# Local Champions

## A Caregivers Manual for At Risk Children in Nigerian Institutions

building
FUTURES

ARIEL Pampers

P&G Live, Learn and Thrive Partnership.

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Live, Learn and Thrive

Sponsor A Child was created in 2003 for the relief of poverty, distress and sickness, and the advancement of education of orphans and other children at risk in Nigeria. To achieve our objects, we engage with child caregivers via training. Child Rights, now legally enforceable through the 2003 Child Rights Act, form the basis for our activities which take place under two programs: Community Aid, which builds the capacity of communities to take good care of their children and Education, which seeks total development.

The “Local Champions” project is a child rights campaign, a tool of advocacy targeted at institutional organizations responsible for the protection and care of children, professionals responsible for administering this care, and volunteers who work alongside them.

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Sponsor A Child

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Cover design and illustrations: James Oyewole & Kayode Adesomoju
Sickle Cell Anemia illustration: artist unknown

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## A Caregivers Manual for At Risk Children in Nigerian Institutions

> *"Blessed is the influence of one true, loving human soul on another."*
> *George Eliot*


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# About This Manual

## Overview

This manual is a compilation of module literature from the Caregivers Training Program initiated by Sponsor A Child for the training of child caregivers in health education and comprehensive child care grounded in child rights. There are 20 modules in all. A total of 9 resource personnel are currently working as trainers on the Caregivers Training Program. These trainers (the authors of these modules) have backgrounds in health education, special needs education, medicine, labor law, child development, and child psychology.

## Arrangement of the Manual

This publication is arranged into 20 topical modules. The modules may last from half days to 3 days. Each module is divided into practical teaching "sessions" (i.e. Session 1, Session 2). The objectives are clearly defined at the start of each session. There is a quiz placed at the end of each module with the exception of Rights Based Child Care: An Overview and Child Rights for Law Enforcement Officers.

The manual is an implementing tool for the child rights laws of Nigeria with which many caregivers are still unfamiliar. To this end, the preface to each module contains an abbreviated list of related child rights whilst a full list has been included at the end of the manual. The manual is also a road map. For this reason, Useful Information and Contacts has been placed at the back of the manual as well as a Sources of Information page for those who wish to study further.

## Recommendations

We recommend that senior caregivers with tertiary level education, or at the least a minimum educational level of senior secondary school, use this document as a tool to train junior caregivers in the way they deem fit. Trainers should teach the manual's rights based principles accurately using methods which they believe are effective and with which they feel comfortable. For instance, our own trainers teach workshop participants in Yoruba, English, and Pidgin, or a combination of all 3 as necessary.

As suggested in the "materials" section of the summary charts, we recommend trainers use audio-visuals as tools, especially for the training of junior caregivers. Key visual moments in films should be linked skillfully by the trainer to principles taught in the relevant module, and this should encourage lively discussion. DVD films and CD-ROM slideshows used at our own workshops will be available for sale at the NGO Communicating for Change (see Useful Information in the appendix for addresses).

It is important to evaluate what and how well material has been learned. Quizzes contained in this manual, or other evaluation methods which have been tried and tested by trainers, are recommended for use at the end of all training.

# Editor's Note

This publication is part of Sponsor A Child's ongoing campaign to ground Nigerian child care provision in child rights. These rights have been legislated by the Nigeria Child Rights Act (2003), the Child Rights Law of Lagos State (2007), and the laws currently enacted in 20 other Nigerian states which have adopted child rights as a serious cause. This publication serves as a source for a training program, which comes in direct response to encouragement from officials of UNICEF Nigeria. UNICEF has identified the need for a comprehensive training program grounded in child rights for caregivers of at risk children working in the challenging Nigerian environment. These caregivers are our local champions. The manual draws its name from them and its inspiration from their labor.

The Nigeria Child Rights Act (2003) is the Nigerian interpretation of the UN Convention on the Rights of the Child (1989). The preamble to this UN document discusses areas of concern regarding child welfare in institutions. These areas of concern are reflected in Part 1 Section 2.2 of the Nigeria Act. They include (1) number of children housed, (2) staff per child ratios and supervision, (3) physical and emotional safety of the child, and (4) competence of the staff who look after the children.

The Convention preamble constitutes a clarion call for guidelines for child care institutions worldwide. We have developed this guide with the objective of helping institutions in Nigeria reach Convention standards of child care and address its concerns. Child care standards adopted by Nigeria in the 2003 Act relate inter alia to rights awareness, emotional security, social identities of children, and knowledge of their surrounding world. They relate to child play and baby stimulation and language fluency and literacy. The principles teach child health care, classroom culture, leadership and supervision, and the evolving capacities of children.

Our modules embrace all aspects of child care and give equal emphasis to all. Child health is fully addressed and key issues of maternal health are offered as a corollary. Child development, protection, and participation are treated as psycho-social issues. We offer a course in counseling techniques and discuss how to manage the trauma of children who have experienced the violence and cruelty of armed conflict. Birth registration is interfaced with domestic and international adoption and the danger of child trafficking. Play – especially child-directed play – is celebrated as an important value. Our Education for All module addresses the imperative of early childhood development (ECD) programs and emphasizes play as being integral in early childhood learning. We present play and ECD programs as deterrents to frustration and obesity in childhood and to redundancy and delinquency in later years.

With generous funding from the US Democracy & Human Rights Fund (US Consulate, Lagos) and Unicef, our pilot workshops took place in 2006-08. We introduced child rights principles to caregivers from institutions in the northeast, north central, south-south, and southwest zones of Nigeria. During question and answer sessions, participants inevitably asked why training was restricted to institutions, recommending that we institute an open rolling program in which their peers from communities across the country could also participate.

And so, Local Champions was born. It has at its heart the 3rd goal of Education For All (UNESCO): "To ensure that the learning needs of young people and adults are met through equitable access to appropriate learning and life skills programs." Training will cover broad terrain: the desired outcome being a nation alive with informed, loving caregivers and their healthy, hopeful children.

OLATOUN WILLIAMS
COORDINATOR, SPONSOR A CHILD, LAGOS
JUNE 2009

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Our thanks would not be complete without recognizing the consistent support of our wonderful trustees:

Mrs. Remi Ayida – Chairman
Otunba Femi Dinah – Vice Chairman
Chief Tunde Afolabi – Trustee
Mr. David Richards – Trustee
Mrs. Iyabo Ayoola – Trustee
Mr. Razaq Ashiru – Trustee

# Authors & Community Partners

Sponsor A Child would like to extend a warm and well-deserved thank you to our contributors. These individuals wrote specific sections of this manual. Their time, guidance, and expertise offered in the creation of this publication are truly appreciated.

| | |
|---|---|
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| Sponsor A Child | – Standards of Birth Registration & Adoption<br>– Developing a Child Protection Policy & Related Policies<br>– The Importance of Play & Baby Stimulation<br>– Rights Based Child Care: An Overview<br>– Education for All with a Focus on the Youngest Children<br>– Child Rights for Law Enforcement Officers<br>– Child Development Milestones |

This project would be incomplete without thanking our community-based organization partners. Without their generous invitation to us to participate in their lives, Sponsor A Child would not be in a position to develop a caregivers training program for institutions and communities across Nigeria:

Faithworks Orphanage, Kaduna, Kaduna State
Ijamido Children's Home, Otta, Ogun State
Arrows of God Orphanage, Ajah, Lagos State
Millennium Hope Programme, Kaduna, Kaduna State
Salvation Army Children's Home, Akai Ubium, Akwa Ibom State
Eziama Community Charity, Eziama Ngor Okpala, Imo State
City Ministries of EMS/ECWA, Jos, Plateau State
SOS Children's Village, Pedro Palmgrove, Lagos State

We also salute the great service to Nigerian society rendered by those orphanages not mentioned. In the near future, we pray to partner with them on projects within our Community Aid/Education programs.

# Rights Based Child Care: An Overview

**Objectives:**

1. Recognize child rights principles, the Millennium Development Goals for children, and the goals of rights based child care.
2. Discuss the principles of child rights with government officials, other caregivers, and children.
3. View the care provided on a daily basis through a prism of child rights and measure the quality of that care against the benchmark of child rights.

**Related Rights**

Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)

Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])

Right to Care Only in a Registered Children's Home and to Safety and Appropriate Welfare Therein (CRA s195–197)

**Millennium Development Goals**

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 2: Achieve Universal Primary Education
Goal 3: Promote Gender Equality and Empower Women
Goal 4: Reduce Child Mortality

**Time:** 2 full days, 9 AM – 5 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>Introduction to child rights | 2 hours | Know the general principles governing child rights and the goals of rights based child care. | • Lecture<br>• Self-directed study<br>• Group work | • Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 2**<br>Nigeria Child Rights Act and Millennium Development Goals | 5 hours | • Discuss in-depth the Nigeria Child Rights Act (2003).<br>• Review child rights messages intended for government officials, other caregivers, and children.<br>• Review the Millennium Development Goals for Children. | Self-directed study | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Day 2** | | | | | |
| **Session 3**<br>Starting from home": child care through the lens of child rights | 7 hours w/1-hour lunch | • Identify key topics (components) in rights based child care.<br>• View the care provided on a daily basis through the prism of child rights.<br>• Measure the quality of that care against the benchmark of child rights. | Group work | • PowerPoint<br>• Flip chart<br>• Markers | • Questions/ Answers<br>• Presentation |

# Session 1: Introduction to Child Rights

**Objectives:** By the end of this session, participants will know the general principles governing child rights and the goals of rights based child care.

**Time:** 2 hours

## Definitions

### Who Is a Child?

A child is any human being below the age of 18.

### What Is a Right?

1. A natural due.
2. A moral claim.
3. A legal entitlement.

### What Are Children's Rights?

Children's rights are based on the principles of survival, development, protection, and participation.

## Introduction to Nigeria Child Rights Act (2003)

Nigeria Child Rights Act (2003) is the Nigerian interpretation of the UN Convention on the Rights of the Child (1989). The preamble to this UN document discusses areas of concern regarding child welfare in institutions. These areas of concern are reflected in Part 1 section 2.2 of the Nigeria Act. They include:

1. Heath and welfare of the children.
2. Physical and emotional safety of the children.
3. Staff per child ratios.
4. Suitability and competence of the staff who look after the children.

In order that institutions reach standards of child care which conform with those set out in the preamble to the UN Convention, childhood experts worldwide advocate rights based principles. These best practices in child care and education target inter alia:

1. Rights awareness.
2. Emotional security.
3. Social identities of children and knowledge of their surrounding world.
4. Baby stimulation.
5. Language fluency and literacy.

These principles teach child health care, classroom culture, leadership and supervision, child play, and evolving capacities and children's agency (i.e. the child's freedom to explore, to experiment, to do his or her own thing with only the necessary supervision).

We want our children prepared for democratic well-being.

# Session 2: Nigeria Child Rights Act and Millennium Development Goals

**Objectives:**
1. Discuss in-depth the Nigeria Child Rights Act (2003).
2. Review child rights messages intended for government officials, other caregivers, and children.
3. Review the Millennium Development Goals for Children.

**Time:** 5 hours

## NIGERIA CHILD RIGHTS ACT (2003)

### Right to Life

**Main Message**
A child has a right to survive.

**Message to Government**
Develop policies and programs for child survival, protection, and development.

**Message to Caregivers**
Provide good living conditions necessary for physical, moral, and mental development and security from exploitation.

**Message to Children**
Every child has a right to life and should respect the right of other children to life.

### Right to Identity

**Main Message**
Every child has the right to:
1. A name.
2. A family.
3. A nationality.

Every child has the right to know his/her parents and to be cared for.

**Message to Government**
Enforce registration of all births.

**Message to Caregivers**
Register every child immediately after birth.

**Message to Children**
Ask for a name, family, and nationality if you do not have one. Work toward a cohesive “family” and respect caregivers.

## Freedom of Association and Peaceful Assembly

**Main Message**

Every child is free to join any association in relationship with other people or to belong to any assembly according to the law.

No child should be separated from his/her family or parents except on the authority of a competent court that deems such separation is in the best interest of the child.

**Message to Government**

Respect the freedom of children to belong to any lawful and peaceful association or assembly.

**Message to Caregivers**

Encourage unified family structures that will sustain integration of children into individual and extended family units.

**Message to Children**

Avoid and discourage cults and secret societies, and preserve and strengthen social and national solidarity.

## Right to Communicate

**Main Message**

Every child has the right to freely express ideas, opinions, and thoughts on any issue concerning his or her interest subject to restrictions under the law.

The child has the right to seek, receive, and impart information relevant to children under the law.

**Message to Government**

In any judicial or administrative procedure children should be given opportunity to be heard either directly or through a representative.

**Message to Caregivers**

Encourage constant communication with children in all spheres of life.

**Message to Children**

Freely seek and transmit information and ideas on matters of interest to you especially those that enhance your spiritual, moral, mental, and physical development and growth.

Children should preserve and strengthen Nigerian, African, and human cultural values in their communications with others in the spirit of tolerance, dialogue, and unity.

## Right to Privacy, Honor, and Reputation

**Main Message**

Every child should be protected from any act that interferes with his/her privacy, honor, and reputation in the home, family, and school, provided that parents or legal guardians shall have the right to exercise reasonable supervision over the conduct of their children.

**Message to Government**

Investigate cases of unlawful invasion of privacy and arrange for redress according to the law.

**Message to Caregivers**

Respect the rights of children to privacy while exercising supervision over their conduct in general and monitoring them to prevent anti-social behavior.

**Message to Children**
Ensure that the right to privacy is not a license to engage in activities that breach public peace and order.

A protection of privacy is not a right to conceal injury, illness, or health problems.

## Right to Leisure and Recreation

**Main Message**
Every child is entitled to adequate rest and recreation (leisure and play) appropriate to his or her age and culture.

**Message to Government**
Promote policies and programs that encourage the free and full participation of children in recreational activities.

**Message to Caregivers**
Encourage children to participate in recreational and cultural activities.

**Message to Children**
Only engage in games that enhance your physical and mental development, not those that expose you to danger or risk.

## Right to Education

**Main Message**
Every child (male and female) is entitled to receive free and compulsory education and equal opportunity for higher education based on individual ability.

**Message to Government**
Take measures to encourage regular attendance at schools and increase retention rates.

**Message to Caregivers**
Ensure that girls who become pregnant before completing their education have another opportunity to continue their education after the birth.

**Message to Children**
Inform others (especially those deprived of education) of their right to education.

## Right to Health and Health Services

**Main Message**
Every child is entitled to enjoy good health, protection from disease, and proper medical care for survival, personal growth, and development.

No child should be deprived of his or her right to health care services.

**Message to Government**
Improve existing curative treatments and rehabilitation in health care delivery.

**Message to Caregivers**
Ensure adequate checkups and medical attention to children to prevent disability and death. Buy drugs only from doctor’s prescription and from licensed chemists.

### Message to Children

Encourage peer group and other children to observe rules of hygiene to reduce infection and disease.

## Right to Protection from Neglect, Maltreatment, Sexual Abuse, Torture

### Main Message

Every child must be protected against all forms of exploitation, indecent or degrading treatment including child labor, abuse and torture, sexual exploitation, sale, abduction, and drug abuse.

### Message to Government

***On Child Labor*** **–** Mobilize public opinion against economic exploitation and child labor which interferes with the child's physical, mental, spiritual, moral, and social development in all sectors of the community. Enforce penalties and sanctions to ensure compliance with this right.

***On Child Abuse and Torture*** **–** Enforce legislation against all forms of torture and inhuman and degrading treatment like physical or mental injury, neglect, or maltreatment. Establish mechanisms to monitor, investigate, and report cases of violations of this right.

***On Sexual Exploitation*** **–** Protect children from sexual abuse and sexual exploitation. Enforce the prohibition on early marriage for the girl-child. Prevent the use of children in pornographic activities and publications.

***On Drug Abuse*** **–** Enforce legislation against the use of children in the production and trafficking of drugs and other dangerous chemical substances.

***On Sales, Trafficking, and Abduction*** **–** Prevent the sale, abduction, and trafficking of children in any from.

### Message to Caregivers

***On Child Labor*** **–** Protect children and wards from child labor abuse, especially hawking and street trading.

***On Child Abuse and Torture*** **–** Respect human dignity and principles of child care in administering discipline. Monitor and protect children from abuse by others.

***On Sexual Exploitation*** **–** Monitor and report instances of sexual exploitation to law enforcement.

***On Drug Abuse*** **–** Protect children from use of and exposure to illicit drugs.

***On Sales, Trafficking, and Abduction*** **–** Avoid trafficking children for cheap labor. Desist from using children for alms begging. Prevent all forms of trading in children and abduction.

### Message to Children

***On Child Labor, Child Abuse, and Torture*** **–** Resist abuse and torture. Resist and report excessive child labor to authorities, agencies, and individuals you can trust. Try to join serious minded campaigns against child abuse or neglect. Ask your local government whether there are any campaigns being launched in which you can participate.

***On Drug Abuse*** **–** Avoid drug abuse and people who use drugs.

***On Sexual Exploitation, Sales, Trafficking, and Abduction*** **–** Be careful and be vigilant. Do not socialize easily with strangers. Do not let yourself get sold or abducted. Seek assistance from established agencies (e.g. police force, local government health education/social welfare divisions, local church).

## Freedom from Discrimination

### Main Message

No child shall suffer discrimination irrespective of ethnic origin, birth, color, sex, language, religion or social beliefs, status, or disability.

### Message to Government

Enforce legislation against customs and practices discriminatory to the child on the basis of sex (e.g. early marriage, female circumcision, and depriving female children of education).

Enforce legislation against marginalization of disabled children and provide facilities and access for them.

### Message to Caregivers

Be responsive to the unique needs of female children and educate both sexes on the dangers of unwanted pregnancy, taking the necessary precautionary measures.

Give disabled children equal opportunity to participate in appropriate activities in and outside the home (e.g. sport, education, culture, recreation).

### Message to Children

Promote an attitude of equality among peers irrespective of origin, birth, sex, religion or social beliefs, or disability.

## Right to Special Protection for Children in Especially Difficult Circumstances

### Main Message

Children living in especially difficult circumstances – like separation from parents, cases of imprisoned mothers, or refugee children in armed and political crisis – deserve special care to reduce the trauma of their situation and to adjust to a normal and decent life.

### Message to Government

***On Separation from Parents*** – Establish services to resettle parentless children or those temporarily or permanently separated from their family environment.
***On Cases of Imprisoned Mothers*** – Assist with re-integration of mother into the family environment on completion of her term of imprisonment.
***On Refugee Children in Armed or Political Crises*** – Avoid recruiting underage children (less than 18 years) in the armed forces or using them in armed conflict. Cooperate with international agencies to provide assistance for refugee children for their resettlement or re-unification with their families.

### Message to Caregivers

Work for the protection of children's rights at all times by being attentive to the needs of all the children and by identifying problems they may be enduring quickly. These should be promptly and appropriately addressed using the skills and resources available or by seeking professional support outside institutional walls. Make sure a therapeutic, loving environment – a rights based culture – prevails within the walls of the institution.

### Message to Children

Be careful. Resist getting separated from your family and sold or abducted. When in difficulty, seek assistance from established agencies, individuals, and religious bodies.

## MILLENNIUM DEVELOPMENT GOALS FOR CHILDREN (2000)

### Message to Government

If the government does its work to fulfill human rights, we shall have:

1. Universal access to safe drinking water and sanitary toilets.
2. Universal access to basic education with at least 80% of primary school-age children completing their schooling.

### Message to Caregivers

If caregivers take proper care of themselves and observe the rights of their children, we shall be able to:

1. Reduce infant and under-5 child mortality rate by one third or to 70 per 1,000 live births.
2. Reduce maternal mortality by half.
3. Reduce severe and moderate malnutrition among under-5 children by half.

### Message to Adults

In order to stop unnecessary or excessive suffering of our children, physically and mentally, caregivers and other responsible adults must:

1. Ensure immunization against the childhood killer diseases.
2. Protect children in especially difficult circumstances.

# Session 3: "Starting from Home": Child Care through the Lens of Child Rights

**Objectives:**
1. Identify key topics (components) in rights based child care.
2. View the care provided on a daily basis through the prism of child rights.
3. Measure the quality of that care against the benchmark of child rights.

**Time:** 7 hours

### The Questions
1. How do we make child rights relevant to the way we provide child care?
2. How do we make child rights relevant to our children?
3. How do we rescue child rights laws passed in our states from the fate of many of the other children's laws…the fate of remaining unimplemented and gathering dust on the shelves of our institutions?

### Our Answer
Sponsor A Child has adopted the approach of "starting from home." Let us examine various or all aspects of the care we provide at home through the prism (or lens) of the rights of our children.

## GROUP ACTIVITY INSTRUCTIONS

The goal of this group activity is to identify and discuss key components of child care common to all child care institutions. Discussion should center on the caregivers' own practical and theoretical knowledge of the key issues. To achieve this goal, groups should do the following:
1. Form randomly selected groups of 3 to 5 people and appoint a scribe/spokesman.
2. Choose 2 to 3 topics of child care based on the list provided in this module.
3. Establish the meanings of the chosen topics.
4. Brainstorm issues related to the way the topic is currently approached in each group member's own institution and compare these approaches with what the group believes to be the ideal situation.
5. Analyze rights at stake for each issue with reference to the child rights principles/ messages studied in Session 2.
6. The group spokesmen should make presentations of the group's analysis.
7. At the end of the presentation, the spokesmen should invite comments and be prepared to respond to questions posed by other participants.

At the end of this activity, caregivers should be in a good position to review the care they provide in the light of child rights and to ensure that, henceforth, all care they provide is grounded in these rights. They should also be equipped to promote and discuss rights based child care with new or untrained caregivers.

# TOPICS IN RIGHTS BASED CHILD CARE

## Classroom/Home Culture

### Meaning

How the classroom/home is experienced by caregivers and children. The principles, policies, and customs which regulate and characterize the home.

### Related Issues

A rights based culture is a vibrant, safe culture. The following points, with regard to classroom/home culture, will affect a child's experience:

1. Staff–child ratio (the number of staff to children).
2. Inclusion/equal opportunities policy:
    a. Is this clearly formulated and displayed in the institution?
    b. Is there any discrimination based on disability, gender, tribe, or religion?
3. Behavior policy:
    a. Rules and regulations underscored by the principle of punishing the action, not the child.
    b. Building children's self-esteem.
4. Complaints procedure if unacceptable behavior is noticed between:
    a. 2 or more children.
    b. Child and a caregiver.
    c. Child and principal/trustee/director.
    d. Child and a visitor.
5. Participatory rights of children in the classroom. Teaching methodologies can include participatory techniques such as:
    a. Round Robin. (Taking turns in a group setting, one pupil throws a soft object to another pupil indicating, "Your turn to speak.")
    b. Pair work.
    c. Group work.
    d. Role plays and simulations.
    e. Voting on opinions, activities, etc.
    f. Participatory lecture and encouraging pupils to ask questions.
6. Participatory rights of children in school management/governance. Good structures of opportunity to hear children's voices are:
    a. Student councils.
    b. Referenda on policy, rules, etc.
    c. Opinion polls on issues of school or community interest.
    d. School and community needs surveys.
    e. Child representation on school management/governance boards.
7. Health and safety provisions:
    a. Fire extinguishers.
    b. Solid chairs and tables.
    c. Repair of broken windows, broken tiles.
    d. Clean environment.
    e. Safe water/safe water technologies.
8. Birth registration processes (orphanages).
9. Environment:
    a. Is it a happy home?
    b. Do the children interact freely and affectionately with their caregivers and with other children?
    c. Do caregivers feel equipped and supported?

A rights based culture also breeds accountability on the part of the caregivers to appropriately assess and follow through on the special needs of all their children. This is accomplished through:

1. Pre-entry assessment: Entry into institutional care must be mediated by an established and recorded system in the form of interview questions concerning physical, emotional, intellectual, and social needs of the child. This is to ensure that only those children that need institutional care are placed and that children are placed in an institution whose functions and objectives match their specific needs.
2. Individual care and education plans: Each child in care should have a written Individual Care & Education Plan to chart development. To be useful (i.e to meet the current and future needs of the child) plans must be updated as appropriate, and information they contain should be used to identify necessary interventions to promote healthy child development. These plans are particularly critical for the care of children with special needs.
3. Review of placements: Supervisory caregivers of children in remand facilities should ensure to schedule regular reviews of the placement of child offenders based on an established system. A review meeting must involve the child and those responsible for the child's best interests, for example parents and relatives. Reviews should be undertaken with a view to a re-unification of the child with his family (if the child is found to be ready). Quarterly or twice yearly reviews are recommended.

### Rights at Stake

1. Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
2. Right to Participate (CRA s4, 5, 6, 7, 8, 9, 10, 11, 12, 15)
3. Right to Identity (CRA s5)
4. Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
5. Freedom from Discrimination (CRA s10)
6. Right to Privacy, Honor, and Reputation (CRA s11)
7. Right to Protection from Neglect, Maltreatment, Sexual Abuse, Torture (CRA s11)
8. Right to Health and Health Services (CRA s13)

## Emotional Security

### Meaning

Providing a child with a loving environment so the child feels safe and supported. The home should protect and shield the child's fragile psyche, as well as inculcate principles of dignity and compassion in the children.

### Related Issues

Emotional security and emotional/moral development impacts the way children, as young adults, will make independent life choices about higher education, work, and choosing mates for friendship or marriage. The following positive and negative points, with regard to emotional security, will affect a child's experience:

1. Parent abandonment or separation from parents and other family members.
2. Help for children exposed to violence during armed conflict:
    a. Adequate psycho-social provision in the institution for children in any of these circumstances.
    b. Therapist or experienced caregiver on-site.
    c. Institutional relationship with an external agency that provides preliminary and subsequent psycho-social services.
    d. Enough staff to provide the amount of personal attention required by children (especially infants) in an orphanage or remand home.

3. Appropriate physical contact:
    a. Sufficient “hugging” especially for the youngest children.
    b. No-tolerance policy for corporal punishment.
    c. Adoption of non-physical approaches to child discipline (e.g. “time-out,” closer parental/caregiver supervision, stricter accountability for the child, increased structuring of child’s life).
4. Appropriate use of time out:
    a. Involves ignoring the child’s aggressive or naughty behavior by sending him to a quiet place that is easily supervised by the caregiver for a short period of time.
    b. Caregiver should stay firm and calm and wait until the child calms down on his own.
    c. Once calm, caregiver should ask the child to revisit the “naughty” situation and teach him the desired behavior.
5. Emotional/moral development:
    a. Discussion of moral principles and child rights.
    b. Youth programs and religious activities (e.g. Sunday school) allowing children to have fun with their peers in an active, productive way.

**Rights at Stake**

1. Freedom of Association and Peaceful Assembly (CRA s6)
2. Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
3. Freedom of Movement (CRA s9)
4. Freedom from Discrimination (CRA s10)
5. Right to Privacy, Honor, and Reputation (CRA s11)
6. Right to Protection from Neglect, Maltreatment, Sexual Abuse, Torture (CRA s11)
7. Right to Dignity (CRA s11)
8. Right to the Guidance of Authorized Caregivers (CRA s20)

## Social Identities and Knowledge of the World

**Meaning**

The state or feeling of belonging to a particular family, community, tribe, society, or nation.

**Related Issues**

The following points, with regard to social identity, will affect a child’s experience:

1. Dominant group crisis:
    a. Not belonging to any dominant group classification (i.e. age, race, religion, gender, school, club) leading to low self-esteem.
    b. Weak sense of identification with dominant group leading to weak social identity and constant worry about exclusion or rejection.
    c. Loyalty issues at stake. (To whom or to what does the “excluded” child owe allegiance?)
    d. Special needs children in a family of “regular” children suffering feelings of alienation, isolation, or not belonging.
2. International/trans-racial adoption:
    a. Feelings of not belonging to the “nuclear” culture into which they have been placed.
    b. “Same race placement” may counter crises of identity suffered by children adopted trans-racially.
3. Addressing issues related to dominant group crises and international/trans-racial adoption:
    a. Provision of antidotes by well-respected and loved authority figures. These authority figures should inter alia:
        i. Encourage regular, positive interaction with minority groups from which the excluded child or children originate (e.g. foreign film sessions, interactive discussions, mixed race/religion socials and outings, interaction of special needs with regular children).
        ii. Schedule socializing between families who have children from the same country of origin.

**Rights at Stake**

1. Right to Identity (CRA s5)
2. Freedom of Association and Peaceful Assembly (CRA s6)
3. Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
4. Freedom of Movement (CRA s9)
5. Freedom from Discrimination (CRA s10)
6. Right to Dignity (CRA s11)
7. Right to the Guidance of Authorized Caregivers (CRA s20)

## Child Health

**Meaning**

Physical and mental well-being of a child.

**Related Issues**

The following points, with regard to child health, will affect a child's experience:

1. Health care:
    a. Resident nurse, doctor, and sick bay or clinic on premises.
    b. Register children of the institution with a good local hospital.
    c. Medical records regularly updated and available on request.
    d. Children routinely immunized.
    e. Routine child health surveillance provided by hospital.
    f. Provision of insecticide treated mosquito nets for use over beds and cribs.
2. Safe water:
    a. Use appropriate water purification technologies.
    b. Use safe water equipment such as a bore hole and boilers.
3. Nutrition and growth:
    a. Provide children with a healthy, balanced diet.
    b. Supplement babies' diets with micro-nutrients as needed.
    c. Inform food handlers about the benefits of vitamins and vitamin rich foods.
4. Environmental sanitation:
    a. Well-tended and malaria proof compound.
    b. Good drainage.
    c. Requisite mechanisms in place to prevent water-, air-, and food-borne diseases.
    d. Food handlers, caregivers, and children are trained in health, hygiene, and safety practices.
5. Emergencies:
    a. Safety provisions provided (e.g. fire extinguishers, fire escapes).
    b. Scheduled training for fire safety.
    c. Scheduled fire drills.
    d. Simplified health training course for children.
    e. Designated official to supervise emergencies.

**Rights at Stake**

1. Right to Survival and Development (CRA s4)
2. Right to Protection from Neglect, Maltreatment, Sexual Abuse, Torture (CRA s11)
3. Right to Health and Health Services (CRA s13)
4. Right to Education (CRA s15)

## Baby Stimulation

**Meaning**

Keeping children alert and engaged with the world around them.

### Related Issues

The following negative points, with regard to baby stimulation, will affect a child's experience:

1. Lack of physical affection, play, or communicative interaction from caregivers (e.g. babies being left to stare out of cots in orphanage rooms until the next feeding).
2. Few opportunities for exploration of their surroundings. This may result in failure to develop neural connections critical for later learning.
3. Lack of resources promoting baby and child stimulation. Fortunately, easy, inexpensive (even free) resources are readily available:
    a. Physical affection and "conversation" with babies and toddlers.
    b. Playing with mud and molding Plasticine.
    c. Outdoor and indoor activities such as swinging and generally moving about.
    d. Storytelling, singing, tongue twisters, picture reading.

### Rights at Stake

1. Right to Survival and Development (CRA s4)
2. Right to Protection from Neglect, Maltreatment, Sexual Abuse, Torture (CRA s11)
3. Right to Leisure and Recreation and to the Provision of Recreational Facilities (CRA s12)
4. Right to Health and Health Services (CRA s13)
5. Right to Education (CRA s15)

## Child Play

### Meaning

Enjoyable activity initiated and managed by children on their own or with other children. Children are the actors and directors in their activities, with adults involved only in an oversight role.

### Related Issues

The following points, with regard to child play, will affect a child's experience:

1. Psycho-social development:
    a. Play allows children to explore social, material, and imaginary worlds and their own relationship with these worlds.
    b. Play allows children to express a flexible range of responses to the challenges they encounter.
    c. Play allows children to learn and develop as individuals and as community members.
    d. Exploration in play allows children to test assumptions about themselves, other people, and the world.
    e. Risk in play – through a rich, stimulating, and challenging play provision – allows children to experiment with risk-taking and balance risk with safety.
2. Inclusive play:
    a. Play opportunities should cater to all children irrespective of gender, culture, race, or religion.
    b. Play provision should cater to the youngest children and children with disabilities via accessible equipment (e.g. Clemyjontri Park, Fairfax, Virginia, USA).

### Rights at Stake

1. Right to Survival and Development (CRA s4)
2. Freedom from Discrimination (CRA s10)
3. Right to Protection from Neglect, Maltreatment, Sexual Abuse, Torture (CRA s11)
4. Right to Leisure and Recreation and to the Provision of Recreational Facilities (CRA s12)
5. Right to Health and Health Services (CRA s13)
6. Right to Education (CRA s15)
7. Right to the Guidance of Authorized Caregivers (CRA s20)

## Education for All with a Focus on the Youngest Children

### Meaning

A universal human right which includes learning to know, to do, to live together, and to be. Through education, children and adults have the potential to improve their lives and transform their societies. Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children, is the first goal of the UNESCO "Education for All" (EFA) initiative.

### Related Issues

The following negative points, with regard to education, will affect both the child's and the caregiver's experience:

1. Child trafficking industry denies education to children involved. (In 2002, a reported 4,000 Nigerian children were sold into slavery.)
2. Early girl-child marriage and female genital mutilation can lead to Vesicovaginal Fistula (VVF) when the girl children give birth. Resulting health complications from VVF, which cannot be cured without surgery, may impede or prevent girl-child education in later years.
3. Gender discrimination in inheritance and adverse widowhood practices result in female poverty. This poverty impedes or prevents the education of girls and women.
4. Poorly funded, under-staffed, and under-resourced early childhood development projects at the local government level.
5. Lack of facilities for adult education and for the acquisition of skills that can be successfully used in the marketplace.
6. Inadequate observance of Universal Basic Education by the federal government. There is still an unacceptably high primary school drop out rate in Nigeria.
7. Children under age 15 entering the workforce. Often these children constitute "the invisible domestic workforce."

### Rights at Stake

1. Right to Survival and Development (CRA s4)
2. Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
3. Freedom from Discrimination (CRA s10)
4. Right to Protection from Neglect, Maltreatment, Sexual Abuse, Torture (CRA s11)
5. Right to Dignity (CRA s11)
6. Right to Leisure and Recreation and to the Provision of Recreational Facilities (CRA s12)
7. Right to Health and Health Services (CRA s13)
8. Right to Education (CRA s15)
9. Right to the Guidance of Authorized Caregivers (CRA s20)

## Language Fluency and Literacy

### Meaning

Clear and confident oral or written communication in a language.

### Related Issues

The following points are the results of weak language fluency/illiteracy:

1. Difficulties in education and with most human communication.
2. Inclination to ignorance, to being misunderstood, to feeling lost in the world around them.
3. Lack of employment options (i.e. menial labor for the illiterate).
4. Poverty.
5. Fearfulness in everyday living.

### Rights at Stake

1. Right to Survival and Development (CRA s4)
2. Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
3. Right to Education (CRA s15)

## Child Abuse

### Meaning

Neglecting and/or maltreating a child physically and/or mentally.

### Related Issues

When adult caregivers fail to respond positively to a child's physical, emotional, and spiritual needs, it will affect the child's experience. This failure manifests in many forms:

1. Harsh corporal punishment.
2. Sexual play/intercourse.
3. Lack of supervision for children.
4. Deliberate or inadvertent neglect to feed a child.
5. Denial of education for a child and/or forcing an underage child into the workforce.
6. Use of curse words and frequent shouting.
7. Forcing children to beg for alms on the street.
8. Forcing children to undertake labor too arduous for their bodies and for their young minds.
9. Ignoring the child without explanation, also known as "silent treatment."

Effects of abuse on children include:

1. Fear with low levels of emotional security.
2. Poor growth and malnourished bodies.
3. Scarred bodies.
4. Preference to live on the streets rather than return home.
5. Development into traumatized, abusive adults.

### Rights at Stake

1. Right to Survival and Development (CRA s4).
2. Freedom from Discrimination (CRA s10)
3. Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
4. Right to Protection from Neglect, Maltreatment, Sexual Abuse, Torture (CRA s11)
5. Right to Dignity (CRA s11)
6. Right to Leisure and Recreation and to the Provision of Recreational Facilities (CRA s12)
7. Right to Health and Health Services (CRA s13)
8. Right to Education (CRA s15)

## Rights Awareness

### Meaning

Having an understanding of one's human rights. In the case of children, how these rights impact their relationships with adults and with fellow children (their peers).

### Related Issues

The following points, with regard to rights awareness, will negatively affect a child's experience:

1. Low levels of rights awareness in Nigeria. Only 20 of 36 states have adopted the Nigeria Child Rights Act (2003) as law.
2. Child abuse by caregivers and other figures of authority.
3. Exploitation of children by parents and relatives (e.g. use them to repay debts, give them up as indentured servants).

4. Unlawful and unjust treatment within juvenile justice system (e.g. police/magistrates lack knowledge of child rights laws, ignoring minimum age for criminal responsibility, detaining children in the same cell as adult criminals, denial of intervention by social workers).

The following points, with regard to rights awareness, will positively affect a child's experience:
1. Active and meaningful participation by children in the advocacy and implementation of their rights.
2. Assemblies, activities, films, and discussion with children at child care institutions that highlight key rights issues.
3. Good relations between civil society and community-based organizations and the state and local government, especially with regard to implementation of the Child Rights Act.
4. Public education campaigns launched by civil society and community-based organizations with the following objectives:
    a. Increased advocacy by children and adult supporters.
    b. Increased political will to implement, monitor, and research child rights issues.
    c. Empowerment of families who need to feel supported by cross-sectoral participation (government, private sector, civil society, communities) in the affairs of their children.
    d. Increased funding for the provision of services by community-based organizations and civil society.

### Rights at Stake
All child rights are at stake in the area of rights awareness.

## Child Participation
### Meaning
Adults should encourage children to feel free to communicate opinions and feelings on an appropriate variety of issues, especially those involving their lives.

### Related Issues
The following points, with regard to child participation, positively affect a child's experience:
1. Encouragement to participate in healthy and independent engagement with adults, children, family, and the world around them (*Children as Cultural Beings*).
2. Freedom to be agents of their own behavior, with adults acting in an oversight role (*Children as Social Actors*).
3. Freedom to participate in issues affecting their lives (i.e. health, socio-economic conditions) via Nigeria's Children's Parliament (*Children as Political Actors*).

### Rights at Stake
1. Freedom of Association and Peaceful Assembly (CRA s6)
2. Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
3. Right to the Guidance of Authorized Caregivers (CRA s20)

## Leadership and Supervision
### Meaning
The person in a position of leadership takes responsibility for all the affairs of themselves, their subordinates, and the child care center. It is recommended that the top leader has plenty of experience (i.e. senior teacher, former head/deputy head of a reputable child center).

### Related Issues
The following points are the responsibility of those in leadership positions. The effective execution of these items will affect a child's experience:

1. Overall center management and administration.
2. Recruiting and training caregivers and other staff.
3. Supervising all child and staff activity in the center.
4. Delegating responsibility to staff members and older children according to their capacities.
5. Guiding behavior and activity according to policy, often showing the way through “leadership by example.”
6. Seconding as a hands-on caregiver.
7. Child admission.
8. Child and staff counseling.
9. Developing center programs.
10. Public relations.
11. Developing, implementing, and monitoring center policies (e.g. child rights legislation, behavior policy, equal opportunities policy, child protection policy).
12. Evaluating center services and usage alongside center objectives.
13. Maintaining a rights based culture for the center where children and caregivers feel secure, loved, and supported.
14. Handling conflict.

**Rights at Stake**

All child rights are at stake in the area of leadership and supervision.

# Developing a Child Protection Policy & Related Policies

**Objectives:**

1. Understand the urgency for a child protection policy and related policies for institutions.
2. Know how to develop a child protection policy and related policies.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
Freedom from Discrimination (CRA s10)
Right to Privacy, Honor, and Reputation (CRA s11)
Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
Right to the Guidance of Authorized Caregivers (CRA s20)
Right to Protection from Use in Criminal Activities (CRA s26)
Right to Protection from Being Sold/Trafficked (CRA s30)
Right to Protection from Unlawful Sexual Intercourse (CRA s31)
Right to Protection from Exposure to Harmful Publications (CRA s36–38)
Right to Protection from Unsuitable or Disqualified Caregivers (CRA s123 & 197)
Right to Care Only in a Registered Children's Home and to Safety and Appropriate Welfare Therein (CRA s195–197)

**Millennium Development Goals**

Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

**Time:** 2 full days, 9 AM – 6 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>Child protection policy specimen | 2 hours | Review a child protection policy sample. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 2**<br>Child protection policy statement | 2 hours | Write a 1-page child policy statement describing their organization's commitment to safeguarding and promoting child welfare. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 3**<br>Other child protection and care policy specimens | 2 hours | Review other protection and care related policies which help to implement the central child protection policy. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Day 2** | | | | | |
| **Session 4**<br>Practice guidance for child protection policy development | 3 hours | Review ways to implement child protection policies. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 5**<br>Practicing the complaint process | 3 hours | • Practice making complaints using the specimen complaint form from the standpoints of a trustee, staff, volunteer, youth participating in a charity program, and from the standpoint of a child.<br>• Role play a child protection officer and present to the class procedures for dealing with the allegations they have received.<br>• Study a sample child protection reporting form and visitor's protection affirmation form. | Pair work | • Sample complaint form<br>• Pencil | Presentations |
| **Session 6** | 1 hour | **QUIZ** | | | |

# Session 1: Child Protection Policy Specimen

**Objectives:** By the end of this session, participants will review a child protection policy sample.

**Time:** 1.5 hours

Before beginning the process of a developing a child protection policy, let us first establish why we need a child protection policy. Over the years there has been increasing evidence that children can be at risk of harm from adults in positions of trust and from other (often older) children. Harm includes violence to children, sexual abuse, neglect to provide medical care, and other violations particularly with respect to the dignity principles highlighted in section 11 of the Nigeria Child Rights Act (2003). Greater attention is now paid to how child care institutions and other agencies working with children ensure that the children with whom they are in contact are kept safe from harm. There is a growing and widespread acceptance of the need for agencies to build child protection measures into their work. Hence, this workshop teaches caregivers in institutions how to develop a written child protection policy and related protection and care policies.

## SPECIMEN
## CHILD PROTECTION POLICY

### Policy Statement
We at Sponsor A Child are committed to practices that protect all children, within the field of our intervention, from harm. Trustees, staff, volunteers, and youth participating in our programs recognize and accept our responsibilities to develop awareness of risks related to child care and to reduce the possibilities of harm to children in our care.

### Definition
For the purpose of these policies and guidelines, children are persons under the age of 18 years or any person considered vulnerable.

We will endeavor to safeguard children by:
1. Adopting child protection policies and guidelines through a code of behavior for trustees, staff, volunteers, and children.
2. Sharing information about concerns with agencies who need to know and involving community/hospital authorities/relatives and children appropriately.
3. Ensuring that the UK Criminal Records Bureau, in accordance with their guidelines, checks all trustees with responsibility for children.
4. Ensuring that the appropriate agencies in Nigeria, in accordance with their guidelines, check all staff and volunteers with responsibility for children.
5. Making all new trustees, staff, volunteers, and children in our care aware of our child protection policies and guidelines.
6. Appointing 2 child protection officers to address any reported concerns with current policies and guidelines.
7. Reviewing our policies and good practice guidelines every 2 years.

## Code of Behavior (for Trustees, Staff, Volunteers, and Children)

### Prohibitions

1. Trustees, staff, volunteers, and youth participating in our programs are advised not to make unnecessary physical contact with children. However, there may be occasions when physical contact is unavoidable such as caring for babies and toddlers, comforting in times of distress, physical support in contact sports, or the like. In all such cases, except when caring for babies and toddlers, contact should only take place with the consent of the child.
2. It is not good practice to take children alone in a car, however short the journey. Where this is unavoidable, it should be with the full knowledge and consent of guardians (i.e. community or hospital authorities, relatives responsible for the child, the duty officer from Sponsor A Child).
3. Trustees, staff, volunteers, and youth participating in our programs should not meet children outside of organized activities unless it is with the knowledge/consent of guardians (i.e. community or hospital authorities, relatives responsible for the child, duty officer from Sponsor A Child).
4. Trustees, staff, volunteers, or youth participating in our programs should not start an investigation or question anyone after an allegation or concern has been raised by either a child, staff, volunteer, or youth. This is the responsibility of the board of trustees and/or the police. The complainant must simply record the facts and place the account in the Complaints Box. In the case of an oral, informal complaint, the complainant should report the facts to a child protection officer.
5. Trustees, staff, volunteers, and youth participating in our programs should never (even in fun) engage in the following activities:
    a. Participate in sexually provocative conversations or actions.
    b. Allow the use of inappropriate language to go unchallenged.
    c. Do things of a personal nature for children that they can do themselves.
    d. Allow any allegations of child abuse issues, by the child or another party, to go unreported and unaddressed by a child protection officer, or to be trivialized or exaggerated.
    e. Promise to keep a disclosure confidential from a child protection officer/relevant authorities.
6. Trustees, staff, volunteers, and youth participating in our programs should not show favoritism to any child.
7. Trustees, staff, volunteers, and youth participating in our programs should not discriminate against children with disabilities or on the basis of ethnic origin, political or religious beliefs, or economic status. All children should be respected and should feel welcome and included in our programs.
8. Trustees, staff, volunteers, and youth participating in our programs should under no circumstances issue or threaten any form of physical punishment or inflict any form of physical harm or assault.

### Responsibilities

1. Trustees, staff, volunteers, and youth participating in our programs must respect children's rights to privacy and encourage children and adults to feel comfortable enough to report attitudes or behavior they do not like.
2. Trustees, staff, volunteers, and youth participating in our programs are expected to act with discretion with regards to their personal relationships. They should ensure their personal relationships do not affect their leadership roles within the organization space. All pre-existing relationships between trustees, staff, volunteers, and youth participants at any Sponsor A Child event or project must be declared.
3. Trustees, staff, volunteers, and youth participating in our programs, who are identified as duty officers for any period of time, must refrain from consuming alcohol for a period of at least 12 hours prior to assuming responsibility for any child or children.
4. Trustees, staff, volunteers, and youth participating in our programs should be aware of the complaint form which represents our written procedure for reporting concerns or incidents. They should be aware of the location of complaints forms and the complaints box. New staff and new children should be given a 'specimen' of the complaints form and educated on its use.
5. If a trustee, staff member, volunteer, or youth participating in our programs finds himself or herself the subject of inappropriate affection or attention from a child, they should make others, including the child protection officers, aware of this.

6. If a trustee, staff member, volunteer, or youth participating in our programs has any concern relating to the welfare of a child in their care, be it concerns about actions/behaviors of other trustees, staff, volunteers, or youth participating in our progams or based on any conversation with a child particularly where the child makes an allegation, they should report this to a child protection officer.

Coordinator/Trustee Signature:
Name:
Date:

Volunteer/Trustee/Staff Signature:
Name:
Date:

To get a clear idea of what a Child Protection Policy looks like – its format and sample provisions – let us review the specimen provided by Sponsor A Child. The specimen will guide caregivers as they prepare their own policies for display in conspicuous locations in various parts of their institutions.

# Session 2: Child Protection Policy Statement

**Objectives:** By the end of this session, participants will write a 1-page child policy statement describing their organization's commitment to safeguarding and promoting child welfare.

**Time:** 1.5 hours

## Developing a Child Protection Policy

### Contents of the Statement

To begin the process of developing a child protection policy, a 1-page child policy statement should be written that lays out the organization's commitment to safeguarding and promoting the welfare of children. The statement should:

1. Identify the name of the organization and its objectives or activities.
2. Consider the particular circumstances of the organization.
3. Refer to principles, legislation, and guidance that underpin the policy regarding "what to do if you are worried a child is being abused."
4. State clearly the duty of paid workers and volunteers to child protection.
5. Clarify that the policy and procedures apply to all children and young people regardless of gender, ethnicity, disability, sexuality, or religion.
6. State that all stakeholders will be informed of child protection policies and procedures.

## Importance of a Policy Statement

There are several reasons why it is important that the organization has a policy statement:

1. Everyone needs to be clear about how children and young people are protected within the workplace.
2. A policy statement makes it clear that safeguarding the welfare of children and young people is mandatory and an integral activity for the organization.
3. A policy statement provides a structure for the procedures that the organization will follow in order to maximize safety.

# Session 3: Other Child Protection and Care Policy Specimens

**Objectives:** By the end of this session, participants will review other protection and care related policies which help to implement the central child protection policy.

**Time:** 1 hour

## SPECIMEN
## BEHAVIOR POLICY

The aim of Sponsor A Child is that all children should behave in socially acceptable ways. To be socially acceptable, we believe that children should be able to:

1. Treat other children and adults with respect.
2. Speak politely to other people.
3. Have self-confidence and high self-esteem.

To encourage this, staff will:

1. Treat all children and adults with respect.
2. Speak politely to all other people.
3. Praise children's efforts and achievements as often as they can.
4. Explain to children what they should have done or said when they get it wrong.
5. Tell parents/authorized caregivers about their child's efforts and achievements.

We will not accept the following behavior from children or adults:

1. Use of rude or unkind language.
2. Physical responses such as hitting, slapping, kicking.
3. Sexist, tribalist, racist, religious, or any other discriminatory insult.

If such behavior occurs:

1. For children:
    a. We will tell the child it is wrong and explain what they should have done or said (or not said).
    b. If the behavior is repeated, the child will be reminded once more as above.
    c. If the behavior continues, we will remove the child from the activity and speak to the responsible caregiver or parent.
    d. We will try to find out why the child is behaving this way and treat the situation accordingly.
2. For caregivers:
    a. The caregiver should request to speak to the parents/authorized caregiver or fellow staff in private about the matter.
    b. The caregiver should explain rules, regulations, and legislation to the authorized caregiver or fellow staff regarding the matter at hand.

c. The caregiver should call on a respected fellow staff or leader in the organization if necessary to reinforce the correction.
d. Use the formal complaints procedure (e.g. submission of a complaint form to the designated complaints officer) if necessary.

# SPECIMEN
# EXCLUSIONS POLICY

Sponsor A Child is not a formal school; therefore, fixed-term exclusions are inappropriate disciplinary measures. Permanent exclusion, recognized as an extreme sanction, is administered by the charity's board of trustees. The board makes its decision in consultation with the coordinator of Sponsor A Child who would have consulted thoroughly with the child protection officer, the complaints officer, and other relevant staff and stakeholders (e.g. parents/authorized caregivers of child/student). The board takes each case on its own merit; that is, on its gravity and on its implications to the wider Sponsor A Child community.

## Rationale

Sponsor A Child's Exclusion Policy, an appendix of our Behavior Policy, is underpinned by the shared commitment of all our stakeholders to achieve 2 important aims:

1. The first is to ensure the safety and well-being of all members of the Sponsor A Child community and to maintain an appropriate care and educational environment in which all, adults and children, can learn, teach, and interact successfully.
2. The second is to realize the aim of reducing the need to use exclusions as a sanction.

## Conditions for Exclusion

The decision to exclude a student (adult or child) will be taken in the following circumstances:

1. A serious breach of Sponsor A Child's Behavior Policy.
2. Extraordinary incidents of misconduct and harmful behavior not mentioned in the Behavior Policy such as:
    a. Damage to property.
    b. Use of illegal drugs.
    c. Use of other substances.
    d. Supplying an illegal drug.
    e. Theft.
    f. Serious, actual, or threatened violence against another student, member of staff, or authorized caregiver of student.
    g. Carrying an offensive weapon.
    h. Sexual abuse or assault.
    i. Arson.
    j. Unacceptable behavior which has previously been reported and for which center sanctions and other interventions have not been successful in correcting.***
3. If allowing the student to remain in our center would seriously harm the education or welfare of the student or others in the center.

****This is not an exhaustive list and there may be other situations where the coordinator, in consultation with the child protection and/or complaints officer, makes the judgment that exclusion is the appropriate sanction.*

SPECIMEN

## SPECIAL NEEDS POLICY

Sponsor A Child believes that all children have the right to interact and to develop to their full potential alongside each other. It is a positive experience to be able to share the same opportunities and overcome any difficulties together. We make all efforts to ensure that we are an "accessible" organization.

We aim to:

1. Assess each child's specific needs and adapt our facilities as appropriate.
2. Seek advice, support, and training from special needs, education, and health specialists.
3. Ensure that all children are treated as equals and are encouraged to take part in every aspect of the sessional day.
4. Promote positive images of children with special needs wherever possible.

Sponsor A Child believes that all children have a right to experience an integrated life and to develop alongside their peers no matter what their individual needs.

Where a child's special needs must be met in the child care session within a one-on-one framework, the child's authorized caregiver will be informed.

SPECIMEN

## EQUAL OPPORTUNITIES POLICY

### Prohibitions

**We Do Not**

1. Give any tribe preference over the other.
2. Discriminate against or give preference to children, staff, or authorized caregivers because of religious beliefs.
3. Impose religious beliefs on any of the above.

### Responsibilities

**We Do**

1. Encourage the participation of children with special needs in all programs and make due provision for them in our Learn and Play and General Training Room programs.
2. Encourage the participation of both genders in our programs.
3. Bridge the gap in literacy levels by encouraging the participation of girl children and women in literacy programs at the center.

# Session 4: Practice Guidance for Child Protection Policy Development

**Objectives:** By the end of this session, participants will review ways to implement child protection policies.

**Time:** 1 hour

## How to Implement your Policy

1. Establish procedures for how to respond to abuse or suspicions of abuse in line with legislation and directors' mandates about "what to do if you are worried a child is being abused."
2. Maintain confidential records of concern.
3. Make available to those charged with child protection the contact names and details of other agencies and resources.
4. Implement safe recruitment procedures for staff.
5. A specimen complaints form should be given to each child in the "welcome/admissions pack" on arrival at the institution, and the child should be educated on its use.
6. A specimen complaints form should be given to each new staff at induction during which the staff is educated on the institution's child protection procedures.
7. Implement procedures for dealing with allegations against staff, including volunteers.
8. Install a complaints box and ensure that the only key is in the possession of the coordinator.
9. Outline requirements for staff at induction, during training, monitoring, and supervision.
10. Outline complaints procedure for both adults and children. There may be 2 distinct forms for formal and informal complaints – one for children and another for adults or 1 communal form. A "Complaints Referral Form" for recording the reported complaint in procedural fashion should be used by the Child Protection Officer.
11. Require that all users are informed of these policies and practice guidance.
12. Appoint a designated child protection officer.
13. Encourage frightened children to share their complaint with a trusted youth who can act as advocate, help them express their complaint to a designated child protection officer, or assist them in filling out the complaints form.
14. Explain to duty bearers what the arrangements are for sharing information with external individuals or agencies with a stake in the welfare of the child or children.
15. Define when policy and procedures will be reviewed.
16. Ensure that responses to both formal and informal complaints are implemented quickly, thoroughly, and effectively using appropriate resources and with reference to relevant stakeholders.

## Recommendations

It is recommended that the methods for implementing your child protection policy are clearly written in booklet form and distributed to all relevant parties. New staff should be given the policy statement and the implementation booklet at induction. It is also recommended that procedures are outlined for the following areas of activity that need to be considered in institutional child protection. It is not an exhaustive list:

1. Trips away from the institution.
2. Working with children and young people with disabilities.

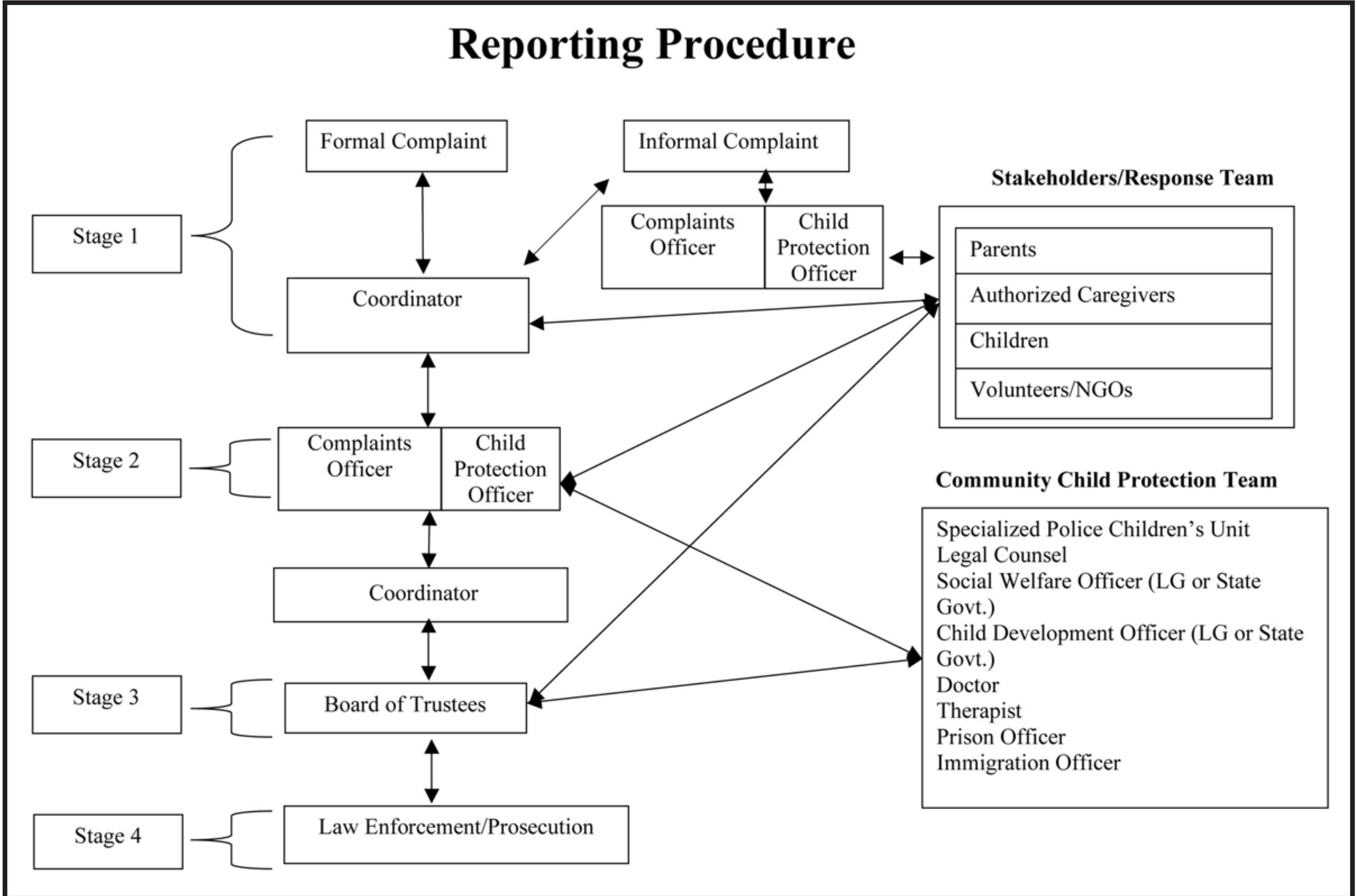
3. Groups of parents and children.
4. Working with older children.
5. Children- and young-people-only groups.
6. Use of the internet.
7. Media and children.

# Session 5: Practicing the Complaint Process

**Objectives:**

1. Practice making complaints using the specimen complaint form from the standpoints of a trustee, staff, volunteer, youth participating in a charity program, and from the standpoint of a child.
2. Role play a child protection officer and present to the class procedures for dealing with the allegations they have received.
3. Study a sample child protection reporting form and visitor's protection affirmation form.

**Time:** 1 hour



## CHILD PROTECTION REPORTING FORM

**Name:** ________________________________

**Date:** ________________________________

**Time:** ________________________________

1. Has any person done or said anything bad to you?
   YES NO
2. Did you see anyone doing or saying anything bad to a child?
   YES NO
3. Are you afriad?
   YES NO
4. Write what happened in the box below.

**Signature:** ________________________________

*Please drop this form in the Complaints Box or give it to the Child Protection Officer or Coordinator.*

## VISITOR'S CHILD PROTECTION AFFIRMATION FORM

**Attention all guests!** This facility operates a child protection policy and all visitors are enjoined to affirm their commitment to protecting the rights of every child while on this premises.

I understand that this facility operates a child protection policy. I, therefore, affirm my total commitment to act in the best interests of the child while in this facility.

**Name:** ________________________________

**Signature:** ________________________________ **Date:** ________________________

# SESSION 6: QUIZ

## Developing a Child Protection Policy & Related Policies

1. Why must an institution of child care and education have a child protection policy?

2. Provide 2 examples of what a child protection policy statement must contain.

3. Provide 2 examples of some areas of activity in your own institution that need to be considered within the framework of a child protection policy.

4. Read through the “Specimen” Child Protection Policy and:
   *Provide 2 broad examples of how children can be safeguarded.*

   *Provide 2 specific examples of what might be prohibited within the code of behavior you wish to adopt in your own institution.*

   *Provide 2 examples of trustee/staff/volunteer responsibilities within the code of behavior you will adopt to protect your children.*

5. Study the “Specimen” Child Protection Policy and write a draft of a child protection policy for your own organization.

6. In what way(s) does the “Specimen” Behavior Policy help to implement the child protection policy?

7. In what way(s) does the “Specimen” Special Needs Policy help to implement the child protection policy?

8. In what way(s) does the “Specimen” Equal Opportunities Policy help to implement the child protection policy?

# Child Rights for Law Enforcement Officers

**Objectives:**

1. Discuss and understand the faults in the local administration of child protection.
2. Be aware of the rights of children in conflict with the law as outlined in the UNICEF guide "Protecting Children" and as detailed in the Nigeria Child Rights Act (2003).
3. Understand the justification of child rights principles, which is to rehabilitate rather than condemn.
4. Know how to develop an inter-agency child protection policy.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
Right to Dignity (CRA s11)
Right to Privacy, Honor, and Reputation (CRA s11)
Right to Health and Health Services (CRA s13)
Right to Education (CRA s15)
Right to the Child Justice System and Its Processes (CRA s204–238)

**Millennium Development Goals**

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 2: Achieve Universal Primary Education
Goal 3: Promote Gender Equality and Empower Women
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases
Goal 7: Ensure Environmental Sustainability

**Time:** 2 full days, 9 AM – 6 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>Law enforcement and institutions: the interface | 3 hours | Identify and discuss elements of the interface between law enforcement services in communities and institutional caregiver services for at risk children. | • Film<br>• Group work | • PowerPoint<br>• Flip chart<br>• Markers | Presentations |
| | 1 hour | **LUNCH** | | | |
| **Session 2**<br>Current issues in Nigerian child justice system | 4 hours | Discuss and understand the endemic faults in the local system of child protection. | • Lecture<br>• Film<br>• Group work | PowerPoint | Presentations |
| **Day 2** | | | | | |
| **Session 3**<br>Discussing UNICEF's guide for law enforcement officers | 3 hours | • Review UNICEF's guide for law enforcement officers and the principles presented within.<br>• Discuss and present approaches to law enforcement that respect the rights of children in conflict with the law. | Group work | UNICEF guide | Presentations |
| | 1 hour | **LUNCH** | | | |
| **Session 4**<br>Tactics for enforcing child rights | 2 hours | Discuss the enforcement of child protection using methods that respect the rights of children in conflict with the law and safeguard their well-being. | • Lecture<br>• Film<br>• Group work | UNICEF guide | Presentations |
| **Session 5**<br>Developing a child protection policy | 3 hours | Know how to develop and implement an inter-agency child protection policy. | • Lecture<br>• Group work | • PowerPoint<br>• Flip chart<br>• Markers<br>• Overhead projector<br>• Screen<br>• Scanner | Presentations |

# Session 1: Law Enforcement and Institutions: the Interface

**Objectives:** By the end of this session, participants will identify and discuss elements of the interface between law enforcement services in communities and institutional caregiver services for at risk children.

**Time:** 3 hours

Institutional caregivers in orphanages deliver a vital service to communities by providing a home for at risk groups such as:

1. Orphans.
2. Abandoned children.
3. Children who need a home away from home.
4. Children who need custodial rehabilitation following conflict with the law.

In this way, orphanages support the functions of remand homes by providing an alternative to remand for children guilty only of petty offenses. These children can be rehabilitated fairly painlessly if provided with a place of positive socialization and with consistent care and attention by loving, informed caregivers.

## Remand Homes

Remand homes, of which there are an insufficient numbers in Nigeria, provide custodial rehabilitation for children in conflict with the law. It is an alternative to prison, designed with children in mind and with an emphasis on rehabilitation rather than punishment. Remand homes serve as long-term homes for those children who, despite being ready for reintegration into mainstream society, lack families to take them in. In this way, remand homes complement the services of orphanages.

Caregivers in remand homes are expected to:

1. Provide the children with care, nourishment, shelter, and protection and other safeguards and benefits which are in their best interests.
2. Continue the formal education of child offenders.
3. Offer vocational training.
4. Focus on the moral development of these children.

## Child Offenders, Abandoned Children, and the Role of Police

For many child offenders, their first encounter with authority is the police officer who apprehends the child offender and brings him to the police station. The police officer is the first person to receive the abandoned or lost child into custody.

Police stations follow specific procedures regarding lost, abandoned children and alleged child offenders. There is a duty to uphold due process in the way these children are handled and their matters resolved. With the information the policemen are able to provide, government social welfare officers and magistrates of the Family Court make a final decision regarding the child’s future.

Institutional caregivers play a powerful role implementing the court's decision as custodians of these children. In this way the interaction between institutional caregivers and administrators of juvenile justice is regular. This module gives caregivers a chance to speak up for the rights of at risk children who find themselves confronting the juvenile justice system first before finding a home within institutional walls.

### Common Child Rights Violations

An example of a habitually violated child right is the Right to Identity (i.e. right to a name, family, nationality [CRA s5]).

> *Caregivers frequently complain that there is little or no investigation by the police of the origins of lost children. Often a fuller investigation undertaken by orphanages leads to a fairly swift re-unification of the allegedly abandoned child with his or her family.*

This scenario occurs regularly and could be avoided by providing sufficient detail in the police report regarding (1) where the child was found and (2) the child's own words about his origins and family. Failing to administer a full report denies the child perhaps the only recorded history of his family, life, and origins. This report is the document with which the child's origins may be traced in later years. It is using information found in this report, and subsequent reports, that adoptive parents will formulate a realistic vision for the adopted child's future.

A second example of a right which is frequently violated is the Right to the Child Justice System and Its Processes (CRA s204–238).

> *Institutional caregivers regularly complain about the pre-entry trauma inflicted on institutionalized children who have experienced detention in the same cells as adult criminals for a protracted period of time whilst in the custody of the police. Caregivers query whether this arrangement takes place in truth for lack of a suitable orphanage immediately at hand or whether it occurs for lack of police effort to find a suitable space for the lost/abandoned child or child offender. The law (CRA 211.2 "Investigation") rightly classifies the detention of children with adult criminals as exposure to "harm."*

## DISCUSSION QUESTIONS

1. What are rights?
2. Do children in your opinion have rights?
3. Are children in conflict with the law supposed to have rights?
4. What do you think should be a child's rights from the moment of arrest through to sentencing?

## GROUP WORK

1. Form inter-agency groups according to SPCU location and appoint a scribe/spokesman.
2. Discuss in the context of a child's Right to Identity (CRA s5):
    a. The initial encounter with the lost/abandoned child and investigation of the child's origins.
    b. Pre-trial custody and investigation of the child offender's origins.
3. The spokesman of each group should make a 2- to 3-minute presentation about issues of Right to Identity his group faces on a daily basis. At the end, the spokesman should invite comments from his peers.

# Session 2: Current Issues in Nigerian Child Justice System

**Objectives:** By the end of this session, participants will discuss and understand the endemic faults in their local systems of child protection.

**Time:** 4 hours

This session outlines systemic faults in Nigerian child justice as administered by police and prison officers which negatively impact the safety, development, and well-being of alleged and actual child offenders.

## Treatment of Children in Custody

### Adult–Child Cohabitation

"In Nigeria, children are tried like adults," said Clement Nwankwo, head of the Constitutional Rights Project (a leading local human rights group). "They are jailed and incarcerated with adults instead of being given more reform-oriented, non-custodial forms of sentencing."

A recent Sponsor A Child case study (2009) upholds this outlook. Of 99 alleged and actual child offenders sampled, 51.5% had not been separated from adults when taken into custody. Child offenders, due to their vulnerability and youth, require and have the right to special accommodations appropriate for their age and maturity level and separate from adults.

### Child Abuse

Reports of child abuse while in custody are not uncommon. An abused child can be described as a child less than 18 years of age whose physical, mental, or emotional condition has been impaired or is in danger of becoming impaired as a result of:

1. Violence or other degrading treatment.
2. Failure of those authorized to care for and protect the child to exercise a minimum degree of care (i.e. adequate food, clothing, shelter, education, medical care, vital information, etc.).

In July 2001, a 4-year-old boy was arrested for breaking a windscreen of a neighbor's car. The law enforcers not only kept the infant in the police station for 2 days, but also forced him to do manual labor. This is considered child abuse. Child abuse, in any form, is a crime, and it is the duty of law enforcement to respond speedily and appropriately to incidents of child abuse, including incidents within the ranks of law enforcement.

## Dysfunctional Legal Process

Once being detained, children often fall victim to a dysfunctional legal system. This may include:

1. <u>Lengthy custody pending trial</u>: Some children have been detained for periods of 4 to 8 years.
2. <u>Detention for very minor offenses</u>: 60% of children in police cells awaiting trial are there for truancy and for being out of parental control. "Wandering" (vagrancy) has also been cited as cause for remand in Edo, Kaduna, and Kano states.
3. <u>Denial of legal representation</u>: A large proportion of children are not legally represented during pre-trial custody.

### Inadequate Facilities and Environment

Rehabilitation services for children are few and far between within the Nigerian justice system. Though some educational and vocational services within juvenile detention centers do exist, they are not often utilized for a number of reasons:

1. The facilities are not maintained to proper educational standards.
2. There is a scarcity of trained and motivated workers to staff these facilities nationwide.
3. The facilities lack learning materials to sustain serious training activities.

The standards of the police stations and prisons themselves also remain subpar. Currently, those being detained in Nigeria may experience:

1. Overcrowding.
2. Lack of sanitation.
3. Susceptibility to life threatening diseases. (Children in custody, many of whom do not receive immunization at birth and in early childhood, are particularly at risk.)

## DISCUSSION QUESTIONS

1. How do you think a child in your custody should be treated?
2. How are they being treated in your custody?
3. If there is a difference, why?

## GROUP WORK

1. Form inter-agency groups according to SPCU location and appoint a scribe/spokesman.
2. Study individually the information provided in the 2 tables.
3. Of the disposition/disciplinary measures cited, groups should decide which is the most and which is the least effective.
4. The group spokesman should make short 5-minute presentations based on the group's collective experiences in the field, defending the group's positions.
5. Of the complaints cited in Table 2, the group should select the 2 complaints most relevant to the child justice system in their local administration.
6. The group spokesman should make short 5-minute presentations outlining point-by-point the cause of these failings.

**Table 1: The Preferred Disposition Measures of Judicial Officers Taken from Their Own Experience**

| | Judicial Officers | |
|---|---|---|
| | Number | % |
| **Corporal punishment** | 20 | 37.0 |
| **Caution/dismissal** | -- | -- |
| **Probation/fine** | 6 | 11.1 |
| **Prison** | 10 | 18.5 |
| **Approved school/remand home** | 14 | 25.9 |
| **Borstal** | 3 | 5.6 |
| **Others** | 1 | 1.9 |
| **Total** | 54 | 100 |

*Source: "Child Justice in Nigeria." UNICEF Research Report, July 2008.*

**Table 2: Complaints Made by Juveniles in Various Detention Facilities to Social Welfare Officers**

| | Prison | | Remand Home | | Approved School | | Borstal | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| **Inhuman treatment** | 60 | 32.3 | 32 | 16.4 | 14 | 7.7 | 9 | 5.0 |
| **Hunger/no water** | 15 | 8.1 | 33 | 16.9 | 22 | 12.2 | 24 | 13.3 |
| **Physical/sexual abuse** | 1 | 0.5 | 9 | 4.6 | 2 | 1.1 | 6 | 3.3 |
| **Poor accommodation** | 24 | 12.9 | 21 | 10.8 | 11 | 6.1 | 25 | 13.9 |
| **Several of above** | 59 | 31.7 | 42 | 21.5 | 32 | 17.7 | 39 | 21.7 |
| **None of the above** | 27 | 14.5 | 58 | 29.7 | 100 | 55.2 | 77 | 42.8 |
| **Total** | 186 | 100 | 195 | 100 | 181 | 100 | 180 | 100 |

*Source: Lagos State Ministry of Justice Report, November 2007.*

# Session 3: Discussing UNICEF's Guide for Law Enforcement Officers

**Objectives:**

1. Review UNICEF's guide for law enforcement officers and the principles presented within.
2. Discuss and present approaches to law enforcement that respect the rights of children in conflict with the law.

**Time:** 3 hours

UNICEF, in collaboration with the National Human Rights Commission, has produced "Protecting Children," a guide for law enforcement officers. The guide outlines articles from the UN Convention on the Rights of the Child (1989) which ensure that a child's well-being and welfare are secured during incarceration. It takes into consideration the trauma and suffering the alleged child offender will have undergone as a consequence of the alleged commission of an offense.

During this session, principles from UNICEF's guide are considered, specifically:

1. Child survival.
2. Prevention of harm.
3. Promotion of human dignity.
4. Promotion of human development.
5. Positive interaction of the children with police and prison officers.

By examining these principles in the context of day-to-day law enforcement, we can begin to see law enforcement through the lens of child rights and identify areas where improvements in protecting these rights are vital.

## GROUP WORK

1. Form inter-agency groups according to SPCU location and appoint a scribe/spokesman.
2. Referring to UNICEF's guide "Protecting Children," groups should discuss and answer the following questions:
   a. How can law enforcement officers become more familiar with the rights of apprehended children?
   b. How can law enforcement officers ensure the emotional security of apprehended children?
   c. Children are also citizens of Nigeria with corresponding rights and privileges. How can law enforcement officers ensure this right to social identity that is critical to the dignity of a child?
   d. How can law enforcement officials ensure continuing education and or vocational training for apprehended children? Why is this education important?
   e. How can law enforcement officials ensure the physical and mental health of apprehended children?
   f. Even in a detention facility, play is critical to healthy child development and helps to socialize children. How can law enforcement officials help apprehended children meet this need?
   g. How can law enforcement officers protect the child's right to presumed innocence and to a fair trial?
   h. How can law enforcement officers promote the child's right to privacy at all stages of pre- and post-trial proceedings?
3. The group spokesman should make a 5-minute presentation on 2 approaches to law enforcement discussed by the group that respect the rights of child offenders.

# Session 4: Tactics for Enforcing Child Rights

**Objectives:** By the end of this session, participants will discuss the enforcement of child protection using methods which respect the rights of children in conflict with the law and safeguard their well-being.

**Time:** 2 hours

Child justice reform brings Nigeria's child justice administration in-line with the principles and rights of the UN Convention on the Rights of the Child (1989). The reform of child justice administration has been integrated into Part 20 of the Child Rights Act (2003). Reform makes provision for the development and institution of Specialized Police Children's Units (SPCU) at police stations across the country. There are currently 12 SPCUs in Nigeria.

In response to this call to action, a number of tactics are available to law enforcement officials in their quest to protect child rights.

### Create a Community Child Protection Team

The most effective approach to cases involving child offenders (and child maltreatment) is interagency coordination and planning. This includes coordination between:

1. Policemen.
2. Therapists.
3. Legal counsel.
4. Judges/magistrates.
5. Social workers (NGO).
6. Government social welfare officers.
7. Government child development officers.
8. Physicians.
9. Institutional caregivers.

All have important clearly defined roles to play within the child protection team. Members of the team should be carefully selected on the basis of their commitment to child care and protection. They must be local champions of the rights of children or well-known and respected in their communities.

Members must work together with a common concern – the welfare of the child in conflict with the law – and with a common goal – to communicate fully and clearly with mutual respect amongst themselves and with the child. Discussion about the child or children in conflict with the law and how to manage the cases should be ongoing between members of the child protection team.

### Gain Community Support

Members of the child protection team should appeal to wealthy citizens, bookstores, and schools for gifts of learning materials and other equipment. Community involvement in this respect will rally support while improving the educational resources necessary for the implementation of the right to education at local juvenile detention centers.

Child protection teams should mount press and other kinds of campaigns to rally community and governmental support for the increased funding needed for child protection and justice.

### Protect Detained Children

While being detained, children should be protected from the problem of prison and police cell overcrowding by:

1. Carefully limiting the detention of child offenders to those children who have committed serious crimes.
2. Using detention as a last resort and for the shortest possible period.
3. As an alternative to institutional care, guidance, counseling, close supervision, probation, foster care, education, and vocational training should be provided.

The child protection team should also ensure that children are given care, protection, and individual assistance (social, educational, vocational, psychological, medical, and physical) necessary to their situation.

Prior to and during legal proceedings, the child protection team should:

1. Presume a child innocent until proven guilty.
2. Inform the child promptly of the charges against him through parents or authorized caregivers.
3. Ensure the child is not compelled to give testimony or to confess guilt.
4. Ensure the child's right to examine or to have examined adverse witnesses and to obtain the participation and examination of witnesses on his or her behalf.
5. Make free legal counsel available immediately along with an interpreter, if necessary.
6. Ensure the child's right to privacy is protected and that no stage of the proceedings is made public.

## GROUP WORK

1. Form inter-agency groups according to SPCU location and appoint a scribe/spokesman.
2. Discuss and outline:
   a. Steps that can be taken to ensure that the administration of juvenile justice conforms with the standards of child rights promoted in UNICEF's "Protecting Children" and the Nigeria Child Rights Act (2003).
   b. Challenges that may be faced while trying to establish such conformance with the principles and provisions of legislation.
3. Create an "Action Plan for the Workplace" based on this discussion. The spokesman should make a 5-minute presentation of the group's "Action Plan for the Workplace."
4. At the end of the presentation, the spokesman should invite comments from his peers.

# Session 5: Developing a Child Protection Policy

**Objectives:** By the end of this session, participants will know how to develop and implement an inter-agency child protection policy.

**Time:** 3 hours

## Creating the Policy

In recognition of the need to reform the enforcement of child protection by law officers, Sponsor A Child recommends written guidelines for use by an interdisciplinary child protection team. The Child Protection Policy should be an adapted version of the model below.

### Statement of Commitment to the Protection and Welfare of Children

We at *NAME OF THE POLICE STATION* are committed to maintaining law and order with respect to child offenders within the framework of the Nigeria Child Rights Act (2003). We are committed to a consistent consideration of the special needs of children in police custody. We shall preserve the well-being of children in our custody by protecting their rights to privacy, dignity, health and health services, education, and freedom of thought, conscience, and religion. The principles and procedures in this policy apply to all children and young people regardless of gender, ethnicity, disability, sexuality, or religion.

### Definition

For the purpose of this policy and guidelines, children are persons under the age of 18 years or any person considered vulnerable.

### Clear Identification of Resources Available to SPCU

*Human Resources*

1. Policemen.
2. Therapists.
3. Social workers (NGO).
4. Legal counsel.
5. Judges/magistrates.
6. Government social welfare officers.
7. Government child development officers.
8. Physicians.
9. Parents/guardians of the child.
10. Institutional caregivers.

*Training Resources*

1. “Child Rights for Law Enforcement Officers” literature and workshop.
2. Projector and screen.
3. Computer.
4. DVD player.
5. Television.
6. Nigeria Child Rights Act (2003) (or any of the state versions).
7. “Protecting Children,” UNICEF’s guide for law enforcement officers.

### Establishment of Communication Guidelines between SPCU, Child Protection Team, and Child's Family or Orphanage

At the time a child is apprehended, the following steps should be taken to ensure the detained child's rights are being protected:

1. Ask the child for contact information for family members.
2. Contact family members in a timely fashion.
3. When family information cannot be obtained, refer child to the government social welfare officer or child development officer on the child protection team for further assistance.
4. Make sure that the contact addresses, phone numbers, and times to be reached for all child protection team members are made available to all members.
5. Contact any relevant member(s) in a timely fashion when a crisis occurs involving an abandoned child or alleged child offender.

### Establishment of Clearly Defined Roles

SPCU's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Therapist's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Physician's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Child development worker's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Social welfare officer's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Social worker's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Legal counsel's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Judge/magistrate's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Institutional caregiver's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

Parents/guardian's role throughout the process of child justice administration (apprehension, investigation, detention pending trial, adjudication, remand, or liberation) ***is to***

### Identifying Features of Common Child Offences/Situations

1. Rape.
2. Theft.
3. Drug abuse.
4. Burglary.
5. Vagrancy and nuisance behavior.

### Establishment of Law Enforcement Protocols and Procedures

Procedures and protocols should be in conformance with the provisions in the Nigeria Child Rights Act (2003).

### Establishment of Training Schedule for the SPCU

Once a year, a rota should be instituted which will allow each member of the SPCU to participate in short courses in child rights, child justice reform, and relevant behavioral sciences at approved centers.

### Establishment of a Schedule for Reviewing Child Protection Policy

The Child Protection Policy should be routinely reviewed once a year, possibly at the close of the year. The recommendations from the review should be documented in time for the new year. During times of crisis, if the policy's provisions fail to meet the needs of the moment, it should be reviewed at an emergency meeting and amended with approval from those in authority.

## How to Implement the Policy

1. Hold regularly scheduled meetings with child protection team to discuss all abandoned children and child offender related issues, and action plans for: prevention and control of child offenses, apprehension, investigation of child offenders, etc.
2. Familiarize officers with what is expected of them morally and legally. They are likely to face situations in which their judgment must be the guiding light.
3. Train law officers in interview techniques for children of all ages. This should be mandatory and regular in order to avoid further traumatizing abandoned children and alleged or actual child offenders.
4. Train law officers in the standards of the Nigeria Child Rights Act (2003). Other relevant professional education should be provided and viewed as an ongoing process, designed to increase the competence of the SPCU and other members of the interdisciplinary team.
5. Prominently display summaries of key provisions of the Nigeria Child Rights Act (2003) along the walls of police stations and offices.
6. Ensure full, consistent, and accurate data collection regarding lost or abandoned children and alleged or actual child offenders.
7. Ensure communication guidelines for all members of the child protection team are accessible to police officers in the SPCU.

## GROUP WORK

1. Form inter-agency groups according to SPCU location and appoint a scribe/spokesman.
2. Draft an inter-agency child protection policy according to the guidelines discussed in this session.
3. Write the policy clearly, scan it, and use an overhead projector and screen to present the policy to the class for assessment.
4. Class assessments of each policy will be facilitated by the trainer.

# Standards of Birth Registration & Adoption

**Objectives:**

1. Understand the categories of children likely to remain unregistered at birth.
2. Identify the categories of children likely to be put up for adoption.
3. Find a family for a child, not a child for a family.
4. Understand and follow due processes regarding the placement of adoptive children.
5. Identify and discuss risks and challenges surrounding the placement of children for adoption.
6. Understand child trafficking and identify situations that point to child trafficking.
7. Identify the benefits and risks of international adoption.
8. Appreciate the bright future for children placed for adoption that can result from successful adoptions.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Survival and Development (CRA s4)
Right to Identity (CRA s5)
Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
Freedom from Discrimination (CRA s10)
Freedom from Slavery and Servitude (CRA s11)
Right to Privacy, Honor, and Reputation (CRA s11)
Right to Parental Care, Protection, and Maintenance (CRA s14)
Right to Special Protection for Children in Especially Difficult Circumstances (CRA s16)
Right to the Guidance of Authorized Caregivers (CRA s20)
Right to Protection from Use in Criminal Activities (CRA s26)
Right to Protection from Being Sold/Trafficked (CRA s30)
Right to Due Process in Adoption (CRA s125–148)

**Millennium Development Goals**

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 2: Achieve Universal Primary Education
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

**Time:** 2 full days, 9 am – 6 pm

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>The importance of birth registration | 4 hours | • Recognize the urgency for and benefits of birth registration.<br>• Understand the vulnerability of stateless children. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 2**<br>Adoption issues: risks, challenges, success surveys | 4 hours | • Identify the kind of children likely to be put up for adoption.<br>• Recognize the criteria for adoptive parents.<br>• Understand the value of "open adoptions" and the importance of due process in child placement.<br>• Identify the risks involved in adoptions with a focus on child trafficking (prevalent in Nigeria). | • Lecture<br>• Discussion<br>• Guest speaker | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Day 2** | | | | | |
| **Session 3**<br>Relevant issues in international adoption | 4 hours | • Understand the phenomenon of international adoption and its risks, realities, and potential joys..<br>• View an "eye witness" account of international adoption by means of a filmed interview with 3 adults trans-racially adopted as infants. | • Lecture<br>• Discussion<br>• Guest speaker | • PowerPoint<br>• Flip chart<br>• Markers<br>• Film | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 4** | 3 hours | **FILM** | | | |
| **Session 5** | 1 hour | **QUIZ** | | | |

# Session 1: The Importance of Birth Registration

**Objectives:**
1. Recognize the urgency for and benefits of birth registration.
2. Understand the vulnerability of stateless children.

**Time:** 4 hours

## Definition of Birth Registration

Birth registration is the official recording of the birth of a child through an administrative process of the state and is coordinated by a particular branch of the government. It is a permanent and official record of a child's existence.

## The Situation

More than 40% of total births (over 50 million children worldwide) go unregistered each year. Birth registration is the first step toward recognizing a child's inalienable rights as a human being. About 70% of the 5 million children born annually in Nigeria are not registered at birth. They have no birth certificate, and in legal terms they do not exist. The children's right to an identity, name, and nationality is denied, and their access to basic services is also threatened.

## Benefits of Birth Registration

1. Provides access to health care services.
2. Provides access to immunization.
3. Ensures that children enroll in school at the appropriate age.
4. Enforces laws relating to minimum age of employment, facilitating efforts to prevent exploitative child labor.
5. Effectively counters the problem of girls forced into early marriage before they are legally eligible.
6. Ensures that children in conflict with the law are given special protection and not treated (legally or practically) as adults.
7. Protects children from harassment by police or other law enforcement officials.
8. Secures children's right to a nationality at the time of birth and at later stages of their lives.
9. Helps to identify children that are trafficked and to secure their repatriation and reunion with family members.
10. Provides essential documentation for obtaining a passport, opening a bank account, voting, and finding employment.

## The Urgency for Birth Registration – Nigeria's Response

A vital registration project was started in Nigeria in 1988 following a mandate given to the Nigerian Population Commission to:

1. Establish and maintain machinery for continuous and universal registration of births and deaths throughout the federation.
2. Collect, collate, and publish data on migration statistics.

At the grassroots level, the birth registration project has established at least 2 registration centers per local government area. The commission now operates a total of 1,679 registration centers in all the 774 local government areas in the country.

## Major Categories of Children Likely to be Unregistered

1. Children from particular indigenous, religious, or ethnic groups.
2. Children of married couples from different nationalities.
3. Children whose parents are displaced due to war, natural disasters, or civil conflicts.
4. Children from localities where there is low awareness about birth registration.
5. Orphans or children whose parents have separated, divorced, or widowed.
6. Children of poor single mothers/teenage mothers/out of school adolescents.
7. Children born by abused or sexually exploited girls and women.
8. Children from cross-border ethnic groups.

## International Treaties on Birth Registration

<u>Convention on the Rights of the Child (1989), Article 7:</u> "The child shall be registered immediately after birth and shall have the right from birth to a name, (and) nationality."
<u>African Charter on the Rights and Welfare of the Child (1990), Article 6:</u> "Every child shall have the right from his birth to a name…shall be registered immediately after birth…has the right to acquire nationality."

## How to Register a Birth

### Communities

1. Go to the birth registration center at your local government headquarters.
2. Parents/guardians of the child must provide their names and the baby's name.
3. Provide the prenatal card or immunization card to establish the date of the baby's birth.
4. The registration official completes and files the birth registration form.
5. Parents/guardians receive the handwritten birth certificate immediately.

### Orphanages

1. The orphanage must extrapolate relevant information about the orphaned/abandoned child from the written statement provided by the police (police extract) at point of admission of the baby.
2. A nurse or doctor should be called to establish the age of the baby.
3. The orphanage caregivers provide the birth registration official at the local government headquarters with information requested.
4. The registration official completes and files the birth registration form.
5. The orphanage receives the handwritten birth certificate immediately.
6. The orphanage reports details of the newly registered child to the State Ministry of Women Affairs & Poverty Alleviation.

# Session 2: Adoption Issues: Risks, Challenges, Success Surveys

**Objectives:**
1. Identify the kind of children likely to be put up for adoption.
2. Recognize the criteria for adoptive parents.
3. Understand the value of “open adoptions” and the importance of due process in child placement.
4. Identify the risks involved in adoptions with a focus on child trafficking (prevalent in Nigeria).

**Time:** 4 hours

## Definition of Adoption
Adoption is the legal act of permanently placing a child with a parent or parents other than the birth (biological) mother or father.

## Types of Children Likely to be Placed for Adoption
1. Lost children whose parents are displaced due to war, natural disasters, or civil conflicts.
2. Unsupported/neglected children from localities where there is low awareness about birth registration.
3. Orphans or abandoned children whose parents have separated, divorced, or have been widowed.
4. Abandoned/neglected children of poor single mothers/teenage mothers/out of school adolescents.
5. Abandoned/neglected children born by abused or sexually exploited girls and women.
6. Lost children from cross-border ethnic groups.

## Screening Adoptive Parents
### Preliminary Requirements of Adoptive Parents
According to the Nigeria Child Rights Act (2003):
1. Married couples wishing to adopt must provide a marriage certificate or a sworn declaration of marriage.
2. Single applicants must be of the same sex as the child to be adopted and must be above 35 years of age.
3. All applicants must be residents in the state of the proposed adoption for at least 5 years.
4. All applicants must be Nigerian citizens.

All applicants are required to provide:
1. Birth certificate or sworn declaration of age of each applicant.
2. 2 passport photographs of each applicant.
3. A medical certificate of fitness for each applicant from a government hospital.
4. Other documents as the Family Court may require for the purpose of adoption.

### Requirements of Adoptive Parents During and Following Adoption

According to the Nigeria Child Rights Act (2003):

1. The applicant must inform the relevant ministry's social welfare official of his intention to adopt the child at least 12 months before the Court makes the adoption order.
2. The child must have been in the care of the applicant for a period of at least 3 consecutive months immediately preceding the date on which the Court makes the adoption order.
3. Applicants must cooperate with child development/supervision officers to investigate the validity and suitability of any application to adopt.
4. Applicants may not receive any unapproved payments or rewards with respect to the potential adoption or give out any unapproved payments.

### The Court Decision

According to the Nigeria Child Rights Act (2003):

1. The Family Court makes the final decision regarding adoption and should consider the wishes and feelings of the child (taking into account the child's age and maturity) in its decision.
2. Promotion of the welfare and best interests of the child throughout childhood is paramount in making the decision.
3. The Court may impose whatever terms and conditions on the adoptive parents as deemed necessary for the best interests of the child.
4. The Court reserves the right to postpone determination of an adoption application and offer *temporary* custody of the child to the applicant for a period not exceeding 2 years on such terms and conditions as the Court deems fit for the maintenance, education, and supervision of the welfare of the child.
5. Assessment of the child and the adoptive parents by the relevant ministry/agency is required.
6. Obligatory counseling for all parties involved should be arranged by the relevant ministry/agency.

See CRA s125–148.

### Adoptive Parents and Agents: Causes for Concern

When placing a child for adoption, a number of issues may cast doubt on the legitimacy or motivations of potential adoptive parents and agents:

1. Unscreened adoptive parents exhibiting unclear motivations.
2. Due legal and moral processes not observed.
3. Clandestine or confidential adoptions and commercial transactions. All adoption agents/agencies in Nigeria must work directly with the State Ministry of Youth, Sport, and Social Development (currently the relevant ministry), in order to execute a legal adoption with due processes being met by placing parents/orphanages, by adoptive parents, and by the agent/agency.
4. Manipulating/coercing biological parents.
5. Ignorance of peculiar history of the child. This is critical to all adoptions but has particular urgency for international and trans-racial adoptions.
6. Failure to ensure a totally "open adoption" for children placed outside birth culture (e.g. African children to European parents). The connection through open adoption might be the only connection the child has with his or her culture of origin.
7. Adoption agencies seeking babies for families and not families for babies. The child's needs coming first is paramount in the adoption process.

## Individuals and Orphanages Placing Their Children for Adoption

### Warnings and Cautions

1. All resumes of adopting parents should be complete not only with pictures but with full names, addresses, and home phone numbers so you may communicate with the families if needed. Both the adopting and placing families should want and expect *a fully open, ongoing relationship and adoption.*
2. Sponsor A Child strongly recommends an adoption process wherein the agency, not the adopting family, assumes the expenses of the placing parents or orphanage.
3. Should you change your mind and not place the child in an adoptive home, it is illegal for any party involved to require reimbursement from you for adoption-related fees.
4. Be wary of agencies that readily give you money or encourage the adopting families to give you money while denying you an active counseling relationship with one of their staff.
5. Your placement decision should be a private and uninhibited matter. It should be a decision you are proud of because you have found and acquainted yourself with a loving family for your child.
6. Remember a child is not given, a family is. The child should be the center of this process. All the adults involved are only there for the child's best interests.

### The Value of a Fully Open Adoption

1. You search for and select the family for your child. You check them yourself.

   *A good agency believes that you, as the birth mother, should never have to compromise on what aspects of an adoptive family's values and day-to-day life you find important. Each adoptive family submits a photo resume which outlines important aspects of their life and writes a personal letter to you addressing the information you request of them. You should be able to interview potential adoptive families on the phone or in person.*

2. You hopefully become friends with the adoptive mother and father. You continue to be in personal contact (not just letters and pictures through an agency) as your birth child grows.

   *In an open adoption, the adoptive family has the responsibility to discuss and agree with you on what constitutes reasonable amounts of contact, what types of communication are appropriate, and how often updates and photos are shared. As the child grows and his or her relationship develops with both you and the adoptive parents, these needs and expectations may change. A good adoption agency should be available to promote mediation between birth parents and adoptive parents in order to reach an agreement.*

3. You are there as your birth child grows and has questions that only you can answer about his or her peculiar history.
4. You are there to help with any needed family research if there are genetically related health questions that develop.
5. Your birth child will always be able to give a full medical history in the doctor's office.
6. Your birth child will always know of your love and that you simply wanted a family that you yourself could not provide at that time in your life.

### Success Surveys

1. Dr. Ruth McRoy of the University of Texas at Austin reported that in their 5-year study of over 500 triad members, children of open adoptions have a more positive image of their birth mother. Adoptive parents in fully open adoptions are less fearful of the stability of their adoption and more comfortable talking about adoption than closed adoption parents.
2. According to a study appearing in *Family Process*, "the strong general pattern is that parents in fully disclosed adoptions demonstrate higher degrees of empathy about

adoption, talk about it more openly with their children, and are less fearful that the birth mother might try to reclaim her child than are parents in confidential adoptions. The sense of permanence in the relationship with their adopted child also follows this pattern."

3. Dr. Marianne Berry reports from the California Longitudinal Study on Adoption (an ongoing study of 1,300 people started in 1988) that children of open adoptions are reported to have fewer behavioral problems than children of closed adoptions.
4. Dr. Anu Sharma of the Search Institute in Minneapolis (a 35-year-old non-profit family research center) reports that information issues are a major preoccupation for adolescent adoptees from closed adoptions. This was found in the process of preparing survey instruments for a national study of adolescent adoptee mental health. In asking open-ended questions regarding adoption related issues that concerned them most, both adoptees and their parents listed lack of information as the issue that concerned them the most. In this study, 65% of adoptees wanted to meet their birth mother.

All major national adoption conferences in the United States are presenting open adoption practice as the healthiest adoption method for the sake of the adoptee. Sponsor A Child is a firm believer in open adoptions and strongly recommends this approach for the Nigerian context. Parents or orphanages wishing to place their children for adoption should request open adoption even if it has not been suggested by the adoption agency and relevant ministry.

## Adoption Issues Related to Child Rights

## Nigeria Child Rights Act (2003)

In the Nigeria Child Rights Act (2003), which is a federal instrument, adoption applications can only be made by prospective adoptive parents who have resided in the particular state where the adoption will take place, for at least 5 years. Applicants must be citizens of Nigeria.

This is widely understood to mean that international adoptions by non-citizens or by citizens who have not satisfied the criteria of a 5-year residence in the relevant state must take place only in cases of extremity and at the discretion of the Commissioner of Youth, Sport, and Social Development and the Family Court.

The Child Rights Law of Lagos State (2007) supports these strict restrictions on both domestic and international adoption.

### International/Trans-racial Adoption and the Social Identity of Children

Children adopted internationally or trans-racially often have a weak social identity due to the feeling of not belonging to the nuclear culture into which they have been placed. In many eyes such adoptions violate the child's right to identity since it is argued that without a robust social identity, identity as a whole is fractured: a non-viable tool with which to navigate what can be a confusing world made up of social groupings and allegiances.

With regard to trans-racial adoptions, many experts worldwide believe "same race placement" is the best policy to counter the kinds of identity crises suffered by children adopted trans-racially. An adoptive parent of the same race as the child can and will hold up a realistic lens through which the child will see an at times segregated, excluding world. This is not to prohibit trans-racial adoption altogether but to advocate it only as a last resort.

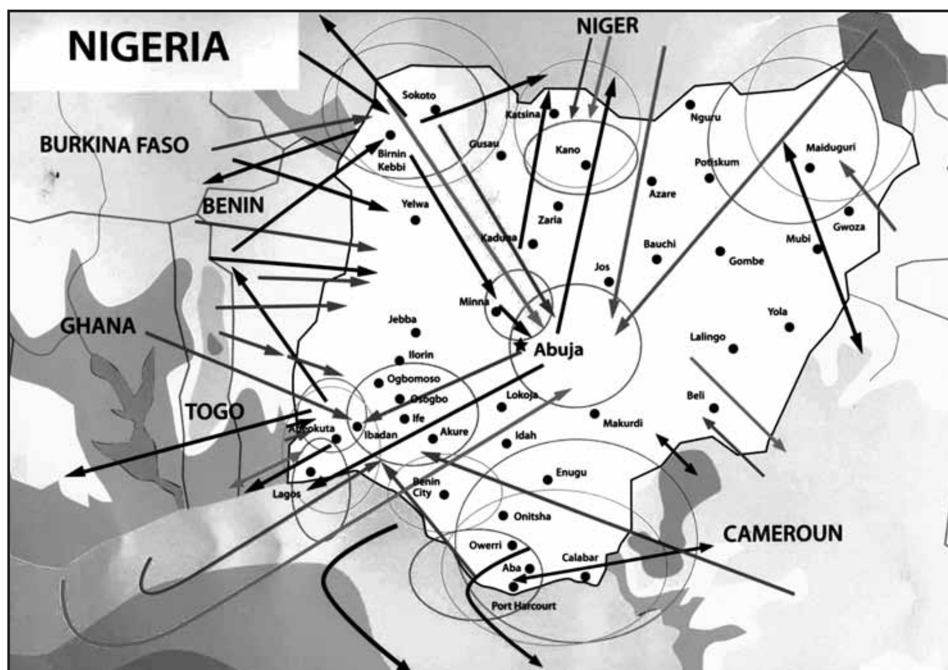
An antidote to the feeling of alienation and disorientation experienced by children of international/trans-racial adoptions is scheduled socializing between families who have adopted children from the same country of origin. Such post-adoption services should be organized by the placing adoption agency. This allows links to be forged amongst the adopted children, and later, between the adopted children and their culture of origin.

## Child Trafficking

Child trafficking is the recruitment, transportation, or transfer of a child by any person to another for remuneration or any other consideration for the purpose of sexual exploitation, transfer of organs of the child, child labor, or illegal adoption. Child trafficking is emerging as a global issue; nearly all countries are affected by this criminal violation of children's rights.

1. 800,000 to 4 million persons are illegally moved across international borders annually.
2. Some estimates have as many as 1.2 million children being trafficked every year, and the majority are trafficked for commercial sex.
3. 80% of trafficked victims are believed to be females.
4. 89% of African nations are involved in trafficking in persons.
5. 300,000 children are taken from homes in West Africa each year and sold into domestic slavery.
6. Between 28,000 and 30,000 children are lured into prostitution in South Africa, half of whom are 10 to 14 years of age while the other half are 15 to 18 years of age.
7. More than 120,000 children under the age of 18 years, which is about one third of the world's child soldiers, are currently participating in armed conflicts across Africa. Some of these children are not more 7 or 8 years of age.
8. Nigeria is a high volume country for the trafficking of women and children. Children are also trafficked into Nigeria from Togo, Mali, Burkina Faso, and Ghana.
9. 60% of prostitutes in Italy hail from Africa, and 80% are Nigerians.

The map below depicts typical routes and sectors in which human trafficking takes place in Nigeria. Ovals indicate zones of origin, transit, and destination for victims of human trafficking. Arrows indicate the routes exploited by human traffickers within various sectors (agriculture, domestic/urban work, mining, fishing, other).




## Current Solutions to Child Trafficking

Child trafficking is a highly complex phenomenon with no simple solution. While more is known about the problem today, there remains a knowledge gap both in the analysis of the problem and in finding effective responses to the many challenges that trafficking poses. Current solutions include interception of the traffickers, withdrawal and protection of victims, and dealing with those who profit from and exploit children's vulnerability.

The United Nations Convention against Transnational Organized Crime, adopted by General Assembly Resolution 55/25 of 15 November 2000, is the main international instrument in the fight against transnational organized crime such as child trafficking. Nigeria's bill to implement the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially women and children, was passed into law in July 2003. Implementation of the Nigerian law is overseen by the National Agency for the Prohibition of Traffic in Persons (NAPTIP). Nigeria's Ministry of Youth, Sport, and Social Development is responsible, inter alia, for all matters relating to orphans and orphanages. The ministry works closely with NAPTIP to ensure the protection of children in institutions and communities.

# Session 3: Relevant Issues in International Adoption

**Objectives:**

1. Understand the phenomenon of international adoption and its risks, realities, and potential joys.
2. View an "eye witness" account of international adoption by means of a filmed interview with 3 adults trans-racially adopted as infants.

**Time:** 4 hours

### Definition of International Adoption

International adoption is the adoption of children across national borders. It is sometimes called overseas or cross-border adoption.

### The Hague Convention

Sponsor A Child recognizes the subsidiary principle of international adoption as explained in the Hague Convention of 29 May 1993 on the protection of children and co-operation in respect of international adoption. Parties to the convention recognize that a child should be raised by his or her birth family or extended family whenever possible. If that is not possible or practicable, other forms of permanent care in the country of origin should be considered. Only after due consideration has been given to national solutions, and it is clear that the child cannot in any suitable manner be cared for in his or her country of origin, should international adoption be considered, and then only if it is in the child's best interest. International adoption may serve the child's best interests if it provides a (thoroughly screened) permanent family for the child in need of a home.

### The Global Decline of International Adoption

An important issue for discussion is whether the level of wealth and improved access to social welfare in the rest of the world is the cause of the gradual but factual decline in the number of children who need adoptive parents. Possible reasons for decline of international adoption include:

1. Greater access to abortion.
2. Improvements in, better access to, and increased use of contraception.
3. Improved opportunities for adoptions in the countries of origin.
4. Social acceptance of young, single mothers who choose to keep their children.

## Evaluating the Risks in International Adoption

### The Questions

Recent research has begun asking questions such as:

1. Why are some internationally adopted children more vulnerable to problems than others?
2. Why do some internationally adopted children excel in their new homes while others struggle?

Based on questions such as these, 3 general categories emerged:

1. Resilient rascals: Children showing little or no continuing negative effects after their adoption (~20%).

2. Wounded wonders: Children who have made vast strides but continue to lag behind their peers (~60%).
3. Challenged children: Children who are almost unmanageable (~20%).

### International Adoption Risks Related to Poorly Resourced Orphanages

According to recent research, international adoptions from poorly resourced orphanages exhibit unique challenges:

1. Children who were adopted after living many months in deprived conditions in orphanages showed the highest rate of challenges as well as the more difficult challenges (i.e. serious behavior problems, insecure attachments, lower IQs, parenting stress).
2. The length of time spent in such an orphanage was the most predictive factor for later difficulties. Low birth weight was another critical factor.
3. The next most important factor was parenting skills. More nurturing, stimulating, and supportive adoptive parents were able to provide a better rehabilitative environment for the orphanage children.
4. The sex of the child was a factor in post-adoption challenges faced by the children, with boys tending to be somewhat more vulnerable than girls to the risks that they experienced. Furthermore, boys appeared to be more likely to develop behavioral ("externalizing") problems, such as aggression or hyperactivity, in contrast to girls who seemed more likely to develop emotional ("internalizing") difficulties, such as anxiety or depression in later years.

### International Adoption Risks Related to Environment

Other pre-adoption environmental risk factors from both poorly resourced orphanages and family settings include:

1. Prenatal exposure to drugs or alcohol.
2. A birth mother who was malnourished during pregnancy.
3. Premature birth.
4. Neglect of psycho-social needs (love, affection, attention, cuddling).
5. Neglect of basic physical needs (food, clothing, medical care).
6. Physical abuse.

## International Adoption as a Positive Solution

### The Experiences of AC International Child Support

A survey of 56 foreign experiences of adoption over a 30 year time span has been carried out by the Danish charity AC International Child Support. From "Adoption, a Positive Solution," AC's research schedules offer the opportunity to compare the development of adopted children to

those placed in temporary care or returned to their families. The results show that an upbringing in a well-resourced environment with parents who want the best for their child promotes the physical, cognitive, social, emotional, and behavioral development of the child. The development of adopted children in a loving, resourceful environment is far more positive in every one of the examined areas than that of children returned to biological families or placed in temporary care.

### Sponsor A Child: Our Position on International Adoption

If you decide to proceed with international adoption, parents and orphanages should:

1. Request that the adoption agency/ministry in the country of origin arranges, where possible, open adoptions.
2. Insist on a counseling service in which all parties to the adoption should participate.
3. Pay particular attention to the feelings and opinions of the child during counseling.
4. Transfer all information available about the peculiar history of the child to the adoptive parents.
5. Request that the placing adoption agency arrange post-adoption services in which socializing between families with children adopted from the same country of origin is scheduled on a regular basis.

These measures allow all parties to feel reassured that the choice they are making is the right one. The post-adoption measures allow links to be forged amongst the adopted children, and later, between the adopted children and their culture of origin.

## SESSION 4: FILM

## SESSION 5: QUIZ

### Standards of Birth Registration & Adoption

1. Provide 2 reasons why birth registration is important.

2. Where does birth registration takes place?

3. Provide 3 categories of children who are likely to remain unregistered at birth.

4. Provide 3 categories of children likely to be put up for adoption.

5. What facts should be verified during the screening of prospective adoptive parents?

6. Provide a succinct definition of an “open adoption.”

7. Provide 2 characteristics of profit-centered adoption agencies.

8. Which ministry currently oversees child adoption?

9. What is NAPTIP?

10. Provide 3 features of child-related criminal activity for which NAPTIP is responsible.

11. Provide 2 features of an adoption process that point to possible child trafficking.

12. Provide 3 reasons for the difficulties “challenged childen” have in their adoptive homes.

13. How do international or trans-racial adoptions impact a child’s social identity?

# Education for All with a Focus on the Youngest Children

**Objectives:**

1. Understand the purpose of the UNESCO campaign and what the specific EFA goals are.
2. Respond to the urgency for delivering the first goal which is "expanding and improving early childhood care and education especially for the most vulnerable and disadvantaged children."
3. Understand principles of Universal Basic Education, the challenges, and the progress being made in its application.
4. Leave with methods for delivering the first EFA goal in Nigerian communities.
5. Add additional voices to the national debate on education.

**Related Rights**

Right to Education (CRA s15)
Right to the Guidance of Authorized Caregivers (CRA s20)

**Millennium Development Goals**

Goal 2: Achieve Universal Primary Education
Goal 3: Promote Gender Equality and Empower Women
Goal 8: Develop a Global Partnership for Development

**Time:** 3 full days, 9 AM – 6 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>EFA: definition, goals, and challenges | 1 hour | • Understand the rationale behind EFA and know what to do to advance the vision.<br>• Understand and debate issues about education in Nigeria. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 2**<br>State of education in Nigeria | 1 hour | Be aware of Universal Basic Education and the challenges and progress being made in its application in Nigeria. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 3**<br>Sponsor A Child and the first goal of EFA | 1 hour | • Understand the critical importance of an early childhood care and education program for the most vulnerable and disadvantaged children in our communities.<br>• Know the definitions of useful ECCE-related terms. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 4**<br>Browsing the early learning Web sites | 5 hours | Identify suitable activities on the Web for early learners (2 to 6 years) and how to supervise the delivery of these activities. | Guided study | Computer with Internet access | Questions/ Answers |
| **Days 2 and 3** | | | | | |
| **Session 5**<br>Practicals | 2 full days w/1-hour lunches | • Have a practical understanding of how to deliver activities from First-School, other Web sites, and other sources such as the Learn and Play Company, UK.<br>• Learn how to guide early learners as they try out these activities.<br>• Understand the benefits of early learning activities. | Guided study | Various arts and crafts items | Presentations |
| **Session 6** | 1 hour | **QUIZ** | | | |

# Session 1: EFA: Definition, Goals, and Challenges

**Objectives:**
1. Understand the rationale behind EFA and know what to do to advance the vision.
2. Understand and debate issues about education in Nigeria.

**Time:** 1 hour

## What is Education for All (EFA)?

All children, young people, and adults have the human right to benefit from an education that will meet their basic learning needs in the best and fullest sense of the term: an education that includes learning to know, to do, to live together, and to be. It is an education geared to tapping each individual's talents and potential, and developing learners' personalities so that they can improve their lives and transform their societies.

Education is a fundamental human right. It is the key to sustainable development and peace and stability within and among countries. It is thus an indispensable means for effective participation in the societies and economies of the 21st century, which are affected by rapid globalization. Achieving EFA goals should be postponed no longer.

## Education for All Goals

### 1st Goal

Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

### 2nd Goal

Ensuring that by 2015 all children – particularly girls, children in difficult circumstances, and those belonging to ethnic minorities – have access to and complete free and compulsory primary education of good quality.

### 3rd Goal

Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programs.

### 4th Goal

Achieving a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.

### 5th Goal

To achieve these goals, government, stakeholder organizations and agencies, and civil society groups should pledge to:

1. Ensure the engagement and participation of civil society in the formulation, implementation, and monitoring of strategies for educational development.
2. Implement as a matter of urgency education programs and actions to combat the HIV/AIDS pandemic.

3. Create safe, healthy, inclusive, and equitably resourced educational environments conducive to excellence in learning with clearly defined levels of achievement for all.
4. Enhance the status, morale, and professionalism of teachers.
5. Harness new information and communication technologies to help achieve EFA goals.
6. Build on existing mechanisms to accelerate progress toward EFA.

## EFA 2000 Assessment

At the start of the new millennium, the EFA 2000 Assessment showed the following:

1. Of the more than 800 million children under 6 years of age, less than a third benefit from any form of early childhood education.
2. Some 113 million children, 60% of whom are girls, have no access to primary schooling.
3. At least 880 million adults are illiterate, of whom the majority are women.
4. The quality of learning and acquisition of human values and skills fall far short of the aspirations and needs of individuals and societies.

## The Dakar Framework 2000

In April 2000, participants at the World Education Forum in Dakar, Senegal, responding to the depressing EFA Assessment, developed “The Dakar Framework for Action.” The framework is a commitment to the realization of EFA goals and targets and encourages advocacy, resource mobilization, monitoring, and EFA knowledge generation and sharing. It is a reaffirmation of the vision set out in the World Declaration on Education for All in Jomtien, Thailand, March 1990. Its key points and principles include:

1. Universal access to learning.
2. A focus on equity and emphasis on learning outcomes.
3. Broadening the means and scope of basic education.
4. Enhancing the environment for learning.
5. Strengthening partnerships.

Reality still falls far short of this vision. Education statistics continue to represent an affront to human dignity and a denial of the right to education. The status of education in the developing world stands as a major barrier to eliminating poverty and attaining sustainable development. Without accelerated progress toward EFA, nationally and internationally agreed targets for poverty reduction will be missed and inequalities between countries and within societies will widen.

# Session 2: State of Education in Nigeria

**Objectives:** By the end of this session, participants will be aware of Universal Basic Education and the challenges and progress being made in its application in Nigeria.

**Time:** 1 hour

## Universal Basic Education (UBE)

The fundamental principle of Universal Basic Education (UBE) in Nigeria provides that everyone must have access to equivalent education, comprehensively and co-educationally. UBE was first introduced in 1976. It mandated 6 years of primary education for all Nigerian citizens. Twenty-three years later, minimal requirements were changed mandating 9 years of basic education which, to the 6 years of primary school, added the first 3 years of secondary school (JSS1-JSS3).

### UBE Goals

The original purpose for developing UBE in Nigeria was to:

1. Develop in the entire citizenry a strong conscientiousness for education and a strong commitment to its vigorous promotion.
2. Provide free basic education for every school-age Nigerian child.
3. Cater to the individual educational needs of all young persons.
4. Cater to the individual educational needs of out of school children through provision of alternative, complementary educational approaches.
5. Reduce drastically the incidence of drop outs from the formal school system.
6. Ensure the acquisition of appropriate levels of literacy, numeracy, and manual, communicative, and life skills.

### UBE in Nigeria Today

Despite the promise and good intentions of UBE, Fabiyi and Adepoju (2007) identified a number of harsh educational realities that exist in Nigeria today:

1. 12% of primary school pupils sit on the floor.
2. 38% of classrooms have no ceilings.
3. 87% of classrooms are overcrowded.
4. 77% of pupils lack textbooks.
5. The majority of teachers are poorly motivated.
6. There is a general lack of community interest and participation in the management of schools.

In addition, the number of unenrolled school-age children is still unacceptably high, while educational institutions do not sufficiently prepare students for the labor market.

## Groups At Risk

### Women and Adults

Of the 65 million illiterates in Nigeria, 65% are women. In 2007, Sponsor A Child conducted case studies of selected local government areas (Imo, Lagos, and Edo states) in order to gauge

literacy levels. The findings shed light on the actual situation faced by women and adults in Nigeria:

1. Local government records 53,644 illiterate women and 36,034 illiterate men ages 25 to 45 in Ikorodu Town, Lagos State (2005–06).
2. In Eziama Ngor Okpala LGA, Imo State (2006), local government identifies 40.6% of the male population as illiterate. Illiterate women stand at 56.6% of their total population.
3. In Etsako East LGA, Agenebode, Edo State (2006), 20.8% of the male population was illiterate compared with a stifling 62.5% of the female population.

Currently, the National Commission for Mass Literacy, Adult, and Non-Formal Education (NMEC) has a mandate which does not include establishing adult literacy classes. UBE law also does not provide any special funds to be allocated for mass literacy, adult, and non-formal education. Further placing adults (especially women) at risk, the 2% Consolidated Revenue Fund provided for in the Universal Basic Education Act (2004) can only be utilized by the states. Currently, it is up to individual states to formulate and implement their own policies regarding women and adult literacy.

### Nomadic Families

Despite the existence of an agency for nomadic education, there is a high level of illiteracy in northern Nigeria among nomadic children and their parents who depend on agriculture for their livelihoods.

### Almajiri Children

Almajiri scholarship is characterized by religious study, strict discipline, and an austere lifestyle. Seen as a tradition of Islamic migrant scholarship, parents hand over their boy children to teachers ("mallams") once a year, after harvest season. The group of pupils and teacher set off from town to town learning the Koran and studying the Muslim faith. But reality for these Almajiri children has changed:

1. Begging for food was originally instituted to teach appreciation of the hardship faced by the poor daily. But harsh economic times in modern Nigeria have made alms begging a necessity rather than an exercise in paucity. The boys' bedraggled appearance, obvious deprivation, and continuous alms begging now constitute a nuisance within northern communities and beyond.
2. Northern families participating in Almajiri used to come from all economic groups. Today, it is the poor man's solution to too many mouths to feed.
3. Though once romanticized as Islamic migrant scholarship, whether any real scholarship takes place under the tutelage of the mallams is open to question.
4. The over-exposure of these boys, their unstructured lives, abject poverty, and vulnerability makes them prey to adult criminal activity. It was the Almajiri who comprised the majority of foot soldiers during the December 2008 political uprisings in Jos, Plateau State.
5. Though making a real difference, assistance programs (e.g. Millennium Hope Programme) catering to the needs of Almajiri and their mallams need much assistance in their efforts to integrate the overwhelming population of these boys back into mainstream society.

### Children with Special Needs

There is a growing worldwide recognition that including students with disabilities in general education can provide them with the opportunity to learn in a natural, stimulating setting. This may lead to:

1. Increased acceptance and appreciation of special needs children among the general population.
2. Increased educational potential for special needs children.

The revised National Policy on Education (2008) calls for educating children and youth with disabilities alongside their peers without disabilities in ordinary schools. At the same time, training centers for special needs educators are scarce. Currently, less than a handful (including the Zamarr Institute, Abuja) of tertiary level institutions in Nigeria offer training in Special Needs Education. Until the number of training programs for special needs educators increases, the goals of "inclusive" education cannot be met.

## Other Educational Realities in Current-Day Nigeria

### Juvenile Justice and Education

The Nigeria Child Rights Act (2003) mandates that law enforcement maintain child offenders in uninterrupted formal education appropriate to their age and ability, and/or within a useful skills acquisition program. This mandate promotes the rehabilitative role intended for custodial institutions. Reality, however, belies this provision:

1. Juvenile detention centers have learning and vocational facilities that remain unused for educational purposes.
2. Available personnel are untrained and unmotivated to further this rehabilitative goal.
3. Learning materials are scant.
4. The facilities, for lack of funding, are dysfunctional.

### Undervaluation of Social Work as an Academic Discipline

A number of reputable Nigerian institutions offer certificates in Social Work and Administration. But social work as a viable line of study and as a career remains unrecognized in Nigerian communities for a number of reasons:

1. Public sector and civil society have accorded a low status to social work and social work interventions because it is difficult to show specific results of social work activity. In addition, those results that are specific have not been documented.
2. Number of students that become practicing social workers is few.
3. Social Work and Administration as a degree is pursued as a "reserve" position (e.g while waiting for a vacancy in the faculty of law) not as bona fide scholarship.

This devaluation of social work as a viable course of study has seen a number of detrimental results:

1. The indifference to social work impedes the progress of development.
2. The scarcity of trained social workers makes it difficult to provide badly needed social services for multitudes of at risk families, institutions, and their children in Nigeria.
3. An absence of trained social workers makes it very difficult to efficiently document local and national problems, their causes and effects, and the results of the work of NGOs.
4. NGOs are dependent on efficient documentation of research and project results in order that government-level decision makers may address the issues at stake.

The social worker is often the first point of contact between the beneficiaries and the project. Social work is a relational profession. The hope for sustainability in social development depends on the capabilities, efficiency, and character attributes of social workers. They are key to forging personal relationships with members of communities and making lasting changes at the community, state, and national levels.

### Absence of Community Libraries

The Nigerian Institute of International Affairs (Victoria Island) boasts an excellent library as do many Nigerian universities. However, with the exception of a handful of privately owned libraries, community libraries have disappeared. In addition, a culture of reading for self-directed study and for leisure has all but vanished in Nigerian society. Inevitably, the poor, lacking funds to purchase literacy resources, are the hardest hit.

## The Challenges

The current state of education in Nigeria can be ascribed to weak political and community will in the following forms:

1. Faulty legislation, notably the failure to make specific allocation for mass literacy, adult, non-formal, and nomadic education in UBE law.
2. Insufficient financial resources and inefficient use of those available.
3. Inadequate attention to the learning needs of the poor and the excluded.
4. Lack of attention to the quality of teaching and learning in our schools.
5. Absence of commitment to overcoming gender disparities and discrimination against those with learning disabilities.
6. Lack of informed debate on the full spectrum of education among the citizenry.

## Recent Educational Advancements

Despite the challenges facing education and those responsible for its administration, some recent and notable advancements have been made:

1. Acknowledging the right to education for all people, some states (including Zamfara and Bauchi) have taken action to educate market women through the "second school" structure, so that even after marriage a return to education is possible.
2. Under the auspices of Lagos State Governor Babatunde Fashola, within the scope of his slum upgrading program, the Lagos Metropolitan Development and Governance Project (LMDGP) has:
   a. Started the rehabilitation and reconstruction of 15 existing schools in Lagos.
   b. Flagged off the construction of 14 schools in slum areas of Lagos (Iwaya, Bariga, Ilaje, Badia-Ijora, Makoko).

As caregivers and educators in orphanages you can help advance EFA in Nigeria by joining forces with Sponsor A Child to implement the first EFA goal: improving early childhood care and education, especially for the most vulnerable and disadvantaged children. Do not let your youngest children suffer the fate of so many little ones in orphanages: unoccupied, bored to tears until they reach the age of entrance into primary school when they escape the confines of one institution for the longed-for newness and freedom of another. Do not waste these early years: they are vital to the development of healthy, joyful, curious, school-ready minds eager to learn about themselves and the world around them from caregivers they love and trust.

# Session 3: Sponsor A Child and the First Goal of EFA

**Objectives:**
1. Understand the critical importance of early childhood care and education programs for the most vulnerable and disadvantaged children in our communities.
2. Know the definitions of useful ECCE-related terms.

**Time:** 1 hour

Our particular interest in early childhood stems from our growing conviction that the early years play a critical, life-defining role in human development. UNICEF emphasizes that the rights of children and the cause of human development are unassailable reasons for investing in the cross-sectoral approach offered in early childhood care and education programs.

### Importance of Early Childhood Care and Education (ECCE) Programs

A number of statistics support the implementation of ECCE:

1. Investment in a child's early years brings high returns in terms of educational gains, health status, and future economic productivity.
2. Children most at risk benefit the most from ECCE.
3. In Egypt, for every dollar spent on ECCE there is a return of 5.8 dollars.
4. ECCE reduces school drop-out rate and class repetition for children from poor families.
5. Health and education programs tailored for the early years increase the accumulation of human capital.
6. 1 extra year of primary education will increase a person's future productivity by 10% to 30%, varying from country to country.

### Evidence from High Scope Perry Preschool Study

The "High Scope Perry Preschool Study" tracked a group of African-American children who had participated in an ECCE program and a carefully matched control group living in a greatly disadvantaged community in the United States. Information was collected over a 27-year period. At the age of 27, the study found that ECCE program children were:

1. Better informed on health issues.
2. Better at problem solving.
3. Had earnings markedly higher.
4. Were more likely to be home owners.
5. Had formed more stable relationships and marriages.

Whereas, children at risk in the carefully matched control group were:

1. Twice as likely to be on welfare.
2. Twice as likely to have been arrested.
3. 5 times more likely to have been arrested more than 5 times.

## Definitions of Useful Terms

### Early Childhood Care and Education (ECCE)

UNESCO advocates ECCE programs. They have a holistic developmental goal and attend to the health, nutrition, security, and learning needs of children 0 to 8 years old. These years – early childhood – are a period of remarkable brain development and lay the foundation for subsequent learning (i.e. school readiness). Research has found that children who have had the benefit of ECCE interventions are more likely to enroll into primary school and are more likely to complete it. ECCE beneficiaries are more likely to do well in life. cf High Scope Perry Pre-School Study.

### EFA 1st Goal – UNESCO

Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

### Motor Skills

These are actions that involve the movement of muscles in the body. They are purposeful movements that are necessary to complete or master a prescribed task. Motor skills usually develop together as many activities depend on the coordination of both gross and fine motor skills.

### Fine Motor Skills

They generally refer to the small movements of the hands, wrists, fingers, feet, toes, lips, and tongue. Examples of fine motor skills are: grasping an object between the thumb and finger, using the lips and tongue to taste objects. Fine motor skills usually but not always involve hand–eye coordination. Fine motor skills are used in activities such as sewing, sculpting, drawing, playing most musical instruments.

### Gross Motor Skills

They generally refer to larger movements of the arms, legs, feet, or the entire body. Crawling, running, jumping are examples of gross motor skills.

### Life Skills

These are competencies that allow you to solve problems and manage situations well in social, family, and occupational life.

### Developmental Milestones

These are capacities most children learn or physical and mental developments that appear in certain age ranges.

### Human Capital

This refers to the skilled workforce.

# Session 4: Browsing the Early Learning Web Sites

**Objectives:** By the end of this session, participants will know how to identify suitable activities on the Web site for early learners (2 to 6 years) and how to supervise the delivery of these activities.

### WWW.FIRST-SCHOOL.WS

First-School features free and fun preschool lesson plans, early childhood educational activities, printable crafts, worksheets, calendar of events, and other resources for children of preschool age. The preschool crafts, lesson plans, and activities are appropriate and adaptable for toddlers, preschoolers, and kindergarten level (ages 2 to 6).

### Other Web-based Sources

www.underfives.co.uk
www.literacy.uconn.edu/earlit.htm
www.learn4good.com/kids
www.uptoten.com
www.dltk-kids.com

# Session 5: Practicals

**Objectives:**

1. Have a practical understanding of how to deliver activities from First-School, other Web sites, and other sources such as the Learn and Play Company, UK.
2. Learn how to guide early learners as they try out these activities.
3. Understand the benefits of early learning activities.

**Time:** 2 full days

## Sample Learn and Play Activity – Arts and Crafts

**Topic:** Flowers of Nigeria
**Methods:** Caregivers will make a timeline of activities for the month and display it on the wall. Alongside the timeline, caregivers will hang a poster that depicts the flowers of Nigeria. To begin the activities, seat children around tables according to their age brackets (3 to 4 years, 5 to 6 years, 7 to 8 years).
**Materials:** Red, orange, yellow, green, and brown paper, scissors, glue, card paper or plastic (for mounting the flowers), crayons, red, yellow, and green tissue paper, and pipe cleaners.

| | 6 Years+ | 3 to 5 Years |
|---|---|---|
| **Week 1** Hibiscus | Show how and ask the children to cut red paper into strips (for the petals), cut a red circle (for the center), and cut a large brown strip (for the stem). Show how and ask the children to create a hibiscus with the shapes on a piece of card paper. OR Ask the children to pick live hibiscus and glue them on a transparent plastic card. Cut out a “vase” shape from colored paper and stick it to the base of the flowers. | Caregivers should cut the materials for making a hibiscus collage. Ask the children to create and glue the collage themselves. OR Use the “vase” idea and assist with cutting the vase shapes. |
| **Week 2** Frangipane | Show how and ask the children to color and cut out a photocopied frangipane design which can then be stuck on a background of card paper or plastic. | Caregivers should help cut out the colored photocopy and ask children to glue their flowers to card paper or plastic. |
| **Week 3** Canna | Make 3-D cannas from red and green tissue paper and pipe cleaners. | Caregivers should support children in making the petals for the cannas and encourage them to do the sticking themselves. |
| **Week 4** Pride of Barbados | Show how and ask the children to cut orange and red shapes (for the petals), cut yellow paper into shapes (for the middle), very thin red strips (for the middle), and cut green strips (for the stem). Show how and ask the children to create a Pride of Barbados with the shapes on a piece of card paper. | Caregivers should cut the materials for making a Pride of Barbados collage. Ask the children to create and glue the collage themselves. |

## Other Activities (Ages 4 to 6)

### Drama, Singing, Dancing, Art, Make-Believe

1. Say or sing rhymes with or without actions.
2. Sing songs relating to the school, village, or town.
3. Sing religious songs.
4. Dance to music.
5. Dramatize stories and happenings in and around the school or in the village (e.g. festivals, naming ceremonies, birthday parties, etc.).
6. Organize a children's orchestra to perform at an event to which outsiders are invited.
7. Display children's artwork and stories.
8. Guide children in making picture books from magazine cutouts.
9. Provide a variety of clothes, shoes, jewelry, bags, and household articles for cooking, washing, and caring for a baby in a "home corner" of the orphanage's Learn and Play Room.

### Teaching Aids

1. Rhymes.
2. Collection of materials (e.g. Plasticine, string, various textured pieces of cloth, sea-shells, dried flowers, leaves).
3. Clothes.
4. Cooking utensils.
5. Toys (e.g. toy babies, Barbie dolls, action men).
6. Cartoons.
7. Cassettes and players.
8. DVDs, CDs, and players.
9. Paint and paint brushes.
10. Crayons.
11. Charcoal.
12. Easels.
13. White and black boards.
14. Chalk and markers.

## Benefits of Early Learning Activities

### Singing

Music is a powerful tool for giving a voice to children. It enhances language development and listening skills. It engages and promotes cognitive development by stimulating new learning and memory.

### Clapping

By 7 months babies should be able to clap hands and bang objects. So clapping is a good activity to introduce around that age. Singing songs involving clapping, praising the child by clapping, and encouraging the child to do the same promotes this milestone in the child's development.

### Dancing

Children naturally communicate through movement. They express their fears, excitement, and all other emotions with movement. Dancing expands their rhythmic and bodily awareness. Dancing is good for mental, physical, and emotional development. It helps build social skills, self-confidence, and creativity. Dancing improves attention span and encourages creative problem-solving skills.

### Art with a Focus on Drawing, Painting, and Sculpting

1. Art is the perfect solution for boredom and helps children channel their energies and pent-up feelings. Art promotes a child's fine motor skills, creativity, and imagination.
2. Children love to draw. It is one of their natural modes of communication. Importantly, it allows them to express feelings and thoughts in a manner that is less threatening than speech.
3. A child's drawing allows educators and therapists to evaluate his development because the stages of artistic expression in childhood are universal.

### Art and Therapy

Therapists like to use drawing as an intervention for traumatized children because it helps them to externalize emotions and events too painful to speak out loud and enables the child to convey the complexities of painful memories or unspoken fears. Drawings bring to the surface issues relevant to treatment.

1 Drawing helps children in therapy to communicate concerns and problems quickly. This enhances the child–therapist interaction.
2. Art builds the self-esteem of children as they can take pride in their work.
3. Sculpting enhances their problem solving skills as it introduces them to the 3-dimensional. Art improves children's sensory awareness and manual dexterity (fine motor skills).

### Play

Play is important in childhood development because it gives children the chance to:

1. Express what they believe and what is important to them (values).
2. Speak, draw, paint, joke about, laugh, and explore a range of other behaviors and activities.

Play is important because:

1. It is an arena in which adults can draw boundaries while still allowing the children the freedom to explore and learn.
2. It allows for mistakes to be made, learned from, and applied to appropriate behaviors in adulthood.
3. It teaches them to balance risk with safety.

### Storytelling

Children have an innate love of stories. Stories create magic and a sense of wonder about the world. Stories teach us about life, about ourselves, and about others. Storytelling is a unique way for children to develop an understanding and respect and appreciation for other cultures.

Storytelling tips:

1. Vary the volume, pitch, and tempo of your voice; enunciate clearly and exaggerate expression.
2. Use your face, body, and gestures; let your body speak.
3. Make your body and face respond to the tale.
4. Have a clear focus and maintain concentration.
5. Maintaining eye contact with the children amongst them, focusing on individual listeners.
6. Create a charismatic presence; make the children believe in you.
7. Use different, exaggerated character voices.
8. Use your space and be dynamic.
9. Remember to pace yourself.
10. Always remember to regain your style as the narrator after playing a character.
11. Use silences and pauses to add dramatic effect.

Benefits of storytelling:

1. Promotes a feeling of well-being and relaxation.
2. Increases children's willingness to communicate thoughts and feelings.
3. Encourages active participation.
4. Increases verbal proficiency.
5. Encourages use of imagination and creativity.
6. Encourages cooperation between students.
7. Enhances listening skills.
8. Offers insight into universal life experiences.
9. Helps children consider new ideas.
10. Offers insight into different traditions and values.

### Drama

Children take naturally to theatre. Drama fulfils an important function in childhood:

1. Acting and mime allow a child to explore and understand emotions, the range and depth.
2. Acting teaches him about the situations which provoke certain emotions.
3. Acting encourages conversation skills, teaching the child when to speak and when not to speak.
4. Acting encourages concentration and listening skills.
5. Acting promotes language development and fluency in speech.
6. Acting builds self-confidence by allowing the child to be on stage in front of an appreciative and supportive audience.

### Reading Aloud

In the Western world, there are many formal programs for reading aloud. One such is the Read Aloud Program (RAP). RAP brings together kids and families at host schools to stimulate their interest in reading, decrease television viewing, increase family time spent in reading activities, and connect the values of good books to everyday life.

Benefits:

1. Builds a lifelong interest in reading.
2. Kids learn appropriate behavior when they are read to and are exposed to new situations, making them more prepared when they encounter these situations in real life.
3. When read to, children are able to experience the rhythm and melody of language even before they can understand the spoken or printed word.
4. It expands children's vocabulary and teaches children how to pronounce new words.
5. It prepares them for school, during which they will need to listen to what is being said to them (similar to what they do while being read to).
6. Reading to older children helps them understand grammar and correct sentence structure.
7. Children and caregivers can use reading time as bonding time. It is an excellent opportunity for one-on-one communication, and it gives kids the attention they crave.
8. Being read to builds children's attention spans and helps them hone their listening skills.
9. Curiosity, creativity, and imagination are all developed while being read to.
10. Being read to helps kids learn how to express themselves clearly and confidently.

### Make Believe

1. Make believe encourages the imagination of your child. It encourages storytelling skills around a chosen character (e.g. Batman, Peter Pan, Spiderman, Superman).
2. Storytelling using fancy dress forces the child to connect similar and logical ideas. This promotes a child's capacity for abstract thinking (thinking in ideas). Abstract thinking is a necessary life skill and increases problem-solving ability. Abstract thinking promotes imagination, and abstract thinking in childhood fancy dress revolves around the word "If" and exploring scenarios involving the chosen character.
3. Fancy dress also encourages imitation which is an excellent learning method (e.g. little girl copies mummy as mummy is dressing).

## SESSION 6: QUIZ
### Education for All (EFA)

1. Why is EFA so important?

2. In the year 2000, how many children worldwide lacked access to primary education?

3. In 1 sentence, describe what you believe to be “gender discrimination.”

4. Describe briefly the relationship between education and poverty reduction.

5. Provide 2 of the 5 goals of EFA.

6. List 3 goals of Universal Basic Education.

7. Describe the current EFA situation in Nigeria.

8. Describe briefly 2 ways in which the government and civil society can achieve EFA.

9. In the year 2000, what proportion of children worldwide benefited from early childhood care and education?

10. What has research in Egypt proved about the impact of early childhood care and education programs (ECCE) on children at risk?

11. Based on the “High Scope Perry Preschool Study,” provide 3 characteristics associated with children at risk who have not benefitted from ECCE.

12. Based on the “High Scope Perry Preschool Study,” provide 3 benefits of ECCE.

13. List 2 benefits for each of the following:
    *Storytelling*

    *Make Believe*

    *Arts and Craft*

# The Importance of Play & Baby Stimulation

**Objectives:**

1. Understand what play really is.
2. Understand the role of play in a child's development.
3. Be able to provide stimulating, challenging, and safe play opportunities and resources for all children including the disabled.
4. Understand the necessity for baby stimulation.
5. Be able to provide culturally tried and tested resources for baby stimulation.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
Right to Survival and Development (CRA s4)
Freedom of Association and Peaceful Assembly (CRA s6)
Freedom of Movement (CRA s9)
Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
Right to Leisure and Recreation and to the Provision of Recreational Facilities (CRA s12)
Right to Education (CRA s15)
Right to the Guidance of Authorized Caregivers (CRA s20)

**Time:** 1 full day, 9 AM – 6 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Definition of and case for play | 1.5 hours | Understand what play is and what values and principles should guide it. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 2**<br>Benefits of play and consequences of play deprivation | 1.5 hours | Understand the psycho-social and physical consequences of regular child play and its lack. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 3**<br>Baby stimulation | 1.5 hours | • Understand the critical importance of stimulating the youngest of children.<br>• Be familiar with easily available resources and strategies for baby stimulation. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 4** | 1.5 hours | **FILM** | | | |
| **Session 5** | 1 hour | **QUIZ** | | | |

# Session 1: Definition of and Case for Play

**Objectives:** By the end of this session, participants will understand what play is and what values and principles should guide it.

**Time:** 1.5 hours

## Definition of Play

*Play is a methodology for action, not a type of activity.*
Play often, though not always, implies a sense of fun for the child. But it can also be serious in 2 senses. The child may feel serious while playing, and/or the content of the play may be serious, that is, not trivial or lighthearted.

*Play is scientific exploration performed by children.*
Exploration is an important aspect of play, although it is not invariably present. A child at play is often exploring, that is, testing out all kinds of assumptions and theories about himself, other people, and the world. The child then responds to the feedback gained by adjusting or confirming those assumptions and theories. It is a process involving curiosity and creativity. Play also manifests itself in a wide range of activities, behaviors, and styles.

## Play Values and Principles

### Why Is Play Important?

1. Children are most likely to express their values, art, music, physical culture, language, and humor during play.
2. Play allows expression that is not overwhelmed by adult views and values.
3. Play is an arena in which boundaries can be drawn, while still allowing children the freedom to explore and learn.
4. Play allows for mistakes to be made, learned from, and applied to appropriate behaviors in adulthood.

### Tenets of Play

1. Adults should welcome and value children as individuals.
2. Children's views, opinions, and reactions should be considered to the maximum degree bearing in mind health, safety, and respect for the needs of others.
3. Children have the right to access a rich, stimulating play environment, free from unacceptable risk, to explore both themselves and their world. (In Nigeria, there is a paucity of available environments for play.)
4. Every child, irrespective of gender, background, cultural or racial origin, or individual ability should have equal access to good play opportunities.
5. Children should control their own play activity. This is crucial for enriching their experience and enhancing their learning and development.
6. "Mistakes" or "bad behavior" are part of the play experience. This is how children learn the appropriate behaviors for their own adulthood.
7. There should be no task or product required of play by those not engaged in it.

8. Adults should allow opportunities for risk-taking. It is the adult's responsibility to respond to risk with exciting and stimulating environments that balance risks appropriately.
9. Adults can enhance creative play opportunities by providing an appropriate human and physical environment.
10. Adults should empathize with and respond to children's cues for comfort and reassurance as a result of play.

### Threats to Constructive Play in Nigeria

1. Public fears about safety (i.e. threat from traffic, threat from other people) may lead parents to restrict their children's freedom to play and move about on their own.
2. Religious and cultural organizations believing that theirs is the right mold with which to shape children.
3. Educational policies and practices with a curriculum-centered approach demanding more of children's time and energy in pursuit of educational attainment.

### Inclusive Play Success Story

In Fairfax County, Virginia (USA), Clemyjontri Park may look like an ordinary park at first glance. But inside its playground, community members will find accessible play equipment for children of all ages and abilities – a helicopter with ramps, a wide-bodied train, a movable maze…all play resources that easily accommodate wheelchairs.

More ambitious, the playground in Clemyjontri Park features a merry-go-round (carousel) that has safety straps for the youngest children and wide "chariots" for wheelchairs. Rubberized surfaces permit wheelchairs to navigate easily, and sturdy swings with hand pumps allow children who can't use their legs to propel themselves backward and forward. Signs in braille spell out the colors of the rainbow for blind children, and the interiors of cave-like hiding places are studded with mock-"dinosaur fossils" that can be discovered by touch. Accessible play resources at Clemyjontri Park, being close to the ground, also serve the needs of toddlers and preschoolers.

# Session 2: Benefits of Play and Consequences of Play Deprivation

**Objectives:** By the end of this session, participants will fully understand the psycho-social and physical consequences of regular child play and its lack.

**Time:** 1.5 hours

### Benefits during Play

1. Play provides children with opportunities to enjoy freedom and exercise choice and control over their actions.
2. Play offers children opportunities for testing boundaries and exploring risk.
3. Play offers a wide range of physical, social, and intellectual experiences for children.

### Benefits that Develop over Time

1. Play fosters children's independence and self-esteem.
2. Play develops children's respect for others and offers opportunities for social interaction.
3. Play supports the child's well-being, healthy growth, and development.
4. Play increases children's knowledge and understanding.
5. Play promotes children's creativity and capacity to learn.

### Definition of a Battery Child

A battery child is one reared indoors, usually in a confined space such as a bedroom. Due to parental fears of dangerous strangers or lack of safe play spaces outdoors, the child is deprived of the freedom to play outside. This has serious implications. It is not only a matter of children becoming physically inactive, battery-reared children are also denied the chance to learn independence, which may result in poor life skills and mental health problems as they grow up.

### Consequences of Play Deprivation

Depending on the type of play deprivation, battery/play-deprived children could experience the following:

1. Mental and physical damage. (The brain physically expands, contracts, and changes based on experience.)
2. Failure to completely develop neural connections needed for later learning.
3. Academic difficulties.
4. Aggressive or irritable behavior.
5. Emotional repression.
6. Inept social skills.
7. Difficulty negotiating complex social situations (i.e. conflict, cultural differences, assessing/ managing risk).
8. Obesity.
9. Difficulty with motor tasks.
10. Lower levels of physical activity.
11. Inadequate ability to deal with stressful or traumatic situations and events.

12. Undiscovered or latent talents that might have developed with the right opportunities, encouragement, and support.
13. Poorer local support networks and parental difficulties in organizing informal child care. (Community play opportunities form part of the "glue" that brings communities and families together.)

# Session 3: Baby Stimulation

**Objectives:**
1. Understand the critical importance of stimulating the youngest of children.
2. Be familiar with easily available strategies for baby and child stimulation.

**Time:** 1.5 hours

## Baby Stimulation

1. Playing with the baby helps him/her develop.
2. Babies can be encouraged to mold Plasticine and mud into shapes. This aids creativity and other aesthetic instincts.
3. Babies should be encouraged to walk holding onto support. This helps to increase the baby's reasoning faculty.
4. Babies should be encouraged to move for all-round development.
5. Outdoor activities stimulate babies' development.

## Types of Baby Stimulation

### Language/Numeration Stimulation

This involves the ability of the caregiver to make the baby count, recall, and express himself meaningfully. Activities include:

1. Storytelling.
2. Talking.
3. Singing.
4. Drama.
5. Picture reading.
6. Rhyming.
7. Poems.
8. Folktales.
9. Tongue twisters.
10. Writing.

### Social Stimulation

This involves the caregiver's ability to encourage the baby to have good interaction with people in the environment. Activities which advance the process of healthy mirroring and attachment include:

1. Holding.
2. Tickling.

3. Talking.
4. Backing.
5. Breastfeeding.
6. Hugging.
7. Body games.
8. Body language.
9. Moral teaching.
10. Greetings.
11. Cultural values.
12. Folklore.
13. Riddles and jokes.
14. Sharing.
15. Group play.

### Resources for Stimulation

1. Human: Household level (i.e. caregivers, children and youth of the institution).
2. Accommodation**:** A spacious, well ventilated, and hygienic accommodation.
3. Indoor play**:** Mobiles, rattles, jingles, walker, blocks, construction materials, creative materials, and Plasticine.
4. Outdoor play: Swings, slides, merry-go-round, climbers, mats, games, and balls.
5. Visuals: Charts, books, pictorial books, writing materials (i.e. slate, chalk, crayons), and painting and drawing materials.
6. Musical: Drums, bells, radio, cassette player, and television.
7. Local materials: Folk songs, folktale rhythms, riddles and jokes, clay, sand bowl, sand/ water play, wooden toys, and plastic containers.

## SESSION 4: FILM

## SESSION 5: QUIZ
### The Importance of Play & Baby Stimulation

1. Provide 1 definition of play.

2. Provide 2 reasons why play is important.

3. Provide 2 tenets of play and explain why they are important.

4. What do mistakes or bad behavior during play teach the child?

5. Give 1 example of a threat to constructive play that increasingly dominates the lives of children in Nigeria.

6. Why is it crucial that the child has control over his or her own play activity?

7. Should there be a task or product required of the child's play by those not engaged in it?

8. Is risk-taking an important part of play? Why or why not?

9. Provide 2 examples of an adult's recommended role in child's play.

10. Provide 1 benefit of play at the time of play.

11. Provide 1 benefit of play that develops over time.

12. Provide 3 consequences of play deprivation.

13. Provide 2 reasons why baby stimulation is important.

14. Provide 2 examples of activities that stimulate language development.

15. Provide 2 examples of activities that stimulate sociability.

16. Provide 3 examples of local materials that are good resources for baby stimulation.

# The Evolving Capacities of Children

**Objectives:**

1. Understand the evolution of the concept of evolving capacities.
2. Distinguish between the right of a child to choose and the right of a child to protection.
3. Understand the significance of child development in relation to evolving capacities.
4. Identify cultural differences in approaches to child development.
5. Identify the role of caregivers in a child's evolving capacities.
6. Understand the rights of a child.
7. Understand the legal rights of a child to participate.
8. Learn ways of implementing children's right to participate.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)

Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)

Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])

Right to Privacy, Honor, and Reputation (CRA s11)

Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)

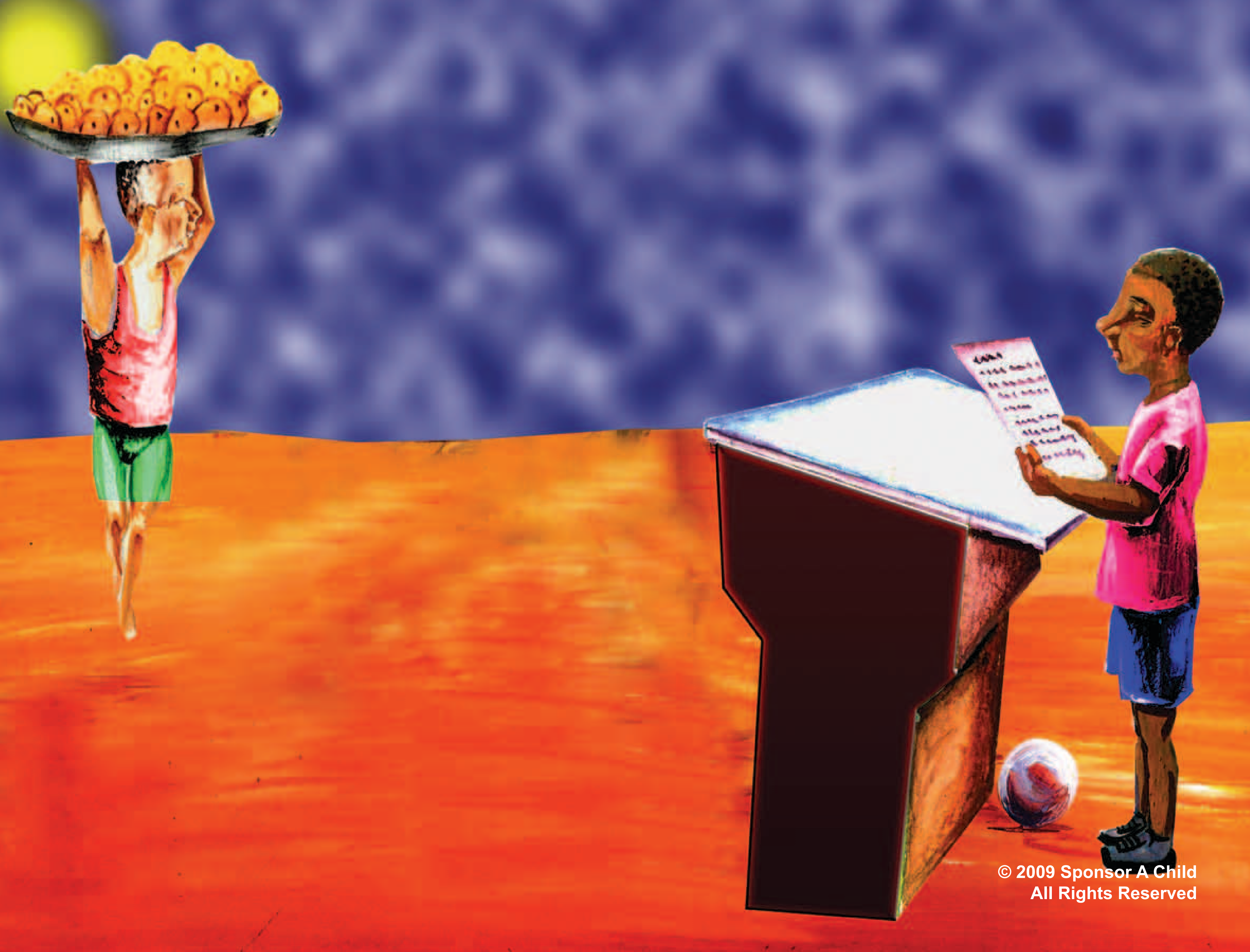
Right to Leisure and Recreation and to the Provision of Recreational Facilities (CRA s12)

Right to Education (CRA s15)

Right to Special Protection for Children in Especially Difficult Circumstances (CRA s16)

Right to the Guidance of Authorized Caregivers (CRA s20)

**Time:** ½ day, 9 AM – 2 PM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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Evolving capacities | 1 hour | • Understand the evolution of the concept of evolving capacities.<br>• Define evolving capacities.<br>• Distinguish between right to protection and right to choose. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 2**<br>Child development and evolving capacities | 1.5 hours | • Define the concept of a child.<br>• Understand the significance of child development in relation to evolving capacities.<br>• Be familiar with Piaget's theory of child development.<br>• Identify the cultural differences in approaches to child development.<br>• Identify the role of parents and other caregivers in a child's evolving capacities. | • Lecture<br>• Discussion<br>• Pair work | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 3**<br>Child's right to participate | 1 hour | • Define the rights of a child.<br>• Understand the legal rights of a child to participate.<br>• Learn ways of implementing children's right to participate.<br>• Understand the need for children's participation. | • Lecture<br>• Discussion<br>• Group work | • PowerPoint<br>• Flip chart<br>• Markers<br>• Case studies | Questions/ Answers |
| **Session 4** | 30 minutes | **QUIZ** | | | |

# Session 1: Evolving Capacities

**Objectives:**
1. Understand the evolution of the concept of evolving capacities.
2. Define evolving capacities.
3. Distinguish between right to protection and right to choose.

**Time:** 1 hour

Children are in a process of continual development. The period of childhood provides opportunity for unlimited development and learning. However, the social, cultural, economic, and emotional environment of a child determines the extent of cognitive, emotional, social, physical, and moral competencies that the child can acquire.

## Evolving Capacities and Child Rights

It is largely through respect for their rights that children are provided with the necessary environment for stimulating optimum opportunities for the fulfillment of their capacities. Furthermore, it is presumed that as children's capacities are evolving, they lack competence to take responsibility for themselves. Children are therefore provided with social and legal protections that correspond with their perceived immaturity and vulnerability (Lansdown 2005).

The UN Convention on the Rights of the Child (1989) lays down fundamental principles, which are necessary to promote and secure the survival and development of children. It provides a child with the rights to:

1. Survival and development.
2. Adequate standard of living for adequate development.
3. Play.
4. Education.
5. Protection from exploitation.

These rights are based on the assumption that as competencies develop, children become more entitled to take responsibility for the exercise of their rights. In addition, children's acquisition of competencies will vary according to their different environments, cultures, and life experiences.

### The Origin of Evolving Capacities of Children

The aspirations for the world's children were first expressed by the League of Nations in 1924, when it adopted the general principle that "Mankind owes to the child the best it has to give." The United Nations adopted an impressive "Declaration on the Rights of the Child" in 1959, which emphasized the protection and development of children in terms of their health, nutrition, safety, and education.

In 1989, the United Nations general assembly adopted the Convention on the Rights of the Child. It is within this document that the concept of evolving capacities of the child was first mentioned.

### The Concept of Evolving Capacities

Evolving capacities can be seen as a process of maturation and learning whereby children progressively acquire knowledge (Kikuchi-White 2006). Evolving capacities is an enabling

principle requiring parents, caregivers, and professionals (with appropriate state support) to adjust levels of direction, guidance, and control with respect to the child's emerging interests, wishes, and capacity for autonomous decision making.

Lansdown (2005) suggested 3 interpretations of the concept of evolving capacities:

1. Developmental concept: Fulfilling children's rights to the development of their optimum capacities.
2. Emancipatory concept: Recognizing and respecting the evolving capacities of children.
3. Protective concept: Protecting children from experiences beyond their capacities.

## Difference between Right of Protection and Right of Choice

Protection right, which includes rights to physical care and security and right not to be imprisoned without procedural due process, is designed to protect children against the abuse of unchecked adult discretion. Choice right on the other hand provides children with the authority to make affirmative and legally binding decisions such as exercising religious preferences, voting, marrying, etc.

Both these rights should be implemented within an adult–child consultative paradigm which recognizes the child's evolving capacities to protect himself and to make rational choices.

## Essential Articles of the Convention on the Rights of the Child Reflected in Nigeria Child Rights Act

The recognition of children as subjects of rights is expressed in the following articles:

**Article 5:** Right to parental guidance as the child's capacities evolve. The state has a duty to respect the rights and responsibilities of parents and the entire family to provide guidance appropriate to the child's evolving capacities. (CRA s20)

**Article 9:** Right not to be separated from parents. The child has the right to live with his/her parents unless it is deemed incompatible with his/her best interest. (CRA s14)

**Article 12:** The right to be listened to and taken seriously. The child has the right to express an opinion, and to have that opinion taken into consideration, in any matter affecting the child, in accordance with his/her age and maturity. (CRA s7, 8, 133, & 214.1)

**Article 13:** The right to freedom of expression. The child has the right to obtain and make known information, and to express his/her own views, unless this would violate the rights of others. (CRA s7, 8, & 19)

**Article 14:** The right to freedom of conscience, thought, and religion. The child has the right to freedom of conscience, thought, and religion subject to appropriate parental guidance and national law. (CRA s7, 8, & 19)

**Article 15:** The right to freedom of association. The child has the right to meet with others and to join or set up associations except if it will violate the rights of others. (CRA s6, 9, 12, & 19)

**Article 16:** The right to protection of privacy. The child has the right to protection from interference with privacy, family, home, and correspondence. (CRA s8)

**Article 17:** The right to appropriate information. The state has an obligation to ensure that the child has access to information and material from a diversity of media sources and to take measures to protect children from harmful materials. (CRA s7, 8, 15, 19, 36, & 37)

**Article 29:** The right to education that promotes respect for human rights and democracy. Education should be directed at developing the child's personality and talents, preparing the child for active adult life, fostering respect for basic human rights, developing respect for the child's own cultural and national values and those of others, and developing respect for the natural environment. (CRA s7, 8, 15, 19, 36, & 37)

# Session 2: Child Development and Evolving Capacities

**Objectives:**

1. Define the concept of a child.
2. Understand the significance of child development in relation to evolving capacities.
3. Be familiar with Piaget's theory of child development.
4. Identify the cultural differences in approaches to child development.
5. Identify the role of caregivers in a child's evolving capacities.

**Time:** 1.5 hours

## Who is a Child?

According to the UN Convention on the Rights of the Child (1989), a child is anyone under the age of 18 years.

In different cultural contexts, other factors such as social status, gender, marital status, and economic capacity may be important in determining who a child is. In some cultures, an individual has to go through certain rites of passage before he/she can be conferred with status of adulthood and with the associated rights and responsibilities.

## Child Development and Evolving Capacities

Child development is concerned with the process of growth and maturation of the human individual from conception through adulthood to old age. During development, a child progressively acquires competence in a wide range of functions and skills that enable him/her to adapt and survive in different types of environments.

The process of child development can be described as transactional. This implies that a child interacts with his/her physical and social environment over time, each having an effect on and shaping the other. Children pass through stages; they change from organisms incapable of thought and dependent on their senses and motor activities in knowing the world around them, to individuals capable of great flexibility of thought and abstract reasoning.

## Piaget's Cognitive Theory and Child Development

Every child is a unique being in terms of temperament, learning style, family background and patterns, and timing of growth. Piaget identified 4 stages of cognitive development:

1. Sensorimotor (birth to 2 years): Knowledge of the world limited to sensory, physical awareness, motor acts.
2. Preoperational (2 to 7 years): Increased understanding of the world; increased ability to think and reason; little understanding of others perspectives (egocentric stage).
3. Concrete operational (7 to 11 years): Discover powerful, abstract, general rules/strategies for engaging in the world around them; little deductive logic.
4. Formal operational (11 years through adulthood): Period for deductive logic; comfortable with hypothetical situations.

In Piaget's view the child does not passively take in information. His thought processes and conceptions of reality are modified by his encounters with his environment, and he plays an active role in interpreting the information. He is gaining from experience and is adapting it to the knowledge and conceptions of his world.

## Cultural Differences in Child Development

According to Woodhead (1999) children's development is influenced by 3 elements:

1. Social and physical environment.
2. Culturally regulated customs and child rearing practices.
3. Beliefs and values of caregivers.

Children in developed countries are expected to be in school for a minimum of 10 years, during which they are fully dependent on their caregivers. In a typical African community, children are expected to participate in farm work and house chores. For instance, among the Tonga tribe in Zimbabwe, a 10-year-old child is expected to be involved in agriculture and money earning activities. Boys of this age are expected to build their own house while the girls will be presumed capable of keeping a home in the absence of adults (Raynold 1985).

In his essay "Early Childhood Development: A Question of Rights," Martin Woodhead points out that the contribution of children all over the world to economic activity is too significant to miss: at least 220 million children or 20% of all children under the age of 15 are working as their primary occupation. Many millions more combine work with attending school part-time. These estimates do not include domestic help, family based agricultural work, and casual work carried out by the majority of children including very young children.

In the same essay, Martin Woodhead cites Weisener (1989) noting that in Kenya (as in Nigeria) parents consider working a valuable element in children's socialization, preparing children for their adult roles, and integrating them into a family and community network that places high value on interdependency and interconnectedness.

Among children in Peruvian communities, the ages of 11 to 14 years are regarded as the age of having adult competencies. In Bolivia, children between 13 and 16 years are involved in decision-making about their future endeavors and can live away from their caregivers.

Taking these perspectives into account, children's capacities to make particular decisions at particular ages and their expected roles in their communities may differ from culture to culture.

## The Role of Family in Children's Evolving Capacities

Children need care, protection, and guidance. This support system is usually provided by parents or other caregivers, especially during the early years of life when children are the most dependent.

1. Caregivers have the primary responsibility of initiating children into culturally relevant skills, attitudes, and ways of thinking.

2. The family has been described as the fundamental group of society and the natural environment for children's growth and well-being.
3. Caregivers are identified as principal actors in the construction of identity and the development of skills, knowledge, and behaviors, and as duty-bearers in the realization of the young child's rights.

# Session 3: Child's Right to Participate

**Objectives:**
1. Define the rights of a child.
2. Understand the legal rights of a child to participate.
3. Learn ways of implementing children's right to participate.
4. Understand the need for children's participation.

**Time:** 1 hour

## Child Rights

Child rights refer to a set of universal rights and principles, which have been given legal status through their expression in the Articles of the Convention on the Rights of the Child.

## The Child's Right to Participate

Child participation can be described as listening to children and giving them space to articulate their own concerns, while taking into account the children's maturity and capacities. It may also include enabling them to take part in the planning, conduct, and evaluation of activities within or outside the family sphere and involving them in decision-making.

The UN Convention on the Rights of the Child (1989) recognized that children are active agents in the realization of their own rights. Hence the following references were made to some articles in the Convention with regard to the right of the child to participate:

1. Article 12: States that state parties shall assure the child who is capable of his/her own views:
   a. The right to express those views freely in all matters affecting the child.
   b. The right to have his view given due weight in accordance with his age and maturity.
2. Article 13: Refers to the child's freedom of expression.
3. Article 14: Refers to the child's right to freedom of association and of peaceful assembly.
4. Article 17: Emphasizes the importance of children's access to information.

It is advisable to compare and contrast these articles with the equivalent culturally adapted provisions in the Nigeria Child Rights Act (2003) cited in Session 1 of this module.

### Competencies to Participate

As the child grows and participates more, caregivers should encourage his/her competence in the following areas:

1. Language ability: The ability to communicate and to use language to collaborate with others.
2. Empathy: The ability to understand the feelings and views of others.
3. Abstract thinking: The ability to conceptualize an unseen process toward a non-concrete goal.
4. Controlled impulses: Capacity to keep in check immediate and self-centered satisfaction of needs and wishes.
5. Sacrifice: Ability to understand and accept that a particular exercise may benefit other people rather than oneself.
6. Concentration: Ability to listen, analyze, and project one's point of view.
7. Emotional control: Ability to control emotions when appropriate, especially anger and frustration.

### Approaches to Involving Children

1. Consultative process: Adults initiate processes to obtain information from children through which they can improve legislation, policies, or services.
2. Participative initiative: The aim is to strengthen processes of democracy by creating opportunities for children to understand and apply democratic principles, or by involving children in the development of services and policies that impact them.
3. Promotion of self-advocacy: The aim is to empower children to identify and fulfill their own goals and initiatives.

### Opportunities for Participation in the Classroom

Teaching methodologies can include participatory techniques such as:

1. Participatory lecture. (10 minutes of teacher talking followed by 2 minutes of pupil processing the information. Teacher facilitates the processing by asking open ended questions such as "Why is this information important?")
2. Round Robin. (Taking turns in a group setting, one pupil throws a soft object to another pupil indicating, "Your turn to speak.")
3. Pair work.
4. Group work.
5. Role plays and simulations.
6. Voting on opinions, activities, etc.
7. Encouraging pupils to ask questions.

### Opportunities for Participation in School Management/Governance

Good structures of opportunity to hear children's voices are:

1. Student councils.
2. Referenda on policy, rules, etc.
3. Opinion polls on issues of school or community interest.
4. School and community surveys.
5. Child representation on school management/governance boards.

### Benefits of Child Participation

1. Enables children to fulfill their responsibilities toward their families and society as required in CRA s19 *Responsibilities of a Child*.
2. Builds effectiveness in policy formulation and sustainability in implementation.
3. Enhances confidence and self-esteem.
4. Encourages acquisition of practical and social skills.
5. Improves relationship between caregivers and children.
6. Makes caregivers proud of their children.
7. Enables self-protection.
8. Creates a wide network among children.
9. Fosters learning.

10. Inculcates the spirit of democracy and its principles in children and strengthens democratic processes in later life.

### Arguments Regarding Children's Participation

The following arguments and counter arguments have been raised against the right of a child to participate:

1. Children have no competence or experience to participate.
   *On the contrary. Children have levels of competence in different parts of their lives. For instance, a small child can tell what he/she likes or dislikes and why, provided they are given appropriate support, adequate information, and opportunity to express themselves in ways that are meaningful to them.*

2. Children must learn to take responsibility before they can be granted rights.
   *But one of the ways of encouraging children to accept responsibility is to first respect their rights. If given the chance to share their ideas in a group, children will learn that others have a right to be heard and must also be respected.*

3. Giving children rights to be heard will take away their childhood.
   *Article 12 provides the Right for Children to Participate. Small children in much protected environments might be involved in making decisions about friendships, coping with parental divorce, negotiating between parents in conflict, and deciding the games to play. These are all decisions related to childhood, not in conflict with the concept of childhood.*

### Child Rights in Child Care Institutions

There is a pressing need for training to help address problems centering on the relationship between authority and childhood. Such training would teach child focused organizations how to create environments that are respectful and supportive of children. In child care institutions, caregivers should learn to identify the numerous opportunities to (1) promote and develop a child's skills and talents, (2) use language which can be understood by all children, and (3) encourage all children to take part and to establish democratic structures that are appropriate to their needs. In this way, appropriate child participation – one that defers to the children's evolving capacities – can be encouraged.

## SESSION 4: QUIZ
### The Evolving Capacities of Children

1. The first international body to express concern on the rights of a child was ____________ in

   the year ___________________.

2. The concept of evolving capacities of the child was first mentioned at ________________ in

   the year ___________________.

3. Which of the articles of the Convention empowers a child with the right to be heard?

4. What are the first 2 stages of cognitive development according to Piaget?

5. According to Woodhead, the 3 elements that influence development of children include:

6. The 3 main approaches to getting children involved are:

7. Provide 3 benefits of child participation.

8. The Convention provided children the right to adequate standard of living, to play, to education, and to protection from exploitation. True or False?

9. Provide 3 structures of opportunity for encouraging child participation:
   *In the classroom.*

   *In school management/governance.*

# Child Development Milestones

**Objectives:**

1. Know how to create a loving environment within which a child can develop emotional well-being as he grows.
2. Identify appropriate behaviors in a child at various ages.
3. Know how to stimulate healthy development in a child at various ages.
4. Identify signs of developmental delays and other problems.
5. Know when to refer issues to a health worker.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
Right to Survival and Development (CRA s4)
Freedom of Association and Peaceful Assembly (CRA s6)
Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
Freedom of Movement (CRA s9)
Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
Right to Leisure and Recreation and to the Provision of Recreational Facilities (CRA s12)
Right to Health and Health Services (CRA s13)
Right to the Guidance of Authorized Caregivers (CRA s20)

**Millennium Development Goals**

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 2: Achieve Universal Primary Education
Goal 3: Promote Gender Equality and Empower Women
Goal 4: Reduce Child Mortality
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases
Goal 7: Ensure Environmental Sustainability

**Time:** 3 full days, 9 AM – 6 PM (16, 1 ½-hour sessions)

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>The psycho-social context for child development | 1.5 hours | • Understand the principles of “attachment,” “mirroring” “witnessing,” and “detachment.”<br>• Learn the value of psycho-social development as a context for child growth. | • Lecture<br>• Discussion<br>• Film<br>• Pair work | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Sessions 2-5**<br>Development milestones: age 0 to 2 years | 6 hours w/1-hour lunch | • Identify “what a child should be able to do.”<br>• Identify “what parents and caregivers can do with and for the child.”<br>• Identify “warning signs to watch for.” | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Real/Model<br>• Objects | Questions/ Answers |
| **Day 2** | | | | | |
| **Sessions 6-10**<br>Development milestones: age 3 to 7 years | 7.5 hours w/1-hour lunch | • Identify “what a child should be able to do.”<br>• Identify “what parents and caregivers can do with and for the child.”<br>• Identify “warning signs to watch for.” | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Real/Model<br>• Objects | Questions/ Answers |
| **Day 3** | | | | | |
| **Sessions 11-15**<br>Development milestones: age 8 to 12 years | 7.5 hours w/1-hour lunch | • Identify “what a child should be able to do.”<br>• Identify “what parents and caregivers can do with and for the child.”<br>• Identify “warning signs to watch for.” | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Real/Model<br>• Objects | Questions/ Answers |
| **Session 16** | 1.5 hours | **QUIZ** | | | |

# Session 1: The Psycho-Social Context for Child Development

**Objectives:**
1. Understand the principles of "attachment," "mirroring," "witnessing," and "detachment."
2. Learn the value of psycho-social development as a context for child growth.

**Time:** 1.5 hours

Erik Erikson's theory of pyscho-social development (1902-1994) focuses on how children socialize and how this affects their sense of self. The theory maintains that children develop in a predetermined order and that the successful completion of each stage results in healthy personality and successful interactions with others. Failure to complete a stage can delay social development though the delay can be resolved at a later time. To fail to highlight the psycho-social framework for child development would be an unacceptable omission in any study of a child's development. Psycho-social development is therefore the overarching context for all we shall study in this module.

## Attachment*

Dr. Lene Kamm, child psychologist, argues that all psycho-social growth takes place within a system called "attachment." This system of positive attachment, which takes place within the matrix of inter-subjectivity:

1. Assists the child's physical and psychological regulation processes.
2. Prepares ways for the child to develop an understanding of himself and of others.
3. Serves, through the basis of interactions with caregivers, as a model for how the child will relate to other people.
4. Provides the child with ways of attaining stability and a capacity to function under stress.
5. Determines the healthy social functioning of the child.
6. Provides the child with a witness to his life story. This witness is his champion.

Without a well-oiled system of attachment (spearheaded by good, involved caregivers, parental or otherwise), there will be no wholesome growth. The child will not blossom into a well-adjusted, confident adult possessing a healthy social identity. Human beings (all mammals in fact) have been designed to function only through relatedness. For infants, only mental and emotional chaos and failure to develop healthily are attendant on prolonged isolation. In adulthood, mental and emotional chaos are attendant on prolonged isolation. Adults deprived in early childhood of relatedness with others are most at risk of the kind of degeneration which may lead to dangerous behavior toward themselves and toward others.

**The Theory of Attachment was first recognized by British psycho-analyst John Bowlby.*

## Mirroring*

It is an amazing fact that in the first 6 months of life a child has already developed into a social human being. In these first months, he learns how to invite the caregiver to interact with him and to play; he learns how to sustain and regulate social exchanges. He already possesses the

necessary signals to establish or terminate human interaction. By 6 months he has mastered most of the fundamental signals and can engage in structured interaction sequences.

These interactions in the first months of life will serve as prototypes for all the child's future interpersonal relations. As the caregiver mirrors her child, regular, prolonged eye contact is vital. As she speaks with him, coos, mimicking his own coos, she must with loving eyes, reach inside him to the core of his being, summoning that being into defined, vibrant life.

"Mirroring" is another word for this caregiver–child interaction within a matrix of intersubjectivity. It should begin immediately but with greater consciousness after the first 2 months of the child's life. Mirroring is seen as critical in child development for a number of reasons:

1. Helps child develop a clear sense of himself through being "seen" (consciously looked at and engaged with) by his caregiver.
2. Develops a child's sense of identity and self-connectedness.
3. Preconditions one's sense of being a distinct, complete being and strongly influences the way the child will form relationships with others.
4. Develops a child's ability to be alone in the world.
5. Children deprived of mirroring only find their caregiver, not themselves, as a distinct being.
6. Being seen through the eyes of others helps develop and hold together the child's psyche.

**The concept of mirroring is essential to self-psychology, a school of psycho-analtyical theory and therapy developed by Heinz Kohut.*

## Stages of Attachment Development

*Birth to 8 Weeks*

During the first 8 weeks of the child's life, the caregiver helps the baby to regulate his tensions and stresses through:

1. Petting.
2. Soothing.
3. Patting his back gently and rhythmically, while holding him upright.

The good caregiver says she is "settling" the baby. This attention is critical to the emotional well-being of a baby. Subsequently, the baby will learn to regulate himself most of the time. If the caregiver fails to assist the child through this stage, the baby will not learn to regulate himself.

*8 Weeks to 6 Months*

The next stage is distinguished by the regular activity of mirroring. Mirroring is characterized by the following steps:

1. Speaking, singing, cooing, and moving around with the baby.
2. The child will respond.
3. The caregiver will experience the joy of witnessing the baby's responses.
4. Eye contact is key in the process. This is especially important in orphanages since the eye-to-eye contact involved in breastfeeding is not a viable option.

By mirroring, the caregiver is telling the child: "You are an important, special person. I like you, and I like your company." A populous orphanage where already vulnerable children are at risk of further neglect creates a most compelling argument for this kind of mirroring activity.

*6 Months to 24 Months*

From the age of 6 to 24 months, if a child's soul has not been "mirrored," the growing child, despite achieving the expected physical milestones, will nevertheless experience,

simultaneously, a bleakness and loneliness of soul that might never be bridged. Dr. Kamm describes the sensation in the following way: “It is like being out alone in a boat on a vast ocean, looking out and not seeing the shore. All your life is like that.”

## The “Witness”

The first 2 years of a baby’s life are the most critical. To flourish in the midst of many in the orphanage, the baby must have 1 attachment person – the “witness.” The witness is a primary caregiver to whom the baby is attached and who is attached to the baby.

Every child has the right to a witness to his life story. A nourishing system of attachment is unthinkable without a loving caregiver consistently on hand to witness the child’s first smile, first babble, first roll, crawl, step, etc. Having this witness is important for a number of reasons:

1. Lack of caregiver attention during the first 2 years of life can wreak irreversible harm on the child’s delicate psyche.
2. Children are born with an inbuilt capacity for relationship; this capacity must be exercised from the moment of birth.
3. From birth, the baby relies on caregivers to give relational information and knowledge of the world around him.
4. From birth, the baby depends on his caregivers as a base for exploration. From birth, the child’s soul, his “self,” is ready to bloom.

As the caregiver looks out for the expected physical development milestones, the vital question (the context of all we are to study in this module) is how she will encourage the psycho-social flowering which ensures that the physical milestones are achieved within the framework of a healthy evolving psyche.

The answer is that the caregiver must recognize that these needs and drives (to attach, to seek protection in relationships, to discover, to learn) really *are* present in the child. Then she must set about consciously ministering to those needs/drives.

### A Caution for Orphanages

Caregivers need to remember that children are different when they come into the world.
Some are more anxious and demanding than others and need greater attention, that is, more care, regulation, and mirroring. Abandonment by or involuntary separation from parents will exacerbate this need, as the loss is great. Children whose needs are unmet in a hard, indifferent world will often refuse nourishment, preferring to die. Often they develop negative survival strategies in order to stay alive or not go insane.

It is the duty of caregivers, within the walls of a populous orphanage, to run extra miles and tailor the care they provide for the individual child. This is why having “the witness” or “attachment person” is so important. To have this person in his life – a primary caregiver – is the child’s right. The child is attached to him or her, and he or she is attached to the child and will provide him with tailored care.

## Detachment

When the caregiver must leave the child, she must be aware that long-term separation may result in protest, despair, or detachment.

Detached children are those whose caregivers are unpredictable and reluctant to demonstrate physical and psychological closeness with their babies. As a result the baby will develop an avoidance of attachment or exhibit a disoriented form of attachment. A state of detachment in the child is the very thing a caregiver must avoid.

Detached children may develop into adults who exhibit:
1. Poor social functioning.
2. Weak capacity to bond healthily with others.
3. Weak capacity to experience joy simply through relating to others and to the world around them.
4. Impaired capacity to experience joy simply in being.

By contrast, securely attached children:
1. Play longer, concentrate better, and can think in symbols and ideas.
2. Show more empathy.
3. Explore more thoroughly.
4. Persevere under stress more easily and are better able to tolerate frustration.
5. Have greater confidence in their own abilities.

## Protecting Children from Detachment

As caregivers, you have the responsibility of nurturing your child's soul and helping him develop into a socially functional adult. To ensure our children do not suffer from characteristics of detachment, we can first recognize that all children have a right to at least 1 caregiver to whom they are attached in the orphanage. Additional safeguards include:
1. Be empathetic and sensitive.
2. React consistently to attachment behavior.
3. Understand your child's emotions and help him, even as he grows older, to regulate these emotions.
4. Understand your child's mood and be sensitive to the way he interacts.
5. Monitor him even when you are busy around the orphanage.
6. Take more time to reflect on his reactions.

## Crying

*Infants*

Caregivers should try to distinguish between a child's crying to let go of trauma and pain while he is being comforted and held, and the crying of an infant for apparently no reason. For children who have been abandoned, extra care should be taken as being left to cry alone will make that infant feel more alone and without significance in the world. In the orphanage, crying infants should be consistently regulated by their caregivers. They should be picked up, held close to the body in an upright position, their backs rhythmically patted. The crying infant should be soothed with comforting sounds.

*Older Babies*

The crying of an older baby can be useful for the healing of old wounds, so the sobbing when the finger is hurt might not be the sole cause of the tears. The baby might be crying for all the times he was not heard, for all the times there was no one there.

# Sessions 2–15: Development Milestones

**Objectives:**
1. Identify "what a child should be able to do."
2. Identify "what parents and caregivers can do with and for the child."
3. Identify "warning signs to watch for."

**Time:** 1.5 hours, each session

## SESSION 2: AGE 0 TO 3 MONTHS

**By age 0 to 3 months, a child should be able to:**
1. Lift head a little, at least momentarily.
2. Bring both hands toward mouth.
3. Extend arms followed by adduction toward chest.
4. Stare at the mother while breastfeeding.
5. Briefly watch and follow object with eyes.
6. Turn toward sound or widen eyes with sound.
7. Smile at will and smile back to people.
8. Avoid mildly annoying sensations (e.g. placement of cloth on face).
9. Keep hands in tight fists.
10. Recognize breast or bottle.
11. Avoid bitter or acidic smells.
12. Play with fingers and toes.

**To promote these milestones, parents and caregivers can:**
1. Support the baby's head when holding the baby upright.
2. Play with the child by allowing the child to kick the caregiver's body or grasp the hand tightly.
3. Look at the child's face while the baby is feeding.
4. Sound rattle to the child's ear.
5. Cross the midline at least 90 degrees across his eyes with safe object.
6. Turn the child's face toward people to look at them.
7. Massage and cuddle the child always.
8. Communicate with the baby often (e.g. look into the child's eye, talk, read, sing).
9. Immunize the child.
10. Breastfeed the child on demand.
11. Handle the baby gently even when you are tired and upset.
12. Visit the health worker with the infant 6 weeks after birth.

**Warning signs to watch for:**
1. Unable to hold head unaided.
2. Does not recognize or coordinate with hands.
3. Unable to follow an object passed before eyes.
4. Rarely moves arms and legs or seems stiff.
5. Does not startle at a loud sound.
6. Failure to regard or observe faces.
7. Failure to smile.
8. Crying for a long period of time for no apparent reason.

9. Vomiting and diarrhoea, which can lead to dehydration.
10. Does not blink when shown a bright light.
11. Does not grasp fingers and objects.
12. Is not interested in what is happening around him.
13. Persistent difficulties with settling.
14. Difficulties with feeding.

## SESSION 3: AGE 4 TO 6 MONTHS

**By age 4 to 6 months, a child should be able to:**

1. Have average weight of ~450 to 575 grams and average growth of ~12.5 mm each month.
2. Turn head in all directions.
3. Balance head well.
4. Roll from stomach to back.
5. Sit with support.
6. Explore objects with hands and mouth.
7. Raise head and chest when lying on stomach.
8. Grasp and shake objects.
9. Babble and imitate sound.
10. Follow any moving object that catches attention.
11. Recognize familiar things and people.
12. Make noise when talked to.
13. Show interest in toys.

**To promote these milestones, parents and caregivers can:**

1. Support the child with soft pillow when seated.
2. Lay the baby on clean, flat surface so the baby can freely reach for objects.
3. Show the child bright pictures, books, and interesting objects.
4. Encourage laughing and play; making funny faces and sounds.
5. Encourage the child to grasp their hands or an object for a long period of time.
6. Give a child toys that make noise when shaken or hit.
7. Talk to the child, pause, and wait for a response.
8. Call the child by name.
9. Build a tower and show the child how to knock it down.
10. Establish a routine for bathtime and bedtime.
11. Offer a cup to the child.
12. Continue to breastfeed on demand day and night, and start adding other foods (2 meals per day at 6 to 8 months; 3 to 4 meals at 8 to 12 months).

**Warning signs to watch for:**

1. Losing weight and not gaining height.
2. Not being able to bring hands together by 4 months of age.
3. Not being able to roll over by 6 months of age.
4. Having head lag when pulled to sitting position.
5. Not sitting without support.
6. Unable to make vowel and consonant sounds (e.g. “baba,” “mama”).
7. Unable to grasp an object firmly for a long period of time.
8. Not being able to recognize familiar objects or people.
9. Refusing breast.
10. Failure to reach for objects.
11. Absence of smile.

## SESSION 4: AGE 7 TO 12 MONTHS

**By age 7 to 12 months, a child should be able to:**

1. Sit without support.
2. Crawl on hands and knees, pull up to stand.
3. Take steps holding onto support.
4. Develop full color vision.
5. Track moving objects maturely.
6. Respond to own name.
7. Babble chains of consonants and imitate words.
8. Prefer mother and/or regular caregivers over others.
9. Anticipate being picked up.
10. Start holding objects such as spoon or cup and attempt self-feeding.
11. Follow simple commands (e.g. sit, stand, come, etc.).

**To promote these milestones, parents and caregivers can:**

1. Play with the child; give the child clean, safe household items to handle, bend, and drop.
2. Communicate with the child; respond to the child's sounds and interests.
3. Tell the child names of things and people by pointing to them and naming them.
4. Talk and play with your child frequently.
5. Use mealtimes to encourage interaction with all family members if the child is developing slowly or has a physical disability; focus on the child's ability and give extra stimulation and interaction.
6. Ensure that the child is not left in one position for many hours.
7. Make the child's environment as safe as possible to prevent accidents.
8. Continue to breastfeed and ensure that the child has enough of a variety of foods.
9. Help the child experiment with spoon/cup feeding.
10. Make sure the child is fully immunized and receives all recommended doses of micro-nutrient supplements.

**Warning signs to watch for:**

1. Does not gain weight.
2. Seems very stiff with tight muscles.
3. Head still flops back when positioned.
4. Shows no affection for the person who cares for him.
5. Difficulties getting object to his mouth.
6. Persistent tears, eye drainage, or sensitivity to light.
7. Does not respond to sounds.
8. Shows no interest in games.
9. Does not crawl.
10. Does not point to objects or people.
11. Does not learn to use gestures (e.g. waving, shaking head).

## SESSION 5: AGE 2 YEARS

**By age 2, a child should be able to:**

1. Walk, climb, and run.
2. Point to objects or pictures when they are named (e.g. nose, eye).
3. Follow simple instructions.
4. Scribble if given a pen or crayon.

5. Enjoy simple stories and songs.
6. Imitate the behaviors of others.
7. Begin to eat independently.

**To promote these milestones, parents and caregivers can:**

1. Play with your child; give your child things to stack up, to put into containers, and to take out of containers.
2. Read and sing with the child.
3. Teach the child to avoid dangerous objects.
4. Talk to the child normally; do not use baby talk.
5. Continue to breastfeed and ensure the child has enough food and a variety of foods.
6. Encourage but do not force the child to eat.
7. Praise the child's achievements.

**Warning signs to watch for:**

1. Lack of response to others.
2. Difficulty keeping balance when walking. (See a trained health worker if this occurs.)
3. Injuries and unexplained changes in behavior, especially if the child has been cared for by others.
4. Lack of appetite.

## SESSION 6: AGE 3 YEARS

**By age 3, a child should be able to:**

1. Climb well and walk up and down the stairs.
2. Gain about ~75 mm in height.
3. Use 4- or 5-word sentences.
4. Sort objects by shapes and colors.
5. Separate easily from parents.
6. Eager to please, especially the people around them.
7. Brush teeth, wash hands, and retrieve own drinks.
8. Wet the bed occasionally.
9. Express newfound sense of humor.
10. Feel shame when caught doing something wrong.
11. May sleep 10 to 12 hours a night.
12. Remember yesterday's happenings.

**To promote these milestones, parents and caregivers can:**

1. Ask the child specific question about what appears on TV, on a computer screen, or in books.
2. Encourage the child to dance and sing while doing the same.
3. Count and show the child numbers and the alphabet.
4. Provide animal dolls of different genders to play with.
5. Provide space for physical activities.
6. Allow them to see how to close a door, a cabinet, etc.
7. Look at pictures with them, and explain what is happening in the pictures.
8. Attract the child's attention to what is happening around them.
9. Encourage the child to eat a balanced diet for complete development.

**Warning signs to watch for:**

1. Frequent falling and difficulty with stairs.
2. Persistent drooling or very unclear speech.
3. Inability to build a tower of more than 4 blocks.
4. Difficulty manipulating small objects.
5. Inability to communicate in short phrases.
6. No involvement in “pretend” play.
7. Failure to understand simple instructions.
8. Little interest in other children.
9. Extreme difficulty separating from the mother.
10. Lack of appetite.

## SESSION 7: AGE 4 YEARS

**By age 4, a child should be able to:**

1. Gain about 2 kg in weight.
2. Hop and stand on 1 foot for up to 5 seconds.
3. Draw a person with 2 to 4 parts.
4. Speak in sentences of 5 long words.
5. Correctly name some colors.
6. Dress and undress.
7. View self as a whole person involving body, mind, and feelings.
8. Be aware of own gender.
9. Participate in simple finger play, mimic rhythms, and learn words to songs with repetition.
10. Use non-verbal gestures, such as facial expressions.
11. May be afraid of the dark or monsters.
12. Master toilet training.

**To promote these milestones, parents and caregivers can:**

1. Put down limits to behaviors in games and activities.
2. Plan activities to develop self-care.
3. Provide simple props and time for imaginative play, stories, music, etc.
4. Encourage peer interactions.
5. Encourage and model correct grammar and usage.
6. Encourage interaction of adults and older children with the child.
7. Provide concrete learning experiences that will involve active participation.
8. Provide books with slightly enlarged print.
9. From a limited set of choices, help a child give the answer.

**Warning signs to watch for:**

1. Cannot throw a ball over head.
2. Cannot jump on 1 spot.
3. Cannot grasp a crayon between thumb and fingers.
4. Has difficulty scribbling.
5. Cannot stack 4 blocks.
6. Still cries whenever parents leave him.
7. Shows no sign of interest in games.
8. Does not respond to people outside the family.
9. Resists dressing, sleeping, using toilet.
10. Does not use sentences of more than 3 words.

## SESSION 8: AGE 5 YEARS

**By age 5, a child should be able to:**

1. Move in a coordinated way.
2. Speak in sentences and use many different words.
3. Understand opposites (e.g. fat and thin, tall and short).
4. Play with other children.
5. Answer simple questions.
6. Count 5 to 10 objects.

**To promote these milestones, parents and caregivers can:**

1. Listen to the child.
2. Interact frequently with the child.
3. If the child stutters, suggest he speak more slowly.
4. Read and tell stories.
5. Encourage the child to play and explore.

**Warning signs to watch for:**

1. Acts extremely fearful or timid.
2. Acts extremely aggressively.
3. Unable to separate from parents without major protest.
4. Easily distracted/unable to concentrate on any single activity for more than 5 minutes.
5. Shows little interest in playing with other children.
6. Refuses to respond to people in general, or responds only superficially.
7. Rarely uses fantasy or imitation in play.
8. Seems unhappy or sad much of the time.
9. Doesn't engage in a variety of activities.
10. Avoids or seems aloof with other children and adults.
11. Doesn't express a wide range of emotions.
12. Has trouble eating, sleeping, or using the toilet.
13. Can't tell the difference between fantasy and reality.
14. Seems unusually passive.
15. Cannot understand 2-part commands using prepositions (e.g. "put the doll on the bed," "get the ball under the couch").
16. Can't correctly give their first and last name.
17. Doesn't use plurals or past tense properly when speaking.
18. Doesn't talk about daily activities and experiences.
19. Cannot build a tower of 6 to 8 blocks.
20. Seems uncomfortable holding a crayon.
21. Has trouble taking off clothing.
22. Cannot brush teeth efficiently.
23. Cannot wash and dry own hands.
24. Experiences a dramatic loss of skills he or she once had possessed.

## SESSION 9: AGE 6 YEARS

**By age 6, a child should be able to:**

1. Grow ~64 mm since last birthday.
2. Lose baby teeth and molars begin to appear.
3. Tell his age.

4. Speak with correct grammar most of the time.
5. Control major muscles by jumping, skipping, running, etc.
6. Form major sounds and a word when trying to spell.
7. Make choice of favorite games and TV stations.
8. Paint and color outlines.
9. Have fears of monsters, kidnappers, and large animals.
10. Skip with ease.

**To promote these milestones, parents and caregivers can:**

1. Establish rules to be followed at home with respect to bedtime, watching TV, helping with chores, etc.
2. Read to the child and let them read to you.
3. Spend active time with the child on a daily basis, especially on school activities.
4. Promote activities outside the home in order to develop their capacity.
5. Encourage personal care and hygiene.
6. Provide 3 regular meals and 2 nutritious snacks per day.
7. Ensure the child gets adequate sleep.
8. Encourage physical exercise.
9. Arrange for appropriate immunizations.

**Warning signs to watch for:**

1. Gives preference to play rather than to school activities.
2. Inability to get along with peers and siblings.
3. Overweight.
4. Wets the bed.
5. Recurrent nightmares and fears.
6. Steals money or enticing objects.
7. Always unnecessarily shy.
8. Cannot read independently.
9. Afraid to assist in house chores.

## SESSION 10: AGE 7 YEARS

**By age 7, a child should be able to:**

1. Paint and draw.
2. Vision sharpens to adult level.
3. Practice skills in order to become better.
4. Ride a bike.
5. Understand the concept of numbers.
6. Cooperate and share with others.
7. Understand rules of conversation (i.e. when to talk and listen).
8. Rapid development of mental skills.
9. Tie shoe laces if given an opportunity to learn.

**To promote these milestones, parents and caregivers can:**

1. Show affection.
2. Tell the child how to ask for help when needed.
3. Supervise activities.
4. Encourage them to read different kinds of books and stories (e.g. mystery, comedy, etc.).
5. Ask the child to share composition books and completed homework.
6. Encourage memorization (e.g. states and capitals, times tables, etc.).

**Warning signs to watch for:**

1. Cannot pay attention or stay focused on an activity for long period of time.
2. Stiff arms and/or legs.
3. Rubs eyes frequently.
4. Fails to develop sounds or words appropriate to age.
5. Forgets things easily (e.g. names of people and countries).
6. Displays violent behavior.
7. Has a clumsy manner compared to others of the same age.
8. Does not seek love and approval from caregivers or parents.

## SESSION 11: AGE 8 YEARS

**By age 8, a child should be able to:**

1. Gain 3 kg per year.
2. Be more graceful with movements and ability.
3. Dress and groom self completely.
4. Use tools (i.e. hammer, screwdriver, etc.).
5. Count backward.
6. Understand fractions.
7. Enjoy collecting objects.
8. Like competitions and games.
9. Start to have fixed friends and play.
10. Tell the difference between right and left.

**To promote these milestones, parents and caregivers can:**

1. Give compliments on personal achievements.
2. Recognize the need for privacy (e.g. provide a drawer with a lock, etc.).
3. Seek opportunities for physical activities.
4. Develop the child’s morals; explain why some things are good or bad.
5. Help them get organized by using calendars, folders, etc.
6. Provide tools that will make them do things.
7. Help teach patience by letting others go first or finishing a task before going to play.
8. Do fun things together as a family, especially playing, reading, or going to events.

**Warning signs to watch for:**

1. Unable to perform tasks without adult or peer assistance.
2. Has not established fundamental reading and writing skills.
3. Cannot tell detailed stories or give detailed reports.
4. Unable to identify varieties of shapes and patterns.
5. Cannot share viewpoint on a topic with peers.
6. Still relies on adults for sense of security when not necessary.
7. Unable to create detailed and realistic images in artwork.
8. Shows inadequate concentration and sophistication in performing different character roles.

## SESSION 12: AGE 9 YEARS

**By age 9, a child should be able to:**

1. Read more and enjoy reading.
2. Name months, days, and weeks in order.
3. Become interested in boy–girl relationships, but does not admit it.
4. Experience more peer pressure.
5. Face more academic challenges.
6. Form stronger, more complex peer relationships.
7. Become more independent from home.

**To promote these milestones, parents and caregivers can:**

1. Help to develop a sense of right and wrong.
2. Involve the child in household tasks.
3. Teach respect for others.
4. Use discipline instead of punishment for guidance and protection.
5. Teach rules to apply when walking on the road.
6. Encourage resolution of problems, such as disagreements with other children.

**Warning signs to watch for:**

1. Early signs of puberty.
2. Exhibits aggressive behaviors or signs of bullying.
3. Seems withdrawn from or shows no interest in anything at home/school.
4. Poor reading compared with peers.
5. Experiences failure in the school.
6. Learning disabilities.

## SESSION 13: AGE 10 YEARS

**By age 10, a child should be able to:**

1. Value own opinions very highly.
2. Have a desire for independence.
3. Be industrious, have pet responsibilities, and embark on small domestic projects.
4. Enjoy being together for playing board games, cards, or watching TV.
5. Become anxious about the transition into middle school.
6. Get concerned about good and bad.
7. Read for pleasure.
8. Enjoy a long period of sleep.
9. Care for themselves, their room, and their belongings.
10. Succumb to peer pressure more readily.
11. Develop subtle signs of breasts (girl-child).

**To promote these milestones, parents and caregivers can:**

1. Support the child’s self-esteem and confidence to withstand peer pressure.
2. Allow the child to develop his sense of independence by identifying certain tasks as chores.
3. Reassure the child that he will grow if he does not come up to the shoulder of his mate.
4. Support the child’s activities in the community.
5. Monitor the child’s school progress; keep in touch with teachers and school administrator.

6. Have open dialogue about puberty and sex.
7. Encourage conversations with the child.
8. Teach the child how to eat a balanced diet.
9. Encourage sleep, especially siesta (afternoon sleep).

**Warning signs to watch for:**

1. Failure to thrive.
2. Low performance in school.
3. Difficulties talking or understanding the meaning of words.
4. Poorly articulated speech (i.e. slurring).
5. Loss of previously acquired skills.
6. Impaired ability to consciously coordinate purposeful movements.
7. Looks malnourished.

## SESSION 14: AGE 11 YEARS

**By age 11, a child should be able to:**

1. Be active and energetic; constantly wiggles and moves.
2. Rapidly grow in height, especially girls.
3. Use logic in arguments.
4. Be involved in friendships, but with more quarrels than before.
5. Establish good handwriting.

**To promote these milestones, parents and caregivers can:**

1. Accept who the child is, and help to build self-acceptance.
2. Allow the child to talk about concerns and fears.
3. Respond to the child with positive attention when desired behaviors occur and vice versa.
4. Encourage the child's normal growth and development.
5. Encourage the child to be curious, explore, and take on new challenges.
6. Give a regular talk on proper habits that can lead to a healthy lifestyle.
7. Teach the child how to avoid situations where drugs, alcohol, or cigarettes are present or offered.
8. Watch for sudden changes in behavior and personality.
9. Get to know the child's friends.

**Warning signs to watch for:**

1. Refusal to go school.
2. Learning disorders with even normal intelligence.
3. Problems in communication.
4. Repetitive behaviors (e.g. rocking, hand/finger flapping).
5. Poor study skills.
6. Seems to be in constant motion; runs or climbs with no apparent goal.
7. Low performance in school.
8. Hanging out with bad associates.

## SESSION 15: AGE 12 YEARS

**By age 12, a child should be able to:**

1. Grow in spurts that transform the child into physical maturity as the body develops.
2. Get hungry very frequently.
3. Get to the peak of physical maturity.
4. Summarize information from a book in own words.
5. Read newspapers or magazines, especially in areas of interest.
6. Show interest in the opposite sex.

**To promote these milestones, parents and caregivers can:**

1. Talk to the child about the changes he sees in himself and those he sees in others.
2. Have conversations about sex to correct misinformation from outside.
3. Share about his school progress with him and his teachers.
4. Appreciate the little things, especially the small accomplishments the child makes.
5. Make sure the child eats a variety of foods and teach the child good dietary practices.
6. Encourage more physical activities.

**Warning signs to watch for:**

1. Overweight or obese.
2. Impaired growth.
3. Disorderly and distractible behavior related to substance abuse and sexual initiation.
4. Normal growth rate suddenly drops.
5. Different shoulder heights.
6. Persistent bedwetting.

## SESSION 16: QUIZ
### Child Development Milestones

1. In 2 or 3 sentences, describe the matrix of inter-subjectivity.

2. In 2 or 3 sentences, describe the value of a “witness” to a child’s life story.

3. In 2 or 3 sentences, describe why the principle of attachment is particularly critical in an orphanage.

4. Provide 3 examples of what a child should be able to do for each these age brackets.
   *0 to 3 months:*

   *By 2 years:*

   *By 3 years:*

   *By 7 years:*

   *By 10 years:*

5. Provide 3 examples of what parents and caregivers can do for and with a child for each of these age brackets.
   *0 to 3 months:*

*By 2 years:*

*By 3 years:*

*By 7 years:*

*By 10 years:*

6. Provide 2 examples of warning signs to watch for in children for each of these age brackets.
   *0 to 3 months:*

   *By 2 years:*

   *By 3 years:*

   *By 7 years:*

   *By 10 years:*

# Child Abuse & Labor

**Objectives:**

1. Increase knowledge of child abuse and labor.
2. Increase knowledge of types of child abuse and labor.
3. Acquire skills on the prevention of child abuse and labor.
4. Identify the effects of child abuse and labor.

**Related Rights**

Right to Have Best Interests Considered Paramount in All Decision Making (CRA s1)
Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
Freedom from Discrimination (CRA s10)
Right to Privacy, Honor, and Reputation (CRA s11)
Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
Freedom from Slavery and Servitude (CRA s11)
Right to Health and Health Services (CRA s13)
Right to Education (CRA s15)
Right to Protection from Child Labor (CRA s28)

**Millennium Development Goals**

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 2: Achieve Universal Primary Education
Goal 3: Promote Gender Equality and Empower Women
Goal 4: Reduce Child Mortality
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

**Time:** ½ day, 9 AM – 2 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Child abuse | 1.5 hours | • Define child abuse.<br>• Identify how a child can be abused.<br>• Explain child abuse and exploitation. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/<br>Answers |
| **Session 2**<br>Child labor | 1.5 hours | • Understand the various types of child labor.<br>• Recognize the categories of children likely to be child laborers. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/<br>Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 3**<br>Effects and prevention of child abuse and labor | 30 minutes | • Identify signs of an abused child.<br>• Discuss ways of preventing child abuse and labor. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/<br>Answers |
| **Session 4** | 30 minutes | **QUIZ** | | | |

# Session 1: Child Abuse

**Objectives:**
1. Define child abuse.
2. Identify how a child can be abused.
3. Explain child abuse and exploitation.

**Time:** 1.5 hours

Child abuse can be broadly defined as the maltreatment of children and adolescents by caregivers. Contrary to common belief child abuse is not a new phenomenon. There are many reports indicating that child abuse has been around since early times and is present in all cultures.

Maltreatment occurs in many forms including physical, sexual, and emotional abuse as well as neglect. In addition, each component of abuse has its own spectrum, severity, complexity, and specific pathological features. Although the different forms of abuse and maltreatment are discussed separately for the sake of clarity, the presence of one form of maltreatment is often associated with another.

## Physical Abuse

Most definitions regard physical abuse as that which involves damage to internal organs, ligaments, and bones as well as injury to soft tissues (e.g. skin, eyes, ears).
The most common forms of physical abuse include:
1. Punching.
2. Slapping.
3. Whipping.
4. Burning.
5. Starving.
6. Cutting.
7. Shaking.

Physical abuse can occur in any setting such as school, day care, and special nursery facilities. It is most common within the family, at the hands of a step-parent or common-law partner of the biological mother.

### Caregiver Signs of Physical Abuse

Often caregivers exhibit signs that they are abusing their children or their child is being abused by another adult:
1. Delay or failure in seeking medical attention.
2. Vague, inconsistent, and other variable historical details of injuries.
3. Failure to be sensitive to the needs of their child, even during the interview.
4. Hostility to the interviewer asking even basic and reasonable questions.
5. Wanting to take the child home before completing the assessment or obtaining treatment.
6. Lack of any guilt that their children are injured, sometimes placing blame on the children themselves or their siblings.
7. Attribution to their child of abilities and attitudes in advance of, and out of keeping with, their developmental capacities and known behavior.

8. Unrealistic parental expectations. The expectations are out of keeping with their children's characters and inappropriate for their levels of maturity.

### Child Signs of Physical Abuse

Being the most affected by the abuse, children also exhibit signs that may indicate physical mistreatment by an adult:

1. Child looks sad, miserable, or frightened. In extreme cases this may take the form of "frozen watchfulness."
2. In older children a reluctance to talk about how they were injured.
3. In some cases a child will simply say "mummy did it" or "they hit me because I was bad."
4. Children may disclose how they received the injuries when parents are not present. It is imperative where abuse is suspected that an interview be conducted outside of parental presence.
5. Physical signs of injury may be apparent:
    a. Child reluctant to use an arm or leg.
    b. Fingertip bruising from forceful grabbing and gripping of the child.
    c. Cigarette burns.
    d. Lash marks (linear marks with tram-lining).
    e. Growth charts may indicate failure to thrive.
6. Repeated presentation with injuries.
7. Irritability, vomiting, difficulties in breathing, decreasing levels of consciousness, and retinal hemorrhages.

## Sexual Abuse

The definition of sexual abuse is the involvement of children in the sexual behavior of adults. Severity is usually based on the degree of intrusion, threat, coercion, injury, chronicity, and long-term sequel. While the abuser is usually male and a member of the child's household, this is not exclusively so.

Frequently, abused male children engage in sexually abusive acts with younger children. Sexual abuse may occur in any socio-economic level in society but is more often reported in the poor. Types of sexual abuse include exposure to an indecent act, genital fondling, or being forced or encouraged to masturbate an adult through to various degrees of penetration.

### Risk Factors

1. Previous history of sexual abuse in the family.
2. New male cohabitant in an already troubled household.
3. Male in household with history of sexual offence.
4. Sexual rejection of father by mother.
5. Recent sexual development of children reaching menarche.

### Signs of Sexual Abuse

1. Social withdrawal.
2. Unexplainable tears.
3. Unexplained suspicious attitude toward those around them.

### Incidental Disclosure

Those engaged in repetitive pedophilia behavior are often skilled in identifying and exploiting the child's greatest fears. Common factors that work against disclosure include:

1. Threat to the child being abused.
2. Threat to the child's siblings, mother, friends.
3. Fear of losing the family income.

4. Shame.
5. Fear of the perpetrator going to jail.

## Emotional Abuse and Neglect

Emotional abuse is non-physical harmful actions or omission of something that the child needs for his well-being. The most common forms of emotionally abusive actions include:

1. Habitual criticism.
2. Ridicule.
3. Humiliation.
4. Harassment.
5. Rejection.
6. Threat (verbal and non-verbal).
7. Exposure to others undergoing this and other forms of abuse.
8. Silent treatment.

The most common emotionally abusive omissions include:

1. Failure to provide information that the child should have (e.g. death or departure of a loved one).
2. Failure to facilitate socializing between the child and his peers to encourage healthy social development.
3. Failure to guide the child culturally and socially to encourage a healthy social identity and social development.
4. Failure to communicate regularly and positively with the child in a way appropriate to his evolving capacities.
5. Failure to take physical care of the child.
6. Failure to provide play opportunities for the child.
7. Failure to respond to a child's need to be attached, mirrored, and cared for attentively and consistently.

Neglect and emotional abuse commonly occur together. While there is much overlap, emotional abuse generally has the greatest impact on behavior and emotion while neglect has the greatest impact on development and capacity to form and sustain relationships.

Neglect is the failure to protect and provide for the child. Its most common forms include:

1. Failure to provide physical and material care for the child.
2. Ignoring the child and failing to respond to his emotional needs.

### Signs of Emotional Abuse

1. Emotional withdrawal, social withdrawal, or "looking away" behavior in infants.
2. Whining, miserable infants who cling to critical and unaffectionate parents.
3. The still, passive toddler or young child who sits in "frozen watchfulness." In extreme cases this may present as mutism.
4. Limited attention span; over activity sometimes with marked anxiety.
5. Indiscriminate friendly behavior often craving adult approval and physical contact.
6. Any form of psychiatric disorder but especially disruptive disorders.
7. Learning difficulties as a result of relentless criticism and failure to gain help with schoolwork.
8. Low self-esteem often leading to repetitive thoughts of suicide and preoccupation with death.
9. Marked difficulties in peer relationships.
10. Aggression, especially in boys or when emotional abuse is accompanied by physical abuse.

### Signs of Neglect

1. Infants who fail to thrive with their families but thrive away from them.
2. Multiple, uncared for minor skin infections such as scabies.
3. Severe and chronic nappy rash or excoriation due to failure to change nappies regularly.
4. Generalized developmental delay (delays in speech, motor skills, social development, responsiveness).
5. Physical developmental delay (short stature, incontinence).
6. Unkempt, dirty appearance and very poor hygiene.
7. Limited attention span, over activity, social and emotional immaturity, and indiscriminate friendliness to strangers.
8. Self-stimulating infants who may engage in rocking, head banging, and biting themselves. Older children may exhibit a "touch hunger" in which they seek physical closeness.
9. Adolescents with self-injurious behaviors, poor coping skills, and sexual promiscuity.

## Causes of Child Abuse

### Socio-Cultural Factors

The factors below differ in existence and perceived acceptability based on the socio-cultural environment in which a child exists:

1. Lack of affirmation and support of the family unit.
2. Lack of emphasis on parent training skills as a pre-requisite to parenting.
3. High media visibility of violence.
4. Corporal punishment as a central child-rearing technique.
5. Emphasis on competition rather than cooperation.
6. Unequal status for women.
7. Low economic support for schools and day care facilities.

### Environmental Factors

1. Low socio-economic and education levels.
2. Little availability of friends and extended family for support.
3. Single parent or merged parent family structure.
4. Marital instability.
5. Family violence as common and traditionally accepted.
6. Low rate of family contact and information exchange.
7. Significant periods of mother's absence.
8. High acceptance of family nudity.
9. Low affirmation of family member's privacy.
10. Vulnerability of children (to the degree they are young, sick, disturbed, developmentally delayed, or emotionally isolated).

### Personal Factors – Caregivers

1. History of abuse as a child.
2. Low emotional stability and/or self-esteem.
3. Low ability to tolerate frustrations and inhibit anger.
4. High impulsivity.
5. Lack of parenting skills.
6. High emotional and interpersonal isolation.
7. Problems in handling dependency needs of self or others.
8. Low ability to express physical affection.
9. Unrealistic expectations of child's performance.
10. Use of corporal punishment as a primary child-rearing technique.
11. Presence of drug or alcohol abuse.

# Session 2: Child Labor

**Objectives:**
1. Understand the various types of child labor.
2. Recognize the categories of children likely to be child laborers.

**Time:** 1.5 hours

Generally speaking, “child labor” is defined as work for children that harms them or exploits them in some way (physically, mentally, morally, or by blocking access to education). But the concept of child labor itself is a complicated and debated topic. To date, no universal agreement on its definition and scope exists for a number of reasons:

1. Not all work is bad for children. A child who delivers newspapers before school might actually benefit from learning how to work, gaining responsibility and earning a bit of money. Only when the child is not paid fairly is he or she exploited.
2. Child workers themselves would like to be respected for their legal work because they feel they have no other choice but to work.

As UNICEF’s State of the World’s Children Report (1997) puts it:

> *Children’s work needs to be seen as happening along a continuum, with destructive or exploitative work at one end and beneficial work – promoting or enhancing children’s development without interfering with their schooling, recreation, and rest – at the other. And between these 2 poles are vast areas of work that need not negatively affect a child’s development.*

## Types of Child Labor

UNICEF has classified child work into 5 categories:

1. Within the family: Children are engaged without pay in domestic household tasks, agricultural pastoral work, handicraft/cottage industries, etc.
2. Within the family but outside the home: Children do agricultural/pastoral work which consists of (seasonal/full-time) migrant labor, local agricultural work, domestic service, construction work, and informal occupation (e.g. recycling of waste).
3. Outside the family: Children are employed by others in bonded work, apprenticeship, skilled trades (carpentry, embroidery, and brass/copper work), or industrial unskilled occupations (mines, domestic work, commercial work in shops and restaurants, begging, prostitution, and pornography).
4. Migrant child labor: Children migrate from the rural area to the urban or from smaller to larger towns either with their families or alone. They migrate either for better employment opportunities or to escape from bondage.
5. Bonded child labor: Children are pledged by their parents/guardians to employers in lieu of debts or payment. The rates of interest on loans are so high that the amount to be repaid accumulates every year, making repayment almost impossible.

## Street Children

The phenomenon of urban child labor includes street children. These children belong to 3 broad categories:

1. Children on the street: Working children who have families but spend most of their time on streets. They earn for themselves and may or may not contribute to the family income.
2. Children of the streets: Working children who have left their families in villages or towns and have migrated to the city. They do not have a place to live and hence spend their nights at railway platforms, bus stands, etc. They live independently and usually spend all that they earn in the same day.
3. Abandoned/orphaned children: Working children without families or whose families have abandoned them. They spend their lives on the streets without any kind of support and are hence the most exploited and abused of the lot.

## Causes

The parents of child laborers are often unemployed or underemployed, desperate for secure employment and income. Yet it is their children – more powerless and paid less – who are offered the jobs. “In other words,” says UNICEF, “children are employed because they are easier to exploit.” (Roots of Child Labor, UNICEF’s 1997 State of the World’s Children Report).

Problems of child labor are connected with various socio-economic factors. It appears to be practiced in greater frequency in Africa and many developing societies. Poverty is considered the main cause, which leads to illiteracy, low productivity, poor health, and low life expectancy. Though poverty is an immediate cause of children working, this is a double-edged sword since putting children to work in lieu of education condemns them to a life of poverty.

Children living in poor households in rural areas are most likely to be engaged in child labor. Those saddled with household chores are mostly girls. Most of these girls work as domestic servants and are especially vulnerable to exploitation and abuse.

## Reduction of Child Labor in Under-Developed Countries

Often issues of child labor remain beneath the perception radar of the general population, making these children an invisible workforce. This is a result of a number of circumstances:

1. Children work in the domestic, non-organized, and/or informal sector.
2. They do not come under the purview of the law.
3. Most of them are out-of-school children and are therefore not on the school register.

## Myths About Child Labor

UNICEF identifies 3 “myths” regarding child labor and its causes and solutions:

1. Child labor is only a problem in developing countries. But in fact, children routinely work in all industrialized countries, and hazardous forms of child labor can be found in many countries. In the US, for example, children are employed in agriculture, a high proportion of them from immigrant or ethnic-minority families.
2. Child labor will only disappear when poverty disappears. Hazardous labor can and should be eliminated by even the poorest countries.
3. The only way to make headway against child labor is for consumers and governments to apply pressure through sanctions and boycotts. While international commitment and pressure are important, boycotts and other sweeping measures can only affect export sectors. The reality is that only a very small proportion of all child workers are employed in export industries – probably less than 5%. Most of the world’s child laborers are found in the informal sector – selling on the street, at work in agriculture, or hidden away in houses – far from the reach of official labor inspectors and from media scrutiny.

# Session 3: Effects and Prevention of Child Abuse and Labor

**Objectives:**
1. Identify signs of an abused child.
2. Discuss ways of preventing child abuse and labor.

**Time:** 30 minutes

## Physical Effects

Possible physical effects of child abuse and labor are far reaching and may include:

1. Delayed or stunted growth.
2. Bone malformation.
3. Hearing or sight loss.
4. Skin infection and allergies.
5. Malnutrition and eating disorders.
6. Respiratory infections, chemical poisoning.
7. Depression.
8. Sleeping disorder.
9. Abortion.
10. Teenage child birth.
11. Exposure to dangers.
12. Injuries, sickness, burns.
13. Loss of education.
14. Loss of reasoning capacities.
15. Being over worked for hours.

## Psychological Effects

The psychological impact of child abuse and labor can never be overestimated. Childhood is the period of personality formation. The physical and emotional stress of abuse and work combined with the denial of opportunities to play, to interact socially with peers, and to explore the world will in most cases doom a child to personality and behavioral maladjustment.

Furthermore, emotional abuse and neglect, separation from family, monotony, and the burdens of premature responsibility will most likely have some permanent adverse impact on the working child.

## Preventive Measures

### Government

1. Sustained advocacy and activity is required in order to build societal commitments for child safety and protection.
2. Create an avenue for information sharing and awareness about child protection.
3. Involve government and other authorities in the implementation and monitoring of laws on the rights of the child and related legislation.

4. Celebrate the prevention of child abuse as a national day for children.
5. Remind Nigerian people at every opportunity that the Child Rights Act 2003 and the equivalent laws of compliant states have prohibited all forms of child labour in whatsoever category except for light non-harmful work within the family eg domestic work. (See CRA s28) This ban should be enforced at every opportunity. And the nationwide adoption of the Yellow Card for Child Abuse initiative should be promoted. The Yellow Card for Child Abuse formulated by the Ministry of Women Affairs & Poverty Alleviation, Lagos State, imposes compulsory basic education.

### Institutional and Community Caregivers

1. Pay attention to the evolving capacities of the children and only give children work appropriate to their age, strength and size, and understanding.
2. Do not interfere with a child's right to education. Education is the only way out of poverty.
3. Reach out to the media and other groups to disseminate information on child protection.
4. Develop community inter-agency child protection teams for the prevention of child abuse.

## SESSION 4: QUIZ
### Child Abuse & Labor

1. List the various types of child abuse.

2. Provide 3 signs of child abuse from:
   *The caregiver perspective.*

   *The child perspective.*

3. Provide 3 physical effects and 3 psychological effects of child abuse.

4. Provide 2 risk factors that may predispose a person to sexual abuse.

5. List 4 types of child labor.

6. Provide 3 negative effects of child labor.

7. Which child laborers constitute the "invisible workforce"?

8. List 2 measures to prevent child abuse from:
   *The government perspective.*

   *The caregiver perspective.*

# Children with Special Needs

**Objectives:**

1. Understand misconceptions associated with special needs children.
2. Learn how to approach special needs care from a rights based perspective.
3. Understand the importance of and how to conduct direct observation and on-the-spot recording.
4. Know the different types of special needs and their signs and solutions.
5. Apply special needs concepts to a specific case.

**Related Rights**

Right to Survival and Development (CRA s4)
Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
Freedom from Discrimination (CRA s10)
Right to Privacy, Honor, and Reputation (CRA s11)
Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
Right to Dignity (CRA s11)
Right to Health and Health Services (CRA s13)
Right to Education (CRA s15)
Right to Special Protection for Children in Especially Difficult Circumstances (CRA s16)

**Time:** 2 full days, 9 AM – 5 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>Introduction to special needs education in Nigeria | 2 hours | Understand the need for a demystification of the conditions which give rise to special needs in children. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts | Questions/ Answers |
| **Session 2**<br>Rights based care for the child with special needs | 2 hours | • Understand how to implement a rights based approach to special needs in caregiving institutions.<br>• Learn the roles of the caregiver in caring for those with special needs.<br>• Understand how the rights to dignity and education apply to those with special needs. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 3**<br>Special needs categories | 3 hours | • Identify different categories of learning difficulties.<br>• Know the signs and symptoms of different types of disabilities. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts | Questions/ Answers |
| **Day 2** | | | | | |
| **Session 4**<br>Identifying the special needs child | 3 hours | • Understand direct observation, on-the-spot recording, and how the 2 go hand in hand.<br>• Know what types of behaviors to record while observing a child during daily routines. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 5**<br>The case of Deji | 3 hours | Apply special needs education concepts to the specific case of "Deji." | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts | Case Study |
| **Session 6** | 1 hour | **QUIZ** | | | |

# Session 1: Introduction to Special Needs Education in Nigeria

**Objectives:** By the end of this session, participants will understand the need for a demystification of the conditions that give rise to special needs in children.

**Time:** 2 hours

Before discussing the principles behind Special Needs Education (SNE) and the truth about those living with special needs or learning disabilities, it is vital to situate our learning experience firmly within the Nigerian context. False perceptions within institutions, communities, and those who are part of both necessitate a consistent and reliable process for demystification of special needs stigmas. This is what we are offering through our special needs module. But first let us establish that Special Needs Education began after decades of Western education in Nigeria provided by Christian missionaries. Their main focus for those with special needs was welfare, succor, and comfort through institutionalized care and rehabilitation.

The institutional approach to special needs children is sporadic in Nigeria due to government underfunding. Institutions for these children are scarce as are the professionals specialized in their care and education. Perhaps because the special needs institutions and educators are peripheral, their Christian emphasis on care, respect, and rehabilitation of these children has failed to make adequate inroads within Nigerian society. Rather than integrating special needs children into mainstream society, many still submit to traditional belief systems related to special needs children in our country.

### Traditional Beliefs about Special Needs Children

Social stigmatizations associated with special needs children include:

1. Handicaps are contagious.
2. Children with developmental problems that elicit antisocial behavior (e.g. autism, dyslexia, hyperactivity, etc.) are demon possessed.
3. These children are a punishment from God for the sins of the parents.
4. These children are a manifestation of the anger of the gods as a result of a violation of traditional norms.
5. The children are an omen.
6. These children are to be used for sacrifices to certain spirits and idols.

### Importance of Understanding Special Needs

By understanding the causes of specific disabilities as well as the challenges these children face, caregivers can:

1. Help to eliminate much of the negativity surrounding special needs children.
2. Challenge stigmas of the past which place special needs children in the margins of society.
3. Reduce or eliminate the fear special needs children often elicit in the hearts of caregivers at a loss to know what to do as they try to care for them.

4. Emphasize and address the true causes of mental and physical disabilities (i.e. heredity, prenatal development deficits, diseases, injuries, poisoning).
5. Place SNE as a priority within child care institutions.

Sponsor A Child strongly recommends assisting caregivers through generic counseling regarding children with disabilities to address false perceptions of this vulnerable cohort. This kind of intervention is key to eliminating (or at the least confining) negative belief systems which cause harm to special needs children, at times even to the point of their murder.

## Definition of Terms

### Disabled

A person who has health (physical or mental) deterioration that can range from mild to severe or complex. It is related to the limited use or non-functioning of an organ of the body. Often the cause is disease or trauma, it is usually stable not progressive, and it is usually a permanent condition.

### Handicapped

A person with physical, mental, or sensory difficulties, either stable or progressive, which result in learning or social difficulties. This term is related to the social disadvantages, marginalization, and challenges that are created by a disability and that could be overcome.

### Impaired

This refers to a condition of mental, physical, or sensory deficit that ranges from mild to profound.

## Models of Disability

There are 2 models of or ways of thinking about disability:

1. Medical model of disability.
2. Social model of disability.

### Medical Model of Disability

Characteristics of the medical model include:

1. Seeing people with disabilities as being imperfect.
2. Viewing disabilities as something that must be cured whenever possible. Where it is not possible, a feeling of failure results unless the person can be made to look or act normally.
3. Treating people with impairments as victims or patients.
4. Using words such as handicapped, incurable, suffering, and wheelchair bound.
5. Emphasizing the condition rather than the person, which often results in negative labeling.

### Social Model of Disability

This model of disability reflects a new attitude toward people with impairments developed by the disabled people themselves. This view:

1. Challenges the historical view of disabled persons as being lesser human beings. It considers them as people with rights and feelings.
2. Aims to empower people as it emphasizes their rights to make choices and to be independent.
3. Challenges society to become more inclusive so that the disabled are not seen as being “problems that need solving” or victims that need pity.

## Causes and Characteristics of Disabilities

### Congenital Abnormalities

A congenital abnormality is a disability that is present at birth. In some cases the disability is obvious from the time of birth (e.g. Down’s syndrome, spina bifida). In other cases, such

as deafness or mild cases of cerebral palsy, it becomes clear when the child fails to develop normally. Congenital cases may be caused by:

1. Abnormal genes or chromosomes.
2. Abnormal prenatal development.
3. Brain damage.

### Developmental Delay

These disabilities are attributed to delayed developments. An example is when a child who lacks mobility is not able to explore his environment to the extent that he would if he could move around. The same applies to someone who can't hear well or speak. He will fail to receive information necessary for mental development.

### Physical Disabilities

Physical disability affects the body parts. Normal growth and development are prevented and physical disability results. Common examples are:

1. Cerebral palsy.
2. Muscular dystrophy.
3. Spina bifida.
4. Cleft palate and cleft lip.
5. Congenital deformities involving the limbs.
6. Communication difficulties due to deafness.
7. Damage to the body caused by accidents.
8. Dyspraxia (clumsiness due to imperfect coordination of muscle movement by the brain).

### Learning Disabilities

Learning disabilities may occur as a result of genetic/hereditary abnormalities, failure for the brain to develop normally, or damage to the brain caused by accident or infection. The condition results in varying levels of intelligence and learning difficulties. Examples of such cases are:

1. Dyslexia.
2. ADD/ADHD.
3. Dyscalculia.
4. Dysgraphia.

More extreme cases may include:

1. Down's syndrome.
2. Brain damage in the uterus by rubella or other viruses.
3. Brain damage during birth.
4. Brain damage caused by a blow to the head.
5. Infection in childhood like meningitis.

### Sensory Disabilities

These disabilities affect the sensory organs. The 2 most common examples are visual and hearing impairments.

## Roles and Functions of the Caregiver

Caregivers often are the first to identity a child with special needs. They may be called upon to take copious notes regarding behavior, refer the child to specialists, or administer therapy or activities that will help the child function in their world. Caregivers include the following:

1. Relatives.
2. Teachers.
3. Therapists.
4. Child minders.

5. Nannies.
6. Day nurseries.
7. Playgroups.
8. Crèches.
9. Out-of-school care schemes (special homes).
10. Holiday care schemes.
11. Respite care schemes/foster homes.
12. Babysitters.

Specialist caregivers are those with specialized knowledge of certain aspects of child development. They can identify and suggest therapy and activities for children with special needs. Specialist caregivers include the following:

1. Special education teachers/coordinators: Trained to teach children with disabilities.
2. Special education assistants: Trained to care for children with disabilities and have vast field experience and knowledge in this regard.
3. Physiotherapists: Help children with physical disabilities to make good use of their muscles, helping mobility and increasing independence.
4. Occupational therapists: Help with training in skills for daily living activities like dressing, feeding, personal care, and hygiene.
5. Speech and language therapists: Help those with speech and hearing difficulties.

# Session 2: Rights Based Care for the Child with Special Needs

**Objectives:**

1. Understand how to implement a rights based approach to special needs in caregiving institutions.
2. Learn the roles of the caregiver in caring for those with special needs.
3. Understand how the rights to dignity and education apply to those with special needs.

**Time:** 2 hours

### Rights Based Approach to Special Needs Care

In order to reinforce a rights based approach to the care of children with special needs, caregivers must:

1. Identify a child's developmental and functional difficulties as early as possible.
2. Address developmental and functional difficulties in an everyday environment.
3. Be receptive to each and every child and encourage each child to flourish at his or her own pace.
4. Be trained with the skills to fully support children's development.
5. Avoid labels such as dyslexic or hyperactive and the associated stigma.

## Stigmatization

Often children with special needs, such as dyslexia or ADHD, are treated as though they were incapacitated or mentally disabled. In the rights based approach, this must not happen. For example, telling a caregiver or biological parent that their child is dyslexic is likely to evoke negative emotions and false perceptions of this treatable learning disability.

The best way to avoid such stigmatization is by identifying the *precise developmental difficulty.* In the case of reading difficulties, some examples of precise developmental difficulties might include:

1. Child has difficulty reading because he cannot easily distinguish between sounds.
2. Child cannot read because his eye movements are jerky.
3. Child cannot recognize the link between the letter and the sound.

## Rights of the Child with Special Needs

### Right to Dignity

All children matter. Children with special needs are not to be seen as lesser human beings because of their disabilities. They are to be treated like other children and go through the same developmental trends as other children but in a slowed or delayed process.

Reactions to the life of a child with special needs may be expressed in any of the following manners:

1. Apathy/unconcern.
2. Sympathy.
3. Empathy/love.

### Right to Education

Every child, no matter what their educational difficulties may be, has a right to a comprehensive education. Education may include the following types:

1. Informal: Educating in the home, during daily activities, and during play activities.
2. Semi-formal: Vocational training or other types of vocation-specific education.
3. Formal: Primary and secondary school education.

Though the rights mentioned here are not an exhaustive list, the rights to life, dignity, and education are the most frequently violated in the case of the special needs child.

# Session 3: Special Needs Categories

**Objectives:**
1. Identify different categories of learning difficulties.
2. Know the signs and symptoms of different types of disabilities.

**Time:** 3 hours

## Learning Difficulties and Intelligence

Learning difficulties are not problems with intelligence; often individuals with learning difficulties have IQ scores within the normal range. Rather, the source of the difficulty is in processing sensory information which interferes with their daily activities at school and work. Children with learning difficulties may see, hear, and understand things differently. If there is no intervention, the challenges a learning disability creates can severely affect a child's school experience and self-esteem.

Learning difficulties can be divided into 3 broad categories:
1. Speech and language disorders.
2. Academic skills disorders.
3. "Other" category which includes certain coordination disorders.

### Speech and Language Disorders

*Dyslexia*

Definition: Dyslexia is a type of language and reading disability characterized by mis-ordering of letters in writing and difficulties in reading.

Signs and Symptoms:
1. Reads slowly and painfully.
2. Experiences decoding errors, especially with the order of letters.
3. Shows wide disparity between listening comprehension and reading comprehension.
4. Has trouble with spelling.
5. May have difficulty with handwriting.
6. Exhibits difficulty recalling known words.
7. Has difficulty with written language.
8. May experience difficulty with math computations.
9. Substitutes 1 small sight word for another (a, I, he, the, there, was).

Solutions:
1. Provide a quiet area for activities like reading and answering comprehension questions.
2. Use books that have dubbed copies on tape.
3. Use books with large print and big spaces between lines.
4. Provide a copy of lecture notes.
5. Don't count spelling in history, science, or other similar tests.
6. Allow alternative forms for book reports.
7. Allow the use of a laptop or other computers for in-class essays.

8. Use multi-sensory teaching methods.
9. Teach students to use logic rather than rote memory.
10. Present material in small units.

*Dysgraphia*
Definition: Dysgraphia is a writing disorder resulting in illegibility.

Signs and Symptoms:
1. May have illegible printing and cursive writing (despite appropriate time and attention given the task).
2. Shows inconsistencies: mixtures of print and cursive, upper and lower case, or irregular sizes, shapes, or slant of letters.
3. Has unfinished words or letters or omits words.
4. Inconsistent spacing between words and letters.
5. Exhibits strange wrist, body, or paper position.
6. Has difficulty pre-visualizing letter formation.
7. Copying or writing is slow or labored.
8. Shows poor spatial planning on paper.
9. Has cramped or unusual grip, may complain of sore hand.
10. Has great difficulty thinking and writing at the same time (taking notes, creative writing).

Solutions:
1. Suggest use of word processor.
2. Avoid chastising student for sloppy, careless work.
3. Use oral exams.
4. Allow use of tape recorder for lectures.
5. Allow the use of a note taker.
6. Provide notes or outlines to reduce the amount of writing required.
7. Reduce copying aspects of work (pre-print math problems).
8. Allow use of wide rule paper and graph paper.
9. Suggest use of pencil grips and/or specially designed writing aids.
10. Provide alternatives to written assignments (video-taped reports, audio-taped reports).

*Visual Perception/Visual Motor Deficit/Reversal Syntax*
Definition: These difficulties are visual/motor disorders that result in difficulties with reading and/or writing.

Signs and Symptoms:
1. May have reversals (b for d, p for q) or inversions (u for n, w for m).
2. Has difficulty negotiating around campus.
3. Complains eyes hurt and itch, rubs eyes, complains print blurs while reading.
4. Turns head when reading across page or holds paper at odd angles.
5. Closes 1 eye while working.
6. May yawn while reading.
7. Cannot copy accurately.
8. Loses place frequently.
9. Does not recognize an object/word if only part of it is shown.
10. Holds pencil too tightly; often breaks pencil point/crayons.
11. Struggles to cut or paste.
12. Misaligns letters; may have messy papers, which can include letters colliding, irregular spacing, letters not on the line.

Solutions:
1. Avoid grading handwriting.
2. Allow students to dictate creative stories.
3. Provide alternative for written assignments.
4. Suggest use of pencil grips and specially designed pencils and pens.
5. Allow use of computer or word processor.
6. Restrict copying tasks.
7. Provide tracking tools (ruler, text windows).
8. Use large print books.
9. Plan to order or check out books on tape.
10. Experiment with different paper types (pastels, graph, embossed raised line paper).

*Dysphasia*

Definition: A group of speech disorders in which there is impairment of the power of expression by speech, writing, or signs, or impairment of the power of comprehension of spoken or written language.

Signs and Symptoms:
1. Difficulty talking, understanding, listening, writing, or doing numerical calculations.
2. Everyday tasks, such as shopping or answering the phone, may be impossible.
3. Though they can think clearly and know what they're feeling, they are often mistakenly thought to be drunk or mentally confused.
4. Difficulty in assessing the essential elements of a complex grouping to understand the general concept being presented.
5. Inability to use knowledge acquired before in a similar situation to any new situation.
6. Trouble with perception of time or difficulty in understanding temporal notions and to situate themselves in a timeline.

Solutions:
1. Over time, many people develop coping mechanisms.
2. Speech therapy can help to improve communication.
3. Techniques such as talking slowly and repeating things, using gestures or drawings, and avoiding noisy areas can help.
4. Emotional support for the individual and their caregivers should always be available.

## Academic Skills Disorders

*Dyscalculia*

Definition: Dyscalculia is characterized by problems with arithmetic and math concepts.

Signs and Symptoms:
1. Shows difficulty understanding concepts of place, value and quantity, number lines, positive and negative value, and carrying and borrowing.
2. Has difficulty understanding and doing word problems.
3. Has difficulty sequencing information or events.
4. Exhibits difficulty using steps involved in math operations.
5. Shows difficulty understanding fractions.
6. Is challenged handling money and making change.
7. Displays difficulty recognizing patterns when adding, subtracting, multiplying, or dividing.
8. Has difficulty putting language to math processes.
9. Has difficulty understanding concepts related to time such as days, weeks, months, seasons, quarters, etc.
10. Exhibits difficulty organizing problems on the page, keeping numbers lined up, and following through on long division problems.

Solutions:
1. Allow use of fingers and scrap paper to count.
2. Use diagrams and draw math concepts.
3. Provide peer assistance.
4. Suggest use of graph paper.
5. Suggest use of colored pencils to differentiate problems.
6. Work with manipulative (models of shapes that the child can feel).
7. Draw pictures of word problems.
8. Use mnemonic devices to learn steps of math concepts.
9. Use rhythm and music to teach math facts and to set steps to a beat.
10. Schedule computer time for the student to drill and practice.

## Other Disorders

*Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)*

Definition: ADD and ADHD are 2 very similar disorders which cause problems with behavior and attention.

Signs and Symptoms:
1. Doesn't pay attention to details or makes careless mistakes.
2. Has trouble staying focused/easily distracted.
3. Appears not to listen when spoken to.
4. Has difficulty remembering things and following instructions.
5. Has trouble staying organized, planning ahead, and finishing projects.
6. Frequently loses or misplaces homework, books, toys, or other items.
7. Constantly fidgets and squirms.
8. Often leaves his or her seat in situations where sitting quietly is expected.
9. Moves around constantly, often running or climbing inappropriately.
10. Talks excessively/has difficulty playing quietly.
11. Is always "on the go," as if driven by a motor.
12. Blurts out answers without waiting to be called or to hear the whole question.
13. Has difficulty waiting for his or her turn.
14. Often interrupts others.
15. Intrudes on other people's conversations or games.
16. Inability to keep powerful emotions in check, resulting in angry outbursts or temper tantrums.

Solutions:
1. Most times children outgrow this disorder.
2. Utilize an Individualized Educational Program (IEP) to cater to the child's special needs.
3. Use available drugs that help to calm a child with ADD/ADHD.
4. Avoid giving the child food that contains caffeine, additives, preservatives, colorings, citrus fruit, or dairy foods.

*Asperger Syndrome*

Definition: This is an autism-related disorder in which sufferers show significant difficulties in social interaction. It differs from other autism-related disorders in that linguistic and cognitive development are preserved.

Signs and Symptoms:
1. Problems with social skills and interaction.
2. Eccentric or repetitive behaviors such as hand wringing or finger twisting.
3. Unusual preoccupations or rituals such as getting dressed in a specific order.

4. Communication difficulties such as not make eye contact when speaking with someone, trouble using facial expressions and gestures, and difficulties understanding body language and language in context.
5. Limited range of interests developing an intense, almost obsessive, interest in a few areas such as sports schedules, weather, or maps.
6. Coordination problems which make the child seem clumsy or awkward.
7. Exceptional skills or talent in a particular area such as music or math.

Solutions:
1. IEPs that are designed to fit the child's specific needs based on the evaluation of his or her level of disability.
2. Small work groups with individual attention.
3. Employing the skills of a communication specialist with an interest in social skills training.
4. Creating opportunities for social interaction in a structured setting and in supervised activities.
5. Teaching real-life skills and encouraging a child's special interests and talents.

*Dyspraxia*
Definition: Dyspraxia involves problems with motor coordination and perception.

Signs and Symptoms:
1. Difficulties with gross motor coordination skills (large movements).
2. Difficulties with fine motor coordination skills (small movements).
3. Poorly established hand dominance.
4. Problems with speech and language.
5. Difficulties with eye movements and perception (interpretation of the different senses).
6. Learning, thought, and memory difficulties.
7. Emotional and behavioral issues.

Solutions:
1. Use hand signs as a temporary way of communicating.
2. Most children with dyspraxia are not aware that they are omitting sounds when they speak. Have the child practice listening to the words they say and making out the sounds.
3. Children with dyspraxia have difficulty putting sound into speech at a normal rate. Have the child make sounds in a rapid and accurate manner.

## Fate of Children with Learning Difficulties
A learning difficulty may not be cured or fixed; it is a lifelong challenge. However, with appropriate support and intervention (like those listed above), children and adults with learning difficulties can achieve success in school, at work, in relationships, and in the community.

## Gifted and Talented
Though gifted and talented children are often not seen as children with special needs, they too fall into this category requiring special accommodation. These children are well above average in academic attainment. Because of this, they may not find the regular classroom activities challenging enough.

Children with high performance include those with demonstrated achievement or potential ability in any of the following either singly or in combination:
1. General intellectual ability.
2. Specific academic aptitude.
3. Creative or productive thinking.
4. Visual and performing arts.
5. Psychomotor ability.

## Differentiating Gifted and Talented

In definition there is a distinction between the terms “gifted” and “talented.” But their unifying factor is the exhibition of superior or exceptional abilities and capability of high performance.

Gifted: A child is termed gifted when they show exceptional abilities in more than 1 area of human endeavor.

Talented: A talented person shows superior performance in 1 particular or specific area.

## Identifying Gifted and Talented Children

*Formal Assessment*

Formal assessment involves standardized and tested methods for assessing children’s abilities, typically in the form of tests. These tests may include:

1. Individual intelligence tests (Wechsler Intelligence Test, Slosson Intelligence Test).
2. Group intelligence tests (California Test of Mental Maturity, Otis–Lennon School Ability Tests).
3. Academic achievement tests.
4. Creativity tests.

*Informal Assessment*

Informal assessment involves assessment through information supplied by observation. This information could be provided by:

1. Parents.
2. Teachers.
3. Peer group.
4. Other professionals.

## Characteristics of Gifted and Talented Children

*General Characteristics*

1. Creativity.
2. Curiosity.
3. Leadership ability.
4. Versatility of interest.
5. Task commitment.
6. Quick mastery.
7. Self-confidence.

*Specific Characteristics*

1. Intellectual ability.
2. Physical ability.
3. Social ability.

## Gifted Children and Education

*Approaches*

Integration: Also known as main streaming or inclusive education, this approach groups gifted children with average children in the classroom for purposes of instruction.

Segregation: This is the practice where gifted children are completely separated from the average children. This is recommended for highly gifted children: the focused attention and facilitation promotes task commitment, creativity, and productivity.

*Educational Programs*
Acceleration: Speeding up educational program or curriculum, like skipping classes (otherwise know as double promotion).

Enrichment: Provision of additional educational experiences above and beyond those of the regular program.

Ability grouping: Grouping gifted children according to their ability in general or a specific area.

Resource room: Where special materials are housed for educational assistance.

Special class: This can occur in 2 forms. “Special class” is about grouping all gifted children into a class for them alone with adapted curriculum to suit their needs. “Modified special class” involves the child remaining in the special class but with modified curriculum or having special instructions or differentiated activities.

# Session 4: Identifying the Special Needs Child

**Objectives:**
1. Understand direct observation, on-the-spot recording, and how the 2 go hand in hand.
2. Know what types of behaviors to record while observing a child during daily routines.

**Time:** 3 hours

Identifying and understanding children with special needs is often a difficult task. For older children, caregivers often rely on diagnostic tools such as personality tests and questionnaires. Younger children, however, may find it difficult to explain themselves accurately, describe their difficulties, or identify their challenges using these standardized tools. Alternatively, the best technique for gathering evidence of special needs in younger children is direct observation.

## Direct Observation
It is often hard to decide what details of the child’s behavior point to special needs or a learning disability. As a result, caregivers must gather clues that will lead to a true understanding of the child through direct observation.

Direct observation involves seeing children as they are, allowing them to go about their routines unhindered, and observing how they act and react during these daily routines.

## On-the-Spot Recording
Direct observation serves no purpose without on-the-spot recording. These 2 techniques go hand in hand. On-the-spot recording involves jotting down and writing impressions of behaviors or activities as they occur. This may include documenting how many times a behavior occurs, what circumstances provoked the behavior, and when the behavior occurs.

For on-the-spot recording to be effective, the following must be kept in mind:

1. Keep writing materials available and convenient: It is helpful for caregivers to have paper, cards, or a small notebook in their pockets or on shelves around the room for ease of creating the written record of behavior. It is not acceptable to miss out on recording an activity because a pencil or paper is not available.
2. Be inconspicuous when recording behavior: It is important to be casual about the writing of this kind of report. You must get close enough to hear things but not be so obvious that children become self-conscious about their own behavior.
3. Be thorough in your record keeping: Make sure to take records of a child at as many different periods of the day as possible. The more information on record about the child's behavior, the more likely patterns of behavior will be identified.
4. Keep recordings confidential: Never leave records around in public view. Treat these records as a doctor treats his records, maintaining the child's right to confidentiality and privacy.

A running record creates a full and fairly realistic picture of a living, breathing child. It is a representation of how the child responds to life and interacts with people and situations in his own unique way. This technique of studying 1 child in detail through on-the-spot recording leads to a deeper understanding of 1 specific child and broader knowledge of all children.

## Opportunities for Recording

### Recording Child's Behavior during Routines

Observing a child's behavior during routine tasks creates a picture of who the child is and what difficulties he may be having on a routine basis. Routine tasks include behavior during:

1. Cleanup.
2. Toileting.
3. Snack time.
4. Lunch.
5. Recess.
6. Naptime.
7. Playtime.
8. Bedtime.

Some or all of these may be aspects of the child's life which are repeated day after day. These may seem to be relatively simple and obvious activities. But everything a child does is a response to something, whether it is his feelings or reactions to a situation outside himself. To document accurately the routine tasks of a child, the following questions should be addressed:

1. What is the stimulus? How did the situation come about? Was he asked, was the task announced, was the task copied by the child, or did he start the activity on impulse?
2. What is the setting? What is going on around the child during the task? Is there a significant person around, and what is that person doing?
3. What is the child's reaction to the task? Does he accept the task? Does he resist the task? How does he accept or resist the task (openly, directly, indirectly)?
4. How does the child perform the task? Does he take the task seriously? Is he skillful or clumsy? Is his ability equal to the task?
5. Does the child want to function independently? How do you know? Can he still participate effectively in group activities?
6. What does the child do after the task is complete? Does he wait for further instruction? Does he run away? Does he cry? Does he move to another independent or group task?

### Recording Child's Behavior during Eating Situations

Eating situations can be particularly revealing because it involves physical, social, and emotional aspects of a child's personality. During an eating situation, the following should be observed and recorded:

1. What is the child's reaction to the eating situation? (Is it accepting, eager, resistant, choosy)?
2. How much food does he eat?
3. How does he hold cutlery? Does he eat with his hands? Does he play, hold, or throw food in his mouth?
4. Is he systematic and well organized as he eats the food? Is he messy or fastidious?
5. Does he socialize during the meal and how much?
6. To whom does he speak? Does he talk only to the teacher, to a special friend, to no one? How else does he make contact with children?
7. Is the socializing more meaningful to him than the eating? Does he manage both socializing and eating?
8. What is his pace (speed or slowness) of eating?
9. How does the child leave the table (talking eagerly, smacking lips, crying, pushing chair back easily or knocking it down)?
10. After the meal, what does the child do (runs around, stands around talking, stands and waits for the teacher, gets himself a book or toy, goes to the toilet, goes to the food table or counter to help clean plates, looks into bowls for more)?
11. What is the adult's role? What group procedures are laid down? How much and what kind of individual attention are offered?

By observing and recording behavior during daily routines, a caregiver can identify difficulties a child may be having and ascertain whether these difficulties point to a more serious learning or physical disability.

# Session 5: The Case of Deji

**Objectives:** By the end of this session, participants will apply special needs education concepts to the specific case of "Deji."

**Time:** 3 hours

The following describes the case of a young boy named Deji. Use what you have learned in previous sessions to consider the situation, assess his disability, and discuss possible solutions.

### Scenario

Deji's teacher thinks that 5-year-old Deji needs to practice his handwriting until he gets it right. The teacher keeps Deji in class when the other children go out to play, which also serves as a punishment for having distracted the other children.

When Deji returns to the Home from school, his caregiver anxiously puts him to work on his handwriting exercises. Deji screams that he hates writing and hates school and bursts into tears tearing up his book. As a punishment, he is not allowed to play. He knocks down a flower vase in protest, and it breaks. The caregiver is frightened by such a display of emotion and does not know what to do.

## Analyzing the Situation

Children learn best if they are getting something pleasant and pleasurable out of the experience. This means that activities need to be planned so that children will find them enjoyable. It also means that caregivers must observe situations where children are not happy.

In the case of Deji, extra handwriting exercises were required of him during playtime. In addition, the exercises were not administered in a way that might be fun or pleasurable for Deji. His distraction during class and emotional outbursts could be a sign of anxiety and fear as a result of how his disability is being dealt with at school and at home. Rather than helping Deji's situation through pleasant activities to improve his handwriting, he is in essence being punished for his disability.

## Improving the Situation

Deji has a problem with hand–eye coordination. He cannot easily keep his eye on the point where his pencil meets the paper. Deji therefore cannot make the upward and downward strokes required for his writing exercises. This is why he often gives up trying to write and distracts the children around him.

If only the truth about Deji's developmental difficulty had been identified when he first entered the Home. Ideally a specialist caregiver and/or therapist in the Home, who is fully trained in child development and neuro-physiology, would have assessed Deji and all other children upon admittance. They would assess developmental levels, identify any disabilities, identify the sources of any disabilities, and prescribe the appropriate course of treatment.

Deji would be encouraged to gradually strengthen his eye movements, improve feedback from muscles and joints, and regulate his muscle tone (all contributing to his hand–eye coordination) through enjoyable play activities alongside other children from his school. Handwriting exercises would only be introduced slowly as his coordination improves.

Caregivers would know to assist Deji with play activities and approach him in a friendly and constructive manner. As time passes behavioral problems would disappear. The therapist and caregivers would also encourage Deji to have a problem solving approach toward his disability and to understand why it takes him more time to move a pencil along the page as directed. He will be encouraged to assess his own progress and to recognize when his handwriting begins to get easier.

## Treating Deji's Disability

### Play as a Method of Therapy

The Play Method is a way in which children can improve disabilities by learning about themselves and the world around them through:

1. Discovery.
2. Experimentation.
3. Creation.
4. Concentration.
5. Expression of ideas.

6. Development of speech.
7. Development of muscles.
8. Invention.
9. New skills.
10. Learning how others behave.
11. Role-playing (pretending to be someone else).
12. Sharing possessions.
13. Using imagination.
14. Cooperation.
15. Showing off (children like to let others know what they can do).
16. Acting protectively toward someone less powerful than themselves.

Play as a method of therapy is effective because:

1. It increases happiness.
2. Prevents boredom.
3. Reduces stress.

Caregivers can assist during play therapy by:

1. Prompting.
2. Modeling.
3. Mentoring.

### Applying Play Method to Deji's Case

To treat Deji's difficulty with hand–eye coordination, there are a number of fun activities that can be employed:

1. Throw balls into a hula hoop placed flat on the floor. Gradually increase his distance from the hoop.
2. Play throw and catch with the ball. Start with a large ball and move toward a smaller ball.
3. Practice hitting objects with a ball. You can purchase these games or make your own with bottles and a small ball.
4. Play "hit-the-balloon" with a medium-sized balloon.

When Deji is required to write, certain activities and methods can be employed to make the task easier:

1. Use an upright surface to write. This encourages a stable wrist position to develop good thumb movements, strengthen fine motor muscles, and encourage the use of both the arm and shoulder muscles.
2. If you don't have a blackboard or easel, tape some newsprint to the wall and have him draw and scribble on that.
3. Let him draw large circles with each hand respectively. Using each hand, let him draw lines across the sheet from top to bottom, diagonally, and horizontally in both directions.

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# SESSION 6: QUIZ
## Children with Special Needs

1. What does SNE stand for?

2. List and explain in your own words 3 social stigmatizations people associate with special needs children.

3. In what 3 ways will understanding the importance of special needs help the children with these needs in your society?

4. List and explain the 2 models of disability.

5. What does the term disability mean?

6. What does the term handicap mean?

7. What are the possible causes of disability?

8. Compare disability and handicap in terms of which can be overcome or which cannot be overcome.

9. Explain these 3 terms:
   *Learning Disabilities*

*Sensory Disabilities*

*Physical Disabilities*

10. List any 5 types of learning disability cases you know.

11. Write short notes on the following:
    *Dyslexia*

    *Dysgraphia*

    *Dyspraxia*

12. Write some solutions to helping children with:
    *Dyslexia*

    *Dysgraphia*

    *Dyspraxia*

13. What is the difference between a child who is gifted and one who is talented?

14. Explain direct observation.

15. What does on-the-spot recording mean?

16. List 5 points you should look for when observing a child's eating habits.

17. In what other situations can you observe a child?

18. List 3 points that can apply generally to observing any child in any situation.

19. State 3 ways in which this training has influenced you as a caregiver.

20. Write a 5-step action plan for the workplace based on what you have learned during this training.

# Maternal Health: Key Issues

**Objectives:**

1. Understand myths associated with pregnancy.
2. Know the appropriate diet for pregnancy.
3. Understand the care of common medical conditions in pregnant women.
4. Understand the concept of delivery.

**Related Rights**

Right to Survival and Development (CRA s4)
Right to Health and Health Services (CRA s13)
Right to Education (CRA s15)
Right of the Unborn Child to Protection from Harm (CRA s17)
Right to Protection from Child Marriage (CRA s21–23)

**Millennium Development Goals**

Goal 3: Promote Gender Equality and Empower Women
Goal 4: Reduce Child Mortality
Goal 5: Improve Maternal Health
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

**Time:** ½ day, 9 AM – 2 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Care of the pregnant woman | 3.5 hours | Understand the circumstances surrounding pregnancy and the care of common pregnancy conditions. | • Discussion<br>• Film | PowerPoint | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 2** | 30 minutes | **QUIZ** | | | |

# Session 1: Care of the Pregnant Woman

**Objectives:** By the end of this session, participants will understand the circumstances surrounding pregnancy and the care of common pregnancy conditions.

**Time:** 3.5 hours

Pregnancy is not a sickness but a normal biological process; therefore, the pregnant woman should be treated as a normal being and not a person who is sick.

Caring for a future mother starts before she conceives a baby. Healthy habits and lifestyle enhance the chances of conceiving a healthy fetus. Social habits like smoking, drinking alcohol, and use of drugs are likely to cause harm to the fetus and result in low birth weight and developmental disabilities. These bad habits also reduce the chances of both the mother and father being able to conceive.

### Myths about Pregnant Women

1. Do not walk in the afternoon. This may result in delivery of an “Abiku” child (a child who dies before the age of 12).
2. Do not eat snail. Your child will drool saliva from the mouth.
3. Do not urinate into a river. This will lead to blood in the urine.
4. Do not have too much intercourse. It could cause candidiasis.
5. Do not eat plantain. It may cause the widening of space between sutural bones (hydrocephalus).
6. Do not sit on a mortar. This may result in the death of an aunt.

### Diet of Mother during Pregnancy

It is false to say that mothers should eat for 2. But they should make sure to get adequate amounts of the correct types of nutrients such as those listed below. Nursing mothers also should follow the same recommended diet as pregnant women.

1. <u>Protein</u>: Readily available in milk, animal products, beans, peas, and whole wheat bread; 44g of protein daily during pregnancy is recommended.
2. <u>Green leafy vegetables</u>: Rich in vitamins and calcium.
3. <u>Sunshine</u>: A good source of vitamin D.
4. <u>Iron</u>: Can be found in whole grains and nuts.
5. <u>Calcium</u>: Present in green leafy vegetables, legumes, beans, and groundnuts.

### Ultrasound

This is a way of viewing the contents of the abdomen via a screen. It is harmless and stressless to the mother and baby and has a number of advantages:

1. Enables parents to know the state of the baby.
2. Can reveal the sex of the child before birth.
3. Number of fetuses can be seen.

## Care of Common Medical Conditions in Pregnant Women

Though pregnancy is a normal biological state, certain changes that occur can produce minor but troublesome ailments. Many of the symptoms are due to high levels of placental hormone in the blood. The medical conditions include the following.

### Morning Sickness

Morning sickness is characterized by nausea and/or vomiting and can be present anytime of the day. It is common in early pregnancy and more common in women pregnant for the first time. The condition can also be aggravated by certain foods or even the smell of cooking.

Advice:

1. Eat small and frequent meals.
2. For nausea in the morning, keep sweet biscuits by your bedside to eat when you wake up.
3. Eat a diet high in carbohydrates and protein but low in fat.
4. Avoid spicy food.
5. Drink plenty of water.
6. Avoid alcohol and large quantities of tea or coffee.
7. Suck peppermints when traveling.
8. Ask someone to take over chores that heighten nausea.
9. If vomiting persists, go to the hospital.

### Heartburn

Heartburn is characterized by a burning sensation or discomfort behind the sternum or upper-middle abdomen. It is due to the upward pressure on the stomach from the growing fetus.

Advice:

1. Eat small and frequent meals.
2. Do not eat late in the day.
3. Use extra pillows in bed to sleep in a raised position.
4. Avoid alcohol and large quantities of tea or coffee.

### Backache

Backache is caused by strain on the muscles of the back as the uterus enlarges and grows forward. It is more common in the later part of the gestation period. Also, weight gain can put pressure on the joints.

Advice:

1. Do not stand or sit in the same place for too long.
2. Rest when pain is severe, sitting or lying with the legs raised.
3. Support the back with a pillow when sitting.
4. Wear flat shoes.
5. Soak in a warm bath.

### Constipation

Also common in late pregnancy, constipation is due to reduced intestinal motility by progesterone. The effect can be made worse by dietary changes and reduced physical activity. Iron therapy also worsens it.

Advice:

1. Increase fluid intake.
2. Adhere to a high fiber diet.

### Candidiasis (Thrush)

Candidiasis is a fungal infection that occurs when the vagina is rich in glycogen. It is up to 10 times more frequent in pregnant women.

Advice:

1. Maintain good personal hygiene.
2. Use antifungal cream or pessary insertion.

### Stretch Marks and Hyper-pigmentation

Hormone changes in pregnancy often cause skin color changes. It is caused by the melanocyte-stimulating hormone and estrogen and makes veins more visible.

It presents as:

1. Brown patches on the face.
2. Darkening around the nipple, areola, and external genitalia.
3. Linea nigra (a line extending down the abdomen from the umbilicus).

Advice:

1. Black spots disappear after birth.
2. Exercise helps prevent stretch marks.

### General Care

A number of health-related routines can make for a more enjoyable and healthy pregnancy:

1. Maintaining clean hygiene.
2. Regular mild exercises.
3. Regular antenatal clinic visits.
4. Routine clinical investigations (e.g. blood level, urine and blood pressure monitoring).
5. Massaging the nipple to prevent nipple retroversion in preparation for breastfeeding.
6. Lots of love and affection for the woman and support by husband.

## Delivery

Delivery of children is also a natural process. It should be done with minimal intervention. Modern delivery methods are more suitable to the doctor than the patient (e.g. walking around during labor is much more helpful to shorten labor period than lying down; the squatting position is the easiest to deliver). Avoid inducing labor with drips, use of drugs, or epidural.

### Maternal Tetanus

Maternal tetanus commonly occurs after a delivery or after an unsafe abortion. If the pregnant woman delivers under unhygienic conditions or if after delivery she has a tear which is stitched using unsterilized materials or if she is cleaned up with contaminated materials, she is highly at risk of contracting tetanus. As a preventive measure, it is important that pregnant women receive a full dose of tetanus toxoid vaccine. New born babies will also be infected if unskilled birth attendants use a dirty razor, knife, or other instrument to cut the umbilical cord or if ash or animal feces are used to dress the umbilical cord (neonatal tetanus [NNT]).

# SESSION 2: QUIZ

## Maternal Health: Key Issues

*Please indicate whether the following statements are true or false, and where appropriate provide an explanation.*

1. Pregnancy is a sickness.

2. Pregnant women should eat twice as much while pregnant.

3. Walking in the afternoon while pregnant may result in delivery of an “Abiku” child (a child who dies before the age of 12).

4. Antenatal clinic visits are encouraged in pregnancy.

5. Ultrasound is injurious to the unborn child.

6. To help prevent morning sickness, pregnant women should eat small and frequent meals, avoid spicy food, and drink plenty of water.

7. Avoid exercise while pregnant as it may cause the appearance of stretch marks.

8. A high fiber diet helps to prevent candidiasis.

9. The easiest position in which to deliver a baby is the squatting position.

# Nutrition & Growth with Complementary Feeding

**Objectives:**

1. Understand the importance of nutrition in the physical and cognitive development of a child.
2. Understand micronutrients and macronutrients.
3. Understand the importance of complementary feeding.
4. Know the modalities to introduce complementary feeding.

**Related Rights**

Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
Right to Survival and Development (CRA s4)
Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
Right to Health and Health Services (CRA s13)
Right to Education (CRA s15)
Right of the Unborn Child to Protection from Harm (CRA s17)

**Millennium Development Goals**

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 4: Reduce Child Mortality

**Time:** 1 full day, 9 AM – 6 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Nutrition and cognitive development | 2 hours | • Understand the inextricable link between nutrition and cognitive development.<br>• Know how to properly nourish themselves and their children. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts<br>• Real/Model<br>• Objects | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 2**<br>General concepts in nutrition | 2.5 hours | • Differentiate micronutrients and macronutrients.<br>• Identify different types of micronutrients.<br>• Understand why micronutrients are essential. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts<br>• Real/Model<br>• Objects | Questions/ Answers |
| **Session 3**<br>Complementary feeding | 3 hours | Understand the importance of and the basics involved in complementary feeding. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts<br>• Real/Model<br>• Objects | Questions/ Answers |
| **Session 4** | 30 minutes | **QUIZ** | | | |

# Session 1: Nutrition and Cognitive Development

**Objectives:**
1. Understand the inextricable link between nutrition and cognitive development.
2. Know how to properly nourish yourself and your children.

**Time:** 2 hours

Nutrition is the process through which living things derive basic nutrients for proper growth. This can be achieved by regularly eating the right quantity and quality of food. The process involves ingestion, digestion, absorption, metabolism, and excretion. If any part of the process is disrupted, due to congenital abnormalities or eating the wrong quality or quantity of food, the body will suffer and become unhealthy. The result is malnutrition of one form or another.

## Effects of Food Intake on Development

A person's food intake affects:

1. Mood: A hungry person may feel irritable and restless, whereas a person who has just eaten a meal will feel calm and satisfied.
2. Behavior: A sleepy person may feel more productive after a glass of juice and a light snack.
3. Brain function: A person who has consistently eaten less food or energy-giving food may not be able to complete necessary tasks at work or at home. More often deficiencies of multiple nutrients rather than the deficiency of a single nutrient are responsible for changes in brain functioning.

Several nutritional factors can influence mental health:

1. Overall energy intake.
2. Intake of energy-containing nutrients (proteins, carbohydrates, fats).
3. Alcohol intake.
4. Intake of vitamins and minerals.

Specific deficiencies affect developing children in the following ways:

1. Poor brain development: Caused by low levels of iodine and folic acid.
2. Learning disabilities and mental retardation: Caused by low birth weight in infants from malnourished mothers.
3. Poor mental development: Caused by iron deficiency in early childhood.
4. Decreased exploratory behavior and learning abilities: Caused by malnutrition.

Adults who suffer from malnutrition will be unsuitable caregivers as they will lack the necessary energy and presence of mind to give proper care to their charges. In this study of nutrition and growth, we implore all participants to listen and to learn bearing in mind their own eating habits and health needs. Attentive caregiving needs strength and focus.

### Additional Facts Regarding Nutrition and Development

1. Iodine deficiency is the greatest cause of preventable mental retardation in the world.
2. 1 out of 4 preschool children suffer from under-nutrition, which can severely affect a child's mental development.
3. Under-nutrition among pregnant women in developing countries leads to 1 out of 6 infants born with low birth weight.
4. People who eat a regular balanced diet are usually healthy, well built physically, and of an appropriate weight and height for their ages.
5. Healthy people are energetic, likely to be good tempered, and will most certainly be mentally alert.

# Session 2: General Concepts in Nutrition

**Objectives:**
1. Differentiate micronutrients and macronutrients.
2. Identify different types of micronutrients.
3. Understand why micronutrients are essential.

**Time:** 2.5 hours

Adequate growth and development depend on adequate and balanced intake of nutrients. Nutrients are substances crucial for life, growth, and general well-being. There are 2 broad classes of nutrients:

1. Macronutrients: Needed for energy and cell multiplication and repair (e.g. carbohydrates, protein, lipids, and water).
2. Micronutrients: Organic food substances not synthesized in the body but required in small amounts and essential for the body's metabolic processes (e.g. vitamins and trace elements).

## MACRONUTRIENTS

### Carbohydrate

Sources: Breads, pastas, yams, potatoes, rice, maize, sugar, honey, and cereals.

Functions: Carbohydrate is the most common source of energy in living things. Its main function is to provide energy, which is used by the body for heat and basal metabolism. It also maintains the glucose level in the body. The indigestible part of carbohydrate (cellulose) provides bulk in the intestines which aids in the excretion of waste products.

Deficiency: Carbohydrates should be eaten at every meal and should form at least 50% of the meal. However, if too many carbohydrates are eaten frequently a certain amount will be deposited as fat in the body, which will lead to obesity.

### Protein

Sources: Meats, poultry, fish, legumes (dry beans and peas), eggs, nuts and seeds, milk and milk products, grains, some vegetables, and some fruits.

Functions: Proteins are part of every cell, tissue, and organ in our bodies. These body proteins are constantly being broken down and replaced. The protein in the foods we eat is digested into amino acids that are later used to replace these proteins in our bodies.

Deficiency: Protein deficiency is a serious cause of ill health and death in developing countries. Protein deficiency plays a part in the disease kwashiorkor. Protein deficiency can lead to reduced intelligence or mental retardation.

### Lipids

Sources: Nuts, olives, avocados, corn, soybean and safflower margarine, oils, salmon, mackerel, herring, walnuts, soybean oil, red meat, cheese, and butter.

Functions: Lipids are broadly defined as any fat-soluble, naturally occurring molecule (such as fats, oils, waxes, cholesterol, sterols, fat-soluble vitamins, and others). The main biological functions of lipids include energy storage and acting as structural components of cell membranes.

Deficiency: Abnormal levels of certain lipids, particularly cholesterol and fatty acids, are risk factors for heart disease.

### Water

Sources: Most foods, irrespective of whether they are solid or liquid, contain water. Bread, for example, contains 35% water while cereals contain 10%. Oranges, carrots, bananas, beef, eggs, and tomatoes are also good sources of water. However, most of the water we consume is obtained from beverages, soup, stews, fruits, and vegetables. Water is also obtained from the metabolic activities of the cells.

Functions: Water is essential to life and makes up two-thirds of the body. It is the vehicle by which soluble substances are transported from one part of the body to another. It helps in regulating body temperature and aids in digestion and absorption of food. Harmful substances or waste products are diluted by water in the body.

Deficiency: Water deficiency leads to dehydration, which can lead to death if untreated.

## MICRONUTRIENTS

### Vitamins

Vitamins are organic food substances not synthesized in the body but required in small amounts and essential for normal metabolism. They fall into 1 of 2 major classes:

1. Water-soluble (e.g. vitamin C and vitamin B group).
2. Fat-soluble (e.g. vitamins A, D, E, and K).

#### Vitamin C (Ascorbic Acid)

Sources: Citrus fruits, green vegetables, beans, tomatoes, and green peppers.

Functions: (1) involved in collagen synthesis, (2) involved in synthesis of progesterone and neurotransmitters, and (3) facilitates intestinal absorption of iron.

Deficiency: Scurvy, which leads to (1) defective synthesis of collagen matrix of bone dentine and cartilage, (2) weakness of membrane of capillaries, (3) gum decay, (4) loss of teeth, and (5) bone fracture.

**Vitamin B1 (Thiamine)**
Sources: Liver, green vegetables, legumes, egg yolk, and milk. (Note: Easily destroyed by heat.)

Functions: Used as a co-enzyme in carbohydrate metabolism.

Deficiency: Beriberi.

**Vitamin B2 (Riboflavin)**
Sources: Liver, eggs, milk, and green vegetables. (Note: Can be synthesized by microorganism in the gut.)

Functions: Essential constituent of co-enzymes involved in biological oxidation-reduction processes in the body.

Deficiency: Angular stomatitis and photophobia.

**Vitamin B3 (Niacin)**
Sources: Meat, fish, liver, whole grain cereal, and legumes.

Functions: Essential constituent of co-enzymes involved in biological oxidation-reduction processes in the body.

Deficiency: Pellagra which leads to (1) dermatitis, (2) diarrhoea, (3) dementia, and (4) abnormal sensation in the limbs.

**Vitamin B9 (Folic Acid)**
Sources: Liver, kidney, and spinach.

Functions**:** Used as a co-enzyme in nucleoprotein metabolism.

Deficiency**:** Megaloblastic anemia.

**Vitamin B12 (Cobalamin)**
Sources: All animal-derived food stuff.

Functions: Assists in DNA synthesis.

Deficiency**:** (1) anemia, (2) glossitis, (3) dementia, and (4) abnormal skin sensation. (Note: Deficiency is common in vegetarians.)

**Vitamin A**
Sources: Liver, butter, cheese, eggs, carrots, fresh green vegetables, and fruit.

Functions: Essential component of retinal pigment.

Deficiency: Conjunctiva haziness and xerophthalmia.

**Vitamin D**
Sources: Oily fish and dairy products. (Note: Breast milk is poor in vitamin D.)

Functions: Promotes calcium absorption and mobilizes calcium from bone in presence of parathormone.

Deficiency: Rickets in growing children.

**Vitamin E**
Sources: Vegetable oil, eggs, and butter.

Functions: An antioxidant preventing damage to cell membrane.

Deficiency: Fragility of red blood cell and blood vessels.

**Vitamin K**
Sources: Green vegetables (vitamin K1) and microorganisms in the gut (vitamin K2).

Functions: Synthesis of clotting factors.

Deficiency: Bleeding tendencies. (Note: Preterm babies on breast milk are at risk as well as patients on broad spectrum antibiotics. Newborns may be given a vitamin K1 prophylactic.)

## Trace Elements

**Iron**
Sources: Meat, fish, poultry, fruits, vegetables, dried beans, nuts, and grain products.

Functions: Useful in synthesis of red blood cell.

Deficiency: Anemia and fatigue.

**Iodine**
Sources: About 90% of iodine comes from foods eaten (e.g. sea fish, sea salt, cod liver oil). The remainder comes from drinking water. The iodine content of the soil determines its presence in both water and locally grown foods.

Functions: Important in thyroid hormone synthesis and normal maturation.

Deficiency: (1) stunted growth, (2) poor temperature regulation, and (3) goiter.

**Copper**
Sources: Whole grain cereals, legumes, oysters, organ meats, cherries, dark chocolate, leafy green vegetables, nuts, poultry, prunes, soybeans, and shellfish.

Functions: An important co-enzyme necessary in oxidation-reduction processes in the body.

Deficiency: Kinky hair and soft bones.

**Zinc**
Sources: Component of many enzymes.

Functions: Needed for epithelialization and healthy skin.

Deficiency: In children causes nappy (diaper) rash.

**Selenium**
Sources: Corn, wheat, soybean, nuts, cereals, meat, fish, and eggs. High levels are found in kidney, tuna, crab, and lobster.

Functions: Used as an antioxidant and as a defense against free radicals.

Deficiency: (1) Keshan disease which results in an enlarged heart and poor heart function, (2) Kashin-Beck disease which results in osteoarthropathy, and (3) myxedematous endemic cretinism which results in mental retardation.

# Session 3: Complementary Feeding

**Objectives:** By the end of this session, participants will understand the importance of and the basics involved in complementary feeding.

**Time:** 3 hours

When breast milk is no longer sufficient to meet the nutritional needs of the infant, complementary feeds should be added. This transition from exclusive breastfeeding to eating family meals is termed complementary feeding (CF). Complementary food should be given to all children after the first 6 months of exclusive breastfeeding so they may grow up as productive, healthy children.

| Period to Introduce CF | Frequency of Feeding |
|---|---|
| 6 to 8 months | 2 to 3 times a day |
| 9 to 11 months | 3 to 4 times a day |
| 12 to 24 months | 3 to 5 times a day + nutritious snacks at 1 to 2 per day |

## Importance of CF Period
If CF is not implemented properly, children may be at risk for the following:
1. Diarrhoeal diseases.
2. Malnutrition.
3. Stunted growth.

## Definition of Terms

**Period of Complementary Feeding:** When other foods or liquid are given along with breast milk. This used to be called the weaning period.

**Complementary Food:** Food or liquids other than breast milk given to young children during the period of complementary feeding.

**Weaning:** Complete cessation of breastfeeding.

## Modality to Introduce Complementary Feeding

1. Timely: Complementary foods should be introduced when need for energy and nutrients exceeds that provided by breast milk.
2. Adequate: Complementary foods should provide adequate energy, protein, and micronutrients.
3. Safe: Complementary food should be adequately stored and prepared.
4. Properly fed: Complementary food should be given in-line with child's signal for appetite and satiety; meal frequency and feeding method should be suitable for age.

## What Should Caregivers Do to Ensure Adequate CF?

1. Practice responsive feeding:
   a. Feed infants directly and assist older children to eat.
   b. Be sensitive to hunger coos or cries.
   c. Feed patiently; encourage, don't force.
   d. If child refuses, experiment with different foods, tastes, and textures.
   e. Talk to the child when feeding.
   f. Maintain eye contact.
   g. Minimize distraction during feeding.
2. Practice good food hygiene and proper food handling:
   a. Use clean utensils to prepare and serve food.
   b. Wash hands and the child's before preparing and eating.
   c. Use clean cups and bowls when feeding the child.
   d. Do not use feeding bottles.
3. Avoid food that can cause choking like nuts, carrots, etc.
4. Avoid drinks of low nutrient value (e.g. tea, coffee).
5. Provide plenty of animal protein like fish, meat, poultry, eggs, etc.
6. After illness:
   a. Give food more frequently than usual.
   b. Encourage the child to eat despite poor appetite.
   c. Remember that catch-up growth after illness depends on extra food and adequate diet.

# SESSION 4: QUIZ
## Nutrition & Growth with Complementary Feeding

1. Describe the process of nutrition.

2. Provide 2 nutrition factors that impact mental health.

3. What do you understand by the term complementary feeding?

4. How frequently are different ages expected to feed?

5. How do you ensure that a child under your care receives adequate complementary feeding?

6. What is the greatest cause of mental retardation in the world?

*Please indicate whether the following statements are true or false.*

7. Vitamin C is fat-soluble.

8. Brain functioning is impacted by the deficiency of a single nutrient.

9. Poor brain development is caused by a deficiency of vitamin B1.

10. Malnutrition increases exploratory behavior.

11. Iodine deficiency can cause stunted growth.

12. Vitamin K is given to newborns to prevent bleeding problems.

13. Iron deficiency causes anemia and heart failure.

# Health, Hygiene, & Safety in Communities

**Objectives:**

1. Increase knowledge of health, hygiene, and safety.
2. Increase knowledge of policies and practices relating to health, hygiene, and safety.
3. Acquire skills regarding protection from hazards.
4. Acquire skills on cleanliness and maintenance of the environment.
5. Be able to list the first aid procedure.
6. Be able to list fire safety requirements.
7. Be able to provide good drinking water.
8. Acquire appropriate responses to disasters and emergencies.
9. Understand the basic elements and application of the national health policy.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
Right to Survival and Development (CRA s4)
Right to Health and Health Services (CRA s13)
Right to Education (CRA s15)

**Millennium Development Goals**

Goal 4: Reduce Child Mortality
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases
Goal 7: Ensure Environmental Sustainability
Goal 8: Develop a Global Partnership for Development

**Time:** 1 full day, 9 AM – 5 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Overview of health, hygiene, and safety | 1 hour | • Define health, hygiene, and safety.<br>• Identify safety precautions.<br>• Explain the dangers of unhealthy or unhygienic practices.<br>• Explain advantages of following health and hygiene policies and practices. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 2**<br>Injuries, accidents, and infectious diseases | 1 hour | • Identify types of injuries, accidents, and infectious diseases.<br>• Know how to prevent injuries, accidents, and infectious diseases. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 3**<br>Fire safety | 1 hour | • Identify causes of fire outbreaks.<br>• Enumerate ways of preventing fire outbreaks.<br>• List fire safety requirements.<br>• Identify location of fire safety requirements. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 4**<br>Cleanliness and maintenance of a good environment | 1 hour | • Discuss ways to provide safe drinking water.<br>• Enumerate ways of abiding by hygienic rules.<br>• Discuss ways of maintaining clean, safe, and hygienic environments at all times. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 5**<br>Disasters and emergencies | 1 hour | Be able to successfully manage children during a disaster. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 6**<br>National heath policy | 1 hour | Understand the basic elements and application of the national health policy. | • Lecture<br>• Discussion<br>• Pair work | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 7** | 1 hour | **QUIZ** | | | |

# Session 1: Overview of Health, Hygiene, and Safety

**Objectives:**
1. Define health, hygiene, and safety.
2. Identify safety precautions.
3. Explain the dangers of unhealthy or unhygienic practices.
4. Explain advantages of following health and hygiene policies and practices.

**Time:** 1 hour

## Definitions of Health, Hygiene, and Safety

**Health**: State in which you are fit and well.
**Hygiene:** Practice of keeping yourself and your surroundings clean, especially to avoid ill-health or the spread of diseases.
**Safety**: State of being safe from harm or danger.

## Safety Precautions

Safety is ensured by providing:
1. Safe premises; floors and stairs should be clean and tidy with no tripping hazards.
2. Suitably maintained equipment or machinery.
3. Space for safe movement. (People must be able to enter and leave safely.)
4. Fencing of openings from which people are likely to fall.

Health aspects are covered by ensuring:
1. Adequate ventilation. (Dormitories, toilets, etc. must be well ventilated.)
2. Suitable lightning.
3. Clean floors, walls, furniture fittings, ceilings, and windows.
4. Adequate beds, furniture.

Hygiene aspects are covered by providing:
1. Sufficient number of toilets for the number of people on premises.
2. Suitable washing facilities with hot and cold water, soap, and towels.
3. Facilities for changing, drying, and storing clothes.
4. Accessible, safe drinking water.
5. Suitable facilities for resting and eating.

Examples of unsafe, unhealthy, and unhygienic habits are:
1. Turning on the gas before lighting the match.
2. Filling the lantern/stove while the wick is burning.
3. Leaving an electric iron on after ironing.
4. Open wall sockets/exposed electric cords.
5. Leaving children alone in the kitchen.
6. Loose blowing curtains close to lanterns or other fuel burning appliances.
7. Leaving the television on for extended periods of time without attention.

8. Leaving/dropping objects like banana peels/small puddles of water on the kitchen floor or linoleum.
9. Unlabeled drugs.
10. Refilling empty juices bottles with poisonous liquids (e.g. Dettol, Izal, other disinfectants).

## Dangers of Unhealthy and Unhygienic Habits

1. Accidents.
2. Injuries/death.
3. Burns.
4. Poisoning.
5. Cuts.
6. Electric shock.
7. Falls.

## Policies and Practices of Health, Hygiene, and Safety

Staff should observe strict health, hygiene, and safety practices in accordance with relevant government guidelines, and children are encouraged to follow such practices.

Elements addressed should include:

1. Hand washing.
2. Response to injuries.
3. General cleaning.
4. Safe food preparation and storage.
5. Disposal of waste material.
6. Infectious disease.

Advantages of compliance include:

1. Appropriate action to prevent and manage child injuries and accidents.
2. Healthy environments.
3. Personal and food hygiene.
4. Healthy and productive citizens.

# Session 2: Injuries, Accidents, and Infectious Diseases

| | |
|---|---|
| **Objectives:** | 1. Identify types of injuries, accidents, and infectious diseases.<br>2. Know how to prevent injuries, accidents, and infectious diseases. |

**Time:** 1 hour

## Injuries and Accidents

Children must be protected from things that are dangerous to their health. There must be a procedure in place for dealing with harassment/threat to a child. Children must not be exposed to hazardous machinery, chemicals, or activities which are likely to cause danger.

### Burns

To prevent burns:

1. Make sure children do not reach where cooking stoves or hot objects are.
2. Put petrol, kerosene, lamps, and match boxes out of children's reach.
3. Never carry hot liquid above children to avoid spilling the hot liquid on them.

### Electric Shock

To prevent electric shock:

1. Do not expose electrical appliances in the home.
2. Use appropriate, safe, well insulated connections for all electrical appliances.

### Choking

To prevent choking:

1. Feed/supervise young children yourself.
2. Do not give children small objects, play objects, or toys that can easily be swallowed.

### Other Injuries

1. To prevent poisoning, keep medicines, pesticides, detergents, bleaches, etc. out of children's reach.
2. To prevent drowning, do not leave a child unattended at streams, lakes, wells, or swimming pools.
3. To prevent cuts, do not leave sharp objects within reach of children.
4. To prevent falls, keep children away from obstacles, slippery floors, and staircases.

## Infectious Diseases

When children or adults have infectious conditions (chicken pox, measles, etc.) isolate them from others for the incubation period of infection or until after treatment. To prevent such diseases from occurring, caregivers must provide:

1. Regular medical screening of children for early detection of illness.
2. Linkage with nearby health facilities.
3. Completion of immunization schedule for eligible children (0 to 5 years).

# Session 3: Fire Safety

**Objectives:**
1. Identify causes of fire outbreaks.
2. Enumerate ways of preventing fire outbreaks.
3. List fire safety requirements.
4. Identify location of fire safety requirements.

**Time:** 1 hour

## Causes of Fire Outbreaks

1. Flammable liquids (e.g. cleaning fluids).
2. Flammable gases.
3. Electrical equipment producing red heat (e.g. fires, toasters, grills).
4. Damage to electrical wires.
5. Overloading electrical sockets.
6. Storage of flammable materials near sources of ignition.
7. Smoking.
8. Lighting materials (e.g. gas lamps, candles).

## Ways of Preventing Fire Outbreaks

1. Proper storage of flammable liquids and gases.
2. Regular maintenance/prompt repair of electrical equipment.
3. Fixing of electrical materials by qualified personnel.
4. Careful handling of matches and other flammable materials.

## Fire Safety Requirements

1. Provision of fire extinguishers.
2. Clear access to fire extinguishers, alarms, and exits.
3. Fire exits should be conspicuous.
4. Education of staff and children on causes of fire outbreaks and prevention.
5. Fire extinguishers must be easily accessible.
6. Contact address/telephone numbers of fire control services must be posted in open places.
7. Designate and ensure training of a Fire Safety Officer.

# Session 4: Cleanliness and Maintenance of a Good Environment

**Objectives:**
1. Discuss ways to provide safe drinking water.
2. Enumerate ways of abiding by hygienic rules.
3. Discuss ways of maintaining clean, safe, and hygienic environments at all times.

**Time:** 1 hour

## Providing Potable Water

### Sources of Good Water

1. Tap water.
2. Deep wells/boreholes.
3. Rainwater stored in clean containers.

### How to Make Water Safe for Drinking

1. Storage in clean containers.
2. Boiling and filtration.
3. Sterilization with chemical agents.

### Sources of Water Pollution

1. Fetching water with dirty containers.
2. Defecation in water.
3. Storage in dirty containers.
4. Wading in water by guinea worm, infested person.

### Water-Borne Infections

1. Guinea worm.
2. Cholera.

## Abiding by Hygienic Rules

1. Maintenance of a high level of personal hygiene.
2. Maintenance of a high level of food hygiene.
3. Regular medical checkups by all food handlers.

## Providing a Safe Environment

1. The rooms, playgrounds, and dormitories used by children must be well maintained, safe, clean, hygienic, and in good condition at all times.
2. To ensure compliance, daily procedures should be implemented including:
   a. Maintenance of a clean environment.
   b. Proper storage and disposal of dry and wet refuse.
   c. Maintenance of a good toilet environment.
   d. Maintenance of clean drains.
   e. Maintenance of a good kitchen environment.

**Prompt Repairs of Damaged Equipment**

1. Sporting equipment should be in good condition at all times.
2. Cookers, refrigerators, steamers, and other electrical appliances should be well maintained.
3. Damaged tables, chairs, and other furniture should be repaired promptly.

# Session 5: Disasters and Emergencies

**Objectives:** By the end of this session, participants will be able to successfully manage children during a disaster.

**Time:** 1 hour

## Managing Children during Disasters and Emergencies

### Physical Needs

Disease, neglect, and mistreatment are common in crowded settlements such as disaster camps. Therefore, it is imperative that children:

1. Receive essential health care, including measles vaccination.
2. Have access to food and water. This is likely to be difficult and provision must be made for adequate food and micronutrient supplements.
3. Receive breastfeeding if appropriate. (Up to 6 months of age, babies get all the nourishment they need from mother's milk.)
4. Be registered as soon as possible after they are born. It is during these times of fear, uncertainty, and blurred national or regional boundaries that children are most vulnerable to getting lost and trafficked.

Children are also vulnerable to injury as a result of residual war-time armaments. Children must be warned not to play with unknown objects and not to venture far from caregivers. Landmines for instance are extremely dangerous and ubiquitous in times of war. They are explosive devices designed to be placed on or in the ground to explode when triggered by an operator or the proximity of a vehicle, person, or animal. Unexploded ammunition is also extremely dangerous.

### Emotional Needs

Caregivers should care for their children especially during conflict situations to ensure the child's emotional security. There are a host of problems likely to beset children in times of disaster. There are common problems for which there are practical interventions interventions such as:

1. Refusing to go to bed.
   *If your child refuses to go to bed, be firm about having a definite bedtime for him. However, try to find the reason behind his refusal to go to bed and address the matter. If, for example, the child is scared to sleep because he is frightened of waking up and finding himself alone, reassure him that you will be there when he wakes up and will keep him safe while he is sleeping.*

2. Nightmares.
   *If the child has frequent nightmares, comfort the child after a nightmare and reassure him when he is fully awake. Often this is all they need and they will go back to sleep. Most nightmares are symbolically related to events or things that frighten the child. Use the content of the nightmare as a clue to what the child fears and talk about these fears. This will gradually reduce the occurrence of the nightmares.*

3. Night terrors.
   *Night terrors are very common amongst children of all ages. The child wakes up screaming and shaking usually 1 to 4 hours after falling asleep. Unlike a child that wakes from a nightmare, a child having a night terror is not fully awake. After a night terror, a child is not afraid. On waking up, he will relax and return to sleep rapidly. He will have no recollection of the episode in the morning. With night terrors, it is important to stay as uninvolved as possible. Be sure to stay next to him until he wakes up from his night terror. Do not try to force a child to wake up from a night terror.*

### Dealing with Death

Always tell the child about the death of someone close; don't try to protect them by hiding it. Allow the child to see you grieve. You may give the child details of how the person died. Aid the child as he goes through the grieving process. Give children special attention and the opportunity to express their feelings and describe their experiences in ways appropriate for their ages.

*3 to 5 years*
Children at this age understand and react to the death of a parent or any other close person the same way they understand and react to separation. They think the dead person will come back someday. You can say something like this: "Something very sad has happened...Daddy is gone and will not come back." You may need to repeat over and over that the dead person will never return.

*6 to 12 years*
At this age, children understand the concept of death. They realize the dead person will not return. They need to know details about the death such as when and how their parents died, who was with him or her, and where the body is now. They should also be encouraged to participate in the funerals and in receiving condolences. These rituals are important to help the child adjust to the loss.

*13 to 16 years*
Adolescents understand the far reaching consequences of the death of a parent and in many ways are more vulnerable to the loss than young children. They may be forced to assume a premature adult role following a death in the family. It is important to allow them the time to feel sad, cry, and grieve before they assume family responsibilities.

# Session 6: National Health Policy

**Objectives:** By the end of this session, participants will understand the basic elements and application of the national health policy.

**Time:** 1 hour

## Health Policy Goals

The goal of the National Health Policy is to bring about a comprehensive health care system based on primary health care that is:

1. Promotive.
2. Protective.
3. Preventive.
4. Restorative.
5. Rehabilitative.

The goal is to provide health services for every citizen within the available resources, so that individuals and communities are assured productivity, social well-being, and enjoyment of living.

Health services, based on primary health care, shall include among other things:

1. Education concerning prevalent health problems and the methods of preventing and controlling them.
2. Promotion of food supply and proper nutrition.
3. Maternal and child care, including family planning.
4. Immunization against the major infectious diseases.
5. Prevention and control of locally endemic and epidemic diseases.
6. Provision of essential drugs and supplies.

## 3-Tier Health Care System

Though it did not address the specific issue of a national health policy, the Basic Health Service Scheme evolved in 1975 as part of the Third National Development Plan. The scheme attempted to put the semblance of a primary health care service in place in Nigeria. In 1988, feverish agitation for Health for All by 2000 grew to a peak worldwide. Nigeria responded by issuing the first Nigerian National Health Policy, which set out to achieve Health For All by 2000, through emphasis on primary health care.

The 3-tier system of health care, promulgated by the first National Health Policy, involves a primary, secondary, and tertiary health care system which corresponds to the 3-tier system of Nigerian government comprised of local, state, and federal governments.

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# SESSION 7: QUIZ
## Health, Hygiene, & Safety in Communities

1. What is safety?

2. How do you ensure “safety precautions”?

3. What are the elements of safety practices?

4. Provide 2 advantages of good health practices.

5. Provide 2 examples of infectious conditions that require exclusion/isolation.

6. Provide 2 examples of how to prevent burns.

7. Provide 2 examples of how to prevent food poisoning.

8. What are the likely causes of a fire outbreak?

9. How can fire outbreaks be prevented?

10. Provide 2 examples of good water sources.

11. Justify the need for effective health and safety practices in your home.

12. Why are measles vaccinations for all children important in times of disaster and emergencies?

13. What kind of bedtime problems are children likely to suffer in times of armed conflict? List these and provide practical interventions.

14. List 2 health services prescribed by the National Health Policy.

# Environmental Sanitation & Diarrhoeal Diseases

**Objectives:**

1. Know how to maintain a clean environment.
2. Know how to manage environmental problems.
3. Understand the causes of diarrhoeal diseases.
4. Understand how to prevent diarrhoeal diseases.

**Related Rights**

Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)

Right to Survival and Development (CRA s4)

Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)

Right to Health and Health Services (CRA s13)

**Millennium Development Goals**

Goal 4: Reduce Child Mortality

Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

Goal 7: Ensure Environmental Sustainability

Goal 8: Develop a Global Partnership for Development

**Time:** 1 full day, 9 AM – 6 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Overview of environmental sanitation | 1 hour | • Define environmental sanitation.<br>• Identify conditions that are injurious to health.<br>• Identify ways of achieving a clean environment. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 2**<br>Management of environmental problems | 2.5 hours | • Enumerate the various environmental problems in the surroundings.<br>• Identify the process of environmental problem management. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 3**<br>Overview of diarrhoeal diseases | 1 hour | • Define diarrhoeal diseases.<br>• Describe signs and symptoms of diarrhoeal diseases. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 4**<br>Prevention of diarrhoea | 2.5 hours | • Enumerate the process of preventing diarrhoea.<br>• Explain the management of diarrhoea.<br>• Identify the effects of diarrhoea. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 5** | 1 hour | **QUIZ** | | | |

# Session 1: Overview of Environmental Sanitation

**Objectives:**
1. Define environmental sanitation.
2. Identify conditions that are injurious to health.
3. Identify ways of achieving a clean environment.

**Time:** 1 hour

## Definition of Environmental Sanitation

Environmental sanitation is the process of keeping our surroundings clean and hygienic in order to promote health and prevent diseases.

## Injurious Environmental Conditions

Conditions that are injurious to health include:

1. Water pollution/inadequate water supply.
2. Air and noise pollution.
3. Poor housing/overcrowding.
4. Unsanitary disposal of solid wastes and sewage.
5. Preparation/serving of food in an unhygienic environment.
6. Rearing of animals in residential premises.

## Maintaining a Healthy Environment

To achieve and maintain a healthy environment, strong policies must be designed to include the following:

1. Provision of safe and adequate water supply.
2. Hygienic disposal of wastes and sewage.
3. Air hygiene and reduction of noise.
4. Provision of good housing and adequate ventilation.
5. Food hygiene.
6. Control of insects and rodents.
7. Control of animal vectors (e.g. infection carriers like cattle and chicken).

# Session 2: Management of Environmental Problems

**Objectives:**
1. Enumerate the various environmental problems in the surroundings.
2. Identify the process of environmental problem management.

**Time:** 2.5 hours

## CAUSES OF ENVIRONMENTAL PROBLEMS

### Water-borne Infections and Other Water Related Diseases

Water is a medium by which many diseases are spread. These diseases are transmitted or spread when the water is contaminated or polluted by human feces. Water is a conductor of water-borne infections. Some of the diseases related to water are listed below.

**Diseases Transmitted by Water (Water-Borne Diseases)**

1. Cholera.
2. Typhoid fever.
3. Bacillary dysentery.
4. Infectious hepatitis.
5. Leptospirosis.
6. Gastroenteritis.

**Diseases Due to Lack of Water**

1. Scabies.
2. Skin sepsis and yaws.
3. Diarrhoea.
4. Whipworm and hookworm.
5. Dysentery.
6. Conjunctivitis.

**Diseases Caused by Infecting Agents Spread by Contact with or Ingestion of Water**

1. Schistosomiasis.
2. Guinea worm.
3. Onchocerciasis.
4. Threadworm.

### Air/Noise Pollution

1. Creation of smoke nuisance by burning refuse openly.
2. Open cooking with firewood constantly.
3. Creation of noise nuisance by increasing the volume of loud speakers daily or occasionally thereby disturbing the neighbors.

### Poor Housing/Overcrowding

1. Non-provision of sanitary amenities (e.g. toilets, bathroom, kitchens, etc.).
2. Non-provision of sufficient windows for cross and through ventilation.
3. Insufficient rooms for the occupants of houses.

### Unsanitary Disposal of Solid Wastes and Sewage
1. Open dumping of refuse in the surroundings.
2. Indiscriminate defecation in the surroundings.
3. Non-provision of toilet accommodations/refuse disposal system.

### Preparation/Serving of Food in an Unhygienic Environment
1. Preparation/serving of food in dirty places.
2. Preparation/serving of food near a toilet accommodation.

### Insects and Rodent Infestation
1. Improper storage of food items.
2. Lack of maintenance of food processing equipment.
3. Dirty environment (e.g. improper storage/disposal of refuse).

### Rearing of Animals in Residential Premises
1. Transmission of infections from animals to man (e.g. anthrax, bird flu).
2. Offensive odor emanating from animal droppings.

## PREVENTION OF ENVIRONMENTAL PROBLEMS

### Provision of Safe/Adequate Water Supply
Water is essential for life. Its uses include drinking, cooking, personal hygiene, and environmental hygiene. As a result:
1. Water sources must be protected against pollution.
2. Water must be stored in clean, covered containers.
3. Water must be purified before drinking.
4. Adequate quantities of water must be available at all times.
5. Water must be purified before drinking. Waterguard or PUR (Procter & Gamble) are examples of point of use safe water technologies readily available in Nigeria. (Waterguard can be purchased or ordered through pharmacies. PUR is available on order from the NGO Society for Family Health.)

### Disposal of Wastes
Hygienic methods of refuse disposal are necessary in the prevention of pollution to the environment and injuries to humans. As a result:
1. Refuse must be stored in bins with tight fitting covers before the final disposal.
2. Sewage must be disposed of in a hygienic manner.

### Air/Noise Pollution
1. Gases, dust, and smoke must be controlled to prevent air pollution.
2. Excessive noise/constant usage of loudspeakers must be controlled.

### Good Housing and Ventilation
1. Avoidance of overcrowding to reduce spread of diseases.
2. Provision of adequate ventilation in rooms.

### Food Hygiene
1. Wash hands after visiting the toilets.
2. Wash all raw food before cooking.
3. Cook food properly.

4. Wash all cooking utensils.
5. Prepare food in a hygienic environment.
6. Never leave food uncovered.
7. Heat leftover food before eating.

### Control of Insects and Rodents

1. Maintenance of clean environment.
2. Proper storage of food items.
3. Sanitary storage/disposal of refuse.

### Control of Animal Carriers of Infection

1. Animals or pets being reared must be seen by veterinary doctors and immunized appropriately.
2. Animal wastes/droppings should not litter the surroundings.
3. Regular community led environmental maintenance exercises.

# Session 3: Overview of Diarrhoeal Diseases

**Objectives:**
1. Define diarrhoeal diseases.
2. Describe signs and symptoms of diarrhoeal diseases.

**Time:** 1 hour

### Definition of Diarrhoeal Diseases

Diarrhoeal diseases are dangerous diseases which make a person pass watery stool 3 times or more per day. They make the body lose water fast and may lead to death if not treated. They are most common among children under 5 years of age. Diarrhoeal diseases include diarrhoea, dysentery, and cholera.

In addition to making a person pass frequent watery stool, different diarrhoeal diseases have different characteristics:

1. Acute diarrhoea: When the stool starts suddenly and continues for several days.
2. Persistent diarrhoea: When the watery stool lasts for more than 2 weeks.
3. Chronic diarrhoea: When the watery stool lasts for more than 4 weeks.
4. Dysentery: When diarrhoea comes with blood in the stool.
5. Cholera: When diarrhoea is sudden, serious, and comes with vomiting.

### Signs and Symptoms

Passing loose or watery stools 3 or more times daily.

# Session 4: Prevention of Diarrhoea

**Objectives:**
1. Enumerate process of prevention of diarrhoea.
2. Explain the management of diarrhoea.
3. Identify the effects of diarrhoea.

**Time:** 2.5 hours

## How to Prevent Diarrhoea

### Food

1. Prepare food in a clean place, using clean pots and other utensils.
2. Eat or serve cooked food while still hot; if it is cold, heat it well again before serving or eating it.
3. Wash uncooked food, such as fruits, in clean water before serving or eating it.

### Feeding Children

1. Wash your hands with soap before preparing food for children.
2. Wash your hands with soap before feeding the children.
3. Wash your hands after passing stools.
4. Breastfeed babies for at least 2 years. (Breast milk is best for the child. It helps to prevent and stop diarrhoea and other infections.)
5. If milk formula must be used, use a cup and spoon to dispense the formula not a feeding bottle. (It is difficult to keep feeding bottles clean.)

### Water

1. Take drinking water from the cleanest source available.
2. Boil or add drops of chlorine to the water before drinking it.
3. Keep drinking water in a clean and covered pot, bucket, or container.
4. Do not wash the body, clothes, or pots and utensils inside the source of drinking water (i.e. stream, river, lake, waterhole).
5. Do not pass stool or urine in or near the source of drinking water.

### Personal Hygiene

1. Wash your hands with soap if you touch dirt, rubbish, urine, or stool. They contain germs which can cause diarrhoea.
2. Everyone should pass stool and urine in the toilet and keep the toilet facilities clean at all times.
3. If there is no toilet, everyone should pass stool and urine in one place, far from the house and away from the source of drinking water.
4. Pour children's stool into the toilet.
5. Wash your hands with soap after passing stool and before preparing food and eating.
6. Teach children to do the same and ensure that they do it.
7. Burn or bury all rubbish or dispose of it in a place far from the house and away from the source of drinking water.
8. Keep flies away from food, stool, toilets, and rubbish.

## Home Management of Diarrhoea

Give affected children plenty of liquids to replace lost water/salts, and follow these rules:

1. Give the child more fluids than usual.
2. Give the child water, oral rehydration salt (ORS) solution, or locally available drinks or liquids (e.g. soups, rice water, fruit juices).
3. Give the child about ¼ to ½ cup (50 to 100 ml) of fluid after each stool.
4. Continue feeding the child:
   a. If an infant, breastfeed the infant normally.
   b. If the child is 6 months or older and is no longer being breastfed, feed the child normally.
   c. Allow the child to eat as much as he wants.
   d. Even after the diarrhoea has stopped, give the child an extra feeding per day for 1 week.

Not feeding a child who has diarrhoea can cause malnutrition (the body having less food than it needs). It may also exacerbate any existing malnutrition symptoms making the child sicker.

Watch for signs that the child is losing too much water. If the child is losing too much water by passing watery stools too frequently, or if the child's condition worsens, take the child to a health facility or hospital immediately.

## Effects of Diarrhoea

When a child exhibits diarrhoea, their body loses more water and salts than it takes in. This may result in:

1. Thirst.
2. Sunken, tearless eyes.
3. Little or no urine.
4. Rapid weight loss.
5. Dropping in of the "soft spot" (the soft part in the top-center of an infant's head).
6. Skin not stretching when pulled.
7. Death, if not treated on time.

Dysentery may also result in:

1. Anemia (insufficient blood).
2. Abdominal discomfort and general body ache.

## SESSION 5: QUIZ
### Environmental Sanitation & Diarrhoeal Diseases

1. Provide 2 environmental conditions injurious to health.

2. Provide 2 components of a good environmental health policy.

3. What is a water-borne disease? Provide 2 examples.

4. Provide 1 source of air pollution.

5. Provide 3 causes of poor environmental health.

6. Provide 1 preventive measure for each of your chosen causes.

7. What is a diarrhoeal disease?

8. Provide 2 examples of a diarrhoeal disease with their characteristics.

9. Provide 2 effects of diarrhoea.

10. Provide 2 measures for preventing diarrhoea in children.

# Malaria, Immunization, & Common Childhood Diseases

**Objectives:**

1. Explain malaria and its signs and symptoms.
2. Know ways to prevent malaria.
3. Recognize vaccine preventable childhood diseases.
4. Identify treatment possibilities in common childhood diseases.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
Right to Survival and Development (CRA s4)
Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
Right to Health and Health Services (CRA s13)

**Millennium Development Goals**

Goal 4: Reduce Child Mortality
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

**Time:** ½ day, 9 AM – 2 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Overview and prevention of malaria | 1 hour | • Know the signs and symptoms of malaria.<br>• Describe ways to prevent and treat malaria. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 2**<br>Immunization | 2 hours | • Know what immunization is.<br>• Identify the most common childhood killer diseases. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 3**<br>Other childhood diseases | 30 minutes | Detect symptoms of and know how to treat high fever and catarrh. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 4** | 30 minutes | **QUIZ** | | | |

# Session 1: Overview and Prevention of Malaria

**Objectives:**
1. Know the signs and symptoms of malaria.
2. Describe ways to prevent and treat malaria.

**Time:** 1 hour

## What is Malaria?
1. Malaria is a communicable disease caused by the parasite *Plasmodium*.
2. The infection is usually transmitted by the bite of an infective female *Anopheles* mosquito.
3. Not all mosquitoes transmit malaria.

### Epidemiology
1. Over 1 million deaths per year.
2. 1 child dies every 30 seconds from it.
3. The infection can also be very severe in pregnancy.

### Signs and Symptoms
1. Fever, headache.
2. Muscle pains, joint pains.
3. Chills and rigor, general weakness, vomiting.
4. Loss of appetite and profuse sweating.
5. Abdominal pain. (Refusal of feeding may be observed in young children.)

### Complications
1. Severe anemia.
2. Respiratory distress.
3. Loss of consciousness.
4. Coca-Cola colored urine.
5. Hypoglycemia.

### At Home Treatment
1. Tepid sponge with lukewarm water.
2. Paracetamol.
3. Take to the hospital.

### Groups At Risk
1. Children less than 5 years of age.
2. Pregnant women.
3. People with suppressed immunity.

## Prevention of Malaria
### Vector Control Measures
1. Killing of adult mosquitoes with insecticide.
2. Destruction of mosquito breeding places.

**Role of Insecticide Treated Nets (ITNs) in Malaria Control**

1. ITNs are more effective than untreated nets.
2. ITNs kill mosquitoes that alight on them.
3. Even if the nets are torn, they can still kill mosquitoes and other insects.
4. ITNs protect the people sleeping under the net, as well as other people in the room.
5. The nets should be re-treated when the insecticide has worn off (about every 6 months).

**Environmental Control Measures**

These methods reduce mosquito breeding sites:

1. Filling of potholes and dredges.
2. Draining of stagnant pools.
3. Covering of pots and other water reservoirs.
4. Clearing of overgrown weeds.
5. Clearing of drains.
6. Destruction of water-containing receptacles.

**Personal Protection Methods**

1. Use of repellants.
2. Provision of mosquito nets or windows capable of being tightly closed.
3. Wearing of protective clothing like long-sleeved shirts and full trousers.

# Session 2: Immunization

**Objectives:**
1. Know what immunization is.
2. Identify the most common childhood killer diseases.

**Time:** 2 hours

Immunization is the administration of an antigen to an individual in order to boost immunity against certain childhood killer diseases. These diseases are: tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, yellow fever, hepatitis B, and cerebrospinal meningitis. Every child has the right to life and should be allowed to survive and develop without the various complications arising from these diseases which are entirely preventable. The childhood killer diseases are hereby discussed briefly below.

## Tuberculosis (TB)

**What is TB?** TB is a disease caused by bacteria called *Mycobacterium tuberculosis*. It usually damages the lungs but also can damage joints, bones, the brain, and the spine.

**Epidemiology**

1. Affects people of all ages.
2. Risk of contracting the disease is highest in children less than 3 years old.
3. Common in sufferers of malnutrition, immune suppression, or HIV/AIDS.

**Risk Factors**

1. Poverty.
2. Overcrowding.
3. Poor living conditions.
4. Consumption of unpasteurized milk.
5. Immune suppression.

**How Does it Spread?** It spreads through the air when a person with the disease coughs or sneezes.

**Signs and Symptoms**

1. Weakness.
2. Weigh loss.
3. Fever.
4. Night sweats.
5. In TB of the lungs, persistent cough, chest pain, coughing up blood.
6. In the very young, failure to thrive/stunted growth.

**Complications**

1. Causes death if left untreated.
2. Stunted growth.

**Treatment:** Use of 2 or more anti-TB drugs for at least 6 months. (Note: A person infected with TB can infect others even several weeks after commencing treatment.)

**Prevention:** Immunization with BCG vaccine.

## Diphtheria

**What is Diphtheria?** Diphtheria is a disease caused by bacteria called *Corynebacterium diphtheriae.*

**Epidemiology**

1. Affects people of all ages, but mostly non-immunized children under 15 years of age.
2. There are 2 types of diphtheria:
    a. Pharynx and other parts of the throat.
    b. Skin (causing ulcer on the skin).

**Risk Factors**

1. Overcrowding.
2. Poor living conditions.

**How Does it Spread?**

1. Pharyngeal: It spreads through droplets and secretions from the nose, throat, and eyes as a result of close contact between infected and uninfected people.
2. Skin: It spreads from clothing that has been contaminated with fluid from skin ulcers.

**Signs and Symptoms**

1. Early symptoms:
    a. Sore throat.
    b. Loss of appetite.
    c. Low grade fever.
    d. Within 2 to 3 days, a bluish-white or gray membrane forms in the throat or tonsils.
2. Late symptoms:
    a. Severe weakness.
    b. Swelling of the neck.
    c. Obstruction of the airway.
    d. Abnormal heartbeat.
    e. Heart failure.

**Complications**

1. Abnormal heartbeats may occur during the early phase of illness or weeks later.
2. Heart failure may result.
3. Patients with severe disease or complications may die.

**Treatment:** Antibiotics.

**Prevention:** Immunization with DPT vaccine. (Note: A mother can pass protective antibodies to her baby up to 6 months after birth.)

## Pertussis (Whooping Cough)

**What is Pertussis?** Pertussis is a disease caused by bacteria called *Bordetella pertussis*. The bacterium lives in the mouth, nose, and throat.

**Epidemiology**

1. Common in non-immunized children worldwide.
2. Most dangerous in children less than 1 year of age.

**Risk Factors**

1. Overcrowding.
2. Poor nutritional conditions.

**How Does it Spread?** It spreads through droplets produced from coughing or sneezing.

**Signs and Symptoms**

The illness runs in 3 stages:

1. Stage 1: Common cold (catarrh, watery eyes, sneezing, fever, mild cough).
2. Stage 2: Cough worsens. The child has numerous bouts of rapid coughing. At the end of this cough, the child takes in air with a high pitched whoop. Also, the child may exhibit cyanosis, vomiting, and exhaustion.
3. Stage 3: Recovery.

**Complications**

1. Bacterial pneumonia that can lead to death.
2. Convulsion.
3. Dehydration.
4. Inflammation of the middle ear.

**Treatment**: Antibiotics and rehydration.

**Prevention:** Immunization with DPT vaccine.

## Tetanus (Lock Jaw)

**What is Tetanus?** Tetanus is a disease caused by bacteria called *Clostridium tetani*. The bacterium is commonly found in the soil. It can survive in the soil for several years as spores. They produce toxins that poison nerves that control muscles. The disease is particularly serious in newborn babies (neonatal tetanus [NNT]).

### Epidemiology

1. Affects people of all ages.
2. NNT kills between ½ million to 1 million babies worldwide.
3. Up to 70% of infected babies die from the disease.
4. Maternal tetanus commonly occurs following an unsafe abortion or after delivery.

### Risk Factors

1. Circumcision with dirty or unsterilized instruments.
2. Scarification with dirty or unsterilized instruments.
3. Rubbing of wounds with dirt, charcoal, or other unclean substances.

**How Does it Spread?** Tetanus is not transmitted from person to person. A person can contact the disease if soil or animal feces enter a wound or cut. Tetanus can also grow in deep puncture wounds caused by needles, barbed wire, or animal bites. A baby can become infected if the razor, knife, or other instrument used in cutting the umbilical cord is dirty. Infection can also occur if animal feces or ash is used to dress the umbilical cord. It may also occur if a dirty instrument is used for circumcision, scarification, or ear piercing.

### Signs and Symptoms

1. Jaw stiffness.
2. Neck stiffness.
3. Difficulty swallowing.
4. Muscle spasms.
5. Sweating.
6. Fever.
7. Convulsion.

### Complications

1. Fracture of the spine or other bones.
2. Abnormal heartbeat.
3. Coma.
4. Pneumonia.
5. Death.

### Treatment

1. Clean wound and remove all dead tissues.
2. Tetanus immune globulin.
3. Antispasmodics.
4. Antibiotics.

A person who recovers from tetanus does not have natural immunity. They will need to be vaccinated.

**Prevention**

1. Women of child-bearing age should receive a full dose of the tetanus toxoid vaccine.
2. Ensure clean practice during childbirth and clean wound care.
3. Immunization with DPT vaccine. (DPT is not given after 5 years of age.)

## Poliomyelitis

**What is Poliomyelitis?** Poliomyelitis is a disease caused by poliovirus; it is a disease that is common in children.

**Epidemiology:** About 1 in every 100 persons infected with the virus has paralysis. Many people who contract polio do not become seriously ill but may spread the disease to others.

**Risk Factor:** Poor sanitation.

**How Does it Spread?** The virus enters the body through the mouth when people eat food or drink water contaminated by feces. Sometimes, the virus is spread through air droplets. Nearly *all* children living in a household where someone is infected become infected themselves.

**Signs and Symptoms**

1. Fever.
2. Loose stool.
3. Sore throat.
4. Upset stomach.
5. Headache.
6. Stiff neck.
7. Severe muscle pain.
8. Paralysis.

**Complications**

1. Paralysis.
2. Death.

**Treatment:** No treatment, but symptoms can be relieved.

**Prevention:** Immunization with oral polio vaccine (OPV).

## Measles

**What is Measles?** Measles is a disease caused by the measles virus. It is highly infectious and the most *deadly* of all.

**Epidemiology**

1. Usually occurs in epidemic proportions.
2. Constantly present in some populations.
3. Common where non-immunized children are in close contact.

**Risk Factors**

1. Overcrowding.
2. Poverty.

**How Does it Spread?** It spreads through contact with nose and throat secretions of infected people or other close contact.

**Signs and Symptoms**

1. High grade fever.
2. Runny nose (catarrh).
3. Cough.
4. Red, watery eyes.
5. Small white spots inside the cheek (Koplik's spots).
6. Rash spread from face and upper neck to the hands and feet.
7. Poor appetite.
8. Loose stool.

**Complications**

1. Severe diarrhoea.
2. Dehydration.
3. Ear infection.
4. Pneumonia.
5. Blindness.

**Treatment**

1. Supportive and symptomatic treatment.
2. Antipyretic drugs.
3. Rehydration.
4. Vitamin A.
5. Calamine lotion.
6. Nutritional support.

**Prevention:** Immunization with measles vaccine.

## Mumps

**What is Mumps?** Mumps is a disease caused by the mumps virus. It is common in children and is characterized by painful enlargement of the salivary glands, particularly the parotids.

**Epidemiology**

1. Common in children ages 5 to 9 years.
2. Common in daycare, school, etc.

**Risk Factors**

1. Overcrowding.
2. Poor living conditions.

**How Does it Spread?** It spreads by direct contact (fomites contaminated with saliva).

**Signs and Symptoms**

1. A swelling of the parotid gland (on the lower part of the ear). Could be on one or both sides.
2. Pain/difficulty eating.
3. Fever.
4. Poor appetite.
5. Muscle pain.

6. Headache.
7. Stiff neck.
8. Also may affect the groin (testicular swelling).

**Complications**

1. Malnutrition.
2. Infertility.
3. Encephalitis.

**Treatment**

1. Paracetamol.
2. Apply warm or cold compress to affected part.

**Prevention:** Immunization with the mumps vaccine at 12 to 15 months of age and at school entry between 4 and 12 years of age.

## Yellow Fever

**What is Yellow Fever?** Yellow fever is a disease caused by yellow fever virus.

**Epidemiology**

1. About 5% of infected people die from the disease in endemic areas.
2. Spread by the *Aedes* species of mosquito.
3. Mosquitoes carry the virus for life.

**Risk Factor:** Accumulation of stagnant water.

**How Does it Spread?** It is not spread directly from person to person. Mosquitoes may acquire the virus by biting either infected monkeys or humans, and they can then spread it to humans.

**Signs and Symptoms**

1. Fever.
2. Chill.
3. Headache.
4. Backache.
5. Generalized muscle pain.
6. Upset stomach.
7. Vomiting.
8. Slowness and weakness as the disease progresses.
9. Bleeding from the gums.
10. Blood in the urine.
11. Jaundice.

**Complications**

1. Convulsion.
2. Coma.
3. Death.

**Treatment:** No specific treatment other than rehydration. Anyone who recovers will have lifelong immunity.

**Prevention**

1. Immunization with yellow fever vaccine. (Protection lasts up to 10 years.)
2. Elimination of stagnant water in which the vector (mosquito) breeds.

## Hepatitis B

**What is Hepatitis B?** Hepatitis B is a disease caused by hepatitis B virus. It causes damage to the liver.

**Epidemiology**

1. About 150 million carriers worldwide, most of whom are unaware of the infection.
2. 25% of infected babies develop severe chronic liver disease.

**How Does it Spread?**

1. Exchange of body fluids (e.g. blood, saliva, semen, vaginal fluid, etc.).
2. Injection with unsterilized needles and syringes.
3. From mother to baby during child delivery.
4. In children during play through cuts and scratches.
5. Sexual intercourse.

**Risk Factors**

1. Unprotected sexual intercourse with an infected person.
2. Sharing of needles and other blood piercing instruments.
3. Exposure to contaminated blood and blood products.

**Signs and Symptoms**

1. General weakness and fatigue.
2. Loss of appetite.
3. Jaundice.
4. Stomach pain.
5. Dark urine.
6. Pale stool.

**Complications**

1. Chronic hepatitis.
2. Cirrhosis.
3. Liver failure.
4. Liver cancer.
5. Death.

**Treatment**

1. Supportive treatment.
2. In chronic infection, the disease can be controlled by immuno-suppressive drugs.

**Prevention**

1. Immunization with hepatitis B vaccine.
2. Testing for *all* pregnant women.
3. Babies of carrier mothers should receive hepatitis B immune globulin together with first dose of the oral polio vaccine at birth.
4. Discourage sharing of needles.
5. All health workers should be immunized.

## Cerebrospinal Meningitis

**What is Cerebrospinal Meningitis?** Cerebrospinal meningitis is a disease caused by bacteria called *Neisseria meningitidis.* It usually affects the covering of the brain.

**Epidemiology**

1. Occurs worldwide.
2. Can be epidemic.
3. Epidemic in Nigeria occurs between the months of November and April.
4. Spreads through droplets and direct contact with an infected person.

**Risk Factors**

1. Poverty.
2. Overcrowding.
3. Poor sanitation.

**How Does it Spread?** It can spread rapidly in overcrowded and poor sanitary conditions.

**Signs and Symptoms**

1. Fever.
2. Headache.
3. Nausea and vomiting.
4. Neck stiffness.
5. Loss of consciousness.

**Complications**

1. Deafness.
2. Arthritis.
3. Encephalitis.
4. Death.

**Treatment:** Antibiotics.

**Prevention:** Immunization with CSM vaccine.

## Schedule of Immunization

| Vaccine | No. of doses | Age | Interval | Route of administration | Dose | Vaccine site |
|---|---|---|---|---|---|---|
| BCG | 1 | At birth | – | Intradermal | 0.05 ml | Upper [L] arm |
| OPV | 4 | Birth, 6 wks, 10 wks, 14 wks | 4 wks | Oral | 2 drops | Mouth |
| DPT | 3 | 6 wks, 10 wks, 14 wks | 4 wks | Intramuscular | 0.5 ml | Outer part of thigh |
| Hepatitis B | 3 | Birth, 6 wks, 14 wks | 4 wks | Intramuscular | 0.5 ml | Outer part of thigh |
| Measles | 1 | 9 months | – | Subcutaneous | 0.5 ml | Upper [L] arm |
| Yellow fever | 1 | 9 months | – | Subcutaneous | 0.5 ml | Upper [R] arm |
| CSM | 1 | 2 years | – | Subcutaneous | 0.5 ml | Upper [R] arm |

# Session 3: Other Childhood Diseases

**Objectives:** By the end of this session, participants will be able to detect symptoms of and know how to treat high fever and catarrh.

**Time:** 30 minutes

## High Fever

**What is High Fever?** Fever simply means increased body temperature. Fever can differ in caliber, however, and can be graded as follows:

| | Celsius | Fahrenheit |
|---|---|---|
| Subnormal | 35.0–36.2 | 95–97 |
| Normal | 36.2–37.2 | 97–99 |
| High fever | | |
| Low | 37.2–38.3 | 99–101 |
| Moderate | 38.3–39.4 | 101–103 |
| High | 39.4–40.5 | 103–105 |
| Hyperpyrexia | >105 | >40.5 |

### Causes

1. Diarrhoea.
2. Skin rash.
3. Pain in the ear.
4. Pain on urination.
5. Abdominal colic.
6. Sore throat.
7. Boil.
8. Teething.
9. Side effect following immunization.
10. Respiratory tract infection.

### What to Do

1. Bath with lukewarm water.
2. Give Paracetamol.
3. Take to the hospital.

### Complications

1. Febrile convulsion.
2. Lethargy.
3. Death if untreated.

## Catarrh

**What is Catarrh?** Catarrh is a common childhood infection caused mostly by viruses. It is most often characterized by:

1. Sneezing.
2. Running nose.
3. Blocked nose.
4. Low grade fever.
5. Loss of appetite.
6. Headache.

### Causes

1. Cold weather.
2. Viral infection.
3. Allergy.

### What to Do

1. Nasal toileting (help to clean the nostril with cotton bud).
2. Plenty of vitamins, in particular vitamin C.
3. Steam inhalation with drops of eucalyptus oil.
4. If fever persists, take to the hospital.
5. Avoid sedation in children due to breathing difficulties from nose blockage.

### Complications

1. Infection of middle ear.
2. Sinusitis.
3. Tonsillitis.
4. Pneumonia.

# SESSION 4: QUIZ
## Malaria, Immunization, & Common Childhood Diseases

1. What is malaria?
2. What causes malaria?
3. How do people get malaria?
4. List 3 signs and symptoms of malaria.
5. Provide the groups at risk for malaria.
6. How can malaria be prevented?
7. What are roles of insecticide treated nets (ITNs)?
8. Provide 3 environmental control measures you know.
9. Provide 2 personal protective methods.
10. Provide 2 vector control measures.

11. What is immunization?

12. Provide 3 diseases that are preventable by immunization.

14. How do the following diseases spread:
    *Polio*

    *Whooping cough*

    *Tuberculosis*

15. What are the risk factors for the following diseases:
    *Tuberculosis*

    *Hepatitis B*

    *Cerebrospinal meningitis*

16. What are the complications of tetanus and measles?

17. How can polio and yellow fever be prevented?

18. What are the signs and symptoms of measles?

19. Explain the following terms:
    *Intradermal*

    *Intramuscular*

    *Subcutaneous*

20. Provide 3 ways to treat catarrh.

21. Provide 4 causes of high fever in children.

# Sickle-Cell Anemia

**Objectives:**
1. Increase knowledge of sickle-cell anemia.
2. Identify signs and symptoms of sickle-cell anemia.
3. Acquire skills on how to reduce sickle-cell crises.

**Related Rights**
Right to Survival and Development (CRA s4)
Right to Health and Health Services (CRA s13)
Right to Education (CRA s15)

**Millennium Development Goals**
Goal 4: Reduce Child Mortality
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

**Time:** ½ day, 9 AM – 2 PM

Anonymous Artist

| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Overview of sickle-cell anemia | 30 minutes | Define and explain sickle-cell anemia. | • Lecture<br>• Discussion | PowerPoint | Questions/<br>Answers |
| **Session 2**<br>Signs and symptoms of sickle-cell anemia | 30 minutes | • Explain the signs and symptoms of sickle-cell anemia.<br>• Describe the outlook of people with sickle-cell anemia. | • Lecture<br>• Discussion | PowerPoint | Questions/<br>Answers |
| **Session 3**<br>Reduction of crises | 30 minutes | Identify ways to reduce sickle-cell crises. | • Lecture<br>• Discussion | PowerPoint | Questions/<br>Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 4** | 1 hour | **FILM & GUEST SPEAKER** | | | |
| **Session 5** | 30 minutes | **QUIZ** | | | |

# Session 1: Overview of Sickle-Cell Anemia

**Objectives:** Define and explain sickle-cell anemia.

**Time:** 30 minutes

## Definitions

### Sickle-Cell Disease

Sickle-cell disease is a lifelong hereditary disorder of the blood which results in anemia, occasional body pains, and some serious infections in childhood. Sickle cells contain abnormal hemoglobin that cause the cells to have their sickle shape. To have it, one must inherit the unusual sickle hemoglobin (HbSS vs. the normal HbA) from each parent.

### Sickle-Cell Anemia

Sickle-cell anemia is a type of anemic condition in which the blood has a lower than normal number of red blood cells. The lower than normal red blood cell count occurs because sickle cells don't last very long; they die within 10 to 20 days while normal red blood cells survive about 120 days. The bone marrow cannot make new blood cells fast enough to replace the dying ones.

## Causes

Sickle-cell anemia is an inherited disease. Two copies of the sickle-cell gene (1 from each parent) are needed for the body to make the abnormal hemoglobin found in sickle-cell anemia. If a person inherits 1 copy of the sickle-cell gene (from 1 parent) he/she will not have sickle-cell disease; instead they will have sickle-cell traits.

## Sickle-Cell Traits

People with sickle traits usually have no symptoms and live normal lives; however, they can pass the sickle-cell gene to their children. When each parent has a normal gene and an abnormal gene, each child has a 25% chance of inheriting 2 normal genes; a 50% chance of inheriting 1 normal gene and 1 abnormal gene; and a 25% chance of inheriting 2 abnormal genes.

# Session 2: Signs and Symptoms of Sickle-Cell Anemia

**Objectives:**
1. Explain the signs and symptoms of sickle-cell anemia.
2. Describe the outlook of people with sickle-cell anemia.

**Time:** 30 minutes

## Signs and Symptoms

The signs and symptoms of sickle-cell anemia vary. Some people have mild symptoms while others have severe symptoms and are often hospitalized for treatment. The disease is present at birth, but many infants don't show signs of the disease until after 4 months of age.

The most common symptom of anemia is fatigue (feeling tired or weak). Other signs and symptoms of anemia include:
1. Shortness of breath.
2. Dizziness.
3. Headache.
4. Coldness in the hands and feet.
5. Pale skin.
6. Chest pain.
7. Yellow eyes (jaundice).

## Sickle-Cell Crises

A sickle-cell crisis occurs when sickled red blood cells form clumps in the bloodstream. (Other cells also may play a role in this clumping process.) These clumps of cells block blood flow through the small blood vessels in the limbs and organs. This can cause pain and organ damage. Sickle-cell crises often affect the bones, lungs, abdomen, and joints.

The pain from a sickle-cell crisis can be acute or chronic, but acute pain is more common. Acute pain is sudden and can range from mild to very severe. The pain usually lasts from hours to a few days. Chronic pain often lasts for weeks to months. Chronic pain can be hard to bear and mentally draining. This pain may severely limit daily activities.

Many factors can play a role in a sickle-cell crisis. Often, more than 1 factor is involved and the exact cause is not known. Certain factors can be controlled. For example, the risk of sickle-cell crises increases with dehydration (when the body does not have enough fluid). Drinking plenty of fluids can lower this risk. Other factors, such as infection, cannot be controlled. Almost all people who have sickle-cell anemia have painful crises at some point in their lives. Some may have these crises less than once a year. Others may have 15 or more crises per year.

## Outlook

Sickle-cell anemia affects millions of people worldwide. The disease has no widely available cure. However, there are treatments for the symptoms and complications of the disease. Bone marrow transplants may offer a cure in a small number of cases.

Sickle-cell anemia varies from person to person. Some people who have the disease have chronic (long-term) pain or fatigue (tiredness). However, with proper care and treatment, many people who have the disease can maintain a good quality of life and reasonable health much of the time. Due to improved treatment and care, people who have sickle-cell anemia are now living into their 40s, 50s, and longer.

# Session 3: Reduction of Crises

**Objectives:** Identify ways to reduce sickle-cell crises.

**Time:** 30 minutes

## How to Reduce Number of Crises

1. Maintain a clean environment always.
2. Maintain good personal hygiene.
3. Protect yourself from mosquito bites.
4. Take a malaria prevention drug (e.g. Paludrine or Daraprim).
5. Protect yourself from infections and from exposure to cold weather and rainfall.
6. Avoid strenuous physical exertion.
7. Follow your doctor's advice.
8. Seek prompt treatment whenever you are sick.
9. Drink plenty of fluids (8 glass of water daily) and take 1 folic acid tablet daily.
10. Attend the nearest sickle-cell clinic regularly for better care, knowledge, and information.

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## Maintain a Healthy Lifestyle

For those living with sickle-cell anemia, it is of utmost importance to adopt a healthy lifestyle. Healthy living habits include the following:

1. Follow a healthy eating plan.
2. Be consistent in taking daily folic acid tablets and remaining hydrated.
3. Exercise, but avoid exercise that makes you very tired. Talk with your doctor about how much and what kinds of physical activity are right for you.
4. Get plenty of sleep and rest.
5. Tell your doctor if you think you may have a sleep problem, such as snoring or sleep apnea. (Sleep apnea is a common disorder in which 1 or more pauses in breathing or shallow breaths occur during sleep.)

6. Talk to your doctor about whether you can drink alcohol and what amount is safe.
7. If you smoke, quit. Talk to your doctor about programs and products that can help you quit smoking.

Early diagnosis of sickle-cell anemia is very important. Children who are diagnosed with the disease need prompt and proper treatment. If you have a child with sickle-cell anemia, you should take steps to learn about the disease and to help the child manage it.

## SESSION 4: FILM AND GUEST SPEAKER

# SESSION 5: QUIZ
## Sickle-Cell Anemia

1. What is sickle-cell anemia?

2. How does a person contract sickle-cell anemia?

3. What does it mean to have sickle-cell traits?

4. Provide 3 symptoms of sickle-cell anemia.

5. What causes a sickle-cell crisis?

6. Provide 4 crisis reduction techniques.

7. Provide 4 ways in which a person suffering from sickle-cell anemia can maintain a healthy lifestyle.

# HIV/AIDS

**Objectives:**
1. Increase awareness on HIV/AIDS prevalence.
2. Understand and reduce the stigmatization associated with HIV/AIDS.

**Related Rights**
Right to Survival and Development (CRA s4)
Freedom from Discrimination (CRA s10)
Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
Right to Health and Health Services (CRA s13)
Right of the Unborn Child to Protection from Harm (CRA s17)

**Millennium Development Goals**
Goal 4: Reduce Child Mortality
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

**Time:** ½ day, 9 AM – 2 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Introduction to HIV/AIDS | 3.5 hours | Understand the causes, symptoms, management, and prevention of HIV/AIDS. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 2** | 30 minutes | **QUIZ** | | | |

# Session 1: Introduction to HIV/AIDS

**Objectives:** By the end of this session, participants will understand the causes, symptoms, management, and prevention of HIV/AIDS.

**Time:** 3.5 hours

Recent advances in research and major improvements in the treatment and management of HIV have brought about a substantial decrease in the incidence of new infection. Though many incidents of AIDS in children occur in developed countries (i.e. United States and Europe), most HIV infected children are born in developing countries.

### Etiology

HIV is caused by the *Retroviridae* family of viruses, a single stranded RNA virus.

### Epidemiology

1. WHO estimates 40 million people worldwide are living with HIV.
2. 2.7 million are children less than 15 years old.
3. 90% are in developing countries, and a greater percentage of this figure is in sub-Saharan Africa.
4. 60% of HIV infected persons are women.

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### How HIV *Cannot* be Transmitted

1. Sharing meals and eating utensils with an HIV infected person.
2. Using the same toilet/bathroom as an HIV infected person.
3. Working in the same office with someone infected with HIV.
4. Living in the same house with an infected person.
5. Studying in the same classroom with an infected person.
6. Bites from mosquitoes.
7. Hugging or touching one who is infected.

### How HIV *Can* be Transmitted

1. Sexual contact (mostly heterosexual).
2. Infected blood (unsafe blood transfusion).
3. Sharing of sharp objects (e.g. needles, syringes, razor blades).
4. Vertical transmission (mother to child) during pregnancy, at delivery, and during breastfeeding.

### Signs and Symptoms

<u>Continuous</u>: Chronic diarrhoea >1 month.

<u>Prolonged</u>: Persistent fever >1 month.
Unexplained weight loss >10% of body weight.
Persistent or chronic cough >1 month.
Recurrent skin infections.
Failure to thrive (i.e. failure to grow in comparison to peers despite adequate diet).
Oral thrush (whitish deposits on the tongue).

### Treatment

1. Use of antiretroviral therapy (ART). This should be discussed with a doctor before starting.
2. Balanced diet is key to help improve the immune status of an infected person.
3. Love, care, and support should be given to the child as he/she should not feel neglected or discriminated against because of the disease.

Early detection/treatment is especially important in children because the disease usually runs a faster course in the young.

### Prevention

1. Prompt attention should be given to a bleeding child to prevent other children from coming into direct contact with blood.
2. Sharp objects like razors, knives, and broken pieces of glass should be kept away from children so they do not cut themselves.
3. All blood and body fluids should be cleaned with disinfectants.
4. All blood and blood products for transfusion should be properly screened.
5. All orphanage caregivers and children should be screened for HIV.
6. All caregivers should refrain from risky behavior including:
    a. Having sex without a condom with an HIV positive person or anybody who has not been tested for HIV.
    b. Having sex without a condom with a partner who may have multiple sexual partners.
    c. Using unspecialized needles or syringes or sharing syringes with other people.

### Where to Seek Help

1. All general hospitals.
2. University of Lagos Teaching Hospital.
3. Massey Children’s Hospital, Lagos.
4. Military hospitals.
5. Lagos Mainland Hospital, Yaba, Lagos.
6. All state HIV/AIDS agencies.

# SESSION 2: QUIZ

## HIV/AIDS

*Please indicate whether the following statements are true or false, and where appropriate provide an explanation.*

1. AIDS has no cure.

2. Children cannot contract HIV.

3. HIV can be transmitted from mother to child.

4. You can catch HIV by sharing toilets.

5. You can treat HIV with antibiotics.

6. Use of condoms constitutes absolute protection.

7. HIV can be contracted using a razor blade.

8. AIDS exists only in developed countries.

9. A virgin cannot be infected with HIV/AIDS.

# Basics & Techniques of Counseling

**Objectives:**

1. Know how to counsel both younger children and youth.
2. Recognize the characteristics of a good caregiver–counselor.
3. Recognize conditions that facilitate counseling.
4. Understand how to prepare for the counseling encounter.
5. Understand how to terminate a counseling relationship.
6. Know the Dos and Do Nots of a counseling relationship.
7. Acquire techniques for counseling.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
Right to Health and Health Services (CRA s13)
Right to Parental Care, Protection, and Maintenance (CRA s14)
Right to Special Protection for Children in Especially Difficult Circumstances (CRA s16)
Right to the Guidance of Authorized Caregivers (CRA s20)
Right to Care Only in a Registered Children's Home and to Safety and Appropriate Welfare Therein (CRA s195–197)
Right to the Child Justice System and Its Processes (CRA s204–238)

**Time:** 2 full days, 9 AM – 6 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>Counseling approaches for various age groups | 2.5 hours | Identify various counseling approaches based on age classification and the evolving capacities of children. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 2**<br>Definition and characteristics of the caregiver–counselor | 2.5 hours | • Know the definition of a caregiver–counselor.<br>• Identify the characteristics of a caregiver–counselor. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 3**<br>Conditions that facilitate counseling | 3 hours | • Identify the conditions that facilitate counseling.<br>• Understand the process of counseling. | • Lecture<br>• Discussion | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Day 2** | | | | | |
| **Session 4**<br>The counseling encounter | 3.5 hours | • Know how to prepare for counseling.<br>• Know how to terminate a counseling relationship.<br>• Identify the Dos and Do Nots of counseling. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 5**<br>Techniques of counseling | 3.5 hours | Identify the techniques of counseling. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 6** | 1 hour | **QUIZ** | | | |

# Session 1: Counseling Approaches for Various Age Groups

**Objectives:** By the end of this session, participants will identify various counseling approaches based on age classification and the evolving capacities of children.

**Time:** 2.5 hours

A caregiver should be aware of various approaches or ways of dealing with different children in counseling. The level of awareness, understanding, and age (i.e. the evolving capacities of the child) should be considered while engaging with them in counseling sessions. For counseling purposes, children can be classified into 2 categories:

1. Young children (5 to 11 years).
2. Adolescents and teenagers (12 to 18 years).

## Young Children

Due to their young age and level of understanding, younger children might not be able to comprehend or understand fully the issues and/or practical applications and techniques used by the caregiver–counselor. Mental development in young children is impacted by abandonment, which is a source of trauma, and by the level of educational, health, nutritional, and other neglect that preceded it. Therefore, in order to help them deal with their problems, the caregiver–counselor will likely need to work with these children using supplementary methods other than the verbal engagement of conventional counseling. A good method is “close monitoring” which is an observational method. Close monitoring is appropriate while a child is playing with other children or studying or interacting during class.

## Youth (Adolescents and Teenagers)

Youth are in the process of self-discovery in terms of self-awareness, self-consciousness, attributes, and personality. Adolescents and teenagers are likely to benefit more from counseling because of their expected level of understanding and advancement of age. The caregiver–counselor can work more thoroughly with youth because they are capable of understanding, adapting, and adjusting much more easily than young children to the counseling session.

## Duration of Counseling

The duration of counseling varies. Variation can take the form of either short- or long-term counseling. These classifications are attributed to the problems presented by the child, their nature, and perceived gravity (e.g. parental desertion, academic deprivation, sexual and other abuse, etc.).

The specific duration can range between 3 to 6 months depending on how the caregiver–counselor has been able to deal with the problem.

# Session 2: Definition and Characteristics of the Caregiver–Counselor

**Objectives:**
1. Know the definition of a caregiver–counselor.
2. Identify the characteristics of a caregiver–counselor.

**Time:** 2.5 hours

## What is Counseling?

Counseling is referred to as a helping relationship. This means that the caregiver–counselor enters into relationship with the child mainly for the purpose of providing help to the latter, on whatever issue is at hand (e.g. helping to shape the child's perception of a particular issue).

Most people in error believe that counseling deals only with the problems of troubled individuals and those who find it difficult to adjust, cope, or keep pace with others. Rather, it is an overall process of helping individuals understand themselves and their world.

## Who is a Caregiver–Counselor?

A caregiver–counselor is one who helps people understand and deal with particular problems through his professional know-how thereby causing voluntary changes in behaviors and clarifying ideas, goals, and attitudes.

## Characteristics of a Good Caregiver–Counselor

A good caregiver–counselor must maintain 6 basic characteristics in order to establish a helping relationship with the child he is counseling.

### Ethical Behavior

A caregiver–counselor must demonstrate a professional attitude toward his work by obeying the rules for right conduct or practice of his vocation as a professional caregiver.

### Flexibility

A caregiver–counselor must be alert to changes in his child's attitude and expectations.

### Intellectual Competence

A caregiver–counselor's skill is built upon a thorough knowledge of life in the orphanage or remand home and human behavior. He must have a perceptive mind, and the ability to integrate present events with his training and experience in both the institution and the world. An ability to think in an orderly logical manner is essential if he is to assist the child in setting objectives, placing events in perspective, considering alternatives, and assessing outcomes.

### Acceptance

Acceptance means to have a warm regard for the child as a person of infinite worth and dignity, regardless of the child's condition, behavior, or feelings. The caregiver–counselor must accept the right of the child to make his own decisions; believe the child has the potential to choose

wisely; and understand that the child is responsible for his own life. Acceptance involves the ability to be non-judgmental and to assign no prerequisite conditions before rendering help. It is this positive tolerant attitude of acceptance on the part of the caregiver–counselor that enables the child to change.

### Understanding

The caregiver–counselor must be able to grasp clearly and completely the meaning the child is trying to convey. The understanding caregiver–counselor feels or experiences meanings from the child's vantage point. In order to do so, there are several levels of knowledge that must be encountered:

1. Level 1: Knowledge about the child, his behavior, personality, interests, etc.
2. Level 2: Verbal or intellectual understanding of the child's behavior.
3. Level 3: Self-knowledge provided by the child himself in the form of an attempt to know his own internal world, his fears, loves, and anxieties.
4. Level 4: Self-understanding of the situation by the caregiver–counselor. A child will feel that he is understood when the communication moves to a level of feeling and the caregiver–counselor understands the world of the child and perceives his doubts or hopes.

The caregiver–counselor's communication skills and understanding assist the child in establishing objectives, defrosting his thinking, and exploring aspects of the concern that were previously unseen. The caregiver–counselor also helps the child formulate alternatives, change or learn new behaviors, and assess possible consequences.

### Sensitivity

Sensitivity is the capacity to be aware of what is happening in the counseling process based on the child's verbal and non-verbal behavior. The caregiver–counselor must perceive, respond to, and communicate the feelings, mood, and conflicts of the child and must be honest and sincere in his attitudes toward the child.

# Session 3: Conditions that Facilitate Counseling

**Objectives:**
1. Identify the conditions that facilitate counseling.
2. Understand the process of counseling.

**Time:** 3 hours

## Key Elements in the Counseling Relationship

### Empathy

Empathy is the ability of individuals to listen to and understand the voices, thoughts, feelings, beliefs, attitudes, and experiences of others. An emphatic caregiver–counselor is able to assume the internal frame of reference of the child, to perceive the world as the child sees it, and to perceive the child as he sees himself.

Communication of empathy transmits the caregiver–counselor's willingness and ability to help the child without judging, lecturing, or stimulating anxieties unnecessarily. The child will then feel free to expose his thoughts and feelings within the counseling relationship and consequently become more familiar with and accepting of himself. Empathy is the most effective means of promoting positive change in the behavior of a child.

### Rapport

Rapport is a condition of mutual understanding, respect, and sustained interest, which is essential to a comfortable and unconditional relationship between the caregiver–counselor and the child. Rapport is generated by the smoothness with which the caregiver–counselor opens the relationship. The relationship is experienced by the child as being one of trust, acceptance, and understanding such as he may never before have encountered with any human being. This will often be the case with abandoned children.

In establishing rapport, the caregiver–counselor usually focuses upon some neutral topic or event known to both at the beginning of the interview (e.g. asking about a recent event in the orphanage). The caregiver–counselor must be friendly, attentive, and demonstrate interest to reduce the child's resistance to talk. He must be sensitive to the child's needs, moods, and conflicts.

### Attentiveness

Attentiveness implies maximum involvement by the caregiver–counselor in the child's communication. Effective counseling requires that the caregiver–counselor be an active yet reflective listener as the child tells him about particular concerns. The caregiver–counselor does very little talking but listens carefully.

### Genuineness

Genuineness means that the caregiver–counselor is natural and does not feel one thing but say another. That is, the caregiver–counselor is being himself. The counseling relationship requires sincere, spontaneous verbal interactions if it is to avoid the pitfalls of role-playing by the caregiver–counselor.

## Practical Application and Process of Counseling

The process of counseling is divided into stages:

1. Stage 1: Stating concern. At this stage, the caregiver–counselor establishes his intention to help the child.
2. Stage 2: Establishing the relationship. At this stage the caregiver–counselor builds a relationship or rapport with the child using core conditions such as (a) empathy, (b) expressing warmth toward the child, and (c) exhibiting mutual respect.
3. Stage 3: Determining goals and structure. At this stage, the caregiver–counselor clarifies the goals to be achieved. These goals must be (a) concrete and (b) specific.
4. Stage 4: Working on the problems and goals. At this stage, the caregiver–counselor analyzes and focuses on the targeted problems that the child is going through. The caregiver–counselor identifies areas of the problem and starts to work through them with the child.
5. Stage 5: Facilitating awareness and coming to terms with the problem at hand. At this stage, the caregiver–counselor helps the child come to terms with reality by bringing the issues to the forefront in order to facilitate understanding and awareness of his or her problem.
6. Stage 6: Planning the course of action. At this stage, the caregiver–counselor plans the course of action in order to help the child. This could also require bringing significant people in the child's life to provide support for him or her during this period.
7. Stage 7: Evaluating progress and preparing for termination. At this stage, the caregiver–counselor evaluates the level of progress the child has achieved. This is based on what the child has learned during the session. The caregiver–counselor should be prepared after termination to continue interacting with the child whenever he comes for help in the future (open door policy).

# Session 4: The Counseling Encounter

**Objectives:**
1. Know how to prepare for counseling.
2. Know how to terminate a counseling relationship.
3. Identify the Dos and Do Nots of counseling.

**Time:** 3.5 hours

## Counseling Basics

The 5 basics types of guidance and counseling are:
1. Psychological or personal counseling.
2. Educational guidance.
3. Vocational and career guidance.
4. Information gathering and dissemination.
5. Tests and testing.

There are 3 possible ways by which students or children come for counseling:
1. Volunteers or self-referred children.
2. Children invited by caregiver–counselor after observation.
3. Referred children (by friends, teachers, caregivers, principal, etc.).

## Meeting with the Child*

### Advanced Preparation

A caregiver–counselor must make particular preparations in anticipation of a child's arrival:
1. The caregiver–counselor makes sure the room is comfortable and tries to provide a conducive environment.
2. The caregiver–counselor may provide a pro forma test to be completed by the child if necessary.
3. The caregiver–counselor goes through a cumulative record folder (CRF) for some information on the child. This enables the caregiver–counselor to have insight into the child's situation.
4. The caregiver–counselor gathers appropriate standardized tests ready for administration just in case there is need for them.

### The Child's Arrival

Upon the child's arrival, the caregiver–counselor should take a number of steps to make the child feel welcome and comfortable:
1. The caregiver–counselor receives the child with positive regard at the appointed time and place. Privacy and confidentiality are assured.
2. The caregiver–counselor creates or lays the foundation for a conducive and lasting counseling relationship to the point that the child has a feeling of acceptance.
3. The caregiver–counselor explains, in a way appropriate to the understanding of the child, the conditions and structure of the counseling relationship.

### The Interview Begins

1. The child talks or narrates problems.
2. The caregiver–counselor listens with a third ear and shows concern and empathy.

3. The caregiver–counselor notes cues from the child's verbal and non-verbal communication (i.e. cues from tensing of muscles, hesitation in speech, emphasis on certain words, facial expression, posture, gestures, etc.).
4. The caregiver–counselor or child may ask questions for clarification or for more information.
5. The caregiver–counselor clarifies, interprets, and reflects on the child's feelings.

### End of First Interview

1. The caregiver–counselor summarizes what has been said or worked out.
2. A time is fixed for another meeting.
3. The caregiver–counselor suggests certain things the child could do before the next meeting.
4. When the child departs, the caregiver–counselor writes a summary of the interview identifying real problems as well as the child's suggestions.

### Subsequent Interviews

1. The caregiver–counselor reviews notes as a reminder of important points raised earlier and to identify some areas where more information would be needed.
2. The caregiver–counselor and child keep the same climate and attitude for counseling throughout.
3. The caregiver–counselor encourages the child to open the door of his mind and uses lead questions at times to help this opening.
4. By the end of the second session or so, diagnostic tests for educational, vocational, or personal issues arising from interview may be administered for more concrete evidence.

### Developing and Achieving Counseling Goals

1. The motto "keep our secrets secret" is most germane to counseling. The caregiver–counselor must always respect and keep the secrets of the child, as much as the ethical code allows.
2. The caregiver–counselor initiates actions and responds sensitively to discover the central problem.
3. The child states the problem in behavioral terms or agrees with a behavioral description by the caregiver–counselor.
4. The child states other problems that are related to the central problem.
5. The caregiver–counselor and child agree on which problem to address first.
6. The child agrees on a counseling goal in behavioral terms that includes amount of change and other factors.
7. Alternative actions to solve problem are considered by the child and caregiver–counselor.
8. The child provides evidence that he is aware of consequences of each action considered.
9. The caregiver–counselor and child agree on sub-goals prior to final counseling goals.
10. The caregiver–counselor and child agree on an evaluation method for assessing progress toward goal.
11. The child and caregiver–counselor monitor the child's progress or behavior.
12. New sub-goals are developed and agreed on.
13. New child actions are jointly selected and agreed on.
14. The caregiver–counselor and child agree on which actions to try first.
15. The child and caregiver–counselor monitor the child's progress.
16. The child and caregiver–counselor implement the transition from learning to maintenance of change.
17. The caregiver–counselor and child agree that the goal has been reached.
18. The child presents evidence that behavior changes are being maintained without the caregiver–counselor.

### Termination of the Counseling Relationship

The counseling relationship may be terminated under the following conditions:

1. After the child has gained insight into his problem and has been able to cope with or resolve it.
2. When the caregiver–counselor sees clearly that the child is using the relationship for dependency or is willing to deviate from the originally outlined relationship.
3. When the child proves uncooperative, he should be transferred to another caregiver–counselor
4. If the problem is beyond the competence of the caregiver–counselor, then he should refer the child to another specialist.

**In this section, "child" refers to a child with sufficient understanding to co-develop and achieve counseling goals.*

## Counseling Standards

### Dos and Do Nots for the Caregiver–Counselor

1. The caregiver–counselor should exhibit respect and acceptance, and should not reject, ignore, ridicule, or embarrass the child.
2. Interviews at definite times, places, and by prompt appointments should be kept.
3. The child should never be coerced or forced to do anything.
4. There should be no hurrying or interrupting of the child's speech when he is talking.
5. The caregiver–counselor analyzes alternatives, but the responsibility for choices and decisions is the child's.
6. The caregiver–counselor should not allow any intimate friendship or relationship to develop between himself and the child. This is against professional ethics and code of conduct. The caregiver–counselor should not be used as a father figure, protector, or lover.
7. The caregiver–counselor should not express his own view and values. Counseling is not a conversation with close friends. This means the caregiver–counselor does not cite any of his own problems, which might be related to the issue under consideration.
8. The caregiver–counselor may make mistakes and must be ready to accept them. There should be no hiding of mistakes.
9. If the caregiver–counselor cannot solve a problem, he should be honest enough in saying so and refer the child to other professionals.
10. The counseling level of communication should be adjusted to the level of the child.

### Silence

The caregiver–counselor must handle silence, which often occurs during counseling sessions. Silence may occur for any number of reasons, and the caregiver–counselor must be able to judge and differentiate the child's silences. Silence may indicate:

1. The child has reached the end of a sentence.
2. The child is lost in thought.
3. The child is reflecting on an immediate decision as to whether or not to tell the caregiver–counselor something very confidential.
4. The child is expecting the caregiver–counselor to respond to what has been verbalized.
5. The child is keeping quiet because he does not see any use in talking to the caregiver–counselor further.

### Respect

Respect can be thought of as holding another person's feelings, beliefs, and thoughts in as high a regard as you hold your own. In a counseling interaction, it is essential to consistently convey respect for the child's dignity in order to foster a facilitative, helping relationship. The quality of the counseling interaction depends largely on the caregiver–counselor's ability to offer an honest reflection of the child's life circumstances and alternatives, and this must be delivered with respect.

**Support**
Support is any action by the caregiver–counselor that communicates his interest in, liking for, or understanding of the child, promoting a feeling of security in the relationship. It can manifest itself in a number of ways:

1. A smile as the child enters the room.
2. A friendly sign of recognition such as a greeting, handshake, or placing a hand on their shoulder.
3. Asking questions like "How are you?" or "Did you have a nice holiday?"
4. A nod, which non-verbally expresses to the child that "I understand."

# Session 5: Techniques of Counseling

**Objectives:** By the end of this session, participants will be able to identify the techniques of counseling.

**Time:** 3.5 hours

In order to facilitate a successful counseling session, caregiver–counselors are often called to employ certain techniques for obtaining and discussing information with their children. These techniques are confrontation, facilitation, reflection/paraphrasing, summarizing, clarification, questioning, suggestion, and pausing.

## Confrontation
When a caregiver–counselor says something with the intent of making the child aware of a certain aspect of his behavior, he is using the communicative skill of confrontation. Confrontation can be a powerful way of challenging a child to take an honest look at himself. Skillful confrontation specifies the behavior or the discrepancies between verbal and non-verbal messages that are being challenged.

## Facilitation
Actions intended by the caregiver–counselor to call forth or encourage communication but do not specify what type of response is expected, and usually do not oblige the child to respond, are referred to as facilitation. Examples include encouraging sounds and facial expressions as well as signs of recognition, interest, or receptiveness such as leaning forward. Showing attention by nodding the head or saying things like "I see" and "Yes" or even a puzzled look may also have facilitating effects.

### Reflection/Paraphrasing

Reflection, also known as "paraphrasing," is an understanding skill where the caregiver–counselor repeats what the child has said in his own words, trying to put what the child has said into a precise and accurate form. This is typically done in the form of rephrasing the child's message in an abbreviated fashion (i.e. "This is what I am getting...Is that right?).

The purpose is to let the child know he is being heard and understood. Reflection/paraphrasing clarifies the child's thinking so that he can see the situation more objectively. Although reflection entails mirroring back certain feelings that the child has expressed, it is not merely a bouncing back process. It is dependent on attention, interest, understanding, and respect for the child.

### Summarizing

Summarizing is a verification skill. It is the skill of pulling together the important elements in any counseling interaction. It is a technique that is particularly useful when a transition from one topic to another needs to be made. Rather than merely proceeding from issue to issue, it is valuable to pull together some of the common elements for the purpose of enhancing meaning and continuity. It serves to confirm that the caregiver–counselor understands what the child is saying and that he is really hearing the child. As with reflection, summarizing demonstrates that the facts and feelings of the child's dialogue are being received accurately.

### Clarification

Clarification takes summarizing to the next level. Clarification is a statement by the caregiver–counselor that seeks to place the child's feelings or attitude in a clearer or more recognizable form for the benefit of both participants. It entails a request for further details to address vague, confusing, or discontinuous storytelling. It is also an extension of active listening. It involves responding to confusing and unclear aspects of a message by focusing on underlying issues and helping the child sort out conflicting feelings.

### Questioning

Questioning is a common and often overused counseling technique. It indicates the caregiver–counselor's intent to seek further clarification by asking the child to elaborate upon a point. Ideally questions asked by caregiver–counselors are open-ended and require more than a *yes* or *no* response; otherwise, questions may only stifle discussion.

Questions posed by the caregiver–counselor should be straightforward, clear, and precise. Open-ended questions are questions that open up alternatives and new areas of discussion. "What are you experiencing right now?" or "How are you dealing with your fears?" are questions that can help the child become more focused and feel his emotions more deeply.

### Suggestion

Suggestion is a form of intervention designed to help a child develop an alternative course of thinking or action. It involves giving advice or guidance in a manner that does not require compliance and does not imply a loss of the child's autonomy.

A common form of suggestion in counseling is to express a general opinion about the type of situation in which the child finds himself (e.g. "If you do not tell people how you really feel about their behavior, they will have no way of knowing you disapprove."). Sometimes suggestion is carried out by proposing 2 alternatives, one clearly less desirable than the other (e.g. "Why not share with me what is bothering you? It's better to share than to carry this burden alone. Try sharing your problem with me, Funmi.").

## Pausing

Pausing involves leaving some space (several seconds) before responding to the child's message. Pausing enables both the caregiver–counselor and the child to reflect on what is being discussed. Pausing also provides the child opportunity to recall and articulate further information associated with his story.

Pausing affords the caregiver–counselor the chance to listen, assess, and respond more thoroughly. It can be difficult to listen while simultaneously attempting to formulate a complex response. Pausing grants the caregiver–counselor some time to think about what he wants to say next.

Pauses vary from a few seconds to several minutes. The significance of any counseling pause is dependent upon when it takes place and by whom it was initiated. Here are some examples of when silence occurs, why it may occur, and by whom it may be broken:

1. During initial contacts, the child may become afraid of the impression he has given the caregiver–counselor or what he thinks the caregiver–counselor thinks of him and may become silent. Appropriate rapport-building techniques may be used by the caregiver–counselor in this case.
2. A pause may come because the child is thinking over what he has just expressed. Interruption by the caregiver–counselor at this point is inadvisable.
3. An extended contemplative pause may occur just after initial remarks and during the time in which the child is settling down to the business at hand.
4. A pause may mean the child is contemplating some painful emotion that he is unable to express. Recognizing this, the caregiver–counselor could appropriately say, "Feelings are sometimes difficult to put into words, but perhaps expressing them is more important than the exact words you use."
5. A pause sometimes occurs because the child wants assurance, support, or confirmation from the caregiver–counselor.
6. Silence may come because the child is cautious about the process or he has a preconceived notion that his responsibility is merely to reply to questions posed by the caregiver–counselor. It may mean that the child is shy or that he conceptualizes silence as rejection of him. Such silence may best be interrupted by the caregiver–counselor to structure or define the process (e.g. "You don't feel much like talking." or "What are you thinking of?").

# SESSION 6: QUIZ
## Basics & Techniques of Counseling

1. List 4 characteristics of a good counselor.

2. Provide 4 conditions that facilitate counseling.

3. Describe 4 of the stages that a counseling procedure would follow.

4. Provide 3 ways in which a client might come for counseling.

5. List 5 techniques of counseling.

# Children during & after Armed Conflict

**Objectives:**

1. Help children affected by armed conflict to communicate their experience and trauma.
2. Understand and assist with the psycho-social needs of children affected by armed conflict.

**Related Rights**

Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
Right to Survival and Development (CRA s4)
Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
Right to Health and Health Services (CRA s13)
Right to Education (CRA s15)
Right to Special Protection for Children in Especially Difficult Circumstances (CRA s16)
Right to Protection from Recruitment into the Armed Forces and from Involvement in Military Operations or Hostilities (CRA s34)
Right to Care Only in a Registered Children's Home and to Safety and Appropriate Welfare Therein (CRA s195–197)

**Millennium Development Goals**

Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases
Goal 7: Ensure Environmental Sustainability
Goal 8: Develop a Global Partnership for Development

**Time:** 1 full day, 9 AM – 6 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Session 1**<br>Armed conflict and children | 2.5 hours | • Understand the nature of conflict.<br>• Learn why we need to consider children in conflict. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers<br>• Charts | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 2**<br>Impact of armed conflict | 2.5 hours | • Understand the impact of armed conflict on children.<br>• Identify the kinds of danger children face during conflict.<br>• Describe the various conflict situations and their impact on children. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 3**<br>Interventions for specific problems | 2.5 hours | • Deliver practical interventions to specific problems.<br>• Deliver psychological interventions to specific problems. | • Lecture<br>• Discussion<br>• Film | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 4** | 30 minutes | **QUIZ** | | | |

# Session 1: Armed Conflict and Children

**Objectives:**
1. Understand the nature of conflict.
2. Learn why we need to consider children in conflict.

**Time:** 2.5 hours

## Defining Conflict

Conflict is a natural occurrence between individuals and countries. It usually occurs because of disagreements and/or misunderstandings in both cases. It is represented in subtle diplomacy and can degenerate into armed conflict or war.

Warfare, on the other hand, usually connotes strife, hunger, pillage, suffering, disease, and death. It also may imply an end, a new beginning, or a permanent psychological dislocation of people involved in and affected by the conflict. However, the face of warfare changed toward the later half of the last century. Warfare is relatively rare and is now greatly outnumbered by armed conflict.

## Facts about Armed Conflict

1. Armed conflict is generally regarded as internal (i.e. within a country) but usually has an international element.
2. Most of the time, refugees fleeing the conflict zone spill over into neighboring countries.
3. People are often caught up in the conflicts as victims and participants because the battlefield is not clearly defined.
4. Some statistics estimate ~50% of those who die are civilians, mostly from bombing raids.
5. Graca Machel (1998) estimates that civilians make up 90% of casualties of armed conflict and the largest proportions of these victims are women and children.

## The Need to Look at Children in Conflict

By international legal definition, a child is anyone under the age of 18 and youth is defined as those between 15 and 25 years. In some countries (especially African countries), socio-economic circumstances dictate that children bear adult responsibilities (e.g. participate in the fighting). Thus, the child–adult distinction is blurred in war, making young people more vulnerable.

Fisher (1998) observed that children warrant special focus in conflict situations for the following reasons:

1. Children who grow up living in violence are more likely to turn to violence themselves as a method of problem solving.
2. Violence, grief, and anxiety experienced by children during armed conflicts have both short- and long-term effects on their mental health, quality of life, and subsequent behavior as adults.
3. Children represent the majority of civilians affected by exposure to armed conflict.
4. The number of children affected continues to grow as armed conflicts break out with increasing frequency between and within states.
5. The involvement of children in armed conflict constitutes an attack on the most basic ethical foundations of society – that children in their vulnerability need and deserve the protection of adults.

6. Children are affected differently by armed conflicts. The threats which they face are unique and directly related to their vulnerability as children:
    a. Children are more likely to be abducted.
    b. They are more likely to be forced to serve in armies.
    c. Their lives may be valued less.
    d. They may suffer greater psychological consequences and be more affected by violence given that they are still forming ideas about the world and themselves.
7. Girls have particular needs and face different threats in armed conflict situations (i.e. sexual violence including rape, sexual mutilation, molestation, sexual humiliation, forced prostitution, forced pregnancy).

The international community has made a number of legal commitments to protecting children affected by armed conflict including the UN Convention on the Rights of the Child (1989; articles 22, 38 and 39), the Geneva Convention (1949) and additional protocols, and the Universal Declaration of Human Rights (1948).

# Session 2: Impact of Armed Conflict

**Objectives:**
1. Understand the impact of armed conflict on children.
2. Identify the kinds of danger children face during conflict.
3. Describe the various conflict situations and their impact on children.

**Time:** 2.5 hours

During armed conflict, children undergo a massive exposure to trauma which overwhelms most psychological defense mechanisms. The noise, urgency, shelling, killings, and loss of parents or siblings represent just a few of the traumatic events that they may be exposed to. Psychological mechanisms may not be adequate to meet the barrage of events prompting their use; psychopathology may eventually develop when defense mechanisms fail.

## Impact of Armed Conflict on Children

Two kinds of danger generally face children during armed conflicts:
1. Increased threats to their survival from exposure to disease and malnutrition, and from reduced access to basic health services.
2. Direct exposure to violence.

Moreover Fisher (1998) notes that a climate of impurity prevails during armed conflicts when protective social institutions (i.e. cohesive family, community schools) and normative restraints collapse, leaving children particularly exposed to danger.

Another related problem arising out of armed conflict is that of fostering affected children to adequate foster parents. The political as well as social and economic concomitants associated with conflicts make it extremely difficult to locate appropriate foster parents for children who have lost their parents.

### Pre-Conflict Situation

Pre-conflict situations are characterized by (a) increased mobilization of soldiers and (b) increased atmosphere of tension under currents of violence. During this period the potential impact on children includes:

1. Increased likelihood of being recruited/abducted.
2. Increased child prostitution around military bases and camps.
3. Increased violence between factions, class, or ethnic group on the street or in the schoolyard.
4. Increased family violence due to stress.

### During and After Conflict

Potential problems during conflict include:

1. The specific needs of the children may not be addressed at the negotiation table because they are usually not represented.
2. Girls may be exploited by peacekeepers.
3. Foreign assistance may not recognize or give special attention to children's needs.
4. Child soldiers who have participated in conflict may be rejected by their families/ communities and be forced to fend for themselves.
5. Girl soldiers or girls who have been sexually exploited may be stigmatized or ostracized.

## Psychological Effects

The cognitive effects of trauma and other common problems is also a concern in relation to armed conflict situations. Children who are placed in institutions at a young age or whose parents have died as a result of armed conflict are at an increased risk of developing psychopathology in later life. For example, profound loss during childhood is a known precipitant for symptoms of post-traumatic stress disorder. A number of specific psychological problems are associated with children affected by armed conflict.

### Psycho-Social Effects

1. Clinging.
2. Bed-wetting.
3. Bedtime.
4. Problems with schoolwork.
5. Anxieties.
6. Aggression.
7. Depression.
8. Grieving.
9. Risk-taking.
10. Aches and pains.

### Cognitive Effects

1. Memory lapses.
2. Difficulty making decisions.
3. Decreased ability to concentrate.
4. Easily distracted.
5. ADHD symptoms.
6. Intrusive thoughts.
7. Flashbacks, night terrors, and nightmares.

# Session 3: Interventions for Specific Problems

**Objectives:**
1. Deliver practical interventions to specific problems.
2. Deliver psychological interventions to specific problems.

**Time:** 2.5 hours

## Practical Intervention

Undoubtedly children affected by armed conflict face specific and unique challenges, and they need interventions that address their special needs. For example, some children become overanxious and fearful of their environment and may require constant reassurance. Others experience personal trauma and may feel extremely vulnerable. Most will develop behavioral problems as a reaction to witnessing or experiencing violent situations.

Practical intervention involves actively engaging in an everyday course of action that will help the child deal with the emotional trauma of his situation. This intervention is used to help deal with a number of psycho-social effects a child of armed conflict may experience.

### Clinging

Children need to feel secure, safe, and connected to the people they are close to. As a result of the trauma of armed conflict, this need is often overstated by children in the form of "clinging" behavior. To soothe a clinging child:

1. Avoid separating child from parents and other primary caregivers.
2. Caregivers should prepare child in advance when they have to leave. If they cannot anticipate departure, the child may become more distressed and clingy in the future.
3. In the classroom, allow the caregiver into the classroom and gradually decrease the amount of time he spends in the child's class.

### Bed-Wetting

Bed-wetting is a common psycho-social reaction to trauma and can be dealt with in a number of ways:

1. Try to find out the reason why the child wets their bed. Find out if he has witnessed violence or changes in his family. Allow the child to talk about the sources of upset and monitor his exposure to violence.
2. Do not scold or punish bed-wetting.
3. Ensure a reduction in fluid intake and allow frequent visits to the bathroom before going to bed.
4. If the child expresses feelings of personal anxiety or insecurity, reassure him. Children need to understand the changes that take place around them. Help them understand these changes.

## Bedtime

*Refusing to Go to Bed*

If your child refuses to go to bed, be firm about having a definite bedtime for him. However, try to find the reason behind his refusal to go to bed and address the matter. If for example the child is scared to sleep because he is frightened of waking up and finding himself alone, reassure him that you will be there when he wakes up and that you will make sure he is safe while he is sleeping.

*Nightmares*

If the child has frequent nightmares, comfort the child after a nightmare and reassure him when he is fully awake. Often this is all they need and they will go back to sleep. Most nightmares are symbolically related to events or things that frighten the child. Use the content of the nightmare as a clue to what the child fears and talk about these. This will gradually reduce the occurrence of the nightmares.

*Night Terrors*

Night terrors are very common amongst children of all ages. The child wakes up screaming and shaking usually 1 to 4 hours after falling asleep. Unlike a child that wakes from a nightmare, a child having a night terror is not fully awake. After a night terror, a child is not afraid. On waking up, he will relax and return to sleep rapidly. He will have no recollection of the episode in the morning. With night terrors, it is important to stay as uninvolved as possible. Be sure to stay next to him until he wakes up from his night terror. Do not try to force a child to wake up from a night terror.

## Problems with Schoolwork

Schoolwork related issues may be dealt with in a number of ways:

1. Try to minimize disruption of schoolwork. Stressful memories may cause poor concentration.
2. Work to have a structured home life and be firm about sticking to a study schedule.
3. In the classroom do not punish poor school performance; reward even small improvements.
4. Place the child in the front row and give one-on-one attention. If there are serious learning problems, remedial education may be necessary.
5. Classes may be divided into small groups if many students have similar difficulties. Encourage them to talk about what is troubling them and answer their questions honestly.

## Anxieties

Children may become anxious after frightening experiences. To help them through their anxieties:

1. Reassure them and try not to expose them to your fears.
2. Provide honest and clear explanations about painful experiences and proceed by small steps to help the child master fears and insecurities.
3. Reward desirable behavior and ignore undesirable behavior.
4. Class assignments and play activities can be used to help anxious children express their fears.
5. Maintain normal daily activities – give a sense of stability and security.

## Aggression

Aggressive behavior is sometimes the result of copying the violence of the environment. When addressing aggressive behavior:

1. Do not shout, yell at, or physically punish children who are aggressive.
2. Stay firm and calm and wait until the child calms down on his own. You should then ask the child to revisit the situation and teach the child the preferred behavior.

3. Try to identify the experiences that led to the aggressiveness; aggressive behavior may result from pent-up energy.
4. Declare a "time-out" to control aggressive behavior. Time-out amounts to ignoring the child's aggressive behavior by sending him to a quiet place easily supervised by you for a short period of time.

### Depression

To constructively support a depressed child, the caregiver should:

1. Find out why the child is depressed and allow him to be sad and to share feelings with you.
2. Encourage sharing the experiences with other children.
3. Explain the reason behind the violence of armed conflict and help the child to cope with difficult situations.
4. Help him to make new friends and rejoin the community.
5. Help build self-esteem and self-confidence.
6. In the case of the death of a loved one, allow time for normal grief following the death. It is important to maintain proper physical care when a child is depressed.

In the classroom the caregiver should:

1. Identify the depressed child and encourage him to participate in class work.
2. Identify a list of target behaviors you want to increase in the child such as participating in activities with other children, being sociable during breaks, or agreeing to speak in front of the class.
3. Be sure to reward the child each time he exhibits a target behavior.

### Grieving

During the grieving process remember that it is important to:

1. Always tell the child about the death of someone close; don't try to protect them by hiding it.
2. Give the child details of how the person died.
3. Allow the child to see you grieve.
4. Aid the child as he goes through the grieving process.

Remember that how children understand death varies from age group to age group.

*3 to 5 years*

Children at this age understand and react to the death of a parent or any other close person the same way they understand and react to separation. They think the dead person will come back someday. You can say something like this: "Something very sad has happened...Daddy is gone and will not come back." You may need to repeat over and over that the dead person will never return.

*6 to 12 years*

Children at this age understand the concept of death. They realize the dead person will not return. They need to know details about the death such as when and how their parents died, who was with him or her, and where the body is now. They should also be encouraged to participate in the funerals and in receiving condolences. These rituals are important to help the child adjust to the loss.

*13 to 16 years*

Adolescents understand the far-reaching consequences of the death of a parent and in many ways are more vulnerable to the loss than young children. They may be forced to assume a premature adult role following a death in the family. It is important to allow adolescents the time to feel sad, cry, and grieve before they assume family responsibilities.

### Risk-Taking

To address risk-taking behavior, caregivers can:

1. Be firm in opposing unacceptable risky behavior; it often masks anger and depression.
2. Establish rules and ensure that they are enforced.
3. Help children to share their feelings and concerns, and work with them to resolve conflicts.
4. Work with them to find alternatives to the unacceptable risk-taking behaviors.

Adolescents in turmoil offer a real challenge to caregivers and teachers. They are disruptive and aggressive in class and they are difficult to discipline. While trying not to offer simplistic solutions, the following teaching suggestions are known to decrease disruptive and disaffected behaviors in the classroom:

1. Be in the classroom before the students arrive.
2. Make sure the lesson is fully prepared.
3. Speak clearly and enthusiastically.
4. Do not slow down the pace of the lesson to answer questions.
5. Ask brief questions to keep the students engaged and interested.
6. Be aware of what each student is doing and intervene when problems arise.
7. Make sure the teaching material is appropriate.
8. Show an interest in the students.
9. Be a role model for students and advisor for their families or institutions.
10. Help students stay in school.

### Aches and Pains

Aches and pains for which there is no medical cause are signs of anxiety or depression. Caregivers can address these aches and pains in a number of ways:

1. Help the child put fears and worries into words.
2. Make sure a doctor sees the child.
3. Don't allow the child's complaint to be a way of getting sympathy or attention.
4. Make sure the child does not miss school.

## Psychological Intervention

Many common problems such as clinging, anxiety, and grieving can reach a severe or extreme stage. If that happens, the problems cannot be handled by caregivers and teachers alone. Additional medical or psychological help is necessary. Thus, it is extremely important to be able to identify behaviors indicating a degree of severity that must be handled by specialists.

Psychological intervention usually comes in the form of professional psychological support and is increasingly becoming an accepted element in relief care throughout the world. The aim of psychological support for children in armed conflict is to:

1. Reduce symptoms of psychopathology.
2. Bolster feelings of security and hope.
3. Prevent the occurrence of future pathology.

The child needs specialist help when:

1. He is severely depressed.
   *A depressed child feels sad all the time and often cries. He does not eat and loses weight every day. He is tired most of the time, prefers to stay in bed, and is unable to sleep at night.*

2. He is overactive.
   *An overactive child is unable to sit still for any length of time. He has difficulties concentrating and frequently daydreams. He has a low tolerance for frustration and a tendency to become over-excited in large groups.*

3. He is dependent on drugs.
   *A child dependent on drugs may confess to being dependent. He may manifest extreme restlessness and an inability to sleep. He may overspend money which cannot be accounted for or may frequently claim that his money has been lost or stolen.*

4. He suffers from post-traumatic stress.
   *A sufferer of PTSD is characterized by a diminished interest in enjoyable activities and an emotional detachment from caregivers or friends. He manifests an increased state of alertness such as extreme nervousness, exaggerated startle response, poor concentration, and sleep disturbances.*

### Psychological Management Techniques

Child specialists who can help children with severe behavioral problems are usually psychologists, psychiatrists, pediatricians, social workers, psychiatric nurses, counselors, or community health workers. These people have expertise and experience to work with children who require special help. In addition to counseling children and observing children, there are a number of procedures involved in the professional psychological management of children during and after armed conflict. An example of a procedure is when a child psychologist treating a traumatized child uses the child's art – his drawings and coloring – skillfully and consistently to decode his state of mind and the specific source of his troubles so that the appropriate treatment can be applied.

A child specialist will work closely with the children and their caregivers and teachers. Caregivers will be encouraged, supported, and guided as to how to effectively help their children. Only a reliable and long-term commitment will ensure that the psychological impact of armed conflict on the psyches of children is professionally addressed. Modern child psychologists will often use the child's art skillfully and consistently to identify the specific problem so that appropriate treatment can be applied.

## SESSION 4: QUIZ
### Children during & after Armed Conflict

1. Why are armed conflicts considered international problems?

2. Who makes up the greater percentage of casualties in armed conflict?

3. What are the main reasons to give special consideration to children during armed conflict?

4. What are the characteristics of pre-conflict situations?

5. What is the potential impact on children of pre-conflict situations? Provide 2 examples.

6. What are the 2 kinds of danger children generally face during armed conflicts?

7. Provide 1 intervention for a clinging child.

8. Provide 1 intervention for a child having night terrors.

9. Provide 1 intervention for aggressive behavior.

10. Provide 3 interventions for bed-wetting.

11. Provide 1 intervention for grieving children in each of the following age groups:
    *3 to 5 years*

    *6 to 12 years*

    *13 to 16 years*

12. Where there is no medical cause, what are aches and pains a sign of?

13. What are the aims of psychological support for children in armed conflict?

14. When does a child need specialist help? Provide 2 examples.

# Community Action & Funding for Caregivers

**Objectives:**

1. Know the steps involved in obtaining community and sponsor support for a community project.
2. Review a sample sponsorship letter and concept page.
3. Compose a sponsorship letter, and critique letters written by other participants..

**Related Rights**

Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)

**Millennium Development Goals**

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 2: Achieve Universal Primary Education
Goal 3: Promote Gender Equality and Empower Women
Goal 4: Reduce Child Mortality
Goal 5: Improve Maternal Health
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases
Goal 7: Ensure Environmental Sustainability
Goal 8: Develop a Global Partnership for Development

**Time:** 2 full days, 9 AM – 5 PM

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| Session topic | Time | Objectives | Methods | Materials | Evaluation |
|---|---|---|---|---|---|
| **Day 1** | | | | | |
| **Session 1**<br>Step 1: Orienting the community | 2 hours | Understand how to effectively rally a community to a cause. | • Lecture<br>• Discussion<br>• Group work | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 2**<br>Step 2: Building trust, credibility, and sense of ownership within the community | 2 hours | Identify strategies for building trust and a sense of community ownership for your cause. | • Lecture<br>• Discussion<br>• Group work | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 3**<br>Step 3: Inviting community participation and developing the "core group" | 2 hours | Identify those community members best able to deliver and manage the community project. | • Lecture<br>• Discussion<br>• Pair work | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Day 2** | | | | | |
| **Session 4**<br>Step 4: Identifying funding sources | 2 hours | Know how to identify sources of funding and how to approach them with a request for support. | • Lecture<br>• Discussion<br>• Group work | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| | 1 hour | **LUNCH** | | | |
| **Session 5**<br>Sample concept page and letter of sponsorship | 2 hours | Review and analyze a sample concept page and letter requesting financial support from donors. | • Lecture<br>• Discussion<br>• Class work | • PowerPoint<br>• Flip chart<br>• Markers | Questions/ Answers |
| **Session 6** | 3 hours | **QUIZ, COMPOSITION, AND CRITIQUE** | | | |

# Session 1: Step 1 – Orienting the Community

**Objectives:** By the end of this session, participants will understand how to effectively rally a community to a cause.

**Time:** 2 hours

The first step in organizing a community is to invite community members to an orientation about your cause. This can be done through:

1. Announcements at various community/society meetings.
2. Announcements/invitations by local leaders.
3. Street dramas.
4. Local radio.
5. Newspaper (if available).
6. Other available media.

## Community Orientation Session

### Get the Word Out

It is important to determine who will convene the orientation in order to reach community members most affected by and interested in your cause and others who take a general interest in community life.

Depending on circumstances, you may be able to organize your orientation around other events that are happening in the community, such as:

1. Critical incident (e.g. a death in the community).
2. Common problems/issues.
3. Traditional community events (e.g. marriage, birth, rites of passage).
4. General development activities.
5. Disasters and emergencies (an epidemic outbreak).
6. Campaigns or special occasions organized within or outside of the community (e.g. Mother's Day, Worker's Day, Vaccination Day, Earth Day, etc.).

### Develop a Meeting Agenda

In creating the agenda for your orientation session, make sure to consider:

1. What topics will be discussed.
2. Order of discussion.
3. Who is responsible for what content.
4. Who is the best spokesperson for the various topics you discuss (i.e. the team/community member the audience will best identify with).

Most orientation sessions include:

1. Participant and community team member introductions.
2. An introduction to your organization or citizen group and your group's priorities.
3. A brief description of the process that the team proposes to use.
4. A discussion about the issue this community program will address.
5. A presentation of the program goal.
6. A discussion on how the participants will want to work together.
7. Determining next step (e.g. when/where the next meeting will be).

# Session 2: Step 2 – Building Trust, Credibility, and Sense of Ownership within the Community

**Objectives:** By the end of this session, participants will be able to identify strategies for building trust and a sense of community ownership for your cause.

**Time:** 2 hours

It is important for you and your team to take time to establish trust and credibility in the community and develop ownership of the effort among community members. The following strategies can be used:

1. Identify an activity that community members enjoy (e.g. sporting event, community fair) and work with the community to help organize this activity. The activity may or may not be related to your cause.
2. Establish meeting times and places convenient for community members and adhere to local calendars (i.e. take into account timing for harvest or local elections). Make sure to meet when most people are available (i.e. weekends, evenings).
3. Be honest and transparent.
4. Ensure that all members of your team communicate consistently with community members. To accomplish this, all team members should:
   a. Embrace the program philosophy.
   b. Be well informed about program activities.
   c. Be able to explain program activities to community members.
5. Call attention to times when community members do not fulfill their promises and commitments. Address these issues in a respectful way that promotes reflection and fosters greater accountability.
6. Apologize and accept responsibility when mistakes are made or promises are broken.

# Session 3: Step 3 – Inviting Community Participation and Developing the "Core Group"

**Objectives:** By the end of this session, participants will be able to identify those community members best able to deliver and manage the community project.

**Time:** 2 hours

You need to identify those people and groups who are most affected by or interested in your cause and invite them to participate in the program. These are the people who most directly experience the effects of the problem and who need to be involved in finding appropriate solutions.

To ensure high participation, teams may make promises of material gain or other incentives. In the short run, incentives for participation may yield great attendance. However, incentives do not set a good precedent, and when the incentives stop so will most participation. It is usually preferable to work with a small, committed group that does not need enticements.

## Developing a "Core Group" from the Community

When individuals and groups have expressed interest in participating with your organization or citizen group in the program, you will need to develop a "core group" – individuals who will lead the effort on behalf of the community. NGOs, such as Sponsor A Child, can be asked to advise and support the core group.

Developing and then supporting this core group are your own team's most important jobs.

## Core Group Norms

In developing a core group, you must establish norms for working together. Below are some questions your team and the core group members may want to discuss:

1. Should official leaders of the group be elected?
2. How will roles and responsibilities be assigned?
3. How will you communicate with each other? How often will you meet?
4. What role do core group members want to play in relation to your program team? Groups with strong leaders may opt to have their leaders work with your team to develop their facilitation and leadership skills; other groups may initially rely on your team to facilitate the process.)
5. What norms do participants want to set for the group (e.g. be on time, listen to others, ask questions when information is unclear)?
6. How do members of the core group want to document the process and outcomes of their meetings and activities?

# Session 4: Step 4 – Identifying Funding Sources

**Objectives:** By the end of this session, participants will know how to identify sources of funding and how to approach them with a request for support.

**Time:** 2 hours

Once your organization has developed a project and recruited core members, the next step is to identify funding sources. Sponsored projects fall within several functional categories:

1. Research.
2. Training.
3. Curriculum development.
4. Community development.
5. Building projects.
6. Health.
7. Education.
8. Human rights.
9. Economic development.
10. Information technology.
11. Arts.

## Finding Your Sponsors

Potential sponsors may include:

1. Federal government.
2. State and local governments.
3. Foundations.
4. International organizations.
5. Research institutes.
6. Corporate organizations.

To identify the sponsors most appropriate for your cause, follow these steps:

1. Identify the core area covered by your program.
2. Identify the major funding organizations available.
3. Using Web sites, electronic media, print media, network groups, and other relationships, identify the organizations that fund your area of need.

    *Organizations such as MTN Foundation may fund health, economic, and educational issues, but may not fund human rights issues. Organizations such as Heinrich Boell Foundation may be more likely to fund human rights issues. Knowledge of each source's funding areas will reduce time wastage*.

4. Prepare a request for funding. Be as specific as possible regarding:
    a. Type of work being done.
    b. Funding required.
    c. Length of time funding is needed.
    d. Cost implications for each activity.
    e. Future of the program (i.e. 1-time occurrence or a recurring activity).

5. Your request for funding should contain a reporting, monitoring, and evaluation mechanism. This will add credibility and give your sponsors an idea of how to monitor the efficacy of your project.

A successful sponsor search depends on how well the project's scope matches the sponsoring organization's mission and interests.

# Session 5: Sample Concept Page and Letter of Sponsorship

**Objectives:** By the end of this session, participants review and analyze a sample concept page and letter requesting financial support from donors.

**Time:** 2 hours

## Sample Concept Page

Below are useful sub-headings for a standard 1-page concept page. This should give you a clear idea of how to organize your document.

**Project Title:** "Great Hope Sanitation Project"

**Project Goals and Description:**

1. To install a generator.
2. To construct a borehole.
3. To install 4 toilets, including 1 for the disabled.
4. To install 8 shower rooms, including 1 for the disabled.
5. To install 4 boilers.
6. To stock a 1-year supply of Waterguard (water purifier).

**Project Location:** Great Hope Children's Home, Wakama Station, Jos South, Jos, Plateau State

**Project Need (How Need Was Established):** In June 2008, we conducted an assessment of the sanitation needs at the home. Using focus groups, we interviewed children and caregivers. Using our sanitation questionnaire, we inspected the home in the company of senior caregivers.

**Project Outcomes (SMART Objectives):**

*SMART – Specific, Measurable, Achievable, Realistic, Timebound*

1. By the end of the first month, children (including the disabled) and caregivers will regularly report a greater feeling of personal hygiene and well-being.
2. By the end of the first year, we hope to record a 95% reduced incidence of diarrhoeal diseases followed by visits to the clinic.

**Project Method (How):**

1. Our resident engineer has a good relationship with local contractors skilled in the construction of boreholes and other sanitation mechanisms. He has worked with us successfully before.
2. We shall buy the generator from Mikano – a retailer of quality generators.
3. Our stock of Waterguard will be bought from our local retailer, Park & Shop.
4. In March 2009, we hope to start the project in the order listed under “Project Goals.” We intend to have completed the project by the end of June 2009.

**Project Partners (Your Other Supporters):** Jos South Local Government has pledged to increase our yearly subvention of N100,000 to N200,000 for the maintenance of our facilities.

**Project Evaluation (Measuring Project Success):** We will measure the success of our sanitation project by its impact on visits to the clinic for diarrhoeal diseases. Currently, at least 10 children visit the clinic on a weekly basis due to diarrhoea or typhoid. In partnership with our local clinic, we will retain a written record of the decreasing numbers of clinic visits.

Other project evaluation tools may include:

1. Questionnaire (appropriate for a wide spectrum of projects).
2. Pass rate (usually educational projects).
3. Attendance (appropriate for a wide spectrum of projects).
4. Reduced visits to the clinic except for routine check ups (health projects).
5. Child health record booklets/immunization records (child health projects).

**Relevance of Project to Target Funder:** We have chosen to appeal to Goodwill Ventures because you have a reputation for charitable initiatives nationwide as a complement to your commercial stake in health and hygiene. Goodwill Ventures also has a strong presence in Jos.

**Project Sustainability (Maintaining Your Facilities and Funding):** We shall maintain the new facilities with the increased subvention from Jos South Local Government.

**Project Budget:**

| Item | Quantity | Cost |
|---|---|---|
| Generator | 1 | N 1,500,000 |
| Borehole | 1 | N 5,000,000 |
| Toilets | 4 | N 700,000 |
| Shower Rooms | 8 | N 1,500,000 |
| Boiler | 4 | N 500,000 |
| Waterguard | 1-year supply | N 200,000 |
| Total | | N 9,400,000 |

**Closing Paragraph:** You can leave the request open ended or you can specify the item(s) you wish Goodwill Ventures to fund.

1. We plan to start the project by March 2009 and to have finished it by June 2009. We would deeply appreciate your support for the financing of 1 or more items on our list.
2. We plan to start the project by March 2009 and to have finished it by June 2009. We would deeply appreciate your support for the purchase of the generator and the borehole which cost a total of N6,500,000.

We hope and pray for a positive response from Goodwill Ventures.
**SIGNATURE**

Manager
Great Hope Children’s Home
Rev. T. Franklin

## Sample Letter of Sponsorship

This letter should be printed on organization's letterhead.

July 11, 2008

The Managing Director
Silver Food Company
Epe Expressway
Lagos

Dear Sir:

**Request for Support**

Sponsor A Child is a health and education mission which provides direct assistance in peri-urban and rural communities to children at risk and engages with their caregivers via training programs.

We raise funds for specific projects such as boreholes, home extensions and refurbishments, small community centers, sanitation measures, classrooms, etc.

The pilot program is a community project which entails building a hostel and primary health center in Etiosa village in Kosofe Local Government Area.

The objective of this project is to provide the less privileged with shelter and access to basic health facilities in the community.

We hereby solicit your support and sponsorship to enable us to achieve this objective. For this project to be completed, we need a total sum of N10 million for a period of 6 months.

This sponsorship will afford your company a great opportunity to promote your corporate image in the society. Your support for this project will also set a record for your organization in Corporate Social Responsibility in Nigeria.

We believe that our partnership with your company will add great value to the development of the lives of the children in our community.

Please find attached the budget for this program detailing the different activities, the amounts required, and timelines.

Please note that we shall give monthly reports of this program, a final narrative and financial report, as well as an evaluation report at the end of the first year of operations.

We intend to sustain this project using our local government monthly subvention and by sourcing for funding from other like minded organizations.

We look forward to partnering with you for the success of this project. Thank you for your cooperation.

Yours faithfully,
For: Sponsor A Child

**SIGNATURE**

Moyo Sonubi
Project Coordinator

## SESSION 6: QUIZ

### Community Action & Funding for Caregivers

1. What is the first step in organizing a community, and why is the involvement of local leaders important?

2. In your opinion, why is it useful to organize your first meeting around a community event?

3. What is meant by the idea of an “agenda”? Provide 2 examples of what should be included.

4. Provide 2 examples of why is it important to have a spokesperson.

5. What is meant by “ownership of the community effort”?

6. Describe who the “core group” is and what it does.

7. List 3 categories within which sponsored projects fall.

8. List 3 sources for identifying potential sponsors.

9. List 7 critical elements of sponsorship letters.

10. Why are reporting, monitoring, and evaluation mechanisms critical in a written request for project funding?

## Composition

Study the *Sample Letter of Sponsorship* in your manual. On a separate sheet of paper, compose your own sponsorship letter ensuring you include the critical elements discussed previously.

## Critique

Critique and score cases for support composed by fellow participants.

**Case 1:**

Score: ____

**Case 2:**

Score: ____

**Case 3:**

Score: ____

**Case 4:**

Score: ____

# Appendices

List of Child Rights and Millennium Development Goals

Useful Information and Contacts

Sources of Information

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# List of Child Rights

The Nigeria Child Rights Act (CRA 2003) is Nigeria's federal equivalent to the UN Convention on the Rights of the Child (1989). Currently 20 states have domesticated the CRA into law: Lagos State adopted it as law in December 2007. Nigeria's CRA corresponds with the articles of the African Charter on the Rights and Welfare of the Child (1990) also derived from the UN Convention on the Rights of the Child – the most ratified convention in world history with 191 countries participating. The rights in the Convention, in the African Charter, and in our national and state equivalents are anchored on 4 pillars: (1) survival/life, (2) development, (3) protection, and (4) participation. Dominant themes running through the legislation include consideration for the evolving capacities of children, respect for children, respect toward children, child consultation in relevant decision making, and children's best interests at all times. Throughout Local Champions, related rights reference the Nigeria Child Rights Act (2003).

- Right to Have Best Interests Considered as Paramount in All Decision Making (CRA s1)
- Right to Care in an Organization Conforming with Legislated Standards on Health, Safety, Welfare, Staff–Child Ratios, Suitability, and Competence of Staff (CRA s2.2)
- Right to Survival and Development (CRA s4)
- Right to Identity (CRA s5)
- Freedom of Association and Peaceful Assembly (CRA s6)
- Right to Communicate (Freedom of Thought, Conscience, and Religion [CRA s7 & 8])
- Freedom of Movement (CRA s9)
- Freedom from Discrimination (CRA s10)
- Right to Privacy, Honor, and Reputation (CRA s11)
- Right to Protection from Neglect, Maltreatment, Sexual Abuse, and Torture (CRA s11)
- Right to Dignity (CRA s11)
- Freedom from Slavery and Servitude (CRA s11)
- Right to Leisure and Recreation and to the Provision of Recreational Facilities (CRA s12)
- Right to Health and Health Services (CRA s13)
- Right to Parental Care, Protection, and Maintenance (CRA s14)
- Right to Education (CRA s15)
- Right to Special Protection for Children in Especially Difficult Circumstances (CRA s16)
- Right of the Unborn Child to Protection from Harm (CRA s17)
- Right to the Guidance of Authorized Caregivers (CRA s20)
- Right to Protection from Child Marriage (CRA s21–23)
- Right to Protection from Exposure to Use, Production, and Trafficking of Narcotic Drugs (CRA s25)
- Right to Protection from Use in Criminal Activities (CRA s26)
- Right to Protection from Abduction, Removal, and Transfer from Lawful Custody (CRA s27)
- Right to Protection from Child Labor (CRA s28)
- Right to Protection from Being Sold/Trafficked (CRA s30)
- Right to Protection from Unlawful Sexual Intercourse (CRA s31)
- Right to Protection from Recruitment into the Armed Forces and from Involvement in Military Operations or Hostilities (CRA s34)
- Right to Protection from Exposure to Harmful Publications (CRA s36–38)
- Right to Protection from Unsuitable or Disqualified Caregivers (CRA s123 & 197)
- Right to Due Process in Adoption (CRA s125–148)
- Right to Care Only in a Registered Children's Home and to Safety and Appropriate Welfare Therein (CRA s195–197)
- Right to the Child Justice System and Its Processes (CRA s204–238)

### Responsibilities of the Child

Where there are rights, there are also responsibilities. The Child Rights Act (2003) addresses these responsibilities. They involve the responsibility of the child to his parents and family, to his community, his nation, and to the world. Provisions in the Act emphasize the need for the child to demonstrate respect and honorable conduct at all times to all people including his peers. The child's responsibility toward maintaining peace and the common good, including the good of his peers, is a recurrent theme. To this end the Act exhorts parents and authorized caregivers to provide all manner of guidance to their children appropriate to their evolving capacities. (See CRA s19)

# List of Millennium Development Goals

The Millennium Development Goals (2000) are 8 international development goals that 189 United Nations member states and at least 23 international organizations have agreed to achieve by 2015. The goals were developed out of the 8 chapters of the United Nations Millennium Declaration (2000). They aim to spur development by improving social and economic conditions in the world's poorest countries.

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 2: Achieve Universal Primary Education
Goal 3: Promote Gender Equality and Empower Women
Goal 4: Reduce Child Mortality
Goal 5: Improve Maternal Health
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases
Goal 7: Ensure Environmental Sustainability
Goal 8: Develop a Global Partnership for Development

# Useful Information and Contacts

## Non-Governmental Organizations

### Sponsor A Child

*SAC is a Nigerian charity established for the relief of poverty, distress, and sickness and for the educational advancement of orphans and other children at risk in institutions and in the poorest communities of Nigeria. We are a UNICEF implementing partner. Child rights form the basis of our organization's activities.*

Selina House
Plot 300 Adeola Odeku Street
Victoria Island, Lagos
tel: 0803 344 7167
email: info@sponsorachildnigeria.org / sponsormychild@yahoo.com
website: www.sponsorachildnigeria.org

### Child Lifeline

*The objectives of CLL are (1) the promotion of care, well-being, and development of children in need especially the destitute, the abused, and the homeless, (2) the rehabilitation of Nigeria's street children including the provision of hostels and, wherever possible, re-uniting children with their families, and (3) the provision of counseling services and education and vocational skills training for children and young persons in need to enable them to become self-supporting in various trades and occupations.*

Child Lifeline Headquarters Office
25 Majaro Street
Onike, Yaba, Lagos
tel: 0806 246 9965
email: childlifeline94@yahoo.com
website: www.childlifeline.org

Child Lifeline Centre
Welfare Road (off Ibeshe Road)
Ikorodu, Lagos State

### Communicating for Change

*CFC is a non-governmental media organization and a successful maker of film documentaries which promote social and environmental change. CFC is also a vendor of films made by organizations such as UNICEF and TVE (Television for the Environment) which promote social and environmental change. Many of these films are short and are a useful audiovisual means of creating awareness of particular issues. CFC stocks many films on DVD and video recommended for use by community based organizations within educational and capacity building fora for adults and children.*

55 Aba Johnson Crescent (off Adeniyi Jones Road)
Ikeja, Lagos
tel: 01 8980164 / 01 4966011 / 01 4966013
email: info@cfcnigeria.org
website: www.cfcnigeria.org

### Compass Project

*Compass donates insecticide treated bed nets (ITNs) and child survival information charts to community based organizations.*

Lagos Field Office
Citeco Tower
Plot 7 Ahabi Cole Street
Agidingbi, Ikeja, Lagos
tel: 01 4723483
email: chart@compassnigeria.org
website: www.compassnigeria.org

**Human Development Initiatives (HDI)**

*HDI is a not-for-profit organization whose main objectives are, inter alia, to build human capacity with an emphasis on human development and to promote human development ideals. The commitment of the organization to its beneficiaries/users extends from childhood through to adulthood. HDI provides, inter alia, the following services: (1) legal rights and psycho-social counseling; (2) life skills and economic empowerment; (3) health rights information and intervention; (4) child helpline (01 7613322).*

2, Iwaya Road
Onike, Lagos, Nigeria
P.O Box 1642
Sabo, Yaba, Lagos, Nigeria
tel: 01 4706643
email: info@hdnigeria.org / hudev2001@yahoo.com
website: www.hdinigeria.org

## Special Needs Education

**Caring for Your Baby and Young Child: Birth to Age 5**

*A book by Steven Shelov and Robert E. Hannermann with a focus on early childhood care and care for children with special needs.*

**Pure Souls**

*A magazine on autism published by Autism Care Foundation.*

email: gloriaJesiJames@yahoo.co.uk

**The Zamarr Institute (Training & Education)**

*The Zamarr Institute's mission and objectives include improving the quality of life for children living with autism and other related conditions and setting new standards in the provision of Special Education in Nigeria.*

27 Libreville Street
Wuse II, Abuja
tel: 0802 765 3255 / 0805 864 9760
email: info@thezamarrinstitute.org / kdjkatagum@yahoo.com
website: www.thezamarrinstitute.org

## Medical Consultants

**SAC National Volunteer Doctors Program**

*For free medical advice and information, contact:*

Dr. Weniyu Alli, volsac_wen@yahoo.com
Dr. Lola Williams, volsaclol@yahoo.com
Dr. Bose Adabale, volsacbos@yahoo.com
Dr. Kanalio Olaloku, volsackan@yahoo.com
Dr. Tobi Oloidi, volsactob@yahoo.com

*For free advice and information about public health and HIV/AIDS, contact:*

Mrs. Laide Oyenuga, tosfet@yahoo.co.uk

*For free advice and information about Special Needs Education, contact:*

Mr. Bankole Sogelola, banksoge@yahoo.co.uk

*For free advice and information about child psychology, contact:*
Mr. Akin Gabriel, akingabriel@yahoo.co.uk
Mr. Tayo Ajirotutu, tayoajirotutu2000@yahoo.com

**Society for Family Health**
*Society for Family Health is an indigenous Nigerian non-profit organization specializing in public health interventions in the area of HIV/AIDS, reproductive health, and maternal child health. Society for Family Health is the national distributor of PUR – point-of-use water purifier from Procter & Gamble, Nigeria.*
Awaye House, 2nd floor (Suites 5 & 6)
Lagos-Badagry Expressway (Coker bus stop)
Orile Iganmu, Lagos
tel: 01 7742745 / 0803 076 3097 / 0803 461 8297

## Nigerian Government Agencies

**Economic and Financial Crimes Commission (EFCC)**
*The menace of advance fee fraud (419), money laundering, and other finance related crimes, and the recognition of the magnitude and gravity of the situation, led to the establishment in 2004 of EFCC. The legal instrument backing the Commission is the EFCC (Establishment) Act 2002. EFCC has high-level support from the presidency, legislature, and key security and law enforcement agencies.*
No. 5 Fomella Street (off Adetokunbo Ademola Crescent)
Wuse II, Abuja
tel: 09 6441000
email: info@efccnigeria.org
website: www.efccnigeria.org

**Fire Stations**
*Nigerian firemen can be contacted at fire stations. They will install fire extinguishers and will provide training in fire safety for child care institutions in our communities.*
ABUJA
Garki
Headquarters Area 10
tel: 09 5232465

Wuse
Fire Service Station, Zone 3
tel: 09 5232465

AKWA IBOM STATE
Uyo
12 Dominic Utuk Avenue
tel: 08 5202455

Eket
Barracks Road
tel: 08 5701575

LAGOS STATE
Alausa
tel: 01 4976844

Apapa
tel: 01 5786393

RIVERS STATE
Port Harcourt
3 Aba Road (opp. flyover)
tel: 08 4234777 / 08 4236190

**Lagos State AIDS Control Agency**

*LASACA coordinates HIV/AIDS prevention activities in Lagos State, supervises providers of anti-retroviral drugs, and coordinates partnerships with NGOs which provide behavioral change communication strategies.*

General Hospital (opp. Western House)
Broad Street
Lagos
tel: 0803 323 807

**Ministry of Women Affairs and Poverty Alleviation**

*This ministry has responsibility for "area girls," drug and substance abuse, women's health, domestic violence, young females (especially school drop outs), and vocational training such as baking, hairdressing, and secretarial studies. Poverty alleviation strategies take the form of such small scale business initiatives as poultry and pig farming.*

Lagos State
Block 18, 3rd floor
Alausa, Ikeja, Lagos

**Ministry of Youth, Sport, and Social Development**

*This ministry is responsible for a wide range of target groups: children, in- and out-of-school youth, the destitute, and the elderly. The ministry runs orphanages, vocational centers, rehabilitation centers, and remand homes. The ministry has conducted HIV/AIDS awareness campaigns, family life education, and drug abuse programs.*

Lagos State
Block 18
Alausa, Ikeja, Lagos

**National Agency for the Prohibition of Traffic in Persons**

*The United Nations Convention against Transnational Organized Crime, adopted by General Assembly Resolution 55/25 of 15 November 2000, is the main international instrument in the fight against transnational organized crime. Nigeria's bill to implement its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, was passed into law in July 2003. The provisions are enforced by NAPTIP.*

NAPTIP
National Agency for the Prohibition of Traffic in Persons and Other Related Matters
Lagos Zonal Office
Plot 165 Oba Ladejobi Street
GRA, Ikeja, Lagos
tel: 01 7227383
fax: 01 4613192
email: info@naptip.gov.ng
website: www.naptip.gov.ng

**National Human Rights Commission**

*NHRC protects human rights of Nigerians as guaranteed by the Constitution of the Federal Republic of Nigeria and by international treaties, such as the UN Convention on the Rights of the Child (1989) to which Nigeria is a signatory. NHRC monitors and investigates all alleged cases*

*of human rights violations and makes recommendations for prosecution and such actions as it deems expedient. The NHRC assists victims and seeks appropriate redress. It also co-operates with local and international organizations, maintains a library, collects data, and disseminates information on human rights.*

Old National Assembly Building
Tafawa Balewa Square
Lagos
website: www.nigeriarights.gov.ng

**National Youth Service Corps**

*Offices of the NYSC are located at local government headquarters. The corps is a good source for young, energetic volunteers who are happy to support institutions for children at risk in specific, realistic programs.*

J.S Tarka Street (off Festival Road)
Area 3
Garki, Abuja
tel: 09 2341465

**Nigeria Police Force**

Police Force Headquarters
Louis Edet House, Shehu Shagari Way
Abuja
tel: 09 2343081 / 09 2340756
website: www.nigeriapolice.org

**Nigeria Prisons Service**

Prisons Headquarters
Garki, Abuja
tel: 09 2341709

**West African Examinations Council**

*The Council has the responsibility of determining the examinations required in the public interest in West Africa and is empowered to conduct such examinations and to award appropriate certificates.*

21 Hussey Street
Private Mail Bag 1022
Yaba, Lagos
tel: 01 3425128 / 01 3425129
website: www.waecnigeria.org

## Foreign Donors/International Organizations

**Australia High Commission**

SAS Grants
5th Floor, Oakland Centre
2940 Aguiyi Ironsi Street
Maitama District, Abuja
tel: 09 4135226 / 09 4135227
email: ahc.abuja@dfat.gov.au
website: www.nigeria.embassy.gov.au

**Embassy of the Federal Republic of Germany**

Small Project Fund
3323 Barada Close (off Amazon Close)
Maitama District, Abuja
tel: 09 4130962 / 09 4130964
email: info@abuja.diplo.de
website: www.abuja.diplo.de

**Embassy of France**

Social Development Fund
37 Udi Hills Street (off Aso Drive)
Abuja
tel: 09 5235510
website: www.ambafrance-ng.org

**Embassy of the Royal Netherlands**

Small Project Fund
21st Crescent (off Constitution Avenue)
Central Business District
Abuja
tel: 09 4611200
email: abj@minbuza.nl

**UNICEF Lagos**

*UNICEF promotes the general well-being of children especially those who suffer from poverty, sickness, and hunger and from the effects of war, disasters, and emergencies. Although UNICEF supports some community level development projects and capacity building initiatives undertaken by NGOs working with smaller CBOs, the international agency works mostly at the state and federal governmental level of policy formulation and implementation.*

14b Lugard Avenue
Ikoyi, Lagos
tel: 01 4615644 / 01 2690727

**US Consulate**

Special Self Help/Democracy & Human Rights Fund
Walter Carrington Crescent
Victoria Island, Lagos
email: lagossh@state.gov
website: http://nigeria.usembassy.gov/ambosshp.html

## Corporate Social Responsibility

**Microsoft Nigeria**

*The Unlimited Potential (UP) program provides computer software and UP curriculum to centers for disadvantaged children and also gives cash grants.*

29 Kampala Crescent (off Cairo Street)
Wuse 2, Abuja
tel: 09 2907746

## Early Learning Materials and Information

**CSS Bookshops**

Bookshop House (4th floor)
50/52 Broad Street
P.O. Box 174
Lagos
tel: 01 2633081

**The Grandma's Place**

Block 86A, Plot 10
Emma Cole Crescent, Road 26 (off Fola Oshibo)
Lekki Phase 1, Lagos
tel: 01 7749620 / 01 2708055

**Hannbro**

FCMB Bank Building
11b Adeola Odeku Street
Victoria Island, Lagos

## Insurance Companies

*All risks to safety including fire, natural disasters, and burglary are covered by these reputable insurance compaines with branches nationwide. In order for child care institutions to fully comply with health, safety, and welfare legislations, premises should be fully insured.*

**AIICO Insurance Plc**

Life and Non-Life Insurance
AIICO Plaza
Plot PC 12 Afribank Street
Victoria Island, Lagos
tel: 01 4753360-3 / 01 2610651 / 01 2612527
fax: 01 2617433

**Guranty Trust Assurance Plc**

Non-Life Insurance
Heritage House
928a Aboyade Cole Close
Victoria Island, Lagos
tel: 01 2701560-5 / 01 2701567 / 01 8532332
website: www.gtalimited.com

**NICON Insurance Plc**

Life and Non-Life Insurance
Nicon Plaza
Plot 242 Muhammadu Buhari Way
Central Business District
Abuja
tel: 09 2345052 / 09 2341751 / 09 5237120-9
fax: 09 2344129
website: www.niconinsurance.com.ng

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## Giving our children the confidence to succeed

Ariel Bubbles of Hope (now *Building Futures*) recently donated more than 3,500 pieces of clothing and a year's supply of Ariel to 7 orphanages across Nigeria, bringing smiles to the faces of disadvantaged children by helping them.

Hope for a **brighter** tomorrow

## About Local Champions

Although natural familial love and concern for children abound in our communities, the principle that children are endowed with “rights” in Nigerian society is not cultural. Our “Local Champions” manual seeks to stimulate change at the micro level in Nigerian institutions for at risk children by appealing respectfully to the intelligence, natural love, and concern for children in the hearts and minds of our caregivers.

This manual provides essential training content for child care grounded in child rights. It has been developed for use by professional/volunteer caregivers in institutions. The content cuts across health, educational, recreational, psycho-social, and protection aspects of child care and provides senior caregivers, at a minimum education level of senior school certificate, with methods for training junior colleagues in the workplace.