a situation? What steps would you take to help this family?

*Criticizing:* 'You said you went for a course in primary health care but have no latrine! Look at the plates your children are eating from!'

Such criticisms may never be helpful. They lower one's self-esteem and they destroy confidence. How would you go about a related situation?

*Advising:* 'Now what you need to do is just feed these children on .....'

This assumes that the parent or caregiver one is talking to is ignorant. Doing it this way does not take into account what people already know, what they can and cannot do.

You should always try to lead people towards identifying solutions to their problems. They know their situation better than anyone else. How would you handle a situation of this nature?
Using body language to send messages

Our bodies speak to those around us. Unfortunately, sometimes what we say with our bodies is not what we want those around us to hear!

Facial expressions

By looking at faces we can tell how people feel. Can you tell how the people below feel? Always try to make sure that your face says what you want parents, childcare providers and other members in the community to hear!

Hand movements

Our hands help us a lot in communication. Can you tell what the people below are saying? Always remember to use your hands to say what you want them to say.

Dressing

The way we dress says something about who we are. Two persons below are dressed in a way that may not project a good image in relation to the work of Parenting Enrichment Programme facilitators. Can you identify them? Always remember to dress in a way that says who you are!

Body posture

The way we sit or stand shows our regard for those around us. Two pictures below show persons who have a poor body posture. Which ones? You should always sit and stand in ways that communicate respect to the group you are working with.

Tips on communicating effectively when working with different groups

A few tips on working with mixed groups

At times you might arrange to work with mixed groups on a community project. A mixed group could include men, women, youths, the elderly and children. Try to encourage all to participate. If you find that this is not helping, you should either break up into smaller groups or go into focus groups.

Focus groups
A focus group is a group of members who have one or two things in common that may be of interest to the Parenting Enrichment Programme. Because of the already existing common interest which the members share, such groups are easier to work with. It could be a group of mothers, youths, a group of maids that look after young children while their parents are away, a group of fathers who only get to their homes for the weekends, and many others.

**A few tips on how to communicate effectively in groups**

- Be prepared. Know what you want to focus on and how to do so.
- Be simple and clear.
- Be respectful.
- Do not let a few individuals dominate the discussion or other activities. Try to involve even the quiet people who may not easily volunteer to say anything.
- Respect all contributions.
- Be very observant of the reactions of people to the different contributions.
- Be attentive to the background whispers.
- Use pictures, other forms of illustrations, real objects, real life examples and gestures to further clarify your explanations.

**A few tips on gender differences**

Of course, we cannot generalize for all men and women, but they sometimes share some common characteristics in their communication style.

- Men will often try to show that they know more and expect more recognition and respect. They may like to show status and also their independence. They may want to assert their opinions strongly and, when challenged, especially in public, they may feel that their status has been undermined.

- Women, on the other hand, will often seek support and want to consult before making up their minds or reaching decisions. Women will often make proposals, without appearing very sure at the beginning: 'Which way should we go?' they might ask.

- While men might want to express their opinions very strongly in statements such as 'This is the way', they might say, women often compromise when they sense conflict: 'Okay, let's go your way', while privately, they may doubt: 'But I do not remember the road having so many turns!'

As a facilitator, it is useful to keep these characteristics in mind when working with women and men. Help women to assert themselves, for example, by giving them time and space to express their opinions. Helping men to appreciate other people's opinions will make the discussions more balanced, satisfying and rewarding.
A few tips on working with children

- Young children enjoy discovering new things. Make sessions an adventure.
- Young children enjoy a good laugh. Make the sessions exciting and fun for them.
- Young children have very active little bodies. Do not keep them in one place doing the same activity for a long time.
- Young children are frank. They will let you know what their parents told them never to tell.

'I would have told you that father eats all the meat and we share the soup, but I will not because Mum will beat me'.

- Young children are easily intimidated. Do not threaten them.
- Young children trust easily. Do not betray their trust! They may not forget as easily.

A few tips to use on information seeking missions

In order to learn more about parenting behaviour, practices and attitudes in the community you are serving, you will need to talk with and learn from people in the community. You will also need to share views with different categories of people in the community during the follow up visits to find out if the training/sharing sessions and other programme activities are creating desired impact.

Below are some useful tips to remember when talking with people on missions to learn and know more about the community, to assess, or evaluate the impact the programme has on the families and communities you are working with.

- Be prepared.

  Know what kind of information you need and how you intend to use. Have ready a few well thought out questions that you will ask to get the information you are looking for.

- Explain the purpose of your visit or the meeting and inform individuals or groups of people how the information derived from the visit or meeting will be helpful to the Parenting Enrichment programme.

  Use simple language. Be brief and focused. Lengthy explanations are not necessary.

- Observe and listen.
The moment you enter the community observe the people and other things such as their activities and resources. Listen to songs, conversations, arguments and comments. These will help you to know and understand some of the things people may never talk about. This kind of knowledge and experience can also be used to confirm what you might be told during the conversation or meeting with individuals or groups of people.

- Don’t write much, just jot down the main points.

Jot down the main points during the meeting and make full notes soon after. Writing details can make some people suspicious. It breaks the flow the conversation. It takes a lot of time and can bore those you are sharing with.

- Watch your body language
  - Be friendly in words and actions.
  - Stay calm and respectful. Never get too emotional.
  - Be flexible.

- Start with something the person or group you are sharing with know well about.

- Ask questions in such a way that moves the conversation or meeting from giving general information to specific details.


- If you have other people working with you never contradict each other in the team, before the group you are sharing with. You force them to take sides.

- Always thank people for the information, ideas and time.

**A few tips to use when planning and presenting talks to audiences**

A well planned talk always falls into three sections:

- The beginning
- Middle/main part
- Ending/summing up and conclusion

It is important to pay as much attention to the beginning and ending as to the main teaching/sharing points.

*Beginning/introduction*
• Begin with some particularly interesting aspect of your topic. Avoid beginning with a question, it might get an unexpected answer.
• Let the audience know as early as possible what you are going to talk to them about. Tell them what to expect. Generally, the shorter, and the simpler the better. "My talk is going to be about…… Secondly, explain why your talk is important. That is why they should listen. Thirdly, give them an idea of how you intend to present your talk. " I am going to talk about……First, I will explain why…… Then I shall ……..Next, I will….. and finally I shall round up by suggesting what actions, I think we might consider as a means to improve……"

Middle/Main body

This is the meat of your presentation.

• Make sure you cut it into bits the audience can understand.
• Chew over each one thoroughly before moving on to the next. However, do not fall into the trap of saying too much.
• Tell them only what they need to know. Too many facts and too many ideas may not be necessary for the audience you are addressing.
• Throughout your presentation, handle one aspect at a time and let the audience know when you have finished with one aspect and are moving on to another.
• Present the ideas in a way that makes a good flow or sequence.

Ending /summing up

• Round up the major points and ideas but without repeating the presentation you have already made. Remind the audience, why the topic you have been sharing with them is important and relevant to them.
• Use the question time to find out the depth of your listeners' understanding and commitment. Invite questions and listen, and read between the lines. Questions often reveal the extent to which people did understand or hear the messages you thought you had delivered very clearly.
• Respond and explain but without embarrassing the person who has asked the question. Do not use question time to give another presentation/talk. Answer the questions and let some others be answered by some members in the group.

Conclusion

• What above all will the audience remember of your presentation? Pull together and link the questions and answers to the main points-the key messages in the
presentation. Leave the audience in no doubt about the key messages. Finally thank the audience for listening.
APPENDIX IV: PROGRAMME OF A WORKSHOP

TO FURTHER DEVELOP AND PLAN IMPLEMENTATION OF THE PARENTING
ENRICHMENT INTERVENTION AND THE COMMUNITY CAREGIVER
OUTREACH SERVICES

JULY 27 – 31, 2003

The programme

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Activity</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>Sunday, July 27</td>
<td>• Arrival and registration of participants</td>
<td>ECCE Panel Member</td>
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<td></td>
<td>• Receiving key workshop documents, stationary, etc.</td>
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<tr>
<td>Monday, July 28</td>
<td>• Opening remarks and purpose of the workshop</td>
<td>Musa Naib, Director General of General Education and</td>
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<td></td>
<td>• Participant expectations</td>
<td>Chairperson of EIECD</td>
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<td></td>
<td>• The context and implementation of the ECD KG and CCG and Parenting Enrichment strategies</td>
<td>Technical Support Committee</td>
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<td></td>
<td>• Project expectations/Why the CCG and KG and Parenting Enrichment in the implementation of ECD project.</td>
<td>Abeba Habtom, ECCE Panel Members and ECD Consultant</td>
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<tr>
<td></td>
<td>• Sharing experiences of progress and challenges made by different Zobas</td>
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<td>Date &amp;Time</td>
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<td></td>
<td>- Non-formal ECCE/ECD provisions</td>
<td>Abeba Habtom and Consultant</td>
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<td>- The concept of non-formal ECCE/ECD provisions for children</td>
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<td>- Some reasons why some countries are using both formal and non-formal strategies</td>
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<td>- Characteristics of successful non-formal ECCE/ECD interventions for children</td>
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<td>- Examples of non-formal ECD interventions used in different countries</td>
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<td>- Identifying common characteristics in the sample interventions</td>
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<td></td>
<td>- Reaching out to more children and parents through the proposed community caregiver strategy that includes outreach services for children and parents</td>
<td>Abeba Habtom, ECCE Panel Members and Consultant</td>
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<td></td>
<td>- Current roles and responsibilities of the community caregiver</td>
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<td>- Recommendations to further develop the community caregiver strategy that includes outreach service as a means to reach more children and parents and how these could be</td>
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<td>Date &amp; Time</td>
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<tr>
<td>Tuesday, July 29</td>
<td>organized</td>
<td>Abeba Habtom and ECD Consultant</td>
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<tr>
<td></td>
<td>• The Parenting Enrichment strategy as a means to reach out to more children and parents</td>
<td>ECCE Trainers at ATTI, Heads of Health &amp; Nutrition (MOH) and Head of Child Affairs (MLHW)</td>
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<tr>
<td></td>
<td>• The Parenting Enrichment Manual as the major tool for the outreach service for parents</td>
<td>Group Leaders</td>
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<td></td>
<td>• Goals and objectives, essential knowledge and skills, content coverage, and organization of content</td>
<td>Abeba Habtom, ECCE Panel Members and Consultant</td>
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<tr>
<td></td>
<td>• Familiarizing with the Manual – group work</td>
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<td>• Sharing and receiving feedback – plenary</td>
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<td></td>
<td>• The Parenting Enrichment Facilitators’ Guide</td>
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<td>• Goals and objectives</td>
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<td>• Essential knowledge and skills, content coverage, and organization of content</td>
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<td></td>
<td>• Familiarizing with the Facilitators’ Guide focusing on methodology in relation to content in the Manual – group work</td>
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<td>Date &amp; Time</td>
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<td></td>
<td>• Sharing and receiving feedback – plenary</td>
<td>Group Leaders</td>
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<td></td>
<td>• Getting ready to use the Parenting Enrichment and Facilitators’ Guide</td>
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<td>Group work:</td>
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<td></td>
<td>• Associating methods in the Facilitators’ Guide with content in each of the 8 sections</td>
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<td>of the Parenting Enrichment Manual</td>
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<td></td>
<td>• Familiarizing with specific methods and techniques for each of the 8 sections of the</td>
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<td></td>
<td>Parenting Enrichment Manual through micro-teaching technique</td>
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<tr>
<td>Wednesday</td>
<td>• Continuation of the above activity – getting ready to use the Parenting Enrichment</td>
<td>ECCE Panel Members and ECD</td>
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<tr>
<td>July 30</td>
<td>Manual and Facilitators’ Guide – content and methodology</td>
<td>Consultant</td>
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<td></td>
<td>• Group presentations at plenary and further enrichment by the plenary</td>
<td>Group Leaders</td>
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<td></td>
<td>• Developing work plans to pilot the Parenting Enrichment Strategy</td>
<td>Group leaders</td>
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<td>Group work:</td>
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<td>Date &amp;Time</td>
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|                 | • Identifying context-appropriate ECCE/ECD outreach activities for parents for Zobas to pilot  
                   • Discussing and reflecting on how to organize the community caregivers’ time in order to incorporate the Parenting Enrichment program activities and outreach ECD for children with the existing centre-based community caregiver model  
                   • Developing possible work plans including objectives, target groups, facilitators, activities, resources needed, time-frame and success indicators | Group leaders                    |
| Thursday 31     | • Reviewing and reflecting on progress made on developing work plans  
                   • Sharing progress made through group presentations followed by discussion                                                                                             | Abeba Habtom, ECCE panel members and consultant  
                   Group leaders                                                                                         |
<table>
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<tr>
<th>Date &amp; Time</th>
<th>Activity</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>Friday, August 1</td>
<td>• Discussing the way forward</td>
<td>Group Leaders and All Facilitators</td>
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<tr>
<td></td>
<td>• Closing of the workshop</td>
<td>Director of Child Affairs, MLHW</td>
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<td></td>
<td>• Refreshments and departure</td>
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APPENDIX V: MOE/ECD STAKEHOLDERS WORKSHOP

MINISTRIES AND SELECTED PARTNERS CONSENSUS BUILDING WORKSHOP
ON PARENTING ENRICHMENT STRATEGY

This workshop took place on May 12, 2003 at the Confederation of Eritrean Workers Union Auditorium. It served as the last of a series of workshops to refine and finalize the Parenting Enrichment Manual and Facilitators’ Guide.

Purpose of the workshop

This workshop brought together the ECD Stakeholder Ministries and selected partners to further reflect on and finalize the draft Parenting Enrichment Manual and Facilitators’ Guide before it could be translated into the various mother tongues.

Target group

Twenty-two stakeholders participated in this workshop. These represented:

- ECD Project Coordinating Office
- NGOs working in the interest of children and their families
- community-based organizations
- village-level administration committees
- Community Children’s Centre Parents’ Committee members
- Zoba Maekel Education Administration and Supervision and Adult Education Division
- National Union of Eritrean Women
- National Union of Eritrean Youth and Students
Community Caregivers trained by the MOE/ECCE

**A summary of some of the recommendations of the workshop**

There was evidence that circulation level had been reached. Most of the input by the workshop resembled with input by three previous stakeholders’ workshops during March and May. Participants appreciated Parenting Enrichment strategy as a way to reach more children, especially those of the age below three years. They found content in the Manual to be inclusive and the methods to be appropriate for use with adults. Among other things the workshop recommended that implementation should build on existing strengths such as:

(i) Physical facilities (the Rural Children’s Centres, Elementary and Junior schools as venues, during the time these institutions are not in active use)

(ii) Making Parenting Enrichment content part of the content of the Adult Education curriculum

(iii) Using human resource found in the community to facilitate the sessions (e.g., extension workers of the stakeholder Ministries and ECD partners – community caregivers, traditional birth attendants, health workers and nutrition agents, malaria agents, growth monitoring promoters, adult literacy educators, National Union of Eritrean Women and National Union of Eritrean Youth and Students)

(iv) Clustering communities into units and forming and training integrated teams of facilitators to deliver the Parenting Enrichment curriculum. This approach would need a sub-Zoba co-coordinator and an assistant at the village cluster.
(v) Using Adult Education radio listeners group methodology to reach out to more parents.
APPENDIX VI: MOE WORKSHOP TO PLAN THE WAY FORWARD
FOR THE NON-FORMAL ECD/ECCE STRATEGY

The MOE/ECCE Panel organized two workshops at the General Education Auditorium and MOE Head Office Resource Centre on March 6, 7 and 8.

Objectives of the workshops

The workshops were planned to bring together MOE key stakeholders to:

- Reflect on the status of the MOE ECCE Community Caregiver strategy as a means to reach out to more children, parents and communities in the development and provision of ECCE/ECD.
- Discuss and recommend the way forward.

Participants

Twenty-six senior staff of the MOE headquarters ECD stakeholder divisions participated in the first workshop that took place on March 6 at the General Education Auditorium. This was immediately followed by a second workshop with similar objectives. The second workshop involved twenty three participants including General Directors, Directors and senior staff from the MOE headquarters and Zobas and a few ECD project partners.

Facilitators

The first workshop was facilitated by Abeba Habtom, Head of MOE/ECCE Panel and Dr. Edreda Tuwangye, MOE/ECCE/ECD long-term ECD consultant, while the second workshop included eight more facilitators, namely Musa Naib, Director General of General Education and Chairperson of ECD Technical Support.
Committee, Abraham Ressom, Director Curriculum Division and six Zoba Education Directors.

Focus of the two workshops

The two workshops:

- Attempted to define and further clarify the concept of non-formal basic education and non-formal ECCE/ECD provisions for children.
- Highlighted some of the reasons why some countries choose to use both formal and non-formal approaches to provide basic education and ECCE/ECD for children.
- Described characteristics of successful non-formal basic education and non-formal ECCE/ECD for children and parents.
- Demonstrated characteristics of successful non-formal basic education and ECCE/ECD provisions with examples of programs and interventions used in different countries.
- Reminded participants why the formal and non-formal strategies, namely, the kindergarten and the Community Caregiver ECD project components, were considered viable in the Eritrean context.
- Shared findings and recommendations of the MOE/ECCE/ECD Needs Assessment Study that was done during the period of March to May 2002.
- Reported current status of the Community Caregiver strategy in the six Zobas focusing on the achievements and challenges experienced in the development and implementation of this component.
• Created an opportunity for the stakeholders to come together to further enrich the Community Caregiver strategy, propose the way forward and specify actions to be taken.
APPENDIX VII: A PROPOSED MONITORING TOOL

TO MONITOR PILOTING OF THE PARENTING ENRICHMENT INTERVENTION

(N.B.: (i) Impact assessment will be done at a later stage with an impact assessment tool. (ii) The possible methods written in italics are the methods the ECCE Panel Members will use when monitoring piloting of the Parenting Enrichment Intervention.)

1. Preliminary information

(i) Name of the Community Caregiver (CCG) .................................................................

(ii) When did you train to become a Community Caregiver?...........................................

2. Reaching out to parents

(Possible methods: Interview/discussion with CCG; observation of the process of parent CCG interaction and sharing/teaching and learning process; talking to, observing and listening to parents; looking at attendance records; looking to see suitability of venue; asking questions to find out suitability of frequency of sessions and time allocated to each session – does the arrangement suit parents? etc.)

(i) Have you started conducting some classes for Parenting Enrichment?....................... ...........................................................

If you have started conducting Parenting Enrichment activities:

(ii) How many parents are you catering for?.................................................................

(iii) Do you meet the above number of parents as one group on the same day at the same time? ..................................................................................................................
(iv) If you meet groups of different parents on different days or at different times, please explain: ........................................................................................................................................................................

<table>
<thead>
<tr>
<th>No. of Groups</th>
<th>No. of parents in each group</th>
<th>The number of times in a week you meet each group</th>
<th>The number of times in a month you meet each group</th>
<th>Time you spend with each group</th>
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<tbody>
<tr>
<td>Group 1:</td>
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<tr>
<td>Women</td>
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<td>Group 2:</td>
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<td>Women</td>
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<td></td>
</tr>
</tbody>
</table>

3: Availability of Parenting Enrichment program materials

(Possible methods: Interview/discussion with the CCG; requesting to look at some of the materials; observing what takes place during the sessions; observing parents’ participation in discussions, group work, etc.; observing availability and use of enabling resources, etc.)

(i) When did you receive the following curriculum materials?

| Resource material | Date when translated copy was received |
Parenting Enrichment flip charts:

(ii) Have you received all the charts? ..............................................................

(iii) How helpful are the charts in the teaching/sharing/learning process? .............
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

4. Scope of the Parenting Enrichment Manual (*Interview/discussion)*

<table>
<thead>
<tr>
<th></th>
<th>All of them</th>
<th>Most of them</th>
<th>A few of them</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Are the topics about things/situations parents can benefit from?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Are the topics about issues of concern regarding childcare and development in Eritrea?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) Are the topics about things/situations parents are interested in?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) Do you find content in topics well sequenced (e.g., from what parents know to what they do not know or from simple to difficult)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v) Is the work given in the Parenting Enrichment Manual adequate for your group of parents?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(vi) Are there some topics you would wish to see added or left out? ........................................
................................................................................................................................................

(vi) If some of your answers to the above suggest a need to improve the topics, please identify and propose what could be added or left out.................................................................
................................................................................................................................................

<table>
<thead>
<tr>
<th>Existing topic(s)</th>
<th>Topics and subtopics that could be added</th>
<th>Topics and subtopics that could be left out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of existing topic(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If a proposed topic already exists, please politely draw the CCG’s attention to it in the Manual so that he/she thinks and adds value rather than duplicate what already exists. Remember that CCGs are not yet familiar with the Manual and the recommended methods and techniques.)

**5: Methods and techniques**

*(Possible methods: Interview/discussion with the CCG observation of the process of teaching and learning; talking to, observing and listening to participants as they work, etc.)*
(i) Do the methods and techniques used encourage and provide for:

<table>
<thead>
<tr>
<th></th>
<th>Adequately</th>
<th>Satisfactorily</th>
<th>Minimally</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement of parents in the learning process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A variety of learning experiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(ii) Are there methods and techniques, activities, teaching/learning aids recommended for use that you are not very conversant with and with which you need help?

<table>
<thead>
<tr>
<th>Methods and techniques</th>
<th>Activities the CCG is not very conversant with</th>
<th>Teaching/learning aids the CCG is not very conversant with</th>
</tr>
</thead>
<tbody>
<tr>
<td>the CCG is not very</td>
<td></td>
<td></td>
</tr>
<tr>
<td>conversant with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Organizing and conducting activities

*(Possible methods: Interview/discussion with the CCG; observation of the process of interaction; talking to, observing and listening to participants during the sessions, etc.)*
(i) Are there activities that you (CCG) have found very difficult to organize or conduct? Please specify:

<table>
<thead>
<tr>
<th>Activities found most difficult to organize and conduct</th>
<th>What makes the activities most difficult to organize and conduct?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities found easiest to organize and conduct</td>
<td>What makes the activities easiest to organize and conduct</td>
</tr>
</tbody>
</table>

(ii) How easy do you (CCG) find organizing and conducting the following activities?

<table>
<thead>
<tr>
<th>Category of activity</th>
<th>Very easy</th>
<th>Easy</th>
<th>Pretty difficult</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities that require parents to sit and listen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities that require parents to do set work in small groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities that require the CCG to organize and bring in a resource person such as a health worker to talk to the parents about health and hygiene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities that require parents to be involved in discussions/talking and expressing themselves (e.g., talking about their experiences and suggesting what could be done to improve current practices, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Category of activity

<table>
<thead>
<tr>
<th>Very easy</th>
<th>Easy</th>
<th>Pretty difficult</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities that involve drama as a method of teaching and learning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activities that involve use of song as a method of teaching and learning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(iii) Please comment on how often you use the following methods:

<table>
<thead>
<tr>
<th>Method</th>
<th>Most often</th>
<th>Often</th>
<th>Least often</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecturing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group teaching/learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drama</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Song</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using resource person</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(iv) If the answer is “least often” and “not at all” for any of the methods, please explain why the situation is like that.

...............................................................................................................................................
...............................................................................................................................................
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...............................................................................................................................................
7. Parents’ participation

(Possible methods: Interview/discussion with CCG; observation of the process of teaching and learning; talking to, observing and listening to parents and CCGs as they work; observing availability and use of enabling resources, etc.)

(i) How many of the topics have you completed with your group of parents?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Topic</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(ii) What activities are of great interest to parents?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Topic</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(iii) What activities are of least interest to parents?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Topic</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

(iv) Do most of the parents attend regularly? .................................................................

(v) If they do not please explain what might be stopping them from attending regularly. ..................................................................................................................................................................
(vi) What could be done to increase attendance?

8. **Level of CCGs understanding of the content of the Manual and methods to use**

Please comment on how easily you read and understand content in the copy of the Manual that has been translated into your mother tongue/area language:

<table>
<thead>
<tr>
<th></th>
<th>Easily</th>
<th>Satisfactorily</th>
<th>With difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **Support by partners of ECD**

(Interview/discussion, requesting to look at evidence of work.)

(i) Have you identified some partners to help with some topics and sessions?

(ii) If you have who are these partners?

(iii) Please explain how these are helping in the program.

(iv) In what other ways could the partners help in this program?

(v) If no partner is participating in this program please explain the reason.
(vi) How could partners’ participation in the Parenting Enrichment program be stepped up?

10: Formatting of the final copy of the Parenting Enrichment Manual

(Possible methods: Interview/discussion.)

What you are using now is a pilot copy. The final copies the Parenting Enrichment Manual will include pictures, diagrams and other forms of illustrations, and will use different colours for different content.

Please suggest other things you would like to see in the Parenting Enrichment Manual that may improve them.

11. Other suggestions to further improve and enrich the Parenting Enrichment program of activities.

(Possible methods: Interview/discussion.)

Please provide any other suggestions that could be used to further improve and enrich the Parenting Enrichment program.