

REPUBLIC OF RWANDA



**MINISTRY OF GENDER
AND FAMILY PROMOTIONS**

**MINIMUM STANDARDS AND NORMS FOR
EARLY CHILDHOOD DEVELOPMENT
SERVICES IN RWANDA**

June, 2016

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ACRONYMS

CBO	Christian Based Organization
CRC	Convention on the Rights of the Child
FBO	Faith Based organization
ECD	Early Childhood Development
INGO	International Non-Governmental Organizations
MIGEPROF	Ministry of Gender and Family Promotion
MINEDUC	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization

TERMINOLOGIES

Terminology	Definition
Care	The attention to body, health, nutrition, emotional, social, language and intellectual development of a child throughout their childhood
Caregivers	Persons charged with attending to the body, health, nutrition, emotional, social, language and intellectual development needs of a child, including parents, family members and other persons accorded with such duties.
Centre-Based ECD	An early learning and development centre where children from 3 to 6 years are sent to undergo sensory-motor, social-emotional, and cognitive-language development support as well as training on school readiness by experienced caregivers.
Child Development	A process of change in which a child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment
Community-Based Centre	An “improvised centre” normally arranged by members of the community where structures are turned into learning areas for young children from 3 to 6 years.
Development	A process of change in which a child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment
Disability	Refers to physical, sensory or psychological impairment that can create hindrance for children from taking part in everyday activities
Early Childhood	The period between birth and 6 years of age for purposes of this ECD policy strategic plan
Early Childhood Development	This refers to the sensory-motor, social-emotional, and cognitive-language Development changes through which a child undergoes during their early years of life from conception to 6 years, as well as support that caregivers need to provide for childcare and learning.
Early Stimulation	The responsive and nurturing interaction with caregivers, where children are exposed to rich learning opportunities(Landry et al., 2006; NSCDC, 2007) ¹
Family	A fundamental social group in society typically consisting of one or two parents and their children.
Fertility Rate	The ratio of live births in an area to the population of that area; expressed per 1000 population per year.
Home-Based ECD	An informal arrangement where a group of neighboring households designate one home to host children aged between 0 and 6 years, to benefit from ECD services. Parents take turns to care for the children which allow them to do their daily work.

¹Landry, S.H.. (2008). *The role of parents in early childhood learning*. University of Texas HealthScience Center. USA.

PRINCIPLES

These minimum standards are guided by the following principles of the national ECD policy in Rwanda:

- **Holistic/ All-Inclusive service provision:** all the development needs of a child from early learning, physical, psycho-social, emotional and cognitive development, are interconnected in a child's life and need to be developed simultaneously since progress in one area affects progress in others;
- **Non-discrimination:** Early Childhood Development services should be accessible to all, irrespective of gender, geographical location, religion or disability;
- **Parents at the center of care giving:** both parents (legal and or biological) where applicable should be primarily responsible for child care and protection as stipulated in Title II, Chapter I, Article 27² of the constitution of the Republic of Rwanda as amended to-date obliges parents to be the primary caregivers;
- **Gender equality:** for the case of single family units comprising of male and female parents, early child care should be a shared responsibility between a man and woman when, defined by equality and complementarily.

² Constitution of the Republic of Rwanda

http://mod.gov.rw/fileadmin/user_upload/PDF_Documents/Constitution_of_the_Republic_of_Rda.pdf

1. INTRODUCTION AND RATIONALE

1.1. Importance of Early Childhood Development

1.1.1. What is ECD?

1.1.2. Why are early years important?

Research has shown that learning starts from birth and provides the foundation for learning that follows³. The first five years of a child's life are the foundation that shapes the child's future health, happiness, growth, development, learning and achievement at school. The first three years are important for the development of the child's brain, and the first three years are the most critical in shaping the child's brain architecture⁴. Early experiences provide the base for the brain's organizational development and functioning throughout life.

Children learn more quickly during their early years than at any other time in life. They need love and nurturing to develop a sense of trust and security that turns into confidence as they grow. The role of parents during a child's earliest years is the single biggest influence on their development. Good quality home learning contributes more to children's intellectual and social development than parental occupation, education or income.

1.1.2. Importance of providing quality Early Childhood Development services

Early childhood development services provide education and care to children in the family and or in the temporary absence of their parents or adult caregivers. These services should be holistic and demonstrate the appreciation of the importance of considering the child's health, nutrition, education, psychosocial and other needs within the context of the family and the community⁵.

A holistic approach places the child at the center of a protective and enabling environment that brings together the elements needed for the full development of that child. Quality

³ Csibira G. (2010) Recognizing communicative intentions in infancy. *Mind and language*, 25, 141-168

⁴ <http://www.factsforlifeglobal.org/03/index.html>

⁵ South Africa ECD Service Guidelines 2006

ECD services should recognize the important role played by parents or caregivers. Research has shown that family plays the most important role in children's development and education and researchers and educators view parents as an essential part of early childhood education⁶. The developed standards therefore are developed with the linkage of pre-schools to early childhood education early years in mind.

In Rwanda, with a fertility rate of 4.6 births per woman in (2012), the population that stands to benefit from early childhood development (ECD) interventions is expected to grow over the next several years⁷.

1.1.3. Rights of Children

Early Childhood Development (ECD) is the holistic development of a child during the 6 first years of life in a socio-cultural context (physical, social, emotional, spiritual, moral, intellectual development). In Rwanda ECD specifically refers to a comprehensive approach to policies and programs for children from conception, birth to six years of age⁸.

In 1989 the Convention on the Rights of a Child (CRC) developed resolutions related to the basic rights children need in order to survive, be protected and develop well⁹. ECD service providers have a responsibility to educate children about their rights and responsibilities as part of their developmental programs. Children have the right to be listened to, respected, protected, educated and cared for. Through various initiatives, the Ministry of Gender and Family Promotion (MIGEPROF) is addressing the rights and needs of children throughout the country, including promulgating numerous laws addressing children's rights.

⁶ Cimagala, F.R (20101, May 20) Family's crucial Role in Child's Education. The News Today

⁷ Agnes Binagwaho, Kirstin W. Scott, Sardis H. Harward. Early childhood development in Rwanda: a policy analysis of the human rights legal framework. *BMC International Health and Human Rights*. 2016**16**:1.

DOI: 10.1186/s12914-016-0076-0\

⁸ Rwanda Early Childhood Development Policy; Ministry of Gender and Family Promotion document 2016

⁹ Convention on the Rights of the Child, 1989. <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

1.1.4. Key pillars of Early Childhood Development

For effective ECD program implementation, 5 pillars have to be considered. These include: education, sanitation, nutrition, health, and child protection. All these services are interconnected and shall be offered in an integrated manner. ECD services require multi-stakeholder and multi-sectoral collaboration. Parents and caregivers are specifically called upon and empowered to take lead on child development support through parenting education sessions.

1.2. Inter-sectoral collaboration

To ensure effective ECD services and a holistic approach to children's needs, it is important that providers actively engage and collaborate with all concerned stakeholders including; the Ministry of Gender and Family Promotion, the Ministry of Education, the Ministry of Health, the Ministry of Local Government, the Rwanda National Police, parents and families, Community, other government organizations and non-governmental organizations providing children services.

ECD services are an important support system within the community. Parents, families and communities have a responsibility to complement the services provided at early childhood development centers¹⁰. In order to address the child's needs holistically, it is important that there should be close collaboration between the families and the ECD practitioner or service provider.

Inter-sectoral collaboration and integrated service delivery requires commitment from all departments, non-governmental organizations and other key services providers to achieve the best possible service for young children and their families. It is important that this collaboration is achieved at national, provincial, district and local levels.

¹⁰ Kenya ECD Service Standard Guidelines, 2006

2. STANDARDS FOR QUALITY & INCLUSIVE ECD SERVICES

2.1. Services for children

All services for children (home-based, Community-based, and Centre-based ECD services) should be provided taking into consideration children with disabilities and special needs. Precaution should therefore be taken to include these categories of children when providing the following services;

2.1.1. Services to be provided to Young children (0-3 years)

- Nutrition and health care should be provided adequately.
- Ensure all children have been appropriately immunized
- Services that support acquiring motor, language, socio-emotional, and cognitive skills should be given
- Children should be given opportunities to explore their environment. Exploration allows children to learn about objects and solve problems. Children should be listened to and allowed to explore in a safe environment. Common ways of how children explore their world include; climbing furniture, playing with water, opening things, approaching and touching animals.
- Appropriate language stimulation should be provided
- Children should be given opportunities to begin to learn to care for themselves.
- Provide daily opportunities to play with a variety of objects
- Help children learn how to control their own behavior. Care givers should help the child understand that their unacceptable behavior has a logical consequence; acknowledge the child's feelings but let him/her know that the behavior was unacceptable¹¹.
- There should be regular and trained caregiver who understands and responds to their signals.

¹¹ <http://www.thenewstoday.info/2010/05/20/familys.crucial.role.in.childs.education.html>

2.1.2. Pre-school children (3-6 years)

- Services that encourage creativity for example reading and imaginative plays. Imaginative play is when children are role playing and are acting out various experiences they may have had.
- Activities that that develop fine motor skills. These include, writing, painting, drawing etc
- Experimentation with pre-literacy, and pre-numeracy
- Activities that encourage language development for example; talking, being read to, singing.
- Children should be given opportunities to express themselves and listened to.

2.2. Standards for Health and Nutrition

2.2.1. Standards for Health

- The ECD service provider shall contact the nearest health facility to provide emergency health care. Details of the arrangement shall be communicated to the parent.
- Any medicine brought to the centre for children by the family must be clearly labeled and stored out of reach of the children.
- The ECD service provider should have a working agreement with the nearest Health Center/Hospital and Community Health Workers in that village.
- A center shall be required to temporarily close when there is a threat of a disease outbreak at the center as directed by health officials.
- A child or caregiver who contracts or is suspected to have contracted a contagious disease shall be expected to stay at home until cleared by a medical practitioner.
- Sharp objects should be kept away from the reach of children.
- ECD providers shall always have safe drinking water and use clean water for cooking.
- Caregivers should promote hygiene practices to children.
- Bushes and pools of water should be cleared to avoid possibility of harboring snakes or breeding mosquitoes.
- There shall be adequate facilities for disposal of waste.
- Each ECD service provider should have a first aid kit which shall be accessible to adults but out of reach of children (annex 1).

- Contents of the first aid box must be checked regularly and replaced whenever necessary.
- All caregivers shall be trained on how to use the contents of the first aid box and how to deal with accidents.

2.2.2. Standards for Nutrition

- If children age 3 and above spent more than 2.5 hours at the ECD center, they should be fed
- There shall be facilities for preparing food and safe drinking water.
- During meal times, children should always be supervised by an adult
- The cook and food handlers shall maintain proper personal hygiene: wash their hands before food preparation and after using the toilets/latrines.

2.3. Standards for staff

- All caregivers/teachers shall be above 18 years old
- All ECD providers should have received formal training in Early Childhood Development.
- ECD care givers should not smoke, take alcohol or use any illicit drugs when working with children.
- Caregivers must not have any history of child molestation.
- Caregivers should demonstrate positive values and respect for children in their respective community.
- Practitioners/caregivers must never use any form corporal punishment or psychological torture.
- The teacher-child ratio for different age groups shall be as follows^{12, 13}
 - a. Below 2 years – 1:5
 - b. 2 – 3 years – 1:10
 - c. 3 – 4 years – 1:15

¹² 2014 Education Statistical year book

http://www.mineduc.gov.rw/fileadmin/user_upload/pdf_files/2014_Education_Statistical_Yearbook_.pdf

¹³ Early Childhood Regulations

<http://www.legislation.govt.nz/regulation/public/2008/0204/latest/DLM1412637.html>

- d. 4 – 5 years – 1:25
- e. 5 – 6 years – 1:30

2.3.1. Standards for safe, secure relationships between children and educators/ caregivers

- There should always be adult supervision while children in ECD
- Shall be able to listen to children and encourage them to talk and ask questions
- Use free-play time for teacher child interaction
- Ask questions that require thinking and use probes such as - tell me more
- Be patient with children and use a warm, positive body language.
- Appropriate care should be given to children with special needs

2.4. Standards for didactic materials and toys

- The Competence based curriculum of REB should be used for the 3-6 years children.
- Learning materials and toys should be age appropriate, disability friendly and gender neutral. All toys intended for infants and toddlers should be oversized pieces to avoid swallowing or putting in ears.
- Use of local materials in play should be encouraged
- Learning materials and toys used must be maintained and stored correctly to ensure that the safety.
- Toys and learning materials should be inspected by caregivers before use by children.
- A toy damaged beyond repair should be discarded or replaced promptly.

2.5. Standards for the physical environment

2.5.1. Facilities

- ECD service provider shall ensure that the facilities are clean and safe for young children to learn and play.
- The facility should be spacious for children to move about and play freely.
- Designated child spaces shall be easily accessible by children with disabilities and special needs.

- Various models of ECD shall provide space for parents and children to receive ECD services. This space shall be free from anything that can harm children and be equipped with learning materials for children and parents.
- Structural alterations and additions as well as new buildings, must comply with the national building safety regulations.

2.5.2. General Standards for Safety

ECD provider should take all precautions to ensure the safety of children at all time:

- All reasonable precautions shall be taken to protect children and teachers/caregivers from the risk of fire, accidents and or other hazards.
- Hazardous materials should be kept out of reach of children (e.g. petrol, gas etc)
- ECD facilities should be fenced with a lockable gate that the children cannot open.
- Where the ECD center has electricity, there shall be use of covered sockets to protect children from electric shock. No electric cables shall be left loose.

2.5.3. Standards for sanitation facilities

- The center shall have toilets/latrines adapted to children and separate from toilets of caregivers.
- The center shall have access to clean water
- The ratio of latrine/children should be at least 1/40 children
- Pit latrines shall not be less than 6 meters or 20 feet deep and shall be 15 meters (50 feet) away from borehole.
- There shall be sufficient hand washing stations with clean water and soap
- There shall be a hand wash sign on each toilet/latrine door to remind children and caregivers to wash hands after using the toilet/latrine.
- There should be a cleaning and maintenance routine in operation that ensures clean and functioning toilets are available at all times.
- Toilets should be hygienic to use and easy to clean.
- Toilet should have a be accommodative of children with disabilities
- For 0-3 year olds, there is a need for a clean hygienic space to change diapers; and have safe disposal of child faeces.

2.5.4. The kitchen

- Shall be safe and clean
- Shall have adequate supply of water and cleaning agents for the cleaning of eating utensils and other equipment
- Shall have adequate facilities and area for safely preparing and cooking food with energy saving stoves with an effective chimney to extract smoke.
- Shall have adequate lighting and ventilation
- Shall have a separate secure storage for dry goods
- Separate facilities for storing cleaning materials.
- Shall have adequate number of waste bins with lids that close fittingly.

2.5.5. Stimulation rooms

- The stimulation room should be able to visually stimulate children (e.g. by use of decorations or bright colors in the room.
- The stimulation room shall be well lit and ventilated.
- The stimulation room shall be cemented/tiled and cleaned on a daily basis.
- Furniture shall be child friendly. Furniture includes chairs, tables and cabinets. Children will be grouped according to their developmental stage: that is; below 2 years, 2-3 years, 3-4 years and 5-6 years.
- A separate room should be dedicated and designated as a sleeping area

2.5.6. Standards for equipment used by young children

- Each center should have equipment and resources that are developmentally appropriate for the age and number of children in the center.
- Outdoor play equipment such as swings, merry-go-round, slides and see-saw and sand pits must be maintained regularly to ensure that they are in good shape and are safe for children.
- Indoor play equipment should make reference to familiar objects.
- The equipment shall be clean and safe for young children.

2.5.7. Standards for the play area

- The inside and outside play areas shall be clean and safe for young children.
- There should be at least 2m² space per child for outdoor play.
- The playground shall be well leveled to avoid unnecessary falls.
- Surface of outdoor play area shall be free of sharp objects, harmful plants, rocks, discarded materials and equipment
- Indoor and outdoor play shall be always supervised

3. STANDARDS FOR MANAGEMENT, SUPERVISION, AND ACCOUNTABILITY OF PROGRAM FOR CHILDREN

3.1. Standards for effective partnership and networking

3.1.1. Parents

Parents are an integral part of early learning programs. Parents, after all, are the first and most important teachers. Parents need guidance on how to support children's physical, emotional, social and cognitive development. The quality of care and early stimulation they provide in the home are the foundations for later school and life achievements. Ideally parenting support services should begin before a child is born. All parents, literate or illiterate, can support children's literacy development through simple home activities. As children learn mainly through play, parents should be able to engage in play activities with their children.

Therefore, the ECD providers should have a formal mechanism to engage families to promote positive parenting skills. In this way parents and caregivers work in partnership to help children reach their potential. Parents have a significant contributing role to the ECD center curriculum. The stories, crafts, songs, and oral histories they share enrich the learning experience and ensure that the program is culturally grounded.

- Parents/community must understand the benefits of quality ECD services and parenting education for child development
- Parents and the community should be involved in setting up the ECD services

- Parents should be part of children’s learning by playing with them, teaching traditional games, songs, crafts & stories, etc.
- ECD service provider should organize regular meetings with parents
- ECD providers should ensure that children enroll in first grade at the appropriate age by sensitizing parents and following up with first grade teachers about child’s performance.
- ECD provider should educate parents on child rights and prevention/reporting of child abuse cases.

3.1.2. Others

Beyond parents, there is a need to network and partner with additional stakeholders:

- **Local health centers:** the ECD service provider should have a close collaboration with the nearest health center to attend to children’s health.
- **Primary school:** ECD service provider should have a close network with primary schools so as to ensure smooth transition to primary school.
- **Local leaders:** there should be a working relationship between the ECD service provider and the local leaders to cultivate a sense of ownership by the leaders.
- **Religious leaders:** to ensure effective social mobilization and support to parents.

3.2. Requirements to become an ECD provider

Community-based ECD services such as home-based and church based ECD must register their services at the Sector. ECD service providers with legal status must have a good working relation with the district and MIGEPROF and must register their services through IREMBO. The following requirements are needed for registration of new ECD provider;

a) Application letter addressed to the minister of gender and family promotion

b) Address

- Name of the organization:
- Name of legal representative/country director:
- Organization address (district, sector, cell, village, office telephone, email)
- Notified copy of the statutes/legal personality/provisional agreement

c) Project / Program summary

i) Background information

- Vision
- Mission
- Objectives
- Domains of intervention
- Potential beneficiaries
- Any additional relevant information

ii) Compliance criteria

- Summary of a Needs Assessment Report endorsed by the district
- Alignment with the ECD Policy and Strategic Plan
- Exit strategy

d) Action plan of the current year endorsed by the district of intervention

3.3. Management of ECD Programs

- Administrative systems and procedures shall be in place to ensure the efficient management of the facility and its activities.
- The privacy of families and children must be respected and protected. There shall be no discrimination in the access to services for children whatsoever
- Incidences that have taken place in the center must be reported to the appropriate local authorities such as the head of the village.
- Families shall be given information and knowledge about child protection.
- Every ECD provider shall have a list of emergency contacts readily available to the staff.
- The center and parents shall agree on a method of sending home children.

3.4. ECD Management Committees

- ECD service provider should report their activities to the Cell level authorities.
- The ECD service provider shall work with parents and local community to form a management committee which will guide on internal affairs of ECD center/community based/home based.

3.5. Compliance to ECD Minimum Standards and Accountability

- Before any new programs in ECD are launched, a needs assessment study has to be conducted in that community by the potential ECD service provider working closely with the local authorities and a report endorsed by the district.
- All ECD providers and training institutions shall submit regular reports to the appropriate government authorities.

ANNEX 1

Quantity	Description
1	Gloves, exam, latex, medium, disp /BOX-100
2	Tape, adhesive, Z.O., 2.5 cm x 5 m
1	Tape, adhesive, Z.O, perforated, 10 cm x5 m
2	Bandage, elastic, 7.5 cm x 5 m, roll
10	Bandage, gauze, 8 cm x 4 m, roll
1	First Aid bag, 410 x 280 x 170mm
1	Compress, gauze, 10 x 10 cm, n/ster,/PAC-100
1	Compress, paraffin, 10 x 10 cm, ster,/BOX-10
10	Compress, gauze, 10 x 10 cm, ster. /PAC-5
1	Pin, safety, medium size, /PAC-12
1	Soap, toilet, bar, approx.110 g, wrapped
1	Blanket, survival, 220 x 140 cm
1	Towel, huck, 430 x 500 mm
1	Forceps, dressing, standard, 155 mm, str
1	Forceps, artery, 140 mm, str
5	Scalpel blade, ster, disp, no.22
1	1 Scissors, 140 mm, str, s/b
1	Ibuprofen 200mg tabs/PAC-100
1	Tetracycline eye ointment 1% /TBE-5 g
1	Chlorhexidine conc. sol. 5% /BOT-100 ml
1	Thermometer