

REPUBLIKA Y' U RWANDA



INTEGRATED ECD MODELS GUIDELINES

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ACCRONYMS AND ABBREVIATIONS

ECD:	Early Childhood Development
NECDP:	National Early Childhood Development Program
SEO:	Sector Education Officer
SEDO:	Social Economic Development Officer
DPEM:	District Plan to Eliminate Malnutrition
SPEM:	Sector Plan to Eliminate Malnutrition
CPEM:	Cell Plan to Eliminate Malnutrition
VPEM:	Village Plan to Eliminate Malnutrition
CHW:	Community Health Worker
IZU :	Inshuti z'Umuryango
MIGEPROF:	Ministry of Gender and Family Promotion
UNICEF:	United Nation Children's Fund
NST1:	National Strategy for Transformation ¹
EDPRS II:	Economic Development Poverty Reduction Strategy
FBO:	Faith Based Organisation
NGO:	Non-Government Organisation
REB:	Rwanda Education Board
IGA:	Income Generating Activities
MINALOC:	Ministry of Local Government
MoU:	Memorandum of Understanding
ANC:	Antenatal Care
PNC:	Postnatal Care
VSL:	Voluntary Saving Group
EPW:	Expanded Public Work
CPW:	Classic Public Work

INTRODUCTION

Rwanda recognizes early childhood development as one of the pillars of human capital development and sustainable development. Early Childhood Development (ECD) refers to a comprehensive approach to policies and programs for children from 0 to 6 years of age, their parents and caregivers. Lifetime behavior patterns are formed during this period when brain development is most active. As such, what happens or does not happen during these early years of a child's life, influences their growth and development outcomes as well as opportunities in adulthood. As children acquire the ability to speak, learn and reason in early years, cornerstones are laid and later affect their orientation to development and thriving in life.

Investing in the early years is one of the smartest investments a country can make to break the cycle of poverty, address inequality, and boost productivity later in life. Today, millions of young children are not reaching their full potential because of inadequate nutrition, lack of early stimulation and learning, and exposure to stress. In Rwanda 38% of children are stunted, which hinder their future productivity and the productivity of our nation. Investments in the physical, mental, and emotional development of children –from before birth until they enter primary school – is critical for the future productivity of individuals and for the economic competitiveness of nations.

Considering the value of ECD, the Government of Rwanda developed a comprehensive ECD Policy (2016), Food and Nutrition Policy (2013-2018) and other child development related policies, offering government orientation on interventions to support children's full physical, cognitive, language, social, emotional and psychological development. The policy is aligned with renewed government commitments under the EDPRS II (2013-18), the National Strategy for Transformation (NST1) (2017-2023), Sustainable Development Goals (SDGs) related to ECD Services and the revised Vision 2020 targets on ECD.

To provide a good start to our children, Rwanda has planned to increase the access to ECD services from the current 13% to 45% in 2024 by constructing model ECD Centers countrywide. Similarly, it intends to reduce stunting from 38% to 19% during the same period.

The country envisions to scale up quality and integrated ECD services to village level. To reach this target, all stakeholders need to have common understanding on what, how, when and where ECD services are implemented. Therefore, this document highlights key ECD models and will guide all service providers implementing ECD program in Rwanda.

KEY DEFINITIONS

In this document, the following terms have the following meanings:

- a) **ECD (Early Childhood Development):** refers to the sensory-motor, social-emotional, and cognitive-language Development changes through which a child undergoes during their early years of life from conception to 6 years, as well as support that caregivers need to provide childcare.
- b) **Family:** a group of persons related by kinship, law or marriage; it may include parents, children, their descendants and in-laws;
- c) **Home based ECD:** An informal center where a group of neighboring households designate one home to serve as a center for children's, aged between birth to three years, for early learning during the day as they wait for the parents to come and pick them at the end of their day's work.

Children aged between 3 to 6 can attend a home based in case there is no nearest Center Based ECD.

- d) **Center based ECD:** An early learning and development center where children from 3 to 6 years are sent to undergo sensory-motor, social-emotional, and cognitive-language development support as well as training on school readiness by experienced caregivers.
- e) **Community based ECD:** An "improvised center" normally arranged by members of the community where temporally structures belonging to other owners are turned into learning areas for young children.
- f) **Model ECD Center/ Center of Excellency:** Any facility that meets all required standards; appropriate infrastructure, qualified caregivers, sufficient play and learning materials and use of appropriate curriculum, and provide the services in an integrated form including a parenting education program.
- g) **Pre-primary Education:** An initial stage of organized instruction under education system, designed primarily to introduce young children up to 6 years of age to a school type environment, providing a bridge between home and school based atmosphere.
- h) **Caregiver:** Person in charge of attending to the body, health, nutrition, emotional, social, language and intellectual development needs of a child, including parents, family members and other persons accorded with such duties.
- i) **Care:** The attention to body, health, nutrition, emotional, social, language and intellectual development of a child throughout their childhood.

- j) Integrated ECD Services:** Integrated ECD services include, but not limited to, the following activities: (a) early learning and stimulation, (b) medical check-ups, (c) child growth monitoring (d) birth registration control, Protecting children from any abuse and neglect (e) provision of meals, (f) parent education program, (g) sensitization on Water, hygiene and sanitation (h) sustainability strategy, (I) Early disability and Special Needs detection and referral.

TARGET GROUP

In developing this integrated ECD Modal guidelines, we are targeting the following audience:

- Partners working on ECD
- Local Leaders and other government entities
- Religious Leaders
- Caregivers and Parents Leaders

TYPES OF INTEGRATED ECD MODELS

In Rwandan context, the following are types of ECD Models we are promoting to scale up ECD services up to the village level:

- Family based ECD services
- Home Visitation ECD services
- Home Based ECD Model
- Community Based ECD Model
- Center Based ECD Model
- Model ECD Center/ Center of Excellence
- Health Facilities based ECD services
- Workplace ECD Services

REQUIRED STEPS OF ESTABLISHMENT ECD MODELS

1. FAMILY BASED ECD SERVICES

By definition, a Family is a group of persons related by kinship, law or marriage; it may include parents, children, their descendants and in-laws. Parents and other adult family members are the first Guardians, Caregivers, and most impactful role Model for their children.

Children learn from conception and will copy behaviours, values and attitudes that Parents and other members of the family show through their action; good or bad. Love and support are the foundation of the family; no matter is the size or the shape of its members nor social economic status.

Mother and father are responsible in their holistic child development, and each bear full and equal responsibilities in delivering ECD integrated services including early learning and stimulation, medical check-ups, child growth monitoring , birth registration, protecting children from any abuse and neglect, provision of balanced meals/diet, positive parenting, ensuring hygiene and sanitation, inclusiveness and early detection of disability and Special Needs, care and referral to service providers.

2. HOME VISITATION

Home visitation refers to an integrated ECD service delivery model where caregivers conduct outreach visits to children and/or families that cannot access ECD facilities due to various reasons including young age of the child (**0-3**), difficult landscape. Home visitation can also be done to monitor ECD services delivered outside of the Center.

In Home visitation ECD program, the target group is composed of pregnant women (from conception) lactating mothers and families with children under 6 years of age grouping matters. Remember children with disabilities and other special needs are not excluded in such a setting. The purpose of the home visitation is to help parents improve their nurturing and parenting skills and to assist them in the use of the home as the child's primary learning environment. The caregivers must work with parents to help them provide learning opportunities and the appropriate care that enhance their child's growth and development.

Home visitation can be done by: ECD caregiver, a Community Health worker, Friend of Family (IZU), Local leaders and other community based volunteers.

Required attitudes for a home visitor:

Being from the community, communicate well, understanding integrated ECD services, be punctual, respect the audience, being confident, using participative method.

Steps to home visitation:

- ◆ Greet the family members
- ◆ Create a good relationship and confidence

- ◆ Introduce the topics and discuss in accordance to ECD package
- ◆ After discussion, take actions together with family member and next rendezvous
- ◆ Follow up of implementation of actions taken

Note: For regular follow up, it is better if a household is visited twice in a quarter and the home visitor carries out a home visitation twice a week.

3. HOME BASED ECD SETTING

Step 1: Introductory meeting

This meeting is between local authorities and community members to understand what, how, when, why and where Home Based ECD programme is needed.

Step 2: Awareness meeting

The one that needs to commence an ECD service is required to meet with the **community members** in target group to explain them the need and the outcome of establishing a home based.

Step 3: Identification of beneficiaries

With the support of village leaders, CHWs, IZU, the service provider (the one that needs to commence ECD program) identify beneficiaries including the following:

- children under Six years of age,
- Pregnant women.
- Lactating women.

Step 4: Selection of Home to host the home based ECD program

With the support of local authorities and the community members, parents themselves will select a home-based ECD programme. The home will then fulfil the following criteria:

- The household head for a home based must be a person of integrity;
- There must be a signed consent form by the family members (Parents and children);
- Fenced, the space shall be child-friendly and clean to allow children to play;
- Have clean water;
- Have a clean toilet;
- Have a clean kitchen;
- The selected home must be approved by local authorities at cell level;

- Have an MoU with the home who will host the children;
- Home which is accessible to children with disabilities and other children with special needs

Step 5: Training of parents' leaders

The selected parents should be trained on the basics of integrated ECD services as per ECD integrated training package and competency based curriculum.

All ECD settings with children aged 3-6 years old must use the Competence-Based Curriculum developed by the Ministry in Charge of Education and Parenting Curriculum and Guides developed by the National Early Childhood Development Program. Competence Based ECD Curriculum will serve as the basis for developing daily play and learning activities to harmonise order in the country.

Step 6: Production and Supply of toys, materials and other needed logistics

Parents should be primarily taught how to produce/make toys and materials using local, affordable and available resources. Local authorities, private sector, FBOs, NGOs and other partners are encouraged to support the home based by provision of toys and learning and teaching materials.

Step 7: Ensuring Nutrition access to Children

The home based ECD center is one of channel used to eradicate malnutrition and stunting in general. A particular attention is put on the provision of meals/or porridge as children spend more than 3 hours in home based ECD so that they can grow well. The parents have to be guided by community health worker in creasing their knowledge on how to prepare the balanced diet. Parents should be mobilised to support in kinds or money on regular basis, per quarter or by agricultural season at harvesting time.

Step 8: Service delivery

The ECD services are offered to young children in a bid to ensure their physical growth, and the development of their cognitive and socio-emotional abilities, all in a safe environment.

In home based ECD, parents provide care themselves to children on rotational basis. However, parents may decide to hire caregivers and services are provided as follows:

- A home based ECD is led by a "Parent leader" selected among parents from households that forms a home-based group;
- Each home-based group puts in place its regulations determining its functioning and management according to ECD minimum standards;

- There must be two parents/caregivers per day per home based group; one carries out care activities; the other ensures the security and hygiene of children. This number may increase according to the number of children to take care of.
- Working hours are set by parents in their regulations.
- The caregivers should check if there is not sick child if found can go to the health facility
- They must use Parenting Curriculum and Guides developed by the NECDP and competency-based curriculum developed by REB.
- Each home based ECD must report to the cell on a monthly basis
- Each home based ECD should be linked with the CHW and IZUs and local authorities as explained in Step 9 for provision of Health monitoring, Parenting sessions, Cooking demonstration and supervision.

The home based ECD should have at least 2 caregivers that care for children at rotational basis and don't exceed 15 children per one home; if the village has more than 15 children, they can establish the new home based ECD.

Step 9: linkages with community volunteers and local authority for monitoring , supervision and data collection.

Different community based volunteers should have a good collaboration. For instance ECD caregivers, CHW, IZU, farmers promoters who work with families should be informed how to visit a household and ways of sharing information regarding ECD.

- ECD caregivers should work hand in hand with CHW for monthly health and growth monitoring of children, family planning and nutrition demonstration sessions for parents;
- ECD caregivers should work closely with IZUs for child protection, monitoring child rights issues, provision monthly parenting sessions on child rights, etc
- ECD caregivers should report back to local authorities on a monthly basis regarding the number of children and parents attending, children with disabilities, children development status, and challenges.
- Farmers promoters should train ECD caregivers and parents on kitchen gardens, vegetable and fruits cultivation, etc
- Local leaders are responsible to coordinate and analyse volunteers' reports for any intervention or support if necessary.

I.7. Monitoring and Reporting.

The parent leader will manage the daily activities of the home based and should report to village leader.

The committee of parents that is in charge of coordination of each home based ECD activities is responsible of managing parents group, responsible of resource mobilization and creating income generating activities (IGA) that will support in meeting children's needs.

The local authorities are potentially indispensable to oversee the centres and to be the overall sight of home based ECD activities.

I.8. Sustainability,

For a strong sustainability, local authorities are requested to own all ECD programmes by monitoring ECD activities regularly, mobilizing resources to support ECD activities, and by mobilizing parents and the community to adhere and support ECD and incorporate ECD in short and long-term plans such as performance contracts, District plan to eliminate malnutrition (DPEM), Sector plan to eliminate malnutrition (SPEM), village plan to eliminate malnutrition (VPEM), home plan to eliminate malnutrition (HPEM). The mitigation of various risks is essential to be considered in building sustainability. Some mitigation measures are the following:

Risks/Challenges	Mitigation measures
Poverty	<ul style="list-style-type: none">• Creation of parents' Saving groups• Contribution in kind at harvest period (maize, Sorghum, soja, etc)• Income Generating Activities (Agriculture project, simple commercial)• Link with social protection schemes under MINALOC• Link with community based organization and charities
Durability of a Home based ECD services	<ul style="list-style-type: none">• Community should be empowered to setup community based ECD programme by upgrading available local facilities (renovation of public houses, churches facilities, etc)
Misunderstanding with the community members (Gossiping and rumors)	<ul style="list-style-type: none">• Apply conflict resolution session by themselves, committee, local leaders and competent authorities.
Quality service delivery	<ul style="list-style-type: none">• Capacity building to caregivers and community members• Develop a smart reporting format• Adapt the curriculum content to meet the level of caregivers and parents.• Regular Child risk assessment every day

4. COMMUNITY BASED ECD SETTING

As defined by the national ECD policy (2016), community based ECD refers to an improvised center normally arranged by members of the community where temporary structure belonging to other owners are turned into learning areas for young children (3-6 years).

Parents who have children under three years will benefit the integrated ECD services through parenting sessions, organized on monthly basis at ECD setting. Community based ECD is one of the 4 models of ECD. It can work at church, school, administrative offices, or at any other public or private building in the community.

The guidelines below intend to inform different stakeholders on how to establish the community based ECD, how to deliver integrated ECD services, how to monitor and evaluate its quality implementation and its sustainability.

Steps of establishing a community based ECD center:

- Raising awareness through sensitization meetings with local leaders (Sector and Cell level);
- Sensitization of community and parents;
- Identification of facilities that could be used in providing ECD services:
 - Existing buildings
 - Available plots (public or private)
- Organize meetings with facilities' owners to negotiate the use of those facilities in ECD;
- Organize a meeting with different stakeholders to conduct needs assessment, discuss the contribution of each party (renovation of existing facilities or construction on new ones);
- Signature of an MoU between parties for clarifying who owns the ECD facility and sustainability of ECD services;
- Meeting with parents and enrolment of children aged 3 to 6 years including those with disability and special needs;
- Accreditation license for new ECD services' providers in accordance with ECD minimum standards (At sector level);

- Election of parent's committee for ECD management and community mobilization. The parents who have children in ECD elect a committee of 7 members (president, vice-president, secretary, treasurer, and 3 advisors) add 2 internal auditors. This committee is elected for 1-year renewable once and should be gender balanced.
- Identification and training of volunteers/caregivers on ECD services delivery;
- Identification and provision of learning materials and ECD equipment;
- Linking Community ECD with community volunteers in charge of Health (CHW), Child protection (IZU), and monitoring and supervision (NWC and NYV) for monthly service delivery and monitoring

Service delivery a community based ECD center:

All quality and integrated ECD services will be delivered by a trained caregiver aged above 18 years old, with no criminal record. And these services are delivered as follow:

Early learning and Stimulation (3-6 years)

Following REB curriculum and NECDP Integrated ECD Training Package, the trained ECD caregiver will help children to acquire knowledge and skills in different learning area including:

- Pre-numeracy, pre-literacy and social-emotional growth using different concrete materials available in children environment like (stones, beans, marbles, pencils, books, etc.) children games, songs, storytelling, etc
- Fine motor and pre-writing skills. These include mark-making, writing, painting, drawing, melding, cutting, etc.
- Develop critical thinking skills by using puzzles, environment exploration exercises, sorting activity (colours, shapes), etc
- Express themselves using all forms of communication (verbal and non-verbal)
- Access a print-rich environment (indoor and outdoor).
- Children with disability and special needs should have access to adapted materials that facilitate their learning process. Those materials include large-print, high contrast, audio materials, tactile materials, braille materials, etc
- Identify and assess disability and special education needs among children in ECD setting for specific support
- Age appropriate separation and cascading grades (baby, middle, top) to motivate different age groups adhere ECD services
- Toys making

To deliver **nutrition services** at community based ECD setting, a trained care giver will:

- Encourage parents to contribute porridge provision, establishment of kitchen garden, participate in cooking demonstration and nutrition education in ECD settings,
- Encourage parents to bring children at ECD for monthly growth monitoring
- Encourage adopt nutrition practices at home: kitchen gardens including vegetables and fruit trees, balanced diet preparation (inkono y'umwana)
- Closely work with community based volunteers (CHWs, IZU, agricultural promoters, etc)
- Close collaborate with the community, private sector and stakeholders for nutrition support to ECD
- Isibo/Itorero

To deliver **health services** at ECD setting, a trained caregiver will:

- Collaborate with community health workers and health services providers in providing health services at ECD settings such deworming, ongera intungamubiri, vaccination, vitamins A,
- Encourage parents to attend parents' education sessions on integrated ECD services, family planning, early detection of disability and special needs, etc
- Conduct early screening of disability and special needs at ECD setting and referral to appropriate services
- In case of emergency (critical illness or accident) the ECD service provider shall contact the nearest health facility to provide emergency health care when needed or use first aid. Details of the arrangement shall be immediately communicated to the parent.
- Detect early communicable diseases (tuberculosis) among children and caregivers

To deliver **WASH services**, a trained caregiver will:

- Collaborate with parents' committee to mobilize parents for WASH sessions and having hand washing facilities at home and at ECD settings
- Promote hygiene and sanitation at ECD setting (playground, toilets, etc)

- Ensure WASH practices are promoted and children use clean and safe water at ECD (filters, etc)
- Ensure latrines are accessible for all children, clean and separate boys and girls

To **deliver child protection services**, a trained caregiver will:

- Remove or keep out the reach of children all harmful things or objects
- Check if all children are registered in civil registration office
- Identify all children with special needs and disability for social protection
- Encourage parents through committee for equity and equality of children at home
- Not apply any harmful guiding or correcting practices at ECD premises and mobilize parents use other alternatives.
- Set out child protection framework/regulations at ECD setting signed by ECD staff and parents and any person interacting with children at ECD setting in line with national CPP and ECD minimum standards.

To deliver **parenting education**, a trained caregiver will:

- Encourage parents to attend parenting sessions on monthly basis at ECD setting for sharing best practices and outcomes, challenges and home grown solutions
- Apply positive parenting practices in accordance with national values and norms in ECD premises
- Encourage parents and the community to take part in parenting education, especially men

Monitoring and reporting:

To monitor ECD services at community based ECD setting:

- ECD caregiver will on daily basis monitor attendance of all children and report to assigned authorities from ECD setting to SEDO and SEO using developed tools/ checklist (register/records, forms, etc) on monthly basis (a written report).
- Parents committee will regularly follow up ECD services, ECD management, services delivery, roles of parents in supporting ECDs on nutrition and materials using developed tools/checklist (register/records, forms, etc) and report on monthly basis to local authorities at cell level.

- ECD owner/manager will conduct a meeting on monthly basis for sharing best practices, challenges and needs for successful ECD services and report to cell leader.
- Caregivers and managing committee members will closely collaborate with Local authorities to share information on ECD situation: successes, challenges, solutions
- Regular supervision by SEOs and SEDOs on monthly basis.

Sustainability:

Sustainability strategies of ECD services at community based ECD setting are based on the following measures:

- ✓ ECD committee collaborate closely with local leaders and share regular updates on success, challenges, solutions
- ✓ Regular capacity building of parents committees and caregivers on integrated ECD services through monthly meetings and education sessions
- ✓ Encourage volunteerism in delivering ECD services among caregivers
- ✓ Encourage all parents and the surrounding community to support ECD center
- ✓ Involve local leaders and stakeholders (religious, private sector) in all ECD activities for ownership, support and coordination of synergy in the area and integrate ECD in their daily assignment/responsibilities
- ✓ Synergy and coordination of all efforts in area (SCOs, private sector, NGOs, ECD services providers) for information sharing, support and innovations through regular quarterly meetings.
- ✓ Age appropriate separation and cascading grades to motivate different age groups adhere ECD services
- ✓ Report on monthly basis to cell leader and SEOs on ECD success, challenges, proposed solutions
- ✓ ECD center will deliver a graduation certificate to all children ending integrated ECD services for primary education admission.

5. MODEL ECD CENTER (CENTER OF EXCELLENCE)

By definition, Model ECD center/ center of excellence is Early learning and development center where children from 3 to 6 years are sent to undergo sensory-motor, social-emotional, and cognitive-language development support as well as training on school readiness by experienced caregivers. The model ECD Center must fulfil required standards:

- ❖ 3 stimulation rooms and trained caregivers
- ❖ Kitchen, clean and aerated
- ❖ Latrines/toilets separate and accessible by children with disability and special needs
- ❖ Resting room, equipped with meatless
- ❖ Enough playground, spacious and play materials available
- ❖ Fence

ECD Center host children from 3 to 6 years for school readiness and their parents must attend parenting sessions prepared by ECD Model Center and Children from conception to 3 years

ECD management committee includes: ECD Committee president, Vice President, Secretary, treasurer, 3 Advisors, 2 Auditors.

Steps to follow to initiate model ECD center:

- Needs assessment has to be conducted in that Community by potential ECD Services providers, beneficiaries and working closely with Local Authorities
- Application Letter attached with summary of Project composed of background information, compliance, Monitoring and Evaluation and Sustainability plan addressed to National Early Childhood Development Program Coordinator
- Approval from National Early Childhood Development Program Coordinator
- Plannings meeting from the District to Cells for Importance and the Role of Each key actors of ECD Center in the Intervention area
- Hiring Qualified Constructors
- Hiring and train Qualified Caregivers on REB Curriculum (3-6 years age) and on Training package of NECDP and National Parenting Curriculum
- Conducting Community mobilisation on encouraging Parents to send the children aged 3 to 6 in the Model ECD Center
- Enrolment and screening of Children before entering in ECD Model Center

Provision of Integrated ECD Services to (3-6 years of age) children:

- **Health** (Referrals to the Health center and other hospitals, vaccination (partnership with health center, Monthly Growth monitoring, first aids, mobilization of parents on health program: ANC, PNC, Vaccination,)

- **Nutrition** (Cooking demonstration on balanced diet, feeding children, mobilization of parents on kitchen gardening and how to prepare balanced diet. Parents should be providing a healthy take away (packed food) to some children at some ECD centers where there is no feeding program.
- **Education** (ensuring that all children are intellectually stimulated in early ages, learning through play, reading (by themselves) and reading for children, and numeracy (counting) for children, gather children at ECD from Monday to Friday)
- **Hygiene and Sanitation** (habit of hygiene practices, storing and drinking clean water, body and clothes hygiene, hygiene of toilets)
- **Child protection** (all children must be registered in civil status, ensuring that children are in good hands of caregiver, treating all children equally, ECD Center must be fenced, Children toys and other play materials must be safe and protected. Reporting and responding for any children abuse, avoid harsh punishment)
- **Positive parenting** (raising awareness on ECD Services for parents and raising men engagement in ECD services, attending sessions at ECD Centers, encouraging parents to form and participate actively in IGA).

Parenting session: Parents will attend monthly parenting session at ECD Center on a given ECD topics such as Cooking demonstration, child protection, etc that will be facilitated by a trained caregiver or an invited person expert in the domain.

Monitoring and Reporting:

By the Coordinator of ECD Center:

- ECD Coordinator will monitor and assess caregiver on Integrated services/Content delivery
- ECD Coordinator will report at Cell level
- ECD Coordinator will follow up the attendance and the retention of children
- ECD Coordinator should ensure that the caregiver have knowledge on ECD integrated services and prepare additional training where needed.

By Caregiver and Parents:

- Caregivers in collaboration with parents and CHWs will follow up day to day growth and development of a children
- Record of beneficiaries (**Children and their parents**)
- Caregiver will do home visits to assess children life at home and how the parents respond to the ECD Services
- Parents must make regular visits to ECD Center and participate in provision of ECD services by providing daily porridge and support to the management of ECD center
- Caregivers and CHWs will make an early disability and developmental delay screening, using approved screening tools and for early intervention and referral where need arise.

By Local Leaders:

- Local leaders must follow up and ensure that the community around the ECD center is aware on ECD services, supportive and ECD center is well managed

- Prepare and invite the stakeholder in quarterly coordination meeting
- Local leaders must follow up to ensure that parents send their children at ECD model Center
- Local leaders (**SEDO from Cell and SEO**) must make regular visits at ECD Model Center
- Local leaders and Stakeholders must participate in resource mobilization for ECD model center for the wellbeing of children and sustainability.

Reporting structure:

To Ensure ownership of ECD Services follow the below

Caregiver Coordinator Cell leaders and consolidate all ECD report in Cell and Sector level (SEO) and consolidate all report in Sector.

Sustainability of the ECD services in community

- ECD coordinator in Collaboration with Local leaders and Other ECD Service providers will engage parents to form IGAs and VSL (Village saving and loans association) to support ECD Services and will help parents to stay together
- ECD coordinator in Collaboration with Local leaders and Other ECD Service providers will help in Formation and strengthening of ECD management committees
- ECD coordinator in Collaboration with Local leaders and Other ECD Service providers will provide trainings of parents on importance of ECD Services and engage them in service provision
- Strong and continued monitoring and Evaluation by ECD Service providers, Local and opinion leaders
- District council will Integrate ECD Services in District short and long plans (imihigo, DDPs)

6. HEALTH FACILITIES-BASED ECD SERVICES

Integrated ECD services are not limited at community level and ECD center only, but they can extend to health facilities, such as health centers, hospitals and Health posts. The health facilities staff have a great role to play in providing integrated health services to every child aged 0 to 6 years through their parents or directly to children. For instance: antenatal care, delivery at health facility, vaccination, nutrition, anthropometric measurement, early disability and development delay detection for early intervention and referrals, hygiene and sanitation awareness, responsive child care and early stimulation, etc

7. WORKPLACE ECD SETTING

For the purpose of fulfilling and protection of children growth, rights and wellbeing there is a need for establishment of a Workplace ECD Center.

By definition, Work Place ECD Center refers to any facility that meets all required standards; appropriate infrastructure, established to facilitate parents to work securely as their children are being taken care near their work place. The integrated ECD services are delivered by qualified caregivers, sufficient play and learning materials and use of appropriate curriculum, and provide the services in an integrated form including a parenting education program.

This ECD facility will support Concerned staff to walk the talk right after maternity leave. Children are vulnerable when left home in the care of nannies and many mothers struggle with insuring exclusive breastfeeding after they return to work. Bringing infants to work will facilitate mothers to look after their children near them.

The ECD center will be organized in the way that will help staff to work comfortably with assurance that their babies are being taken care of at the ECD center when they can find time to breast feed them which will reduce time used to go back home to breast feed their babies. There is an increasing work productivity and the security of their children will be assured.

The workplace ECD Setting will help also concerned staff to deliver ECD integrated and inclusive services to their children as per ECD Policy and ECD Minimum standards.

Importance and benefits of having an ECD facility at the workspace

Providing quality child care services in the workplace:

- allow an easier maternity / parental return
- Exclusive breastfeeding promotion
- ensures quality early investment in the workers' children's lives
- facilitates conciliation between their professional and private lives

- secures serenity, well-being and allows the employee to gain time through flexible schedules suitable for occupational life
- increases employee morale

Scope of application

The workplace ECD Center should be applied where a group of Parents work on dairy basis such as: Tea Plantation, big market, Cross Boarder Market, Administration Offices, Gathered parents at work (EPW, CPW,...)

Steps in establishing ECD Services in work Places

The following steps should be considered:

1. Assessment of the feasibility of the Work Place ECD Center:

Mapping of all targeted children, Livelihood status of the Parents in place, Partners in the area, Knowledge of Parents about ECD, Existing in fractures,...
2. Consultation with concerned stakeholders about the project

The consultation between key stakeholders about the need and feasibility of setting ECD at working place
3. Orientation meeting with Local authorities, Community Partners

Orientation meeting between Local authorities about the need and feasibility of setting ECD at working place
4. Design a workplace ECD Center project

The initiator of the project identifies all resources needed and the cost (Infrastructure, materials, man power, caregivers, learning and playing materials)
5. Mobilize resources from different stakeholders

Resources to set up the workplace ECD Center can be mobilized from Private sector, Employer, Employee-Workers, Development Partners, Civil society, NGO,
6. The corporate responsibility Principe should be applied to all companies where Managers have to invest the found from the companies in ECD settings for the good of their staff and their children.
7. Implementation of the project

Depending on existing resources, the implementation can start by building, renovating or renting the infrastructure to host the workplace ECD center. This has to refer to ECD Contruction Model Design developed by NECDP.
8. Election of Parents Committee to manage ECD Center:

Every ECD service Owner shall establish a parent's committee to take measures for proper functioning, handling issues arising at the center, creating a sense of ownership and sustainability. The committee shall be composed by Seven members: Chairman, Vice chairman, Secretary, Accountant, 3 Advisors. Gender balance must be respected in this committee.

9. Training of Parents Committee on integrated and inclusive ECD Services:
 - Train Parents on integrated and inclusive ECD services
 - Training Parents on their roles and responsibilities
 - Train Parents on essential Pillars of ECD
 - Request parents to attend parent's sessions at ECD Center
10. Identification of Caregivers: The identification have to refer to ECD Minimum Standards developed by NECDP
11. Training of Caregivers or volontiers on integrated and inclusive ECD Services
12. Enrolment of children at work place ECD center :

Every child in a ECD must have a file that contains the following information:

 - Full name, age and gender of the child
 - Full name, address and telephone number of the parents or guardian of the child
 - Health and Nutrition status of child,
13. Start operationalization of ECD Center:
 - The Competence-based curriculum of REB shall be used for the 3-6 year-old children.
 - The Guide for Inclusive Education (REB, 2016) should be used as the guiding document for inclusive ECD practice in all ECD provision. All staff should be trained and supported regularly (at least yearly) to implement the guide to its full effect.
 - Each center should have equipment and resources that are developmentally appropriate for the age and number of children in the center.
 - Possible learning materials and toys include material locally made in the community or by parents (see National ECD curriculum).
 - All toys intended for infants and toddlers should be oversized pieces to avoid swallowing, prevent choking or putting in ears.
 - Materials accessible to children with specific impairments (visual, hearing, physical, cognitive, communication) should be made available at all ECD provisions to minimize children's' experience of learning disability and to maximize their opportunity for learning.
 - Play materials should be appropriate to the context of the community children live in and imitate games children play at home.
 - Learning materials and toys used must be maintained and stored correctly to ensure their safety.
 - The equipment shall be clean and safe for young children and learning materials and toys should be cleaned using a non-harmful cleaning substance (e.g. soap) and air-dried regularly.

- Toys and learning materials should be inspected by caregivers before use by children.
 - When damaged toys may cause harm to the children, they should be replaced promptly.
 - Outdoor play equipment such as swings, merry-go-round, slides and see-saw and sand pits must be maintained regularly to ensure that they are in good shape and are safe for children
14. Regular check-up of health and Nutrition disability and special needs status, of children
 15. Referral or advocacy of cases if any
 16. Start delivering workplace ECD integrated and inclusive services
 17. Monitoring and evaluation of workplace ECD services delivery to see if coping with ECD minimum standards. The report must include following information: Children attendance, School readiness status of children based on their age, Parenting education session provided, Growth monitoring reports of children, Child protection incidents and action taken, Parents and community Participation in the service provision, Inclusion for children with disability and other special needs
 18. Initiation of saving culture of income generating activity for the ECD Center
 19. Prepare graduation process to Primary school: ECD service provider should have a close network with primary schools so as to ensure smooth transition to primary school.
 20. Scale up of workplace ECD services in the remaining Places
 21. Organize open Day events at workplace ECD Center

Compliance to ECD Minimum Standards and Accountability

Before any new program of ECD in workplace is started, a needs assessment has to be conducted in that community by the potential ECD service provider working closely with the local authorities and a report endorsed by the district.

All ECD service providers in work place shall submit regular reports to the appropriate government authorities.

GENERAL CONCLUSION

Early childhood development services need to be holistic and should attend to the child's health, nutrition, development, psychosocial and other needs. Parents, communities, non-governmental organizations and government departments have a role to play to ensure an integrated service to children. Collaboration between sectors to ensure integrated ECD services adhering to the minimum standards of quality is therefore of the utmost importance. Scaling up integrated ECD services at households and village level will undoubtedly eliminate malnutrition and stunting among Rwandan children and help building a nation we want.

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