

Young Children with Special Needs

TRAINING FOR EARLY CHILDHOOD CAREGIVERS AND TEACHERS



MODULE 5 FACILITATOR GUIDE

Young Children with Special Needs

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This guide is part of a series of manuals that focuses on six topics in Early Childhood Development (ECD): different programming approaches, basic concepts, assessments, early childhood environments, children with special needs and child protection, and the health, safety and nutrition of young children. The series was prepared within a three-year CRS-led project called “Strengthening the Capacity of Women Religious in Early Childhood Development,” or “SCORE ECD.” Funded by the Conrad N. Hilton Foundation, the project helps Catholic sisters in Kenya, Malawi, and Zambia in their work with children aged 0-5 years and their families. The project is being implemented from January 2014 to December 2016.

CRS referred to a wide range of documents in preparing this curriculum. Please see “Reference Documents” section in Module 1 facilitator or resource guide for the full list.

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Cover photo: Sister Agnes Wamuyu, General Secretary of the Association of Sisterhoods of Kenya, and Brian Njoroge, 4, in his home in Nairobi, Kenya. Brian is developmentally delayed, but he has improved dramatically since he first started working with the sisters in SCORE-ECD in 2014. *Photo by Philip Laubner/CRS*

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Facilitator's Guide 5: Young Children With Special Needs and Child Protection

SESSION TOPICS

- Session 1: Young children and disability
- Session 2: Vulnerable children: Young children affected by HIV and AIDS
- Session 3: Rights and protection of young children

SESSION LENGTH

- Session 1: 5 hours & 15 minutes
- Session 2: 3 hours & 45 minutes
- Session 3: 3 hours & 45 minutes

Session 1: Young Children and Disability

LEARNING OBJECTIVES

By the end of this session, participants will be able to:

- Identify appropriate terminologies to use when referring to young children with disabilities.
- Identify ways to screen disability in young children using early disability screening tools.
- Identify barriers to the development and learning of children with disabilities.
- Describe the meaning of inclusion and its benefits to children with disabilities.
- Describe how to recognize physical-motor, hearing and visual impairments, and developmental delay in young children.
- Identify ways to support children with disabilities at the individual, family, and community levels.

SESSION LENGTH: 5 HOURS & 15 MINUTES

SESSION OUTLINE

ACTIVITY	SUGGESTED TIME
1. Welcome and introduction	30 minutes
2. Defining disability	15 minutes
3. Early identification and screening of disability using the World Health Organization (WHO) disability 10 point screen	15 minutes
4. Barriers to development, learning, and participation of children with disabilities	30 minutes
5. Understanding inclusion and its benefits	45 minutes
6. Types of disability, early warning signs, and interventions	2 hours
7. Ideas for supporting children with disabilities and their families: A community care system	45 minutes
8. Closure and session evaluation	15 minutes
Total	5 hours & 15 minutes

MATERIALS

- Name tags and attendance register
- Brief lecture prepared on flipcharts or PowerPoint
- Flipcharts and markers
- Training manual

SESSION PLAN AND PROCEDURE

SESSION ACTIVITIES

Activity 1. Welcome and introduction (30 minutes)

- Have the participants sign an attendance register on arrival and provide them with name tags (5 minutes).
- Welcome everyone and open the meeting in an appropriate way, such as with a prayer or a song (10 minutes).
- Play a game or do an icebreaker activity to help the participants relax and get to know each other better (5 minutes).
- Briefly explain *Module 5, Session 1*—its purpose, and what the participants are expected to learn from this session by going through the activities listed under the session outline above (10 minutes).
- Recap the previous modules/sessions (if applicable), and begin session activities.

Activity 2. Defining disability (15 minutes)

Preparation

Have on hand the *Activity 2 Chart* entitled *Terms related to disability*¹

Instructions

- Ask the participants to briefly generate traditional terms related to disability and write them on flipcharts as they brainstorm.
- Then, say to the participants: “Disrespectful language can make people feel excluded and can be a barrier to full participation. So it very important to use respectful language continuously.”
 - Have the participants agree that every time someone uses outdated language the rest of the group will shout “BOO!” or make a loud noise. Every time someone uses respectful language, the group will give a “thumbs up” or clap to show they approve. Ask everyone to agree to these rules and then practice them throughout the orientation.
 - Give examples of some words that are outdated and some that are respectful and have the group “boo” or shout if they think you are using outdated language, or give a “thumbs up” and clap if they think you are using respectful language.
 - Let the group practice by “booing” or making noise, or clapping or giving a “thumbs up” [**Note:** It is **important** to make sure these signs are appropriate to the culture of the participants. If not, change the signs as is culturally appropriate.]
 - Start calling out the terms using the chart entitled *Terms related to disability*.
- Continue the discussion by asking the participants to brainstorm:
 - What are some beliefs and myths about disability in and around your community which are harmful to children with disabilities? For example, some

¹ Pact-Yekokeb Berhan Program, ChildFund, fhi360, and USAID (2014).

people may believe that a person with a disability is a bad sign or will bring bad luck to the family.

- How are children with disabilities treated in and around your community?
- What kinds of efforts are being done by you or other people in your community to change negative and harmful sayings about disability?
- List the participants' ideas on a flipchart and keep the flipchart.
- Conclude by defining the terms, "Impairment," "Disability," and "Handicap" and emphasizing the ideas presented in the facilitator's note below:

NOTE FOR THE FACILITATOR: DEFINITION OF "IMPAIRMENT," "DISABILITY," AND "HANDICAP"

It is important to understand that disability cannot be spread to other people and that it is not a curse or a punishment from God. God loves all His children and a child with a disability is special. We all need to be respectful at all times towards people with disabilities and use positive terms to address them.

It is important to know that the words people use to describe disability can affect the psychological wellbeing of the person with a disability. For example, people may refer to a child who has difficulty in hearing and speech as "deaf and dumb," or a child who has small physical stature as a "midget" or a "dwarf." These kinds of remarks damage the self-concept of children with disabilities. Understanding the meaning of "Impairment," "Disability," and "Handicap" can help us to address children with disabilities positively and respectfully.

WHAT ARE "IMPAIRMENT," "DISABILITY," AND "HANDICAP"?

The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines "Impairment," "Disability," and "Handicap" as the following:

"IMPAIRMENT"

"Any temporary or permanent loss or abnormality of a body structure or function, whether physiological or psychological. An impairment is a disturbance affecting functions that can be mental (memory, consciousness) or sensory, internal (heart, kidney) or external (the head, the trunk, or the limbs), [UNESCO, 2009, p.6].

"DISABILITY"

"A restriction or inability to perform an activity that another person mostly can do; disability mostly results from impairment" (UNESCO, 2009, p.6).

"HANDICAP"

"This is the result of an impairment or disability that limits or prevents the fulfillment of one or several roles regarded as normal depending on age, sex, social, and cultural factors" (UNESCO, 2009, p.6).

ACTIVITY 2 CHART: TERMS RELATED TO DISABILITY (FOR FACILITATOR’S USE ONLY)

Note for the facilitator: Find and use or adjust these terms per the definitions provided in the national standards of the respective countries of the participants.

DISABILITY	OUTDATED LANGUAGE	RESPECTFUL LANGUAGE
Blind/visual impairment	Dumb or invalid	Blind/visually impaired; person who is blind/visually impaired
Deaf/hearing impairment	Invalid, deaf-and-dumb, deaf-mute	Deaf or hard of hearing; person who is deaf or hard of hearing
Speech/communication disability	Dumb, “one who talks bad”	Person with a speech/communication disability
Learning disability or cognitive disability; cognitive developmental delay	Retarded; slow; brain damaged; “special education”	Learning disability; cognitive disability; person with a learning disability; cognitive delay
Mental health disability	Hypersensitive; psycho, crazy, insane, wacko, nuts	Person with a psychiatric disability; person with a mental health disability
Mobility/physical disability	Handicapped; physically challenged; “special”; deformed; crippled; spastic; spaz; wheelchair-bound; lame	Wheelchair user; physically disabled; person with a mobility or physical disability
Emotional disability	Emotionally disturbed	Emotionally disabled; person with an emotional disability
Short stature; little person	Dwarf; midget	Someone of short stature; little person

Pact-Yekokeb Berhan Program, ChildFund, fhi360, and USAID (2014).

Activity 3: Early identification and screening of disability using WHO disability 10 point screen (15 minutes)

Preparation

- Presentation on the *Challenges and benefits of early identification of disability* using the introductory note for the facilitator
- Flipchart with information on the *WHO 10 point disability screening tool*

Instructions

- Start off by asking the participants: “Think for a moment that you are a teacher of young children at an ECD center in your community. How would you know whether the children in your ECD center have or do not have a disability? Explain your views.”
- When the participants finish sharing their views, explain the challenges and the benefits of early identification of disability, using the facilitator’s note below.

NOTE FOR THE FACILITATOR: CHALLENGES AND BENEFITS OF EARLY IDENTIFICATION OF DISABILITY

Challenges: It is very difficult in many communities for families to accept that their child may have some kind of disability for fear of rejection by the community, or because they lose hope for the child's future. Family members may also not know what to do about the matter. But if disabilities are detected early, the child may be able to get help and treatment to improve the situation (though sometimes this may not help). The family or the caregiver can be taught how to build on the child's strengths—what he/she CAN do—and also obtain additional assistance from other organizations or special schools, if required.

Benefits: A timely identification of barriers and appropriate early childhood intervention with family involvement can reduce barriers and help children with disabilities to reach their full potential in all aspects of their development—physical-motor, social-emotional, spiritual-moral, cognitive-language.

Illnesses such as malaria, tuberculosis or meningitis, and HIV and AIDS that can lead to long-term impairment or death in young children can also be prevented and/or treated, if detected on time.

Regular monitoring of children's development at health care clinics and/or early childhood centers can facilitate early identification of disabilities or developmental delays for young children, but unfortunately many children with disabilities may not be identified until they reach school age.

- Share the *WHO 10 point disability screening tool* below, explaining that it is a simple tool which can be used with caregivers in order to identify potential disability in children as young as two-years-old. Conclude by explaining that the participants will further explore additional signs, which can help them to identify different possible impairments in a child such as visual, hearing, physical-motor impairments, or developmental delay (see *Activity 4*).

NOTE FOR THE FACILITATOR: THE WORLD HEALTH ORGANIZATION 10 POINT DISABILITY SCREENING TOOL

These questions have been used by the WHO to identify potential disabilities in children over age two. If the caregiver answers “yes” to any of these questions, then refer the child to the clinic for assessment.

1. Does the child appear to have difficulty with hearing?
2. Compared with other children, does the child have difficulty seeing, either in the day or at night?
3. Does the child sometimes have fits, become rigid, or lose consciousness?
4. Is the child struggling to do things like other children his/her age?
5. Compared with other children, did the child have any serious delay in sitting, standing, or walking?
6. Does the child have difficulty in walking or moving his/her arms, or does he/she have weakness and/or stiffness in the arms or legs?
7. When you tell the child to do something, does he/she seem to understand what you are saying?
8. Is the child struggling to speak? (Can he/she make himself/herself understood in words? Can he/she say any recognizable words?)
9. For the three- to nine-year-old ask: Is the child's speech in any way different from normal (e.g., not clear enough to be understood by people other than his/her immediate family)?
10. For two-year-olds ask: Can he/she name at least one object (for example, an animal, a toy, a cup, a spoon)? Is the child slower in any way than other children of his/her age?

Activity 4. Identifying barriers² to development, learning, and participation (30 minutes)

Preparation

- Prepare the **chart *Barriers*** on a flipchart referring to the facilitator’s note below.
- A presentation on ***Barriers to participation, development, and learning***

Instructions

- Start off by asking the participants to think of children they know who face exclusion in some way or another due to a disability.
- Ask them to share their views on the question: *What barriers exist in the community that might prevent a child from participating in the activities of other children his/her own age, such as making friends, going to school, or receiving the specialized services he/she needs?*
- Bring the chart entitled *Barriers* and list the participants’ responses in two columns:
 1. *Column 1* should list those challenges or barriers that cost a lot of money to deal with.
 2. *Column 2* should list those challenges or barriers that do not cost a lot of money to deal with.

Column 1 might include things like stigmas/bullying, adapting/modifying a school compound or a classroom equipment to meet special needs, etc.

Column 2 might include things like reaching out to help the caregiver, giving emotional support and encouragement, thinking positively about what the child CAN do, removing steps to a house, making crutches out of local materials, etc.

Begin the discussion and list the participants’ ideas under *Column 1* and *Column 2* in the table below:

NOTE FOR THE FACILITATOR: CHART—BARRIERS	
COLUMN 1	COLUMN 2
Barriers to remove that are important but require referrals or extra funds	Barriers to remove that do not cost a lot of money that we can do in our own community

- Once the participants finish sharing their ideas and you have completed listing them, briefly present to the participants the information on the topic *Barriers* from this session. Then go back to the different barriers you have listed and identify them as *physical barriers, resource barriers, attitudinal and communication barriers, etc.*

² Pact-Yekokeb Berhan Program, ChildFund, fhi360, and USAID (2014).

Activity 5. Understanding inclusion and its benefits (45 minutes)

Preparation

- Handout to groups copies of each scenario³ presented below
- A flipchart presentation on the key points of **Understanding inclusion and Its benefits** (e.g., the benefits of inclusive care, places for inclusive care, and fostering inclusion, using ideas from this guide)
- Write on a flipchart the information in the graphic **The most important thing to know about disability!** (See p. 7 of *Resource Guide, Module 5*).

Instructions

- Divide the participants into **three groups** and give each group a copy of one scenario, allocating 15 minutes for each group to prepare role-plays.
- Ask the participants to perform the role-play and allocate five minutes for each group to do so (total 15 minutes).
- Initiate a discussion after each role-play, following the questions listed below for each respective scenario.
- Capture the points raised during the discussion and highlight the most important ideas. Be sure to build on the positive ones.

ROLE-PLAY (30 MINUTES)

HANDOUT: SCENARIO 1

There is one child with a physical disability who uses a wheelchair in the neighborhood school. Riding the wheelchair to and from school becomes a challenging experience for the girl and the mother. Moreover, getting into her classroom is difficult due to the stairs. Hence, her mother or the teacher pull her up the stairs to get into the classroom. The toilet is also inaccessible, forcing her to hold her needs to use the toilet and leave early from school to use the toilet at home. As a result, her mother pulled her out of school, cutting her off from access to an education and to her friends.

Imagine that you and other volunteers want to discuss the child's problem with the school administration, parent support groups, and other concerned bodies in the community to make changes to benefit the child.

In your group:

1. Assign a different role for the role-play.
2. List the possible explanations that the school representatives are going to give you.
3. Prepare a practical solution to the problems that can be taken by the family, volunteers, and the school to help the child attend school.

HANDOUT: SCENARIO 2

In your neighborhood there is a family with a child that has a cognitive development delay. The family does not want to send the child to school, explaining that this would be a waste of time and money. The child is not allowed to play with other children, but just stays at home all day. Imagine that you and other volunteers are going to approach the family members to convince them to allow their child to socialize and attend school.

³ Pact-Yekokeb Berhan Program, ChildFund, fhi360, and USAID, 2013.

In your group:

1. Assign a different role for the role-play.
2. List the possible explanations that the family is going to give you.
3. Prepare a practical solution to the problems prepared by the family, and a winning argument to help the child to play with other children and attend school.

HANDOUT: SCENARIO 3

The director of the school that serves your neighborhood refuses to admit your neighbor's child, who is hard of hearing. The director says that the child should go to a special school, and that they are not equipped to handle the child's special needs. But the specialized school for the deaf in the nearby community says that this child can be mainstreamed, meaning that this child **can** be taught in his local school. Meanwhile, some other parents from the school complain that they do not want their children to be mixed up with children with disabilities. They say that teaching him will take the teacher's attention away from their own children and slow them down. Some teachers agree with the director's decision, some are not sure, and some say that they should try to teach the young child. Imagine that you and the mother of the hard-of-hearing child are going to approach the director to convince him to change his mind.

In your group:

1. Assign a different role for the role-play.
2. List the possible explanations that the director and the families are going to give you.
3. Prepare a winning argument to help the child attend school and change the attitude of the parents towards children with disabilities.

Discussion on the topic *Challenges and benefits of inclusion* (15 minutes): After all groups have completed their role-play, open a discussion on the benefits the participants see to having all children participate together in services and community activities (what is called "Inclusion").

Ask the participants:

- What are some of the common obstacles to inclusion that must be confronted?
- What are some of the best strategies to use to promote inclusion?
- To explain which role-play they thought was the best, and why (They can vote on the best role-play and the winning group gets a round of applause.)

Conclude the discussion by:

- Summarizing *what "Inclusion" means, its benefits to children, and how to foster inclusion*, using the key points prepared on a flipchart. It is useful to write the main points on a flipchart and hang them on the wall for reference during future training sessions.
- Reading the information in *the graphic **The most important thing to know about disability!*** (see p. 7 of *Resource Guide, Module 5*).

Activity 6⁴. Types of disability, early warning signs, and intervention (2 hours)

6.A. UNDERSTANDING AND DETECTING PHYSICAL-MOTOR IMPAIRMENT IN CHILDREN AND WAYS OF SUPPORTING THEM (30 MINUTES)

Preparation

- Materials: Two strips of cloth or scarves of about one meter (three feet) in length
- A presentation of the key points on physical-motor impairment, signs of physical-motor impairment in very young children, and ways of supporting them. Write the key points on a flipchart using information from this guide.

Instructions

MOVEMENT ACTIVITY

Ask for three volunteers willing to have themselves tied.

- **Volunteer 1:** Wrap a cloth or scarves around her torso and one arm so that she cannot move her arm away from her body, but not too tight. Ask this person to run or walk across the training room (laughing is not allowed).
- **Volunteer 2:** Wrap a cloth or scarves around her knees so that her knees are close together, but not too tight. Ask this person to run or walk across the training room (laughing is not allowed).
- **Volunteer 3:** Fold the right-hand thumb against the palm of her right hand (make sure this person is right-handed) and tie a strip of cloth over and around the hand. Ask this person to hold a pen and write on a piece of paper (laughing is not allowed).
- Untie all volunteers and ask them to share how it felt to have some limitations.
- Ask the other participants to share what they felt about each of the people they observed.
- Conclude the activity by presenting information on physical-motor impairment, signs of physical-motor impairment in young children, and ways of supporting them

ACTIVITY 6.B. UNDERSTANDING AND DETECTING VISUAL IMPAIRMENT IN CHILDREN AND WAYS OF SUPPORTING THEM (30 MINUTES)

Preparation

A presentation of key points on visual impairment, signs of visual impairment in young children, and ways of supporting them. Write the key points on a flipchart using information from this guide.

Instructions

MOVEMENT ACTIVITY

Ask all of the participants to focus on an object on the other side of the room—they can choose a door, a window, a table, a particular chair, etc. Now, ask them to close their eyes tight, stand up, and slowly walk to that object. When they think they have gotten there, they should open their eyes.

- Ask everyone to reflect on the experience of being blind for a few minutes:
 - What made it difficult?
 - How did they make it across the room without falling or stumbling over a person or an object?
 - Since they couldn't use their eyes, what senses did they use?

4 Activity 6 were adapted from Pact-Yekokeb Berhan Program, ChildFund, fhi360, and USAID, 2013

- If they could get some help crossing the room without sight again, what kind of help would they require?
- Ask the participants how they might detect blindness or visual impairment in a very young child (two to five minutes).
- Conclude the activity by presenting information on **blindness, signs of visual impairment in young children, and ways of supporting them** using prepared information in this session.

ACTIVITY 6.C. UNDERSTANDING AND DETECTING HEARING IMPAIRMENT IN CHILDREN AND WAYS OF SUPPORTING THEM (30 MINUTES)

Preparation

A presentation on hearing impairment, signs of hearing impairment in very young children, and ways of supporting them. Write the key points on a flipchart using information from this guide.

Instructions

- Divide the participants into pairs. Each member of the pair takes turns trying to say something to the other without using any words or sounds, but instead using pictures, gestures, or facial expressions. The goal is that each person should communicate a message or an idea to the other, who should guess what the message is. For example, “I am sleepy,” “Give me the ball,” “I am lost and can’t find my house,” or “I had a bad dream.”
- After trying this for a few minutes, ask the participants to reflect on the experience.
 - How did it feel? What could the other person have done to make the communication easier?
- Ask the participants how they might detect deafness in a very young child.
- Share information on causes and signs of deafness in very young children, including how to support such children, using information in this session.

ACTIVITY 6.D. UNDERSTANDING AND DETECTING COGNITIVE DELAY IN CHILDREN AND WAYS OF SUPPORTING THEM (30 MINUTES)

Preparation

- Write on a flipchart the case story on *Cognitive delay* using the facilitator’s note below.
- Share information on cognitive delay and ways to support young children using information in the facilitator’s note labelled: *Ideas for fostering learning skills for children with cognitive delays*.

Instructions

- Tell the story below and discuss the questions that follow (15 minutes).

NOTE FOR THE FACILITATOR: COGNITIVE DELAY-CASE STORY AND DISCUSSION

Peter is a little boy, age five, who has some degree of a cognitive developmental delay. One day in the house, his mother asks him to go bring her some bananas from the basket near him. He comes back with nothing. His mother again asks him to bring her the bananas; he goes and comes back with matches. Peter's mother gets upset and yells at him: "I said the bananas, not matches!" Peter looks at her and starts crying and cannot explain what happened. Still upset, his mother says: "Go there and sit."

1. Identify Peter's strengths and limitations.
2. What would you have done differently? Advise Peter's mother on how to help Peter better understand her instructions.

(Adapted from Pact-Yekokeb Berhan, 2014)

- Share information on cognitive delay, types and signs of cognitive delay, and ways to support very young children using information in this session.
- Pair the participants and ask them if they know of a child who has a learning problem in their community, and how they think that child could be helped to develop life skills such as eating, talking, dressing, and toileting.
- Conclude the activity by sharing with the participants the ideas for fostering learning skills for children with cognitive delays. Use points from the facilitator's note below.

NOTE FOR THE FACILITATOR: IDEAS FOR FOSTERING LEARNING SKILLS FOR CHILDREN WITH COGNITIVE DELAYS

- Decide which skill to teach and divide each new skill into small-step activities the child can learn in a day or two and then go on to the next step.
- Be patient and observant. Children need to process information according to their abilities. Give the child time to think and practice, and help the child to improve the skills.
- Talk a lot to the child, using clear, simple words. Repeat the instruction with a slow deliberate voice and make sure the child looks at you as you speak; use gestures to reinforce understanding.
- When you are helping a child learn a new skill, guide the child's movements with your hands. It works better to gently guide the child than to tell him/her how to do something such as, "No, do it like this!"
- Use a mirror to help a child learn about his/her body and to use his/her hands and fingers. The mirror helps the child see and recognize parts of his/her body. It is useful for children who have difficulty relating to different parts of their body or knowing where they are.
- Use modeling and imitation (copying). To teach a new skill or action, do something first and encourage the child to copy you. Repeat the actions until learned. This is a good way to teach the child sounds, words, and physical activities.
- Praise the child for his/her efforts and for what they have accomplished.

(Adapted from Pact-Yekokeb Berhan, 2013/2014)

Activity 7. Intervention services in your community: Ideas for supporting children with disabilities and their families (45 minutes)

Preparation

- A presentation on the key ideas of the topic **Types of intervention services**
- A presentation on the key ideas of how to create a **community care system** for children with disabilities and their families

Instructions

- Divide the participants into small groups.
- Ask the participants to discuss the following questions and present their work to the whole group:
 1. What type of services do you think are needed to support *young* children with disabilities? Make a list on a flipchart of the services you have identified.
 2. Which of the services in your list are available in your community? Check the ones available.
 3. Are families and children with disabilities aware that these services exist in their community? If they are aware, do they use them? If they are not aware, why (consider referral systems)? List your reasons on the flipchart.
 4. **Make a chart with a list of referral services** which can be useful for caregivers, families, and children with disabilities in your community.
 5. What can you do to help children with disabilities get attention, access to early screening and identification, and eventually get full assistance? List your answers on the flipchart and present to the whole group.
- Provide information on the topic *Types of intervention services* from the resource guide of this session, if not fully mentioned by the participants, summarize the group's presentation, and conclude this activity by providing input from the resource guide of this session on **creating a community care system**.

NOTE FOR THE FACILITATOR: KEY MESSAGE:

Never make assumptions about someone with a disability; he/she can be physically very fit and strong and/or highly intelligent.

The most important thing to do when supporting young children with disabilities is to seek diagnosis (testing) and treatment immediately. Many forms of disability can be prevented or improved with early interventions.

Children with disabilities have the same rights as everyone else—the right to play, go to school, and join in all activities and services. This happens when services for young children fully support children with disabilities to have full access and participation in their services. This means parents, teachers, and education planners need to create environments in schools and communities that are **INCLUSIVE**—where all children feel welcome and are valued and shown respect, regardless of who they are, where they come from, or what they can or can't do. Usually the psychological or attitudinal barriers are the biggest and most important to overcome, so it is best to start there and have the right and positive attitude towards children with disabilities.

CLOSURE AND SESSION EVALUATION (15 MINUTES)

Preparation

Make copies of the *Session Evaluation Form* for each participant [**Note:** Find the *Session Evaluation Form* in the appendix of this guide.]

Instruction

- Summarize what has been covered during the session and ask if there are any questions or anything that is unclear.
- Hand out the *Session Evaluation Form* and ask the participants to 1) conduct a self-assessment of learning, and 2) evaluate the training.
- Read the instructions for the session evaluation to the whole group before the participants begin to complete the form.
- Ask the participants to hand in their completed evaluation form.
- Keep the completed form in a file and give it to the organizer of the training. Close with a song or a prayer.

Session 2: Vulnerable Children: Young Children Affected by HIV and AIDS

LEARNING OBJECTIVES

By the end of this session, the participants will be able to:

- Describe the term “orphan and vulnerable” and factors leading to OVC as relates to the human immunodeficiency virus (HIV) and AIDS, describing its mode of transmission, prevention mechanisms, and care.
- Describe how HIV and AIDS infection of children in the early childhood years differs from HIV infection in adults.
- Describe the ecological effects of HIV and AIDS on young children and their families.
- Identify sustainable ways of supporting children and families infected and affected by HIV and AIDS using a holistic analysis approach.
- Describe children’s perception of death and their reactions to death, loss, and grief at different stages of development.
- Identify ways to help orphan and vulnerable children cope with death, loss, and grief.

SESSION LENGTH: 3 HOURS & 45 MINUTES

SESSION OUTLINE

ACTIVITY	SUGGESTED TIME
1. Welcome and introduction	15 minutes
2. Defining orphan and other vulnerable children—OVC	15 minutes
3. Facts about HIV and AIDS: Transmission, testing, prevention, and care	30 minutes
4. The impact of HIV and AIDS on children	30 minutes
5. Supporting young children living with or affected by HIV: A holistic approach	45 minutes
6. Psychosocial support: Understanding young children’s reactions to loss and grief	1 hour & 15 minutes
7. Closure and session evaluation	15 minutes
Total	3 hours & 45 minutes

MATERIALS

- Name tags and attendance register
- A brief lecture prepared on flipcharts or PowerPoint
- Flipcharts and markers
- Handout on ***Facts about HIV and AIDS***
- Training manual

SESSION PLAN AND PROCEDURE

SESSION ACTIVITIES

Activity 1. Introduction (15 minutes)

- Have the participants sign an attendance register on arrival and provide them with name tags (5 minutes).
- Welcome everyone and open the meeting in an appropriate way, such as with a prayer or a song (10 minutes).
- Play a game or do an icebreaker activity to help the participants relax and get to know each other better (5 minutes).
- Briefly explain *Module 5, Session 2*—its purpose, and what the participants are expected to learn from this session by going through the activities listed under the session outline above, then begin session activities (10 minutes).

Activity 2: Defining orphan and other vulnerable children—OVC (15 minutes)

Preparation

A presentation of key points on the definition of “vulnerable” children

Instructions

- Start off by asking the participants to brainstorm and share their ideas on the questions below:
 - What comes to mind when you hear the word “Vulnerable”?
 - What type of children and families are considered “vulnerable” in your community? Explain why.
 - Who takes care of orphans and vulnerable children?
- Write the ideas shared by the participants on a flipchart.
- Using information in this session, provide a summary on the definition of vulnerable children and people responsible for taking care of children living with HIV, if not covered by the participants’ discussion.

Activity 3: Facts about HIV and AIDS: Transmission, testing, prevention, and care (30 minutes)

ACTIVITY 3.A. FACTS ABOUT HIV AND AIDS (15 MINUTES)

Preparation

- A presentation on facts about HIV and AIDS
- Copies of the *handout Activity 3.a. Activity Sheet Facts about HIV and AIDS* per participant

Instructions

- Ask the participants to do a self-test and complete the questionnaire entitled *What do you know about HIV and AIDS?*
- Ask the participants to discuss with a partner (and later share their knowledge with the whole group) about:
 - How HIV is transmitted to children
 - Methods of HIV prevention and treatment
- Summarize by discussing the ideas on the activity sheet and provide the correct answers. Ask the participants to review their questionnaire *What do you know about HIV and AIDS?*

HANDOUT: ACTIVITY 3.A. ACTIVITY SHEET: FACTS ABOUT HIV AND AIDS

Questionnaire: What do you know about HIV and AIDS?

QUESTION	TRUE	FALSE
1. You can be infected with HIV and not know it.		
2. It's better to know that you have HIV so that you can get treatment.		
3. There are drugs that can cure people living with HIV and AIDS.		
4. Any person who has unprotected sex with someone who is HIV-infected can become infected with HIV.		
5. You can see that a child has HIV by the way they look.		
6. HIV can be passed on through hugging, shaking hands, coughing, and sneezing.		
7. HIV cannot be passed on through breastfeeding.		
8. It is safe for children with HIV to play and be at school with children who are not infected.		
9. You can get HIV from mosquito bites.		
10. When you are tested for HIV it is done confidentially.		
11. Women are more vulnerable to HIV than men.		
12. A woman cannot get HIV if she has sexual intercourse only with her husband.		
13. If you have HIV you can give it to another person any time after you've been infected.		
14. If you have HIV you will soon get sick and then die.		
15. It is a shameful thing to have HIV and AIDS.		
16. If a man who is HIV-infected has sex with a virgin he will be cured.		

Source: National ECD Advanced Training Manual, Malawi, 2012.

NOTE FOR THE FACILITATOR: ANSWER KEY FOR ACTIVITY 3.A. ACTIVITY SHEET: FACTS ABOUT HIV AND AIDS (for facilitator's use only)

QUESTION	TRUE	FALSE
1. You can be infected with HIV and not know it.	✓	
2. It's better to know that you have HIV so that you can get treatment.	✓	
3. There are drugs that can cure people living with HIV and AIDS.		✓
4. Any person who has unprotected sex with someone who is HIV-infected can become infected with HIV.	✓	
5. You can see that a child has HIV by the way they look.		✓
6. HIV can be passed on through hugging, shaking hands, coughing, and sneezing.		✓
7. 7. HIV cannot be passed on through breastfeeding.		✓
8. It is safe for children with HIV to play and be at school with children who are not infected.	✓	
9. You can get HIV from mosquito bites.		✓
10. When you are tested for HIV it is done confidentially.	✓	
11. Women are more vulnerable to HIV than men.	✓	
12. A woman cannot get HIV if she has sexual intercourse only with her husband.		✓
13. If you have HIV you can give it to another person any time after you've been infected.	✓	
14. If you have HIV you will soon get sick and then die.		✓
15. It is a shameful thing to have HIV and AIDS.	✓	
16. If a man who is HIV-infected has sex with a virgin he will be cured.		✓

Source: National ECD Advanced Training Manual, Malawi, 2012.

ACTIVITY 3.B. IDENTIFYING MEANS OF HIV TESTING, PREVENTION, AND CARE (15 MINUTES)

Preparation

A presentation of the key points on the topic **HIV testing, prevention, and care** using information from this session

Instructions

- A. Ask the whole group to share what they know about **traditional medicine or other ways** used to “prevent” or “treat” HIV and AIDS in and around their community.
- B. Share information on **HIV testing, prevention, and care** using information from this session.

Activity 4: The impact of HIV and AIDS on children (30 minutes)

Preparation

A presentation of the key points of **A description of key impacts related to early childhood development** using information in pp, 22-23 of resource guide 5.

Instructions

- A. Ask the whole group to share what they know about the effects of HIV and AIDS on young children ages zero to five. List their ideas on a flipchart.
- B. Using your prepared presentation, provide a summary on the effects of HIV and AIDS on young children by adding up information that has not come up from the participants. Make sure you present the information in the facilitator's note below:

NOTE FOR THE FACILITATOR: OBSERVED HEALTH AND DEVELOPMENTAL SIGNS AND SYMPTOMS OF HIV IN CHILDREN: THE EXPERIENCE OF WOMEN RELIGIOUS IN MALAWI, KENYA, AND ZAMBIA

Source: Women Religious congregations from Kenya, Malawi, and Zambia, SCORE ECD project

Below are the common observations of sisters in Malawi, Kenya, and Zambia on health and developmental signs and symptoms of HIV in young children:

- They are frequently ill. They easily get sick from different ailments such as coughing, malaria, and diarrhea. As a result, they often cough constantly.
- They usually have skin rashes that do not heal. They also have swollen glands.
- They have sores and cracks around the mouth; ear discharges and ear infections can affect both speech and hearing for young children.
- They are often malnourished; they may not eat well due to illness or lack of different kinds and nutritious food in the household.
- They usually look small for their age and they fail to grow or thrive
- They show slow mental process and fall behind their peers in solving learning tasks. Maternal chronic illnesses and malnutrition during pregnancy and illnesses such as malaria, meningitis, or severe malnutrition, can cause mental slowness or developmental delay in the child.
- They do not often engage in peer play, mostly due to lack of energy and illness; they want to be alone.
- They are usually not happy; peers shun them due to their physical appearance (e.g., skin rashes).

Activity 5: Supporting young children living with or affected by HIV: A holistic approach (45 minutes)

Preparation

- Copies of Activity 5 handout on the case story ***Holistic approach in action: Caring for children affected by HIV*** per group
- A presentation of the key points on the topic ***Supporting young children living with or affected by HIV: A holistic approach*** using information in this resource guide.

Instructions

- Start off by asking the participants to pick a partner, discuss the two questions below, and report:
 - What do you think are the best ways to take care of orphans and vulnerable children, e.g., children living with HIV/AIDS?
 - How do faith-based organizations take care of orphans and vulnerable children in need, and what are some ideas that other community organizations in your community can learn from faith-based organizations on the care of children living with HIV/AIDS?
- Write the participants' answers on a flipchart and expand their ideas by pointing out that in order to have wholesome growth and development, young children affected by HIV and AIDS need to be supported at various levels of psychosocial interventions, which are:
 - Support the child infected by HIV.
 - Support the child infected by HIV in the family.
 - Support the child infected by HIV in the community.
- Present information on the topic ***Supporting young children living with or affected by HIV: A holistic approach***. At the end of your presentation, ask the participants to come up with their own ideas of how to holistically address the psychosocial problems of vulnerable young children using the case story on the experience of the Evangelizing Sisters of Mary with vulnerable children and their families in Kenya.
- Divide the participants into small groups. Provide the handout on ***Caring for children affected by HIV*** to each group; ask each group to read the case story carefully.
- Ask each group to answer the three questions written in the case story and present their work on a flipchart to the whole group. Give them 30 minutes to discuss and report.

ACTIVITY 5. HANDOUT HOLISTIC APPROACH IN ACTION: CARING FOR CHILDREN AFFECTED BY HIV

EXPERIENCE OF THE EVANGELIZING SISTERS OF MARY, KENYA

Contributed by Evangelizing Sisters of Mary, Kenya, SCORE ECD project

Sister Veronica and her congregation provide spiritual and social support to single mothers in the slum areas of Nairobi, Kenya. Most of the mothers in this area are unemployed, and hence are engaging in commercial sex work to earn income for their families. Many mothers have at least two children with different fathers who are not supporting them in any way.

Sister Veronica encountered the case of a young, unemployed, HIV positive mother who was pregnant with her fourth child. The mother had attempted to carry out an abortion and had attempted suicide. She did not want to give birth to another child because she did not have any source of income to support the family.

After several discussions with Sr. Veronica, the woman decided to maintain her pregnancy, enrolled in a PMTCT program, and later gave birth to HIV-free twins. However, she later died from AIDS-related illnesses. Her surviving children (ages two, three, and six years) live with their relatives and the congregation supports them.

REFLECT AND DISCUSS

1. Based on the story, what you've recently learned, and your experiences, what are the unique challenges facing these orphaned children?
2. What challenges are likely to be the most pressing?
3. Using a holistic approach, identify several actions you could take at various levels (e.g., child level, family level, and community level) to support these vulnerable children.

Note: *Women Religious in Kenya, Malawi, and Zambia place a special focus on preventing the spread of HIV and AIDS, and also caring for people who are already infected with the HIV virus, while working to eliminate stigma and discrimination.*

- Ask the participants what they have learned from the group activity and summarize ideas by emphasizing the importance of the holistic approach in supporting families and children affected by HIV and AIDS. Provide a summary of the **three levels of interventions**—*the individual, the family, and the community*—and how integrating support on all these levels ensures better outcomes for children and families affected by HIV/AIDS.

Activity 6. Psychosocial support: Understanding young children’s reactions to loss and grief (1 hour & 15 minutes)

ACTIVITY 6.A. UNDERSTANDING FEELINGS AND EMOTIONS OF YOUNG CHILDREN (30 MINUTES)

Preparation

- Role-play: “Face game”
- A presentation of the key points on ***Understanding young children’s reactions to loss and grief***

Instructions

- Start off by asking the whole group to share their views on this question: *Can you explain what the word psychosocial means?*
- Summarize the participants’ ideas by pointing out that research tells us that children orphaned by AIDS and HIV positive children suffer greater psychosocial problems than other children (Cluver, Kganaka, Boyes, & Park, 2012). We have learned how their lives are challenged by multiple social and psychological problems such as rejection, stigma, discrimination and marginalization, loss of assets (loss of land leading to inability of family to grow food for personal consumption), lack of basic needs, dysfunctional families, and emotional distress such as depression, aggression, anxiety, and anger. Psychosocial support helps children and families who are distressed for a variety of reasons and its significance is even greater for children affected by HIV/AIDS.
- Provide the definition of psychosocial support and its importance for young children using the information below:

NOTE FOR THE FACILITATOR: DEFINITION OF PSYCHOSOCIAL SUPPORT

- Creating a giving and stimulating environment to allow children to express their feelings—Psychological
- Creating an environment for reintegration (supports addressing psychosocial problems)—Social
- Enhancing the resilience of the individual in being able to cope with psychosocial problems—Support

Source: National ECD Advanced Training Manual, Malawi, 2012.

- Continue the discussion by asking the participants to find a partner, discuss the questions below, and later share with the whole group:
 - Can you give an example where you helped a child (ages zero to five years old) who experienced emotional pain soon after the death of a parent? What was easy and what was difficult?
- Expand the participants’ ideas by explaining that helping young children who are emotionally distressed is challenging because it is difficult to understand children’s feelings and emotions. Discuss that there are some ways to help children express their feelings and that the following game provides some ideas:

- “Say & Play” game (Brakarsh, 2009): Ask the participants to play a game with you (facilitator). Explain that the game is about making faces and expressing how we feel.
- Have the participants sit in a circle. The facilitator sits together in the circle and will ask these questions:

NOTE FOR THE FACILITATOR: SAY & PLAY GAME

- Note for the Facilitator:
- Can you show me a HAPPY face?
- What things make you HAPPY? Tell me.
- Can you show me a SAD face?
- What things make you SAD? Tell me.
- Can you show me a SCARED face?
- What things FRIGHTEN you? Tell me.
- Can you show me an ANGRY face?
- What things make you ANGRY? Tell me.

- Instruct the participants to show the faces and explain the feelings as you ask them the different questions above. Make sure each participant acts out the feelings.
- Complete the game and explain that the game can help caregivers understand children’s feelings and emotions. The game provides children with the opportunity to express their feelings and discuss both the positive events and the problems in their lives. Caregivers/teachers can use this game to work with just one child and parent or caregiver, or with a group of children in the classroom or elsewhere.

ACTIVITY 6.B. YOUNG CHILDREN’S DEVELOPMENTAL REACTION TO DEATH AND GRIEF (45 MINUTES)

Preparation

- A presentation on the topic ***Young children’s developmental reaction to death and grief***. On a flipchart, draw a **chart** (shown below) and write the key emotional responses of infants, toddlers, and preschool-aged children to loss and grief.

NOTE FOR THE FACILITATOR: CHART—EMOTIONAL RESPONSE OF INFANTS, TODDLERS, AND PRESCHOOL-AGED CHILDREN TO LOSS AND GRIEF

AGE GROUP OF CHILDREN	EMOTIONAL RESPONSES TO LOSS AND GRIEF
Infants and toddlers	Irritability and tantrums, excessive clinging, constant crying, a change in sleeping and eating habits, and decreased activity and weight loss
Preschool-aged children	Feeling numb and shocked, frightening dreams and nightmares, anxiety, sadness, anger, confusion, difficulty eating, inability to sleep without a light on or someone else present, regressive behaviors such as excessive clinging, bed wetting, thumb sucking, inconsolable crying, fear of being left alone, communicating with “baby-talk”

- A role-play scenario
- A presentation on the key points of the topic **Helping vulnerable children cope with loss and grief** using the information from this session in resource guide 5.

Instructions

- Divide the participants into small groups and start off by asking them to discuss and share their views on the questions below. Ask them to write down their answers on a flipchart:
 - What are your strengths as a helper?
 - What are your strengths in working with young children ages zero to five years old that experience death, loss, and grief?
- Expand the participants' ideas by pointing out that one of the strategies that can help caregivers to support young children experiencing death, loss, and grief is to first understand how children think of and respond to death, loss, and grief. Explain that children's understanding of death and their response to grief depends on their developmental level and that caregivers need to understand this fact and offer their support as appropriate to children's age and developmental level.
- Present the information on **Young children's developmental reaction to death and grief**.
- Display the chart prepared with the information on the emotional responses of infants, toddlers, and preschool-aged children to loss and grief.
- **Role Play of partners:** Instruct the participants to find a partner and ask them find a corner in the training room and to play the role of "a child" and "a caregiver" in the scenario below:
 - **Role-play scenario:** You are asked to support an infant, a toddler, or a preschooler whose parents died recently. You are asked to help these children express their feelings and cope with their grief.
 - **The child:** This person can be a toddler or a preschooler and act out one or two emotional responses the child may show as a result of emotional distress. Choose types of responses by referring to the displayed chart on emotional responses (e.g., nightmares, anxiety, sadness, anger, confusion, difficulty eating and sleeping, or clinging).
 - **The caregiver:** This person helps the child to express his/her feelings and emotions.
- **Role-play demonstration to a larger group:** After the *partner groups* complete their role-play, ask for **volunteers to demonstrate their role-play to the larger group**. Follow the role-play presentation by asking the whole group to reflect on what they have learned from the role-play experience.
- Expand their ideas by explaining that there are many ways adults can help a vulnerable child get through the difficult time of grief.

After completing the above steps, present some of the strategies that can help vulnerable children cope with loss and grief. Use the prepared flipchart on the topic **Helping vulnerable children cope with loss and grief**. Refer to *Resource Guide, Module 5* and show the **information card on How to talk to children about death** to the participants. Explain that they can use information cards such as this one to share ideas with caregivers on how they can help their children cope with loss and grief, then conclude with the suggested ideas in the facilitator's note below:

NOTE FOR THE FACILITATOR: HELPING VULNERABLE CHILDREN COPE WITH LOSS AND GRIEF

Psychosocial support must be provided to ALL children. All children need a consistent caregiver/s who provide/s them with safety and security, care, and lots of affection, comfort, protection, and encouragement to explore and learn about their world.

Caregivers, however, need to provide extra attention and psychosocial support to meet the special needs of children affected by HIV. Their special needs are often related to their health condition and emotional distress caused by multiple losses of loved ones, an unstable home, and stigma. They can suffer emotional trauma in the year before experiencing the death of parents or siblings. The more losses a child suffers, the more difficult it will be to recover. Therefore, it is important for people who are close to the child (e.g., parents, close relatives, teachers) to prepare the child for the loss as well as cope with subsequent grief. The best way to help children and families affected by HIV is through integrated holistic support that addresses their needs at three levels of interventions: the individual child, his/her family, and the community.

CLOSURE AND SESSION EVALUATION (15 MINUTES)

Preparation

Make copies of the *Session Evaluation Form* for each participant [**Note:** Find the *Session Evaluation Form* in the appendix of this guide.]

Instruction

- Summarize what has been covered during the session and ask if there are any questions or anything that is unclear.
- Hand out the *Session Evaluation Form* and ask the participants to 1) conduct a self-assessment of learning, and 2) evaluate the training.
- Read the instructions for the session evaluation to the whole group before the participants begin to complete the form.
- Ask the participants to hand in their completed evaluation form.
- Keep the completed form in a file and give it to the organizer of the training. Close with a song or a prayer.

Session 3: Rights and Protection of Young Children

SESSION LENGTH: 3 HOURS & 45 MINUTES

LEARNING OBJECTIVES

By the end of this session, the participants will be able to:

- Describe the major categories of children's rights.
- Describe the roles and responsibilities of caregivers in protecting the rights of children.
- Identify possible signs of abuse and neglect in young children.
- Describe appropriate steps to report suspected child abuse or neglect, or get help themselves.
- Describe ways to advocate for the protection of young children against any kind of abuse, neglect, or violence.

SESSION OUTLINE

ACTIVITY	SUGGESTED TIME
1. Welcome and introduction	15 minutes
2. Identifying major categories of rights of children and roles of caregivers	45 minutes
3. Protecting children's rights, identifying possible signs of abuse and neglect, and reporting suspected cases	45 minutes
4. Speaking on behalf of young children: Advocacy	1 hour & 45 minutes
5. Closure and session evaluation	15 minutes
Total	3 hours & 45 minutes

MATERIALS

- Name tags and attendance register
- Presentation of key points on PowerPoint
- Flipchart and markers
- Copies of the handout **Sr. Jane interview with Radio Waumini Kasarani, Kenya** per participant for activity 4
- Prepare a handout on the information **Violence and its impact on children** and **Violence against children: Ten facts** and prepare copies for each participant for activity 4

NOTE FOR THE FACILITATOR: IT IS IMPORTANT TO FAMILIARIZE YOURSELF WITH:

1. The United Nations Convention on the Rights of the Child (CRC) and have a copy of the CRC found at UNICEF.
2. African Charter on the Rights and Welfare of the Child
3. The Constitution of Kenya, Malawi, or Zambia on the rights of children, or as appropriate for the participants' nationality.

SESSION PLAN AND PROCEDURE

SESSION ACTIVITIES

Activity 1. Welcome and introduction (15 minutes)

- Have the participants sign an attendance register on arrival and provide them with name tags (5 minutes).
- Welcome everyone and open the meeting in an appropriate way, such as with a prayer or a song (10 minutes).
- Play a game or do an icebreaker activity to help the participants relax and get to know each other better (5 minutes).
- Briefly explain *Module 5, Session 3*—its purpose, and what the participants are expected to learn from this session by going through the activities listed under the session outline above, then begin session activities (10 minutes).

Activity 2: Major categories of rights of children and parents and caregivers' rights and responsibilities (45 minutes)

ACTIVITY 2.A. IDENTIFYING MAJOR CATEGORIES OF RIGHTS OF CHILDREN⁵ (30 MINUTES)

Preparation

A presentation on the topic ***Categories of children's rights***

Instructions

- Start off by asking the whole group to introduce themselves, saying their name and what their name means. Ask for examples of the names of the children in their care and the meaning of their names.
- Explain that every child has the right to a name and a nationality and discuss how children get a nationality (register at birth).
- Ask the participants to select a partner and reflect on and share their experiences on how Catholic residential care facilities process birth certificates for orphan children in their care, the challenges they encounter, and how they meet those challenges.

5 CRS, Lesotho (2012).

- Continue the discussion with the whole group, explain that children have other rights, and ask the question below:
 - In addition to having the right to a name and nationality, what other rights do children have?
- Write the participants' ideas on a flipchart as they are called out. Add any information not mentioned, using the prepared presentation on the topic **Categories of children's rights**. Continue the discussion by conducting *Activity 2.b.* below:

ACTIVITY 2.B. PARENTS AND CAREGIVERS' RIGHTS AND RESPONSIBILITIES (15 MINUTES)

Preparation

A presentation on the topic **Parents and caregivers' rights and responsibilities**

Instructions

Start off by asking the whole group the question: *What do you think parents and caregivers should do to ensure the rights of children?*

Expand the participants' ideas by pointing out that caregivers, including fathers, have a responsibility to protect children's rights and that children whose fathers are involved in their lives do better at school and feel more confident. Provide further explanations by presenting the topic **Parents and caregivers' rights and responsibilities** and conclude by indicating that parents and caregivers also have the responsibility of protecting children from any kind of abuse and neglect. Discuss this idea in detail by moving to *Activity 3* below.

Activity 3: Protecting children's rights, identifying possible signs of abuse and neglect and reporting suspected cases (45 minutes)

Preparation

Use the resource guide and prepare:

- A presentation of key points on the topic *Child abuse and protection: Who abuses children?*
- A presentation of key points on the topic *Abusive characteristics influencing young children's development and learning*
- A presentation on the key points of the topic *Signs of possible abuse or neglect*

Instructions

- Start off by asking the whole group what comes to mind when they hear the word "Protection"?
- Expand the participants' ideas by pointing out that "Protection" means (as defined by Catholic Relief Services Policy on Protection From Abuse and Exploitation, 2014) the *"responsibility and measures taken to prevent and respond to abuse and exploitation of a child or vulnerable adult."* Continue the discussion by dividing the participants into small groups and asking them to exchange views, then report on the question below:
 - Have you had experiences where you have been engaged in child protection activities?
- Bring the small groups together to report back to the whole group and point out that it is everyone's responsibility to protect children.
- Use the information in this session to highlight the responsibility everyone has to

protect children from abuse and neglect. Introduce the *three* different ways that children can be abused: *physically, emotionally, and sexually*. Explain that *neglect* can also be traumatic for children. Give examples by presenting information on the topic ***Abusive characteristics influencing young children's development and learning***.

- Explain that in small groups, participants will identify signs of abuse and ways of reporting suspected cases.
- Divide the participants into **four small groups** and ask the groups to discuss possible signs of:
 - Physical abuse
 - Emotional abuse
 - Sexual abuse
 - Neglect
- After each group reports back to the large group, ask the participants to identify their respective local authorities who they can report to if they suspect a child is being abused or neglected, or if they need support themselves. Expand the participants' ideas by pointing out that identifying abuse may be difficult but there are some signs and symptoms that can suggest to us the possibility of abuse. Use the prepared presentation on the topic of ***Signs of possible abuse or neglect*** to give examples of signs and symptoms of abuse if these ideas have not been mentioned already by the participants.
- Indicate that in case a child reports abuse to someone, it is important to know what to say and some suggestions are:
 1. I believe you (I hear you).
 2. I am glad you told me.
 3. I am sorry this has happened to you.
 4. It is not your fault.
 5. I need to speak to other adults in order to help you and to try to make sure this does not happen to you again (Source: Lucy Steinitz, 2014. *Introduction to CRS' Protection Policy Messages-Draft Halfgi-day Optional Orientation*).

[**Note:** Instruct the participants to take notes and memorize the words above.]
- Conclude by making the point that some of the signs they have discussed may not be signs of abuse – that there could be other reasons for this type of behavior. Emphasize that it is important to remember not to make assumptions but it is also important to bear in mind that if we suspect abuse it is always our duty to report it to someone else who can look into the situation and get help and support. Point out that in addition to reporting suspected cases, advocating for children's rights is also another way of child protection. With this remark, move to *Activity 4* below.

Activity 4: Speaking on behalf of young children: Advocacy (1 hour & 45 minutes)

Preparation

- Presentation of the key points on the topic ***Speaking on behalf of young children—Advocacy and basic guidelines for advocacy***
- Role-play, a pretend interview with a radio program with copies of handouts 1, 2, & 3 below:
 - Handout 1 on Interview handout entitled ***Disseminating information about AOSK SCORE ECD—Interview with Sr. Adelaide Ndilu at Radio Waumini Kasarani, Kenya*** (see handout below).
 - Handout 2 on **Fact sheet—Violence and its impact on children**
 - Handout 3 on **Instruction on Steps for preparing the pretend radio interview**

(Note: Handouts are provided in this session)

Instructions

- Start off by asking the participants to share their views on what the word “Advocacy” means and write their ideas on a flipchart
- Expand their ideas by using the facilitator’s note on the topic ***Speaking on behalf of young children—Advocacy and basic guidelines for advocacy***.
- Explain that the guideline is helpful to the participants in their advocacy work on behalf of young children. Ask the participants to take notes while you present or make copies of the guidelines below for each participant and hand it out to them.

NOTE FOR THE FACILITATOR: SPEAKING ON BEHALF OF YOUNG CHILDREN— ADVOCACY AND BASIC GUIDELINES FOR ADVOCACY

Explain that one of the roles of people working with young children is to advocate for their rights and protection. Their role is to be the voice for children and bring their needs to the attention of the public (e.g., informing community leaders and policy makers) for better care and provisions, protection, and education. There are many areas that people can influence policies and practices related to the wellbeing of young children. Some examples are advocating for:

- Children who witness and are victimized by violence
- Quality early childhood services for all young children
- Children with disabilities or orphan and vulnerable children
- Children who are hungry and have inadequate health care
- Children who live in insecure living situations

Advocacy requires a good preparation of facts about the issue. The *Basic guidelines for advocacy* require that the caregiver:

First, identify the problem

What is the problem or the issue that young children in your community are facing? Find out *the facts* about the issue or the problem that you have identified in young children in your community.

Second, make your case (the most important part of your advocacy)

- Why are you interested in the issue? For example, you have seen many preschoolers being beaten harshly by their teachers and you are concerned for their wellbeing.
- What is your position? For example, do you want to stop corporal punishment being used in a preschool setting?
- What is some of the evidence that can convince your audience that the problem at hand is highly significant and needs their attention? For example, are teachers punishing preschoolers severely and damaging children's safety and wellbeing in your community?
- What kind of evidence can you collect and document to support your position? Interviews, medical reports, eyewitness accounts, photos, evidence from court, studies showing that corporal punishment damages children's development, etc.

Third, make your recommendation/s for action(s)

- What should be done? List your recommendation for the solutions. Prioritize your recommendations.
- Who (person/s) or what (institution/s) is **the primary audience** that can take up the issue and execute the recommended action/s?
- Is there a person, organization, or government ministry that can be made responsible for action on each recommendation? For example, is the Ministry of Education the right institution to bring this issue up with?
- Organize your findings and make them ready for dissemination.

Fourth, disseminate your information

Based on your findings, share your information using a variety of channels and formats such as:

- Brochures with summaries of the key messages about the issue
- Interviews with the media using lists of key message points
- A PowerPoint presentation highlighting the problem and suggested recommendations
- Video footage or stock photographs to facilitate media coverage
- Short articles published in newspapers, magazines
- List of spokespeople according to their specialty areas
- Community forums such as church group meetings and farmers' cooperation; government ministries
- Organized events in parishes, community gatherings, schools, etc.
- Network with other child welfare services in the community

Tadesse (2014). Advocacy and young children: Lecture materials on ECD 209 Course, Towson University, Towson Maryland, USA.

Role-Play: Next, have the participants conduct a role-play of a PRETEND INTERVIEW WITH A RADIO PROGRAM ON PROTECTION OF CHILDREN AGAINST VIOLENCE.

The purpose of the role-play is to disseminate information on “public radio” about violence and its harmful effect on young children.

- Divide the participants **into pairs** (30 minutes)
- Provide each participant:
 1. **Handout 1** on *Sr. Jane’s’ interview with Radio Waumini Kasarani, Kenya*
 2. **Handout 2** of the prepared copies of the *Fact sheet: Violence and its impact on children*, and explain that the partners will use this fact sheet as the source of information for their pretend Interview with a “radio program.”
 3. **Handout 3** on *Instruction on Steps for preparing the pretend radio interview*
- Read handout on Sr. Jane’s’ interview to the whole group.
- Explain that Sr. Jane disseminated information through the local radio about the importance of early childhood care, development, and intervention for young children.
- Explain that using a similar interview model shown in Sr. Jane’s interview with *Radio Waumini Kasarani, Kenya* the participants will prepare a **pretend radio interview** on violence and its harmful effect on young children.
- Ask each partner group to refer to their handout on **Instruction on Steps for preparing the pretend radio interview**, and to follow the steps and prepare their pretend interview.

HANDOUT 3: INSTRUCTION ON STEPS FOR PREPARING THE PRETEND RADIO INTERVIEW

1. The partners assign a role to each other: One person is the interviewer and the other is the interviewee.
2. Refer to your **Handout 2 factsheet handout**, read ***Violence and its impact on children***, and from this fact sheet formulate three questions for interviewing a person on the harmful effects of violence on young children. Give the three questions to the interviewer.
3. Write the answers for each of the three questions by referring to the fact sheet. Give these three answers to the interviewee.
4. Role scenario:
 - A. The “interviewer” will be the reporter of the radio program and will ask the three prepared questions during the role-play. Give a name for your pretend radio program.
 - B. The “interviewee” is the person who is advocating for children’s protection against violence and answers each of the three prepared questions using the corresponding answers.
5. When you are ready, demonstrate your pretend radio interview.
6. You can conduct the “interview” orally or by reading the Q & A directly from the paper you have prepared.
7. Make your role-play as formal as possible, starting with a proper introduction, etc., and close with polite remarks.

- After each partner group presents their role-play, ask them to reflect on the experience and how they felt during the pretend interview.
- Emphasize that in addition to the use of the media (e.g., radio and TV) the participants can use other formats and channels to be voices for young children. Some examples are preparing a presentation for forums such as meetings of:
 - sisters' congregations,
 - church leaders,
 - government ministries,
 - non-government organizations,
 - community leaders'
 - parents,
 - church ceremonies,
 - maternal and child care clinics,
 - sport games,
 - traditional events, and
 - cultural games—give example by discussing the ***Girls' right to education: Maasai traditional children's song: Mpaplai Lai*** in *Resource Guide, Module 5*, and how they can encourage such cultural practices to influence change for young boys and girls in their community.
- Conclude this session with a brainstorming exercise on the questions below:
 - What are some problems that concern you about young children in your community?
 - What could be the primary audience that can take up the issue you have identified and possibly bring change? Lead the participants to identify the primary audience for each of the problems listed on the flipchart.
- Draw the chart below on a flipchart, write the participants' answers exactly as they are called out, instruct them to take notes of the concern areas they have identified, and encourage them to think **about conducting advocacy in their future work.**

NOTE FOR THE FACILITATOR: CONCERNS ABOUT YOUNG CHILDREN IN OUR COMMUNITY & ADVOCACY	
Areas of concern about children in the participants' community	The primary audience that can take up the issue and possibly bring change

- Summarize and conclude the session by pointing that early childhood practitioners can be ambassadors of young children. By uniting their efforts, they can become the voice of young children who are vulnerable. You are also ambassadors of young children. As a care provider of young children you have the responsibility to defend and safeguard children's rights. You can protect young children's rights by networking with other child welfare services in your community and bring children's needs to the attention of the public for better care and provisions, protection, and education.

HANDOUT 1: DISSEMINATING INFORMATION ABOUT AOSK SCORE ECD

INTERVIEW WITH SR. ADELAIDE NDILU AT RADIO WAUMINI KASARANI, KENYA, 07/03/2014

- **Question by Sr. Adelaide: Tell us your name and congregation and about the new project SCORE ECD.**
- **Answer by Sr. Jane:** My name is Sr. Jane Wanjiru, an Evangelizing Sister of Mary from Ongata Rongai Community now working with AOSK SCORE ECD project at Tumaini Center as its coordinator.
- **Question by Sr. Adelaide: Tell us what AOSK SCORE ECD stands for.**
- **Answer by Sr. Jane:** AOSK SCORE ECD stands for Association of Sisterhoods of Kenya Strengthening Capacity of Women Religious in Early Childhood Development.
- The project is targeting Catholic Sisters who are working with children at the age of zero to five years. We are going to create awareness among sisters on how to care for these children, who are very delicate at this particular age. At this period their brain is still developing, thus they are very active and want to know and discover each and every thing around their environment.
- **Question by Sr. Adelaide: Who is funding the project?**
- **Answer by Sr. Jane:** The project is funded by the Conrad N. Hilton Foundation through CRS. We shall partner with them to implement the project.
- **Question by Sr. Adelaide: What do you mean by CRS?**
- I mean Catholic Relief Services. We have met several times and they are ready to work with us.
- **Question by Sr. Adelaide: How long is the funding?**
- **Answer by Sr. Jane:** The Hilton Foundation is funding the project for three years— 2014, 2015, and 2016.
- **Question by Sr. Adelaide: What can you tell Superiors and sisters involved in this area?**
- **Answer by Sr. Jane:** It is very important to have knowledge and skills on how to deal with children of age zero to five years, because we are laying the foundation and shaping their future.
- **Question by Sr. Adelaide: What can you tell the General Superiors?**
- **Answer by Sr. Jane:** I am requesting them to allow sisters to attend basic training that will be planned in the second year, 2015, according to the second objective of the project. It will be for those who have undergone the training and those who through the vow of obedience are working in Early Childhood Development Centers/Program Services.
- **Question by Sr. Adelaide: How many congregations are involved in this project/program?**
- **Answer by Sr. Jane:** Only 26 congregations out of 150 congregations registered in Kenya by the year 2012, when we celebrated 50 years of AOSK existence.
- **Question by Sr. Adelaide: What can you tell our listener?**
- **Answer by Sr. Jane:** Dealing with children is very important and we have to be very careful because every action and word to them remains in their mind, and can bring about good or bad impressions, positive or negative attitudes, and finally influence their future life. We want to develop the whole child and (aim for) holistic development.
- **Question by Sr. Adelaide: What do you mean by holistic?**
- **Answer by Sr. Jane:** Holistic development of a child means development in all aspects of life—thus academic, health, nutrition, spiritual, physical, psychological, social, and moral.
- **In conclusion we expressed our thanks to each other.**
- Sr. Adelaide thanked me and appreciated my sharing with others about the new project known as SCORE ECD. I appreciated the invitation to have the chance and share with others how to care for Early Childhood Development at the age of five years and below.

Source: Sr. Jane Wanjiru, Association of Sisters in Kenya, Strengthening Capacity of Women Religious in Early Childhood Development (SCORE ECD) Project Coordinator, March 2014

HANDOUT 2: FACT SHEET—VIOLENCE AND ITS IMPACT ON CHILDREN

We were all children once. This is something we all have in common. Many of us have a child or are involved in the lives of children in some way. We want children to grow up to be happy, healthy, strong, and productive. We want them to thrive. Children are both the present and the future. They represent the next wave of parents, grandparents, caregivers, teachers, doctors, police officers, judges, community leaders, faith-based leaders, politicians, and decision-makers. How we address the violence affecting children today will have a direct bearing on future families and societies. We need to guard the integrity of childhood now and into the future.

UNIVERSAL NATURE OF VIOLENCE: PHYSICAL PUNISHMENT

Violence in the lives of children can take direct and indirect forms. Day after day, children are exposed to domestic violence perpetrated against other family members in their home. Every year, roughly six in ten children between the ages of two and fourteen, or nearly a billion children worldwide, are regularly subjected to physical punishment by their caregivers.

IMPACT OF VIOLENCE

The impact of this violence against children can be lifelong and even passed from generation to generation. When young people experience violence, the likelihood of their becoming future victims and of acting violently themselves as adults increases. Victims can become offenders and it is important that we **break the cycle**. Violence can negatively impact children's educational performance and achievement, which can have long-term economic consequences, including poverty. Exposure to violence at an early age can impair brain development and is associated with a range of mental health problems. Violence can lead to acute and long-term problems for children's physical, sexual, and reproductive health as well as their psychological wellbeing. In all its forms, violence is detrimental; in the worst cases, it can be fatal.

Source: UNICEF: *Unite for Children (September 2014). Ending Violence Against Children: Six Strategies for Action*. New York, U.S.A. *Children_Six_strategies_for_action_EN_2_Sept_2014.pdf*

CLOSURE AND SESSION EVALUATION (15 MINUTES)

Preparation

Make copies of the *Session Evaluation Form* for each participant [**Note:** Find the *Session Evaluation Form* in the appendix of this guide.]

Instruction

- Summarize what has been covered during the session and ask if there are any questions or anything that is unclear.
- Hand out the *Session Evaluation Form* and ask the participants to 1) conduct a self-assessment of learning, and 2) evaluate the training.
- Read the instructions for the session evaluation to the whole group before the participants begin to complete the form.
- Ask the participants to hand in their completed evaluation form.
- Keep the completed form in a file and give it to the organizer of the training. Close with a song or a prayer.

Appendix

MODULE 5 SESSION AND TRAINING EVALUATION FORM

This form is for evaluating each session and training of a module. It has two sections:

Section 1: *ECD Knowledge and Skills Self-Evaluation*. This section has a list of knowledge and skills statements by session topics.

Section 2: *Training Evaluation*. This section asks: “What do you like most about the training?” and, “What would you like to change about the training?”

ECD KNOWLEDGE AND SKILLS SELF-EVALUATION

Steps to fill out this section:

Step 1. Write your name, country, congregation/organization, date of training, and whether you have taken an ECD course or courses before this training.

Step 2. Take a moment to reflect and circle the number that represents what you knew *before* the session began.

Step 3. Take a moment to reflect and circle the number that represents what you knew *after* the session ended. Think about three to five changes you will make to improve your interaction with and support for infants, toddlers, and preschoolers based on the training session. List your ideas in the space provided.

MODULE 5: SESSION 1

Step 1

Name _____ Country _____

Congregation/organization _____ Training date _____

I have taken an ECD course/courses before this training **YES** **NO**

Scale 1 = Very low 2 = Low 3 = Neutral 4 = High 5 = Very high										
MODULE 5: SESSION 1—YOUNG CHILDREN AND DISABILITY										
ECD knowledge and skills self-evaluation related to:										
Step 2. Before the training					Circle the number that represents your learning before (Step 2) and after (Step 3) the session.	Step 3. After the training				
1	2	3	4	5	Addressing young children with disability with appropriate terminologies	1	2	3	4	5
1	2	3	4	5	Screening disability in young children using early disability screening tools	1	2	3	4	5
1	2	3	4	5	Identifying barriers to the development and learning of children with disabilities	1	2	3	4	5
1	2	3	4	5	Assessing the meaning of “Inclusion” and its benefits to children with disabilities	1	2	3	4	5
1	2	3	4	5	Describing physical-motor, hearing, and visual impairments and developmental delay in young children	1	2	3	4	5
1	2	3	4	5	Identifying ways to support children with disabilities at individual and family levels	1	2	3	4	5
Step 3. After the training										
Think about three to five changes you will try to make to improve your interaction with/support for infants, toddlers, and preschoolers based on the training session, and list them in the space below:										
1.										
2.										
3.										
4.										
5.										

MODULE 5: SESSION 2

Step 1

Name _____ Country _____

Congregation/organization _____ Training date _____

I have taken an ECD course/courses before this training **YES** **NO**

Scale 1 = Very low 2 = Low 3 = Neutral 4 = High 5 = Very high										
MODULE 5: SESSION 2—VULNERABLE CHILDREN: YOUNG CHILDREN AFFECTED BY HIV AND AIDS										
ECD knowledge and skills self-evaluation related to:										
Step 2. Before the training					Circle the number that represents your learning before (Step 2) and after (Step 3) the session.	Step 3. After the training				
1	2	3	4	5	Describing the terms “orphan and vulnerable” and factors leading to OVC with more specificity to the human immunodeficiency virus (HIV) and AIDS factors, describing its mode of transmission, prevention mechanisms, and care	1	2	3	4	5
1	2	3	4	5	Describing how HIV and AIDS infection of children in the early childhood years differs from HIV infection in adults	1	2	3	4	5
1	2	3	4	5	Describing the ecological effects of HIV and AIDS on young children and their families	1	2	3	4	5
1	2	3	4	5	Identifying sustainable ways of supporting children and families infected and affected by HIV and AIDS using a holistic analysis approach	1	2	3	4	5
1	2	3	4	5	Describing children’s perception of death and their reactions to death, loss, and grief at different stages of development	1	2	3	4	5
1	2	3	4	5	Identifying ways to help orphan and vulnerable children cope with death, loss, and grief	1	2	3	4	5
Step 3. After the training										
Think about three to five changes you will try to make to improve your interaction with/support for infants, toddlers, and preschoolers based on the training session, and list them in the space below:										
1.										
2.										
3.										
4.										
5.										

MODULE 5: SESSION 3

Step 1

Name _____ Country _____

Congregation/organization _____ Training date _____

I have taken an ECD course/courses before this training **YES** **NO**

Scale 1 = Very low 2 = Low 3 = Neutral 4 = High 5 = Very high										
MODULE 5: SESSION 3—RIGHTS AND PROTECTION OF YOUNG CHILDREN										
ECD knowledge and skills self-evaluation related to:										
Step 2. Before the training					Circle the number that represents your learning before (Step 2) and after (Step 3) the session.	Step 3. After the training				
1	2	3	4	5	Identifying major categories of rights of children and roles of caregivers	1	2	3	4	5
1	2	3	4	5	Protecting children’s rights, identifying possible signs of abuse and neglect, and reporting suspected cases	1	2	3	4	5
1	2	3	4	5	Advocating for the rights and protection of young children	1	2	3	4	5
Step 3. After the training										
Think about three to five changes you will try to make to improve your interaction with/support for infants, toddlers, and preschoolers based on the training session, and list them in the space below:										
1.										
2.										
3.										
4.										
5.										

MODULE 5: SESSIONS 1-3 EVALUATION OF THE TRAINING

INSTRUCTION

Step 1. Write the name of the trainer and trainer's organization.

Name of trainer _____

Trainer's organization _____

Step 2. Please provide brief answers to the questions below using a blank sheet of paper.

1. Briefly explain what you liked most about the training.

2. Briefly explain what you would change about the training.



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