Republic of Rwanda

Ministry of Gender and Family Promotion

NECDP

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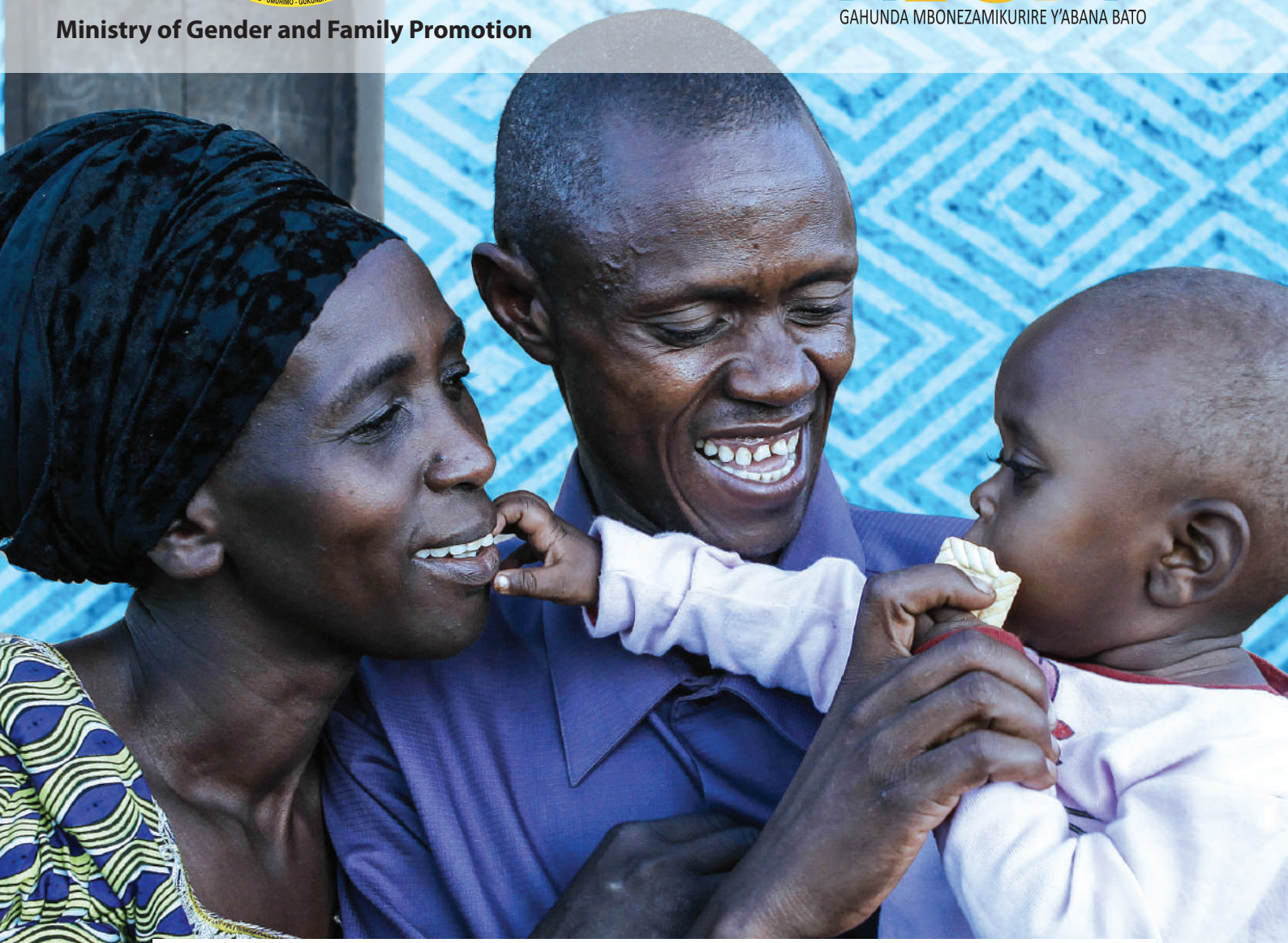

NATIONAL PARENTING CURRICULUM

unicef

for every child

Republic of Rwanda

Ministry of Gender and Family Promotion

National Parenting Curriculum

Integrated Parenting Education Curriculum from the prenatal period through 6 years of age

2019

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National Parenting Curriculum; Prenatal through Age 6
National Early Childhood Development Programme, Ministry of Gender and Family Promotion

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FOREWORD

Early Childhood Development (ECD) refers to a comprehensive approach to policies and programmes for children from conception to 6 years of age; with active participation of their parents, community and caregivers for physical, social, emotional, spiritual, moral, intellectual development of a child. Parents and the family are at the core of child's foundational skills, competencies and national social transformation, any deficiencies in first 3 years of age affect subsequent development stages from childhood to adulthood (MIGEPROF (2016).

To attain its middle-income country and a knowledge-based vision 2050, the Government of Rwanda made a strong commitment to invest in the provision of integrated ECD services to young children and combat stunting and chronic malnutrition among the less than 5 years old. The ECD programme aligns with the National Social Transformation (NST1) and Vision 2050, Sustainable Development Goals (SDGs), the African Union Agenda 2063 and the EAC Vision 2050, aimed at moving the country's citizens to a higher level of quality of life.

In 2017, the Government established the National Early Childhood Development Programme (NECDP) with a mandate to coordinate and increase access of quality and integrated ECD interventions to prevent and eliminate malnutrition among children of 6 years of age, and further attain the desired child development outcomes for social, emotional, cognitive and physical growth.

To ensure parenting education and family support at village level, a National Parenting Curriculum was developed, aimed at engaging both parents and different stakeholders and ensuring that all children have access to positive, responsive and nurturing care. It will ensure that all parents have the knowledge and skills to support their children in daily practices and learning, building from existing knowledge, attitudes and practices in Rwanda to improve ECD services delivery in urban and rural areas.

The National Parenting Curriculum is founded in Rwandan culture and aims to adopt and scale up home-grown solutions rooted in our values and the country's unique history and development path to reach high quality standards of living for future generations. Integrating ECD services to every child, will undoubtedly eliminate stunting and malnutrition among Rwandan children and help to build the nation we want.

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Development of this curriculum was facilitated by Cambridge Education, a member of the Mott MacDonald Group. The field research that supported and tested the curriculum content was led by Three Stones International. Supervision of the development of the curriculum was led by the National Early Childhood Development Programme and UNICEF Rwanda.

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ACRONYMS AND ABBREVIATIONS

CHW	Community Health Workers
CRC	Convention on the Rights of the Child
ECD	Early Childhood Development
EDPRS	Economic Development and Poverty Reduction Strategy
HIV(+)	Human Immune Deficiency Virus (Positive)
IZU	Inshuti z'umuryango
NISR	National Institute of Statistics Rwanda
NPC	National Parenting Curriculum
NST	National Strategy for Transformation
NGO	Non-Governmental Organisation
PMTCT	Prevention of Mother-to-Child Transmission
SIDS	Sudden infant death syndrome
UNICEF	United Nations
WASH	Water, Sanitation, and Hygiene

INTRODUCTION

Incontestable evidence now exists that quality early childhood care is critically important for children to reach their full development potential. The earliest years of life make significant and lasting impact on the way a child's physical, cognitive and socio-emotional abilities develop. From conception to age 6, children's development is constantly influenced by the positive and negative experiences they encounter. The environment in which children grow is therefore a critical determinant. It has an impact not only on their lives but also on their families, communities and indirectly to entire societies. Young children, exposed to physical punishment, violence, neglect or abuse can experience excessive stress, which disrupts the architecture of the developing brain leading to serious cognitive, social and emotional delays, and behaviour problems later in life. Conversely, children who enjoy proper care and nutrition, receive loving and responsive caregiving, and have exposure to many quality early learning opportunities are much more likely to thrive and excel throughout their life. Therefore, supporting children's optimal development cannot wait until school begins. It is essential that parents, families, and communities are knowledgeable about the importance of these early years and have the skills required to ensure children's holistic needs are well met.

Parenting is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. This care can be provided by a child's biological parent or by another legal guardian or caregiver. Parents and caregivers are entrusted with the enormous responsibility of raising the next generation of Rwandans; a responsibility that requires significant attention and energy, as well as a complex and dynamic skill set. To be a great parent one must work to learn about their child's needs and rights and how to address these, be open to new ways of approaching behaviour, look for support from the community and peers, and continuously seek to improve one's parenting skills, knowledge and practice.

The current skills, knowledge and practices of parents have been analysed throughout Rwanda. The results of these analyses show significant variation between the knowledge parents have and their parenting practices. In some cases, a majority of parents know about proper care but do not put that knowledge into practice. For example, a 2014 Knowledge Attitudes and Practices study (UNICEF 2014) showed that more than 96% of parents believe taking children for immunisations is important. However only 54% of parents engaged in this practice. There are many aspects of nurturing care for which a majority of parents do not have the knowledge, skills, or supporting attitudes to practise successfully. For example, the most recent Demographic and Health Study (NISR, 2014) showed that fewer than 3% of young children engaged in regular early learning and play activities with their fathers. Attitudes expressed by parents around Rwanda explain this low result as many parents do not see this engagement as a father's role and do not know why a father's engagement is important.

These findings point to an important need for parenting education. Rwandan children benefit from many positive traditional practices, such as baby-carrying, listening to stories, and singing songs with their parents. However, parents and caregivers lack many other essential competences in caring for children aged 0 to 6 years old. Linking parent knowledge to specific skills, as well as improving practices through changing attitudes about parenting requirements is a key need in Rwanda. For example, both parents must

know about proper childhood nutrition and have the skills to obtain and prepare healthy meals. If parents are to support and invest in their children's playtime, they must first believe in its importance and know how it will affect their future learning.

The responsibilities of parents are wide-reaching and complex. Fortunately, through the work of social scientists around the world, we know more about child development than at any other time in history. Parenting educators are better equipped than ever before to support parents as they work to provide the best possible opportunities and environments for their children.

The Government of Rwanda recognises and values the essential role that mothers, fathers, and other caregivers play in child development. In an effort to close the identified competence gaps, they have developed this comprehensive and evidence-based parenting curriculum. This curriculum focuses on the key functions of parenting and seeks to build upon the core strengths already exhibited by Rwandan parents. Through the support of parent facilitators and various community-based workforces and case workers throughout Rwanda, the curriculum will further support the improvement of parental knowledge, skills and practice for providing optimal and holistic care for all children.

Rwanda's Commitment to High-Quality Parenting

In 2016, Rwanda revised the National Early Childhood Development (ECD) Policy and Strategic Plan. These documents outline the country's vision and priorities for ensuring all young Rwandans grow, thrive, and have the quality early experiences that will support them in reaching their full potential. They articulate the importance of parents, naming them as a critical resource in ensuring that all children have access to positive, responsive, nurturing care. The ECD policy is aligned with renewed government commitments to ECD under the EDPRS II (2013-2018), the National Strategy for Transformation (NST) (2017-2023), and the revised Vision 2020 targets.

Many other national documents exist to further support the creation and delivery of high-quality parenting programmes. For example, the ECD Minimum Service Standards were developed to ensure that all ECD service providers, including parents, communities, community-based organisations, faith-based organisations, government institutions, multi-lateral and bi-lateral partners, and the private sector provide quality, accessible, and equitable ECD services for young children in different settings. National Education, Health and Nutrition sector strategic plans outline sector goals and expectations, as well as indicate resources that parents, and parenting education facilitators can look to for support. This curriculum was developed in line with Rwandan policies and in line with the findings of a thorough desk review which accessed international and national research on parenting and parenting education, detailed in the resources section. It was also developed in line with regional and international documents and frameworks including the United Nation's Convention on the Rights of the Child (CRC) and the World Health Organization's Nurturing Care Framework.

The National Parenting Curriculum

The National Parenting Curriculum (NPC) is a comprehensive, evidence-based parenting curriculum that will be used as a guide to support Rwanda parents in providing holistic care to their children. The curriculum was developed in collaboration with parenting stakeholders throughout Rwanda. It builds on the work already ongoing to develop positive parenting skills. This document is meant as a resource for all parent facilitators and ECD service providers to develop high-quality parenting programmes and ensure their current parenting curricula align with the national standards.

The NPC is a competence-based, development-focused document that outlines what parents and caregivers should know, do, and believe about each parenting theme for each stage of child development. The NPC takes an asset-driven approach, highlighting the best approaches already practised in Rwandan parenting and building upon them to encourage optimal care.

Finally, the NPC is a living and learning document that must be continually reviewed and updated to reflect the most recent research on human development and parenting education. As the NPC is implemented by partners, it should be enhanced to reflect the lessons learned and practices that work well in Rwanda. As a national curriculum document, the NPC will be reviewed and revised in line with Rwanda's schedule for renewing national documents.

VISION STATEMENT

Rwanda's National Parenting Curriculum is a comprehensive, culturally-relevant, development-centred resource that will ensure all Rwandan parents gain the competencies to support their children's holistic optimal growth and development. Recognizing that parenting is a dynamic activity that must adapt and develop as children grow the curriculum is grounded in research and evidence of children's life-cycle needs. Aligned with the national policies and strategies, the Rwandan National Parenting Curriculum is an inclusive document, relevant to all Rwandan families, including the most vulnerable.

GUIDING PRINCIPLES

The NPC is a tool for service providers to utilize as they develop parenting programmes. For this curriculum to be useful as a national document, there should be a common understanding of its purpose and the foundational beliefs and assumptions that have guided its development.

What Rwanda Believes About Children

Children have the right to be loved and protected. Enabling environments and positive interactions through loving relationships are extremely important for young children's growth, learning, and development. Children develop best when they are able to foster strong, positive relationships with adults in an environment where they feel safe and cared for.

All children, regardless of disability, gender, or any other quality, deserve the opportunity to reach their full potential. All children are born with great potential and unique qualities. Rwandans believe in the preciousness of every child and the importance of ensuring optimal care that is inclusive of all children, regardless of their differences.

Children are natural learners and learn best through meaningful play experiences. As children play, they develop socially and emotionally, learn to solve problems, create and innovate, develop and practise literacy and numeracy skills, advance their fine and gross motor abilities, and gain confidence, self-awareness and self-esteem. Play is essential for optimal development and should be supported, facilitated, and encouraged by all parents or caregivers from birth throughout the early years.

Children develop holistically. Childcare must be integrated and cover all aspects of child development. As stated best in the Rwandan proverb, you cannot divide a child.

What Rwanda Believes About Parents

All parents have some knowledge, skills and practical experience to share with their children, which brings value to their parenting. All parents, through their lifetime and learning have developed assets to offer their children. Parenting education recognises that parents bring skills and strengths, even if there are many gaps to fill. The aim of parenting education is to fill the skills, knowledge, and practise gaps that may exist while respecting the effort parents have already lovingly offered their children. In this way, parenting education facilitators will support parents to be the best caregivers they can be.

Parents are the first guardians, teachers and the most impactful role models for their children. Children watch and learn from their parents from birth. They will copy the behaviours and take on many of the same values and attitudes that their parent's show through their own actions, good or bad. If neglected during childhood, children's potential to develop to their utmost will be highly compromised. The actions of a parent create a lasting impact and will guide how their children view the world and what they believe about appropriate ways to behave and engage others.

Biological mothers and fathers as well as foster parents are partners in their child's development who each bear full and equal responsibility for their children's nurturing and wellbeing. While mothers and fathers each bring unique strengths to the parenting partnership, they are both fully responsible for all their children's needs. Rwandans believe that both parents, regardless of their gender, must understand how essential they are in their child's development. They must take pride and joy in the care they provide to their children, and value the contributions of their parenting partner.

What Rwanda Believes About Families

Love and support are the foundation of a family, no matter the size or shape of its members, nor its socio-economic status. Families are unique entities and cannot be defined by the number and roles of members. Some families include a mother and a father, and some do not. Some families include grandparents and many children, and some do not. Some families have biological relationships while others don't. The love and commitment members have for each other is what defines a family in Rwanda.

Families need and deserve the support of their communities, including access to integrated services. Families cannot and should not operate as single units but are part of a lager eco-system of care and protection. Services, such as health visits, special needs support, education, and many others are essential supports that aid families in fully performing their duty to all children.

What Rwanda Believes About Communities and the Environment

Communities are collectively responsible for the care and protection of all children. Rwandans believe that it takes a village to raise a child and are committed to ensuring all community members view themselves as important actors in the safety and development of all children.

A socially supportive, physically safe, secure and enriching environment is essential for optimal development. Children are negatively impacted by high stress environments, particularly a lack of safety and security. An environment that provides continuous Socio-Emotional support and stable safety and security will help all children to thrive.

Culture is part of the environment and has long and lasting impact on children and families. Children's culture, language, traditions, morals and values greatly impact their learning and development. Understanding and respecting the culture in which a child's earliest experiences take place is a huge asset in supporting the child's ongoing learning and development. It is therefore essential that parents and families work with schools and wider early childhood service providers to foster understanding and positive communication about their unique family's or community's culture.

STRUCTURE AND ORGANISATION

Thematic Structure

This curriculum is organised into thematic sections that each address one core function of parenting. Parenting, like child development, is a holistic activity and the work of parenting will naturally stretch across these sections. The sections are not intended to represent individual lessons or teaching units. While some thematic sections may seem to fit neatly into one technical sector or another, it is not the government's intention that these themes will be taught independently of the others. Thus, it is highly recommended that parent facilitators familiarize themselves with the curriculum in its entirety before developing a parenting programme, regardless of its focus.

The NPC is organized around five parenting functions, termed *themes*. Each Theme is further organized into smaller sections, termed *sub-themes*. These Sub-themes represent big ideas within the theme. For example, the Theme of *Growing Healthy Bodies* is too large a topic to easily organize information. To aid usability, this Theme has been subdivided into three Sub-themes called *Physical Development, Proper Nutrition,* and *Healthy Sleep*. Each theme is introduced with a thematic narrative, which includes a detailed description of the theme and sub-themes.

Within each Sub-theme, the curriculum details information that parents should know and be able to do. This information is represented in a table with these headings:

- *Did you know?*, which details the knowledge parents need to learn,
- *What you can do*, which details the skills parents need to gain, and
- *Suggested activities*, detailing examples of how parent facilitators might support parents to learn this content.

Due to the interconnectedness of child development, it is important to note that some content might easily fit into several themes. In order to maintain an easily useable format, most content has only been included once, in the most logical Theme. This note underlines the necessity for parent facilitators to embrace the document as a whole, rather than concentrating on only one or two Themes.

In addition, some aspects of parenting and child development are relevant across all Themes. These issues are termed *Cross-cutting Themes* and will be addressed to the appropriate degree within each Theme or Sub-Theme. These Cross-cutting Themes include *Parenting for Special Needs, Gender Equity, and Adolescence*. These themes are elaborated in this framework and integrated throughout the curriculum tables. Cross-cutting notes are identified in the curriculum

tables with this identifier: 

Themes and Sub-themes

CORE Themes	Sub-Themes	Overarching Description
Growing Healthy Bodies	• Physical Development and Exercise • Proper Nutrition • Healthy Sleep	Includes general health and nutrition, appropriate exercise and motor development at all ages, including the prenatal period and a mother's nutrition and health during breastfeeding. This also includes an understanding of appropriate sleep habits at different ages and the importance of quality sleep for both parents and children.
Staying Healthy and Safe	• Preventative Care and Personal Safety • Proper Treatment of Illness • Water, Sanitation and Hygiene Practices • Mental Health	Includes all aspects of Water, Sanitation and Hygiene, as well as matters of preventative care and treatment of illness. Important points that fall under this theme are vaccinations, regular visits to the healthcare provider in the first years, screening, hand washing practices, toileting practices, food preparation practices, visits to clinics when sick, as well as parental mental health (including maternal or paternal depression) and wellbeing.
Building Strong Relationships	• Social Emotional Development • Child Protection – Preventing all forms of Abuse and Neglect • Positive Discipline	This is an extremely important topic that addresses overall responsive caregiving. More specifically, this covers topics of Socio-Emotional development, parent/caregiver-attachment, positive discipline, positive interactions between children and parents, creating a physical and emotional environment in which children feel safe and secure, and communicating with children to build relationships.
Early Learning	• Approaches to Learning • Language and Literacy Development • Numeracy and Mathematical Thinking • Artistic Expression and Scientific Exploration	This theme discusses the development of language and literacy, numeracy, scientific exploration, and artistic expression throughout the early years of a child's life and the role parents (and play) have in developing these early academic skills. This topic also covers the fundamental importance that Play has in child development.
Shared Parenting – Mothers, Fathers, Communities	• Shared Parenting in the Household • Collective Parenting in the Community • Community Resources for Parenting	This topic looks at the importance of active fathers and sharing responsibilities of parenting. More broadly, this topic will also touch on parents' roles within the wider ECD community and their interaction with the larger network of actors supporting the early development of their children.

Cross-Cutting Themes 

Cross-Cutting Theme	Description
Parenting for Special Needs *Special Needs refers to any physical or developmental disability or delay, as well as serious medical statuses that require special care, such as HIV*	Children with disabilities continue to be one of the most marginalized groups in Rwanda. Stigma and poor knowledge about special needs prevent parents from seeking proper care for their children with special needs, exacerbating their challenges and widening the divide between these children and their community. Given the prevalence of special needs, the NPC recommends that parenting education facilitators assume that at least some parents in every session will either have or know children with special needs. It recommends that all programmes be developed as inclusive of parents of children with special needs and develop their messaging and materials accordingly. Facilitators adopting the NPC must ensure their parenting programmes take several steps to protect children with special needs. First, they must consistently provide messaging of inclusion, acceptance, and celebration of all children, regardless of ability or status. Parents should always be encouraged to love and delight in all their children and never be made to believe that children with special needs have a different value than anyone else. Second, parenting education programmes should employ strategies for early detection and intervention. These might include partnerships with other organisations that can provide a wide range of screenings and support services. Finally, parenting education programmes must seek to support the whole child, parent, and family, meaning that psychosocial support should be offered to parents of children with special needs to ensure they are mentally and emotionally prepared to offer their children optimal care.
Gender Equality	Gender equality starts at home. Unequal responsibility for housework and the treatment of women and girls in the home sets children's expectations for gender norms in society as a whole, continuing the cycle of inequity. However, boys and girls who grow up in homes in which mothers and fathers both participate in all aspects of family and household care and in which their mother and father enjoy a respectful, supportive, and equitable relationship will learn to emulate this in their own lives and beliefs. The NPC takes the position that men and women are equal partners in a marriage and a family, especially as it relates to the responsibilities of parenthood. Parenting education facilitators should build gender equality into all aspects of their teaching, insisting and advocating for equity between parenting partners. This may include pushing the boundaries of what Rwandans currently believe about male and female roles in parenting. This may also include pushing the boundaries of what the community, local leaders, and service providers believe about this as well. As an advocate for optimal child development however, these preconceptions must be challenged; all parenting education must seek to send the message of equality.
Peace and Values Education	At the individual level, peacebuilding programmes encourage the positive, safe, and harmonious early-life relationships and experiences that promote peace and reduce violence and aggression between individuals and groups. Additionally, assisting parents and communities to set up social support networks around the shared goal of child high-quality parenting and overall child wellbeing, can unite

	and make significant contributions to peacebuilding in communities. Parenting education that integrates the values of peacebuilding and social cohesion can help young children develop positive and pro-social behaviours, including appreciating diversity, working cooperatively, managing or negotiating conflict in peaceful ways, and effectively regulating and communicating emotions. Service providers utilizing the NPC should integrate these values in their programmes to support families and communities in their overall role to provide quality care for young children as well as to support the building of constructive values and peaceful relations.
Adolescence	Adolescence is a unique time of life, separating childhood from adulthood. This period is physically and emotionally challenging for both boys and girls as their bodies and social relationships begin to make the transition to adulthood. While teen pregnancies in Rwanda are on the decline, many adolescents are still affected. Teen parents face particular challenges due to their youth, inexperience, lack of education, lack of support networks, and limited ability to gain financial stability. Girls are especially affected by teen pregnancy as cultural norms often leave the entire responsibility of parenthood on the teen mother, encouraging or even demanding that the teen mothers and fathers separate after the pregnancy is discovered. Teen parents also suffer social stigma and emotional distress that can lead to denial and/or secretiveness about the pregnancy, causing teen mothers to miss antenatal appointments and failure to take proper care of the pregnancy. This curriculum is inclusive of all parents, including teen parents. The curriculum recognises that teen parents will need significantly more support from their extended family and communities to offer the optimal developmental opportunities recommended in this curriculum. Parenting education facilitators should build in this extra support into their programmes, for example, by requesting that teen parents be accompanied by another responsible adult family member who will support the new parent as they grow in their parenting role. Parenting education aimed towards teen parents should also align its messaging with national priorities, such as recommendations about school re-entry after delivery. Finally, parenting education facilitators should advocate for the rights of teen parents to provide optimal care to their children, such as taking the needed time for breastfeeding during the school day and encouraging the involvement of both parents.

Age Groupings

In alignment with the National ECD Policy and Strategic Plan, this curriculum focuses on the core age range of 0 to 6 years. To enhance usability, this age range is broken into smaller developmental age ranges. The age groupings used in this curriculum, as well as the terminology used are shown below in Table 3.

The age groupings used in this curriculum represent the average trajectory of development, identifying key developmental milestones in each theme and age group. It is essential to remember, however, that children are unique and develop at different rates. It is common for children to show faster development in one area and slower development in another. Most often, this is not a cause for concern, though the developers

have indicated when parents may want to seek advice from a professional about delayed development.

Due to the individuality and flexibility of the developmental spectrum, there is some overlap in the age groupings. For example, Infants (birth – 12 months) and Toddlers (12- 36 months) both include the 12-month-old child. This is to enhance the perception that child development is a continuum and does not firmly adhere to cut-off dates.

Name of Range	Covering Ages	Description
Prenatal	0 – Birth	The age identifier '0' refers to the date of conception. A typical healthy pregnancy spans approximately 40 weeks, ending with the birth of the child. This age range addresses this time during which the child is developing in its mother's womb.
Infants	Birth- 12 months	The age identifier 'Infants' refers to the first year of life, starting from birth and extending 12 months.
Toddlers	12-36 months	The age identifier 'Toddler' refers to the approximate period between a child's first and third birthdays. To 'toddle' means to walk with unsteady or tottering steps. The term is descriptive of the developmental stage, indicating a time when children are quickly gaining abilities, though they have not yet mastered them.
Preschoolers	36-72 months (3-6 years)	The large age identifier 'Preschooler', refers to the pre-primary age range of children between 36 and 72 months, or 3 years old to 6 years old.

Important Definitions

Parent	For the purpose of this curriculum, a Parent is any person who provides primary care for a child. This means that the person is responsible for the child's care and development and, in most cases, is financially and legally responsible for the child. This person may be the child's biological parent or another responsible adult such as a grandparent, other family member, trusted family friend, or a loving member of the community who has taken in a child in need of care. Rwandan law recognises the difference between biological and nonbiological parentage, however in most cases this curriculum does not draw this distinction. This is due to the nature of the content, which is not focused on the legal definition of parenthood, but on the holistic needs of children and the parenting competences required to support those needs.
Mother	Following from the above, this is a female primary caregiver.
Father	Following from the above, this is a male primary caregiver.
Foster Parent	This term refers to the specific parental relationship between foster parents and children. This relationship brings some specific challenges and occasionally requires additional guidance. It is important to note however that following the definition above, all advice offered to 'parents' continues to be applicable to foster parents.
Newborn	This term is used throughout the document to refer to a child in their first 4 weeks of life.
Baby	This term is used throughout the document to refer to any very young child. It is a generic term and does not refer to a specific age group.
Young Child	This is a generic term referring to any child between birth and 6 years of age.
Family	A group of people living together, who share responsibility for the care, protection, and wellbeing of its members.
Parenting Facilitator or Parenting Educator	This refers to any person in any sector that provides parenting education, for example a Community Health Worker (CHW) or the staff of an NGO providing parenting classes to a community. This is the fully inclusive generic term used to refer to any person or group that provides parenting education at the individual, home, group, community, or population level.

Parenting Competences

The National Parenting Curriculum, in alignment with the nation's beliefs about learning, is a competence-based curriculum. The curriculum seeks to build more than knowledge about how to parent well. It looks to build deep understanding throughout Rwanda about child development, the significance of the early childhood phase, and the responsibilities and capabilities of all parents, whatever their socio-economic status. By developing

these competences with parents and communities, the curriculum seeks to ensure transformational behaviour change around parental engagement, now and in the future.

Table 4 below details the ten parenting competences that the NPC aims to build in all Rwandan parents. Each competence is described with some examples of how a parent might exhibit this competence. These lists are illustrative and not meant to be exhaustive.

Competence	Description
Responsive Caregiving	This competence is characterized by an emotional and physical availability, combined with an awareness of the child's holistic needs. This includes their physical health and safety, and their social, emotional, and educational needs. A competent responsive caregiver will: • Be aware of and understand their child's holistic behaviours, feelings and cues. Take immediate note of (or often even pre-empt) their child's needs and rights and respond to meet them. • Ensure their child is safe and protected from all forms of harm, is properly nourished, and practises proper hygiene. • Play with their child and offer frequent opportunities for learning. • Build strong relationships through kindness and affectionate gestures with their children and make sure their children know they can be relied upon and trusted. • Recognise symptoms of illness and take note of the any potential special needs their child exhibits and seek advice and support from professionals.
Coping with Pressure	This competence addresses a parent's ability to manage stress in ways that ensure their child is not negatively affected. A competent parent in this area will: • Develop coping mechanisms for the stress in their life. • Be aware of their stress levels so that they can be properly managed. • Engage responsibly in leisure and retaliation activities. • Prioritize their own mental health. • Seek help from others when needed.
Creativity and Innovation	The ability to think creatively and innovate is a key competence that will support parents in all their responsibilities. A parent with this established competence will: • Engage their children in creative pursuits, such as storytelling and art creation. • Try new approaches to solve problems. • Utilize household and locally-available items for use in play and learning.
Communication	This competence addresses a parent's ability to communicate effectively both with their children and with other adults in their life. A competent communicator will: • Actively listen to their children and to others. • Provide honest and kind feedback when needed.

	• Clearly articulate their needs and expectations.
Relating and Networking	No parent can nor should be an expert in everything. It is essential that parents recognise their own limitations and form connections with others that can offer support to their parenting. A parent with this established competence will: • Be aware of and understand the services (in multiple sectors) available to parents in Rwanda. • Feel confident asking for their own support. • Contribute to their community. • Enrol their children into preschool on time and maintain a positive relationship the teachers.
Decision Making and Initiative	Parents must often make important and sometimes very quick decisions. This competence addresses their ability to make sound decisions and act on those decisions with confidence. A parent who has established this competence will: • Gather full information (to the greatest extent possible) before making decisions. • Discuss options with their parenting partner and make decisions jointly. • Take action as soon as it is needed, not delaying or waiting for others to take the initiative. • Understand risk-assessment and always defer to caution when dealing with issues of child health or safety.
Life-long Learning	Parents must understand the process of learning and see it as a life-long journey. This competence both encourages their own growth as parents and provides an important model for their children. These competent parents will: • Seek out learning from many sources, including allowing one's child to teach them new skills. • Put new learning into practice. • Adopt new technologies and trends where possible and appropriate. • Have personal learning goals and take steps to achieve them.
Planning for the Future	This competence addresses a parent's ability to ensure stability for their family, set goals, and view their actions in the long-term. A parent that competently plans for the future will: • Set goals and aspirations for themselves and for the family. • Create budgets, save money, and practise responsible spending. • Think through the long-term consequences of their actions. • Understand the future costs of raising children and how their actions today will prepare them for these.
Conflict Resolution	Parents must be adept at resolving conflicts peacefully. This supports the stability of their own home environment and provides a strong and peaceful role model for their children. Parents must also teach values of peacebuilding and culture to their children. Parents exhibiting this competence will: • Be aware of potential conflicts before or as they arise.

	• Discuss problems openly, calmly, and honestly. • Seek win-win solutions, rather than expecting to decide the outcome of every conflict. • Be tolerant of different viewpoints and lifestyles. • Avoid conflicts by practicing competent communication and showing respect to those around them. • Be a role-model of peacebuilding for their children.
Spirituality	Spirituality is a great source of peace and support for parents throughout Rwanda. This competence addresses a parent's attention to their own spirituality and the model they offer their children. A spiritually competent parent will: • Gain support from spiritual activities. • Model spirituality for their children, sharing their practice and engaging their children in activities where possible and appropriate. • Talk openly with children about their spiritual questions and support them in their own spiritual journey.

Parenting Profile

The Parenting Profile describes the kind of parents that Rwanda aspires to develop through the use of this curriculum. This profile shares first-person statements that all Rwandan parents will hopefully be able to make about themselves, either now or in the future.

As a Rwandan Parent, I…

- Recognise that I am my child's role model and always strive to set an example founded on love, honesty, kindness, humility and embracing diversity.
- Recognise that I am my child's primary guardian and teacher and that they depend on me. I am always available for my child and readily offer my time, attention, and love.
- Value my children's uniqueness and always seek to provide them with opportunities that support and challenge them to reach their full potential.
- See myself as a learner and actively look to improve my knowledge and skills throughout my life, responding positively to advancements in technology and social norms.
- Take pride in my good reputation and the knowledge that I am adding value to my community through hard work and integrity.
- Am a good partner to my spouse, sharing the process of planning and decision-making, peacefully resolving conflicts, and supporting and encouraging them in their own development.
- Hold high aspirations for my children and family and take action to achieve my and my children's dreams.

- Know and respect that my children will develop their own ideas and personalities. I support them to discover the world and to have confidence in themselves.
- Am my child's advocate and believe that they will do great things for themselves, their family, community and for the country.

HOW TO USE THE NPC

The NPC is meant to be used by parent education facilitators to build and align their parenting programmes along the national standards. It serves as a reference document for all stakeholders wishing to offer parenting education as either a stand-alone or add-on component of their programmes. The NPC is not meant to be read by parents, nor is it designed as a training course in and of itself. Rather, it identifies the key messages that must be communicated to parents through the parenting programmes and other parent services that exist throughout Rwanda. Stakeholder are expected to align their parenting education programmes with the curriculum and to coordinate its implementation with others working in the field.

The NPC includes several pieces of key information for parent facilitators working to design a programme. These are the knowledge, skills, and attitudes (competences) that parents need to have about their child's development, supporting that development, and appreciating and valuing that development. Additionally, the curriculum offers some suggested activities for how parent facilitators might approach teaching those parenting competences. The suggested activities are just that, suggestions, and facilitators may have many other wonderful ideas and resources for teaching these competences.

The cross-cutting themes are relevant to all areas of the curriculum. Organisations and parenting programmes planning to design programmes should consider the cross-cutting themes in every parenting education lesson they develop. For example, whether an organisation is developing a comprehensive programme for an Infant group or a Preschool group, ensuring the programme is inclusive of children and parents with special needs should always be at the forefront of their thinking.

Parent facilitators that utilize this curriculum are encouraged to share the lessons they create in teaching parenting competences with others working towards the same goal. The NPC is meant as a unifying document, ensuring that all parents in Rwanda have access to the same high standard learning of how to parent well for all their children's needs.

Service Delivery Entry Points

Implementation of the NPC is the responsibility of stakeholders in every sector across Rwanda. Stakeholder are expected to align their parenting education programmes with the curriculum and to coordinate its implementation with others working in the field. This curriculum seeks to provide all interested stakeholders with the central resource to develop a high-quality parenting programme. Several key service delivery entry points are present at the time of development. It is the expectation of the Rwandan government that in addition to these sector specific entry points, sectors look for opportunities to collaborate and network across their disciplines in order to offer more holistic, integrated services and care.

Health Sector

The Health Sector is rich with opportunities to improve parenting education. New parents from conception throughout a child's early years interact frequently with the health system, which creates a perfect opportunity to promote parenting competences. Some excellent entry points for service delivery include:

- Health Clinics – antenatal visits, preventative and monitoring health visits recommended throughout a child's first 3 years, typically encouraged for check ins at 1 week, 4 weeks, 8 weeks, 16 weeks, 6 months, 9 months, 12 months, 18 months, 24 months, and 36 months], and sick-visits.
- CHW's programmes
- Therapeutic feeding centres

Nutrition Sector

The Nutrition Sector has a key role to play in improving parenting education. Feeding into the life-cycle approach of parenting, the Nutrition Sector begins its intervention before conception, targeting improved nutrition of adolescent girls and young women. Continuing throughout pregnancy and early childhood, the Nutrition Sector has an important mandate to ensure optimal development of all children. Some excellent entry points for service delivery include:

- Therapeutic feeding centres
- Community feeding and education programmes
- Garden clubs
- Demonstration cooking classes

Education Sector

The Education Sector, like the Health Sector, has wide-reaching and nearly constant access to parents of children of all ages. With formal education starting at 3 years old, pre-primary service providers are expected to interact with parents regularly and have a key responsibility to ensuring parents gain access to parenting education. Entry points for service delivery include:

- Pre-Primary Schools
- Early Childhood Development Centres. These may be centre-based, community-based, or home-based and can support children as young as the Infant stage.
- Girls' Clubs and other adolescents' after-school clubs. This is especially useful for young people who are either already parents, are about to become parents, or are not currently planning to become parents but can learn about the responsibilities and realities of parenthood.
- Community Lending and savings clubs and community cooperatives

Child Protection Sector

The Child Protection Sector is an essential extension to the Health and Education sectors, bringing cohesion across the field of early childhood development and filling the gaps left by other sectors. Perhaps more than any other sector, the Child Protection Sector has the opportunity and responsibility to develop and coordinate holistic programmes that bring together all the sectors to deliver cohesive parenting education. Some core entry points include:

- Inshuti z'umuryango (IZU)
- Community-based early childhood care centres
- Other home visiting programmes
- Alternative care and foster programmes

Social Protection Sector

The Social Protection Sector is also critical in bringing together services and ensuring overall stability for children, their families, and their communities. This is particularly important for those most vulnerable children and families across Rwanda.

Water, Sanitation, and Hygiene (WASH) Sector

The WASH sector offers essential, life-saving instruction and resources for parents of young children. While instruction on safe water use, sanitation, and hygiene is valuable on its own, the developers feel that WASH professionals can be exponentially impactful by integrating their messaging into wider parenting programmes. WASH professionals are highly recommended to collaborate with other sector professionals to develop holistic parenting programmes.

GROWING HEALTHY BODIES

Supporting your child's healthy physical development begins at, or even before, conception. Offering proper nutrition, encouraging physical activity, and providing for high quality, restorative sleep helps a child's body and brain grow and develop fully. It is a parent's first job and remains one of the most important parenting responsibilities throughout a child's early years.

This Theme is organized into the following sub-themes:

- Physical Development
- Proper Nutrition
- Healthy Sleep

Physical Development and Exercise

This sub-theme addresses the physical milestones typical to each age range and the kinds of physical activities parents can do to support their children in meeting them. In the earliest years, this might simply include creating an environment that is safe for children to explore physically. As children grow more physically capable, parents are encouraged to support children to push themselves to gain strength, balance, and coordination skills. At every age, parents are expected to be mindful of their child's physical development and seek support as early as possible for any child that is struggling to meet their physical milestones.

Proper Nutrition

This sub-theme addresses the extremely important job of feeding children for healthy growth and development. This curriculum begins at conception, though it is important to note that women who are healthy before pregnancy are better prepared to grow a healthy baby. Anyone thinking of starting a family should therefore be encouraged to establish a healthful, nutritious diet in preparation for a healthy pregnancy. Indeed, ensuring a mother receives a healthy diet before, during, and after pregnancy is one of the earliest and most important things parents can do to offer their children a healthy start.

This sub-theme addresses all aspects of child nutrition and encourages healthy parent nutrition as long as that remains a key factor for children's development. This refers to the prenatal and breastfeeding years primarily, as a mother's nutrition during this time is key for ensuring children receive all the nutrients they need. Beyond these years, parents must remember that they are role models for their children and their example in healthy eating will remain important throughout a child's early life.

It is further essential to note that this curriculum recommends the optimal diet for parents and children at each stage of development but recognises that environmental and economic factors affect a parent's ability to offer certain foods. Therefore, it seeks to offer creative and social-support driven solutions to ensuring healthy nutrition is possible and achieved. For example, nutrient-fortified foods are an excellent way to support better nutrition and are widely available in Rwanda. Kitchen gardens, which can be shared in the community, can support a more diverse diet for children and parents. Understanding how to approach problems, such as the lack of food diversity, is a key parenting skill that this curriculum seeks to support.

Healthy Sleep

Humans need to spend nearly a third of their time sleeping in order to grow and maintain a healthy brain and body. In early childhood, this need is closer to half their time and the impact of quality sleep is even more crucial. When we think about how much sleep our bodies need, it is easy to understand that sleep must play a very important role in our health and development. Indeed, sleep does much more than give the body time to rest; it offers the body time to grow and the brain time to store and make sense of information.

Growth hormone is primarily released during sleep and children that do not get adequate sleep are less likely to grow and develop to their full potential. Sleep also affects the way children's bodies process nutrients, meaning that children who get a proper amount of quality sleep will do a better job of storing nutrients and getting rid of toxins from their diet. Sleep keeps children healthy by supporting the body's immune system, leading to fewer illnesses and helping the body heal when sick or injured. Very importantly, sleep also helps children learn and remember information. Children that get proper sleep tend to have better memories and be more focused on learning tasks than children who do not get enough quality sleep.

This sub-theme seeks to support parents to offer this essential restorative state to their children throughout their early years. Additionally, this curriculum recognises the need for parents to maintain healthy sleep levels as lack of sleep makes parents irritable, less patient, and less focused and engaged. Getting proper sleep is especially difficult in the infant years. Parents are encouraged to seek support to ensure the entire family is getting proper sleep and practicing safe sleep habits.

PHYSICAL DEVELOPMENT

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT PHYSICAL DEVELOPMENT

Recognise that access to antenatal care is every Rwandan woman's right and responsibility. All pregnant women must take full advantage of this for your benefit and the safety of your unborn baby.
Remember that no one is born knowing how to give birth to a baby. Pregnancy and childbirth are natural but do require a lot of learning and support. Women require support from their spouses, family members and healthcare providers.
Women need their partner's support during childbirth. The father's presence during childbirth can make a woman feel protected, supported, and give her the strength to accomplish this difficult task.

Did you know?	What you can do	Suggested Activities
UNDERSTANDING YOUR PREGNANCY		
Between 2-6 weeks, most women will become aware of their pregnancy. The earliest signs are typically a missed menstrual period, nausea, and breast tenderness.	Visit a health care provider as soon as you think you might be pregnant. They can confirm your pregnancy and begin your pregnancy health planning.	Talk to parents about how their baby is developing in the womb and the changes they may experience in pregnancy. Show parents pictures, and if possible, videos of how their baby is developing at different stages of pregnancy.
At around 6 weeks, your baby starts developing facial features. Your baby is still tiny, about the size of a lentil, but is already beginning to develop facial features and has a tiny heart!	Attend all eight of your scheduled antenatal health appointments. These include: • 1 during the first trimester, • 2 during the second trimester • 5 during the third trimester	Discuss antenatal care appointments during home visits. Encourage partners and other family members to participate in this discussion so they can offer support.
At around 18 weeks, your baby is now about the size of a guava and its body is taking on its final form. Your baby is moving a lot and you may begin to feel it kicking and rolling very soon.	Ask your healthcare provider questions about your pregnancy. Pregnancy brings many changes in your body, including unfamiliar pains. Ask questions and share how you are feeling with your healthcare provider.	Encourage parents to ask questions about their pregnancy at antenatal appointments. Remind parents to attend their antenatal appointments.
At around 28 weeks you are now entering your last trimester of pregnancy. Your baby's body has fully developed, but is still very small and needs the protection of the womb to grow to its birth weight.	Take care of your body with proper rest and nutrition. Do not allow yourself to get overstrained as this can create a risk of early labour, which is still dangerous for your baby.	Support parents to adjust to the changes they are experiencing and prepare for the changes to come. Ask parents how they are both feeling and what preparations they are making for delivery.
At around 37 weeks Your baby will likely be born sometime in the next 5 weeks. Your health care provider may now want to see you more frequently until the baby is born.	Stay close to the place where you plan to deliver your baby. If you are traveling when you go into labour, it will be difficult to ensure a safe and professionally attended birth.	Coach parents about the signs of labour and what to expect during delivery. Encourage parents to attend birthing classes in which they can learn about birthing techniques and prepare themselves mentally for the event.
At around 40 weeks Your baby is now 'due,' though some pregnancies will go on to 42 weeks. Your baby may weigh anywhere from 2.3 to 4 kgs.	Tell your healthcare provider about signs of possible labour.	Ensure parents have a birthing plan in place and a birth attendant on call.

PHYSICAL DEVELOPMENT		
PRENATAL: Conception (0) to Birth (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
MANAGING RISK DURING PREGNANCY		
Healthcare providers will check for health conditions that may develop throughout your pregnancy. Some health conditions in pregnancy can become serious and have serious consequences.	Accept the advice of your healthcare provider regarding test, scans, and changing your behaviour.	Teach parents about routine scans and health screenings during pregnancy. Explain how these screenings keep mom and baby safe during and after the pregnancy and the risks of neglecting these checks.
Injuries, especially those involving a blow to the mother's belly, can harm the baby and should always be discussed with a healthcare provider.	Tell your healthcare provider about any physical injuries you experience.	Ask pregnant mothers about their physical health, including any pain, bleeding, or recent injuries. Refer pregnant women to a healthcare provider whenever they experience something that could be a pregnancy risk.
Bleeding and sharp or severe pain during pregnancy is not normal. These do not always indicate danger to the baby but must be discussed with a healthcare provider immediately.	Tell your healthcare provider immediately about any bleeding or severe pain. If you are not sure whether you are experiencing normal pregnancy pain, always speak to your healthcare provider.	Ask pregnant mothers about their physical health, including any pain, bleeding, or recent injuries. Refer pregnant women to a healthcare provider whenever they experience something that could be a pregnancy risk.
LABOUR AND DELIVERY		
False labour, or 'practice labour' may be common from the middle of your second trimester. This can be confusing for new mothers, but it is normal.	Always tell your healthcare provider about signs of possible labour. Follow your healthcare provider's advice.	Prepare pregnant women to understand the signs of labour and how this might differ from false labour. Give women examples and encourage them to ask questions.
All births must be attended by a healthcare provider. As much as possible, high-risk pregnancies should be attended by a medical professional, such as a doctor or registered nurse.	Agree on a birth plan with your healthcare provider early in your pregnancy. This must include a plan for ensuring your birth is attended, even if your healthcare provider is unavailable.	Connect pregnant women with a healthcare provider. Support them to begin the birth planning process and offer extra support, such as logistical support, where needed.
Vaginal delivery is preferred as it offers health benefits for the baby and much faster healing for mothers. Some women, due to a large variety of factors, might require a C-Section delivery.	Talk about delivery with your healthcare provider. Learn about what to expect from vaginal delivery and learn about the reasons your healthcare provider might recommend a C-section. Learn about the healing process after birth so you can properly plan for your recovery.	Inform women about what to expect during delivery, including the risks of C-section. Discourage elected C-sections and inform women that C-sections should only be used in emergency situations.

PHYSICAL DEVELOPMENT		
PRENATAL: Conception (0) to Birth (cont)		
Did you know?	**What you can do**	**Suggested Activities**
LABOUR AND DELIVERY (cont.)		
Obstetric fistula is a serious injury that can occur during childbirth when labour is obstructed. Obstructed labour, especially when unattended can lead to prolonged, excessively painful labour that puts unusual pressure on the tissues near the pelvic bone, creating a hole between the vagina and the rectum or the bladder. The outcome is lifelong incontinence and often the stigmatisation and isolation of those affected. Obstetric fistula is avoidable. Properly attended births and delaying pregnancy until adulthood are the best ways to avoid this devastating injury.	Ensure your delivery is attended by an experienced healthcare provider, and preferably at a health clinic. Follow your healthcare provider's recommendations during child birth, including use of emergency childbirth interventions such as catherization or c-section.	Educate pregnant mothers and their families to the risks of obstetric fistula. Provide information about how to prevent it. The primary advise should be to ensure their birth is attended by a knowledgeable healthcare provider, ideally at a health clinic.
Adolescent mothers are more likely to suffer from obstetric fistula. Teen mothers are more likely to suffer obstructed labours as their bodies are not yet physically ready to deliver a fully developed infant.	Delay pregnancy until you or your partner is old enough to carry and delivery a child safely. In Rwanda, women should legally be at least 18 years old, but for the health of the baby, mother, and family, it is best to wait until at least the early- to mid- twenties.	Provide extra support to adolescent mothers, especially those without a strong support network such as a responsible parenting partner or family network. Help her to organize an attended delivery at a health clinic and help her to travel to the clinic when she goes into labour.
PHYSICAL ACTIVITY		
Pregnant women should keep their bodies physically fit through moderate exercise. This includes a level of physical activity that she could healthily perform before getting pregnant. It is especially important to keep a strong pelvic floor – the muscles that control the bladder, bowels, and uterus.	Ask your healthcare provider about safe physical activity. Healthful activities might include taking a walk through the neighbourhood and working in your kitchen garden. Learn about pelvic floor exercises from your healthcare provider.	Inform women about what is and what is not safe to do during pregnancy. Encourage the view that pregnant women should be physically strong and discourage the view that pregnant women should not take any physical activity. Teach women how to carry out pelvic floor exercises quickly and easily several times a day.
Pregnant women should NOT perform heavy physical activity that puts strain on their body. This includes lifting very heavy objects. In later pregnancy, women should not carry heavy objects.	Transfer all responsibilities requiring heavy physical labour to someone else. Talk with your partner and family to help you do this.	Advise all family members of the dangers of heavy physical activity during pregnancy. Encourage families to support women in avoiding such dangerous activities.

PHYSICAL DEVELOPMENT

INFANTS: Birth to 12 Months

ATTITUDES ABOUT PHYSICAL DEVELOPMENT

Value your children's physical playtime. This is the best way for them to strengthen their bodies and establish healthy physical habits.

Recognise that all developmental milestones are meaningful for later learning.

Did you know?	What you can do	Suggested Activities
EARLY INFANCY		
Premature and underweight babies: babies born before 37 weeks of pregnancy or weighing less than 2.3 kgs at birth		
Premature and underweight babies often have complications and are more susceptible to illness. Premature and underweight babies get cold more easily than full-term and larger babies. This can be dangerous; parents should take care to ensure babies are kept warm. Signs of being cold include feeding poorly, weak crying, being cold to the touch, and non-responsiveness. Premature and underweight babies have lower blood sugar, which can make them lower energy. They are at greater risk of breathing difficulties. Signs include noisy breathing and blue lips. They are at greater risk of breathing difficulties. Signs include noisy breathing and blue lips. **Adolescent mothers** are more likely to give birth to premature and underweight babies.	Seek advice from a healthcare provider about caring for a premature baby. Watch for signs of a premature or underweight baby becoming cold, developing low blood sugar, and having difficulty breathing. Keep the baby warm by practicing kangaroo care: hold your infant (partially or fully naked) against your bare chest with a cloth or wrap. This is also called skin-to-skin contact. Your body keeps baby warm. The practice also supports healthy breastfeeding and bonding.	Teach parents about the risks and signs of problems associated with pre-mature birth and low birth weight. This can be done through parenting sessions, infant care appointments, home visiting, and in support groups. Show parents pictures and videos of babies exhibiting signs of problems related to prematurity. Provide additional home visits with parents of premature and underweight babies as they may need more support and more frequent advice. Model how to practise kangaroo care for parents.
Infants under 4 months of age		
Newborn infants' neck muscles cannot yet support the weight of their heads. Parents and caregivers must support a newborn's head when holding them.	Ensure the baby's head and neck is supported when being held, including when being held upright. Always supervise children holding a newborn.	Teach parents several safe ways to hold and carry newborns. Encourage both parents to practise this skill until they are comfortable.
Infants are growing and gaining strength every day. Stretching, grabbing, and kicking help them develop their muscles. Tummy Time is a perfect opportunity for these exercises.	Give your baby opportunities to stretch and use their muscles. Place your baby on its tummy on a clean surface, starting with a few minutes at a time. Repeat this several times every day.	Show parents how to give infants Tummy Time, starting with just a few minutes at a time and building to longer times as the baby gets stronger. Model how parents should engage their infants during Tummy time.
Baby wearing is the practice of carrying a baby on your body, held by a wrap or blanket. As infants under 4 months of age do not have good head control and neck strength, great care must be taken to	Learn how to practise baby wearing safely from other mothers, parenting education facilitators, and healthcare providers.	Model how to safely wear an infant of under 4 months, preferably on one's front, or very carefully on the back.

protect the baby's neck when being carried on the back. For inexperienced mothers, the safest place to carry an infant of this age is on the front (across the chest).	Request support from other parents about safely securing your young infant on your back in a way that protects their fragile neck. If possible, wear young infants on your front until they gain strength in their neck.	Encourage mothers to practise this until they can do it independently.

PHYSICAL DEVELOPMENT		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
EARLY INFANCY		
Babies older than 4 months		
Babywearing continues to be a practical and beneficial way to carry your infant. Older infants can now safely be carried on either the front or back, whichever the mother prefers.	Practise babywearing frequently to support bonding and for a practical way to carry your baby.	Model how to wear an infant for mothers new to the practice. Encourage mothers to practise this until they can do it independently.
Tummy Time continues to offer important exercise throughout infancy.	Continue to practise Tummy Time every day.	Model Tummy Time for parents, including infant engagement during this exercise.
Older infancy brings several key physical developmental milestones: • Sitting up: around 5 to 6 months • Rolling over: around 5 to 7 months • Crawling: around 7 to 8 months • Pulling up to a standing position: around 9 to 10 months • Cruising – taking steps while holding onto something for support: around 11-12 months • Walking: around 12 months or later Children develop at their own rate and it is common for babies to achieve some milestones earlier or later than the average.	Encourage your infant to stretch and strengthen its muscles in a variety of ways. Offer toys and other enticements for your baby to reach for and grasp. Model actions for your baby such as kicking your legs and sitting up. Encourage your baby to stand with support and bounce up and down on your lap. Provide your older infant safe places to crawl, cruise, and walk. Provide your older infant with sturdy furniture to pull up on.	Model ways that parents can give their babies opportunities to exercise and strengthen their muscles during play groups. Teach parents age-appropriate games and other activities to play with infants.
Special needs note: A milestone that is delayed by 2 months or more may be considered seriously delayed. A slightly delayed milestone does not immediately indicate a disability. However, seriously delayed milestones may indicate a possible problem. Seriously delayed milestones should always be discussed with a healthcare provider.	Carefully watch your infant's development and take note of any seriously delayed milestones. Discuss seriously delayed milestones with your healthcare provider as this may require a referral for special services.	Help parents recognise early signs of possible physical development delays. Refer parents of children with delays to the appropriate support services.

PHYSICAL DEVELOPMENT		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
BIRTH DEFORMITIES		
 Many types of birth deformities can be treated if addressed early. Untreated birth deformities can cause serious, life-long physical disabilities. Some examples include: • Congenital dislocation of the hip- when the hip joint does not properly form. • Club foot- when one or both of the baby's feet are twisted out of shape or position. • Cleft lip- a split in the upper or lower lip, and Cleft palate- a split in the roof of the mouth.	Discuss any possible birth deformity with your healthcare provider. Accept their advice and seek treatment for any possible birth deformity immediately. Learn about any immediate and long-term effects of your infant's birth deformity. Some deformities can be treated early but still require additional support services. For example, an infant born with cleft lip may need extra feeding support in infancy and additional speech support as they grow.	Offer counselling services to parents of children with birth deformities and other special needs. These parents need extra support. They especially need to know that their baby is valued and can be helped through treatment. Encourage parents to join support groups with parents in similar situations. Refer parents of children with birth deformities to the appropriate support services.
 Down Syndrome is a chromosomal defect. Down Syndrome has both physical and cognitive effects for children. While Down Syndrome cannot be cured, it can be treated with early intervention services.	Discuss early intervention for your child if they are born with Down's Syndrome. Be positive and encouraging; Children born with Down Syndrome who receive proper early treatment can reach their full potential and experience an independent and fulfilling life.	Refer parents of children with Down's Syndrome to specialized support services.

PHYSICAL DEVELOPMENT

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT PHYSICAL DEVELOPMENT

Value your children's physical playtime. This is the best way for them to strengthen their bodies and establish healthy physical habits.

Remember that children who see their parents enjoying exercise will learn from this example.

Recognise that all developmental milestones are meaningful for later learning.

Did you know?	What you can do	Suggested Activities
FINE MOTOR – Development and control of small muscles, such as those in the fingers		
Young toddlers should be able to perform basic movements that require strength and coordination in their hands. These might include pointing, holding a crayon, holding a cup, holding a spoon, taking off socks, and others. Older toddlers can perform more advanced fine motor actions. These might include turning the pages of a book, staking objects, using a spoon, folding paper, and others.	Provide many opportunities and activities to help your child strengthen their hand muscles and fine motor development. These might include scribbling with a piece of chalk, building with blocks, playing with clay, and others. Model fine motor actions to encourage your toddler to exercise these muscles.	Teach parents how to engage their children in fine motor play. Provide examples of developmentally appropriate materials toddlers can play with, such as chalk and objects toddlers can pinch or pick up with thumb and forefinger. Teach parents how to make their own play materials with low- or no-cost materials available locally.
GROSS MOTOR – Development and control of large muscles, such as those in the legs		
Most toddlers will begin to walk independently between 12 and 18 months. Walking is quickly followed by increasingly coordinated physical movements. These include squatting, stepping up or down a step, kicking a ball, sitting on a small chair, and others. ***Special needs note:*** Consult your healthcare provider if your toddler is not walking by 18 months or if they walk oddly or unsteadily.	Provide your toddler with lots of opportunities and encouragement to engage in safe physical activity.	Teach parents games they can play to encourage their toddler's gross motor skills. Model actions and physical games. Encourage group games such as Duck-Duck-Goose or Ring-Around-the-Rosy. Teach parents to make play equipment, such as balls, stacking blocks, and other innovative toy ideas.
From about 18 months, toddlers are gaining coordination, balance, and strength. They are increasingly steady walkers and may be beginning to run. They can throw things, kick with more precision, and begin to jump with two feet. From about 2 years, toddlers can move steadily with significant independence. They can jump, run, stand on a balance beam, stand on tip-toe, walk on stairs, and catch a ball (using arms and torso).	Where possible, provide your toddler with toys and equipment to help hone their coordination, strength and balance. This equipment can be purchased, made, and sometimes accessed in public areas. Show your toddler that physical activity is important by modelling it and engaging in this type of play together.	Teach parents developmentally appropriate games and activities that will push their children to continue growing stronger. Ensure parents understand the value in toddler's physical independence and encourage toddlers to take appropriate physical risks without adult support.

PHYSICAL DEVELOPMENT

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT PHYSICAL DEVELOPMENT

Value your children's physical playtime. This is the best way for them to strengthen their bodies and establish healthy physical habits.

Remember that children who see their parents enjoying exercise will learn from this example.

Recognise that all developmental milestones are meaningful for later learning.

Did you know?	What you can do	Suggested Activities
FINE MOTOR – Development and control of small muscles, such as those in the fingers		
Fine motor control will progress significantly during this period. • Younger preschoolers will gain proficiency with simple fine motor movements. These should include turning the pages of a book, eating with utensils, and scribbling with a pencil or chalk. • Older preschoolers will be able to perform more complex fine motor skills. These should include cutting with scissors, holding a pencil correctly, buttoning and unbuttoning clothing, and even threading a needle.	Provide opportunities and activities to help your child strengthen their hand muscles and fine motor development. This can include drawing, painting, playing with clay, playing with buttons, and others. Model the correct pencil grip for your preschooler as they experiment with writing.	Teach parents how to engage their children in fine motor play. Provide examples of developmentally appropriate materials preschoolers can play with, such as pencils, chalk, peg boards, and other games and activities with small pieces to manipulate. Teach parents how to make their own play materials with low- or no-cost materials available locally.
GROSS MOTOR – Development and control of large muscles, such as those in the legs		
Preschoolers are growing in strength, agility, and coordination. At this age, preschoolers are very physically capable. They have strong muscles in comparison to their body weight. They can perform impressive physical actions with growing expertise. ***Special needs note:*** Children with physical disabilities are also developing physically and need exercise and equipment to help build their muscles. Parents should work with their teachers and communities to gain ideas and materials that will support their child's unique physical development.	Provide your preschooler with space, time, and encouragement to engage in physical activity. Where possible, provide your preschooler with athletic equipment to help hone their coordination. Try to access equipment, such as balls, climbing gyms, bicycles, and others. Network with other parents and community organizations to access athletic equipment. Model healthy exercise habits and exercise together. Show your preschooler that physical activity is important by modelling it and engaging in this type of play together.	Teach parents games they can play to encourage their preschooler's gross motor skills. Model actions and physical games. Encourage group games such as Tag, Hide-and-Seek, Football, and others. Teach parents to make play equipment, such as balls, stacking blocks, and other innovative toy ideas.
Physical and sensory activities help children release some of their emotional energy. Physical activity is a way for children to release stress. Children who do not get enough physical exercise may have more behaviour problems.	Always allow your child time to run and play physically. Never restrict their ability to exercise as a punishment.	Teach parents about children's physical needs in relation to their stress management and emotional regulation. Read stories and share case studies to help parents understand this need.

PROPER NUTRITION

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT NUTRITION

Appreciate that pregnancy is special and only lasts a limited time. Families can and must make special effort to support pregnant women with the special needs of the pregnancy.

Did you know?	What you can do	Suggested Activities
A healthy diet is an essential part of a healthy pregnancy. Pregnant women need to eat an increased diet that includes a variety of healthy foods. This should include foods from each of the following groups: • Animal- and plant-based protein, such as eggs, meat, and beans. • Animal- and plant-based fats, such as milk, nuts, avocado, and oils. • Dark leafy vegetables such as dodo, peas, and cabbage. • Nutritious vegetables, such as sweet potatoes, beets, pumpkin, and carrots. • Nutritious fruits, such as guava, bananas, mango, and passion fruit. • Fortified grains, such as fortified maize flour, wheat flour, and rice.	Consume a healthy diet. Eat foods from many different food groups every day. Increase your food intake, especially if you are underweight.	Teach parents about a healthy diet. This can be done during pregnancy parenting sessions, antenatal appointments, home visiting, and other opportunities. Provide clear examples and sample daily menus for pregnant women to help them understand what to eat and how much. Conduct demonstration cooking classes for families. Support families to develop kitchen gardens to supplement their diet.
Pregnant women need to drink at least 2 litres of clean, safe drinking water every day.	Monitor your daily water Intake. Drink at least 2 litres of clean, safe drinking water every day.	Encourage consumption of clean water. Encourage consumption of boiled rain water. This practice can support women to drink plenty of water while avoiding water-carrying which can put strain on her pregnant body.
Drinking alcohol, taking drugs, smoking, and being around others who are smoking during pregnancy can lead to pregnancy complications and cause serious and life-long damage to unborn babies. These can include: • Miscarriage, preterm birth, and stillbirth • Low birth weight • Learning and behaviour disorders • Sudden Infant Death Syndrome • Foetal alcohol syndrome	Do not drink alcohol, take drugs, smoke, or be around others smoking while pregnant. If you are addicted to alcohol, drugs, or tobacco seek professional support to stop. If someone is smoking in a place you cannot leave, ask them to stop or find someone in a position of authority to ask them.	Offer counselling and addiction recovery support services to help parents end use of drugs, alcohol consumption and smoking.

PROPER NUTRITION		
PRENATAL: Conception (0) to Birth (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
Pregnant women need specific nutrients to support a healthy pregnancy. In addition to a healthy diet, pregnant women should also take the following supplements, available from health clinics: • Folic Acid supplement • Iron tablet (for anaemic women)  **Adolescent mothers** are more likely to be anaemic (low iron) than older mothers.	Take a folic acid supplement throughout your pregnancy. Take other antenatal supplements as recommended by your healthcare provider. Avoid generic multi-vitamins and Vitamin A supplements. Take an iron supplement if recommended by your healthcare provider.	Inform parents of their rights to access antenatal supplements. Inform parents where to obtain these supplements. Provide extra support, including logistical support and delivery services to those families who need it.
Some food should be avoided during pregnancy. These include: • Cured, raw, or partially cooked fish, meat, and eggs • Liver, which has high amounts of vitamin A and can be harmful to the baby • Raw (unpasteurized) milk • Large amounts of caffeine, as found in colas, tea, and coffee • Excessive amounts of sugar	Avoid foods that are unsafe for you and your unborn baby. Ensure all meat is cooked thoroughly before eating. Meat that was previously cooked and has been left to sit should be reheated before eating to kill new bacteria. Only drink milk that is pasteurized. If only raw milk is available, boil it before drinking.	Teach parents about unsafe foods during pregnancy. This can be done through parenting sessions, antenatal appointments, home visiting, and other opportunities. Provide clear examples and pictures of foods to avoid.
Pregnant women are at greater risk for a rare but serious gastrointestinal infection called Listeriosis. Listeriosis is caused by eating food contaminated with the Listeria bacteria, which can be found on unwashed fruits and vegetables and uncooked animal products.	Only eat fruits and vegetables that have been washed thoroughly with filtered or boiled water. Avoid raw and undercooked animal products.	Teach parents about proper food handling, washing, and boiling to avoid Listeria. Hold demonstration classes on these skills. Ensure families have appropriate washing and cooking resources to properly handle, wash, and cook food in the home.

PROPER NUTRITION

INFANTS: Birth to 12 Months

ATTITUDES ABOUT NUTRITION

Recognise that breastfeeding is a skill that takes time to master. Women need understanding and support while they learn to do this well.

Understand that children's nutrition is just as important as adults' nutrition. Indeed, children often need more nutrients and are more affected by the lack of nutrition than adults. Prioritize healthy meals for children, even when they are as young as 6 months old.

Did you know?	What you can do	Suggested Activities
BREASTFEEDING		
Infant nutrition		
From birth to 6 months of age, infants should only consume breastmilk. Infants do not need to drink water or any other fluids during this time.	Patiently work with your infant and with a lactation coach to develop good breastfeeding latch and habits. Recognise that some babies take time to learn how to breastfeed well.	Support women through all aspects of breastfeeding through in-depth and personalized coaching, ideally performed during home visiting.
Breastfeeding should be initiated within one hour of birth. In the first few days, a yellowish fluid called colostrum is produced by the breasts and is essential for newborn babies; it should never be discarded.	Breastfeed your newborn infant at least every 2 hours, including through the night. If needed, wake your baby up to feed. If your baby wants to eat more frequently, feed them on demand.	Discuss the importance of night-time feedings with parents. Offer strategies for managing the sleep deprivation and time strain of feedings every 2 hours.
Breastfeeding should remain an infant's primary nutrition until at least 12 months of age and should be supplemented with other foods from 6 months. Infants should be breastfed on demand, meaning as much and whenever they want to feed.	Breastfeed on demand throughout infancy. Discuss any challenges you are facing to continue breastfeeding with your family, employer, or others who can offer support. **Adolescent mothers** should speak with their teachers and school leaders about arrangements that will allow them to continue school while breastfeeding.	Discuss the importance of breastmilk for infants and why breastfeeding on demand is best for babies. **Adolescent mothers** have many breastfeeding challenges. A key challenge is time spent away from the baby after re-entry to school. Teenage mothers need extra support to facilitate and advocate for their right and responsibility to continue breastfeeding after re-entering school.
Most women are capable of breastfeeding and can produce enough milk for their infants. Some women will need extra lactation support to ensure they establish good breastfeeding habits.	Seek lactation support if needed. Act on signs that you may need support, including: • Baby not latching well • Baby still hungry after eating • Signs of jaundice (yellowing of eyes and skin) in your infant.	Offer comprehensive lactation support to all women who need it. Issues may include: • Baby positioning • Latching • Nipple pain • Milk production

PROPER NUTRITION		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
BREASTFEEDING (cont.)		
Infant nutrition (cont.)		
Baby formula exists as an emergency option. Mothers should work with a lactation coach before giving up on breastfeeding. Formula should only be used as a last resort.	Look for a high-quality baby formula as an emergency option only. Non-human milk, such as cow's milk and goat's milk are not a substitute for formula or mother's milk.	Educate parents on appropriate substitutes for breastmilk. This should only include a high-quality baby formula that is not expired and has been properly stored.
Breastfed babies are often deficient in vitamin D as this is the only nutrient that breastmilk does not fully provide. Vitamin D can be produced by exposure to sunlight, though many children to not gain enough from this source.	Ask your healthcare provider for liquid Vitamin D supplements. Give your infant Vitamin D supplements in accordance with your healthcare provider's instructions.	Help parents access vitamin D supplements. Teach parents how to administer liquid Vitamin D to infants.
Mother's nutrition		
Breastfeeding mothers need to eat a variety of healthy foods, similar to the diet they ate during pregnancy. Some foods are especially helpful for breastfeeding mothers, including: • Fish, meat, and poultry • Beans, lentils, nuts, and seeds • Milk, cheese, and yogurt • Fruits and vegetables, as with any healthy diet. Breastfeeding mothers need more food and water as breastmilk takes a lot of energy to produce.	Eat healthy meals throughout the day. Include a variety of food sources in your diet every day. Offer breastfeeding women as much support as they need to properly breastfeed. Encourage them and make sure they have everything they need, such as healthy foods and clean water. Drink at least 2 litres of water every day.	Teach parents about a healthy breastfeeding diet. This can be done during parenting sessions, postnatal appointments, home visiting, and other opportunities. Provide clear examples and sample daily menus to help families understand what to eat and how much. Conduct demonstration cooking classes for families. Support families to develop kitchen gardens to supplement their diet. Encourage consumption of safe, boiled, or otherwise treated water.
Vitamin supplements may be taken to support lactation and healthy milk production. Breastfeeding women are most likely to be deficient in calcium and iron.	Discuss the need for vitamin supplements with your healthcare provider. Follow their advice and take any recommended supplements.	Inform parents of where to access breastfeeding supplements. Provide extra support, including logistical support and delivery services to those families who need it.

PROPER NUTRITION		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
COMPLIMENTARY FEEDING		
Complementary feeding should begin when an infant is 6 months-old. Though breastfeeding should continue to be an infant's primary nutrition, from 6 months, infants need more nutrients and energy than breastmilk provides on its own. First solid foods should be very soft (mashed or pureed) and offered in tiny amounts. It will take time for your baby to learn to swallow solid foods. Take this slowly.	Start complimentary feeding in small amounts at 6 months. Offer 1-2 tablespoons of food a day to start. Slowly increase this amount and the frequency of meals. Start with pureed vegetables and soft fortified grains. Avoid sugary and sweet foods at the start. Do not salt your infant's food.	Teach parents about healthy complementary feeding. This can be done during parenting sessions, infant care appointments, home visiting, and other opportunities. Provide clear examples and sample daily menus to help families understand what infants should eat and how much. Conduct demonstration baby-food cooking classes for families.
Infants need constant supervision during feeding times as they can easily choke.	Pay close attention to your infant during feeding times.	Model safe ways to feed infants. Discuss the risks of choking and teach emergency first aid for this.
Between 6 and12 months, infants are most at risk for developing iron deficiency. Iron rich foods, such as meat, eggs, and vegetables should be provided. Serious iron deficiency may require iron supplementation.	Ask your healthcare provider about iron deficiency and take their advice.	Discuss iron deficiency with parents, including the potential long-term health effects of iron-deficient anaemia. Give them examples of iron rich foods.

PROPER NUTRITION

TODDLERS: 12 – 36 Months

ATTITIDUES ABOUT NUTRITION

Understand that children's nutrition is just as important as adults' nutrition. Indeed, children often need more nutrients and are more affected by the lack of nutrition than adults. Prioritize healthy meals for children, even when they are very young.

Did you know?	What you can do	Suggested Activities
Toddlers can continue to benefit from drinking breastmilk, up to about 2 years of age. As toddlers grow more independent and interested in the world around them, they may go through phases of not wanting to breastfeed as often.	Continue to breastfeed your toddler on demand. Do not force breastfeeding on toddlers, but continue to encourage them to breastfeed, even if they show less interest at times.	Teach parents about a healthy diet during parenting sessions, home visiting, and other opportunities.
Toddlers should eat frequently, ideally including 3 meals and 2 snacks every day.	Offer healthy balanced meals at regular meal and snack times.	Provide clear examples and sample daily menus to help families understand what to eat and how much.
Toddlers need a balanced diet of animal and plant-based foods including animal protein, vegetables, fruits, grains, dairy, and fats. • Varied nutrition is important. Toddlers should not have all their calories coming from one or two food sources such as maize or potatoes. • Sugary foods should be special treats and not eaten every day. • Nutrient fortified grains are a healthy food choice but should be offered in moderation. Too many grains can fill a toddler's small belly quickly an make them eat less of other foods, reducing the overall nutrients they would receive from a more varied diet.	Encourage your toddler to eat a healthy balanced diet. • Offer new foods several times, even if your toddler has previously refused them. Toddlers take a long time to trust new foods. As they become more familiar, they will be more open to accepting them into their diet. • Encourage your toddler to try new foods, but do not force them. • Offer appropriately sized portions for your toddler and cut food into toddler-sized pieces. • Model healthy eating habits. Let your child see you eating a balanced diet and avoiding excessive sugary treats. • Keep a kitchen garden to supplement your family's food. Where possible, raise livestock such as egg-laying hens, goats, and lactating cows.	Support parents to provide healthy meals to toddlers. • Conduct demonstration cooking classes for families. • Support families to develop kitchen gardens to supplement their diet. • Recognise that parents may be facing a variety of nutrition-related challenges, from nutrient deficiency, food insecurity, trouble finding time to cook healthy meals, or even just dealing with a stubborn picky eater. • Support parents to think through problems, ask questions, and learn about resources in group sharing discussions.
Toddlers should drink plenty of safe water and milk. Fruit juices are less nutritious than eating fruit. Sodas and sugary drinks are very unhealthy and should be avoided for all toddlers.	Always offer safe, clean drinking water or pasteurized milk when your toddler is thirsty. Never offer your toddler soda or a sugary drink.	Support parents to offer healthy beverage options and teach them about the importance of keeping toddlers well hydrated. Encourage storage and consumption of boiled rain water. Teach parents proper ways to boil raw milk or find pasteurized milk.

PROPER NUTRITION

PRESCHOOLERS: 3 – 6 Years

ATTITIDUES ABOUT NUTRITION

Understand that children's nutrition is just as important as adults' nutrition. Indeed, children often need more nutrients and are more affected by the lack of nutrition than adults. Prioritize healthy meals for children, even when they are very young.

Did you know?	What you can do	Suggested Activities
Preschoolers should eat frequently, ideally including 3 meals and 2 snacks every day.	Offer healthy balanced meals at regular meal and snack times.	Provide clear examples and sample daily menus to help families understand what to eat and how much.
Preschoolers need a balanced diet of animal and plant-based foods including animal protein, vegetables, fruits, grains, dairy, and fats. • Varied nutrition is important. Preschoolers should not have all their calories coming from one or two food sources such as maize or potatoes. • Sugary foods should be special treats and not eaten every day. • Nutrient fortified grains are a healthy food choice but should be offered in moderation. Too many grains can fill a Preschooler's small belly quickly an make them eat less of other foods, reducing the overall nutrients they would receive from a more varied diet.	Encourage your preschooler to eat a healthy balanced diet. • Offer new foods several times, even if your preschooler has previously refused them. Preschoolers take a long time to trust new foods. As they become more familiar, they will be more open to accepting them into their diet. • Encourage your preschooler to try new foods, but do not force them. • Offer appropriately sized portions for your preschooler and cut food into child-sized pieces. • Model healthy eating habits. Let your child see you eating a balanced diet and avoiding excessive sugary treats. • Keep a kitchen garden to supplement your family's food. Where possible, raise livestock such as egg-laying hens, goats, and lactating cows.	Support parents to provide healthy meals to preschoolers. • Conduct demonstration cooking classes for families. • Support families to develop kitchen gardens to supplement their diet. • Recognise that parents may be facing a variety of nutrition-related challenges, from nutrient deficiency, food insecurity, trouble finding time to cook healthy meals, or even just dealing with a stubborn picky eater. Support parents to think through problems, ask questions, and learn about resources in group sharing discussions.
Preschoolers should drink plenty of safe water and milk. Fruit juices are less nutritious than eating fruit. Sodas and sugary drinks are very unhealthy and should be avoided for all preschoolers.	Always offer safe, clean drinking water or pasteurized milk when your preschooler is thirsty. Never offer your preschooler soda or a sugary drink.	Support parents to offer healthy beverage options and teach them about the importance of keeping children well hydrated. Encourage storage and consumption of boiled rain water. Teach parents proper ways to boil raw milk or find pasteurized milk.

HEALTHY SLEEP

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT SLEEP

Appreciate that growing a baby is hard work. Women need proper rest in order to do this well.
Recognise that sleep is not a luxury. It is essential for the health of your baby.

Did you know?	What you can do	Suggested Activities
In the first trimester, an increase in the hormone progesterone makes women extra tired. If the family's lifestyle allows, pregnant women should be encouraged to take naps when tired to keep up their energy levels.	Take every opportunity to sleep. Your baby needs you to be well rested and relaxed. Look for opportunities to get some extra rest whenever possible.	Teach parents about the importance of quality sleep, as well as the dos and don'ts of pregnant sleeping (specified in the following row). Share this information during group parenting sessions and home visiting.
From the second trimester, women should avoid sleeping on their stomachs and backs. Sleeping on a pregnant belly can put dangerous pressure on the unborn baby. Sleeping on one's back puts too much weight on a woman's internal organs, including the vena cava- the vein that carries blood from one's heart to the lower body. Restricting this blood flow will interfere with circulation and restrict blood flow to the baby. Sleeping on one's side is considered the best position for pregnant women.	Sleep on your side from early in your pregnancy. If possible, place a pillow between your knees in this position to reduce the pressure on your hips. If possible, place a pillow under your belly when it grows large for added support. Always sleep under a treated mosquito net to avoid contracting malaria.	Provide examples of sleep positions that are safe for mother and baby. Provide materials and where possible, extra sleeping materials such as pillow and mosquito nets to support healthy sleep during pregnancy.

HEALTHY SLEEP

INFANTS: Birth to 12 Months

ATTITUDES ABOUT SLEEP

Recognise that quality sleep is essential for good parenting. Over-tired parents cannot be sufficiently available for their children, emotionally or physically. Parents must offer support to each other to ensure they are getting proper sleep.

Value yours and your children's quality sleep. It is important for the proper functioning of your bodies and minds.

Did you know?	What you can do	Suggested Activities
INFANT SLEEP		
Babies' sleep changes as they get older and change the way they use energy. • Newborns sleep most of the day. They will wake to feed and for other reasons every couple of hours, day or night. • 6-month-old infants sleep longer at night and take several naps throughout the day. They will still likely wake at night to feed. • Between 6 and 9 months, infants should start sleeping through the night.	Provide quality sleep to your baby in line with their developmental needs. • Respond to your baby's cries during the night. • Feed your infant on demand, even throughout the night. • Develop a bedtime routine to signal 'night-time' to your baby (e.g. read a story, give baby a bath, sing a special lullaby, or do any other calming activity every night.	Discuss the basics of infant sleep with new parents. Prepare parents for the reality of sleep deprivation, the importance of meeting their child's needs during the night, and the importance of providing their infant with a safe, quality sleeping environment. Teach parents stories, lullabies, and other soothing activities during play groups and other parenting sessions.
Sudden Infant Death Syndrome (SIDS) occurs when a baby suffocates in their sleep. Causes of SIDS are not well understood. However, parents should take several key actions to lower the risk for their infants: • Infants should always be placed on their backs to sleep. This significantly reduces the risk of SIDS. • Infants should sleep on a clean, hard surface without any soft toys or blankets.	Learn about SIDS from your health care provider. • Always place your infant on their back to sleep. (It is okay if they roll over on their own around 4-6 months.) • Ensure your infant is sleeping on a clean, flat surface without any other objects. • Teach all members of your household about preventing SIDS and safe sleep.	Discuss all aspects of safe sleep with parents. Check in with parents to ask how they are practicing safe sleeping. When possible, inspect an infant's sleeping arrangements during home visits. Model the safe ways to put babies down to sleep. Show examples of safe places for babies to sleep.
Co-sleeping, or the practice of parents sleeping in the same bed with their infant must be practised with care. • Overly tired parents, parents that have consumed alcohol before bed, or parents with a low awareness of their infant should not co-sleep. • Co-sleeping is only safe on a firm mattress. Soft mattresses may create an indention around the parent's body, into which infants can fall into and suffocate.	Ensure your baby is in a safe position before co-sleeping. • Do not position your infant next to someone who might have a low awareness of the baby while sleeping. • NEVER sleep with your baby if you have taken drugs or drunk alcohol. • Ensure your mattress is firm and that your infant will not roll towards you while sleeping.	Teach parents about the importance of safe co-sleeping and the dangers of co-sleeping unsafely. Demonstrate with a doll how a baby can be smothered by a parent when co-sleeping unsafely.

HEALTHY SLEEP		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
PARENT SLEEP		
During the first weeks with a new baby, parents' sleep will suffer. Parents should look for ways to help them get more sleep, as this is very important for their good judgement and quality parenting.	Look for opportunities to get more sleep. For example, • Try to sleep while the baby sleeps • Ask for support with household chores • Ask a trusted family member to watch the baby for a few hours so you can sleep	Discuss with both parents about how much sleep they are getting and whether they feel they are getting the support they need from their family and partner. Encourage dialogue about the need for both parents to get proper rest and how to share the parenting responsibilities to ensure mothers are not over-doing.

HEALTHY SLEEP

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT SLEEP

Recognise that quality sleep is essential for good parenting. Over-tired parents cannot be sufficiently available for their children, emotionally or physically. Parents must offer support to each other to ensure they are getting proper sleep.

Value yours and your children's quality sleep. It is important for the proper functioning of your bodies and minds.

Did you know?	What you can do	Suggested Activities
Toddlers sleep around 10 hours at night and take 1 or 2 naps during the day. Toddlers' sleep benefits significantly from consistent and predictable routines.	Develop a bedtime routine to signal 'night-time' to your toddler. Read a story, sing a special lullaby, or do any other calming activity every night. This routine should always include brushing teeth and using the toilet.	Discuss all aspects of healthy sleep habits with your parent-teachers. This includes at least: • Bedtime routines • Napping • Independent sleeping Teach parents stories, lullabies, and other soothing activities during play groups and other parenting sessions.
Most toddlers will wake up at a consistent time each day, regardless of when they went to bed. Putting a toddler to bed late will not usually result in them sleeping later, but simply getting less sleep, which can make them irritable.	Make sure your toddler goes to bed at a consistent time. Ensure their bedtime is early enough to allow them 10-12 hours of uninterrupted sleep.	Help parents understand the importance of quality sleep for toddlers and set appropriate bedtimes to allow a full night's sleep. Recognise that some parents may need additional support in organizing their family's schedules in order to offer a consistent bedtime and quality sleep for toddlers.
From around 2 years-old, toddlers may begin to experience night-time fears, such as fear of the dark or even nightmares. They may have trouble expressing their fears and may need extra comfort to go back to sleep.	Comfort your toddler and talk to them about their night-time fears. Actively listen to what they share and try to help them find solutions that ease their mind, such as showing them there is nothing frightening in the room, sleeping with a light on or with a special toy or blanket.	Listen to parents as they discuss their children's fears. Give them clear examples of how to soothe their toddler. Encourage parents to treat toddler's fears kindly and respectfully.

HEALTHY SLEEP

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT SLEEP

Value yours and your children's quality sleep. It is important for the proper functioning of your bodies and minds.

Did you know?	What you can do	Suggested Activities
Preschoolers sleep around 10 hours at night. Preschoolers' sleep benefits significantly from consistent and predictable routines. As preschoolers grow, it is important that they feel a sense of pride and independence in carrying out their routines.	Develop a bedtime routine to signal 'night-time' to your preschooler. Read a story, sing a special lullaby, or do any other calming activity every night. This routine should always include brushing teeth and using the toilet. Encourage your preschooler to perform more of their sleep routine independently. They can: • Get themselves dressed for bed, • Use the toilet, and • Brush their teeth with independence. A parent should always check that these tasks were completed well and that children are clean and ready for bed. Talk to your child about their sleep needs. Talk to them about the importance of getting good sleep and developing good habits.	Discuss all aspects of healthy sleep habits with your parent-teachers. This includes at least: • Bedtime routines • Napping • Independent sleeping Teach parents stories, lullabies, and other soothing activities during play groups and other parenting sessions.
Most preschoolers will wake up at a consistent time each day, regardless of when they went to bed. Putting a preschooler to bed late will not usually result in them sleeping later, but simply getting less sleep, which can make them irritable and reduce their ability to focus and learn the following day.	Make sure your preschooler goes to bed at a consistent time. Ensure their bedtime is early enough to allow them 10 hours of uninterrupted sleep.	Help parents understand the importance of quality sleep for preschoolers and set appropriate bedtimes to allow a full night's sleep. Recognise that some parents may need additional support in organizing their family's schedules to offer a consistent bedtime and quality sleep for preschoolers.
Preschoolers may begin to experience night-time fears, such as fear of the dark or even nightmares. This is because preschoolers have active imaginations and may be working to make sense of what is real and what is imaginary.	Talk to your child about their night-time fears. Actively listen to what they share and try to help them find solutions that ease their mind, such as showing them there is nothing frightening in the room, sleeping with a light on or with a special toy or blanket.	Listen to parents as they discuss their children's fears. Give them clear examples of how to soothe their preschooler. Encourage parents to treat preschooler's fears kindly and respectfully.

HEALTHY SLEEP

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT SLEEP

Recognise that quality sleep is essential for good parenting. Over-tired parents cannot be sufficiently available for their children, emotionally or physically. Parents must offer support to each other to ensure they are getting proper sleep.

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Toddlers sleep around 10 hours at night and take 1 or 2 naps during the day. Toddlers' sleep benefits significantly from consistent and predictable routines.	Develop a bedtime routine to signal 'night-time' to your toddler. Read a story, sing a special lullaby, or do any other calming activity every night. This routine should always include brushing teeth and using the toilet.	Discuss all aspects of healthy sleep habits with your parent-teachers. This includes at least: • Bedtime routines • Napping • Independent sleeping Teach parents stories, lullabies, and other soothing activities during play groups and other parenting sessions.
Most toddlers will wake up at a consistent time each day, regardless of when they went to bed. Putting a toddler to bed late will not usually result in them sleeping later, but simply getting less sleep, which can make them irritable.	Make sure your toddler goes to bed at a consistent time. Ensure their bedtime is early enough to allow them 10-12 hours of uninterrupted sleep.	Help parents understand the importance of quality sleep for toddlers and set appropriate bedtimes to allow a full night's sleep. Recognise that some parents may need additional support in organizing their family's schedules in order to offer a consistent bedtime and quality sleep for toddlers.
From around 2 years-old, toddlers may begin to experience night-time fears, such as fear of the dark or even nightmares. They may have trouble expressing their fears and may need extra comfort to go back to sleep.	Comfort your toddler and talk to them about their night-time fears. Actively listen to what they share and try to help them find solutions that ease their mind, such as showing them there is nothing frightening in the room, sleeping with a light on or with a special toy or blanket.	Listen to parents as they discuss their children's fears. Give them clear examples of how to soothe their toddler. Encourage parents to treat toddler's fears kindly and respectfully.

HEALTHY SLEEP

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT SLEEP

Value yours and your children's quality sleep. It is important for the proper functioning of your bodies and minds.

Did you know?	What you can do	Suggested Activities
Preschoolers sleep around 10 hours at night. Preschoolers' sleep benefits significantly from consistent and predictable routines. As preschoolers grow, it is important that they feel a sense of pride and independence in carrying out their routines.	Develop a bedtime routine to signal 'night-time' to your preschooler. Read a story, sing a special lullaby, or do any other calming activity every night. This routine should always include brushing teeth and using the toilet. Encourage your preschooler to perform more of their sleep routine independently. They can: • Get themselves dressed for bed, • Use the toilet, and • Brush their teeth with independence. A parent should always check that these tasks were completed well and that children are clean and ready for bed. Talk to your child about their sleep needs. Talk to them about the importance of getting good sleep and developing good habits.	Discuss all aspects of healthy sleep habits with your parent-teachers. This includes at least: • Bedtime routines • Napping • Independent sleeping Teach parents stories, lullabies, and other soothing activities during play groups and other parenting sessions.
Most preschoolers will wake up at a consistent time each day, regardless of when they went to bed. Putting a preschooler to bed late will not usually result in them sleeping later, but simply getting less sleep, which can make them irritable and reduce their ability to focus and learn the following day.	Make sure your preschooler goes to bed at a consistent time. Ensure their bedtime is early enough to allow them 10 hours of uninterrupted sleep.	Help parents understand the importance of quality sleep for preschoolers and set appropriate bedtimes to allow a full night's sleep. Recognise that some parents may need additional support in organizing their family's schedules to offer a consistent bedtime and quality sleep for preschoolers.
Preschoolers may begin to experience night-time fears, such as fear of the dark or even nightmares. This is because preschoolers have active imaginations and may be working to make sense of what is real and what is imaginary.	Talk to your child about their night-time fears. Actively listen to what they share and try to help them find solutions that ease their mind, such as showing them there is nothing frightening in the room, sleeping with a light on or with a special toy or blanket.	Listen to parents as they discuss their children's fears. Give them clear examples of how to soothe their preschooler. Encourage parents to treat preschooler's fears kindly and respectfully.

STAYING HEALTHY AND SAFE

This Theme includes all aspects of keeping children and their families healthy and safe. This includes medical care, including preventative care and the treatment of childhood illnesses; taking responsible safety precautions; practicing good hygiene and sanitation at all stages of childhood; and looking after one's mental health.

This theme is organized into the following sub-themes:

- Preventative Care and Personal Safety
- Treatment of Illness
- Water, Sanitation and Hygiene
- Mental Health

Preventative Care and Personal Safety

This sub-theme addresses the importance of participating in preventative care and taking appropriate safety precautions at all age levels. Preventative care involves meeting with healthcare providers in advance of and to prevent illness through proactive steps such as vaccinations and health screenings. Preventative care has proven to significantly improve the health of children and prevent the development of common and sometimes life-threatening childhood illnesses. Parents who attend preventative care appointments with their children are also better informed about their child's development, more likely to be aware of special needs as they develop, and better educated about proper nutrition and other health factors for children. This sub-theme discusses the types and frequency of preventative care that parents have a right and responsibility to seek for their children, as well as the safety precautions they should adopt as children grow, including road awareness and prevention of kidnapping.

Treatment of Illness

This sub-theme addresses many aspects of childhood illness, particularly an understanding of the signs of potentially serious childhood illnesses and the steps parents should take to ensure the successful recovery of sick children. Childhood illness can escalate and become dangerous very quickly. It is essential that parents treat signs of illness seriously and seek medical attention early. This is especially true for parents that have long distances to travel or other logistical challenges, such as difficult terrain, to meeting with a healthcare provider. Parents should not take on the responsibility of diagnosing childhood illnesses; rather, their responsibility is to seek appropriate care whenever it is needed.

Water, Sanitation and Hygiene

This sub-theme addresses the hygiene and sanitation behaviours that parents must adopt for the benefit of their child and their entire household. Families that adhere to proper hand-washing, safe preparation of food, use of hygienic latrines and proper disposal of faeces, and who only use safe water for drinking and washing have much better overall health than those that do not. Babies and children, who still have underdeveloped immune systems are especially at risk from diseases that arise from poor hygiene and sanitation. This sub-theme addresses the parenting responsibilities that intersect with a need for strict adherence to best hygiene and sanitation practices, for the protection of young children, other members of the family, and the wider community.

It is important for parenting educators to recognise that these daily activities are perfect times to encourage parents to integrate early learning activities. For example, parents can sign songs and count a child's fingers while they wash their hands. Parents can tell stories and read books to their child while they take a bath. Parenting educators should always look for areas, such as these, to integrate aspects of the curriculum and encourage more healthy and holistic child development.

Mental Health

This sub-theme addresses the important and often overlooked issue of parental mental health. Parental depression, especially maternal depression, is proven to have a lasting negative impact on the parent's ability to care for their children. Children with depressed parents have poorer development outcomes and are more likely to be neglected or even abused. This curriculum encourages parents, families, and communities to view depression as a serious and devastating condition that requires significant, and usually professional support. It also offers strategies for parents to look after their own mental health, which is a necessary aspect of providing quality care to their children.

PREVENTATIVE CARE AND PERSONAL SAFETY

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT PREVENTATIVE CARE AND SAFETY

Antenatal care is your right and responsibility as a parent. It is essential for parents to plan and prevent harm before it occurs. Antenatal care protects pregnant women and unborn babies and should be taken seriously by all family members.

Did you know?	What you can do	Suggested Activities
Rwanda adopted the WHO antenatal care recommendations, which include a minimum of eight visits with a healthcare provider during pregnancy: • 1 during the first trimester • 2 during the second trimester • 5 during the third trimester	Visit your healthcare clinic as soon as you think you might be pregnant. They can confirm your pregnancy and help you set a schedule of future visits.	Educate parents about their antenatal healthcare rights and responsibilities. Support parents to make their first clinic visit and provide materials to support them to keep track of and attend future visits.
Antenatal appointments serve a range of purposes, including: • Checking on the wellbeing of mother and baby • Checking growth of the baby and for any obvious abnormalities • Important testing, such as blood type, rhesus status, anaemia, and infections • Receive preventative care medication, vaccinations (including tetanus toxoid) and antiretroviral therapy for mothers with HIV	Attend all your antenatal appointments and carry your antenatal records with you to all appointments. Accept testing for HIV, syphilis, chlamydia, and gonorrhoea, as well as other diseases that can complicate your pregnancy and harm your baby.	Prepare parents for what to expect at antenatal visits, including what tests they will need and what questions they will be asked. **Adolescent mothers** especially those that lack support from their families, are less likely to participate in antenatal care. Educate adolescents and communities about the importance of antenatal care and counsel families on supporting teen mothers during their pregnancy.
Pregnant women can reduce the risk of infection and disease through several simple methods that help to prevent exposure to illness, such as getting recommended vaccines.	Take all appropriate precautions: • Accept recommended vaccinations • Sleep under a mosquito net • Maintain good hygiene • Take anti-worming medication (only after the first trimester) • Take anti-malarial mediation (only after the first trimester) • Take oral prophylaxis to guard HIV infection (for women at higher risk of infection)	Discuss preventative care measures with parents. Provide visualizations of measures parents can take in the home, such as sleeping under a mosquito net. Education parents about vaccines they will be asked to take during pregnancy and explain the safety and importance of these and other preventative care measures.
Falls and other injuries during pregnancy, especially blows to the mother's belly, can lead to a serious condition in which the placenta detaches from the uterus. Injuries during pregnancy should be carefully avoided. When they occur, a healthcare provider must be informed.	Advise your healthcare provider of any falls or other injuries during pregnancy. Carefully avoid risky behaviour that can lead to falls and other injuries.	Encourage parents to talk about the ways they are protecting their pregnancy in group settings. Encourage parents to share what preventative measures they are taking.

PREVENTATIVE CARE AND PERSONAL SAFETY

INFANTS: Birth to 12 Months

ATTITUDES ABOUT PREVENTATIVE CARE AND SAFETY

Preventative care is your right and responsibility as a parent. It is essential for parents to plan ahead and prevent harm before it occurs. Preventative care protects pregnant women, babies, and children and should be taken seriously by all family members.

Vaccinations keep entire communities safe. When healthy people vaccinate, they not only protect themselves, but also create protection for community members who may not be able to vaccinate due to complicated conditions such as HIV. We all have a communal responsibility to get vaccinations and keep these up to date.

Health screenings offer parents the best chance of catching early signs of things that need treatment or special continuing care.

Did you know?	What you can do	Suggested Activities
Safe labour and delivery practices and environments save lives of mothers and babies.	Deliver your baby in a safe and hygienic environment, preferably at a health facility.	Train parents and birthing attendants on safe birthing practices.
Postnatal care is essential for the safety of mother and baby. Postnatal care can be received in a health clinic or in the home by a CHW. This should include at a minimum: • 1st check-in within 24 hours of birth • 2nd check-in between 5 to 7 days after birth • 3rd check on the 28th day after birth Babies with low birth weight should receive an additional 2 visits (total of at least 5): • A check at both the 5th and the 7th day after birth • An added visit on the 14th day after birth	Attend postnatal care appointments at your health clinic and/or welcome your CHW to perform visits in your home.	Educate parents about the importance of completing their full postnatal care. Caution parents about the risks to both mother and baby if they miss these appointments, especially those in the first week after birth. Read case studies sharing how most deaths of women and newborns occur during this postnatal care period and how attending appointments can save lives.
Infants should receive the following essential vaccinations according to the below schedule: • BCG – prevents Tuberculosis – at birth • OPV – prevents polio – at birth and at 6, 10, and 14 weeks. • DTP or DTP-HepB-Hib – prevents against Diphtheria, Pertussis, Tetanus, Hepatitis B, and Hemophilus influenza b – at 6, 10, and 14 weeks • PCV – pneumococcal conjugate vaccine- at 6, 10, and 14 weeks • Rotavirus vaccine – prevents rotavirus, at 6, 10, and 14 weeks • MR – prevents measles and Rubella – at 9 months	Maintain up to date vaccinations and records for your infant. Take your infant to the health clinic frequently in the first year – at least including: • All 3 to 5 postnatal appointments within the first month • At 6 weeks of age • At 10 weeks • At 14 weeks • At 6 months • At 9 months • At 12 months	Encourage parents to receive all recommended vaccinations for their infants. Share materials, such as a visual calendar of upcoming vaccinations and what they prevent. Send reminders and follow-up with parents about upcoming appointments and vaccinations.

PREVENTATIVE CARE AND PERSONAL SAFETY		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
Sleeping under a treated mosquito net is an effective way to prevent against Malaria.	Always put your infant to sleep under a treated mosquito net.	Remind parents frequently about this practice. Provide mosquito nets for infants if needed.
Health screenings completed during infant health checks are important for detecting hidden health problems, such as anaemia. Infants will have their height and weight checked to ensure they are growing as expected. Depending on the severity, these screenings may also be able to detect early signs of vision and hearing impairment.	Follow any corrective or cautionary recommendations for infants based on health screening results. For example, if a screen discovers your child is anaemic, follow your healthcare provider's recommendations to increase their iron levels.	Educate parents on the importance and purpose of health screenings. Share details about what health screenings can find that parents could not diagnose themselves. Tell stories about health screenings that encourage parents to view them as essential and as positive experiences to which they can look forward.
Rwanda has made significant progress in preventing transmission of HIV from mother to infant through Prevention of Mother-to-Child Transmission (PMTCT) services. HIV+ mothers can decrease the likelihood of transmission to their infant through participating fully in these services. It is essential that you and your healthcare providers know if you are HIV+ and if your infant is HIV-exposed. Keeping this information private could lead to transmission and to the unnecessary death of your infant.	Fully participate in PMTCT services for HIV-exposed infants. Ensure your healthcare providers know if your baby is HIV-exposed so they will know how best to care for your infant.	Encourage HIV+ parents to accept specialized care and PMTCT services for mother and baby. Talk openly about HIV and the incredible gains Rwanda has achieved through PMTCT services. Discourage parents from hiding their HIV status from healthcare providers, reminding them that these services can save their infant's life through HIV prevention.
Adolescent mothers are less likely to keep up with postnatal care responsibilities. This is due to lack of support, lack of resources, lack of knowledge about what babies need, and competing responsibilities, such as attending school.	Look for support in providing postnatal care to your baby. This might include: • Mobile health services that can come to your village • Family members that can bring your baby to the clinic in your place • Financial support for transport	Offer extra support and education to adolescent parents about the importance of postnatal care. Help young mothers network with support groups and health services. Counsel families to provide extra care for adolescent mothers, such as taking over some postnatal care responsibilities while the mother is in school.
SAFETY		
Baby-proofing is the act of ensuring the home is safe for an infant to explore. This includes covering electrical outlets, removing sharp or other unsafe objects from reach of the infant, ensuring the space is clean, blocking exits, and closing access to anything that might be dangerous, such as cleaning chemicals.	Work with your partner to baby-proof your home before your infant can move (crawl or cruise) independently. Begin this process from around the time your infant is 6 months old.	Support parents to baby-proof home. During home visits or group sessions, help parents more clearly understand what steps are needed to make their home into a space that is safe for their infant to explore.

PREVENTATIVE CARE AND PERSONAL SAFETY

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT PREVENTATIVE CARE AND SAFETY

Preventative care is your right and responsibility as a parent. It is essential for parents to plan ahead and prevent harm before it occurs. Preventative care protects children and should be taken seriously by all family members.

Vaccinations keep entire communities safe. When healthy people vaccinate, they not only protect themselves, but also create protection for community members.

Health screenings offer parents the best chance of catching early signs of things that need treatment or special continuing care.

Did you know?	What you can do	Suggested Activities
Toddlers benefit from frequent visits with a healthcare provider. Healthcare providers will continue to screen toddlers for health issues and track their growth and development.	Arrange for your toddler to see a healthcare provider for health screens at these ages • 12 months • 18 months • 24 months (2 years) • 30 months • 36 months (3 years)	Educate parents about their children's healthcare rights to preventative care. Encourage both parents to remain knowledgeable about their toddler's health and developmental progress. Both parents should try to attend preventative care appointments.
Health screenings help parents know about hidden health and development problems. They may also be able to identify signs of vision and hearing impairment.	Follow any corrective or cautionary recommendations for toddlers based on health screening information. Give your toddler any vitamin supplements encouraged by your healthcare provider.	Educate parents about what to expect from health screenings. Show parents the range of health issues providers can screen for and share case studies of how this improves children's lives.
Sleeping under a treated mosquito is an effective way to protect your toddler from Malaria.	Always put your child to sleep under a mosquito net.	Remind parents frequently about this practice. Provide mosquito nets for children if needed.
Breastmilk is an excellent protection against disease and infection.	Continue to supplement your toddler's nutrition with breastfeeding, ideally until 2 years of age.	Encourage mothers to continue supplemental breastfeeding up to 2 years of age. Advocate in the community for acceptance of breastfeeding for toddlers, including for working mothers.
SAFETY		
Toddler-proofing is the act of ensuring the home is safe for a toddler to explore. This includes covering electrical outlets, removing sharp or other unsafe objects from reach, ensuring the space is clean, blocking exits, and closing access to anything that might be dangerous.	Work with your partner to toddler-proof your home. Begin this process early, before your toddler is moving around independently.	Support parents to toddler-proof home. During home visits or group sessions, help parents more clearly understand what steps are needed to make their home into a space that is safe for their toddler to explore.
Road safety lessons should begin as soon as toddlers can walk.	Teach your toddler about the dangers of walking and playing near the road. Ensure your toddler is always supervised by a responsible adult when walking along or near a road.	Guide parents on teaching proper road safety to toddlers. Reinforce the need for constant supervision of toddlers walking or playing near a road.

PREVENTATIVE CARE AND PERSONAL SAFETY

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT PREVENTATIVE CARE AND SAFETY

Preventative care is your right and responsibility as a parent. It is essential for parents to plan ahead and prevent harm before it occurs. Preventative care protects children and should be taken seriously by all family members.

Vaccinations keep entire communities safe. When healthy people vaccinate, they not only protect themselves, but also create protection for community members who may not be able to vaccinate due to complicated conditions such as HIV. We all have a communal responsibility to get vaccinations and keep these up to date.

Children must learn how to be safe and responsible. This is a parent's duty to teach.

Did you know?	What you can do	Suggested Activities
Children benefit from frequent visits with a healthcare provider. Healthcare providers will continue to screen children for health issues and track their growth and development.	Arrange for your child to see a healthcare provider for health screens at: • 3 years of age • 4 years • 5 years • 6 years	Education parents about their children's healthcare rights to preventative care. Encourage both parents to remain knowledgeable about their child's health and developmental progress. Both parents should try to attend preventative care appointments.
Health screenings help parents know about hidden health and development problems. They may also be able to identify signs of vision and hearing impairment.	Follow any corrective or cautionary recommendations based on health screening information. Give your child any vitamin supplements encouraged by your healthcare provider.	Educate parents about what to expect from health screenings. Show parents the range of health issues providers can screen for and share case studies of how this improves children's lives.
Sleeping under a treated mosquito net is an effective way to protect your child from Malaria.	Always make sure your child sleeps under a treated mosquito net.	Remind parents frequently about this practice. Provide mosquito nets for children if needed.
From about the age of 5, children should begin regular deworming treatments.	Under the supervision of a healthcare provider, allow your preschooler to participate in deworming treatments every 6 months or according to your healthcare provider's recommended schedule.	Help parents understand the benefits of deworming. Teach parents about the causes of worm infections. Show them pictures and read stories about how deworming improves health.
SAFETY		
Preschoolers must learn about proper road safety as soon as possible. Preschoolers should always be supervised by a responsible adult when walking or playing near a road.	Teach your preschooler about the dangers of walking and playing near the road. Set rules and limits for your child about walking in or playing near a road. Ensure your child is always supervised by a responsible adult when walking along or near a road.	Guide parents on teaching proper road safety to preschoolers. Remind parents that preschoolers are impulsive and do not always think before they act. Reinforce the need for supervision of children walking or playing near a road, especially younger children.
Preschoolers and parents should learn behaviours that will help prevent kidnapping. Preschoolers should be taught never to go anywhere with someone they don't know.	Talk to your child about the importance of never going anywhere with someone they don't know. Ensure your children know many adults in your community and teach them how to seek out help from a trusted adult when needed.	During group, home, or community-based sessions, discuss how your community should work together to keep children safe. Give parents culturally- and age-appropriate strategies for talking to their children about strangers and kidnapping.

TREATMENT OF ILLNESS

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT TREATING ILLNESS

Appreciate that illness during pregnancy deserves your full and immediate attention.

Did you know?	What you can do	Suggested Activities
Strong pain and bleeding are not part of a normal pregnancy. This could indicate a sign of a serious problem that requires medical attention.	Always discuss any unusual or pain or bleeding with your healthcare provider. Do not wait; act immediately. Your baby's life may depend on it.	Advise parents about what is and is not normal pregnancy pain and what warning signs to look for in relation to their pregnancy. Help parents develop an action plan for how to handle emergencies in their pregnancy.
Nausea and vomiting are normal symptoms of early pregnancy. However serious cases of vomiting may indicate a problem. Vomiting, especially when combined with diarrhoea may be symptoms of an illness that can harm you and/or your baby.	Discuss all your symptoms with your healthcare provider. If you are ill, they will find a safe way to treat you. If you are simply experiencing difficult pregnancy symptoms, they will have safe recommendations for how to improve your comfort.	Encourage parents to utilize their healthcare providers and other community resources to maintain a healthy pregnancy. Encourage women to stay in frequent contact with their healthcare provider and ask questions whenever they are concerned about their health.
There are many diseases and infections that can be transmitted to or otherwise harm an unborn baby. Healthcare providers understand which illnesses must be treated and the safe ways to treat them during pregnancy.	Always follow the advice of your healthcare provider about treating illness and the safest methods for doing this while pregnant.	Counsel parents on the safety of taking recommended medications during pregnancy.
Many medications and treatments that can be taken when not pregnant may not be safe during pregnancy. Healthcare providers will know which medications and treatments are safe for pregnant mothers.	Always check with a healthcare provider if a medication or treatment is safe during pregnancy.	Inform parents of the dangers of taking non-recommended medications, even if they are safe to take when not pregnant. This includes home-based and traditional treatments.
Adolescent mothers are more likely to develop some serious conditions in pregnancy than older women. These specifically include: • High blood pressure • Pre-eclampsia These conditions are dangerous for both mother and baby.	Begin antenatal care as early as possible to carefully monitor whether you are developing these conditions. Inform your family about these risks so they can help you stay healthy and attend antenatal care appointments. Follow the advice of your healthcare professional to prevent and/or treat these conditions.	Educate adolescent mothers and their families about the special risks of teenage pregnancy. Counsel families to offer high levels of support for adolescent mothers.

TREATMENT OF ILLNESS

INFANTS: Birth to 12 Months

ATTITUDES ABOUT TREATING ILLNESS

Illness in young children deserves your full and immediate attention. Parents must make quick and sometimes difficult decisions regarding their child's health. Parents must act with urgency and confidence for the benefit of their sick children.

Did you know?	What you can do	Suggested Activities
Infants' are very likely to get ill in the first year of life due to their underdeveloped immune system. Ordinary illnesses can sometimes become very seriously very quickly.	Be cautious about your infant's health and always seek medical care when they have symptoms of illness.	Educate parents about the signs of illnesses. Show pictures and videos, and other provide clear examples to help parents recognise signs of illness. Encourage parents to seek medical advice for questions on infant's health.
Elevated temperature (Fever) is a sign of illness. Babies should not get any fevers in the first 3 months. A fever of any kind in the first 3 months requires medical attention.	Learn to take temperature by touch, or if available, with a thermometer. Always visit a healthcare provider if your infant has a fever within the first 3 months of age. After 3 months, see a healthcare provider for high temperatures and those lasting more than 24 hours.	Teach parents to take temperature by touch or with thermometer if available. Encourage the use of in-home thermometers for more accurate temperature reading.
Jaundice, which can appear as the yellowing of the eyes, may be a sign that your infant's liver is not properly eliminating toxins.	Recognise the signs of jaundice. Always see a healthcare provider if you suspect your child may have jaundice.	Show parents pictures of children with signs of Jaundice.
A rash that appears as tiny red dots on your infant's chest, back, arms, or legs that does not fade when you press on them can indicate a serious condition.	Learn to recognise threatening infant rashes. Always seek advice from a healthcare provider if you are unsure.	Show parents pictures of threatening rashes and normal infant rashes. Encourage parents to seek medical advice often about any questions.
Infants can become dehydrated quickly through diarrhoea and vomiting. Small amounts of vomiting, or 'spitting up' is normal in infancy. However, excessive vomiting is not. Reducing fluid intake is dangerous as it can lead to dehydration and death.	See a healthcare provider quickly if your infant is vomiting and/or has diarrhoea and continue to provide fluids and food to your child. Increase the frequency of breastfeeding. After 6 months, oral rehydration solution, clean drinking water with a little food, and diluted fruit juice can be used.	Provide clear examples to help parents understand the difference between normal infant vomiting and stools and signs of illness.
Trouble taking in breath, wheezing, and caving in of the chest when taking breath are signs of breathing problems in infants. Breathing problems in infants can quickly develop into pneumonia.	See a healthcare provider quickly if your infant is experiencing breathing problems.	Help parents recognise signs of breathing problems. Encourage caution and discourage home treatments as breathing problems can escalate quickly in infants.
Crying is normal for infants, but constant crying, even when comfort is offered may indicate a problem.	Talk to your healthcare provider if your infant cries constantly, despite being comforted for advice about whether there may be a medical issue.	Teach parents many strategies for soothing a crying baby, including strategies for helping the baby release gas that may be causing stomach pain.

TREATMENT OF ILLNESS

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT TREATING ILLNESS

Illness in young children deserves your full and immediate attention. Parents must make quick and sometimes difficult decisions regarding their child's health. Parents must act with urgency and confidence for the benefit of their sick children.

Did you know?	What you can do	Suggested Activities
Toddlers are developing their immune system but are still highly susceptible to infection and disease. Ordinary illnesses can sometimes become serious quickly and require parent's immediate attention and action.	Be cautious about your child's health and always seek medical care when they have symptoms of illness.	Educate parents about the signs of illnesses. Show pictures and videos, and other provide clear examples to help parents recognise signs of illness. Encourage parents to seek medical advice often about any questions concerning their child's health.
Elevated temperature (fever) is a sign of illness. A high fever is always a cause for concern. A low fever lasting more than 24 hours is also cause for concern.	Learn to take temperature by touch, or if available, with a thermometer. Always visit a healthcare provider if your child has a high fever. See a healthcare provider for less severely elevated temperatures lasting more than 24 hours.	Teach parents to take temperature by touch or thermometer if available. Encourage the use of in-home thermometers for more accurate temperature reading.
While most rashes are not threatening, a rash that appears as tiny red dots on your toddler's chest, back, arms, or legs that do not fade when you press on them can indicate a serious condition.	Learn to recognise the difference between normal and threatening rashes. Always seek advice from a healthcare provider if you are unsure.	Show parents pictures of threatening rashes and normal childhood rashes, such as heat rash. Encourage parents to seek medical advice often about any questions.
Toddlers can become dehydrated quickly through diarrhoea and vomiting. Toddlers with diarrhoea and vomiting should immediately be given hydrating remedies. Reducing fluids is dangerous and can lead to dehydration and death.	See a healthcare provider quickly if your toddler has frequent vomiting and/or diarrhoea and continue to provide fluids and food to your child. If breastfeeding, increase the frequency for fluids and comfort. Oral rehydration solution, clean drinking water with a little food and diluted fruit juice should also be used.	Provide clear examples to help parents understand when vomiting and diarrhoea could lead to life threatening dehydration. Teach parents about rehydration remedies and support parents to access these. Preferably these should be part of the parents' home safety kit so that they are available before a child needs them urgently.
Trouble taking in breath, wheezing, and the caving in of the chest when taking breath are signs of breathing problems in toddlers. Breathing problems in toddlers can quickly develop into pneumonia.	See a healthcare provider quickly if your toddler is experiencing breathing problems.	Help parents recognise signs of breathing problems. Encourage caution and discourage home treatments as breathing problems can escalate quickly.
Crying is normal for toddlers, but inconsolable crying may indicate a problem. Inconsolable crying is crying that persists no matter what attempts are made to sooth the child.	Seek advice from a healthcare provider if your toddler in crying inconsolably and you cannot tell why.	Teach parents about the difference between normal crying and inconsolable crying. Encourage parents to trust their instincts about excessive crying and seek advice if they need it.

TREATMENT OF ILLNESS

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT TREATING ILLNESS

Illness in young children deserves your full and immediate attention. Parents must make quick and sometimes difficult decisions regarding their child's health. Parents must act with urgency and confidence for the benefit of their sick children.

Did you know?	What you can do	Suggested Activities
Preschoolers whose immune systems are compromised by malnutrition, intestinal worms, or serious conditions such as HIV AIDS need extra special attention in the treatment of illness.	Communicate to your healthcare providers if your child has HIV or other immunity deficiencies so they will know how best to care for your child.	Talk openly about the importance of HIV treatment and support for children with special needs. Discourage parents from hiding their HIV status and other special needs from healthcare providers, reminding them that these services can save their child's life.
Elevated temperature (Fever) is a sign of illness. A high fever is always a cause for concern. A low fever lasting more than 24 hours is also cause for concern.	Learn to take temperature by touch, or if available, with a thermometer. Always visit a healthcare provider if your child has a high fever. See a healthcare provider for less severely elevated temperatures lasting more than 24 hours.	Teach parents to take temperature by touch. Encourage the use of in-home thermometers for more accurate temperature reading.
While most rashes are not threatening, some rashes can indicate a serious condition such as measles or small pox.	Learn to recognise the difference between normal and threatening rashes. Always seek advice from a healthcare provider if you are unsure or if their rash is accompanied by other symptoms, such as fever.	Show parents pictures of threatening rashes and normal childhood rashes, such as heat rash. Encourage parents to seek medical advice often about any questions.
Preschoolers can become dehydrated quickly through diarrhoea and vomiting. Children with diarrhoea and vomiting should immediately be given hydrating remedies. Reducing fluids is dangerous and can lead to dehydration and death.	See a healthcare provider quickly if your child has frequent vomiting and/or diarrhoea and continue to provide fluids and food to your child. Oral rehydration solution, clean drinking water with a little food and diluted fruit juice should also be used.	Provide clear examples to help parents understand when vomiting and diarrhoea could lead to life threatening dehydration. Teach parents about rehydration remedies and support parents to access these. Preferably these should be part of parents' home safety kit so that they are available before a child needs them urgently.
Trouble taking in breath, wheezing, and caving in of the chest when taking breath are signs of breathing problems in children. Breathing problems in children can quickly develop into pneumonia.	See a healthcare provider quickly if your child is experiencing breathing problems.	Help parents recognise signs of breathing problems. Encourage caution and discourage home treatments as breathing problems can escalate quickly.
Stiffness in the neck can be a sign of meningitis, a potentially life-threatening condition.	Always seek help from a healthcare provider about stiffness in your child's neck.	Educate parents about the symptoms and treatment of meningitis. Encourage parents to act with cautious about possible symptoms, especially if their child has recently suffered a case of malaria.

WATER, HYGIENE AND SANITATION

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT HYGIENE AND SANITATION

Recognise that you and your baby deserve a clean and safe birth. You have the right to insist that hygienic practices are followed.

Remember that handwashing is the best way to prevent the spread and consumption of germs and disease. Failing to wash your hands is a sign that you do not value the health and safety of those around you.

Appreciate that everyone has a communal responsibility to use latrines when toileting, which keeps your communities safe for your children and others.

Did you know?	What you can do	Suggested Activities
Hand washing with soap at critical times - including before eating or preparing food and after using the toilet can reduce diarrhoea rates by more than 40%. Diarrheal caused by contamination, such as E. coli can cause miscarriage.	Always wash your hands thoroughly with soap at all the following times or any other time your hands are soiled: • Before handling food • Before food preparation • Before eating or feeding a child • After using the toilet • After handling baby faeces • After handling livestock	Teach parents about the importance of handwashing for themselves and their children. Show parents the proper way to wash their hands and encourage them to practise. Talk to parents frequently about their handwashing practices and remind them of the critical times to do this.
Hygienic labour and delivery practices and environments save lives of mothers and babies. Hygienic labour and delivery require: • An attendant with clean (washed) hands • A clean perineum (the region from the anus to the vagina) • A clean surface on which to deliver the baby • A clean blade for cutting the umbilical cord • A clean cord tying • Clean clothes to wrap the mother and baby	Prepare a hygienic environment for your labour and delivery Ensure you have all the necessary equipment clean and ready for your baby. Discuss clean birthing practices with your birth attendant and ensure they wash their hands and adhere strictly to these hygiene essentials.	Train parents and birthing attendants on clean birthing practices. Share case studies of children or mothers who have died due to unhygienic birthing practices. Provide tangible support to women and birthing attendants to mentally and physically prepare for a clean birth.
Pregnant women should always use a latrine and if possible, wear shoes when going to the toilet. Open-air toileting and other unhygienic practice increase their risk of harm to the unborn baby.	Always use a latrine when toileting. If your home does not have a latrine, seek support from the community to dig a latrine to support hygienic toileting.	Educate parents on the importance of hygienic toileting for pregnant mothers and all members of her household and community. Work with communities to build and operate hygienic solutions such as household and community latrines.
Pregnant women should avoid bathing in potentially unsanitary sources of water. This practice can increase their risk of harm to the unborn baby.	Pregnant women should only bathe with clean or sanitized water. Where running water is not available in the home, women should look to other safe sources, such as a piped public tap, treated rain water or spring water.	Educate parents on the risks of bathing in unsanitary water. Help parents find feasible solutions to challenges finding clean water in which to bathe.

Safe food preparation and safe drinking water competences are addressed in Growing Healthy Bodies; Prenatal Nutrition.

WATER, HYGIENE AND SANITATION

INFANTS: Birth to 12 Months

ATTITUDES ABOUT HYGIENE AND SANITATION

Remember that handwashing is the best way to prevent the spread and consumption of germs and disease. Failing to wash your hands is a sign that you do not value the health and safety of those around you.

Appreciate that everyone has a communal responsibility to use latrines when toileting, which keeps your communities safe for your children and others.

Did you know?	What you can do	Suggested Activities
Hand washing with soap at critical times - including before eating or preparing food and after using the toilet can reduce diarrhoea rates by more than 40%.	Always wash your and your infant's hands thoroughly with soap at all the following times or any other time your hands are soiled: • Before handling food • During food preparation • Before eating or feeding a child • After using the toilet • After handling baby faeces • After handling livestock	Teach parents about the importance of handwashing for themselves and their children. Show parents the proper way to wash their hands and encourage them to practise. Talk to parents frequently about their handwashing practices and remind them of the critical times to do this.
Newborns should only be given 'sponge baths' until their umbilical cord falls away. Nothing should be put on the baby's cord by the parents or family, though some healthcare providers may treat it with a solution to prevent infection.	Bathe your newborn every few days and take care that they remain clean in the time between baths. Do not submerge your newborn in water before their cord falls away. Learn to deliver a sponge bath.	Teach new parents how to give a sponge bath to their newborn with a clean cloth, clean warm water and gentle soap. Encourage parents to try these techniques with their own newborn and offer support while they practise.
Infants can be bathed in a shallow tub or bowl of warm water. A baby can drown in a very small amount of water; parents must always be attentive and physically present during bath times.	Never leave an infant alone in any amount of water, not even for a second. Bathe your infant every few days. Avoid using harsh soaps that can damage your infant's skin.	Teach parents how to safely bathe infants. Teach parents songs and games to play with their infant during bath time. Help parents learn how to bathe infants without harsh soaps.
Clean eating and play areas are important for infant health. Eating and cooking areas should be clean and free of contaminants. As infants love to explore with their hands and mouths, they must have a safe, clean play area that is free from germs and other contaminants.	Thoroughly clean your eating, cooking, and play spaces with disinfectant and clean water regularly.	Give parents clear instructions on how to properly clean their eating and play spaces. During play sessions, home visits, and postnatal visits discuss the effects of germs to a baby's fragile immune system Tell stories to ensure parents understand the risks.
Infants over 6 months of age may drink small amounts of safe drinking water in addition to breastmilk. It is essential to ensure drinking water is clean and safe before giving to an infant. Infants before 6 months of age do not need to eat or drink anything except breastmilk.	Always boil and/or filter your water before giving it to your infant to drink.	Teach parents about safe water collection, treatment, storage, and usage. Offer demonstration classes on preparing and storing safe drinking water.

WATER, HYGIENE AND SANITATION		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
Infants over 6 months of age should begin complementary feeding with safely prepared food. This means that food must be washed with clean water and cooked thoroughly in a clean preparation area by a person with clean hands.	Always wash your fruits and vegetables thoroughly with clean water and cook your food thoroughly to eliminate bacteria. Always wash your hands before preparing food for your infant.	Teach parents about safe food preparation. Offer demonstration cooking classes to inform parents both about nutrition and safe food preparation.
Proper disposal of infant faeces is important for maintaining health in the household. Though infant faeces are often seen as less harmful than adult faeces, this belief is false. Infant faeces are just as harmful as adult faeces. The safest way to dispose of infant faeces is to empty the waste into a toilet or latrine. Throwing away, putting outside, or any other disposal is considered unsafe and should be avoided.	Always dispose of infant faeces properly. As much as possible, this should mean emptying the faeces into a latrine.	Teach parents about appropriate and safe faeces handling. Help parents understand that infant faeces are as dangerous to human health as adult faeces through information sharing and telling stories. Model the proper way to dispose of infant faeces.
Washable nappies must be thoroughly cleaned and the waste water should also be carefully and safely discarded in the latrine.	Clean and disinfect soiled nappies and clothing, ensuring that the waste water is properly managed.	Model the proper way to clean soiled clothing and dispose of waste water.
It is important to keep infant's teeth and gums clean from the time they begin to cut teach. Most infants will begin to cut teeth from around 6 months.	Wipe your infant's teeth and gums with a soft cloth a few times every day to keep bad bacteria from building up in their mouth.	Model infant 'tooth brushing' for parents. Offer parents a schedule of teeth cleaning, including after feedings and before bed.

WATER, HYGIENE AND SANITATION

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT HYGIENE AND SANITATION

Remember that handwashing is the best way to prevent the spread and consumption of germs and disease. Failing to wash your hands is a sign that you do not value the health and safety of those around you.

Appreciate that everyone has a communal responsibility to use latrines when toileting, which keeps your communities safe for your children and others.

Did you know?	What you can do	Suggested Activities
Hand washing with soap at critical times - including before eating or preparing food and after using the toilet can reduce diarrhoea rates by more than 40%. Toddlers require adult help to wash their hands.	Always wash your hands thoroughly with soap at all the following times or any other time your hands are soiled: • Before handling food • During food preparation • Before eating or feeding a child • After using the toilet • After handling baby faeces • After handling livestock Teach your toddler to wash their hands with soap and water.	Teach parents about the importance of handwashing for themselves and their children. Show parents the proper way to wash their hands and encourage them to practise. Talk to parents frequently about their handwashing practices and remind them of the critical times to do this.
Clean eating and play areas are important for your family's health. Eating and cooking areas should be clean and free of contaminants. Toddler must also have a safe, clean play area that is free from germs and other contaminants.	Thoroughly clean your eating, cooking, and play spaces with disinfectant and clean water regularly.	Give parents clear instructions on how to properly clean their eating and play spaces. During play sessions and home visits discuss the effects of germs to a toddler's developing immune system Tell stories to ensure parents understand the risks.
Toddlers should only drink and use safe, clean water.	Always boil and/or filter your water before giving it to your toddler to drink or using it to clean your toddler.	Teach parents about safe water collection, treatment, storage, and usage. Offer demonstration classes on preparing and storing safe drinking water.
Toddlers' food must be washed with clean water and cooked thoroughly in a clean preparation area by a person with clean hands.	Always wash your produce thoroughly with clean water and cook your food thoroughly to eliminate bacteria. Always wash your hands before preparing food for your child.	Teach parents about safe food preparation. Offer demonstration cooking classes to inform parents both about nutrition and safe food preparation.
Proper disposal of faeces is important for maintaining health in the household. The safest way to dispose of faeces is to empty the waste into a toilet or latrine. Throwing away, putting outside, or any other disposal is considered unsafe and should be avoided.	Always dispose of faeces properly. As much as possible, this should mean emptying the faeces into a latrine.	Teach parents about appropriate and safe faeces handling. Model the proper way to dispose of infant faeces and clean soiled clothing.

WATER, HYGIENE AND SANITATION		
TODDLERS: 12 – 36 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
From around 30 months, most toddlers will be ready to toilet train.	Toilet train your toddler, always using safe-toileting practices and disposing of waste in a latrine. Ask family and community members for guidance about strategies for toilet training toddlers. Never teach toddlers to defecate or urinate in unsafe or unsanitary ways, such as outdoors without a latrine.	Hold special parenting sessions and support groups for parents working to toilet train their toddlers. Offer many strategies for toilet training toddlers and encourage patience with parents working through this milestone. Remind parents of the importance of safe toileting practices, even during this difficult time.
It is important to keep toddlers' teeth and gums clean. Most toddlers will have all or most of their baby teeth by around 24 months.	Using a toothbrush, stick, or other locally available material, brush your toddlers' teeth thoroughly at least twice a day. Parents should give toddlers an opportunity to try brushing independently and follow up with more thorough brushing.	Model proper tooth brushing for parents. Offer parents a schedule of teeth cleaning, including after meals and before bed. Help parents access tooth brushing materials. Remind parents to only brush teeth using clean water.

WATER, HYGIENE AND SANITATION

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT HYGIENE AND SANITATION

Remember that handwashing is the best way to prevent the spread and consumption of germs and disease. Failing to wash your hands is a sign that you do not value the health and safety of those around you.

Appreciate that everyone has a communal responsibility to use latrines when toileting, which keeps your communities safe for your children and others.

Did you know?	What you can do	Suggested Activities
Hand washing with soap at critical times - including before eating or preparing food and after using the toilet can reduce diarrhoea rates by more than 40%. Preschoolers require adult supervision to ensure they are properly washing their hands.	Always wash your hands thoroughly with soap at all the following times or any other time your hands are soiled: • Before handling food • During food preparation • Before eating or feeding a child • After using the toilet • After handling baby faeces • After handling livestock Teach your preschooler to wash their hands with soap and water. Supervise your child's handwashing, especially before eating and after toileting.	Teach parents about the importance of handwashing for themselves and their children. Show parents the proper way to wash their hands and encourage them to practise. Talk to parents frequently about their handwashing practices and remind them of the critical times to do this.
Clean eating and play areas are important for your family's health. Eating and cooking areas should be clean and free of contaminants. Children must also have a safe, clean play area that is free from germs and other contaminants.	Thoroughly clean your eating, cooking, and play spaces with disinfectant and clean water regularly.	Give parents clear instructions on how to properly clean their eating and play spaces. During play sessions and home visits discuss the effects of germs to a child's developing immune system. Tell stories to ensure parents understand the risks.
Children should only drink and use safe, drinking water.	Always boil and/or filter your water before giving it to your preschooler to drink or using it to clean your child.	Teach parents about safe water collection, treatment, storage, and usage. Offer demonstration classes on preparing and storing safe drinking water.
Children's food must be washed with clean water and cooked thoroughly in a clean preparation area by a person with clean hands.	Always wash your produce thoroughly with clean water and cook your food thoroughly to eliminate bacteria. Always wash your hands before preparing food for your child.	Teach parents about safe food preparation. Offer demonstration cooking classes to teach about nutrition and safe food preparation.
Children should always use a latrine for toileting and wear shoes when using the latrine.	Teach children to use a latrine when toileting. If your home does not have a latrine, seek support from the community to dig one.	Educate parents on the importance of hygienic toileting for all members of her household and community. Work with communities to build and operate hygienic solutions such as household and community latrines.
Children should brush their teeth at least 2 times every day.	Using a toothbrush, stick, or other locally available material, help your child brush their teeth thoroughly at least twice a day.	Model proper tooth brushing for parents. Help parents access tooth brushing materials.

MENTAL HEALTH

PRENATAL: Conception (0) to Birth

ATTUTIDES ABOUT MENTAL HEALTH

Believe that depression is a real and often debilitating disorder. It is not the same as feeling sad and cannot be controlled in the same way as emotions.

Understand that depression is not something that individuals can recover from without help. Depressed people need understanding, patience, and support to recover.

Did you know?	What you can do	Suggested Activities
Depression is a common and serious development that many women experience both during and after pregnancy. Depression affects many pregnant women and can have a serious impact on their child's developmental outcomes. Depression is treatable with proper care through interventions delivered by well-trained healthcare providers.	Recognise that depression is a medical disorder and requires medical intervention from a qualified provider.	Educate parents and communities about the prevalence and seriousness of pregnancy and postpartum depression. Encourage understanding for parents suffering from depression and encourage them to get professional support.
Signs of depression during pregnancy include: • A lack of interest in taking care of herself • A lack of appetite and failure to eat regular meals • Difficulty sleeping and/or excessive fatigue • A lack of interest in her pregnancy • Feelings of hopelessness • Thoughts of self-harm • Thoughts of harming her pregnancy • Excessive fear of being a poor mother Depression during pregnancy may be more likely if a mother has: • A history of depression • A lack of social support • A lack of partner support and/or marital conflict • Many other children	Learn about and recognise the signs of depression during pregnancy. Fathers and other family members should discuss mother's feelings and emotions. Both partners should be aware of the risk of depression and be ready to seek help if needed. Fathers and other family members must also be ready to offer extra support as their partner recovers.	Offer intervention services for maternal depression. This can be done during home-visiting, antenatal visits, and other interactions with pregnant women. Frequently screen for possibility of depression. Share information with mothers on the risks and signs of depression. Offer immediate intervention services to women displaying signs of depression.
Adolescent mothers are at higher risk for developing depression during pregnancy.	Report feelings of intense sadness or feelings of hopelessness. Seek support and treatment for depression.	Provide extra support services and screening for adolescent mothers that may be suffering from depression.

MENTAL HEALTH

INFANTS: Birth to 12 Months

ATTUTIDES ABOUT MENTAL HEALTH

Believe that depression is a real and often debilitating disorder. Understand that depression is not something that individuals can recover from without help. Depressed people need understanding, patience, and support to recover.

Value your mental health. It is important for your baby's wellbeing. A parent who is mentally healthy is a better and more responsive caregiver to their children.

Did you know?	What you can do	Suggested Activities
Depression is a common and serious development that many women and men experience both during and after pregnancy. Depression affects many new parents and can have a serious impact on their child's developmental outcomes. Depression is treatable with proper care.	Recognise that depression is a medical disorder and requires medical intervention from a qualified provider.	Educate parents and communities about the prevalence and seriousness of postpartum depression. Encourage understanding for parents suffering from depression and encourage them to get professional support.
Signs of postpartum depression include: • Lack of interest in taking care of oneself • Lack of appetite and failure to eat regular meals • Difficulty sleeping and/or excessive fatigue • A lack of interest in the baby • Feelings of hopelessness • Thoughts of self-harm • Thoughts of harming the baby Postpartum depression may be more likely if the parent has: • History of depression • Lack of social support, partner support and/or marital conflict • Many other children • Significant stress, such as financial and food instability • A history of drug and alcohol use	Learn about the signs of postpartum depression. Partners and other family members should discuss parents' feelings and emotions. Both partners should be aware of the risk of depression and be ready to seek help if needed. Partners and other family members must also be ready to offer extra support in caring for the baby and maintaining the house as the parent recovers.	Offer intervention services for postpartum depression. This can be done during home-visiting, postnatal care appointments, and other interactions with parents. Regularly screen for possibility of depression. Share information with parents and family members on the risks and signs of depression. Offer immediate intervention services to parents displaying signs of depression.
Adolescent mothers are at higher risk for developing postpartum depression after pregnancy.	Report feelings of intense sadness or feelings of hopelessness. Seek support and treatment for depression.	Provide extra support services and screening for adolescent mothers that may be suffering from postnatal depression.
Self-care activities can boost parents' mental health, for example: • Getting as much sleep as possible • Taking time to relax alone and as a couple • Enjoying spiritual activities either on their own or together as a family	Prioritize your mental health through self-care activities. Ask for help from members of your community if you need time to focus on yourself.	Counsel families and communities on the importance of mental health and self-care. Share information and encourage leaders to support messages about the importance of looking after one's mental health.

MENTAL HEALTH

TODDLERS: 12 – 36 Months

ATTUTIDES ABOUT MENTAL HEALTH

Believe that depression is a real and often debilitating disorder. It is not the same as feeling sad and cannot be controlled in the same way as emotions.

Understand that depression is not something that individuals can recover from without help. Depressed people need understanding, patience, and support to recover.

Value your mental health. It is important for your baby's wellbeing. A parent who is mentally healthy is a better and more responsive caregiver to their children.

Did you know?	**What you can do**	**Suggested Activities**
Toddler mental health is addressed in Building Strong Relationships; Toddler Socio-Emotional Development		
PARENTS' MENTAL HEALTH		
Depression is a common and serious development that many women and men experience. Depression affects many parents and can have a serious impact on their child's developmental outcomes. Depression is treatable with proper care through interventions delivered by well-trained healthcare providers.	Recognise that depression is a medical disorder and requires medical intervention from a qualified provider.	Educate parents and communities about the prevalence and seriousness of depression. Encourage understanding for parents suffering from depression and encourage them to get professional support.
Self-care activities can boost parents' mental health, for example: • Getting proper sleep • Taking time to relax alone and as a couple • Enjoying spiritual activities either on their own or together as a family	Prioritize your mental health through self-care activities. Ask for help from members of your community if you need time to focus on yourself.	Counsel families and communities on the importance of mental health and self-care. Share information and encourage leaders to support messages about the importance of looking after one's mental health, especially for parents.

MENTAL HEALTH

PRESCHOOLERS: 3 – 6 Years

ATTUTIDES ABOUT MENTAL HEALTH

Believe that depression is a real and often debilitating disorder. It is not the same as feeling sad and cannot be controlled in the same way as emotions.

Understand that depression is not something that individuals can recover from without help. Depressed people need understanding, patience, and support to recover.

Value your mental health. It is important for your baby's wellbeing. A parent who is mentally healthy is a better and more responsive caregiver to their children.

Did you know?	What you can do	Suggested Activities
Preschooler mental health is addressed in Building Strong Relationships; Preschooler Socio-Emotional Development		
PARENTS' MENTAL HEALTH		
Depression is a common and serious development that many women and men experience. Depression affects many parents and can have a serious impact on their child's developmental outcomes. Depression is treatable with proper care through interventions delivered by well-trained healthcare providers.	Recognise that depression is a medical disorder and requires medical intervention from a qualified provider.	Educate parents and communities about the prevalence and seriousness of depression. Encourage understanding for parents suffering from depression and encourage them to get professional support.
Self-care activities can boost parents' mental health, for example: • Getting proper sleep • Taking time to relax alone and as a couple • Enjoying spiritual activities either on their own or together as a family	Prioritize your mental health through self-care activities. Ask for help from members of your community if you need time to focus on yourself.	Counsel families and communities on the importance of mental health and self-care. Share information and encourage leaders to support messages about the importance of looking after one's mental health, especially for parents.

BUILDING STRONG RELATIONSHIPS

The relationship an infant develops with its parents is the first and most formative relationship of a human's life. Babies that form strong emotional bonds and experience support and love throughout their childhood are more likely to develop into responsible, self-regulated, confident young people.

While parenting is complex and requires a great number of skills to be successful, a parent's most important responsibility is always to love and protect their children. This generally comes naturally to parents; parents should be encouraged to trust these instincts and to enjoy their bonding time with their infants and children. Children do not become spoiled by love, attention and responsive caregiving. Rather, they grow to be confident and kind, with strong emotional connections to their families and communities.

This Theme is organized into the following sub-themes:

- Socio-Emotional Development
- Child Protection – Preventing All Forms of Abuse
- Positive Discipline

Socio-Emotional Development

This sub-theme addresses how parents can support their children's healthy Socio-Emotional development – an area of development that impacts hugely on a person's future success. Socio-Emotional Development addresses a child's ability to form and nurture relationships, regulate their own behaviour and emotions, manage responsibilities, and create a healthy self-image.

Healthy Socio-Emotional development begins at birth through the attachments babies form with their parents, family members, and other caregivers. Babies that form secure attachments with caregivers are more likely to form healthy relationships with peers and manage their emotions more effectively throughout their lifetime. This healthy development is founded on parents providing responsive and nurturing care to their children, starting before birth and continuing consistently as their children grow.

Child Protection – Preventing All Forms of Abuse

This sub-theme addresses the parenting skills and actions that best serve to protect children from all forms of abuse and neglect. Abuse is considered to be any form of violence or harm done to another – whether physical or emotional. Neglect is, broadly, the failure to provide for your child's needs in a way that puts them at risk of harm – again, either physically or emotionally.

Many people believe that abuse and neglect are easy to see; for example, they might expect that a child being abused will bear the physical marks of beatings. However, many forms of abuse, and especially neglect, are not as easily observed. Children that are victims of sexual abuse may bear no visible marks, but still suffer devastating physical and emotional damage.

There are other forms of abuse and neglect that many people do not recognise as such. For example, beating a child that has misbehaved or leaving an infant in the care of another child may be seen as acceptable forms of parenting. These behaviours, as is true of all forms of abuse and neglect, harm children and must be stopped.

It is every parent, and indeed every person's, responsibility to watch for, protect against, and intervene to stop any form of abuse or neglect against children.

Positive Discipline

This sub-theme, following the topic of child protection, seeks to support parents in creating an atmosphere of positive discipline in their homes. Parents increasingly understand that all forms of corporeal (physical) punishment are illegal in Rwanda and cannot be used to discipline children. This sub-theme seeks to help parents understand how to replace those behaviours with ways of positively influencing their children's behaviour and establishing discipline that is founded on love and trust.

Strong healthy relationships are at the centre of positive discipline. Positive Discipline relies on children understanding, through their experiences, that their parents' guidance and rules are based on the desire to protect and support them - rather than to limit or harm them. Parents who set and clearly communicate their expectations to their children, who consistently deliver positive consequences and correction, who act with patience instead of anger, and who encourage conversation about rules and behaviour with their children are more likely to succeed in establishing positive discipline.

SOCIO-EMOTIONAL DEVELOPMENT

INFANTS: Birth to 12 Months

ATTITUDES ABOUT SOCIO-EMOTIONAL DEVELOPMENT

Value your strong bond with your infant and know this is an important factor for their healthy development.

Respect that relationships grow over time. Parents should never stop seeking to grow their relationship with their child. Playing with your children and giving them attention teaches them they are valuable and important to you.

Prioritize empathy in your family. This ability to think about the world from someone else's perspective is fundamental in becoming a kind, considerate, peaceful person. Parents must model and encourage this always.

Did you know?	What you can do	Suggested activities
Bonding and Attachment		
A securely attached infant is one that has complete confidence in you. This means that securely attached babies do not fear abandonment and trust that you will meet all their needs. Their experiences have taught them to feel safe and cared for.  Infants who do not feel safe and secure are more likely to suffer from toxic stress, which can damage brain development.	Show your infant that you are emotionally and physically available to meet their needs. Respond promptly to your infant's cries and cues. Pay attention to your baby for all indications that they need or want something. Parents that are attentive to their infants can easily interpret and respond to these needs.	Teach parents about attachment, bonding and nurturing care through individual and group discussion sessions. Model nurturing behaviour. Discuss parent's views on responding to baby's cries and encourage parents to be available for their infants.
Attachment starts forming the moment a baby is born. From the first moments of life, newborns need comfort and security. Infants need to see their parents' faces. This helps them recognise and differentiate their caregivers from other people. Secure attachment is developed over time through consistent nurturing care.	Establish eye contact while holding your infant. Mothers should especially do this while breastfeeding. Play with your infant face-to-face. Talk to your infant in soft, soothing ways. Comfort your infant through physical touch and rhythmic movement. Practise skin-to-skin contact directly after birth and during early infancy.	Encourage parents to make eye-contact with their infants during play and breastfeeding. Encourage the practice of skin-to-skin contact with both parents immediately and in the weeks following delivery. Show parents how to maintain skin-to-skin contact while they work or care for other children. Teach parents about attachment and bonding through play sessions. Model and encourage parents to practise these activities during sessions.
SEPARATION ANXIETY		
From as early as 7 months, infants may experience separation anxiety. This is a normal, healthy stage of emotional development that relates to their understanding that when parents are not in sight, they must be somewhere else. This makes infants anxious and emotional.	Help your infant feels safe and secure when you leave, for example: • Leave them with caregivers that are familiar to them • Leave them with a familiar comfort object, such as a favourite toy or blanket • Establish a separation routine, such as singing a familiar and comforting song before leaving	Offer counselling and support group sessions to teach parents about separation anxiety. Talk to parents about their feelings and teach them strategies for reducing their infant's anxiety.

SOCIO-EMOTIONAL DEVELOPMENT		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested activities**
SOCIAL RELATIONSHIPS		
Around 3 to 4 months old, infants begin to share their emotions with caregivers. Infants now smile, coo, and babble at familiar caregivers and express happiness and sadness through their facial expressions.	Pay attention to your infant's emotions. When they are happy, take this as a cue to tickle, play, or talk with them for a few moments. When they show sadness, take time to hold them and offer them comfort, love, and/or food.	Help parents understand their infant's emotions. During play sessions, help them recognise their infant's emotions by labelling emotions you see in babies. For example, you can say to a giggling baby, 'Ah, you're so HAPPY to day!'. To a grimacing baby you can say, 'Oh no, Baby is SAD! Let me hold you.'
Around 5 months, infants initiate play with trusted adults. Infants use facial expressions, body movements, and make noise to get a caregiver's attention for play.	Respond to your infant's requests to play. Your infant is learning how to interact socially. Pay attention to their attempts to play with you and reward them with attention and engagement.	Teach parents many age-appropriate ways to play with their infants during play groups.
Special needs note: If your infant shows no interest, or avoids looking at your face and eyes, speak to your healthcare provider. This could be an early indication of a social or behavioural disorder, such as Autism.	***Special needs skill***: Take note of any social behaviour that seems unusual. Talk to your healthcare provider, parenting facilitator, or community mentors about any behaviour that concerns you.	***Special needs activity***: Help parents recognise possible signs of social disorders. Inform parents that social development happens at different rates for different children. Talk to parents about what they observe in their infants and refer them to experts and services whenever needed.

SOCIO-EMOTIONAL DEVELOPMENT

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT SOCIO-EMOTIONAL DEVELOPMENT

Value your strong bond with your child and know this is an important factor for their healthy development.

Respect that relationships grow over time. Parents should never stop seeking to grow their relationship with their child. Playing with your children and giving them attention teaches them they are valuable and important to you.

Prioritize empathy in your family. This ability to think about the world from someone else's perspective is fundamental in becoming a kind, considerate, peaceful person. Parents must model and encourage this always.

Did you know?	What you can do	Suggested activities
SEPARATION ANXIETY		
Toddlers may experience separation anxiety up to about 18 to 24 months. As children grow and gain language skills, coping with separation anxiety becomes more manageable.	Help your toddler feel safe and secure when you leave, for example: Leave them with caregivers that are familiar to them. Leave them with a familiar comfort object, such as a favourite toy or blanket. Establish a separation routine, such as singing a familiar and comforting song before leaving.	Offer counselling and support group sessions to teach parents about separation anxiety. Talk to parents about their feelings and teach them strategies for reducing their infant's anxiety.
SOCIAL RELATIONSHIPS		
Toddlers are highly motivated by social relationships with their caregivers. Toddlers almost always want to be with a favourite adult. They enjoy physical affection, talking, playing, and showing off their skills to you.	Play with your toddler and give them attention every day. You are their favourite person and they need to feel that you value your time together.	Teach parents many age-appropriate ways to play with their toddlers during play groups. Offer parents opportunities to make simple toys with local materials.
Toddlers' interest in other children will increase as they age. From around 1 year old, toddlers may take notice of other children but are not yet ready to play and interact with other children. From around 2 years old, toddlers will enjoy playing near other children, but will not engage with them much (parallel play). From around 3 years old, children will enjoy playing with other children (associative play) but are still learning how to cooperate and share.	Support your toddler to engage in frequent developmentally-appropriate play with other children. Organize play times with other children of the same age. Toddlers can play with older siblings; however, they will benefit greatly from playing with children of their same age and developmental level.	Encourage parents to join play groups and teach them about how their child is developing socially through play with their peers. Teach parents about normal interactions between children of different ages and show them how to support their toddler to learn about cooperation and sharing. Help parents develop new toys and games for their toddler's developmental level through toy making sessions.

SOCIO-EMOTIONAL DEVELOPMENT

TODDLERS: 12 – 36 Months (cont.)

Did you know?	What you can do	Suggested activities
EMOTIONAL EXPRESSION AND REGULATION		
Extreme emotions and 'temper tantrums' are normal for toddlers. This is a period of significant emotional development. Toddlers may move from one emotion to a completely opposite emotions in just a few minutes. This is partly due to the hormonal development happening in toddlerhood and is not something toddlers can control without lots of parental support.	Be patient with your toddler when they experience strong emotions. Remember that they cannot control this yet and that even though their emotional behaviour can be challenging, it is normal and expected.	Teach parents about their children's emotions. Give parents information and support through group sessions and discussions.
Toddlers need help to understand and control their emotions. Toddlers can learn to control their emotions, but this takes time, practice and continuous patience and support.	Talk to your toddler about emotions. Label their positive and negative emotions with simple words. Encourage your older toddler to talk about their emotions. Talking about emotions can calm down an upset toddler and helps them to think about and, eventually, regulate their emotions	Show parents ways they can respond to toddler's emotional outbursts in a patient and loving way. Model how to label toddler's emotions and talk about feelings with older toddlers.
Special needs note: Children with speech and other developmental delays may experience significant frustration during this time. They may find it very upsetting that they cannot express themselves as well as they would like and cannot get what they want or need.	**Special needs skill:** Show patience to your child as they try to express their needs and wants. Give them your full attention and try to figure out what they are trying to communicate. Model different forms of communication, such as gesturing, pointing to a picture of the wanted item, and sign language.	**Special needs activity:** Teach parents strategies for supporting their child's special needs. Be aware of signs of special needs and discuss your observations with parents- who may not themselves know their child has special needs. Model different forms of communication for parents of children with special needs. Offer referrals to support services.
SELF-ESTEEM		
Toddlers self-esteem is developed through positive interactions with trusted peers and adults. Toddlers need to believe they are good, that they make you proud, and that you are happy to be with them.	Tell your toddler that you feel proud of their achievements and effort. Tell your toddler that you feel happy when you are together. Give your toddler your full attention as often as possible.	Discuss the importance and long-term effects of self-esteem with parents. Model behaviours that encourage a healthy self-image. These include positive discipline practices. Teach parents songs and stories that help children learn about positive self-esteem.

SOCIO-EMOTIONAL DEVELOPMENT

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT SOCIO-EMOTIONAL DEVELOPMENT

Value your strong bond with your child and know this is an important factor for their healthy development.

Respect that relationships grow over time. Parents should never stop seeking to grow their relationship with their child. Playing with your children and giving them attention teaches them they are valuable and important to you.

Prioritize empathy in your family. This ability to think about the world from someone else's perspective is fundamental in becoming a kind, considerate, peaceful person. Parents must model and encourage this always.

Did you know?	What you can do	Suggested activities
SOCIAL RELATIONSHIPS		
Preschoolers are highly motivated by social relationships with their caregivers. They enjoy physical affection, talking, playing, and showing off their skills to you.	Play with your preschooler and give them attention every day. You are their favourite person and they need to feel that you value your time together.	Teach parents many age-appropriate ways to play with their children during play groups. Offer parents opportunities to make simple toys with local materials.
Preschoolers are highly social and interested in other children. From around 3 years old, children will enjoy playing with other children (associative play) but are still learning how to cooperate and share. From around 4 years old, children will enjoy playing and be able to cooperate with each other. Between 4-5 years old, preschoolers are beginning to form real friendships. This is a significant social milestone.	Support your preschooler to play frequently with other children. Organize play times with other children of the same age. Preschoolers can play with older siblings; however, they will benefit greatly from playing with children of their same age and developmental level. Encourage your child's friendships. Show interest in your children's friends and find opportunities for your child to play with their new friend(s).	Encourage parents to join play groups and enrichment classes. Teach them about how their child is developing socially through play with their peers. Teach parents about normal interactions between children of different ages and show them how to support their children to learn about cooperation and sharing. Help parents develop new toys, games, and sports equipment for their child's developmental level through toy making sessions. Encourage parents to enrol their children in ECD centres.
Younger preschoolers are still developing a sense of empathy. Thinking and reflecting on the feelings of others is a complicated mental process that young children gain over time. Older preschoolers are beginning to show a deeper sense of empathy. As children learn more about their own feelings and emotions, they can begin to sense and feel those of others.	Encourage your preschooler's development of empathy. Model empathy in your daily interactions and speech. Talk with your child about how others might be feeling. Point out the emotions and feelings of other. Tell stories and proverbs about emotions and empathy. Check your child's understanding as you talk about these concepts.	Model empathetic behaviour for parents and teach parents how to model this behaviour for their own children. Tell stories and proverbs about empathetic behaviour. Ask parents to identify times when their children have shown empathy to help them recognise this kind of behaviour.

SOCIO-EMOTIONAL DEVELOPMENT		
PRESCHOOLERS: 3 – 6 Years (cont.)		
Did you know?	**What you can do**	**Suggested activities**
EMOTIONAL EXPRESSION AND REGULATION		
Preschoolers learn about their emotions through play and other social interactions. The ability to understand and name their emotions helps children learn to control them at an earlier age.	Help your preschooler understand complex emotions. Share your feelings and emotions with them. Talk about and name the emotions they express. Read books and tell stories about emotions. Stories can help children understand and control their emotions.	Teach parents about their children's emotions and the ways children are likely to express emotions based on their developmental level. Give parents information and support through group sessions and discussions.
Younger preschoolers do not easily understand the causes for their emotions. They need help thinking about why they may be experiencing emotions and finding pro-social ways of expressing and managing them. Older preschoolers are better at understanding why they and others may feel certain emotions. They still need help finding appropriate ways of expressing and controlling their emotions.	Help your child manage/control their emotions by teaching them different stress management techniques. This might include leaving a frustrating situation, taking deep breaths or finding a quiet place to calm down. Give your child appropriate outlets for their bigger emotions and feelings. Physical and sensory activities help children release some of their emotional energy.	Teach parents about healthy emotional development. Show parents activities, games, songs, and stories that will help children understand and control their emotions. Provide read-aloud sessions for parents and children to attend to learn about emotions.
SELF-ESTEEM		
Preschoolers' self-esteem is developed through positive interactions with trusted peers and adults. Children need to believe they are good, that they make you proud, and that you are happy to be with them.	Tell your child that you feel proud of their achievements and effort. Tell your child that you feel happy when you are together. Give your child your full attention as often as possible.	Discuss the importance and long-term effects of self-esteem with parents.
Harsh punishment can severely degrade a child's self-image. This can teach toddlers that they are a 'bad child' and that they are not capable of doing the right thing.	Encourage your child to say nice things about themselves and others. Parents should never allow a preschooler to talk negatively about themselves.	Model behaviours that encourage a healthy self-image. These include positive discipline practices. Teach parents songs and stories that help children learn about positive self-esteem.

CHILD PROTECTION

PRENATAL: Conception (0) to Birth

Did you know?	What you can do	Suggested activities
ATTITUDES ABOUT CHILD PROTECTIONATTITUDES ABOUT CHILD PROTECTION		
Believe that your unborn baby is another human who is entitled to love, respect, and protection.		
ABUSE OF PREGNANT WOMEN		
Physical, emotional, and sexual abuse of pregnant women can lead to serious physical and developmental harm to the unborn baby. Stress chemicals produced by pregnant women can harm the unborn baby's brain development.	Resolve all household stresses and conflicts peacefully and respectfully. Always report abuse to a trusted family member, friend, or authority. Getting away from an abusive situation can feel complicated and even dangerous. Speak to anyone you trust and continue to seek help until you and your baby are safe.	Offer counselling to help parents recognise abuse. Speak to pregnant women in support groups or in a safe and private setting and to both parents during antenatal visits about signs and impact of abuse. Offer protection to women suffering abuse and encourage them to seek safety.
Physical abuse can also lead to miscarriage or still birth of the baby.	Get medical support. If physically abused, speak to a healthcare provider as soon as possible.	Provide referral contacts of persons or services that can help and support women who have been abused.
Parents who are overly stressed or not in control of feelings of anger are more likely to abuse their partner.	Seek counselling to manage anger and stress.	Offer counselling sessions to individuals and couples to discuss their stresses and frustrations. Teach about ways to appropriately manage anger in a relationship in ways that do not result in abuse.
ABUSE, NEGLECT, AND PROTECTION OF AN UNBORN BABY		
Certain harmful behaviours during pregnancy can be considered abuse to the unborn baby. Some of these include: Consuming harmful substances such as drugs and alcohol while pregnant. Engaging in high risk behaviours, such as tobacco smoking or sexual promiscuity. Ignoring medical advice given to protect a high-risk pregnancy.	Follow the advice of your health care provider Avoid all drug and alcohol use during pregnancy. Partners and other family members should offer constant support to your pregnant women to help them avoid harm, risk, and to follow the advice of healthcare professionals. This includes supporting her to avoid heavy physical labour as this can harm her pregnancy.	Teach parents about risky behaviour during pregnancy. Offer counselling and other support to help parents avoid risky behaviour during pregnancy.
All births must be registered in Rwanda. There is no cost for registering birth and can be started at the health clinic where your baby is born. This is an important way to ensure children's rights are protected and that they receive the support and services to which they are entitled as citizens.	Prepare to register your child immediately after birth. Locate (or obtain) your legal identification documents, witnesses, and (if married), your marriage certificate before you give birth.	Education parents about the importance of birth registration for protecting their child's rights. Help parents understand the process, prepare, and support them to carry out the registration. Give parents checklists to help them gather their required documents before they give birth.

CHILD PROTECTION

INFANTS: Birth to 12 Months

ATTITUDES ABOUT CHILD PROTECTION

Understand that abuse can be physical or emotional and that all forms harm others. Also recognise that neglect does as much harm as abuse.

Believe that there is never a good reason to hurt someone else. All forms of abuse are always wrong, no matter what the reason.

Parents have the right and the responsibility to know and trust the people who care for their children.

Did you know?	What you can do	Suggested activities
Abuse and neglect of children is prohibited everywhere in Rwanda. Protecting children is everyone's responsibility, especially parents and other caregivers. The National Integrated Child Rights Policy, 2011 declares that all forms of abuse against children are prohibited.	Learn about Rwanda's laws on child protection and abandonment. Not knowing what is prohibited by the law is not an excuse. It is your responsibility to learn.	Teach parents about Rwanda's declarations and policies on child rights and protections. Help them understand their duties and what they are prohibited from doing. Guided information sharing, especially those facilitated by local leaders and other trusted authorities will help parents learn this information.
Parents and other primary caregivers must never hit, shake, push, or grab their infant. Shaking or hitting an infant is extremely dangerous and can result in bodily harm or their death. There is never a good reason to harm a child, even for those parents under high levels of stress.	Learn to manage your stress and frustration in healthy positive way. If you feel overly stressed or angry, especially if you are frustrated with your infant, you must find ways to calm yourself before interacting with your infant. Take time to calm down when you need it. If you are feeling desperate and think there's a danger you might react with violence, you should put your baby in a safe place, like its cot, and take a time-out until you feel calmer.	Support parents to manage the stress of life with an infant. Recognise that new parents are especially at risk due to lack of sleep, strained finances, changing schedules, the stress of learning to breastfeed, and dealing with frequent crying. Teach parents about the dangers of shaking, hitting, pushing, and grabbing infants. All caregivers should receive consistent messaging from all sectors on the dangers of shaking and hitting babies. Offer support groups sessions and stress and anger management counselling to parents who need it.
Ignoring your infant's cries and needs or leaving them alone or with improper care for any amount of time is neglectful. Infants need constant and responsive supervision. They should not be left alone even for a few minutes.	Always find a responsible caregiver if you need to leave your infant. Much older siblings may be a good choice; however, infants should never be left in the care of children.	Help parents understand where to seek appropriate childcare through information sharing and networking support. This may be a community care offering, home-based care offered by a responsible neighbour, or employer-offered care.
Children of any age can be the victims of abuse, including sexual violence and human trafficking. It is a parent's duty to protect their child from all abuse and violence.	Always know who is caring for your infant and ensure they are a trustworthy person. Only leave your infant with caregivers that you know and trust and who do not have a history of abuse.	Teach parents about their role in preventing abuse against their infants. Offer parents a safe place to discuss sensitive issues and receive clear guidance.

All births must be registered in Rwanda. There is no cost for registering birth and can be started at the health clinic where your baby is born. This is an important way to ensure children's rights are protected and that they receive the support and services to which they are entitled as citizens.	Register your child immediately after birth. This must be completed within the first 30 days to avoid a late penalty. Locate (or obtain) your legal identification documents, witnesses, and (if married), your marriage certificate before you give birth.	Education parents about the importance of birth registration for protecting their child's rights. Help parents understand the process, prepare, and support them to carry out the registration. Check in with parents before they leave the health clinic to ensure they have started the process.

CHILD PROTECTION

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT CHILD PROTECTION

Understand that abuse can be physical or emotional and that all forms harm others. Also recognise that neglect does as much harm as abuse.

Believe that there is never a good reason to hurt someone else. All forms of abuse are always wrong, no matter what the reason.

Parents have the right and the responsibility to know and trust the people who care for their children.

Did you know?	What you can do	Suggested activities
Abuse and neglect of children is prohibited everywhere in Rwanda. Protecting children is everyone's responsibility, especially parents and other caregivers. The National Integrated Child Rights Policy, 2011 declares that all forms of abuse against children are prohibited.	Learn about Rwanda's laws on child protection and abandonment. Not knowing what is prohibited by the law is not an excuse. It is your responsibility to learn.	Teach parents about Rwanda's declarations and policies on child rights and protections. Help them understand their duties and what they are prohibited from doing. Guided information sharing, especially when facilitated by local leaders and other trusted authorities will help parents learn this information.
Parents must <u>never</u> hit, push, grab, or otherwise seek to injure their toddler. Toddler behaviour can be very challenging. Reacting with violence toward any child for any reason is always prohibited.	Learn to manage your stress and frustration in healthy positive way. If you feel overly stressed or angry, especially if you are frustrated with your child, you must find ways to calm yourself before interacting with them. Take time to calm down when needed. If you are feeling angry and think there's a danger you might react with violence, you should put your toddler in a safe place and take a time-out until you feel calmer.	Support parents to manage the stress of life with a toddler. Model appropriate ways to interact with a toddler's challenging behaviour. Offer support groups sessions and stress and anger management counselling to parents who need it.
Ignoring your toddler or leaving them alone or with improper care for any amount of time is neglectful. Toddlers have the mobility to get into trouble, but not the problem-solving skills to help themselves out of dangerous situations. They need constant and responsive supervision.	Always find a responsible caregiver if you need to leave your toddler. Much older siblings may be a good choice; however, toddlers should never be left in the care of children.	Help parents understand where to seek appropriate childcare through information sharing and networking support. This may be a community care offering, home-based care offered by a responsible neighbour, or employer-offered care.

CHILD PROTECTION

TODDLERS: 12 – 36 Months (cont.)

Did you know?	What you can do	Suggested activities
Emotional abuse is very harmful to all people, especially young children. Emotionally abusive actions can include yelling at, degrading verbally, embarrassing, and overly severe punishing of the child.	Never emotionally abuse your child. Always look for positive forms of communication that will grow your relationship, while offering any correction or guidance needed, for example, use a soft tone and remind your child that you love them, even when you feel disappointed in their behaviour.	Teach parents to recognise emotionally abuse behaviour. Parents may not realize how their words and tone affect their child. Share examples of emotionally supportive and emotionally abusive parents to help them recognise these behaviours.
Children of any age can be the victims of abuse, including sexual violence and human trafficking. It is a parent's duty to protect their child from all abuse and violence.	Always know who is caring for your child and ensure they are a trustworthy person. Only leave your child with caregivers that you know and trust and who do not have a history of abuse.	Teach parents about their role in preventing abuse against their children. Offer parents a safe place to discuss sensitive issues and receive clear guidance.

CHILD PROTECTION

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT CHILD PROTECTION

Understand that abuse can be physical or emotional and that all forms harm others. Also recognise that neglect does as much harm as abuse.

Believe that there is never a good reason to hurt someone else. All forms of abuse are always wrong, no matter what the reason.

Parents have the right and the responsibility to know and trust the people who care for their children.

Did you know?	What you can do	Suggested activities
Abuse and neglect of children is prohibited everywhere in Rwanda. Protecting children is everyone's responsibility, especially parents and other caregivers. The National Integrated Child Rights Policy, 2011 declares that all forms of abuse against children are prohibited.	Learn about Rwanda's laws on child protection and abandonment. Not knowing what is prohibited by the law is not an excuse. It is your responsibility to learn.	Teach parents about Rwanda's declarations and policies on child rights and protections. Help them understand their duties and what they are prohibited from doing. Guided information sharing, especially when facilitated by local leaders and other trusted authorities will help parents learn this information.
Parents must <u>never</u> hit, push, grab, or otherwise seek to injure their child. Children do not learn positive behaviour from violence. They only learn to fear and to treat others with violence. Violence towards children is always prohibited.	Learn to manage your stress and frustration in healthy positive way. If you feel overly stressed or angry, especially if you are frustrated with your child, you must find ways to calm yourself before interacting with them..	Support parents to manage the stress of life with a preschooler. Model appropriate ways to interact with a toddler's challenging behaviour. Offer support groups sessions and stress and anger management counselling to parents who need it.
Leaving a preschooler alone or with improper care for any amount of time is neglectful. Preschoolers are capable of some independence and older preschoolers may seem capable of remaining alone or with a slightly older child for longer periods. However, even at 6 years old, children are still very young and not good judges of safety. They can easily get into a dangerous situation that they do not know how (or do not have the strength or resources) to get away from.	Always find a responsible caregiver if you need to leave your preschooler. Children need consistent supervision. They may be allowed some independence in their play but should always be within shouting distance of a responsible caregiver.	Help parents understand where to seek appropriate childcare through information sharing and networking support. This may be community care, home-based care offered by a responsible neighbour, or employer-offered care. The best childcare for a preschooler is in an early child care centre/pre-primary programme. **Advocacy note:** If there is limited access to pre-primary education in your area, discuss this with the local leadership and advocate with local, national, and international stakeholders to improve this access.
Emotional abuse is very harmful to all people, especially young children. Emotionally abusive actions can include yelling at, degrading verbally, embarrassing, and overly severe punishing of the child.	Never emotionally abuse your child. Always look for positive forms of communication that will grow your relationship, while offering any correction or guidance needed, for example, use a soft tone and remind your child that you love them, even when you feel disappointed in their behaviour.	Teach parents to recognise emotionally abuse behaviour. Parents may not realize how their words and tone affect their child. Share examples of emotionally supportive and emotionally abusive parents to help them recognise these behaviours.

CHILD PROTECTION

PRESCHOOLERS: 3 – 6 Years (cont.)

Did you know?	What you can do	Suggested activities
Parents are never allowed to subject their child to child labour for any reason. Children should never be used as a means for economic gain. Children must be protected from all forms of exploitation.	Protect your child from exploitation. Refuse offers of economic advancement in exchange for your child's labour or company. Intervene if other family members try to exploit your child in this way.	Teach parents how to recognise when children are being exploited and give them strategies to intervene on behalf of the child. Share stories of child exploitation to help them understand the problem. Guide parents to national resources for child protection, such as their village IZU.
Children of any age can be the victims of abuse, including sexual violence and human trafficking. It is a parent's duty to protect their child from all abuse and violence.	Always know who is caring for your child and ensure they are a trustworthy person. Only leave your child with caregivers that you know and trust and who do not have a history of abuse.	Teach parents about their role in preventing abuse against their children. Help parents manage difficult and confusing situations, for example, if they believe a relative is abusing their child and they are not sure how to address or prevent it. Offer parents a safe place to discuss sensitive issues and receive clear guidance. Offer tangible support to put an end to any violence towards their child, such as reaching out to the authorities or giving them a safe place to stay to get away from the abuser.
Preschoolers may go through a phase of not wanting to cuddle, kiss, and/or hug their family members. This is normal and does not mean a lack of emotional affection. Giving children the right to decide who touches them and to whom they give physical affection teaches them that no one has a right to their body and better prepares them to protect themselves against some forms of sexual violence. It also teaches children that they do not have the right to touch others who do not want to be touched and helps to break the cycle of sexual violence.	From around 3 years old, talk to your preschooler about their body and appropriate touching. Explain that there are parts of their body that are 'private' and that should not be touched by anyone except themselves and sometimes by a parent or healthcare provider. Teach children that if they ever feel uncomfortable with how someone is touching them they should tell them to stop and tell their parent immediately. If your child is refusing to show affection to a family member you know they love and trust, talk to them about this and try to understand why they may be resisting.	Teach parents how to talk to young children about their bodies and their rights. Counsel parents and other family members on discussing sexuality, children's bodies, and appropriate/inappropriate touching. Share stories that parents can use to talk to their children about these topics. Read case studies and model appropriate ways to discuss these topics.

POSITIVE DISCIPLINE

INFANTS: Birth to 12 Months

ATTITUDES ABOUT POSITIVE DISCIPLINE

Believe fully in a form of discipline that teaches children what correct behaviours to do. Remember that only focusing on what children should NOT do most often results in more problem behaviour.

Did you know?	What you can do	Suggested activities
All forms of corporal punishment are prohibited in Rwanda. Corporeal punishment is prohibited in homes and everywhere else. Corporal punishment is still practised in many parts of the country and accepted by many communities, despite being prohibited. Infants do not learn from any form of punishment. Punishment is very confusing for infants as they do not have the understanding and awareness to make sense of why they are being punished. They will experience the negative emotions without understanding the intended lesson.	Learn about appropriate forms of positive discipline. Attend parenting education sessions and seek support from peers and role models.	Teach parents about the laws and national expectations around corporal punishment. Help caregivers change their attitudes and beliefs about corporal punishment with information about the law and by providing them with alternative discipline techniques.
Positive discipline uses constructive and age-appropriate techniques to correct and teach positive behaviour. It is a baby's job to explore their world and learn through their senses. It is a parent's job to help them do this in safe, positive ways. Parents will be most successful in this by using positive discipline.	Calmly put a stop to troubling behaviours. For example, if you are trying to stop your infant from playing in a bag of maize flour, calmly separate your infant from the flour by picking them up or removing the bag. Do not yell or get angry. Gently explain why the behaviour was troubling. For example, explain to your infant that maize flour is for cooking and cannot be wasted. (Infants will not understand these explanations, but it is a good habit to start.) Offer an appropriate alternative. Show your infant a more appropriate activity. For example, invite them to play with a bowl of sand instead.	Teach parents about positive discipline through guided lessons including case studies and clear examples. Model positive discipline techniques for infants in group sessions and home visits. Encourage parents to practise positive parenting techniques in group sessions and home visits. Remember that this is a skill that will take time for parents to master.

POSITIVE DISCIPLINE

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT POSITIVE DISCIPLINE

Believe fully in a form of discipline that teaches children what correct behaviours to do. Remember that only focusing on what children should NOT do most often results in more problem behaviour.

Did you know?	What you can do	Suggested activities
All forms of corporal punishment are prohibited in Rwanda. Corporeal punishment is prohibited in homes and everywhere else. Punishment is not the best form of discipline for any child. Punishment does not teach correct behaviours. All behaviour has a purpose- something it is trying to achieve. Punishment only tells children what they should not do and does not help children understand how to do better in the future.	Learn about appropriate forms of positive discipline. Attend parenting education sessions and seek support from peers and role models.	Teach parents about the laws and national expectations around corporal punishment. Corporal punishment is still practised in many parts of the country and accepted by many communities, despite being prohibited. Help caregivers change their attitudes and beliefs about corporal punishment with information about the law and by providing them with alternative discipline techniques.
Positive reinforcement is the best discipline for children. This is the act of celebrating and encouraging good behaviours through praise and support. This form of discipline actively teaches children what behaviours are good and should be continued.	Offer descriptive praise to your toddler when they are behaving in a way you like. Tell them that you are happy with their behaviour and why it makes you happy. For example, I love the way you are being careful with your toy. Treating our things with respect is the right way to behave and makes me proud.	Model positive reinforcement techniques for parents. Show parents how to compliment good behaviour and offer descriptive praise. Read parents stories where positive reinforcement is used. Ask them to discuss these techniques and share their feelings and reactions.
Positive discipline uses constructive and age-appropriate techniques to correct and teach positive behaviour. It is a child's job to explore their world. It is a parent's job to help them do this in safe, positive ways. Parents will be most successful in this by using positive discipline.	Calmly put a stop to troubling behaviours. This can be done with words or by physically removing your toddler from the situation Gently explain why the behaviour was troubling. For example, you might say, 'That activity was not safe. You might get hurt or break something.' Offer an appropriate alternative. Show your toddler a more appropriate activity.	Teach parents about positive discipline through guided lessons including case studies and clear examples. Model positive discipline techniques for toddlers in group sessions and home visits. Encourage parents to practise positive parenting techniques in group sessions and home visits. Remember that this is a skill that will take time for parents to master.

POSITIVE DISCIPLINE

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT POSITIVE DISCIPLINE

Believe fully in a form of discipline that teaches children what correct behaviours to do. Remember that only focusing on what children should NOT do most often results in more problem behaviour.

Did you know?	What you can do	Suggested activities
All forms of corporal punishment are prohibited in Rwanda. Corporeal punishment is prohibited in homes and everywhere else. Punishment is not the best form of discipline for any child. Punishment does not teach correct behaviours. All behaviour has a purpose- something it is trying to achieve. Punishment only tells children what they should not do and does not help children understand how to do better in the future.	Learn about appropriate forms of positive discipline. Attend parenting education sessions and seek support from peers and role models.	Teach parents about the laws and national expectations around corporal punishment. Corporal punishment is still practised in many parts of the country and accepted by many communities, despite being prohibited. Help caregivers change their attitudes and beliefs about corporal punishment with information about the law and by providing them with alternative discipline techniques.
Positive reinforcement is the best discipline for children. This is the act of celebrating and encouraging good behaviours through praise and support. This form of discipline actively teaches children what behaviours are good and should be continued.	Offer descriptive praise to your preschooler when they are behaving in a way you like. Tell them that you are happy with their behaviour and why it makes you happy. For example, I love the way you are being careful with your toy. Treating our things with respect is the right way to behave and makes me proud.	Model positive reinforcement techniques for parents. Show parents how to compliment good behaviour and offer descriptive praise. Read parents stories where positive reinforcement is used. Ask them to discuss these techniques and share their feelings and reactions.
Positive discipline uses constructive and age-appropriate techniques to correct and teach positive behaviour. It is a child's job to explore their world. It is a parent's job to help them do this in safe, positive ways. Parents will be most successful in this by using positive discipline.	Calmly put a stop to troubling behaviours. This can be done with words or by physically removing your child from the situation Gently explain why the behaviour was troubling. For example, you might say, 'That activity was not safe. You might get hurt or break something.' Offer an appropriate alternative. Help your child find a more appropriate activity that is fun and safe.	Teach parents about positive discipline through guided lessons including case studies and clear examples. Model positive discipline techniques for preschoolers in group sessions and home visits. Encourage parents to practise positive parenting techniques in group sessions and home visits. Remember that this is a skill that will take time for parents to master.

POSITIVE DISCIPLINE

PRESCHOOLERS: 3 – 6 Years (cont.)

Did you know?	What you can do	Suggested activities
Holding your preschooler to a high standard of behaviour is a strong approach to positive discipline. Preschoolers can rise to your expectations, so long as those expectations are clearly communicated and the standard itself is appropriate for your preschooler's age and developmental level.	Communicate your expectations to your preschooler in a clear, consistent, and loving way. Offer descriptive praise to your preschooler when you see them behaving in ways that meet your expectations. Clearly and calmly express your disappointment when your preschooler behaves in a way that does not meet your expectations.	Help parents set appropriate rules and expectations for preschoolers. Model rule setting in your own parenting education sessions. Model techniques for holding children to your expectations, offering corrections in patient, clear, and loving ways. Encourage parents to practise these techniques in group sessions and home visits. Help parents to set their own rules and expectations. Group parenting sessions can help parents discuss this practice to gain ideas and support

EARLY LEARNING

A young child's early learning is interconnected across different domains: physical, Socio-Emotional, and cognitive. Learning and development in one domain has significant impact on learning and development in other domains. For example, as a baby begins to develop physically, gaining strength in their muscles, they can begin to pick up and explore objects, advancing their cognitive development.

Due to the nature of interconnected developmental skills, it is important to note that many parent actions are applicable and will have impact across a child's learning and not only in the sections under which they are organized in this curriculum. For example, when a parent sings a counting song with their child, they are teaching them about language, art, and mathematics, as well as advancing their Socio-Emotional development.

Socio-Emotional development is an extremely important aspect of Early Learning. However, as this curriculum is organized around parenting roles and responsibilities rather than developmental domains, the NPC has included this sub-theme under the Theme of Building Strong Relationships. Parenting educators who are developing parenting education sessions focused on early learning should refer to that chapter for essential information on socio-emotional development and learning.

The Theme of Early Learning has been organized into the following sub-themes:

- Approaches to Learning
- Language and Literacy Development
- Numeracy and Mathematical Thinking
- Artistic Expression and Scientific Exploration

Approaches to Learning

This sub-theme addresses how parents can support the development of the skills, attitudes, and dispositions that encourage life-long learning. This includes fostering children's natural interest and curiosity, encouraging children's confidence and initiative, and supporting the development of dedication and persistence for difficult tasks. This sub-theme also includes supporting the development of positive learning behaviours and inclinations, such as cooperation, appropriate risk-taking, and creativity.

Language and Literacy Development

This sub-theme addresses the parenting skills and actions that best support language and literacy development, that is, a child's ability to communicate through spoken, non-spoken, and written forms. The process of language learning begins before birth and remains one of the most important human functions throughout life.

Verbal and nonverbal communication skills are linked to the skills of reading and writing, all of which are strong predictors of later academic and social success. Early experiences

with language play an essential role in preparing young children to thrive in educational settings. Some factors that support better language learning include supportive relationships with adults who frequently speak and listen to children, relationships with adults who consistently model effective communication, and frequent exposure to books and other written materials that encourage children to participate actively in reading and, eventually, writing.

It is important to note that Language Development is strongly linked to Socio-Emotional Development, which is addressed in the Theme: Building Strong Relationships.

Numeracy and Mathematical Thinking

This curriculum does not take the view that parents should take over the role of teaching mathematics to children and the focus of this sub-theme is not on academic understanding of mathematics. Rather, this sub-theme addresses the underlying thinking processes that support future academic and economic success.

These thinking processes, such as the ability to recognise, extend, and create patterns; compare and contrast size, quantity, and shape; and play with and understand the relationships between quantities and numbers lay the foundation for future mathematical learning. With practice and exposure, parents can support this learning from infancy, ensuring their children are more prepared for academic mathematics when they enter school.

Artistic Expression and Scientific Exploration

This sub-theme addresses aspects of creativity and critical thinking – essential 21st Century skills that are highly linked. From birth, babies can explore colour and materials and appreciate music and storytelling. They enjoy art in many forms and take joy in expressing themselves in creative ways. As children grow, their ability to execute their artistic visions through drawing, singing, dancing, and other media improves, however the foundations of creativity have been lain much earlier.

During the first years of life, children begin to explore and experiment with their environment. Early on, babies learn about cause and effect relationships – learning that they can perform a certain action to get a specific result. In the first three years, children are also learning about spatial relationships - how things fit together - which builds the foundation of problem-solving skills. They learn about attributes, sorting, and classification and begin to analyse information and make critical judgements based on their observations and theories.

APPROACHES TO LEARNING

INFANTS: Birth to 12 Months

ATTITUDES ABOUT APPROACHES TO LEARNING

Play is the foundation of early learning.

Appreciate that the early childhood period is a unique and precious time of learning that will never be repeated in your child's life. Early childhood is a time for building the foundations of learning that will support children throughout their life. Persistence, flexibility, creativity, initiative, and logic and reasoning are essential foundational skills that should be prioritized over academics in the early years.

Respect that children have real preferences, opinions, thoughts, and feelings.

Did you know?	What you can do	Suggested Activities
Infants learn using their senses; they want to explore by tasting, hearing, touching, smelling, and looking at things and people around them. Babies are especially keen to explore objects with their mouth, which offers a range of sensory information to babies. Babies can accidentally swallow small objects, so parents must take care.	Offer a variety of items to explore. Seek to offer infants experiences with objects of different colours, textures, sizes, materials, etc. Avoid small or sharp objects and ensure all offerings are items your infant can safely explore with all their senses. Never give your baby objects that can fit fully in their mouth as this can lead to choking.	Teach parents about the importance of play and stimulation for infants' brain development. Provide clear examples of age-appropriate play activities that promote face-to-face and interactive games, such as 'peek-a-boo'. Organize workshops to develop toys from regular household objects and simple locally-available materials.
Infants show excitement for favourite people and activities. Infants recognise their caregivers as well as familiar and favourite activities. They will grow visibly excited when greeted with these people/things.	Play with your infant frequently. Actively engage with your infant in age-appropriate games and activities.	Encourage parents to practise cognitive stimulation through play in every parenting session. Teach parents age appropriate play for infants, such as picking up, dropping, stacking, and hiding objects.
Infants' attention span for any activity is short. Infants benefit from very frequent, short activities, preferably with adult participation.	Offer frequent play opportunities throughout the day. Encourage your infant's attention span by joining their explorations.	Teach parents to find natural moments in the day for play. Remind parents to play with their infant dozens of times a day for short intervals- rather than one or two long play session.
Infants are developing persistence- the ability to keep working to a task, even when it's hard. Older infants are learning to seek out and pursue things they want to explore, even in the face of challenges.	Offer safe challenges. Build persistence in your infant by giving them small, developmentally-appropriate challenges to overcome.	Model a variety of appropriately challenging activities for infants. For example, hide a favourite toy under a bowl and encourage the infant to look for and find it. Encourage parents to practise with their own children.

APPROACHES TO LEARNING

TODDLERS: 12 - 36 Months

ATTITUDES ABOUT APPROACHES TO LEARNING

Play is the foundation of early learning.

Appreciate that the early childhood period is a unique and precious time of learning that will never be repeated in your child's life. Early Childhood is a time for building the foundations of learning that will support children throughout their life. Persistence, flexibility, creativity, initiative, and logic and reasoning are essential foundational skills that should be prioritized over academics in the early years.

Respect that children have real preferences, opinions, thoughts, and feelings.

Did you know?	What you can do	Suggested Activities
Toddlers know and communicate their preferences. They enjoy making simple choices.	Offer choices to your child to develop decision making skills. For example, let them choose between two pieces of fruit to eat for breakfast.	Guide parents in offering age-appropriate choices. For example, a 2-year-old child might be welcome to choose between two play objects. However, they should not be asked to decide whether to wash their hands.
Toddlers enjoy engaging in shared activities. Toddlers have a growing interest in participating and helping in simple ways. For example, they may eagerly come to help a parent sweeping the floor.	Involve toddlers in your daily life activities as much as possible. Help toddlers follow their curiosity and explore activities and environments more deeply. Allow them to watch and join your work if it is safe and possible.	Provide examples to parents of engaging toddlers in daily life. Modelling is useful, as is showing videos and reading stories with examples of this practice. Encourage parents to share their own experiences and ideas.
Toddlers are developing initiative and persistence. Toddlers enjoy trying new things and will spend more time and effort on challenging tasks.	Provide new and challenging tasks to your child. Encourage your toddler to take appropriate risks and to keep working on difficult tasks.	Model appropriately challenging activities during play groups. Provide a range of challenging play activities and encourage parents to work with their toddlers to build these skills through guided play.
Older toddlers are beginning to use trial-and-error problem solving. For example, they may try turning a puzzle piece in different directions and trying in different ways to make it fit.	Model trial-and-error problem solving techniques. Pretend your toddler's puzzle is difficult for you and try different ways to fit in a certain piece, telling your child about what you're trying and explain that when something doesn't work, you can try again in a different way.	Help parents understand and encourage toddlers' problem-solving abilities. Read stories and share examples to teach parents about age-appropriate problem-solving. Model ways to encourage and build toddler problem solving skills during play sessions.
Toddlers are beginning to develop their imagination and enjoy simple pretend play. Imagination and pretend play are important building blocks of creativity and innovation.	Play along with your child's creative play. Model pretend actions, such as closing your eyes momentarily to pretend you are sleeping. Show them different ways to pretend and play creatively with household objects or available toys	Promote creative play in play groups. Provide time for creative play and encourage parents to participate and enjoy this play time.

APPROACHES TO LEARNING

PRESCHOOLERS: 3-6 Years

ATTITUDES ABOUT APPROACHES TO LEARNING

Play is the foundation of early learning.

Appreciate that the early childhood period is a unique and precious time of learning that will never be repeated in your child's life. Early Childhood is a time for building the foundations of learning that will support children throughout their life. Persistence, flexibility, creativity, initiative, and logic and reasoning are essential foundational skills that should be prioritized over academics in the early years.

Respect that children have real preferences, opinions, thoughts, and feelings.

Did you know?	What you can do	Suggested Activities
Preschoolers are naturally curious and continuously seek out new experiences. Preschoolers are usually excited to try new things and activities. Preschoolers like to challenge themselves and are proud of their achievements.	Encourage curiosity and initiative by showing interest in your preschooler's interests. Ask questions about their activities, make suggestions, and share excitement about their discoveries, creations and achievements.	Provide examples of fostering creativity and initiative in preschoolers through stories and case studies. Reflect with parents on their children's interests and discuss how to actively engage with and encourage their interests.
Preschoolers love to ask questions, which is an important learning skill that develops with practice. Younger preschoolers primarily ask informational questions about topics that interest them. Older preschoolers can ask high-lever questions, such as theoretical questions like, 'What will happen if it never stops raining?'	Encourage your preschooler's questions. Answer your preschooler's questions thoughtfully and ask them your own open-ended and thought-provoking questions. Encourage your preschooler to continue to seek information in different ways.	Teach parents about the importance of developing good questioning skills. Reflect on ways to respond supportively to children's continuous questions. Model open-ended, thoughtful questions that parents can model for children.
Preschoolers are developing their sense of creativity, which will grow stronger when valued and supported. Progressively complex and innovative pretend play is a good indication of creative thinking.	Encourage your preschooler to engage in imaginative play. Listen with interest to your child's explanations of their play and whenever possible, join this play and show your preschooler new and creative ways to play.	Discuss the importance of creative play. Encourage parents to view creative play as important learning time. Encourage parents to share stories of their own creative play experiences and reflect on what they learned through that play.
Preschoolers are increasingly persistent, working harder and longer to complete difficult tasks.	Model persistence in your own activities. Compliment your child's effort, for example tell them, 'I'm very proud of how hard you are working on this task.'	Teach parents about the importance of being a role model of persistence and hard work and on complimenting effort over a finished product. Provide examples of ways to encourage effort and persistence.
Preschoolers are developing a range of strategies for thinking critically about, analysing and solving problems.	Encourage increasingly critical thinking and problem solving. Allow your child sufficient time to work through problems. Provide tools and support in overcoming challenges, while allowing them independence in the process.	Reinforce parents' understanding of the importance of developing critical thinking and problem-solving skills in early childhood. Provide strategies and examples of building and supporting these thinking skills.

LANGUAGE AND LITERACY

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT LANGUAGE AND LITERACY

Recognise that language learning develops over time and starts before birth, long before children start to speak.

Did you know?	What you can do	Suggested Activities
Hearing begins around the 23rd week of pregnancy. From this time, your baby will listen to and start to recognise the sound of your voice and that of other members of the family.	Let your baby hear your voice. Talk to your baby. Sing to your baby. Read and tell stories to your Baby.	Invite parents to practise talking, singing, reading and telling stories to the unborn baby. Invite family members to speak frequently to their unborn baby. Facilitators can suggest topics that parents and family members can talk about to their unborn baby, for example, 'All the moms in the room to tell Baby what you ate for breakfast this morning.', All the dads in the room to tell Baby about the first time you climbed a tree.' All the big brothers/sisters tell Baby about your favourite game to play.'
Babies are affected by their mothers' emotions. They can learn to associates their mother's reactions to sounds, with the emotions she is feeling.	Ensure your home is conflict free and your baby is not exposed to fighting or other frightening noises.	Encourage conflict-free pregnancies. Offer counselling and support groups to parents to help them talk through conflicts and resolve issues peacefully.

LANGUAGE AND LITERACY

INFANTS: Birth to 12 Months

ATTITUDES ABOUT LANGUAGE AND LITERACY

Play is the foundation of early learning.

Recognise that language learning develops over time and starts before birth, long before children start to speak.

A love of reading is learned through early exposure to stories and picture books, and through the example provided by parents. Parent do not need to be strong readers in order to share and enjoy books with young children. Parents can tell stories and look at picture books together with their children. This has as much value as any other activity.

Did you know?	What you can do	Suggested Activities
EXPRESSIVE ORAL LANGUAGE		
Crying is an important form of communication. Infants cry to communicate their different needs.	Respond with patience to your infant's cries. Never react with anger towards your baby when they cry.	Model and encourage patient responding to infant crying. Offer additional support to parents with babies that seem to cry more often and more persistently. Teach parents many methods for soothing their baby.
Infants communicate through body language and gestures. Young infants turn their bodies toward preferred people and reach for or push away objects. From around 9 months, infants may wave to people or clap to express happiness.	Pay attention to your infant's non-verbal communication. Respond to non-verbal communication with what you think your infant wants and is trying to communicate.	Help parents recognise their infants' non-verbal communication. Encourage parents to respond appropriately to infants' body language.
Infants will begin coo and babble from around 2- to 3-months of age. This is an is an important for future speech. Responding to these sounds with back-and-forth communication will help them to learn about the purpose of language. ***Special Needs Note***: If your baby does not coo or babble by about 6-months of age, you should mention this to your healthcare provider.	Engage in back-and-forth communication with your infant. Listen for your infant's first sounds and respond with your own sounds or words. Model words for your baby when they babble and repeat the sounds they make.	Teach parents about back-and-forth communication with infants. Model this behaviour and encourage parents to practise during parenting education sessions. Review case studies and posters about contextually-appropriate communication with infants as this may help parents gain understanding of how and why it is important to engage in this activity.
Around 12 months of age, infants will likely speak their first (clear) word. Language development can vary widely between children; some children will speak their first word as early as 9 months and some will not speak any words until they are closer to 14 months.	Model speech and single words frequently and repeatedly. Help your baby draw associations between words and things by labelling objects.	Teach parents how to extend infants' language to support new vocabulary development. Model this type of communication, such as modelling words for infants when they make sounds and clearly repeating the words infants try to say. Teach parents games and songs to play and sing with their infants to encourage language development.

LANGUAGE AND LITERACY

INFANTS: Birth to 12 Months (cont.)

Did you know?	What you can do	Suggested Activities
RECEPTIVE ORAL LANGUAGE		
Infants learn about language from listening to you speak. They will listen to your conversations to learn about speech patterns and rhythms.	Talk to your infant often. Interact directly with your infant while holding them close to you. Use baby-talk so the baby can hear sounds and watch the way your mouth moves as you speak. Carry on conversations in front of your infant. Expose them to the different ways you use speech in your daily life.	Model Baby Talk for parents. Discuss why this form of communication is beneficial to the child. Allow parents time to practise this with their own babies. Note that fathers may benefit from seeing other men model Baby Talk; this will help them understand that parents of both genders should engage in Baby Talk.
Infants begin to understand some familiar words around 8 months old. Frequently used words, such as 'Mama' and 'Papa' will have meaning for older infants. Throughout infancy, babies will understand more from tone and facial expressions than from words.	Use simple, clear language and common words with infants to help them understand. Be patient and recognise that your infant cannot yet understand all that you say.	Model simple, clear language for parents. Explain why this type of speech is important for infants' learning. Model expressive tone of voice when speaking to infants. Help parents take note of words their infant seems to understand.
Older infants are beginning to understand gestures as communication. ***Special needs note:*** Children can learn sign-language starting from Infancy. Infants as young as 6-months-old can begin to learn some signs and by 12 months old can communicate simple information and requests, such as 'I want', 'More', 'All done.' 'Please.'	Pair your language with actions to help your baby understand. Games that mix language with actions are great ways to teach multiple forms of language. Use common gestures and other forms of non-verbal communication when you talk to your baby.	Encourage understanding of gestures and body language as communication. Encourage parents to model body language and gestures with babies. Teach songs and games to parents that include hand gestures and body language.

LANGUAGE AND LITERACY		
INFANTS: Birth to 12 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
LITERACY		
All infants benefit from looking at, listening to, and exploring books. Young infants may not show great interest in books and stories, but they are still benefiting from the exposure. Older infants will likely show greater interest and attention for short books, enjoy handling books, and enjoy looking at the pictures.	Share books with your infant. Introduce picture books early and enjoy interacting with books together. Share books with your infant, even if they don't seem very interested at first. Build sharing books into your daily routine. Choose certain times in the day to share books, such as before going to bed or every day after the midday meal.	Encourage parents to share age appropriate books with their infants every day. Give parents time to choose books from a programme library of age-appropriate books and set aside time for parents to share books with infants. Model pointing things out in pictures and talking about the colours and textures of books. Provide extra support to parents who are not strong readers. They can easily learn how to talk children through a picture book with modelling and practice.
Infants are happy to read the same book several times every day. Infants do not need large variety of books. Parents should feel free to share the same book with infants many, many times over, focusing on picture books with bright images about things infants like, such as animals.	Grow a small collection of age-appropriate books to share with your infant. These can be purchased, borrowed, or made at home.	Teach parents where they can access books, preferably at low or no cost. This should include resources such as community-based libraries or book swaps with other parents. The best solution for some families may be making their own books, for which they will need instruction and support. Teach parents to make their own books using hearty materials, such as cardboard, fabric, and sack cloth. As much as possible, avoid making baby books with thin paper.

LANGUAGE AND LITERACY

TODDLERS: 12 - 36 Months

ATTITUDES ABOUT LANGUAGE AND LITERACY

Play is the foundation of early learning.

Recognise that language learning develops over time and starts before birth, long before children start to speak.

A love of reading is learned through early exposure to stories and picture books, and through the example provided by parents. Parent do not need to be strong readers in order to share and enjoy books with young children. Parents can tell stories and look at picture books together with their children. This has as much value as any other activity.

Did you know?	What you can do	Suggested Activities
RECEPTIVE ORAL LANGUAGE		
Toddlers understand many more words than they can speak.	Talk to and with your toddler frequently. This is still the best way to teach them language.	Provide practise time for talking to and with toddlers in every parenting education session.
Younger toddlers can follow very simple 1-step directions. For example, an 18-month-old toddler can understand simple instructions such as 'Sit down here.'	Give your toddler simple 1-step instructions to practise. When needed, guide your toddler through a task to help them understand your instructions.	Model examples of age-appropriate instructions. Teach parents how to pair instructions with guidance and encouragement.
Older toddlers can understand simple phrases and instructions. For example, your 2.5-year-old toddler can understand simple 2-step instructions, such as 'Go get your shoes and come back to me.'	Give your toddler simple 2-step instructions to practise. When needed, guide your toddler through a series of tasks to help them understand your instructions.	Help parents understand age-appropriate comprehension. Provide examples of speech, stories, instructions, songs, and other oral language that older toddlers can understand.
EXPRESSIVE ORAL LANGUAGE		
Between 12 and 24 months, most children will speak in single words.	Listen attentively to your child's words. Do your best to respond with understanding.	Teach parents about the importance of responding to early speech. Discuss, model, and practise this behaviour during play sessions.
Between 24-36 months, most children will begin to speak in phrases and simple sentences.	Encourage your toddler to practise speaking. Repeat and expand upon their language to grow their expressive vocabulary	Teach parents methods for growing language through games, songs, and conversation. Model expanding and repeating language.
Children develop language at different rates. This is due to a large variety of factors. Two common examples include: Girls often speak earlier than boys. Children from multi-language homes often speak later than children from one-language homes.	Pay attention to your toddler's speech and take note of possible delays. Always seek advice from your healthcare provider if you have a concern about your toddler's development. It is their vocation to help and guide you.	Help parents understand the range of typically developing speech. Provide many examples through stories and case studies to show the range of typically developing speech. Encourage parents to reflect on their child's speech development and answer their questions.
Special Needs Note: Toddlers that do not speak any words by their 2nd birthday may be showing signs of a speech delay.	Speak to your healthcare provider about any possible speech delay. This could indicate a hearing impairment or other special need.	Refer parents to specialized services if their child is presenting a speech delay.

LANGUAGE AND LITERACY		
TODDLERS: 12 - 36 Months (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
LITERACY		
Toddlers' enjoyment and interest in reading activities varies widely based on their previous exposure and experience with sharing books. Toddlers who have not previously engaged in reading activities may show less initial interest but can easily adopt a love of reading towards the end of this period.		
Toddlers still have a short attention span and may not easily follow stories. The best books for this age are: Visually stimulating – enjoyable pictures and bright colours, Audibly stimulating – especially rhyming and rhythmic books, and Intellectually stimulating – including pictures of things they recognise and find interesting.	Share very short and interesting story books with your toddler every day to attract his/her interest and attention to read longer. Build sharing books into your daily routine, such as every evening before going to bed. Collect a small range of appropriate picture books; these can be purchased, borrowed, or made at home by parents.	Teach parents to practise and enjoy reading sessions. Give parents time to choose books from a programme library and set aside time for parents to share books with their toddlers. Help parents understand how to grow a home-library, such as finding community libraries and offering book-making workshops.
From around 24 months, toddlers enjoy active participation in reading. For example, older toddlers love to talk about the pictures and recite some predictable and familiar parts of stories.	Allow your toddler to participate in reading books as much as possible. Read the books your toddler chooses and likes. Ask your toddler questions about the pictures and encourage them to say familiar words and phrases.	Model reading aloud to toddlers in engaging and interactive ways.
With practice, toddlers can begin to enjoy picture books independently for short periods. Toddlers enjoy looking at pictures and holding and turning the pages of books. These are important skills to practise.	Let your toddler to enjoy books in their own way. This may include only looking at one favourite page or even looking through the book backwards. Remember there is no 'right' way for toddlers to enjoy books.	Offer time during parenting education sessions and home visits for toddlers to enjoy books independently. Guide parents to encourage, rather than correct, their toddler's book exploration.
Phonological awareness is an essential pre-reading skill and is beginning to develop during this time. Phonological awareness is the knowledge of sounds and how they combine to make words. Toddlers cannot yet isolate sounds in words, however, early exposure to sound patterns, as heard in songs and rhyming poems will support this learning as they grow.	Encourage the development of phonological awareness through songs and rhymes.	Teach parents many songs and rhymes that support the development of phonological awareness.

LANGUAGE AND LITERACY

PRESCHOOLERS: 3-6 Years

ATTITUDES ABOUT LANGUAGE AND LITERACY

Play is the foundation of early learning.

Recognise that language learning develops over time and starts before birth, long before children start to speak.

A love of reading is learned through early exposure to stories and picture books, and through the example provided by parents. Parent do not need to be strong readers in order to share and enjoy books with young children. Parents can tell stories and look at picture books together with their children. This has as much value as any other activity.

Did you know?	What you can do	Suggested Activities
RECEPTIVE ORAL LANGUAGE		
Children who hear more words in early childhood develop a bigger vocabulary and a better foundation for language and literacy learning. Children with parents who speak to them frequently hear millions more words than children whose parents to not speak to them.	Speak to and with your children frequently, every day. Ask your preschooler open-ended questions. Engage in back-and-forth discussion with your children about topics they find interesting. Tell your child about things you are doing and which you find interesting.	Teach parents about the importance of speaking to and with their child frequently, every day, and with increasing complexity. Reflect with parents on their experience engaging in conversations with their children. Encourage parents to discuss their experiences and gain support and encouragement from other parents.
EXPRESSIVE ORAL LANGUAGE		
Around 3 years old, preschoolers can communicate in full, simple sentences and be understood by most adults. It is common for young preschoolers to still have difficulty pronouncing some sounds and this does not necessarily indicate a speech impediment.	Model correct speech for young preschoolers. Avoid simplifying your language too much for preschoolers and encourage their use of full sentences and correct pronunciation.	Model using correct speech with younger preschoolers during play sessions. Observe the way parents speak to their young preschoolers; offer encouragement and make suggested improvements where needed.
Around 5 years old, preschoolers can express themselves clearly and in detail. At this age, preschoolers should largely be able to speak in appropriate tones of voice, keep their voice at an appropriate volume, and use polite words and manners in conversation.	Model appropriate language and language conventions, such as tone of voice and polite words and manners. Use increasingly complex speech with older preschoolers to continue to grow their vocabulary and understanding of language.	Model using increasingly advanced speech with older preschoolers during play sessions. Observe the way parents speak with their preschoolers; offer encouragement and make suggested improvements where needed.
Special Needs Note: At this age, preschoolers' speech should be easily understood by all adults. If your preschooler's speech is still difficult to understand, speak to a healthcare provider about screening for a possible speech impediment.	Listen carefully to your child and refer them to a healthcare provider early if you suspect a speech impediment. Early identification and intervention are essential.	Refer parents to specialized services if you suspect a child may show signs of a speech impediment.
Preschoolers are interested and increasingly capable of engaging in in-depth conversations.	Engage in thoughtful discussions with your preschooler. Ask open-ended questions and practise and model active listening.	Read stories and model examples of engaging preschoolers in in-depth back and forth conversations.

LANGUAGE AND LITERACY		
PRESCHOOLERS: 3-6 Years (cont.)		
Did you know?	**What you can do**	**Suggested Activities**
LITERACY		
Children's enjoyment and interest in reading activities varies widely based on their previous exposure and experience with sharing books. Children who have not previously engaged in reading activities may show less initial interest but can easily adopt a love of reading towards the end of this period.		
Preschoolers typically enjoy listening to longer stories with characters and simple events. Preschoolers benefit from repetition and will enjoy listening to the same story many times over. From around 4 years old, some children may be able to retell very familiar stories.	Read and tell stories to your preschooler every day. Ask your child questions about the story to check their understanding. Encourage them to tell you important details of the story. Reread and retell stories many times to encourage comprehension and enjoyment.	Discuss the importance of daily reading and allow parents opportunities to practise during parenting education and play sessions. Model storytelling with checks for comprehension. Encourage further emergent literacy skills through songs, games, books, and other activities.
Picture books are important tools for supporting preschoolers' literacy. Preschoolers gain understanding of stories from pictures, which can be an important strategy for later reading.	Collect a small range of age-appropriate picture books. These books can be purchased, borrowed, or made at home by parents.	Help parents understand how to grow a home-library, such as finding community libraries and offering book-making workshops.
By around 4 years old, children who have been exposed to a lot of print will begin to recognise text and even though most will not be able to read yet, will understand that it can be read and that it means something. Children who attend pre-primary will likely be exposed to more examples of print than children who stay at home.	Expose your preschooler to environments with a lot of print. If possible, enrol your preschooler in a high-quality pre-primary programme.	Provide examples for a print rich environment that parents can achieve in their homes. Support parents to develop print materials to display. Support parents to seek out pre-primary opportunities for their preschool-aged children and encourage parents to visit their child's pre-primary centre to gain additional literacy building skills and learn about age-appropriate environmental print.
From around 4 years old, children that have been exposed to letters will begin to recognise some letters symbols, names, and sounds. Children who attend pre-primary often have a lot of exposure and practice with their name; by 4 years old, many will recognise, and some will be able to write their names.	Play with letter names and sounds. Sing songs about letters and point out letters in everyday print and talk about their sounds. Write your preschooler's name for them on their artwork and other appropriate places in your home. Tell them what this says and encourage them to practise reading their name when they see it written.	Teach parents songs, games, and other activities that support letter and sound learning. Teach games that children can play with the letters of their names.

NUMERACY AND MATHEMATICAL THINKING

INFANTS: Birth to 12 Months

ATTITUDES ABOUT NUMERACY AND MATHEMATICAL THINKING

Play is the foundation of early learning.

Believe that you have much to offer your children. No matter how much education you may have received, you can offer great support to them in their learning and explorations.

Did you know?	What you can do	Suggested Activities
Infants learn mathematical concepts through meaningful play experiences. Infants will learn about many concepts through observing adults, singing songs, and playing with objects.	Sing songs and play games with numbers, objects of different shapes, and colours.	Teach parents how to engage in play activities that build mathematical thinking. Teach parents songs and games about numbers, shapes, and colours. Play clapping games with different sound patterns.
Learning about shapes, sizes, and colours is an important early mathematics skill.	Expose your infant to shapes of different sizes and colours. Use a variety of pictures and real-world objects to show your infant different shapes. Circles, squares, and rectangles are good shapes to start with as they are extremely common in the real world.	Teach parents songs and games about shapes, sizes, and colours. Encourage parents to share shapes and colours with infants.
Understanding quantities begins in infancy. Infants can quickly learn to recognise when quantities are 'more' or 'fewer'. For example, if you hold out two toys to your infant, then put one away and give your infant only one toy, they will notice they now have fewer toys than they were expecting.	Frequently expose your infant to different quantities. Count objects for your infant and point out when groups of objects are bigger of smaller than others. For example, at the market, count and explain the difference between a bowl with two tomatoes and a bowl with five.	Teach parents to talk about quantities in common everyday situations. Model counting everyday objects out loud, such as potatoes being put into a cooking pot. Encourage parents to play quantity games with their infant, such as 'hiding' two objects and encouraging the infant to find both.
Recognizing and understanding patterns is an essential and foundational mathematical skill. It will be some time before children show understanding of patterns, but early exposure is very important.	Point out examples of real-world patterns to your infant.	Model pointing out real-world patterns for parents. Show parents how to look for examples of patterns in books and in the real environment. Encourage them to draw their infant's attention to this, pointing out and describing the pattern.
Recognizing and comparing sizes is a spatial awareness skill that will support future mathematics.	Point out examples of size comparison to your infant.	Model pointing out real-world size comparisons for parents. Show parents how to point out examples of big versus small, wide versus narrow, and other common comparisons.

NUMERACY AND MATHEMATICAL THINKING

TODDLERS: 12 - 36 Months

ATTITUDES ABOUT NUMERACY AND MATHEMATICAL THINKING

Play is the foundation of early learning.

Believe that you have much to offer your children. No matter how much education you may have received, you can offer great support to them in their learning and explorations.

Did you know?	What you can do	Suggested Activities
Toddlers learn about mathematical concepts through play and real-world observations and interactions. Toddlers may not indicate understanding of concepts at this stage. However, they are hard at work building mathematical foundations.	Play mathematical games and sing songs with your toddler. Allow your toddler to play with and explore a wide variety of different materials. Interact with their explorations and offer guidance and encouragement to their learning.	Teach parents about play that supports mathematical thinking. Provide time for mathematical play during parenting education sessions. Provide a variety of toys, games, and materials for exploration that children can utilize during play sessions. Model appropriate interactions that support development of mathematical thinking in toddlers.
Toddlers may count several numbers without understanding quantity. This means that while toddlers may enjoy counting aloud from 1 to 5, they most likely will not yet understand quantities the numbers represent. Toddlers close to their third birthday may understand quantities of 1 through 3.	Count with your toddler. Encourage your toddler to count objects with you. Use real objects or pictures to them draw a connection between each number and the associated quantity. Sing counting and addition/subtraction songs together.	Teach parents about developing 1-to-1 correspondence. Help parents understand the essential difference between counting and quantifying and the importance of both. Model games and other activities that teach this concept.
Toddlers are gaining an understanding of shapes, size, and volume through play and daily interactions.	Play games with objects of different shapes, colours, and sizes. Offer containers and different filling materials such as water or sand. Point out and discuss things in the real world with different shapes and sizes.	Teach parents a variety of non-numerical mathematical games and activities. Model activities that teach shapes, colours, size comparisons for parents during play sessions. Teach parents to make toys from locally available materials.
Toddlers are beginning to understand concepts of same and different.	Play matching games with your toddler. For example, encourage them to match identical objects or cards with identical pictures.	Teach parents to make and play matching games during play sessions.
From around 24 months, toddlers are starting to understand there are patterns in the day. This skill is associated with a later understanding of time and sequencing. Talking about times of day and practicing familiar routines and sequences will help toddlers form this understanding.	Introduce early concepts of time and sequencing to your toddler. Recognizing that your toddler will not fully understand concepts of time, point out times of day and familiar routines that follow a sequence. For example, tell them, 'It's dark outside. That means it is night-time. We need to brush teeth and then go to bed.'	Encourage parents to establish routines for their toddlers and identify the sequences that form their day. Read stories and encourage parents to share examples to support this learning.

NUMERACY AND MATHEMATICAL THINKING

PRESCHOOLERS: 3-6 Years

ATTITUDES ABOUT NUMERACY AND MATHEMATICAL THINKING

Play is the foundation of early learning.

Preschool is a unique period of development and is not the same as primary school. Parents should recognise the value of young children playing at school and not expect them to learn academic skills before they are developmentally ready.

Believe that you have much to offer your children. No matter how much education you may have received, you can offer great support to them in their learning and explorations.

Did you know?	What you can do	Suggested Activities
CONCEPTS OF COUNTING AND MATHEMATICAL OPERATIONS		
Preschoolers' counting progresses quickly as they learn the patterns of tens and ones. Counting is not the same as quantification. Preschoolers will be able to count much higher than they can quantify.	Teach your preschooler about the patterns in counting. Sing counting songs. Count together with your child and note each time you hit a 'ten'. Ask them what they think will come next after a certain number to encourage them to think through the pattern.	Practise with parents how to teach counting to children utilizing the tens and ones pattern. Teach counting songs and games to parents.
By around 4 years old, counting with one-to-one correspondence is achieved. This means that children understand that they should count one number for one object.	Encourage your child to participate when you are counting out objects in your daily life. For example, as you set the table, tell them, 'We need 5 plates. Let's count them out together.', then slowly count the plates out one-by-one up to five.	Teach parents games and every-day activities that teach and reinforce the concept of one-to-one correspondence.
By around 5 years old, children will recognise most numerals 0-9. Around 6 years old, children will learn to recognise and write numerals up to about 20, though writing errors are still common.	Play number games that pair numerals with quantities. Encourage your preschoolers to help make games by writing the numerals. Offer non-critical correction to errors.	Show parents games that support knowledge of numerals. These can include board games, card games, and other games that associate identifying numerals. Help parents make games that teach this skill.
Preschoolers are gaining an emerging understanding of addition and subtraction. Younger preschoolers understand that you can add objects to a group to get 'more' and take away (subtract) objects to have fewer. Older preschoolers can perform simple addition and subtraction with help from counting objects.	Talk about quantities, adding, and subtracting objects/amounts as opportunities arise in daily life. If your child is now attending and early childhood education programme, keep a constant communication with your child's teacher about what they are learning and their suggestions for supporting from home.	Practise adding and subtracting games during group play sessions. Teach parents songs about adding and subtracting. Encourage parents to use real-world examples to teach the concept of addition and subtraction, in addition to games and songs.
Preschoolers are gaining an emerging understanding of division. Preschoolers understand that amounts can be shared out in smaller parts, for example, that an orange can be cut into two smaller parts.	Practise division with real life objects and opportunities. For example, ask your preschooler to help you divide a potato into halves.	Model activities that teach the concept of division in a real-world context.

NUMERACY AND MATHEMATICAL THINKING

PRESCHOOLERS: 3-6 Years (cont.)

Did you know?	What you can do	Suggested Activities
CONCEPTS OF COMPARING, TIME, AND MONEY		
Children have a growing understanding of same, different, and equal. This is true of attributes, such as colour and shape, as well as amounts, such as equal or not equal.	Offer a variety of objects and play items that your child can use to grow an understanding of attributes. These can be ordinary objects such as dried beans, or specially made toys such as shape blocks. Make other toys and books that help your child with these concepts.	Support parents to make play materials to support learning concepts of same, different, and equal. These can include sets of manipulatives, sorting games, books on comparison, measuring materials, and others.
Preschoolers have a growing awareness of time, including time of day, the concepts of now and later, and sequencing of events.	Discuss concepts of time and sequencing with your preschooler. Tell your preschooler about the time of day. Remind them of the passage of time in days and minutes.	Help parents identify resources, such as books, to introduce concepts of time. Encourage parents to utilize routines and schedules.
From around 5 years old, preschoolers can differentiate coins and bank notes. Practise with money will solidify this understanding.	Allow children the opportunity to practise with coins and bank notes. Allow children to play with small bank notes in a pretend market. Supervise children to use money in the real market.	Offer opportunities for role playing with money during group play sessions. Encourage parents to involve preschoolers in purchasing goods at the market.
CONCEPTS OF PATTERNS, SHAPE, AND SPATIAL AWARENESS		
Preschoolers are developing a strong understanding of patterns, including the ability to describe, extend, and create patterns. Patterning is an important skill that will support children's future ability to comprehend complex mathematics.	Analyse patterns together with your preschooler. Discuss patterns together and explain more complex patterns. Play games of finding patterns in the real world. Help your child to create patterns with objects or by drawing.	Help parents identify resources, such as books, to discuss simple and complex patterns. Model pointing out real-world patterns to parents and children. Support parents in accessing or making materials to support children to create patterns.
Preschoolers recognise many 2-dimensional shapes, including when they appear in the real world. For example, they understand that doors are shaped like rectangles.	Provide learning materials with different shapes. Discuss 2-dimensional shapes and point out their attributes and use in the real world.	Teach parents games and songs about different 2-dimensional shapes. Encourage parents to create and identify different shapes with their preschooler during play.
Older preschoolers recognise many 3-dimensional shapes, including when they appear in the real world. For example, they understand that balls are spheres, or 3-dimensional circles.	Provide play materials with 3-dimensional shapes.	Teach parents games and songs about different 3-dimensional shapes. Model pointing out real-world 3-dimensional shapes.

ARTISTIC EXPRESSION AND SCIENTIFIC EXPLORATION

INFANTS: Birth to 12 Months

ATTITUDES ABOUT ARTISTIC EXPRESSION AND SCIENTIFIC EXPLORATION

Play is the foundation of early learning.

Young children learn through observing their world, playing, and investigating. The more opportunities infants, toddlers, and young children have to play, observe, and explore, the more they will learn and understand.

Children do not need expensive toys or materials to learn. All parents are capable of providing their children with quality play and learning materials by making toys and books from locally sourced materials.

Did you know?	What you can do	Suggested Activities
Infants enjoy exploring their environment with all their senses.	Provide opportunities for open-ended discovery, exploration and experimentation. Encourage infants' creative efforts and do not try to over-direct their play. Talk about what you hear, see, and feel when you explore the world.	Teach parents how to engage in and encourage artistic and scientific exploration through group play sessions.
Infants may observe and try to copy adult behaviours. For example, an infant may pretend to stir a pot with a big spoon.	Encourage your infant to watch you performing tasks and give it a try themselves. Offer your infant different materials to support their pretend-play.	Encourage parents to support their infants pretend play. Offer infants household materials to play with during parenting education sessions and play groups. Encourage parents to engage in pretend play with their infants and the offered objects.
Infants delight in music and different noises and rhythms.	Sing and dance with your infant.	Teach parents many songs and dances to perform with and for their infant.
Infants are interested in different shapes and colours.	Provide many different art materials for your infant. Describe the materials- what you see and feel as you play with them together.	Help parents access and make low- or no-cost art materials. Make art materials available during parenting education sessions and play groups.

ARTISTIC EXPRESSION AND SCIENTIFIC EXPLORATION

TODDLERS: 12 - 36 Months

ATTITUDES ABOUT ARTISTIC EXPRESSION AND SCIENTIFIC EXPLORATION

Play is the foundation of early learning.

Young children learn through observing their world, playing, and investigating. The more opportunities infants, toddlers, and young children have to play, observe, and explore, the more they will learn and understand.

Children do not need expensive toys or materials to learn. All parents are capable of providing their children with quality play and learning materials by making toys and books from locally sourced materials.

Did you know?	What you can do	Suggested Activities
ARTISTIC EXPRESSION		
Toddlers typically greatly enjoy songs, music, and making noise.	Engage your toddler in music and different kinds of sounds. Teach your toddler simple songs that they can sing on their own for fun. Provide your toddler with simple home-made instruments or objects that make noise, such as a bottle filled with small pebbles.	Offer time to interact with music during parenting education and play sessions. Teach parents to make simple instruments for their toddlers to explore.
Toddlers typically enjoy dancing along with songs and music.	Sing and dance with your toddler. Encourage your toddler's interest in expressive movement by participating in and cheering on their dance.	Include shared dance activities in parenting education sessions.
Toddlers will attempt to create art, using a variety of materials. This may include forming clay into a simple shape and making random marks of different colours on paper.	Offer your toddler opportunities to create art using different materials. Participate in artistic creation and encourage their own creative attempts.	Offer art play sessions for toddlers. Provide a variety of easily assessible art materials. Teach parents how to access and make art materials.
SCIENTIFIC EXPLORATION		
Toddlers are natural scientists. They observe, develop and test theories, and draw conclusions every day.	Pay attention to and encourage your toddler's simple experiments. For example, while playing in with a bowl of water, your toddler may observe that certain objects float, and others sink. Encourage this experimentation with support and additional materials.	Help parents recognise and enjoy toddler experimentation. Provide examples and read stories to explain how toddlers experiment and guide parents about age-appropriate experimentation.
Toddlers learn about the world through their senses.	Offer many opportunities for your toddler to safely explore their environment.	Offer scientific exploration time during play sessions.
Toddlers are often fascinated with life sciences and can name many animals and some types of plants.	Read books and talk about real-world examples of plants and animals.	Encourage parents to read books about the sciences and any of their toddler's other interests. This will help them to facilitate their children in their reading exercise.
Toddlers are beginning to recognise attributes of different objects, people, and things. They can make basic comparisons and may begin early sorting and classifying.	Give your toddler opportunities and resources to practise classification of objects. For example, allow them to sort a bowl of fruit into one group of tomatoes and one of bananas.	Teach classification activities during parenting education and play sessions. Support parents to describe the attributes of objects to support understanding of sorting.

ARTISTIC EXPRESSION AND SCIENTIFIC EXPLORATION

PRESCHOOLERS: 3-6 Years

ATTITUDES ABOUT ARTISTIC EXPRESSION AND SCIENTIFIC EXPLORATION

Play is the foundation of early learning.

Young children learn through observing their world, playing, and investigating. The more opportunities infants, toddlers, and young children have to play, observe, and explore, the more they will learn and understand.

Children do not need expensive toys or materials to learn. All parents are capable of providing their children with quality play and learning materials by making toys and books from locally sourced materials.

Did you know?	What you can do	Suggested Activities
ARTISTIC EXPRESSION		
Preschoolers typically greatly enjoy music and dancing.	Provide opportunities to your preschooler to explore music and dancing. Encourage your child to sing along with songs. Enjoy dancing with your child.	Offer time to interact with music during parenting education and play sessions. Teach parents to make simple instruments for their children. Encourage teaching of traditional dance to preschoolers.
Preschoolers have a good sense of the art they want to create. They will intentionally choose colours and mediums for art creation. If their drawing skills are still emerging, they may request help making something looks more like what they want than they are able to make themselves.	Provide different materials to encourage your child's artistic expression. Encourage your child to describe their artwork to you. Appreciate your preschooler's artwork and the effort they put into making it.	Offer art play sessions for preschoolers. Provide a variety of easily assessible art materials. Teach parents how to access and make art materials.
Preschoolers enjoy dramatic play and will act with enthusiasm and emotion.	Pay attention to your child's performances and ask questions about the story and characters.	Provide opportunities for imaginative play during group play sessions.
SCIENTIFIC EXPLORATION		
Younger preschoolers learn about the world through their observations.	Offer your preschooler many opportunities to explore the world and different materials.	Offer scientific exploration time during play sessions.
Older preschoolers can carry out simple investigations, collect data on their observations, and draw on experience to make inferences.	Help your preschooler form and test scientific theories. Offer them strategies for recording their findings. Ask them questions about what they are learning and encourage them to think more deeply about their scientific questions.	Teach parents how to engage in and encourage scientific exploration through group play sessions. Show parents how to engage their preschoolers in interesting investigations and to follow-up their data.
Preschoolers are beginning to understand the difference between living and non-living things.	Support your preschooler's study into living and non-living things. Answer their questions and offer many examples to support their understanding.	Provide examples of studying living and non-living things for parents. Encourage parents to support their children's investigations into this important concept.

SHARED PARENTING

The theme of Shared Parenting addresses the importance of engaging all family members and the community in the care and development of children. This theme seeks to break down assumptions that may be held about parenting roles and responsibilities, as well as challenge the idea that parenting is a task that families should do on their own. Rwanda strongly values community and believes that community members - and the society and culture itself - all make an important impact on children's development.

This theme looks at three relationships in particular: the shared responsibilities of parenting in the household – that is between mothers, fathers, and wider family members; the shared responsibilities of the community; and the wider systems that exist to support parents and communities to be effective parents.

This theme is organized into the following sub-themes:

- Shared Parenting in the Household
- Collective Parenting in the Community
- Systems of Support for Parents

Shared Parenting in the Household

This sub-theme addresses how members of the family share responsibilities for children. This curriculum recognises that every family is different, and the way family members share responsibilities will differ for each family. Families have different needs, different strengths, and different challenges. This curriculum seeks to support families to build the skills needed to discuss these factors as a family and find solutions that work for all members of the family. At the same time, this curriculum does take the positive view of the importance of fatherhood and presents an expectation that fathers and mothers both be active in all aspects of childcare and development.

Collective Parenting in the Community

This sub-theme addresses how parents should engage in the community and look to the community for support. This curriculum takes the view that it takes a village to raise a child and that the safety and development of every child is the responsibility of every citizen. Parents have both the right and the responsibility to seek support from their community. Parents also have the right and responsibility to offer support to other families in the community and ensure the safety and proper care of all children.

Systems of Support for Parents

This sub-theme seeks to offer some guidance on the systems of support that exist for parents throughout Rwanda. It is broad-reaching and relies heavily on the support of parenting education facilitators, organisations, and local leaders to share information specific to parents' areas and link parents with services whenever needed.

SHARED PARENTING IN THE HOUSEHOLD

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT SHARED PARENTING:

Appreciate that all family members have value and are important to children's well-being. Both parents are essential and play important roles in the family. Each family member deserves respect for what they bring to the family.

Respect each other and recognise that decisions about the family should be made together. One parent should not make important decisions on their own, especially if those decisions affect everyone.

Did you know?	What you can do	Suggested activities
Antenatal care is the responsibility of both parents. Both parents should be responsible for attending appointments, keeping records, asking questions from healthcare providers, and following/supporting the recommendations of healthcare providers.	Share the responsibilities of antenatal care. Attend antenatal appointments together. If your healthcare provider discourages male attendance, advocate for your right to have both parents involved. Discuss the advice of healthcare providers.	Counsel couples on the importance of sharing antenatal care and parenting responsibilities. During group or home-based sessions, initiate in-depth discussions of gender roles and the need to break down barriers to equity. Advocate for men's rights to attend antenatal appointments and births.
Women and men play different roles in pregnancy, but they should share the experience. Both parents are critical for children's development and it is important to begin these habits of active and shared engagement during pregnancy.	Talk about your pregnancy as a shared experience. Discuss how both parents are feeling and growing during the pregnancy and be responsive to each other's needs.	Hold discussion groups about how partners can share the experience of pregnancy. Discuss the way both parents' lives are changing. Discuss the support each partner needs during this time and encourage partners to be responsive to each other.
Families that plan ahead and talk about issues in advance are better parenting teams. The antenatal period is the perfect time for planning and establishing understanding of parenting roles and responsibilities.	Talk about how you will share parenting responsibilities once the baby arrives. Don't assume things will be a certain way. Talk about the strengths and interests of both parents and how you feel you can best contribute to the success of your family. Discuss your pregnancy with all the members of your household and ask for support when you need it.	Counsel couples on the important roles both parents play. Challenge parents' assumptions about gender roles in the family. Encourage discussion and agreement for how family members will share responsibilities. Advocate to local leaders and church leaders to reinforce messaging about shared parenting and the importance of active fathers.
Financial planning and budgeting, and responsible spending is important for both parents. Families that discuss their finances openly are more likely to save successfully and spend responsibly for the benefit of the family.	Discuss household finances and develop an agreed family budget. Practise saving as a family and participate in community-based savings plans and clubs.	Offer financial literacy classes and encourage parents to participate in savings clubs in their community. Teach parents to develop household budgets. Counsel parents to discuss finances together and ensure joint decision making is practised around spending and saving.

SHARED PARENTING IN THE HOUSEHOLD

INFANTS: Birth to 12 Months

ATTITUDES ABOUT SHARED PARENTING:

Appreciate that all family members have value and are important to children's well-being. Both parents are essential and play important roles in the family. Each family member deserves respect for what they bring to the family.

Respect each other and recognise that decisions about the family should be made together. One parent should not make important decisions on their own, especially if those decisions affect everyone.

Acknowledge that men can be wonderful caregivers. Parents of both genders should be encouraged to over loving, nurturing care to children. Expect that mothers and fathers may have different styles of caring for young children and appreciate that this diversity brings value to the children.

Did you know?	What you can do	Suggested activities
Infant care is the responsibility of both parents and other responsible adults in the household. Infant's needs must be met immediately by whichever caregiver is available. They cannot wait for one specific parent to arrive to be fed, changed, or comforted. It is not essential that mothers and fathers perform the same tasks in the house, however, it is essential that the work load and sense of responsibility to children is equitable and supports the wellbeing of all family members.	Discuss all issues about your infant's health, development, and needs together as a couple and/or family. Agree on the right course of action for how to handle different responsibilities and infant needs. Teach all members of the household about proper infant care, for example, how to hygienically change and clean an infant's nappy.	Counsel couples on the importance of sharing parenting responsibilities. Advocate to local leaders and church leaders to reinforce messaging about shared parenting and the importance of active fathers.
Men can bring great value to tasks that have traditionally been filled by women and vice versa. Men can be excellent cooks and thoughtful, loving givers of comfort to children. Mothers can be strong providers of financial security. It is important for all families to think about all the strengths its members may bring to the household and encourage its members to contribute in ways, possibly not thought about before.	Keep open communication in your household about responsibilities and children's needs. Talk about how you can share parenting responsibilities and adjust when things are not working well. Don't assume things will be a certain way. Talk about the strengths and interests of both parents and how you feel you can best contribute to the success of your family.	Engage men in Father-specific parenting sessions. Men's explicit involvement in parenting classes, including classes focused specifically on the Father can have transformational impact on the attitudes men hold about gender roles in parenting. Encourage mothers to openly accept men's contributions to the parenting process.
While only mothers can breastfeed, a father's, and other family members' support is critical for breastfeeding success. Breastfeeding is an emotionally and physically demanding job. Women benefit from consistent emotional support, physical relief from other household duties, receiving proper rest, hydration and nutrition.	Talk about ways that members of the household can support a breastfeeding mother. For example, discuss which household duties can be performed by the father or other family members so she can get more rest in between feedings.	Counsel families on the importance of supporting breastfeeding mothers. Discuss the details of family life and offer tangible ideas for supporting the breastfeeding mother. Help parents make a schedule of shared duties to support their household changes.

SHARED PARENTING IN THE HOUSEHOLD

INFANTS: Birth to 12 Months (cont.)

Did you know?	What you can do	Suggested activities
Financial planning and budgeting, and responsible spending is important for both parents. Families that discuss their finances openly are more likely to save successfully and spend responsibly for the benefit of the family. Children who grow in financially responsible homes learn these skills from their parents.	Discuss household finances and develop an agreed family budget. Practise saving as a family and participate in community-based savings plans and clubs.	Offer financial literacy classes and encourage parents to participate in savings clubs in their community. Teach parents to develop household budgets. Counsel parents to discuss finances together and ensure joint decision making is practised around spending and saving.
Birth registration is an essential task for which both parents share responsibility.	Work with your partner to register your child immediately after birth.	Guide parents through the process of birth registration. Follow up to ensure births in your area are registered.
Family planning is an important skill for both parents as it supports healthier, happier families. Family planning is extremely important for ensuring families are able to financially provide for all children	Learn strategies for effective family planning, such as using condoms, birth control pills, and tracking female ovulation cycles. Practise birth control anytime you are not actively trying to become pregnant.	Teach strategies of effective family planning and pregnancy prevention. Offer sexual education classes to parents and young people of childbearing age. Advocate for contraception use throughout the community and encourage local leaders to support this message.
Ideal birth spacing should allow for at least 18-24 months in between the birth of a child and the next pregnancy. This allows the woman's body to fully recover from pregnancy and delivery and allows each infant the full benefit of a mother's nutritional intake for breastfeeding.	Discuss family planning and agree on a common understanding of appropriate birth spacing. Practise birth control in between pregnancies to encourage proper birth spacing.	Teach parents about the importance of appropriate birth spacing. Counsel parents to discuss these matters together as a family and agree on a birth plan for their family. It is especially important that both mothers and fathers are active participants in this process.

SHARED PARENTING IN THE HOUSEHOLD

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT SHARED PARENTING:

Appreciate that all family members have value and are important to children's well-being. Both parents are essential and play important roles in the family. Each family member deserves respect for what they bring to the family.

Respect each other and recognise that decisions about the family should be made together. One parent should not make important decisions on their own, especially if those decisions affect everyone.

Acknowledge that men can be wonderful caregivers. Parents of both genders should be encouraged to over loving, nurturing care to children. Expect that mothers and fathers may have different styles of caring for young children and appreciate that this diversity brings value to the children.

Did you know?	What you can do	Suggested activities
Childcare is the responsibility of both parents and other responsible adults in the household. Children's needs must be met immediately by whichever caregiver is available. While it is not essential that mothers and fathers perform the same tasks, it is essential that the work load and sense of responsibility to children is equitable.	Discuss all issues about your toddler's health, development, and needs together as a couple and/or family. Agree on the right course of action for how to handle different responsibilities and children's needs. Teach all members of the household about proper toddler care.	Counsel couples on the importance of sharing parenting responsibilities. Advocate to local leaders and church leaders to reinforce messaging about shared parenting and the importance of active fathers.
Men can bring great value to tasks that have traditionally been filled by women and vice versa. Men can be excellent cooks and thoughtful, loving givers of comfort to children. Mothers can be strong providers of financial security. It is important for all families to think about all the strengths its members may bring to the household and encourage its members to contribute in ways, possibly not thought about before.	Keep open communication in your household about responsibilities and children's needs. Talk about how you can share parenting responsibilities and adjust when things are not working well. Don't assume things will be a certain way. Talk about the strengths and interests of both parents and how you feel you can best contribute to the success of your family.	Engage men in Father-specific parenting sessions. Men's explicit involvement in parenting classes, including classes focused specifically on the Father can have transformational impact on the attitudes men hold about gender roles in parenting. Encourage mothers to openly accept men's contributions to the parenting process.
While only mothers can breastfeed, a father's, and other family members' support is critical for breastfeeding success. Women benefit from consistent emotional support, physical relief from other household duties, receiving proper rest, hydration and nutrition.	Talk about ways that members of the household can support a breastfeeding mother. For example, discuss which household duties can be performed by the father or other family members so she can get more rest in between feedings.	Counsel families on the importance of supporting breastfeeding mothers. Discuss the details of family life and offer tangible ideas for supporting the breastfeeding mother. Help parents make a schedule of shared duties to support their household changes.
Financial planning and budgeting, and responsible spending is important for both parents. Families that discuss their finances openly are more likely to save successfully and spend responsibly for the benefit of the family.	Discuss household finances and develop an agreed family budget. Practise saving as a family and participate in community-based savings plans and clubs.	Offer financial literacy classes and encourage parents to participate in savings clubs in their community. Teach parents to develop household budgets. Counsel parents to discuss finances together and ensure joint decision making is practised around spending and saving.

SHARED PARENTING IN THE HOUSEHOLD

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT SHARED PARENTING:

Appreciate that all family members have value and are important to children's well-being. Both parents are essential and play important roles in the family. Each family member deserves respect for what they bring to the family.

Respect each other and recognise that decisions about the family should be made together. One parent should not make important decisions on their own, especially if those decisions affect everyone.

Acknowledge that men can be wonderful caregivers. Parents of both genders should be encouraged to over loving, nurturing care to children. Expect that mothers and fathers may have different styles of caring for young children and appreciate that this diversity brings value to the children.

Did you know?	What you can do	Suggested activities
Childcare is the responsibility of both parents and other responsible adults in the household. Children's needs must be met by whichever caregiver is available. They cannot wait for one specific parent to arrive to be fed, changed or toileted, or comforted. It is not essential that mothers and fathers perform the same tasks in the house, however, it is essential that the work load and sense of responsibility to children is equitable and supports the wellbeing of all family members.	Discuss all issues about your child's health, development, and needs together as a couple and/or family. Agree on the right course of action for how to handle different responsibilities and children's needs. Teach all members of the household about safe childcare, for example, how to prepare a healthy meal.	Counsel couples on the importance of sharing parenting responsibilities. Advocate to local leaders and church leaders to reinforce messaging about shared parenting and the importance of active fathers.
Men can bring great value to tasks that have traditionally been filled by women and vice versa. Men can be excellent cooks and thoughtful, loving givers of comfort to children. Mothers can be strong providers of financial security. It is important for all families to think about all the strengths its members may bring to the household and encourage its members to contribute in ways, possibly not thought about before.	Keep open communication in your household about responsibilities and children's needs. Talk about how you can share parenting responsibilities and adjust when things are not working well. Don't assume things will be a certain way. Talk about the strengths and interests of both parents and how you feel you can best contribute to the success of your family.	Engage men in Father-specific parenting sessions. Men's explicit involvement in parenting classes, including classes focused specifically on the Father can have transformational impact on the attitudes men hold about gender roles in parenting. Encourage mothers to openly accept men's contributions to the parenting process. A lack of active fatherhood is not always the result of an absent father but can also be impacted by a mother's ideas of gender roles and responsibilities.

COLLECTIVE PARENTING IN THE COMMUNITY

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT COLLECTIVE PARENTING IN THE COMMUNITY

It takes a village to raise a child. Recognise that the people in your community have much to teach and share. It is right to give your children the opportunity to learn and benefit from all their community role models.

Children learn from example. Understand that children who grow in a community that is committed to supporting each other will learn to be an active and productive member of its community as it grows.

Did you know?	What you can do	Suggested activities
All members of a community have a shared responsibility for raising healthy, happy, and safe children. As a member of a community, every child is your concern and you must be ready to offer your support to any child in need.	Be an active member of your community. Attend meetings, engage in community activities, and talk to your neighbours and local leaders to make sure you know your community members and they know you and your family.	Encourage active engagement in the community. During group discussions, home visiting sessions, and community gatherings, discuss the role of the community and the importance of both contributing and utilizing its support.
Parents must be able to rely on their neighbours and other members of their community for support. Parents have many responsibilities and challenges. It is important for children's health, safety, and wellbeing for communities to be ready to support parents who need it.	Ask for help when you need it and accept help that is offered. Do not try to bear all your burdens alone; doing so is not healthy for you, for your child, nor your community.	Counsel parents about relying on the community and address any fears they may feel in engaging widely with their communities. Discuss the types of community supports available to parents in their village and the types of challenges for which they should seek support.

COLLECTIVE PARENTING IN THE COMMUNITY

INFANTS: Birth to 12 Months

ATTITUDES ABOUT COLLECTIVE PARENTING IN THE COMMUNITY

It takes a village to raise a child. Recognise that the people in your community have much to teach and share. It is right to give your children the opportunity to learn and benefit from all their community role models.

Children learn from example. Understand that children who grow in a community that is committed to supporting each other will learn to be an active and productive member of its community as it grows.

Did you know?	What you can do	Suggested activities
All members of a community have a shared responsibility for raising healthy, happy, and safe children. As a member of a community, every child is your concern and you must be ready to offer your support to any child in need.	Be an active member of your community. Attend meetings, engage in community activities, and talk to your neighbours and local leaders to make sure you know your community members and they know you and your family.	Encourage active engagement in the community. During group discussions, home visiting sessions, and community gatherings, discuss the role of the community and the importance of both contributing and utilizing its support. Encourage men's support particularly in community-level meetings and work sessions.
Parents must be able to rely on their neighbours and other members of their community for support. Parents have many responsibilities and challenges. It is important for children's health, safety, and wellbeing for communities to be ready to support parents who need it.	Ask for help when you need it and accept help that is offered. Do not try to bear all your burdens alone; doing so is not healthy for you, for your child, nor your community.	Counsel parents about relying on the community and address any fears they may feel in engaging widely with their communities. Discuss the types of community supports available to parents in their village and the types of challenges for which they should seek support.
Children grow in the context of their culture and will learn the values that it portrays. If members of the community model a willingness to share work and responsibilities, as well as a willingness to offer help when others are in need, children will learn these values as they grow.	Offer support to your community and take an active share in the parenting of other children. Be a role model to other children and your wider community. Provide an example of the support you hope to receive from your community.	Help parents connect with and be role models in their community. Encourage and set up parenting mentorships that can help parents find other community members on which they can rely and for whom they can provide support.

COLLECTIVE PARENTING IN THE COMMUNITY

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT COLLECTIVE PARENTING IN THE COMMUNITY

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COLLECTIVE PARENTING IN THE COMMUNITY

PRESCHOOLERS: 3 – 6 Years

ATTITUDES ABOUT COLLECTIVE PARENTING IN THE COMMUNITY

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SYSTEMS OF SUPPORT FOR PARENTS

PRENATAL: Conception (0) to Birth

ATTITUDES ABOUT SYSTEMS OF SUPPORT FOR PARENTS

Recognise that the government of Rwanda has made and continues to make a tremendous investment in families. This is to be valued and services to be utilized.

Did you know?	What you can do	Suggested activities
Rwandan communities have many systems of support available for expectant parents. Some support systems may be more available or more widely utilized in some villages than in others. Some of these systems include: • CHWs • Inshuti z'umuryango • Other home-visiting programmes • Parent's Evening • Dietary supplements • Immunization programmes • Preventative medications • Community Libraries • Health Clinics • Faith-based parenting outreach programmes • CSO-based parenting programmes • Community water and sanitation programmes • Community Health Clubs • Saving's clubs • Cash transfer programmes • Cooperative businesses • Community gardens • Community meetings and work – e.g. Umuganda	Learn what is available in your area and actively participate in these services. Ask other community members about what programmes and systems of support exist and are active in your community. Ask community members to help you identify support programmes for your family's needs. Utilize the services and take part in the programmes available in your area. If you need support that is not available in your area, ask your local leader to advocate for this service to be brought to your community.	Help parents engage with systems of support in their community. Inform parents of active community programmes and support systems. Use community meetings, home visitations, and group sessions to inform parents about support systems that might be available in their area. Pay attention to the feelings, needs, and worries that parents express to guide you in recommending support services to them. Help parents fill in applications and secure transport to attend programmes and utilize services when needed. Advocate to local leaders, organisations, government officials, and others to support more systems and programmes for parenting across Rwanda.

SYSTEMS OF SUPPORT FOR PARENTS

INFANTS: Birth to 12 Months

ATTITUDES ABOUT SYSTEMS OF SUPPORT FOR PARENTS

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Rwandan communities have many systems of support available for parents. Some support systems may be more available or more widely utilized in some villages than in others. Some of these systems include: • CHWs • Inshuti z'umuryango • Other home-visiting programmes • Parent's Evening • Dietary supplements • Immunization programmes • Preventative medications • Community Libraries • Health Clinics • Faith-based parenting outreach programmes • CSO-based parenting programmes • Community water and sanitation programmes • Saving's clubs • Cash transfer programmes • Cooperative businesses • Community gardens • Community meetings and work – e.g. Umuganda	Learn what is available in your area and actively participate in these services. Ask other community members about what programmes and systems of support exist and are active in your community. Ask community members to help you identify support programmes for your family's needs. Utilize the services and take part in the programmes available in your area. If you need support that is not available in your area, ask your local leader to advocate for this service to be brought to your community.	Help parents engage with systems of support in their community. Inform parents of active community programmes and support systems. Use community meetings, home visitations, and group sessions to inform parents about support systems that might be available in their area. Pay attention to the feelings, needs, and worries that parents express to guide you in recommending support services to them. Help parents fill in applications and secure transport to attend programmes and utilize services when needed. Advocate to local leaders, organisations, government officials, and others to support more systems and programmes for parenting across Rwanda.

SYSTEMS OF SUPPORT FOR PARENTS

TODDLERS: 12 – 36 Months

ATTITUDES ABOUT SYSTEMS OF SUPPORT FOR PARENTS

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SYSTEMS OF SUPPORT FOR PARENTS

PRESCHOOLERS: 3 – 6 Years

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RESOURCES

National Policies, Strategies, and Frameworks

An Integrated Early Childhood Development Guide for Parents, Caregivers, Community Development Animators and Reception Year Teacher, Book 3: Pre-Natal Development to Three Years (year not stated).

Ministry of Health. Community Health Strategic Plan (2013-2018). Available at: http://www.moh.gov.rw/fileadmin/templates/CHD_Docs/CHD-Strategic_plan.pdf

Ministry of Education. Competence-Based Curriculum framework (2015). Available at: https://reb.rw/fileadmin/competence_based_curriculum/index0.html

Ministry of Finance and Economic Planning: Economic Development and Poverty Reduction Strategy II (2013-2018). Available at: http://www.rsb.gov.rw/fileadmin/user_upload/files/EDPRS_2_Abridged_Version.pdf

Ministry of Education: Education Sector Strategic Plan (2013-2018). Available at: https://www.globalpartnership.org/sites/default/files/2015_01-rwanda-education-sector-plan.pdf

Ministry of Health: Health Sector Policy (2015). Available at: http://www.moh.gov.rw/fileadmin/templates/policies/Health_Sector_Policy___19th_January_2015.pdf

Ministry of Health: Health Sector Strategic Plan (2018-2024). Available at: http://moh.gov.rw/fileadmin/templates/Docs/FINALH_2-1.pdf

Ministry of Gender and Family Promotion: Minimum Standards and Norms for Early Childhood Services in Rwanda (2016).

Ministry of Health: National Communication Initiative: First 1000 days in land of 1000 hills. 2016). Available at: http://moh.gov.rw/fileadmin/templates/Summit3/20_National_Commuinication_Initative.pdf

Ministry of Gender and Family Promotion: National Early Childhood Development Policy (2016).

Ministry of Local Government: National Food and Nutrition policy (2013-2018). Available at: http://extwprlegs1.fao.org/docs/pdf/rwa151338.pdf

Ministry of Gender and Family Promotion: National Gender Policy (2010). Available at: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/94009/110188/F-1576743982/RWA-94009.pdf

National Itorero Commission: Strategic Plan (2013-2017). Available at: http://www.nic.gov.rw/fileadmin/user_upload/NIC__STRATEGIC_PLAN-_2013_-_2017.pdf

Ministry of Finance and Economic Planning: National Strategy for Transformation (2018). Available at: http://www.minecofin.gov.rw/fileadmin/user_upload/NST1_7YGP_Final.pdf

Ministry of Gender and Family Promotion: Strategic Plan for the Integrated Child Rights Policy in Rwanda (2011-2016). Available at: https://www.unicef.org/rwanda/RWA_resources_icrpstratplan.pdf

Ministry of Health: The Community Maternal, Infant, and Young Child Nutrition Counselling Package (2011). Available at: http://www.minimex.co.rw/resources/pdf/Counceling_cards_maternal_and_child_nutrition.pdf

Global Literature

UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: https://www.refworld.org/docid/3ae6b38f0.html.

World Health Organization. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential: executive summary. World Health Organization. http://www.who.int/iris/handle/10665/272604.

UN General Assembly, Transforming our world: the 2030 Agenda for Sustainable Development, 21 October 2015, A/RES/70/1, available at: https://www.refworld.org/docid/57b6e3e44.html

Every Woman Every Child: The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), 2015, available at https://www.who.int/life-course/partners/global-strategy/ewec-globalstrategyreport-200915.pdf?ua=1.

Black, M.M., Walker, S.P., Fernald, L.C.H., et al. (2016). Early childhood development coming of age: science through the life course. Lancet, 389(10064), 77-90.

Britto P.R., Lye, S.J., Proulx, K., et al. (2016). Nurturing care: promoting early childhood development. Lancet, 389(10064), 91-102.

Richter, L.M., Daelmans, B., Lombardi, J., et al. (2016). Investing in the foundation of sustainable development: pathways to scale up for early childhood development. Lancet, 389(10064), 103-118.

Save the Children (2015). State of the World's Mothers: Annual report. Available at https://www.savethechildren.org/content/dam/usa/reports/advocacy/sowm/sowm-2015.pdf.

International Literature

Charpak, N., Tessier, R., Ruiz, J.G., et al. (2017). Twenty-year follow-up of Kangaroo Mother Care versus traditional care. Pediatrics

Cluver, L.D., Meinck, F.. Steinert, J.I., et al. (2017). Parenting for lifelong health: a pragmatic cluster randomized controlled trail of a non-commercialised parenting programme for adolescents and their families in South Africa. BMJ Global Health.

Ferguson, H. (2016). Patterns of engagement and non-engagement of young fathers in early intervention and safeguarding work. Social Policy and Society, 15, 99-111.

Gertler, P., Heckman, J., Pinto, R., et al. (2014). Labor market returns to an early childhood stimulation intervention in Jamaica. Science, 30, 998-1001.

Hepper, P. (2015). Behavior during the prenatal period: adaptive for development and survival. Child Development Perspectives, 9, 38-43.

Hossain, B. & Khan, H.R. (2018). Role of parenting education in reduction of prevalence of childhood undernutrition in Bangladesh. Public Health Nutrition, 21, 1845-1854.

Lagercrantz, H. (2016). Infant brain development: Formation of the mind and the emergence of consciousness. Switzerland: Springer International Publishing.

Larty, A. (2015). What would it take to prevent stunted growth in children in sub-Saharan Africa?. Proceedings of the Nutrition Society, 74, 449-453.

Matthews, N.L., Orr, B.C., Harris, B., et al. (2018). Parent and child outcomes of JumpStart, an education and training program for parents of children with autism spectrum disorder. Research in Autism Spectrum Disorders, 56, 21-35.

Mindell, J.A. & Williamson, A.A. (2017). Benefits of a bedtime routine in young children: sleep, development, and beyond. Sleep Medicine Reviews, 40, 93-108.

Miragoli, S., Balzarotti, S., Camisasca, E., et al. (2018). Parents' perception of child behavior, parenting stress, and child abuse potential: Individual and partner influences. Child Abuse and Neglect, 84, 146-156.

Obstetric fistula. (2019, May 8). Retrieved May 30, 2019, from https://www.unfpa.org/obstetric-fistula

Perez-Escamilla, R. & Moran, V.H. (2017). The role of nutrition in integrated early childhood development in the 21st century. Maternal and Child Nutrition,13.

Puffer, E.S., Green, E.P., Chase, R.M., et al. (2015). Parents make the difference: a randomized-controlled trial of a parenting intervention in Liberia. Global Mental Health, 2, 1-13.

Shonkoff, J.P., Garner, A.S., et al. (2016). The lifelong effects of early childhood adversity and toxic stress. American Academy of Paediatrics.

Stephenson, J., Heslehurst, N., Hall, J., et al. (2018) Before the beginning: nutrition and lifestyle in the preconception period and its importance for future health. Lancet, 5(391), 1830-1841.

Yousafzai, A.K., Lynch, P. & Gladstone, M. (2014). Moving beyond prevalence studies: screening and interventions for children with disabilities in low-income and middle-income countries. Archives of Disease in Childhood, 99, 840-848.

Yousafai, A.K., Rasheed, M.A., Rizvi, A., et al. (2014). Effect of integrated responsive stimulation and nutrition interventions in the Lady Health Worker programme in Pakistan on child development, growth, and health outcomes: a cluster-randomised factorial effectiveness trial. Lancet, 4(8), 548-558.

National Literature

Egan, K.F., Devlin, K. & Pandit-Rajani, T. (2017). Community Health Systems Catalogue Country Profile: Rwanda, Advancing Partners and Communities.

Save the Children (2016). First Steps Parent Empowerment Project: 0-3 Parenting Sessions Implementer's Guide.

Kasine, Y., Babenko-Mould, Y., & Regan, S. (2018). Translating continuing professional development education to nursing practice in Rwanda: Enhancing maternal and newborn Health. International Journal of Africa Nursing Sciences, 8, 75-81.

Ministry of Education (2016). A study on children with disabilities and their right to education: Republic of Rwanda.

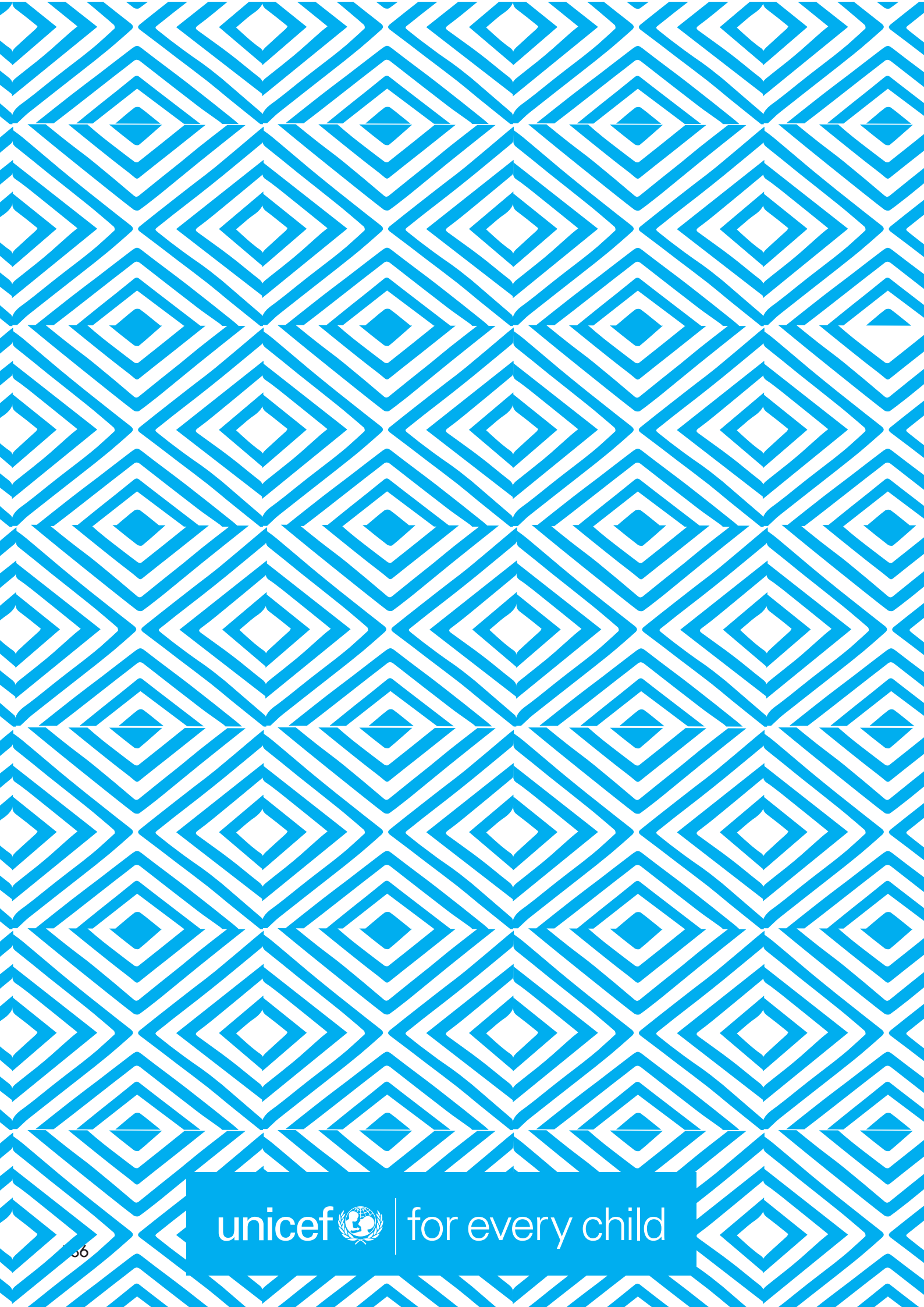
Nivale, S., Habumugisha, L., Amoroso, C., et al. (2017). Exploring drivers of infant deaths in rural Rwanda through verbal social autopsy. Annals of Global Health, 83, 754-766.

McIntosh, C. & Zeitlin, A. (2018). Benchmarking a Child Nutrition Program against Cash: Experimental Evidence from Rwanda. Innovations for Poverty Action.

Pisani, L., Dusabe, C., & Abimpaye, M. (2016). First Read Rwanda: Children aged 0-6 years. Save the Children and Umuhuza.

Pisani, L., Nzabonimpa, J.P., Dusabe, C., et al. (2016). First Steps "Inera za Mbere" holistic parenting education program for families of children aged 0-3 years in Rwanda: Baseline report. Save the Children.

UNICEF. (2014). Knowledge, Attitudes, and Practices Assessment of Early Nurturing of Children Report. Ministry of Health, Rwanda & UNICEF Rwanda.


unicef
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