



Learning Roots Field Guide

Play-centred Early Childhood Development Project Model
for Children Age 3–6

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Learning Roots Field Guide

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Glossary

Caregivers: Parents, family members and other child-minders who play a critical role in ensuring children are healthy, safe, and nurtured as they mature, equipping them with the skills and resources to succeed as adults and transmitting cultural values to them.

Child development: A process of change during which a child learns to handle ever more difficult levels of moving, thinking, speaking, feeling and relating to others. This process takes place continuously and rapidly beginning in utero, and involves the whole child, including physical, mental, social and emotional development.

Cognitive development: How children learn and make sense of the world around them (e.g. thinking, problem solving, remembering, language skills).

Developmental milestone: A task that most children can perform by a certain age. Every child is unique in the way that s/he develops, and while it is expected that children will reach developmental milestones at different times, these norms help us understand patterns of development.

Disability: The result of negative interactions that take place between a person with an impairment and his or her social environment.

Disability inclusion: An inclusive approach seeks to identify and address barriers that prevent people with disabilities (children and caregivers) from participating in and benefiting from development.

Early childhood: The period of life from conception to the age of eight, which is considered to be the most important developmental phase of life.

Early childhood development: The physical, cognitive and social-emotional dimensions of human development that take place in the earliest years of life.

Emotional development: How children feel about themselves (e.g. confidence, self-worth), which is rooted in secure attachment and trusting relationship with caregivers.

Language development: The process by which children come to understand and communicate language during early childhood.

Physical development: How children's bodies move and grow.

Positive discipline: An approach to parenting that teaches children and guides their behaviour in a positive way, while respecting their right to healthy growth, learning and protection.

Social development: How children learn to understand others' feelings, needs and interact positively with others (e.g. cooperation, communication skills, respecting self/others).

Partnership: This will depend on context, but may refer to partnerships with government, business, community leaders, non-governmental organisations (NGOs), faith-based organisations (FBOs), community-based organisations (CBOs), UN agencies, and training institutions, including universities.



INTRODUCTION

Welcome to the Learning Roots Field Guide, a comprehensive document designed to support Field Offices (FO) during the planning, start up and implementation of the Learning Roots (LR) project model. This guide presents an overview of the LR project model, including key considerations for integration, social inclusion and minimum standards. The guide also provides an outline of key LR implementation steps and monitoring and evaluation (M&E) for LR. Case studies demonstrating success stories and lessons learned in applying LR are presented, as are additional resources to enhance the LR teachers and caregiver packages.

Purpose Of The Learning Roots Field Guide

The LR Field Guide provides guidance to World Vision (WV) staff on how to plan and implement the LR project model. The field guide is a resource for WV staff, including Technical Program managers, Area Programme Managers and Programme Officers, and is intended to help them plan and successfully implement a contextualised LR programme from start to finish. The field guide is a general document and should be applied by FO according to the needs of the local context while adhering to the minimum standards of the LR approach. It is intended as a preparatory document in the assessment and programme design phases, and to provide guidance when implementing in the field. The tools and samples in the appendices, key considerations, tips and field examples will help staff with the various steps of designing and implementing a LR programme.

The Learning Roots Project Model

World Vision's global strategy, Our Promise, sets out to deliver a tangible contribution to the well-being of children and key Sustainable Development Goals (SDG). A significant contribution to SDG 4 (inclusive and equitable quality education) can be achieved through the implementation of the LR project model. The LR project model aims to ensure that children 3–6 years old meet their developmental milestones through play-based, holistic, and integrated early childhood development (ECD) interventions within the home and preschool environment.

In a human's life, the time from 3–6 years old is a window of opportunity to form a strong foundation for the emergence of literacy, numeracy and foundational life skills. Research demonstrates that many

global health and social issues, such as mental illness, stunting or obesity, heart disease, criminality, literacy and numeracy, have their roots in early childhood.¹ The earliest years of a child's life are therefore a window of opportunity to support the emergence of literacy, numeracy and life skills that will form the foundation for a lifetime of learning and fulfilment. Early life experiences, such as interaction with parents/caregivers, quality play-based learning experiences, health and nutrition, and a loving, stable, low-stress and safe environment play a critical role in determining the capacity of a child's development and learning. Negative experiences limit both short- and long-term development, while positive experiences lay a foundation for a child's future as a healthy, productive, well-rounded adult. ECD programmes are powerful equalisers for children who live in resource-poor settings, and they play an important role in breaking the intergenerational cycle of poverty. However, access to pre-primary learning opportunities is very low in many places, with only 17 per cent of children in low-income countries enrolled in ECD centres. These programmes are markedly underfunded compared with higher education.

To ensure children have access to quality, play-based, pre-primary learning opportunities, LR adheres to an ecological framework of child development to improve the environmental conditions surrounding the individual child. The ultimate goal of LR is for children to meet their developmental milestones by achieving three key outcomes: (1) strengthening the quality of the ECD centre learning environment, (2) strengthening the capacity of parents and communities to support ECD, and (3) strengthening systems that support children, their families and their communities.

LR is adapted for each context after a situational analysis and mapping of community beliefs, norms and values related to ECD. Harmful cultural practices existing within the context are addressed in a sensitive way within the parenting curriculum, and existing community strengths and positive practices related to child rearing are built on and strengthened. Parents are encouraged to reflect on the value they place on their children and how this will affect their development and, ultimately, their future opportunities. Teachers in ECD centres are encouraged to reflect on their practice where it relates to effective child-centred and play-based learning. Inclusive education practices are strengthened, aiming to reduce barriers for access, transform beliefs around children with disabilities, and increase equity of access and learning for the most vulnerable children. Strengthening the policy environment around young children age 3–6 years is an important step towards sustainability of any ECD initiative. Therefore, LR strives to strengthen or form links between the formal system and the community for sustained and quality ECD services.

¹ Irwin, L. Siddiqi, A. and Hertzman, C. (2007). *Early Childhood Development: A Powerful Equalizer*. WHO, Geneva

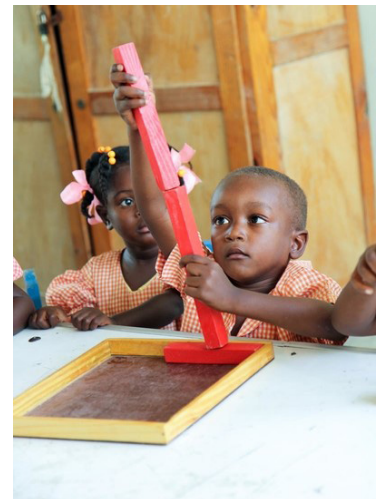
Learning Roots Theory of Change

The LR theory of change is linked to the SDGs as well as to relevant WV Child Well-being Outcomes.



Play as a Foundational Principle

At World Vision, our vision for every child is life in all its fullness. For a child, having access to quality play-based learning, in a safe and nurturing environment serves as a catalyst to experiencing fullness of life. Play makes learning joyful, socially interactive, actively engaging, iterative and meaningful (LEGO, 2017)². The physical, creative, social, cognitive, and emotional engagement that happens during play enables children to acquire the skills for holistic development. In the short-term, it is linked to increased well-being, social-emotional and cognitive skills, academic achievement, and decreased aggression and conduct issues (Durlak et al, 2011)³. In the long-term, play-based social-emotional interventions are linked to academic persistence, increased income and employment, positive health outcomes, and fostering more peaceful societies (Belfield et al, 2015)⁴. Through embedding play within the heart of the home and preschool environment, LR meets the development and learning needs of children from the ages of 3–6, preparing them for a successful transition to primary school.



² LEGO Foundation. (2017). What We Mean By Learning Through Play. LEGO Foundation, Billund.

³ Durlak JA, Weissberg RP, Dymnicki AB, Taylor RD, Schellinger KB. The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Dev.* 2011;82(1):405-432.

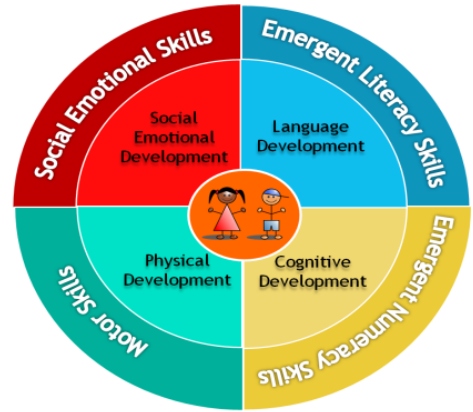
⁴ Belfield, Clive & Bowden, Brooks & Klapp, Alli & Levin, Henry & Shand, Robert & Zander, Sabine. (2015). The Economic Value of Social and Emotional Learning. *Journal of Benefit-Cost Analysis.*

PART I. LEARNING ROOTS OVERVIEW

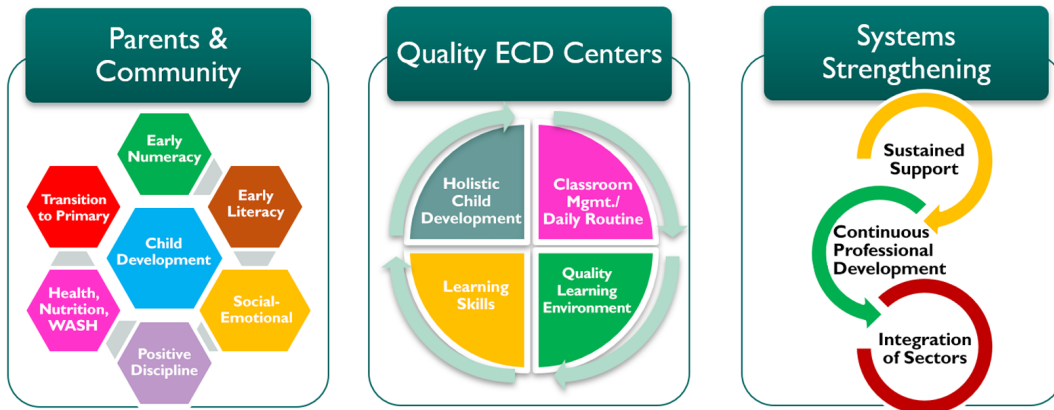
Programme Goals

The primary target groups of LR are children 3–6 years old and the community members they interact with, including but not limited to their parents, ECD centre caregivers/teachers, and primary school teachers. The purpose of LR is to empower caregivers and teachers to build children’s social-emotional, numeracy, literacy and physical skills, with an ultimate goal of meeting developmental milestones, building children’s capacity to learn for a lifetime.

The LR approach engages an ecological framework to child development to improve the environmental conditions surrounding the individual child. The first outcome focuses on the household and community environment, the second outcome on the learning environment, and the third outcome on strengthening the policy environment in support of every child’s optimal development, especially the most vulnerable.



Learning Roots Components



Programme Outcomes

LR is expected to lead to three overarching programme outcomes.

1. Improving the quality of the ECD centre learning environment

The learning environment consists of people and places. People such as ECD volunteers and ECD teachers are major influencers of a child's development in the early years. Knowledgeable and trained teachers are essential for an ECD programme's success. They must have an understanding of child development, skills to create positive and stimulating play-based learning experiences, and tools to keep activities enriching and fresh. Furthermore, the physical environment is often considered a teacher in itself, as it provides experiences for children to explore all five of their senses and introduces them to the surrounding world. For this reason, an ECD facility must be a safe, protective and stimulating environment for children. This applies to indoor and outdoor areas and also includes the learning and play materials that children interact with. These materials must be age- and culturally appropriate.

2. Enhancing parental capacities

Parents/caregivers and the home are the cornerstones of any quality ECD programme. Caregivers are the first teachers and protectors for children. Strengthening caregivers' sense of confidence and competence around raising young children is crucial for children's development, as they spend most of their time at home. Through a minimum of six caregiver group sessions, caregivers will be provided with an understanding of child development and how children learn through play, as well as child protection, health, nutrition and WASH. For most vulnerable households, a minimum of three home visits will be conducted by the ECD teacher to further equip and support the caregiver to support their child's holistic development.

3. Systems strengthening

Strengthening the policy environment around young children 3–6 years old is an important step towards sustainability of any ECD initiative. WV's role is not to replicate what may already be happening but rather to strengthen the formal and informal systems that support the development of young children. WV is in a unique position of working closely with target communities as well with government partners. Therefore, LR strives to strengthen or form links between the formal system and the community.

Minimum Standards

Minimum standards based on research into best practice ECD programmes should be adhered to, with the aim of ensuring project quality and impact. To meet LR minimum standards, specific activities should be achieved. Please see (**Appendix E**) for more details.

Promoting Gender and Social Inclusion

The LR project model interventions are designed with an integrated approach to promote gender and social inclusion, as described below.

Most Vulnerable Children



The most vulnerable children and their needs and inclusion are purposefully integrated in the LR curriculum. Families and children participating in the programme will be chosen according to their socio-economic status, choosing those who have the greatest vulnerability (including children with disabilities

and those without a disability who have a parent with disabilities). Sponsored and non-sponsored children will participate, especially the most vulnerable, and children with disabilities and their families will be considered priorities.

Children with a disability should have access as part of early identification, intervention and WV's inclusion policy relating to disability. Integrating LR with the Child Protection Advocacy, Home Visitors and Positive Discipline models are encouraged to address the most vulnerable children risk factors more holistically.

Gender

The LR project model promotes equitable access by ensuring that boys and girls are included in the project and the gender balance is monitored. Gender can be recorded in baseline data to monitor and evaluate gender biases in project participation. The LR project model promotes gender equity through changed mind-sets of community members. Community mobilisation is an essential element of the project and should include both men and women. Mothers and fathers should be encouraged to participate equally in caregiving and engaging their children in enriching activities. Fathers should be included in trainings, as this encourages the interest and support from other men. Improved self-esteem and confidence of mothers contributes to improved outcomes for children and adolescents. As women are empowered, they have an increased voice and place in community leadership. ECD teacher training will include gender-responsive pedagogy in how teachers assign roles and facilitate play-based learning. It will facilitate reflection that teachers also promote gender norms that could be harmful or helpful towards gender equity. The LR project model will also ensure that the toys and learning materials are diverse enough to cater to the interests of all children, and that books in particular are free from stereotypes on gender, disability and other characteristics of vulnerability.

Disability Mainstreaming

According to UNICEF and the WHO⁵, evidence-based research and multi-country experiences provide a strong rationale for investing in ECD, especially for children at risk of developmental delay or with a disability. Both the Convention on the Rights of the Child and the Convention on the Rights of People with Disabilities state that all children with disabilities have the right to develop 'to the maximum extent possible'. These conventions recognise the importance of addressing not only the child's health condition or impairment, but also the influence of the environment as the cause of underdevelopment and exclusion. The economic rationale is also clear: children with disabilities who receive good care and developmental opportunities during early childhood are more likely to become healthy and productive adults. This can potentially reduce the future costs of education, medical care and other social spending.



⁵ WHO and UNICEF (2012). Early childhood development and disability: discussion paper. WHO, Geneva

To address this need, the LR Teacher's Manual and the LR Professional Development Guide ensure teachers are trained to promote inclusion within the classroom. The training includes addressing barriers to participation and training in disability inclusive practices.



In addition, it is imperative that caregivers with a disability are included in the project to build their capacity to be the most capable and competent caregivers they can be. All barriers to participation of caregivers or children with disabilities should be addressed. Barriers to participation for people with disabilities can be environmental, attitudinal, or institutional. Environmental barriers can include lack of physically accessible public spaces or lack of adapted communication mechanisms for those with sensory limitations.

Attitudinal barriers include stigma and prejudice towards people with disabilities. Institutional barriers can include outdated or poorly implemented laws and policies. Barriers to participation should be conducted as part of the situational analysis.

To ensure that reasonable accommodations are made for both staff and participants with disabilities, the budget should be considered. Budgeting for inclusion within the project design stage does not need to be a costly addition. It is estimated that only 3–5 per cent of a project's budget needs to be allocated for disability-related expenses in order to ensure full inclusion. The most effective way to include people with disabilities is to ensure they are included in the design of the project from the beginning and participate as staff, stakeholders, and advisors as well as beneficiaries. In order to assess the extent to which people with disabilities are being included within a project, it is important to collect and disaggregate data by disability.

Identification and Assessment of Children with Disabilities

It is suggested that the ECD centre conduct an annual census of every 3-6-year-old child in the community, by name, location and caregivers name. This type of census can be done in collaboration with local health facilities which potentially have more information. That way the early learning program is able to assess what age levels it can serve depending on size of population and resources, with the concept that every child should participate in the year or two before primary.

During the census it is important to gather information on children with disabilities to ensure the ECD centre can serve their learning needs appropriately. Here are some steps the ECD should take:

- Add [Washington Group Short Set of Disability Questions](#) tool within demographic part of the census survey tool for identification of children with difficulties;
- Make a list of these children, by name, sex and age and domains of difficulties;
- Talk to the caregivers and ask them to describe the child's difficulties and strengths and how they currently care for the child;
- Coordinate with the health clinic to have the child assessed;
- Discuss what would be required for the child to attend the ECD centre. For example, how will the child get to the centre? What can the community do to support the family? Will an adult volunteer from the home or community be required to assist the child with Daily Routine activities?



- Identify organisations who can provide additional support to the child during transition to the ECD centre and afterwards. Disabled Persons Organisations (DPOs) could be a great help in this area.

Caregiver Participation

In the past, caregivers were often only involved in brick and mortar projects at the preschool, such as building classrooms and latrines. However, caregivers have a much more important role to play, and should see themselves as partners for early learning. Here are some things to consider when involving caregivers in the classroom:

- Establish relationships with caregivers and listen to their views
- Engage caregivers in census and enrolment drives
- Form ECD management committee with interested caregivers and assign them several important tasks
- Engage caregivers in leading cultural and life skills sessions within the classroom
- Engage caregivers in planning cultural celebrations

Programme Integration

To help children thrive and succeed within their families, communities, schools and beyond, LR must also be integrated with other interventions that address young children's health, education, economic security, and psycho-social well-being.

Within World Vision, obvious partners are Education and Health & Nutrition when thinking of integrated programming for young children. However, other sectors/themes could be entry points for or integrated into LR, such as Disaster Preparedness and Response, WASH, Child Protection, HIV/AIDS, Resiliency and Peacebuilding, Food Security, Spiritual Nurture of Children, Mental Health and Psychosocial Support, Gender and Development, Children with Disability, and Economic Opportunities / Poverty Reduction. For example, existing parenting interventions such as 72 ECD lessons and Raising Children with Tenderness could complement LR parenting sessions.

In addition to cross-sectoral/theme collaboration, linkages must be made with social accountability, such as Citizen Voice and Action (CVA), or systems strengthening approaches, such as Child Protection Advocacy, for sustainable and long-term impact.

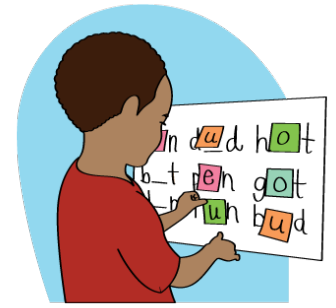
Recommendations for Integration

It Takes A World – Ending Violence Against Children Campaign

The vision for this campaign is that the entire community will become aware and responsible for children to ensure their safety so that no child is invisible or disconnected to caring adults and safe environments. Each member of the community should be advocates to prevent and report violence against children. The LR curriculum is aligned with the campaign to end violence against children, and it should be connected to the implementation of Child Protection Committees and CVA initiatives. Appropriate monitoring indicators and tools to track changes are integrated into the caregiver survey and systems strengthening checklist. Teachers and ECD committee members should all receive training in child protection and have appropriate reporting and referral pathways in place.

Education

Project models like Go Baby Go! (GBG) and Unlock Literacy⁶ provide good opportunities to compliment the efforts of LR. GBG can target children and caregivers prior to children entering an ECD centre to ensure they have a good foundation for learning and development. Unlock Literacy then ensures that children graduating from ECD centres are entering school environments that provide quality literacy opportunities to ensure gains made within the ECD centre are sustained.



Health, Nutrition and WASH

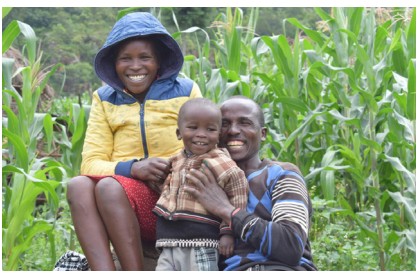
To ensure holistic child development, LR must connect with health, nutrition, and WASH project models, such as Integrated Water, Sanitation and Hygiene, to ensure safe drinking water and accessible latrines are in place within ECD centres and communities. Furthermore, coordination with Health and Nutrition 7-11 interventions such as immunisations, well-child check-ups, and nutrition programmes (such as Community Management of Acute Malnutrition) in contexts where malnutrition is prevalent are paramount to ensure holistic child development. School feeding schemes can also enhance the participation and nutrition of the most vulnerable children in the centre.

Livelihoods and Savings Groups

Parents may be facing dire circumstances that prevent them from providing well for their children. Livelihoods project models such as Savings Groups or Microfinance can increase parents' positive engagement with their children and maximise the possibility of in-kind and monetary contributions to sustain ECD interventions. Savings groups can also set aside a dedicated account to finance the ECD centre operations or teachers.

Scope for Adapting Programme Components

LR can and should be adapted for the local context. LR is adapted for each context after a situational analysis and mapping of existing curriculum and teachers training, community beliefs, norms and values related to ECD. Harmful cultural practices existing within the context are addressed in a sensitive way within the parenting curriculum, and existing community strengths and positive practices related to child rearing are built on and strengthened.



The LR teacher training content does not replace any existing government endorsed training sequence for ECD teachers, nor do the suggested activities replace a pre-existing daily routine or curriculum. The suggested daily routine and activities should be adapted to enhance existing curriculum. LR should complement and bridge existing gaps of internationally recognised standards for a quality learning environment and learning through play.

⁶ The Unlocking Literacy Project Model focuses on helping children improve five core skills of reading acquisition: letter knowledge, sounding out words, reading fluency, vocabulary and comprehension.

PART 2. PREPARING FOR IMPLEMENTATION OF LEARNING ROOTS

Recommended Staffing Structure

The FO should plan for a staffing structure that covers essential functions for implementation at the national, cluster and area programme (AP) levels for quality implementation. The table below includes the suggested job overviews and qualifications for key positions at each level when LR is implemented. The ideal staffing structure, however, will depend on the size of the FO and number of children/ECD centres targeted.

Staffing Recommendations

Level	Position
National level	<p>Education/ECD Advisor</p> <ul style="list-style-type: none"> • Programme-level oversight, support and monitoring of DM&E, and implementation of national-level representation and advocacy • This position requires senior-level technical qualification and experience to allow programme leadership and representation internally and externally to the Ministry of Education and other bodies responsible for education programming, as well as other ministries responsible for ECD interventions (e.g. Ministry of Health, Ministry of Social Welfare)
Area level	<p>Education/ECD Advisor</p> <ul style="list-style-type: none"> • Responsible for technical support, implementation supervision, and provincial level representation • Comprehensive understanding of parent education, early learning centres/preschools, community services and ECD policies • Provide technical assistance for the development and management of ECD education activities and identify strategies to accelerate/improve delivery of services • Provide technical assistance for pedagogical design, curriculum structure and teacher training strategies. Identify, develop and harmonise effective early childhood literacy and numeracy instructional approaches and materials • Qualifications would include a bachelor's or master's degree in education or related field and additional curriculum course work in child health, nutrition and community development • Previous experience in management (5–6 years) and coordination of development projects in education sector and/or health sector • Significant experience in education development for ECD (specifically in materials development) would be required as well as a track record of performance excellence meeting targets and objectives.

Programme level	<p>One dedicated Education/ECD Community Mobilisation Specialist per programme</p> <ul style="list-style-type: none"> • Responsible for development and oversight of the joint delivery platforms between partners, and coordination with programme development facilitators • Front-line facilitator for each approach for coordination and oversight of action plan • Coordinates closely with ECD Education Community Mobilisation Specialist and Education Coordinator
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Staff competencies for ECD can be found at the following link:

<https://www.wvcentral.org/community/edu/Pages/Education-Competencies.aspx>

Once the community has decided on the approaches to be implemented, there must be training and technical support in the three primary outcomes of LR. Training may be for parents and community volunteers, with paid positions if possible. Across these approaches there must be the capacity and expertise to collect, maintain and analyse data – demographics, participation and monitoring tools – for quality assurance.

Trained teachers and paraprofessionals will be utilised for the centre-based childcare/preschools. Support staff for data collection and on-going monitoring will need to be identified and trained. The more that these positions can be developed from within the community and government, the more systems will be strengthened and increase the likelihood of sustainability.

If the FO is implementing LR for the first time, it will require support from an LR strategist and master trainer to support with the adaptation of the model and research design, and to conduct the first round of foundational workshops. This process would be organised around a capacity-building approach that includes the FO staff, so they can independently implement the model after the pilot (one- to two-year timeframe).

Budget

The cost of implementing LR will vary based on the context and adaptation of the model; however, more specific costing information will be available when the pilots are completed. For planning purposes, the following components would need to be considered:

1. Staffing budget (as per table above).
2. Situational analysis/assessment: To understand the landscape, teaching and parenting practices, and attitudes towards children, in addition to barriers to children fulfilling their developmental potential, an assessment/situational analysis should always be conducted.
3. Training budget for (1) NO staff to attend a foundational training of trainers for teachers, parents, coaching, home visits and monitoring tools (ToT 1 and ToT 2, 5 days each); (2) training of teachers (5 days) and parent facilitators (3 days) and monitoring tools (4.5 days); and (3) budget (travel, accommodation, per diem) for LR master trainers should also be factored in and will differ in costs depending on whether master trainers are expected to train at the FO or regional level. The training duration may vary depending on the capacity gap assessment and thus figures below can be adjusted accordingly.

- 4.** Space for the ECD centre: As a sign of commitment and shared management, the community ideally offers a suitable 'space' for the ECD centre to operate, but this may not always be possible. In some areas, 'spaces' might mean a place on the church grounds, a school, a health centre, a house with enough space or a community building. If a space cannot be offered, provision should be made in the budget for securing a safe and disability accessible space.
- 5.** Supplies and equipment (including learning materials made by parents and teachers): The supplies and materials needed for implementing LR are listed in the teacher's manual. Supplies include paper, markers and locally available materials to make toys. To calculate costs, the FO would look at the list of learning materials per centre and determine which can be produced with local materials by the community and which ones would be bought. The aim is to maximise the number of materials produced locally by the community and minimise the number of materials purchased/procured to enhance sustainability. Trainings will also require teachers and parents to develop toys and learning materials from locally available items. If a dedicated ToT training will be organised for materials production (3 days), this would need to be included in the budget.
- 6.** Translation/adaptation/production of materials: All LR material (Teacher's Training Manual, Parenting Manual, Professional Development Guide, monitoring materials) must be translated into the local language and copies made accordingly. All materials add up to approximately 450 pages in English.
- 7.** Transport: Teachers and parents may live close by to the place where the foundational workshops, parenting sessions or learning circles will take place. However, if this is not the case, an allowance for transport should be provided, or alternatively a vehicle should be hired to pick up participants and return them home safely.
- 8.** Food: Depending on the time of day sessions take place, a healthy snack or a hot meal and water should be provided for trainees.
- 9.** Continued coaching: A key component of LR includes continuing professional development and coaching for teachers. Budget may be needed for transport of coaches/supervisors to the ECD centres if there is FO government budget allocated for this activity. This could be addressed in the advocacy plan.
- 10.** M&E: To ensure we understand the impact of our activities and report evidence to donors, it is important to always ensure funding is set aside for M&E, including taking baseline, midline and endline data. The budget will depend on the M&E design and if there are partnerships identified to support in this endeavour.

The ToTs can include a maximum of 15 participants with one master trainer and up to 25 with two master trainers, with the same principles applying for field training. Learning circles should not have more than 10–12 teachers each and parenting groups should not exceed 15 participants.

Practical Considerations for Planning Sessions

The following characteristics are preferable for group meetings and aim to address many of the barriers to attending parenting programmes and/or teachers training or continued professional development:

Location: The meeting place should be easily accessible for participants, quiet without disruptions, and with space for dynamic activities. Participants should also feel comfortable when they come to meetings. Before selecting a location, the facilitator should think about potential barriers that would decrease access and participation – including for people with disabilities. Ideally, as a sign of its commitment, the community should offer a suitable space for the meeting location that is safe, clean, and large enough for interactive learning. It is best LR sessions take place in a location close to families and teachers; however, if this is not possible, an allowance for transport should be provided to caregivers or a vehicle should be hired to pick up caregivers and return them home safely.



Duration: Training sessions have been planned for a duration of approximately two hours, but this may be adjusted as necessary. For example, in rural settings where participants need to travel long distances, it may be preferable to present more than one session in a day. Alternatively, when many children attend the session (particularly very young children) the facilitator may need to condense the sessions even further to accommodate the needs of the children.

Meeting time: Meeting time should be selected by members based on availability. Be sure to assess what barriers might exist for involvement of all participants (male and female). For the parenting sessions, establish a meeting time that allows for both caregivers of the child to attend together, if contextually appropriate.

Supplies and equipment: Most of the supplies and materials needed for implementing LR sessions are listed in the Teachers Training Manual, Materials Creation Guide and Parenting Sessions Manual. If not, all supplies are available in a community, facilitators should feel free to utilise alternative materials or modify the activity as much as possible to illustrate key concepts and activities. Most activities can be adjusted to accommodate illiteracy – for example, ideas raised in a group discussion can be captured by the facilitator using drawings instead of writing on the flip chart.

Male and female participants: While most programmes focus on mothers and other female caregivers, LR aims to include women and men, including fathers, grandparents, and uncles, based on good practices and lessons learned from ECD programmes in developing countries. Depending on the context and the decision of the FO, group-based learning can be separated by gender for some sessions (male and female meetings may occur simultaneously or on different days, depending on the context). Separate sessions may be held to facilitate the open discussion of sensitive issues, such as gender-based violence. Otherwise, if appropriate, men and women can have joint 'melting pot' sessions to focus on their common ground of caring for their children. The final decision on which sessions – if any – to hold separately will depend on the context, and the FO can decide following a review of the content. It is recognised that more female caregivers may naturally attend parenting sessions than males. Therefore, it is recommended that the time for these sessions be set at a time appropriate for male involvement, taking into consideration employment or travel requirements. In addition, doing an activity attractive to men, such as roasting meat or playing a football match, is suggested to improve attendance.

If home visits are occurring, which is required for most vulnerable families in the LR project model, it is also recommended that fathers and other caregivers, such as grandparents, be in attendance during at least two of the home visits. Thus, a suitable time for all family members should be established for as many home visits as possible. If a male caregiver will be in attendance during a home visit, it is recommended that both a male and female facilitator be present at the home visit.

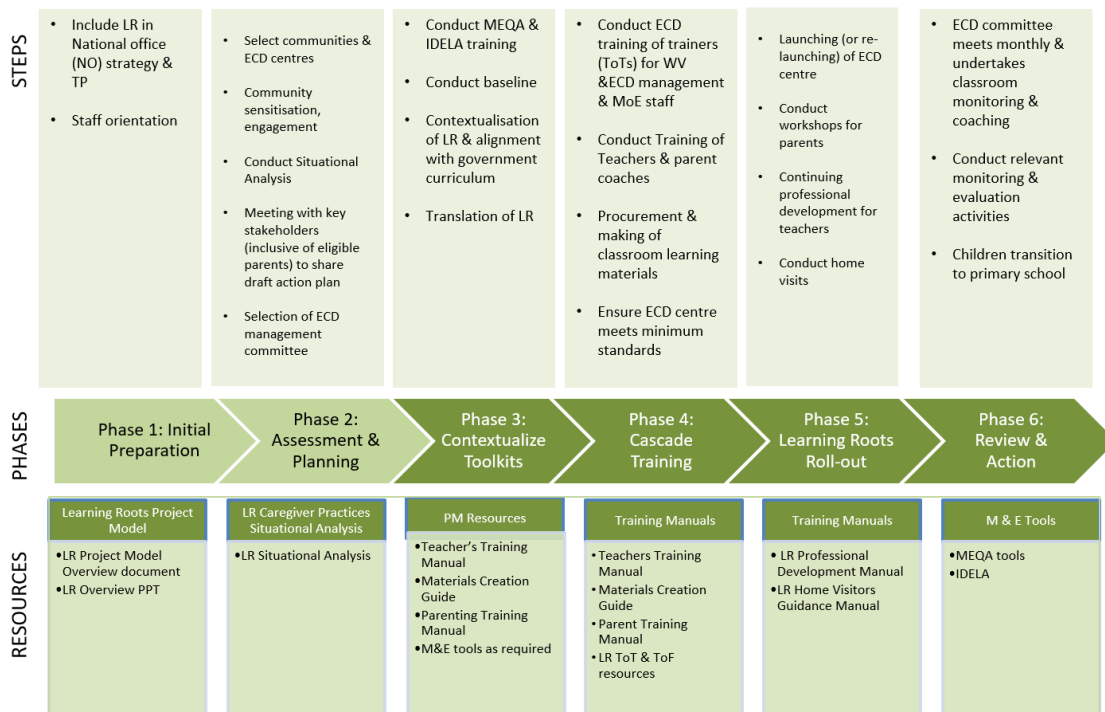


Child participation: Caregivers may bring their babies/children, depending on the context and available resources. To ensure that participants can focus on the learning, even when their children are present, facilitators should set up a space (a play corner) in the room where children can play during the session. This play corner should be supervised by a volunteer who has also attended the LR teachers' training to ensure they have a firm understanding of child development. If available, provide age-appropriate books for the children.

PART 3. IMPLEMENTING LEARNING ROOTS

Implementation Steps

Learning Roots Overview of Implementation and Resources



Below are suggested steps to implement the LR model. The sequence of the steps may vary depending on the identified gaps and strategic entry points that were determined in the situational analysis.

STEP 1: Select communities and ECD centres

Identify targeted communities based on the prevalence of poverty, low primary school success and low rates of preschool enrolment. While the general AP/FO process may have included a situational analysis and followed the critical path, once communities are selected, a more in-depth situational analysis may be needed (see Appendix A for the Situational Analysis Guide) to ascertain if there are information gaps to effectively adapt and contextualise the model prior to implementation.

STEP 2: Community sensitisation, engagement and forming/strengthening management committees

Community members should receive support to enhance knowledge and skills to improve early childhood outcomes, building on existing strengths. As more community members are sensitised to ECD, more individuals might step forward to be part of the ECD centre management committee (the data collected in the situational analysis can be used as points for discussion). The ECD centre management committee should be formed at this point or a plan developed for strengthening the capacity of an existing committee based on the findings of the situational analysis. Capacity building could include training on the basic

principles of management, including note taking and roles and responsibilities. The committee might also form a partnership with parents to work as a team to address community issues that put children at risk and to influence their neighbours to improve ECD (see Step 8 below). Ensuring representation of the most vulnerable in the management committees is critical to the success of the LR project model.

STEP 3: ECD, education or community facilitators conduct situational analysis

If an LR-focused situational analysis is deemed necessary, the LR Situational Analysis Guide (Appendix A) will help staff further understand the existing knowledge, attitudes and practices (positive and negative) relating to child care and development. This analysis must include a survey of key individuals, organisations, and existing structures and systems that support ECD. Special attention should be given to mapping existing ECD curriculum and standards to compare against LR curriculum, training guides, and quality standards. Capacity of teachers and strengths and weaknesses of the ECD learning environment will be an important input when developing a capacity-building plan and prioritising interventions. Communities' leaders can be engaged in this analysis. This step should include a gap analysis between the existing situation and the recommended components of the LR project model to aid in a systematic adaptation and contextualisation of the model.

STEP 4: Community census and ECD centre audit

Working with the ECD centre management committee, programme staff should partner with communities and facilitate a census of vulnerable children in the community as well as children who are eligible for ECD services. Be sure to identify and include children whose parents have disabilities as well as children with disabilities using Washington Group Short Set of Questions on Disability.



If there is an existing ECD centre, the committee and parents can use the LR ECD Class Observation Tool to gather information on the existing quality of the ECD learning environment and identify gaps to develop their action plans. Barriers for child development (absence of key services) can also be mapped more thoroughly for planning. If CVA is active in the community, it would be ideal to integrate the community audit with this methodology to analyse alignment with government standards and identify advocacy points. An ECD committee action plan (that could be integrated with a CVA plan) is drafted by the end of this step.

STEP 5: Meeting with key stakeholders (including eligible parents) to share draft action plan

Working together with government and FO, the ECD centre management committee and community leaders share findings from the community audit and draft action plan. This is an important time to clarify roles of government, ECD centre committee management, parents and teachers. A discussion should ensue with the community so stakeholders can make suggestions for improvement and assess the feasibility, resources needed, and volunteers for implementation. A validated action plan should be completed by the end of this step.

STEP 6: M&E Training and baseline conducted

M&E staff should participate in M&E training, including training in IDELA, the LR Observation Tool, and the digital MEQA platform. Training on IDELA will take 5 days and training in MEQA will take 3 days, both with a field visit included in the agenda. Baseline results will further inform the design and adaptation of the LR materials.

STEP 7: Contextualisation and translation of LR materials

Using the information gathered during the situational analysis and baseline, the LR content should be contextualised and aligned to national curriculums/standards (while also meeting the minimum standards provided in this field guide). Once adaptation occurs, it may be necessary to translate materials into the local language. It is necessary to engage key national and local stakeholders (relevant ministries, teachers, parents, school management committees, churches) to ensure translation is of a high quality and to ensure alignment, buy-in and promote sustainability. One way to accomplish this is to include appropriate stakeholders in the adaptation of training guides, curriculum and standards when and where feasible. If the centre already exists, this step will consist of partnering with the pre-existing management committee, relevant authorities, churches and teachers.

STEP 8: Conduct ToT for teachers and parents training

An LR Master Trainer would conduct two ToT: one focused on teachers training, coaching and home visits (ToT 1) and one focused on parenting and professional development sessions (ToT 2). A minimum of 5 days is required for ToT 1 and another 5 days for ToT 2. More time is needed if translation is required. Those selected to be trained as teacher trainers include government, FO staff, pre-selected ECD committee members, partners, or other qualified stakeholders depending on context and to maximise sustainability.

Criteria for passing LR ToT:

- ✓ Pre-work completion
- ✓ 95% attendance rate at ToT
- ✓ Pass rate of 80% or above on post-test
- ✓ Pass rate of 4 or above on Facilitation Checklist (found in the LR ToT package)

STEP 9: Conduct training of teachers and parent coaches

Selected trainers who attended and met selection criteria during the ToTs will engage ECD teachers and parent facilitators (who may include ECD teachers) in multi-day capacity-building workshops.

- Workshop 1: Teachers training, following the LR Teachers Training Manual (5 days)
- Workshop 2: Home visits training following the LR Home Visitor's Training package (2 days)
- Workshop 3: Parenting sessions, following the LR Parenting Session Manual (2-3 days)

The FO should pre-determine with the MoE the best schedule to follow when implementing these trainings, considering school holiday and break periods. Ideally, field training should take place no longer than two weeks after the ToT. This is to ensure fidelity of implementation and consolidating learning from the ToT. The project plan should be scheduled accordingly.

STEP 10: Establishing or strengthening of the ECD centre, including materials procurement

The activities in this step will depend on the existence or absence of an ECD centre. If the ECD centre already exists, then the ECD management committee action plan would include the specific activities for strengthening the learning environment based on the baseline results (e.g. produce more learning materials/toys, improve physical condition/safety of the centre, recruit more teachers or volunteers). If the centre has not been established, then various activities are required, including selecting teachers and assistants

(see below for selection and screening details); officially enrolling children; securing a space to conduct the activities, based on minimum standards; producing or procuring learning materials; establishing a calendar and hours of operation for the centre. These activities would be done in collaboration with the FO and other key stakeholders (e.g. government, churches, parents). If a centre does not already exist, the new centre must be ready to start operations prior to the conducting of the ToT in Step 9.

In general, the following selection criteria should be kept in mind for ECD teacher selection, considering the context and any national ECD teacher standards.

Teacher selection criteria:

- ✓ Understanding of child development
- ✓ Studied national minimum requirements to become an ECD teacher
- ✓ Completed a minimum of 4 years of secondary school
- ✓ Good communication skills
- ✓ Enjoys working with children
- ✓ Trusted by the community
- ✓ Child friendly
- ✓ Lives locally
- ✓ Home visitations skills are recommended
- ✓ Agree to work on a voluntary basis, or if appropriate agree to a small stipend/food for work arrangement
- ✓ Available for 1 week of training plus on-going professional development
- ✓ Available to commit a minimum of 3–4 hours per day, 5 days per week
- ✓ Pass child protection screening and/or police check

STEP II: Launching (or re-launching) the ECD centre

Organise a big celebration for the ECD centre's first day of operation or re-launch day. Parents and other key stakeholders are invited to visit the centre and facilitate songs and dancing, as appropriate. This could last one hour, and the teachers could then implement a modified daily routine in the centre. Greeting, learning corners, outdoor play and closing would be appropriate. This is part of the process to inducting children in group learning activities.

STEP I2: Formation of parenting and teacher peer support groups

As part of the capacity-building plan, teacher support groups (learning circles) will be formed and experienced teachers will be paired with less experienced ones. Parent groups should be formed based on contextualised criteria (e.g. by ECD class, geographic location, special needs). Inclusion of the most vulnerable families should be ensured and additional support for these families should be provided. This could include additional home visits and referrals to specialised services.



STEP 13: Continuing professional development for teachers and coaching

Trainers should facilitate professional development/learning circles for ECD teachers as agreed upon in the foundational workshop. At these quarterly or bi-monthly meetings, teachers will reflect on practice, prepare to conduct next month's literacy and numeracy activities, focus on one other area of child development or learning, and produce a educational toy for the classroom. Trainers will also conduct in-classroom coaching and monitoring visits, as previously agreed with each teacher.

STEP 14: Continuing skill development for parents

Parents of enrolled children participate in twice-monthly or monthly parenting meetings (as outlined in the parenting curriculum) with teachers or the designated parenting facilitator (as outlined in the capacity-building plan). Topics include how children learn through play, how parents can support learning at home through play, what will happen when child transfers to primary school, and one session focused on toy creation. For the most vulnerable families, at least three home visits will also be conducted by the ECD teacher to help caregivers understand the importance of attending an ECD centre, ensure learning is being applied at home, and make any necessary referrals to relevant support services.

STEP 15: Community structures to support ECD environment

As per the context, the ECD management committee should meet monthly to ensure that the ECD centre is running smoothly. ECD committee members are also responsible for conducting classroom monitoring and coaching at least three times in a year. The ECD committee should continue to connect with other key systems and networks (government, churches, existing Child Protection Committees, Village Health Committees, etc.) to ensure continued support is provided to caregivers, children and the ECD centres. Depending on assessment of sustainability drivers, the FO would continue to support the communities' efforts towards sustainability. Past experiences suggest that it takes about three years for a community to achieve sustainability; however, for very vulnerable communities, it could take longer (at least five years, depending on the levels of fragility). WVI's withdrawal of support would be gradual according to the context.

STEP 16: Monitoring and evaluation activities

As per the log frame, scheduled monitoring activities should take place and feed into programme learning and improvements. Monitoring is done at different levels to respond to different questions.

1. Are the planned activities being done well? This pertains to the meetings, training and procurement of materials related to the project implementation. It also ensures that if these activities are done, they are done well. For example, if a teachers training is done, it should be done by a master trainer.
2. Is the environment of the child improving? This focuses on the outcomes related to the improvement of the ECD centre, the home environment and the systems strengthening. Monitoring visits to teachers are also opportunities for coaching and support. LR monitoring tools are available through the digital MEQA system⁷.



Monitoring data allows the programme staff to make informed decisions in how to improve the quality of the programme. At the close of the project cycle, an endline evaluation should take place and results should be disseminated to all relevant stakeholders.

⁷ For more information on MEQA, see the following video: <https://youtu.be/4GmPNQqSie4>

STEP 17: Children transition to primary school

Children begin the transition process three-quarters through the year before primary school enrolment. At this point, they will visit the primary school classroom. The primary teacher visits the ECD centre to observe the learning environment and answer children's questions about what to expect in school. Caregivers and primary teachers plan welcoming and orientation day, among other activities.

Potential Programme Implementation Partners

As explained above, LR has three main components: (1) improving the quality of the ECD learning environment, (2) enhancing parenting capacity, and (3) systems strengthening. The situational analysis and secondary data will help inform the FO what the most salient gaps are. The important framework is that all three components must be strong for holistic and effective child development and school readiness. Even after the analysis, however, WV does not have to be responsible for all project components, as effective community or government partners can deliver on these as well, depending on the context (see the table below for more on potential partners). Partners are identified by their standing in the community, their willingness to contribute to positive outcomes for young children and their families, and their commitment to the safety and well-being of vulnerable and marginalised children. Decision-making is shared through community consultation and reflection meetings, wherein data from M&E is shared with stakeholders.

Potential partners

Potential partner	Partner role
Government agencies, including Ministry of Health, Education, Social Services, or other related ministries	Determine the level of necessary government services; provide leadership and resources.
Non-governmental organisations, including UN agencies	Ensure that services are integrated and not duplicated – health, social services, relief efforts, etc. – and are connecting to families offering supports and resources.
Educators	Ensure process is informed and make the connection between early childhood programmes and early elementary (grades K–3). Ensure that schools are ready for children and parents are welcome and engaged.
Parents and families	Support children to grow and develop to their full potential. Provide love, care and support. Attend trainings.
Universities	Support evidence-based approaches and ensure rigorous research and evaluation methods. Train future ECD teachers.

Business community	Support innovative solutions to enduring ECD problems. Provide guidance on social entrepreneurship as a solution to household and community poverty.
Community-based organisations	Ensure coordination and not duplication; partnership.
Churches/faith-based organisations	Influence community; integrate with Channels of Hope ⁸ if feasible; act as implementing partner, as many churches already manage ECD centres.

In terms of implementing LR as a 'stand-alone' model, the systems strengthening component is not negotiable, as it is the foundation for sustainability of the other two components. The parenting and quality of the ECD centre learning environment components can be implemented independently (if one component is already strong or covered by a partner). If all components are weak but the FOs are facing resource constraints, FOs can sequence activities by starting first with systems and parenting components and then gradually set the foundation for the formation or strengthening of the ECD centre's learning environment. The importance of teacher effectiveness and meeting minimum quality standards is paramount to deliver results for children.

Sustainability Considerations

Sustainability and transition planning must be considered from the onset of the LR project model. Each LR project must promote a community development approach to programming, whereby the community and relevant partners in addition to relevant government systems and structures are empowered to sustain the programme and associated outcomes without the support of World Vision. The aim of sustainability is for the circle of influence surrounding young children to value ECD and for the culture to positively impact child development.

It is recommended that all LR projects have a strong focus on the following aspects to make sustainability a reality:

- ✓ Investment in community engagement to strengthen awareness around child rights and the value of ECD
- ✓ Investment in ECD committees and coaches to enable facilitation and funding of ECD centres and continued teacher development in the absence of WV
- ✓ Invest in approaches that strengthen capacities and work to empower stakeholders at the household, community and government levels
- ✓ Involvement and capacity building of local partners and government from the onset of the project
- ✓ Instil a shared responsibility to invest in the future generation
- ✓ Strong integration across multiple sectors at the output and activity level relevant to each context.



⁸ Channels of Hope (CoH) is an enabling project model used by WV to mobilise community leaders – especially faith leaders – to respond to core issues affecting their communities, such as HIV/AIDS, maternal and child health, gender equity and gender-based violence, and child protection.

Monitoring Child Development



The measurement of child developmental milestones is the gold standard in evaluating the effectiveness of ECD interventions. There is a consensus among ECD experts that child development should be understood more broadly than cognitive skills, and instead is best formulated as a holistic concept involving several developmental areas, including motor, language and early literacy, math and problem solving, socio-emotional development, and approaches to learning. Within the LR M&E framework, the recommended approach is child assessment using a tool known as International Developmental Early Learning Assessment (IDELA), which was developed by Save the Children. IDELA is a direct child assessment and constitutes a core of 22 items that span the five developmental domains mentioned above. Scoring is continuous in most instances (rather than a yes/no response) and several items contain integrated stop rules that allow for questions to be answered meaningfully by children of varying abilities and ages. The core assessment can be used with children ages 42–78 months and takes an average of 30 minutes to administer. While IDELA is designed to be a population-level measurement tool, there may be the danger of FO staff using this tool to 'screen' children for developmental delays. In the context of World Vision programming, child-level assessments should never be used for diagnosing individual children, and should only be used to inform programme-level outcomes. Using one-time assessments or screening tools for diagnosis could stigmatise and label children exposing them to harm and raising concerns of their caregivers.

Case Studies

Zambia

In Zambia, LR has been adopted by the MoE as a complimentary approach to the existing teachers' training and curriculum package. Within the LR pilot, World Vision Zambia invited the national-level ECD personnel, in addition to district level capacity-building staff to the LR teachers and parents ToT. All personnel spent 7 days engaging with the LR teachers' training package; once the training was completed, they had the opportunity to adapt the package based on the local needs and curriculum. The result became an adapted version of the teachers and parent curriculum, in which local songs, games and issues were embedded. It also resulted in an adapted Daily Routine, in which the LR Daily routine and existing Zambian routine were integrated. Finally, the MoE adopted the LR teachers training package as a complimentary training to the existing ECD teacher training.

Ethiopia

In Ethiopia, ECD started in Hulla District in 2014. There are now 21 ECD centres benefiting more than 1,000 children. Before World Vision's ECD programme intervention, the local government was implementing a '0' class in 13 kebeles out of 31 kebeles in the district. About 200 children were attending the '0' class in the district every year despite challenges.

Speaking of the challenges of the '0' class, Abegaz Mihirka, Hulla District ECD focal person, says, 'The teaching methodology was not student-centred and teachers were not trained in a professional way. There were little or no games, reading materials, and other learning materials to attract children. For this reason, parents were unwilling to send their children to school and children were not interested in attending. The classrooms were dark and narrow, exposing them to discomfort.'

Abegaz witnessed that the ECD centre is far better and more effective than the '0' class, emphasising that children are learning by touching, seeing, and sensing the teaching materials. Significant change has been seen since the ECD programme started in district. He says, 'Children's school performance has significantly increased. They can read and write. The number of children joining school has reached 99 per cent. All community members are willing to send their children to school. The children's social interaction, results, and cooperation among themselves have increased.'

Afghanistan

Soraya, a 25-year-old mother of two children, tells her story.

'My daughter, Shagufa, is 6 years old and my son, Yasir, is 3 months old. I participated in ECD sessions for 6 months. Now I would like to share my life's story and my dreams. Thanks to World Vision that made my dream true. When I was a child, we used to live in a very big family. My mother took care of me and my eight siblings. I remembered my mom was busy doing chores most of the time. She was so weak and always looked tired and impatient. Even she did not have time to take care of herself. I vividly remember that she used to beat us harshly when we played with dirt. It was one of her jobs to punish us every day. Not only my mother but also my father punished us physically. My friends told me that their parents beat them too. When I got a little older, I used to help my mother in chores. As soon as I came to know that my parents want to marry me off, I felt upset and cried a lot. I was thinking that my life would be like my mother. I asked myself, 'Will I have the same situation of my mom does? Do I have to beat my children?' All these questions were in my mind. I was just confused. After delivery of my first child, a girl, I used to have the same behaviour with Shagufa. When she played, she messed up anything. I used to shout at her and even sometimes I used to lock her in a room because I was busy washing dishes and cooking.

Things have changed since I participated in the ECD sessions. I learned how a bad word can have effects on my child. I was told how playing with children can help them to grow mentally and how to behave with my children when she does something wrong. I learned how I should prepare a safe and comfortable environment for my children at home, what are the needs of children in different ages, how can I use positive discipline within my home, what are the value of spacing between the births, and many other important things which actually helped me to create a happy life and healthy family. Actually, I wish if my mom and other mothers could participate in such sessions of course they would be able to have a happy and healthy life too. Now my child, Shagufa, is ready to enter school, and I will enrol her at school next year. Thanks to World Vision that created such an opportunity for mothers and for their children.'

Evidence-Based Programmes to Enhance Learning Roots

Given that there is a vast number of topics to cover, you may find that certain topics do not go into adequate depth for some contexts. For example, if domestic violence is a significant issue within a community, you may wish to address this further. It is therefore encouraged to explore additional programmes as 'add ons' to the LR curriculum.

Below are some examples of evidence-based programmes that may enhance LR in your community. If there are existing programmes within your context that have a good evidence base, then these programmes may also be considered. It should be remembered that including an additional programme will increase the costs. These costs may include additional training, translation or copyright costs.

LEGO Six Bricks

Six Bricks is a hands-on tool for learning. Through fun and short activities with sets of LEGO® DUPLO® bricks in six bright colours, children can practice their memory, movement, creativity and more. You can adapt activities and of course make your own activities to match the children's skills and interests and include throughout the Daily Routine. A number of brick activities have been included within the LR Maths Bag sessions, but for further activities visit: https://educationinFOvations.org/sites/default/files/SixBricks_OK_print.pdf

Positive Discipline: Positive Parenting Plus

The Triple P – Positive Parenting Program is one of the most effective evidence-based parenting programmes in the world and is supported by more than 30 years of on-going research. Triple P gives parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems from developing and build strong, healthy relationships. Triple P is used in more than 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures. For more information: <http://www.triplep.net/glo-en/home/>

Male Involvement and Domestic Violence: MenCare

MenCare is a global fatherhood campaign active in more than 35 countries on five continents. Our mission is to promote men's involvement as equitable, nonviolent fathers and caregivers in order to achieve family well-being, gender equality, and better health for mothers, fathers, and children. We aim for men to be allies in supporting women's social and economic equality, in part by taking on more responsibility for child care and domestic work. For more information: <http://men-care.org/about-mencare/>

The Activity Catalogue for Child Friendly Spaces in Humanitarian Settings

This resource provides materials for facilitators responsible for implementing activities in a Child Friendly Space but many activities can also be utilised within an ECD setting. The resource guide features a wide range of easy-to-use resources, including sessions to open, close and review a programme of activities. It has a set of seven themed workshops which relate to key aspects of children's psycho-social well-being. Activities are generally intended for children from 6–18 years, with some additional resources provided in the appendices for activities targeted to younger children and older children and adolescents. Many activities have been included within the LR Morning Meeting sessions, but for further activities visit: <http://legacy.pscentre.org/resources/activity-catalogue-child-friendly-spaces-humanitarian-settings/>



Position Statement: Technology and Interactive Media

This position statement was created to guide ECD educators in applying the principles of development and learning when considering the use of cutting-edge technologies and new media: https://www.naeyc.org/sites/default/files/globallyshared/downloads/PDFs/resources/topics/PS_techFOlogy_WEB.pdf

Appendix A:

Situational Analysis Guide

CAREGIVER PRACTICES SITUATIONAL ANALYSIS⁹

CONSULTATION INTERVIEWS WITH STAKEHOLDERS ABOUT PARENTING FOR BETTER EARLY CHILDHOOD OUTCOMES FOR LEARNING ROOTS PROGRAM DESIGN

The purpose of these interviews (individual and focus groups) is to understand issues that exist in the home and community related to early childhood wellbeing and how Learning Roots might address these issues and promote better outcomes for young children. The interviews also aim to capture local positive practices related to child care that can be encouraged and built upon, in addition to any harmful traditional practices that require further discussion during the LR parenting group sessions. Furthermore, this interview asks questions related to the ECD centres to help in the adaptation of the LR Daily Routine and overall approach. Questions related to existing services for children and families and can assist in mapping formal and informal services and referral mechanisms within the community as needed. Appendix D provides a template for mapping services.

This interview structure can be used for key informant interviews and focus group discussions (FGDs).

SUGGESTED PREPARATION:

- Ensure that the community is equally represented, including the most vulnerable households and caregivers and/or children with disabilities. Interviews and FGDs should include a wide range of stakeholders of early childhood development including mothers and fathers, grandparents, community health workers, ECD centre staff and volunteers, community leaders, NGOs working with parents and children, and government officials from relevant ministries (e.g. Ministries of Health, Education, Social Welfare).
- Provide necessary training for facilitators and notetakers ahead of time, including ensuring that facilitators are familiar with the tools to be used and notetakers understand what to record.
- ECD/education staff should ideally perform interviews/focus groups together with WV DM&E staff experienced in performing community-level assessments.
- Determine who will be responsible for data analysis and report write-up. It is suggested the DM&E staff be responsible for this task.
- Set interview time in advance at a convenient time and location. Explain purpose for meeting and seek approval to ask questions and take notes for an interview lasting approximately 45 minutes. Some questions may be more relevant than others depending on audience and context.
- Review and ensure that ethical principles are planned for and applied according to the Ethics section below.
- If WV has undertaken an ADAPT process for child protection or disability within the previous two years within this community, please draw on these findings first before performing interviews for LR.
- For fragile or humanitarian emergency contexts, consult the Child Protection Working Group¹⁰ (led by UNICEF) to draw on findings from any child protection rapid assessment that may have been undertaken. If there is opportunity, you may wish to include additional questions relating to child care practices within any rapid assessment taking place.

⁹ Tool adapted from Consultation Interviews with Stakeholders by Deborah Llewellyn 2016, WVI Child Protection ADAPT tool and The Essential Package Situational Analysis

¹⁰ Child Protection Working Group: <https://www.globalprotectioncluster.org/themes/child-protection/>

SAMPLING GUIDANCE:

- Determine subgroups that need to be represented (female, male, ethnic groups, persons with disabilities, caste groups, geographic locations, etc.).
- Calculate the proportion of these populations in the total community population and develop basic ratios. For example, if the target community is comprised of 30% Ethnic Group A, at least 30% of the total sample population should identify as belonging to Ethnic Group A.
- Calculate the number of FGDs so that there are at least two FGDs are planned per gender for adults (i.e. two FGDs with women and two FGDs with men).
- Analyse whether the planned FGDs adequately represent the key subgroups (caste, ethnicity, ability, geographical location) identified in the step above. FGDs should also be comprised of proportions that accurately reflects the community. However, such mixed groups may not always be feasible and relevant in all contexts; in mixed groups from communities with ethnic tension, for example, the marginalised group(s) will not be likely to speak up. In general, for every sub-group of the community, at least two (preferably three) FGDs must be conducted.
- At minimum, there should be six FGDs (for smaller geographical areas) and ten FGDs (for larger geographical areas). At least two FGDs (four for larger programmes) should be held with vulnerable groups.

Minimum Sampling Standards	
Key Informant Interviews	At least two interviews from every sub-group identified
Focus Group Discussions	Minimum two FGD for every sub-group identified Minimum six in total

ETHICS PRINCIPLES

Collecting data from communities always raises ethical questions and concerns. It is critical that ethical principles are applied throughout the analysis process. The following ten principles have been adapted from the WVI Child Protection ADAPT tool and must be maintained to protect everyone involved in the analysis.

I. Protect participants from harm: This includes emotional, physical, and other forms of harm or distress. This principle requires the following steps:

- Try to ensure that facilitators are not a threat to communities through conducting appropriate local background checks.
- Make arrangements for psycho-social supports to be in place as a possible option for participants who become distressed. This should involve mapping all psycho-social resources within the community including faith-based leaders, counsellors, psychologists or appropriate traditional healers.
- If participants show any form of distress, the activity should be paused immediately, and the individual(s) should be asked if they feel comfortable continuing. If not, the activity can either be stopped immediately or the individual(s) can be allowed to stop participating.

2. Ensure safety of the facilitators: Particular care must be taken when discussing illegal or sensitive issues, such as crimes against children; for example, there is sometimes a risk of potential threats from perpetrators. There should also be emotional support available within or to the team for stress that facilitators may feel, especially as a result of discussing difficult issues for children that the team may not be able to resolve.

3. All participation must be voluntary: Voluntary participation means that every participant must give 'informed consent'. Informed consent means that the individual has explicitly agreed to participate in a process after being informed in ways that they can understand, about each of the following:

- The purpose and expected benefits or outcomes of the interview or FGD
- Any potential risks and consequences of being involved in the process
- The time commitment and other expectations of participants
- The possibility of refusing to participate or to withdraw from the activity at any time (this also means that a participant may refuse to answer any specific question)

When participatory activities are used for consultation or research, informed consent includes being informed about all of the above, plus:

- The methods or ways in which the data is being collected
- The topics of information that are being collected and discussed
- The use of the information, and if any information will be held in confidentiality

Informed consent should normally include signing an agreement to participate, unless that is culturally inappropriate, unsafe, not feasible, or would undermine the activity. In that case, verbal consent is required. The consent form should inform the participant about the confidentiality of any information shared. Information should be included about what might be done if an individual discloses information about personal experience of abuse or abuse to a child. An informed consent form template can be found in **Appendix B** (individual interviews) and **Appendix C** (FGDs).

Any immediate threats to child safety, security and dignity must be responded to immediately—either directly by WV or by reporting and referring to agencies with the mandate and capacity to respond. Prior to conducting interviews, such agencies should be identified should an issue arise.

4. Respect cultural traditions, knowledge, and customs: The facilitators should always respect and follow local codes of dress and behaviour, use the local language and age-appropriate techniques, and be sensitive to differences among participants. Approval and support from local authorities including government, schools, health centres, or religious leaders in addition to formal legal requirement of consent from caregivers may be required.

5. Establish as much equality as possible: Facilitators should always strive to sit, speak and act in ways that minimise power inequalities with participants as much as possible.

6. Avoid raising unrealistic expectations: The facilitators should not make any promises to individuals that they cannot keep and should follow through on all commitments made to participants. This includes a broad range of possible commitments, such as promising to return and see a child to saying that we will implement a project in their community.

7. Reciprocity: Any compensation to participants (such as refreshments) should be agreed upon in advance. Avoid giving money because it can result in raised expectations, lead to tension and jealousy in the community, and bias participants' contributions (especially in research).

8. Respect privacy: Facilitators should not probe for information if it is clear that a participant would not want to answer. Also, facilitators should always ask for permission to use stories, pictures, or other information.

9. Ensure confidentiality: Data must be stored in a safe place where it cannot be accessed by unauthorised people. The facilitators should protect the identity of all participants by changing their names or not collecting names at all. Participants should not be named in reports or be traceable by anyone without explicit permission. As far as possible, share research results with participants before making them public and seek their consent to plans for distributing publications or communicating information. Confidentiality can be breached to provide immediate protection to a child.

10. Develop and agree on behaviour protocols: Facilitators should agree on behaviour protocols which cover appropriate and inappropriate behaviour.

FOCUS GROUP DISCUSSION GUIDANCE

FGDs can be used to supplement and verify information that has already been collected through key informant interviews. The FGDs should be arranged for times that are most convenient for participant groups. Generally, participants will discuss topics more freely if in a group of people with similar characteristics. For example, conduct FGDs with women of particular age ranges, or other characteristics such as ethnicity. It is important to ensure that FGDs are held with groups representing the most vulnerable groups in the community to gain their views and insights.

Basic FGD guidelines:

- FGDs should last no more than two hours
- Provide simple snacks or refreshments for participants
- Ensure that the facilitator and notetaker are trained and well-prepared
- Invite groups well in advance of the scheduled FGD and ensure that any necessary permission has been obtained

Key Informant Interview Template

Name of interviewer	
Name/s of interviewee	
Community	
Date	
If parent, ages/sex of children	
Role of interviewee (parent, service provider, community leader)	

Focus Group Discussion Template

Name of Interviewer	
Name and Sex of Participants	
Community	
Date	
If parent, age range of children	
Role of interviewees (parents, service providers, community leaders)	

Note for facilitators: The questions outlined below may be adjusted and modified to obtain the right kind of information. They should not all be used, as it would take far too long to investigate them all in the time allotted. Focus the discussion according to the context, participants, and interest.

A. Healthy and Strong Children	
1. In this community, what do you see as the most important problems/ issues related to child health and nutrition?	
2. How could these be addressed?	
3. What parenting and community strengths contribute to achieving a healthy and well nourished child?	
Additional Notes:	

B. Early Childhood Care, Development and Learning

<p>In this community what do you see as good quality care for young children (3–6 years) in the home?</p>	
<p>1. What are the prevailing attitudes and beliefs in the community about children, child development and child protection?</p>	
<p>2. What parenting and community strengths contribute to positive growth and development for young children?</p>	
<p>3. What are existing positive parenting practices? (e.g. signing with children, reading to children)</p>	
<p>4. What existing parenting practices may cause harm to children?</p>	
<p>5. Who plays with children 3–6? Is play seen as important?</p>	
<p>6. How do people tell whether a child is developing normally or not?</p>	
<p>7. What types of play are caregivers and children involved in? Can you list local games, toys, songs or other practices caregivers and young children engage in?</p>	
<p>8. What are the prevailing attitudes towards sending children to ECD centres/ preschool?</p>	

9. What types of activities should children be engaging in in preschool?	
10. What should children be learning in preschool?	
Additional Notes:	

C. Equity and Inclusion

1. What are community attitudes towards caregivers and/or children with disabilities?	
2. What changes need to take place in order to better serve these children and families?	
3. Do children with disabilities have access to quality preschool in this community?	
4. Do parents believe that boys and girls have the same needs? Are they cared for in the same way?	
5. Do boys and girls have equal access to quality preschool in this community?	
6. Who generally cares for children?	
7. Are there clearly defined gender roles related to child care?	
8. What aspect of child care are men generally involved in?	
Additional Notes:	

D. Policy

1. Is there a National ECD Policy Framework?	
2. Are there policy barriers (at national, regional, and local levels) preventing successful ECD activities and programmes (e.g. labour laws accommodating parents/ caregivers, health standards of 3–6 year olds etc.)?	
Additional Notes:	

E. Parenting Programme

1. If a parent, would you have interest in joining a parenting discussion group? If so what would you like to talk about? How often would you be willing to meet?	
2. If you are a member of a parenting group, what things have you discussed? What things are you interested in discussing? Have the group discussions caused you to change any of your parenting practices? Do you have recommendations for improving the parenting education?	
3. What is one of the most important changes that would help you be more effective in your job (as parent or service provider)?	
Additional Notes:	

F. Service Provision for Children and Families

1. What services exist in the community (formal and informal) for very poor or vulnerable children and families? (e.g. health, nutrition, livelihoods)	
2. Do children and their families have access to these services? What barriers exist to accessing these services?	
3. What services exist in the community (formal and informal) to provide support to children/ caregivers with disabilities or developmental delays? (e.g. early intervention services, primary health clinics)	
4. Do children and their families with disabilities or developmental delays have access to these services? What barriers exist to access?	
5. What services exist in the community (formal and informal) to protect and provide support to children who are at risk or have experienced abuse, neglect or exploitation? (e.g. child protection services, social workers, legal protection)	
6. Do children and their families who are vulnerable to or have been affected by abuse, violence or exploitation have access	
7. to these services? What barriers exist to access?	
8. What services exist in the community (formal and informal) for caregivers experiencing mental health concerns? (e.g. faith-based leaders, counsellors, social workers)	

The information gathered in the Services Section above may be complemented by a referral mapping in which communities and WV staff identify in detail the key service points available for children (3–6 years old) and their caregivers. Adequate attention should be paid to the availability of health and social services and may be broken up as suggested in the table below. Categories are listed as examples and should be tailored according to the programme being implemented.

G. ECD Centre Information

1. Do all children age 3–6 have access to quality preschool in this community?	
2. What barriers exist to accessing quality preschool in this community?	
3. Does the government have a national curriculum that is expected to be used within ECD centres? <i>Note: If yes, aim to access this curriculum to integrate the LR approach within the existing curriculum</i>	
4. What training do ECD teachers receive before working in a classroom?	
5. What topics does this training cover and what is the length of time teachers study for?	
6. Are teachers paid or volunteers?	
7. If they are paid, who provides this payment? (e.g. government) Is the amount adequate?	
8. What is the Daily Routine within ECD centres in this community? <i>Note: aim to access a copy of this Daily Routine to align with the LR Daily Routine</i>	
9. What age groups does the ECD centre serve and are age groups separated or all in the same class?	
10. What is the teacher/student ratio?	
11. If both government and community-based ECD centres exist, what are the differences in quality between the two?	

12. What other sectors are integrated within existing ECD centres (e.g. WASH, Child Protection, Health) and how are they integrated (e.g. school feeding programme, safe water points)?	
13. Are community caregivers involved in the ECD centre? If so, how are they involved?	
14. Does the ECD centre run parenting information sessions currently?	

The information gathered in the above ECD centre section should be complemented by the baseline process in which each target centre will be assessed using the Measure of Early Learning Environment (MELE) tool. The MELE provides details relating to the quality of the ECD environment across a number of domains, and findings from both the MELE and the above section should be used to make improvements on the quality of each individual centre as well as to contextualise the LR teacher's manual and overall approach.

Appendix B: Facilitator Guide – Key Informant Interview Introduction and Consent Form

Thank you for participating in this interview today. The project staff talking with you today are:
[Introduce yourself and others on the team, including your organisation, position, relevant experience]

Today we are having a discussion about child care practices and services within your community. The information you provide will be used to help the community and World Vision understand more about the issues affecting children so that everyone can know better what can be done to help support caregivers and children within the community.

As a result of these discussions, we as a community will have a better understanding of the child care issues that exist in our community. We will think together about what causes these issues and what are the ways to address them. The information you provide will be used to help World Vision improve existing and new projects in this community.

Explain to the participant that:

- Your participation is voluntary. You do not have to take part if you do not want to.
- You do not have to answer a particular question if you do not want to.
- One or two staff will be taking notes to ensure that World Vision records your opinions accurately. Please answer freely, there are no right or wrong answers.
- The report will not mention your name.
- The findings from this assessment will be written into a report for World Vision and used to improve our programmes.
- You can ask questions or provide feedback to the project staff (listed below).

[Gain verbal or signed consent as appropriate]

Name:

Signature:

Date:

Appendix C: Facilitator Guide – Focus Group Discussion Introduction and Consent Form

Thank you for participating in this focus group discussion today. Your attendance shows how much you care about your children. [Introduce yourself and say a bit about yourself – your organisation, position, relevant experience]

The facilitator talking with you today is: [introduce the facilitator and the rest of the team]

Today we are having a discussion about child care practices and services within your community. The information you provide will be used to help the community and World Vision understand more about the issues affecting children so that everyone can know better what can be done to help support caregivers and children within the community.

As a result of these discussions, we as a community will have a better understanding of the child care issues that exist in our community. We will think together about what causes these issues and the ways to address them. The information you provide will be used to help World Vision improve existing and new projects in this community.

Explain to the participants:

- Your participation is voluntary. You do not have to take part if you do not want to.
- You do not have to answer a particular question if you do not want to. There are no right or wrong answers.
- One or two staff will be taking notes to ensure that World Vision records your opinions accurately.
- The report will not mention any of your names.
- We encourage you to discuss issues freely. Please respect the opinions of others and keep the discussion confidential after the focus group ends.
- The findings will be written into a report and shared back with the community before being finalised.
- If you have any questions after the interview about the discussion or the project you can talk to project staff (tell participants which staff member, their name and how they can contact them).
- The discussion today will last approximately two hours.
- We want to understand what this community thinks are the main issues affecting children and caregivers in the community.
- We want to understand how the issues are addressed in the community.
- We want to understand what child care practices exist in the community.
- We want to understand whether there any government bodies or non-governmental, or community organisations responding to these issues.

- If you decide to mention a specific case affecting a child/children in your community, please refrain from stating the name or exact details to protect the privacy of the child/children. If a particular incident has not been responded to, please report the details to the World Vision team in private after the focus group.

[Gain verbal or signed consent as appropriate]

Name:

Signature:

Date:

Appendix D: Referral Mapping Template

Category	Service	Provider	Location	Cost	Enablers or Barriers to Access
Examples:					
<i>Health</i>	<i>Primary Health Clinic</i>	<i>Ministry of Health supported by NGO</i>	<i>Town centre</i>	<i>Free</i>	<i>No referral required (Enabler) Limited staff capacity (Barrier)</i>
Food and Nutrition					
Livelihoods					
Mental Health and Psycho-social Support					
Child Care and Development					
Disability Inclusion					
Child Protection					

Note: remember to list both formal services (e.g. government or NGO services) and informal services (e.g. community-based faith-based leaders, parent support groups)

Appendix E: Minimum Standards

Essential Design Elements

Components	Essential Elements
GENERAL PROGRAMMING	
Initial Preparation & Planning	<p>The programme strategy, implementation plan and partnering structure include the following requirements:</p> <ul style="list-style-type: none"> • Gain government approval (MoE, MoH, MoSW) including agreement on programme design and identified integration points) • Conduct LR situational analysis to inform LR programme design • Use situation analysis to inform the LR design • Adapt LR resources to the local context (including integration with government curriculum and translation into local language where necessary) and gain approval of final content with relevant ministries
Monitoring and Evaluation	<ul style="list-style-type: none"> • The M&E plan and accountability and learning section indicate the following requirements: • M&E plan makes reference to the existing LR tools, including IDELA, MEQA, In-Country validated tool, based on TSO guidance.
Staffing requirements	<ul style="list-style-type: none"> • The staffing structure and budget define the roles and workloads as per the following requirements: • 1 Education or ECD Technical Advisor at FO level supporting LR implementation • 1 LR Project Manager/ Supervisor/ Coordinator at AP level <p><i>Best Practice</i></p> <ul style="list-style-type: none"> • 2 M&E staff trained in tools (IDELA, MEQA, In-Country validated tool) • Gender and disability inclusion experts are trained and advise adaptation for better inclusion
Key Staff competencies	<ul style="list-style-type: none"> • The implementation plan and budget indicate dedicated activities and allocated funding to select or ensure competency development of staff and facilitators as per the below-mentioned ICDs: • ELS 202 Support implementation of ECD & ECE programs (Project Manager/ Supervisor/ Coordinator) • ELS 212 Provide technical leadership in early childhood development & education to ensure a quality program which meets the standards (Education or ECD Technical Advisor at FO)

Budgeting	<ul style="list-style-type: none"> • The budget indicates the following cost lines with respective allocations: • Staffing budget (as above) • Stipend for ECD teachers (fragile contexts only) • Situational analysis • Contextualisation & high quality translation of materials • Training budget for (1) M&E staff to attend a 5 day training on M&E tools (IDELA & MEQA); NO staff to attend a foundational training of trainers for teachers, parents, coaching, home visits and monitoring tools (ToT 1: 5 days; ToT 2: 5 days); (2) budget (travel, accommodation, per diem) for LR master trainers & attendees as required 3) Budget for room hire 4) Training of teachers and parent facilitators in LR curriculum (13 modules teachers training & materials creation, 3 days parents training, 1 day ECD committee, 2 days coaching & classroom monitoring) • Supplies & Equipment (training materials, materials to make toys, toys for ECD play corner) • Transport & food for ECD centre (fragile contexts only) • Room hire for ECD centre (fragile contexts only) • Budget for ECD centre rehabilitation (if required) • Resources for materials creation • Baseline, Monitoring & Evaluation -including enumerator training, digital data collection, analysis and reporting, monitoring visits and communication/dissemination plans for baseline, midline & endline evaluation
ECD CENTRES ACHIEVING QUALITY STANDARDS	
ECD Centres Achieving Quality Standards (Outcome 1, Outputs 1.1-1.3)	<p><i>Essential interventions</i></p> <ul style="list-style-type: none"> • The implementation plan (including the Logframe, DIP) and and budget indicate the following interventions: • 5 day Teacher's Training of Trainers (TOT) conducted (including Teachers Training, Home Visitors Training & Coaching for LR) • 13 modules of Teacher Training & 1 Materials Creation workshop delivered to ECD teachers • Training for Teacher trainers to deliver professional development sessions within ToT2 • Quarterly classroom observation conducted by MoE staff • Teachers attend Teachers Learning Circles at least 4 times per school calendar year. • Teachers receive at least one coaching session per term, from local trained authority of ECD <p><i>Essential interventions</i></p>

	<ul style="list-style-type: none"> • The M&E plan and accountability and learning section include the following indicators: • Proportion of pre-school aged children (3-6 years) who are developmentally on track (GOAL/OUTCOME) • Proportion of ECD centres meeting quality teaching and learning standards • % of ECD centres established or improved meeting minimum standards • # of teacher trainers (ToT) trained in Learning Roots methodology • # of ECD teachers trained in Learning Roots methodology
CAREGIVERS	
<p>Caregivers Provide Enhanced Support for Child Development (LF Outcome 2. Output 2.1-2.5)</p>	<p><i>Essential interventions</i></p> <ul style="list-style-type: none"> • The implementation plan (including the Logframe, DIP) and and budget indicate the following interventions: • Parenting sessions for trainers in ToT2 • 3 day training of parent facilitators • 6 sessions of Parenting Programmes delivered in community by parent trainer (teacher or other) • I materials Creation workshop conducted with parents • Training for Teachers in home visiting • Home Visits & referrals • Parent support group bi-monthly meetings to make age-appropriate toys and books • Parent support group bi-monthly meetings to make age-appropriate toys and books • The M&E plan and accountability and learning section include the following indicators: <p><i>Essential interventions</i></p> <ul style="list-style-type: none"> • Proportion of parents and caregivers who promote learning for children aged 3 to 6 years • Proportion of children 6 years and under who have access to reading materials in their home • Proportion of children 6 years and under who have access to toys in their home • # of parent/caregiver group facilitators trained in Learning Roots parenting approach • # of parents/caregivers trained in Learning Roots parenting approach • # of Learning Roots parent/caregivers groups meeting to produce age-appropriate toys and books • # and % of targeted most vulnerable families receiving home visits. • # and % of targeted most vulnerable families with at least 2 age-appropriate toys and 3 or more age-appropriate books at home • # and % of targeted most vulnerable children aged 3 – 6 years that are currently attending an ECD centre

COMMUNITY STRUCTURES

<p>Community Structures Enhanced (LF Outcome 3. Output 3.1-3.3)</p>	<p><i>Essential interventions</i></p> <ul style="list-style-type: none"> • The implementation plan (including the Logframe, DIP) and and budget indicate the following interventions: • Situational Analysis to identify integration points & services for referrals • ECD Management Committee meeting once a month • Identification of key community leaders & sensitisation on ECD • Training of local authorities in using MELE/ MEQA tool <p><i>Essential interventions</i></p> <ul style="list-style-type: none"> • The M&E plan and accountability and learning section include the following indicators: • Proportion of Learning Roots teachers that receive at least three coaching visits • Proportion of functional ECD centres management committees • # and % of Learning Roots teachers who participate in four Teacher Learning Circles(TLCs) per school calendar year. • # of government staff trained on Learning Roots teachers' continuous professional development approach • # of Learning Roots trained coaches with action plans to perform coaching visits and support the facilitation of Teacher and Learning Circles • # of ECD centre management committee members that have been trained on Learning Roots methodology and ECD Centre Quality Standards • # of ECD centres that have integrated at least two other sectors: health, protection, WASH, nutrition, livelihoods.
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Essential Implementation Elements:

Components	Essential Implementation Activities
GENERAL PROGRAMMING	
<p>Key Staff competencies</p>	<ul style="list-style-type: none"> • The staff have the following competencies • ELS 002 Implement programming for ECD • ELS 202 Support implementation of ECD & ECE programs (Project Manager/ Supervisor/ Coordinator) • ELS 212 Provide technical leadership in early childhood development & education to ensure a quality program which meets the standards (Education or ECD Technical Advisor at FO)

Stakeholder Meetings	<ul style="list-style-type: none"> Regular (3-6 monthly) monitoring and evaluation reports prepared and shared with communities and stakeholders Regular (monthly) community / stakeholder reflection meetings held for improvement and sustainability <p><i>Best Practice</i></p> <ul style="list-style-type: none"> Participant Selection Criteria followed Facilitator Selection Criteria followed Meeting Agenda prepared and followed (various methodology employed, session plan written out) Action plan was developed and agreed on in participatory way
Teaching & Learning Materials <i>* primarily refers to materials to create toys but can also include other items</i>	<ul style="list-style-type: none"> Detailed distribution plan prepared and endorsed by Program Manager Materials purchased & distributed equitably as per plan ECD committee & teachers oriented on managing items Child protection policy and protocols complied Items for ECD centre & play corner are age-appropriate and sufficient
Monitoring and Evaluation	<ul style="list-style-type: none"> 3-5 days M&E training for enumerators and data encoders based on guidance (includes field testing, and validation of M & E tools) Data collection and analysis done based on available DME guidance Baseline findings incorporated into the program design and with each relevant training <p><i>Best Practice</i></p> <ul style="list-style-type: none"> Involvement of a local ECD specialist during M & E tools contextualization Data collection done with quality monitoring (max 3 weeks) Data cleaning, analysis and report writing (done within 3 weeks after completion of data collection) Dissemination workshop of the baseline assessment findings to all stakeholders within 3-6 weeks of data analysis completion Programme revision based on baseline findings done within 2 -3 weeks of data analysis completion

ECD CENTRES ACHIEVING QUALITY STANDARDS

ECD Centres Achieving Quality Standards	<ul style="list-style-type: none"> Existing ECD centre or space for establishing an ECD centre identified by community & local authorities ECD Teachers selection criteria confirmed with the community (pre-existing or selected as part of the project) 5 day Teacher's Training of Trainers (TOT) conducted 13 modules of Teacher Training, 1 Materials Creation workshop and Home Visitors training delivered to ECD teachers Teachers passed criteria (80% attendance, 80% post test score) to become a certified LR ECD teacher Quarterly classroom observation conducted by MoE staff
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	<ul style="list-style-type: none"> • Teacher trainers attended 2 day Teacher Professional Development Training as part of ToT2 • Teachers attended Teachers Learning Circles at least 4 times per school calendar year. • Teachers received at least one coaching session per term, from local trained authority of ECD • Children's learning environment and space meet minimum standards (safe, clean, free of hazards, and have access to child friendly sanitation) • Community & local authorities were involved in establishment or rehabilitation efforts • ECD centre is moving towards quality standards as measured by a composite score on the following dimensions of the Learning Roots Observation Tool: (1) Physical Condition, (2) Teaching and Learning Materials, and (3) Child Protection • Supplementary learning materials were distributed equitably to all ECD centres • Learning materials being utilised by ECD centres
CAREGIVERS	
<p>Caregivers Provide Enhanced Support for Child Development</p>	<ul style="list-style-type: none"> • Select target caregivers • Choose a training space is safe, comfortable, accessible to people with disability, upholds good WASH standards and provides adequate shelter and protection from elements • Consideration of barriers to attendance (location, transport, childcare, time) when planning parents/caregivers training • Trainers attended 2 day parenting session training as part of ToT 2 • 3 day training of parent facilitators occurred • Participants trained in parents sessions meet criteria to become parent trainers (80% attendance, 80% post test score) • 6 sessions of Parenting Programmes delivered in community by parent trainer (teacher or other) • I materials Creation workshop conducted with parents • Parent support group met bi-monthly to make toys • Establish a play corner so caregivers can participate in sessions while children play under supervision • Teachers received Home visitors training • Home Visits & referrals conducted as required <p><i>Best Practice</i></p> <ul style="list-style-type: none"> • Uses an integrated approach to promote other topics that are relevant in a context (e.g. Health, child rights, gender, WASH, F & D, among others)

COMMUNITY STRUCTURES ENHANCED	
Community Structures Enhanced	<ul style="list-style-type: none"> • Programme was integrated with other early childhood interventions in the community (e.g. Health Centres) so that referral systems are possible • Relevant government authorities, ECD local authorities & selected ECD committee members attended ToT 1 & 2 • Local authorities visited teachers they are supporting at least 1 coaching session per term • Local authorities trained in using MELE/ MEQA tool and providing constructive feedback • ECD Management Committee meeting once a month
MONITORING	
Monitoring	<ul style="list-style-type: none"> • Debrief session / meeting done after monitoring visit with ECD teacher • Child protection policy and protocols complied with during the process (to minimize risk of child abuse/ exploitation) <p><i>Best Practice</i></p> <ul style="list-style-type: none"> • Monitoring plan / schedule prepared beforehand
ToT QUALITY	
ToT	<ul style="list-style-type: none"> • Preparations for teachers training in partnership with community leaders • Choose a training space that is safe, comfortable, accessible to people with disability, upholds good WASH standards and provides adequate shelter and protected from elements • Consideration of barriers to attendance (location, transport, childcare, time) when planning teachers training • Training of Trainers (TOT) 1 & 2 conducted by Master Trainer • Training followed toolkit content and methodology • Relevant stakeholders & ministries approve all adapted LR materials • Findings from Situational Analysis, Government Curriculum and Baseline Assessment taken into account during training design • Technical staff / responsible manager attended 80% of training • Pre work provided at least 2 weeks prior and completed by all participants • Professional translator used for ToT • LR Manuals translated to a high quality • Participants trained in ToT meet criteria to become LR trainers & coaches



World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.

We believe a world without violence against children is possible, and World Vision's global campaign It takes a world to end violence against children is igniting movements of people committed to making this happen. No one person, group or organisation can solve this problem alone, it will take the world to end violence against children.