

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF COMMUNITY DEVELOPMENT, GENDER, WOMEN AND SPECIAL GROUPS



**FAMILIA BORA
TAIFA IMARA**
MTUNZE · MLINDE · ZUNGUMZA NAYE

A National Guide to Responsible Parenting and Family Care in Tanzania

Care – Protect – Communicate

May 2022

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**FAMILIA BORA
TAIFA IMARA**

MTUNZE · MLINDE · ZUNGUMZA NAYE

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TABLE OF CONTENTS

Foreword.....	v
Acknowledgements.....	vi
List of Abbreviations and Acronyms	vii
1.0. INTRODUCTION	1
1.1. Problem Statement and Justification	1
1.2. Objectives and Strategic Approach.....	2
1.2.1. Users of This Guide	3
1.2.2. The Pillars of Responsible Parenting	3
1.2.3. Changing Behaviour.....	5
1.3. Coordination	5
1.4. Implementation of the Training Sessions Under Each Pillar	6
2.0. PARENTING ISSUES AND CHALLENGES	7
2.1. Gender Stereotypes and Imbalances: Raising Girls and Boys	7
2.2. Gender-Based Violence	9
2.3. Participation of Fathers as Parents.....	10
2.4. Separated and Mobile Families	11
2.5. Poverty and Parenting	11
2.6. HIV Stigma and Discrimination	12
2.7. Risks to Child Health and Survival Maternal and Neonatal care	13
2.7.1. Nutrition	13
2.7.2. Micronutrient supplementation, deworming, and anemia.....	14
2.7.3. Prevention and response to childhood illness	15
2.7.4. Water, sanitation, and hygiene (WASH)	15
2.7.5. Early Childhood Development Index	15
2.8. Gaps in Parent-Child Communication.....	16
2.9. Harmful practices.....	17
2.10. Raising Children with Disabilities.....	18
2.11. Increasing Risks from Social Media.....	18
2.12. Problems Facing Adolescent Parents.....	19
2.13. Challenges for Working Parents.....	19
3.0. REACHING AND ENGAGING PARENTS	20
3.1. The National Mobilization Plans	20
3.2. Mobilizing Champions for Strong and Healthy Families.....	23
3.3. Responsible Parenting and Health Workers	24
3.4. Responsible Parenting and Schools.....	24
3.5. Responsible Parenting and Community Action to End Violence.....	25
3.6. Responsible Parenting through Civil Society Organizations and Agencies that Engage Parents.....	25
3.7. Responsible Parenting and Faith-Based Groups.....	25
3.8. Familia Bora, Taifa Imara and Parliamentarians	26
3.9. Familia Bora, Taifa Imara and Traditional and Social Media.....	26

4.0.	FAMILIA BORA, TAIFA IMARA SESSIONS	28
4.1.	Introduction.....	28
4.2.	What is Familia Bora, Taifa Imara?.....	31
4.3.	Principles of Familia Bora Taifa Imara	32
5.0.	PILLAR ONE - CARE	35
5.1.	Introduction.....	35
5.2.	Structure to Deliver Key Messages on Care for Children	35
5.2.1.	Session One: Pregnancy and Birth.....	36
5.2.2.	Session Two: Nutrition	43
5.2.3.	Session Three: Health.....	52
5.2.4.	Session Four: Accidents	62
5.2.5.	Session Five: Care and Support for Children and Mothers with Disabilities	65
5.2.6.	Session Six: Ending HIV	69
5.2.7.	Session Seven: Adolescent Care	74
5.2.8.	Session Eight: Fathers and Childcare	80
6.0.	PILLAR TWO: PROTECT	83
6.1.	Introduction.....	83
6.2.	Structure to Deliver Key Messages to Protect Children	83
6.2.1.	Session One: Birth Registration	84
6.2.2.	Session Two: Safe and Peaceful Homes	85
6.2.3.	Session Three: Protecting Children with Disabilities.....	100
6.2.4.	Session Four: Managing Family Mobility and Separation	102
6.2.5.	Session Five: Ending Harmful Practices	104
6.2.6.	Session Six: Protecting Children Online.....	110
6.2.7.	Session Seven: Fathers and Protection.....	113
7.0.	PILLAR 3: COMMUNICATING WITH CHILDREN	116
7.1.	Introduction:.....	116
7.2.	Structure to Deliver Key Messages on Communicating with Children .	116
7.2.1.	Session One: Effective Family Communication	117
7.2.2.	Session Two: Communication for Gender Equality.....	122
7.2.3.	Session Three: Talking with Children and Adolescents	126
7.2.4.	Session Four: Helping Children Learn.....	137
7.2.5.	Session Five: Communicating with Children with Disabilities	142
7.2.6.	Session Six: Fathers and Communication	144
	Annex.....	146
	Key Concepts.....	148
	Key References.....	151

Foreword

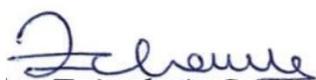
The National Guide to Responsible Parenting and Family Care (RPFC), in Tanzania, christened Familia Bora, Taifa Imara, is the result of collaborative efforts that brought together all key stakeholders in parenting. They include government ministries and agencies, development partners, parents, and the public. Three pillars of caring protecting and communicating form its foundation. These are the cornerstones of traditional responsible parenting because they cover every aspect that is important for the growth and development of a healthy child. Care, Protect, and Communicate are memorable terms that are practical, measurable, and vital for all children in Tanzania.

Responsible parenting enables children to grow into responsible, capable, caring, and productive citizens. The early years of a child's life are crucial for later health and development. A combination of the three pillars lays a foundation for healthy physical, emotional, and neurological development. Findings from several studies show those positive and supportive families are necessary to help Tanzania grow into a strong and more prosperous nation. On the other hand, neglectful and violent parenting can have the opposite effect. For instance, insecurity, discouragement, and abuse during childhood can cause profound physical, emotional, and psychological damage.

We have named this national initiative Familia Bora, Taifa Imara (Good Family, Strong Nation) in recognition of the significant roles that parents and caregivers play. Familia Bora, Taifa Imara is ambitious because it gives us a chance to change our direction, unite as a country, and modify our actions. It includes valuable resources with clear, concise messaging that uses low-cost implementation techniques to build and assist families. This guide also has strong backing from the existing government policies, particularly the Child Development Policy, which pulls together priorities for children across all government sectors and promotes a holistic approach that responds to and supports child rights up to the age of 18 years.

Familia Bora and Taifa Imara also draw on Tanzania's commitments to numerous other national, regional, and international instruments and declarations on child rights, gender equality, and women's empowerment. These include Tanzania's Development Vision 2025, Africa Agenda 2063, the Sustainable Development Goals 2030, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the United Nations Convention of the Rights of the Child (UNCRC), and the African Charter on the Rights and Welfare of the Child.

In conclusion, Familia Bora, Taifa Imara is an ambitious call to action for everyone, all sectors, and all organizations to unite and build the loving, attentive, and caring homes that every child deserves. If this initiative is successful, it will significantly improve the welfare of children needs.



Dr. Zainab A. S. Chaula
Permanent Secretary

Ministry of Community Development, Gender, Women and Special Groups

Acknowledgements

On behalf of the Ministry of Community Development, Gender, Women, and Special Groups (MoCDGWSGs), I would like to extend my gratitude to the organizers and coordinators from different sectors who made possible the drafting of the National Guide to Responsible Parenting and Family Care (RPFC). This initiative aims to operationalize the national agenda on RPFC, officially launched in the Tanzania Mainland on 15 May 2019. The guide is critical in training mobilizers and influencers who support parents and caregivers.

I would also like to acknowledge the significant contribution made by the task force team, which engaged technical and management personnel during the development of this guide. The MoCDGWSG, as the task force chair, coordinated all aspects of the guide's development. Other ministries and agencies, such as the President's Office-Regional Administration and Local Government (PO-RALG), the Prime Minister's Office-Policy, Coordination, Parliamentary Affairs, Labor, Youth, Employment, and Persons with Disabilities (PMO-PCPLYED), the Ministry of Education, Science, and Technology (MEST), the Ministry of Home Affairs (MoHA), the Ministry of Health (MoH), the Tanzania Food and Nutrition Centre (TFNC), and the Tanzania Commission for AIDS (TACAIDS), have also played a significant role. I would like to thank and acknowledge UNICEF for their technical and financial support in developing this guide. I also take this opportunity to particularly acknowledge several NGOs/CSOs for their contribution by providing inputs and helping steer the vision of the guide; they include Plan International, BRAC Tanzania, Investing in Children and Strengthening Their Societies (ICS), Wotesawa Domestic Workers Organization, Babawatoto Organization, Dodoma Youth Development Organization (DOYODO), and Tanzania Interfaith Partnership (TIP).



Dr. Dorothy O. Gwajima (MP)

Minister for Community Development, Gender, Women and Special Groups

List of Abbreviations and Acronyms

AIDS:	-	Acquired Immune Deficiency Syndrome
ARV:	-	Anti-Retroviral
BBC:	-	British Broadcasting Corporation
CBHP:	-	Community-Based Health Programme
CCD:	-	Care for Child Development
CDC:	-	Centre for Disease Control and Prevention
CHW:	-	Community Health Worker
CSO:	-	Civil Society Organisation
FBO:	-	Faith-based Organisation
FBTI	-	Familia Bora, Taifa Imara
GBV:	-	Gender based violence
HIV:	-	Human Immunodeficiency Virus
ILO:	-	International Labour Organisation
MOEST:	-	Ministry of Education, Science and Technology
MOCDGWSG:	-	Ministry of Community Development, Gender, Women and Special Groups
NGO:	-	Non-governmental Organisation
NPA-VAWC:	-	National Plan of Action to End Violence against Women and Children
PMTCT:	-	Prevention of Mother to Child Transmission (of HIV)
PO/RALG:	-	President's Office for Regional Administration and Local Government
PTA:	-	Parent Teacher Association
RIT:	-	Registration, Insolvency and Trusteeship Agency
SEM:	-	Socio-Ecological Model
TASAF:	-	Tanzania Social Action Fund
TDHS:	-	Tanzania Demographic and Health Survey
UNICEF:	-	United Nations Children's Fund
VCT:	-	Voluntary Counselling and Testing
WHO:	-	World Health Organisation
BCG:	-	Bacille Calmette-Guerin
OPV:	-	Oral Polio Vaccine
MR 1:	-	Measles Rubella 1
MR 2:	-	Measles Rubella 2
HPV:	-	Human Papilloma Virus
STIs:	-	Sexually transmitted Infections
VMMC:	-	Voluntary Medical Male Circumcision
PMTCT:	-	Prevention of Mother to Child Transmission

1.0. INTRODUCTION

1.1. Problem Statement and Justification

The foundation of the nation's future wealth and well-being lies in the hands of parents and caregivers and the way current and future generations of children are raised. Tanzania has made enormous gains in improving health, nutrition, educational opportunities for children but much more could be achieved if parents and caregivers were better informed and more responsive to the services available. In 2015, extensive mapping of parenting programmes in Tanzania was conducted to try to understand what efforts were being made to reach parents. This was undertaken through, extensive literature review, stakeholder consultations, field visits and interviews with mothers, fathers and caregivers from different communities. Findings indicated the following:

- **There are limited parenting programmes:** It was found out that there is inadequate funding for parenting interventions. Parenting programmes reach relatively few households. Most programmes are focused on early childhood development, yet parents are facing challenges raising children up to time they reach adulthood particularly adolescence stage when children are problematic and engage in risky behaviours that many parents and caregivers often find hard to manage.
- **Many parents lack sufficient skills to communicate with their children:** Studies suggested serious gaps in parent's knowledge about communicating with children. Many parents are not aware that talking and singing to a baby stimulates brain and language development. That talking and playing with children helps them prepare for and do well in school. They also didn't know that talking and listening to adolescents builds their self-confidence and helps them tackle the challenges they face as they grow into adults. In summary many parents said they did not know how to talk to their children.
- **Information on responsible parenting is fragmented and often inadequate:** It was found out that information entailing parenting is not coordinated therefore comes from many different sources. Parents were often told what they should do and not why or how. Schools also do little to help parents understand how they can support their children and enhance their performance in school. This can be done through positive interaction with their children by, encouraging, discussing, reading and playing with them. It was apparent that programmes focused on adolescents seems to disregard parents altogether.

Terminology and scope

Familia Bora, Taifa Imara focuses on what happens to children at home.

Parents are the biological mothers and fathers of a child.

Caregivers are adults who are the primary guardians of a non-biological child living in their home.

Throughout the guide, most references to parents also apply to caregivers.

The advice, while centred on what happens at home, is also relevant for anyone who has temporary care of children such as teachers, health workers, and other family members.

The Ages of Childhood

Childhood extends from birth to 18 years

Early childhood covers 0 - 5 years

Middle children cover 6 - 9 years

Early adolescence covers 10 -14 years

Late adolescence covers 15 -18 years

- **Parents face many challenges due to rapidly changing society:** Tanzania is a rapidly changing with increased mobility, poverty, the erosion of community and extended family involvement in child upbringing. These and other factors undermine some of the excellent past parenting practices. There was also little awareness of how differences in the way girls and boys are raised affects gender equality which impact on their expectations as they grow into adulthood.
- **Conscious and unconscious gender biases in parenting:** Parents are supposed to be in the forefront providing children with their first lessons about gender through; instruction, guidance, and training. But parents in Tanzania adhere to rigid stereotypical gender roles, belief and practices that have negative consequences in childhood and beyond. These stereotypes limit children's educational and occupational aspirations perceived academic competency, emotional expression and social development. Therefore, parents need to be empowered to model and encourage gender equal and positive behaviours and activities in their sons and daughters to realize equal rights and opportunities for growth and development potential.
- **Being wealthy or rich is no guarantee for responsible parenting:** Many poorer households provide loving and supportive homes in which children thrive. Wealthier households might access better social services including health care and education, but parents are mostly busy working having no time to build strong relationships with their children. For a child, feeling unloved or neglected can be just as damaging as poor nutrition and the effects of both can last a lifetime.

Research revealed that despite their critical role, parents and caregivers have not been treated as partners in achieving national goals for children. More often, they are seen as channels (or sometimes obstacles) for reaching children. They often come at the end of the programme design chain, the focus of a campaign to get them to use services that have already been designed, rather than at the centre of planning as the primary users of those services.

These findings have prompted the Government to develop an ambitious plan to support responsible parenting on a national scale, covering all aspects of children lives from pregnancy to 18 years. There are strategies and action plans which were drafted and reviewed in a consultative and participatory way involving key stakeholders over the years. In June 2019, the Government launched the Agenda for Responsible Parenting and Family Care in Geita. We are now focused on branding and translating the agenda into an accessible, practical tool that can be applied by all government sectors and organizations working with children and parents. The result is **Familia Bora, Taifa Imara**.

Familia Bora, Taifa Imara is Tanzania's national guide to responsible parenting and family care. Its content includes a review of Parenting Issues and Challenges; Opportunities for Reaching and Engaging Parents; and Key Messages for Parents and Caregivers.

1.2. Objectives and Strategic Approach

Familia Bora, Taifa Imara operates at national and sub-national levels to deliver major improvements in parenting practices by 2030. It aims to mobilize all relevant

government sectors and organizations working with children and parents including national and local media to promote, inform and engage parents and caregivers. The key dimensions of the strategy include:

- **Community mobilization:** Familia Bora, Taifa Imara builds on and strengthens existing initiatives to reach, engage and support mothers, fathers, and caregivers. This is done through; health facilities, schools, social welfare services, faith-based and civil society organizations, the media, and private sector. The champions for responsible parenting are mobilized at all levels of society and include parliamentarians, religious leaders, the private sector, the media as well as community-based champions – teachers, health providers, religious leaders, community leaders and parents themselves. Familia Bora, Taifa Imara promotes improved inter-personal communication methods by engaging parents and caregivers on effective messaging to be adapted for use by all partners.
- **National multi-media programming:** Through national radio, television and social media channels, Familia Bora, Taifa Imara aims to reinforce responsible parenting approaches by capturing the imaginations, emotions and ambitions of mothers, fathers, and caregivers, encouraging them to envisage and adopt new practices.
- **Coordination, monitoring and learning:** Familia Bora, Taifa Imara builds on and strengthens existing monitoring and coordination mechanisms to ensure effective monitoring, coordination, and information sharing.

1.2.1. Users of This Guide

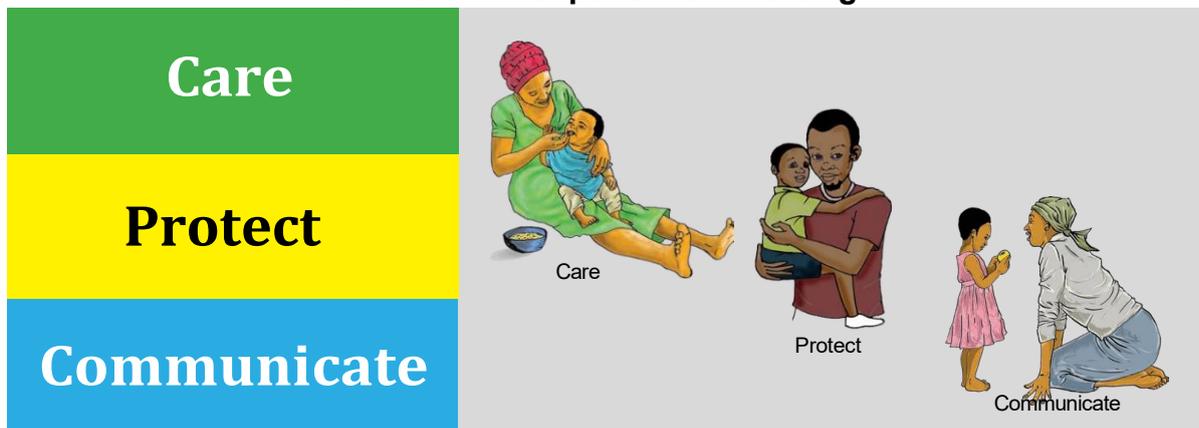
This guide is designed to be used by many different stakeholders, which include Community Development Officers, Social Welfare officers, Police Gender Desk staff, ECD Centre staff, CSOs, Teachers, Nurses, Counsellors, Researchers, Community Health Workers and other partners having a stake in parenting.

1.2.2. The Pillars of Responsible Parenting

One of the major research findings of Familia Bora, Taifa Imara is the fragmented and multiple messages directed at parents from different sources. There are messages exhorting parents to improve health, nutrition, hygiene, and sanitation, reduce HIV and AIDS, and reduce violence and more.

Familia Bora, Taifa Imara simplifies messaging by summarizing responsible parenting in three words.

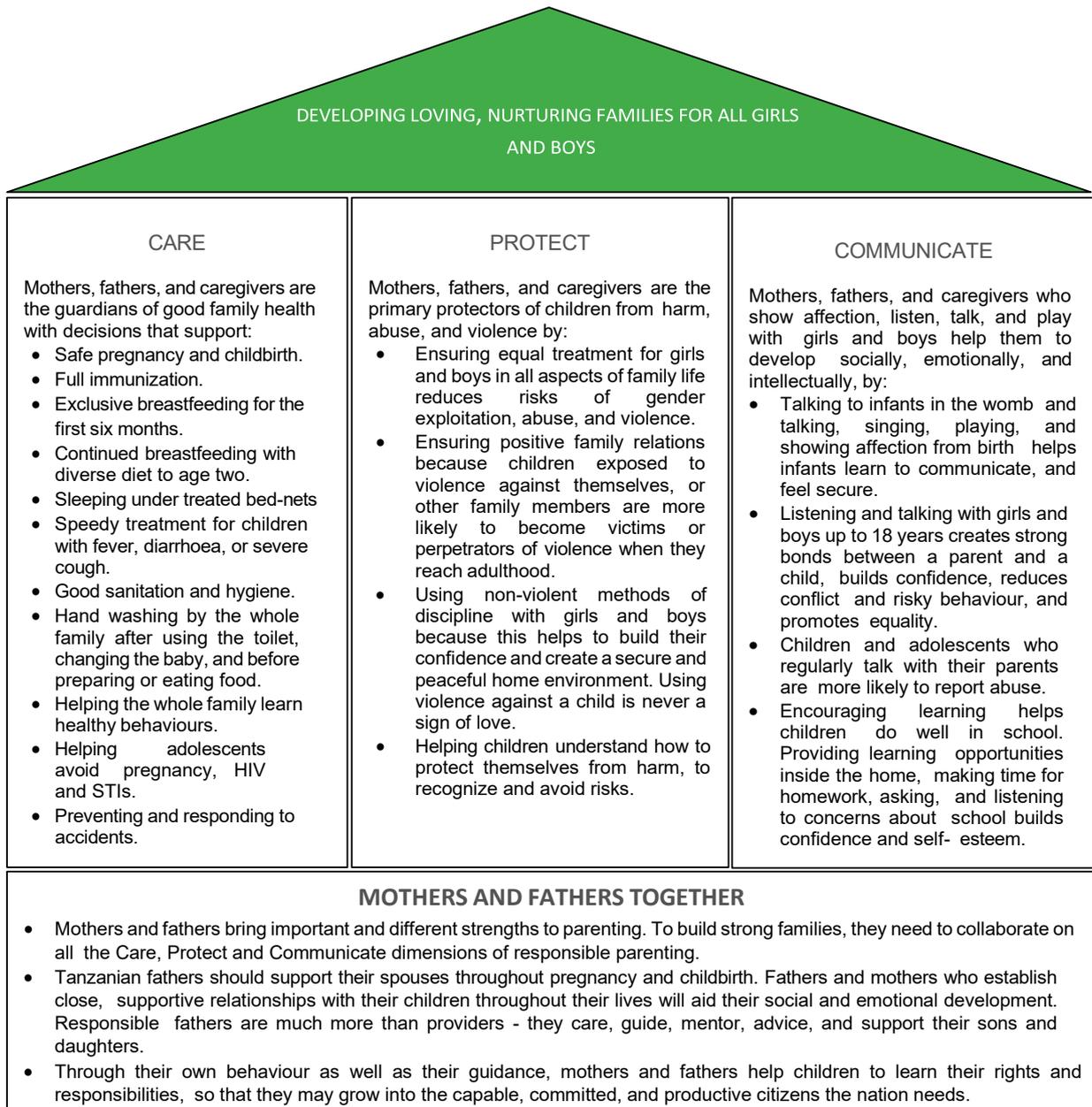
The Pillars of Responsible Parenting



Care – Protect – Communicate

These are the pillars of responsible parenting: Care, Protect, and Communicate which are terms that are memorable, measurable, practical, attainable, and vital for all children in Tanzania. The terms encompass everything relevant to responsible parenting; health, nutrition, education, protection, hygiene and sanitation, HIV, violence prevention, and more are covered under these three pillars. The role of fathers and gender equality in the way girls and boys are raised is emphasized throughout.

Figure 1: The Familia Bora, Taifa Imara Model



Care: provided by parents and caregivers is vital for the physical well-being and survival of children. Care messaging covers; advice on pregnancy and birth, nutrition, health, accidents, disability, ending HIV and care for adolescents.

Protect: Advice under the protect pillar helps mothers and fathers to protect children

from abuse, violence, neglect, or any other harm. It includes advice on birth registration, creating safe and peaceful homes, protecting children with disabilities, managing family separation, ending harmful practices, and protecting children online.

Communicate: Advice under the communicate pillar helps families establish good communication practices, provides ideas on talking with children from birth to adolescence. This provides guidance on developing the communication abilities of children with disabilities and offers positive gender socialization to address prevailing gender stereotypes.

1.2.3. Changing Behaviour

By simply delivering messages is never enough to achieve lasting changes in behaviour. Behaviour change requires repeated reinforcement through interpersonal engagement led by respected individuals in the community (teachers, health providers, religious leaders, community leaders) and with the support of the community and national media. The behaviour changes strategy of Familia Bora, Taifa Imara focuses on:

- **Filling gaps in knowledge:** Familia Bora, Taifa Imara aims to fill gaps in the knowledge of parents and caregivers about all aspects of caring, protecting and communicating with children. Increasing parents understanding about why these behaviours are important or essential because parents who understand the benefits of a particular behaviour are more likely to adopt it and confidently pass on the information to others – understanding why aids sustainability.
- **Changing harmful social norms:** The Familia Bora, Taifa Imara approach highlights damaging social norms such as inequality in the way girls and boys are raised, the absence of fathers in child rearing and the widespread use of beatings to discipline children. It promotes different behaviours that produce better results for children and families, using participatory engagement and self-reflection to inspire parents to adopt these changes and promote similar change in others.
- **Emphasizing how to achieve change:** Parents and caregivers will not change behaviour just because they have been told to. They need to feel invested on and committed, to participate. The behaviour change strategy promotes dialogue to help parents draw on and understand their own experience, and to make well-informed choices that benefit their families.
- **Responsible parenting is for everyone:** The Familia Bora, Taifa Imara approach enables all parents and caregivers, no matter what their circumstances, to create healthier and more peaceful homes where children thrive. It builds self-esteem and a greater sense of self-worth by empowering and respecting parents and caregivers with the knowledge, tools, and confidence to make changes in their lives.

1.3. Coordination

The **Familia Bora, Taifa Imara** coordination entity will adopt a multisectoral approach led by the Ministry of Community Development, Gender, Women, and Special Groups (MoCDGWSGs), in collaboration with the President's Office – Regional Administration and Local Government (PO-RALG). This office will be responsible for coordinating the

implementation of the agenda at the regional and council levels. Other involved ministries include the Prime Minister's Office (Policy, Parliamentary Affairs, and Coordination), the Ministry of Education, Science and Technology (MoEST), and the Ministry of Health.

The **National Parenting Multisector Group** will oversee the coordination and implementation of the parenting agenda through its established framework, which includes the Annual Meeting of Parenting Stakeholders, the Ministers' Forum, the Steering Committee, the Technical Committee, and the National Secretariat. The implementation process will be multisectoral and cross-jurisdictional, operating at both national and sub-national levels. Coordination units will play a key role in enhancing synergies among implementing partners.

The agenda is grounded in years of extensive field research, stakeholder consultations, draft document reviews, and participatory workshops. These efforts have involved relevant government departments, multilateral and bilateral agencies, non-governmental organizations, religious leaders, and the media. This initiative aligns with Tanzania's national and international commitments to child rights, gender equality, health, nutrition, education, water and sanitation, protection from violence, and the rights of persons with disabilities

1.4. Implementation of the Training Sessions Under Each Pillar

It is envisaged that for the effective delivery of all messages under each of the three pillars in this guide, the training/facilitation team will consist of at least one member with relevant expertise from sections that include health, nutrition, social welfare, community development, communication, gender, child protection and education. It is anticipated that the training will take 7 days which is deemed enough to allow the trainers to satisfactorily complete all messages under each pillar.

The introductory session will take 1 hour and 20 minutes which will immediately be followed by pillar one. Pillar one entailing *Care* covers eight sessions which will be delivered within three days and cumulatively take 15 hours and 25 minutes to complete. The sessions that should be fully covered include Pregnancy and birth, Nutrition, Health, Accidents, Disability, HIV, Adolescent Care, Fathers, and childcare. Second in line is pillar two *Protect* which has seven sessions, and the trainers/facilitators will be able to cover within two days and cumulatively take 9 hours and 25 minutes. The sessions include birth registration, safe and peaceful homes, protecting children with disability, managing family separation, harmful practices, protecting children online and fathers and protection. The last pillar three *Communicate* has six sessions which should take trainers/facilitators two days to complete and cumulatively take 9 hours and 45 minutes. The sessions include establishing good family communication, Communication for gender equality, talking with children, helping children learn, communicating with children with disabilities and fathers, and family communication.

The expectation is that the approach utilized be comprehensive to ensure targeted outcomes are met. Based on the availability of resources and other factors, it is advised that the trainers/ facilitators can choose any pillar or sessions they need to

concentrate on. Nevertheless, the targeted participants are expected to cover all the sessions under each of the three pillars in this guide. After successfully completing the training by covering all the three pillars, the participants will be awarded a certificate of participation.

2.0. PARENTING ISSUES AND CHALLENGES

Rapid social change, limited knowledge, and the persistent influence of harmful beliefs and practices undermine responsible parenting behaviors. These issues impact the lives of millions of children in Tanzania, making them a primary focus for **Familia Bora, Taifa Imara**.

2.1. Gender Stereotypes and Imbalances: Raising Girls and Boys

- Gender stereotypes and imbalances: Raising girls and boys
- Gender-based violence
- The participation of fathers
- Separated families
- Poverty and parenting
- HIV stigma and discrimination
- Risks to child health and survival
- Gaps in parent/child communication Harmful practices
- Raising children with disabilities
- Increasing risks from social media
- Problems facing adolescent parents
- Challenges for working parents

Gender equality and inequality start at home, shaped by how girls and boys are raised, the relationships they witness between men and women, and the attitudes, aspirations, and behaviors they are encouraged to embrace.

By the age of three, most children begin to recognize certain behaviors as 'typical' for girls or boys. Boys are often expected to be aggressive, take risks, suppress emotions such as crying or showing vulnerability, and display physical strength. Meanwhile, girls are encouraged to express emotions openly, prioritize others' needs over their own, and accept being perceived as physically weaker. This process of teaching, learning, and adopting behaviors deemed typical for each gender is known as gender socialization. It significantly shapes children's behaviors, aspirations, and beliefs as they grow into adulthood.

Millions of children in Tanzania grow up in households where women have less education than men. Society often expects men to be the primary providers, leading to greater emphasis on educating boys. Girls, on the other hand, are frequently socialized to become child-bearers, which diminishes the perceived value of their economic potential reality reflected in education statistics. According to the 2022 Tanzania Population and Housing Census, the literacy rate for individuals aged five years and above is higher among males (80.5%) compared to females (77.2%). While the net enrollment rate for primary education is higher for females (85%) than males

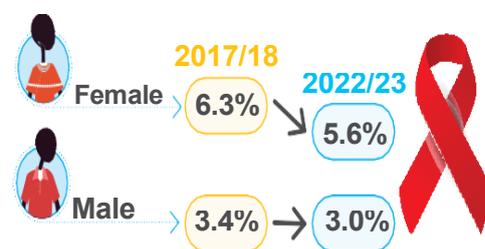
(80.7%), fewer girls (6.6%) than boys (8.4%) attain advanced secondary education or higher. Similarly, the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) reported that 21% of females aged six years and older have no formal education, compared to 16% of males.

Most children in Tanzania grow up in a society where men dominate decision-making roles. In 2010, nearly 64% of employed married women in Tanzania had no control over their earnings (TDHS, 2010). Despite various initiatives to empower women, this proportion remained nearly unchanged at 63% in 2022. Additionally, over the same period, 26% of married women reported having no autonomy over decisions regarding their own healthcare (TDHS-MIS, 2022). These realities reveal that many children learn early that men have the right to wield authority in the household and that leadership is reserved for men, thereby perpetuating the normalization of gender inequality.

Differences in the upbringing of girls and boys in homes are central to understanding gender inequality across various aspects of life in Tanzania. This inequality manifests in lower educational attainment, higher poverty rates, and reduced earnings for girls and women. Adolescent girls face increased risks of HIV, violence, and stigma surrounding pregnancy, while the men involved are often excused from accountability.

Tanzania has seen a reduction in HIV prevalence among adults aged 15 years and older—from 4.9% in 2017/18 to 4.4% in 2022/23. However, HIV prevalence has consistently been higher among females, decreasing from 6.3% in 2017/18 to 5.6% in 2022/23, compared to males, whose prevalence dropped from 3.4% to 3.0% over the same period (Figure 2.1). The gender disparity in HIV prevalence is most pronounced among young adults and adolescents aged 15–24, where the prevalence rate for females remains more than twice of males (THIS, 2022/23). These figures underscore the persistent gender gap in HIV prevalence, with young women remaining at significantly higher risk compared to their male counterparts.

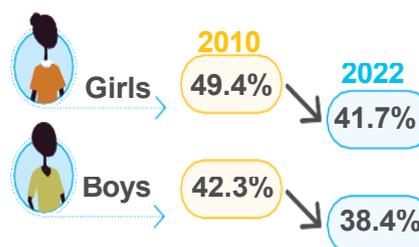
Figure 2. 1: HIV prevalence among adults aged 15 years and older and above



The gender gap in healthcare-seeking behaviors is evident among young women and men. Young women are more likely to engage with the healthcare system, driven by needs such as pregnancy-related care, family planning, and antenatal visits. Social norms and expectations surrounding sexual health encourage young women to be more proactive about their health. In contrast, young men may face stigmatization or perceive themselves at lower risk, which affects their willingness to seek healthcare services.

Between 2004-05 and 2022, the percentage of young people aged 15–24 years who tested for HIV and received their results increased significantly. Among women, the percentage rose from 9% in the 2004–05 TDHS to 39% in the 2011–12 TDHS-MIS and further to 44% in the 2022 TDHS-MIS. For men, the percentage increased from 7% in the 2004–05 TDHS to 29% in the 2011–12 THMIS and 30% in the 2022 TDHS-MIS. However, the proportion of young people getting tested for HIV remains low due to various barriers, including limited access to comprehensive knowledge about HIV prevention. National data from the TDHS-MIS (2022) reveal that less than 50% of young people aged 15–24 years in Tanzania possess comprehensive knowledge about HIV prevention.

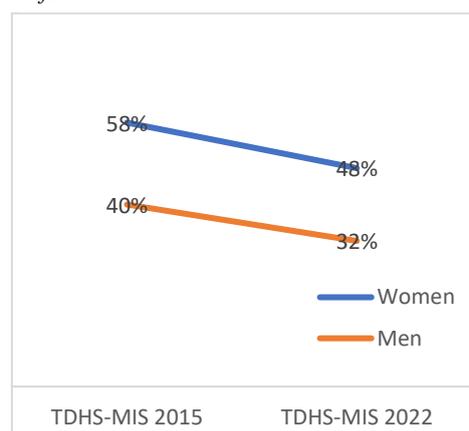
Figure 2. 2: Adolescents and young people aged 15-24 years with comprehensive knowledge of HIV Prevention



2.2. Gender-Based Violence

Millions of children grow up in homes where their mothers frequently experience physical and/or sexual abuse at the hands of their male partners. National data shows that 30% of married women faced physical violence from their partners in 2015, dropping slightly to 27% in 2022. Over the same period, the prevalence of sexual violence among married women changed minimally, from 10% in 2015 to 9% in 2022 (TDHS-MIS, 2022). Despite community sensitization efforts on the effects of intimate partner violence, these figures illustrate how normalized violence against women has become, with children growing up believing it is acceptable.

Figure 2. 3: Percentage of Women and Men believing that husband is justified in beating his wife



The societal acceptance of such violence is reflected in attitudes toward spousal abuse. In 2015, 58% of women and 48% of men believed a husband was justified in beating his wife for reasons such as burning food, arguing, neglecting children, going out without informing him, or refusing sex. By 2022, these percentages had declined to 48% for women and 32% for men (Figure 2.3). However, these attitudes continue to underline the urgent need for intensified interventions to transform societal behaviors and practices.

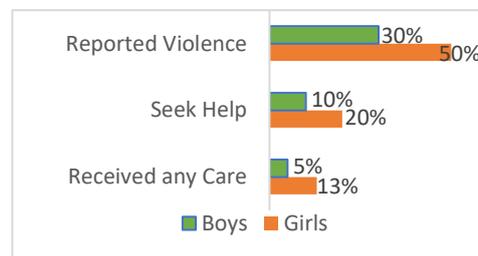
In Tanzanian society, violence is also widely used as a form of punishment for children, yet it has severe, long-term effects, including potential brain damage. According to Nkuba et al. (2018), over 90% of secondary school students reported experiencing violent discipline from parents, and more than 80% of parents admitted to using such techniques. The study further revealed a link between violent parental discipline and parental stress.

Adolescent girls are highly vulnerable to physical and sexual violence. The 2022 TDHS-MIS reports that 7.5% of girls aged 15–19 experienced physical violence, 8.8% experienced sexual violence, and 13.1% suffered either form since the age of 15.

Furthermore, violence against children in Tanzania is alarmingly prevalent, with approximately three in ten females and one in eight males experiencing childhood sexual violence (Vagi et al., 2016).

Many children remain silent about these abuses due to fear of not being believed, fear of punishment, or feelings of shame (UNICEF et al., 2011). Without support, children who experience such violence are at greater risk of engaging in risky behaviors, suffering from depression, anxiety, or self-harm as they grow older.

Figure 2. 4: Proportion of Children who reported violent attacks, seek help and received any care



Tragically, the cycle of violence often continues into adulthood. Girls who see their mothers being beaten are more likely to become victims of similar abuse in their marriages. Likewise, boys who grow up in homes where fathers beat mothers are more likely to adopt the same behavior as adults.

2.3. Participation of Fathers as Parents

Many fathers in Tanzania have limited involvement in child-rearing, often due to work commitments or societal norms that view parenting as primarily a woman's role. According to the Tanzania Demographic and Health Survey and Malaria Indicator Survey 2022, 74% of women aged 15–49 who received antenatal care for their recent live birth or stillbirth in the two years preceding the survey reported that their husbands or partners accompanied them to prenatal clinics (TDHS-MIS, 2022). However, men are less likely to engage with teachers about their children's education or take a sick child to a health facility.

Fathers with children in multiple households face additional challenges in being actively involved with all their children. The 2022 TDHS-MIS found that 15% of married women have co-wives, and 6% of married men have more than one wife. Polygynous unions are more prevalent among married men in rural areas (18%) compared to urban areas (9%). Such unions can limit parental involvement, particularly from fathers, as their attention, resources, and responsibilities are divided among multiple spouses and children.

Active involvement from both parents is essential for a child's emotional, cognitive, and social development. It fosters a balanced and supportive environment, enabling children to thrive in all aspects of life. Shared parenting not only strengthens the family dynamic but also reduces stress for both parents, contributing to a harmonious home environment. In contrast, single-parent households may lack diverse perspectives, affecting a child's emotional support, social growth, and sense of security. Single parents often face increased stress and financial strain, which can lead to burnout and potentially compromise the quality of parenting and the child's overall well-being.

The inadequate participation of men in parenting increases the childcare burden on women, especially in rural areas and among the poorest families, where there tend to be more dependents.

2.4. Separated and Mobile Families

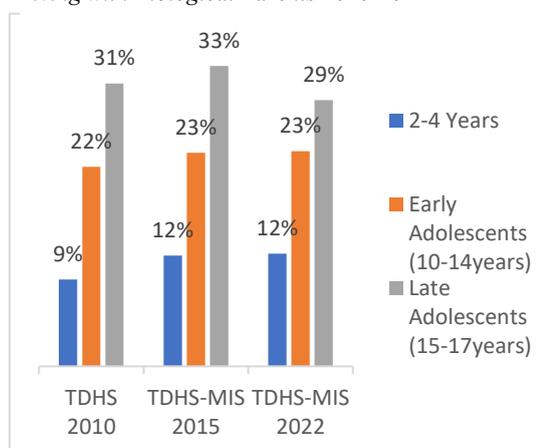
In Tanzania, families often face situations where fathers, mothers, children, or entire households are on the move. Many parents spend extended periods working away from home, leaving children behind with relatives or sending them to live with other families often without adequate preparation for the child or the host family.

Data from the TDHS show that the percentage of children not living with their biological parents has remained stagnant between 2010 and 2022, with this percentage being notably higher among adolescents aged 15–17 years. Although shared childcare traditions are strong in Tanzania, children living away from their parents are at greater risk of abuse and insecurity, which can negatively impact their physical and mental health, as well as their school performance.

Parental death also has severe consequences for the survival and well-being of young children, especially those under five years old, who are the most vulnerable. According to the 2022 Tanzania Population and Housing Census, approximately 7.1% of children under 18 have lost one parent, and over 3.4% have lost both. This means that 10.5% of all children under 18 are orphans (URT, 2024).

Migration from rural to urban areas, often driven by economic needs, presents additional challenges. Parents who move with their children into new communities frequently feel hesitant or unable to seek support or advice from neighbors regarding childcare. In rural areas, migration can lead to a decline in food production due to the loss of labor, negatively affecting family nutrition. Remittances sent by migrants rarely compensate for the loss of labor, which can increase poverty in rural communities and potentially result in further migration or family separation.

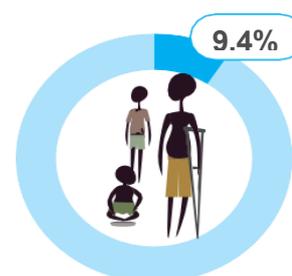
Figure 2. 5: Percentage of Children Aged 2-17 Years Not Living with Biological Parents 2010-2022



2.5. Poverty and Parenting

Rapid economic development has widened the gap between the rich and the poor. For families living on the edge of survival, the struggle to provide food, shelter, and clothing consumes significant time and energy, placing immense emotional pressure on both mothers and fathers. At times, parents are forced to make difficult choices, such as prioritizing food for their family over seeking medical care for a sick child.

Figure 2. 6: Children experiencing food (or extreme poverty)

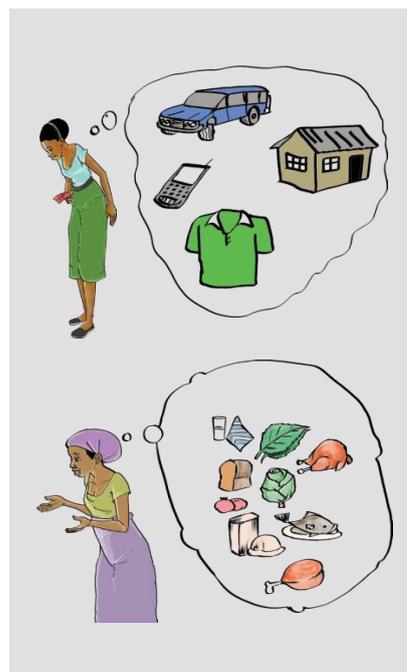


In Tanzania, over three in ten children aged 0–17 years (30.1%) live in basic needs poverty, while one in ten children of the same age suffer from food poverty (HBS, 2020). Patterns of poverty vary by region and residence. The Household Budget Survey indicates that basic needs poverty is most prevalent in Rukwa (48%), Simiyu (42%), and Lindi and Geita (41%). Conversely, Dar es Salaam (10%), Kilimanjaro (13%), and Njombe (15%) record the lowest levels of child poverty. The percentage of children living in poverty is significantly higher in rural areas (34.7%) compared to urban areas (18.7%).

Similar disparities are observed in food poverty among children. Rukwa (21%), Lindi (17%), and Kigoma (17%) have the highest rates of food poverty, while Mara (1.9%), Dar es Salaam

(2.8%), and Njombe (3.8%) have the lowest rates. In rural areas, 11% of children experience food poverty, compared to 5% in urban areas (HBS, 2020).

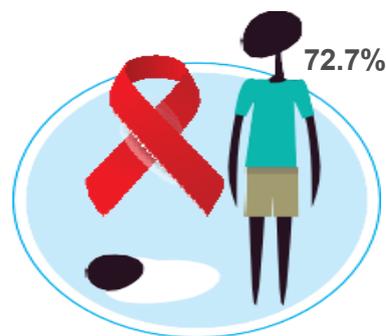
Families in extreme poverty often face additional barriers, such as traveling long distances to access essential services, making it less likely for a sick child or pregnant woman to visit a clinic. Children from these families are also less likely to progress to secondary education. In urban areas, heightened awareness of economic disparities can create frustration and tension within families. Adolescents from impoverished households may engage in risky behaviors to acquire goods they see others enjoying but that their families cannot afford.



2.6. HIV Stigma and Discrimination

Inadequate knowledge about HIV prevention, care, and treatment exacerbates HIV-related stigma, which obstructs testing, disclosure, and access to treatment. Stigma can sometimes escalate to violence and increases the risk of HIV transmission. According to the TDHS-MIS (2022), approximately 38% of men and women who reported being HIV-positive experienced stigma in community settings. This stigma often leads parents to fear disclosing their HIV status to their children, and spouses may hesitate to inform each other if they are infected, further increasing the risk of transmission.

Figure 2. 7: Children aged 0-14 years living with HIV and on treatment

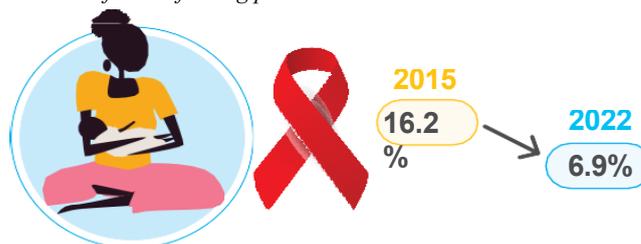


Children living with HIV may face exclusion or bullying at school and sometimes even within their own families. Stigma also contributes to vertical (mother-to-child) HIV transmission by creating barriers to effective prevention and treatment. Although vertical transmission can be prevented through appropriate medical interventions, stigma undermines these efforts by discouraging antenatal care

attendance, reducing adherence to antiretroviral therapy (ART), and delaying critical medical support.

Limited access to skilled delivery services and unsafe breastfeeding practices exacerbate health risks for young people. This situation calls for the government and NGOs to ensure that young people have universal access to a holistic, adolescent- and youth-friendly package of sexual and reproductive health services, including access to HIV-related services.

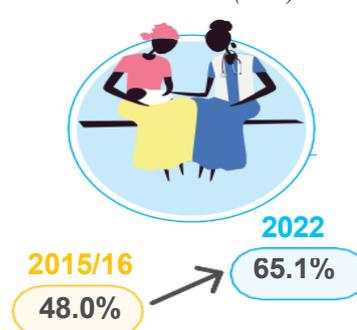
Figure 2. 8: Proportional of mother-to-child HIV transmission at the end of breastfeeding period



2.7. Risks to Child Health and Survival Maternal and Neonatal care

Maternal and neonatal health care are critical for the survival and well-being of both mother and child. It is recommended that pregnant women without complications attend at least eight antenatal care visits, with the first visit ideally occurring as soon as the pregnancy is suspected. However, the 2022 TDHS-MIS revealed that 35% of pregnant women fail to attend at least four clinic visits, and only 34% make their first visit during the first trimester. Alarmingly, 18% of women give birth at home without professional care.

Figure 2. 9: Women receiving four or more ante-natal care (ANC) visits



Postnatal care is equally concerning, as 49% of women with a live birth and 39% with a stillbirth did not receive a check-up within two days after delivery (TDHS-MIS, 2022). Furthermore, only 24% of newborns received all five essential signal functions within the first two days of life (Figure 2.10). These figures underscore significant gaps in access to and utilization of maternal and neonatal health care, highlighting the need for improved health care services and outreach to ensure better outcomes for mothers and their babies.

2.7.1 Nutrition

The primary causes of poor nutrition in Tanzania stem from inadequate feeding practices and illnesses often linked to poor sanitation, malaria, and limited access to vaccines for preventable diseases such as measles, pneumonia, and diarrhea. Stunting, which reflects the deficient growth environment a child has been exposed to, affects about three in ten children in Tanzania (Figure 2.11). Stunting is more prevalent among children whose mothers have no education (39%), those in the lowest wealth quartile (33%), and those living in rural areas (33%). Regionally, stunting rates are highest in Iringa, Njombe, and Rukwa, with levels exceeding 50% (TDHS-MIS, 2022).

Figure 2. 10: Trends of Stunting, Underweight and Wasting for Under Five children over Years in Tanzania



In addition to stunting, 12% of children under five are underweight, and 4% suffer from wasting—both serious indicators of poor nutrition that compromise growth, immunity, and development. Despite a gradual decline in prevalence, these conditions remain significant threats to child health and survival.

Appropriate feeding practices are vital for promoting children's growth and development. According to the 2022 TDHS-MIS report, 64% of children under six months are exclusively breastfed, marking an 8.5% increase since 2015 (Figure 2.12). However, regional disparities persist, with Dodoma achieving the highest exclusive breastfeeding rate (84%) and Geita recording the lowest (42%). Bottle-feeding is more common in urban areas, with a prevalence of 11%.

Furthermore, the report highlights gap in complementary feeding practices among children aged 6–23 months. Only 19% of children achieve minimum dietary diversity, 33% meet minimum meal frequency, and just 8% receive a minimum acceptable diet (TDHS-MIS, 2022; Figure 2.13).

While improvements in breastfeeding rates are promising, addressing gaps in nutrition and feeding practices is essential for improving child health, combating malnutrition, and enhancing learning and economic outcomes in the future.

2.7.2 Micronutrient supplementation, deworming, and anemia

Micronutrient supplementation, deworming, and addressing anemia are essential interventions for improving health and development, especially among vulnerable groups such as children and adolescents. However, recent trends highlight gaps. According to the 2022 TDHS-MIS, the percentage of children aged 6–59 months who received at least one dose of vitamin A supplements in the past six months dropped from 63.8% in 2015/16 to 53.3% in 2022. Similarly, among children aged 12–59 months, deworming medication coverage decreased from 59% to 49.7% during the same period. Additionally, data reveals that around 6 in 10 children aged 6–59 months and 5 in 10 adolescent girls aged 15–19 years are anemic.

This declining coverage of essential interventions, coupled with the high prevalence of anemia, poses significant risks to health and development. Consequences include poor physical growth, impaired development, increased susceptibility to diseases, and heightened mortality rates. Educational outcomes are also impacted, with malnourished children more likely to miss school and face difficulties in learning and performance.

Figure 2.11: Percentage of Children aged 0-5 months who are exclusively breastfed

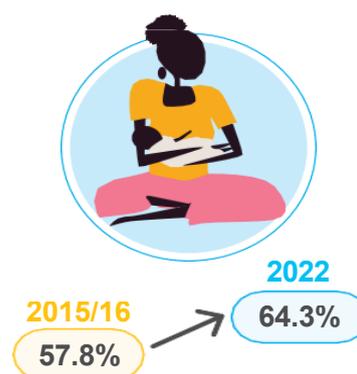
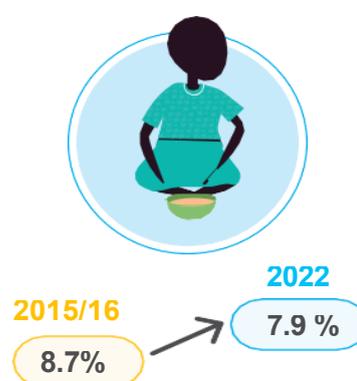


Figure 2.12: Children aged 6-23 months who received a minimum acceptable diet



Urgent efforts are needed to address these gaps, ensuring widespread access to micronutrient supplementation, deworming, and anemia treatment. Strengthening these interventions will improve health and development outcomes, contributing to a healthier, more productive population.

2.7.3 Prevention and response to childhood illness

In 2022, about 53% of children aged 12–23 months were fully vaccinated against all basic antigens according to the national schedule, a decline from 75.3% in 2015/16. Many children suffering from acute respiratory infections or diarrhea are not taken to health facilities or providers for advice or treatment. For instance, nearly 36% of children with diarrhea were not provided with oral rehydration treatment.

Parents and caregivers tend to respond more promptly to cases of fever. However, even with fevers, one in five children were not taken to a health facility, provider, or accredited drug dispensing outlet for treatment (TDHS-MIS, 2022). These findings underline significant gaps in healthcare access and utilization, which require urgent attention to improve child health outcomes.

2.7.4 Water, sanitation, and hygiene (WASH)

The percentage of households with access to at least basic drinking water in Tanzania has steadily improved, rising from 40% in 2010 to 49% in 2015 and 64% in 2022. However, significant disparities remain between rural and urban areas as well as across regions. Nearly half of households in rural areas lack basic drinking water, compared to just 6% in urban areas. Regionally, Singida (44%), Tanga (46%), Tabora (46%), and Mara (47%) report the lowest percentages of households with basic drinking water. In contrast, over 90% of households across all five regions of Zanzibar have access to basic drinking water.

Access to basic sanitation services has also increased over time, rising from 13% in 2010 to 52% in 2015, although progress slowed to 55% by 2022. The gap between urban and rural areas is narrower, with 57% of urban households and 53% of rural households having access to basic sanitation services.

Hygiene practices among the youngest children remain a concern. Around 44% of children under two years old living with their mothers have their stools improperly disposed of. This practice is more common in rural areas (50%) compared to urban areas (31%) and is strongly influenced by the mother's level of education and household wealth (TDHS-MIS, 2022).

These findings underscore the importance of targeted efforts to close regional and rural-urban gaps in water, sanitation, and hygiene access, as well as initiatives to improve hygiene practices, particularly among vulnerable populations.

2.7.5 Early Childhood Development Index

Early childhood experiences play a pivotal role in shaping biological and psychological development, ultimately influencing health, well-being, and productivity throughout life. Research on early childhood and its long-term effects has generated political momentum to strengthen early childhood development initiatives, prompting actions at national, regional, and global levels (Richter et al., 2019).

The 2022 TDHS-MIS introduced the Early Childhood Development Index 2030 (ECDI 2030) module, developed by UNICEF, which highlights the complexity of skills children acquire during their developmental stages. Findings from the ECDI2030 reveal that 53% of children aged 24–59 months living with their biological mothers are not on track in areas of health, learning, and psychosocial well-being. Furthermore, the proportion of children not on track increases with age, rising from 42% among those aged 24–35 months to 64% among those aged 48–59 months. Boys are more likely to be off track (56%) compared to girls (49%).

Children from the lowest wealth quintile households and those whose mothers have lower levels of education are more likely to experience developmental delays (TDHS-MIS, 2022). These findings underline the need for targeted interventions to support early childhood development, particularly for vulnerable populations.

2.8. Gaps in Parent-Child Communication

Research underscores the vital role of early communication, home-based learning support, and open parent-child dialogue in shaping a child's development. Despite this, many parents remain unaware of their significance. Engaging with babies through activities like talking and singing from birth boosts brain development, language acquisition, and social skills. However, a common misconception persists that speaking to infants who cannot respond is unproductive. The UNICEF T-Watoto Report (2014) highlights a troubling statistic: over 40% of infants under one-year-old spend an entire day without anyone talking or singing to them, missing essential early interactions that promote mental and social development.

Family involvement in preparing children for school is another area often overlooked. A 2014 report from ZUMM, *talk to Your Baby*, revealed that 80% of children aged 3 to 5 lacked exposure to activities like storytelling, counting, reading, or naming. Many parents mistakenly view learning as the sole responsibility of schools, unaware that home-based activities like storytelling and counting can significantly enhance learning abilities. Interactive play and regular conversations at home build understanding, questioning, and analytical skills while fostering confidence. Schools and teachers have an opportunity to educate parents on the importance of such activities to bridge the gap.

Open communication between parents and children plays a key role in shaping behavior and minimizing the need for disciplinary measures. When children and adolescents feel safe expressing their concerns and goals to attentive parents, they are more likely to make positive choices and navigate smoother transitions into adulthood, reducing risks of unsafe behaviors such as substance abuse or aggression. Furthermore, open communication encourages children to report instances of abuse, enhancing their protection. Promoting strong parent-child dialogue helps foster trust, resilience, and the likelihood of abuse reporting, providing a safer and more supportive environment for children.

2.9. Harmful practices

Harmful practices such as Female Genital Mutilation (FGM), child marriage, and child labor continue to affect children in Tanzania, despite existing laws prohibiting these practices. Although FGM is illegal, it persists in certain communities, impacting 4% of young girls aged 15–19 (TDHS-MIS, 2022).

Parents, as primary guardians of their children’s well-being, play a vital role in protecting their daughters from harmful cultural practices. By rejecting societal pressures, educating themselves, and engaging in local advocacy, parents can foster a safer environment for their daughters. Collaborating with advocacy groups and raising awareness are essential steps to help eliminate FGM within communities, ensuring a healthier and safer future for children.

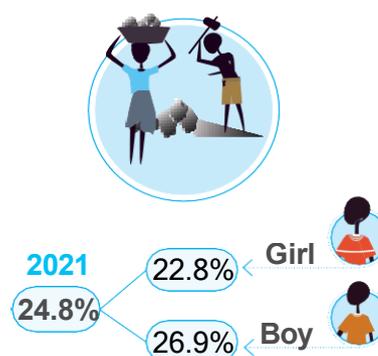
Child marriage and child labor remain significant challenges affecting children in Tanzania, despite laws prohibiting marriage under the age of 18. According to the 2022 TDHS-MIS report, 11.9% of boys and girls aged 15–19 are married, 6.5% are cohabiting, and 18.3% are currently in a union. The proportion of young girls married or in a union before the age of 15 has remained constant at 5.2% between 2015/16 and 2022 (Figure 2.14).

Figure 2.13: Women married or in union before age of 15



The data also reveals that half of Tanzanian women were married by the age of 19.8 years, compared to men, whose median age at first marriage is significantly later at 24.9 years. Regions with the lowest median age at first marriage for women include Tabora, Simiyu, Geita, and Katavi. These findings underscore the need for strengthened interventions to address child marriage and protect children’s rights and futures.

2.14: Children aged 5-17 years engaged in child labour



Parents play a pivotal role in preventing child marriage by valuing education and empowering their children to pursue their aspirations. Early marriage robs children of their childhood and future opportunities, leading to economic instability due to disrupted education and limited skill development. It frequently results in emotional distress, including feelings of isolation, anxiety, and depression, and often exposes children to domestic violence and abuse, leaving them with long-term trauma.

Moreover, early pregnancies pose significant health risks, such as obstructed labor and preeclampsia, which are worsened by the physical immaturity of young mothers. By prioritizing education, fostering open communication, and actively supporting their children’s aspirations, parents can help safeguard their futures and protect them from the harmful consequences of early marriage.

Although it is illegal for children under 14 to work or engage in hazardous labor, 24.8%

of children in Tanzania are employed (ILFS, 2021). Parents can play a pivotal role in protecting their children by prioritizing education and advocating for alternative income sources to break the cycle of poverty that often drives children into labor.

Community collaboration and dedicated parental engagement indeed lay the foundation for a future where children are free to explore their potential, unhindered by harmful practices. Building such an environment not only empowers children but also strengthens families and societies, fostering growth, resilience, and opportunity for all.

2.10. Raising Children with Disabilities

In Tanzania, 2.3% of children and young people are affected by disabilities, such as hearing loss, memory impairments, communication difficulties, mobility and vision challenges, and albinism (UNICEF, 2021). Many of these disabilities are preventable, often resulting from complications during pregnancy, birth, diseases, or accidents. Unfortunately, societal stigma surrounding disability remains deeply rooted, with mothers frequently blamed for their child's condition, leading to high rates of family abandonment. Studies indicate that mothers of children with disabilities are at increased risk of poverty due to limited social and financial support and the additional burden of caregiving.

Educational opportunities for children with disabilities are severely restricted. Reports show that only about 10% of these children are enrolled in primary school, with enrollment rates plummeting at the secondary level. Girls with disabilities face even greater barriers, often staying home to assist with household tasks or due to concerns about their vulnerability to abuse. Most schools lack adequate infrastructure, such as ramps, specialized toilets, and classroom adaptations (UNICEF, 2020). Furthermore, teachers receive minimal training on working with students with specific learning needs.

Addressing these issues requires urgent action to bridge the gap in awareness, training, and infrastructure. Empowering children with disabilities through improved access to education and fostering inclusivity within the Tanzanian education system is essential to ensuring they can thrive and reach their full potential.

2.11. Increasing Risks from Social Media

As of January 2024, Tanzania had 21.82 million internet users, accounting for 31.9% of the population—an increase from the previous year. Social media usage also grew significantly, with a 3.9% rise since January 2023 (Data Reportal, 2024), when there were 21 million internet users, representing 31.6% of the population.

While social media platforms offer opportunities for connection and information-sharing, they also pose risks for young people. These include exposure to cyberbullying, inappropriate content, and unrealistic standards that can harm mental health and self-esteem. Social media can spread misinformation, clash with cultural values, and lead to identity conflicts among young users.

Parents play a vital role in minimizing these risks by fostering open communication, educating their children about online privacy, and setting clear screen time limits to promote a balanced lifestyle. Parents and caregivers who are not familiar with the internet may struggle to recognize these risks or identify warning signs in their children's behavior. Awareness and guidance are essential for creating a safer digital environment for young people, helping them navigate the online world responsibly while maintaining their well-being.

2.12. Problems Facing Adolescent Parents

Adolescent parents in Tanzania face significant socio-economic, health, and educational barriers. Early parenthood often disrupts schooling, limiting young mothers' economic opportunities and increasing their vulnerability to poverty. With 27% of girls aged 15–19 having begun childbearing (UNICEF, 2021), many experience stigma, isolation, and mental health challenges. Pregnancy and childbirth complications pose heightened risks for young mothers, who often lack adequate access to reproductive health resources. Notably, infants born to mothers under the age of 20 face a 12% higher mortality rate compared to those born to mothers aged 20–29 years (TDHS-MIS, 2022).

The challenges are further compounded by strained family dynamics, which can amplify the hardships faced by adolescent parents. Comprehensive efforts in community sensitization, healthcare services, and social support systems are crucial for improving outcomes for adolescent parents and their children, ensuring they have a healthier and more stable future.

2.13. Challenges for Working Parents.

The labor force participation rate for individuals aged 15–64 in Tanzania stands at approximately 80%, reflecting significant economic engagement by the working-age population (World Bank, 2019). Despite this high involvement, many workers face challenges in balancing professional and family responsibilities, often leading to fatigue and reduced quality time with their children—critical for their development.

Initiatives such as Familia Bora and Taifa Imara provide crucial support by helping parents create nurturing home environments through simple routines, like shared meals and bedtime rituals, that encourage meaningful connections even within demanding schedules. Sharing caregiving responsibilities between male and female parents can alleviate individual strain and foster a healthier family dynamic.

Employers play a pivotal role in supporting work-life balance by implementing family-friendly policies, such as flexible schedules and parental leave. These measures not only enhance employees' well-being but also contribute to society by cultivating the next generation's growth and potential. A work culture that values family commitments ultimately boost employee productivity and strengthens communities (UNICEF & ILO, 2012).

Although Tanzanian labor laws provide foundational support for working parents,

including maternity and paternity leave provisions, they lack comprehensive measures to promote work-life balance for employees with family responsibilities. Female employees in Tanzania are entitled to 84 days of paid maternity leave, but this may not fully meet recovery needs, especially after complicated childbirth. Returning to work during the exclusive six-month breastfeeding period can cause stress for mothers, impacting their mental health and bonding with their children. Without workplace accommodation, such as lactation rooms or flexible schedules, meeting the recommended breastfeeding practices becomes increasingly difficult.

Recognizing this gap, it is crucial to implement family-friendly policies that support effective breastfeeding practices, promote work-life balance, and encourage good parenting. These changes would benefit not only employees but also their families and society.

3.0. REACHING AND ENGAGING PARENTS

- The national mobilization plans
- Mobilizing champions
- Responsible parenting and the health sector
- Responsible parenting and schools
- Responsible parenting and action to end violence
- Responsible parenting and civil society organizations
- Responsible parenting and religious leaders
- Responsible parenting and Parliamentarians
- Responsible parenting and local/national media

The national mobilization plan for Familia Bora, Taifa Imara engages multiple sectors of government and other partners. This section explores:

3.1. The National Mobilization Plans

Familia Bora, Taifa Imara aims to mobilize the health, education and social welfare sectors of government, parliamentarians, civil society organizations, development agencies, faith-based organizations, the media and employers to reach and engage parents and caregivers. The national mobilization plan illustrated in Figure 2 below includes the following key stages of implementation:

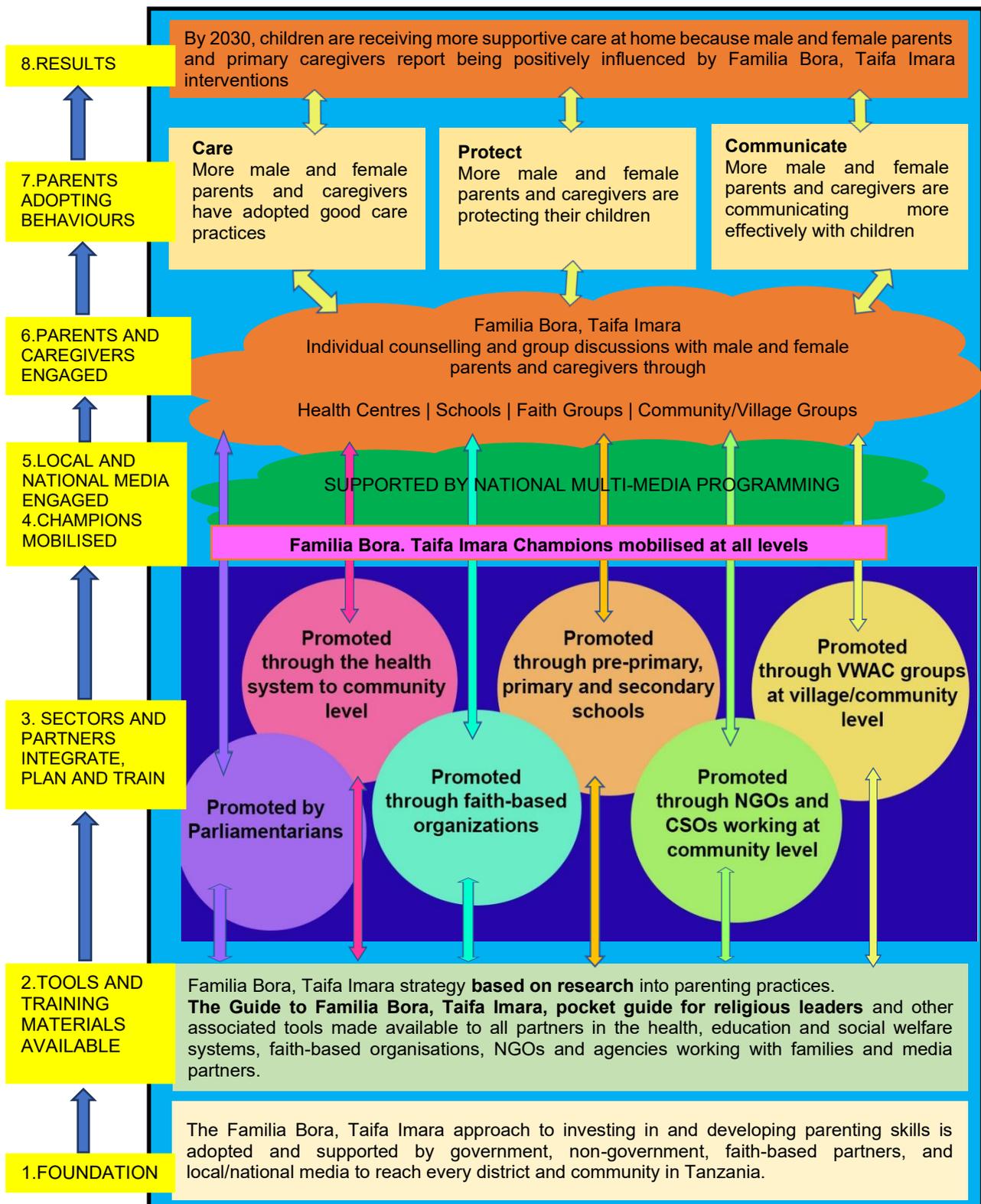
- **Foundation:** Commitment of all sectors and partners working with children and families to Familia Bora, Taifa Imara.
- **Tool:** Familia Bora, Taifa Imara Guide, is available to all partners.
- **Sectors and partners plan and train:** Using the Familia Bora, Taifa Imara tools, all sectors/partners plan how to integrate Familia Bora, Taifa Imara into their existing programmes, and roll out training in responsible parenting practices, improved interpersonal communication and the behaviour change approach through all regions where they operate. Coordinating implementation across sectors and within regions/ districts/communities will deliver the best results. Workshops will be organized for lead trainers within sectors.

- **Champions mobilized:** Champions are needed within all sectors, organizations, communities, and the media to actively push responsible parenting.
- **Local and national media engaged:** Responsible parenting experience shared through talk shows, dramas, and true-life stories, through social media, local and national radio, television, and print media.
- **Parents engaged:** Parents and caregivers reached through a wide range of channels at the community level (individual discussions, health facilities, schools, places of worship and other community groups).
- **Care, Protect, Communicate:** Families begin to adopt better parenting approaches.
- **Results:** By 2030 significant change in parenting practices is revealed and the process continues.

Familia Bora, Taifa Imara is a long-term strategy, dependent upon the commitment of many partners to achieve significant change in parenting attitudes and behaviours.

Familia Bora, Taifa Imara provides messages, tools, and an approach to working with parents that will enrich all programmes working with children and families, to deliver accelerated, sustainable results. While tools for implementing Familia Bora, Taifa Imara will be made available (largely through online channels) most of the cost of implementation will be borne by partners who incorporate the Familia Bora, Taifa Imara approach into their existing training plans and programme activities.

Figure 2: The Familia Bora, Taifa Imara national mobilization model.



3.2. Mobilizing Champions for Strong and Healthy Families

Champions have a genuine passion for responsible parenting and can be found in all walks of life. Familia Bora, Taifa Imara provides a context, tools, and opportunities where those who care most about responsible parenting can find a voice and opportunities to inspire others and make a difference for generations to come.

All champions begin by setting good examples in their own families. In addition:

- **Champions among parliamentarians** will ensure parenting challenges and supports are well-reflected in government policies and strategies and that the purpose and messages of Familia Bora Taifa Imara are well understood and acted upon in their constituencies.
- **Champions among teachers** will encourage other teachers to also work comprehensively with parents to help their children do better at school.
- **Champions in health facilities** (who may be parents) will lead responsible parenting sessions with parent groups, from pregnancy through the first few years of life, and strengthen health-service outreach to adolescents.
- **Champions in community groups** will help parents and caregivers to develop positive behaviours and practices on all aspects of responsible parenting.
- **Champions in the media** will advance responsible parenting by dramatizing the issues, giving airtime to the specialists and champions, and telling the real-life stories of parents and caregivers.
- **Champions among popular celebrities** will use traditional and social media to spread the key messages of Familia Bora, Taifa Imara among their followers.
- **Champions among religious leaders** will talk about responsible parenting and adapt the key messages of Familia Bora, Taifa Imara in their talks and sermons to reach and engage their followers.
- **Champions on social media** will use their influence to inspire their followers to adopt and share responsible parenting practices.
- **Champions in the private sector** will support laws that back family friendly practices in the workplace and introduce flexible working to help fathers and mothers spend more time with their children.
- **All sectors and organizations** should identify and promote the activities of their champions, celebrating their efforts through traditional and new media channels and using them as leaders in Familia Bora, Taifa Imara trainings.

There is an important role in Familia Bora, Taifa Imara for everyone who cares about families and children. We call out to faith leaders and journalists, politicians and civil servants, community-based organizations, employers, teachers, health service providers, social workers, grandparents, parents, aunts, uncles, other caregivers, adolescents, and children themselves to help with this important challenge and become a champion for stronger and happier families that deliver the care, protection, attention, and love that every child needs and deserves.

TO BECOME A CHAMPION FOR STRONG AND HAPPY FAMILIES

- **LEARN** about the Familia Bora, Taifa Imara Agenda by studying this guide. Understand the three pillars; Care, Protect, Communicate, the importance of 'supportive parenting', and the aims of the agenda.
- **TAKE ACTION** in your own household, adopt and practice the Care, Protect, and Communicate solutions by ensuring other family members understand what you are doing and join in.
- **SHARE** your experience with others in your community and your organization, through social media and encourage others to adopt these practices as well.
- **BECOME A CHAMPION** by declaring your commitment to **Familia Bora, Taifa Imara** through your place of work and/or social media. Report through these channels on how you are helping to advance Familia Bora, Taifa Imara. Volunteer to become a Familia Bora, Taifa Imara trainer to help other parents in your community and mobilize more champions.

3.3. Responsible Parenting and Health Workers

Health workers already support parents and caregivers to care for their children's health and nutrition. **Familia Bora, Taifa Imara** strengthens their work by emphasizing:

- The importance of fathers' participation in childcare.
- The vital importance of talking, singing, and playing with babies from birth because this stimulates brain development.
- Supporting appropriate care for adolescents, including mental health care.
- Establishing effective community-based accident prevention and first aid response.
- Improving skills in interpersonal communication and behaviour change approaches Familia Bora, Taifa Imara trainings will be integrated through existing in-service support for health workers, to reach every facility in Tanzania. Opportunities for integration include:
- The **Care for Child Development (CCD)** training package developed by UNICEF and WHO and now being introduced in Tanzania. The CCD package guides health workers and other counsellors to help parents and caregivers understand how to play and communication with infants and young children.
- The **Community Based Health Programme (CBHP)** which aims to place a male and female community health worker (CHW) in every village. Using Familia Bora, Taifa Imara tools, training can help CHWs develop stronger interpersonal skills and enhance their capacity to promote behaviour change in nutrition, sanitation and hygiene, disease prevention, early stimulation, the participation of fathers and community-based accident prevention and response, and positive gender socialization.

3.4. Responsible Parenting and Schools

Parents and caregivers have an enormous influence on the educational experience of children. Child readiness and performance in school is influenced by the home throughout their school lives. Parents influence education positively when they make space and time for homework, when they encourage and build child confidence, and encourage discussion, creativity, and commitment to education in their children. Parents are encouraged to promote a learning environment that improves gender equality among children and adolescent boys and girls.

Although parents' contributions are important, school plans and education sector policies make little reference to supporting or assisting parents with advice on how they can help their children do better in school. While Parent Teacher Associations (PTAs) exist, these are mostly focused on operational and funding issues. Parent-teacher conferences and discussions are held but there is little or no guidance for schools on how they can systematically inform and engage parents as partners in forwarding the education of their children.

Through Familia, Bora, Taifa Imara, the aim is to transform parent-teacher associations into forums that actively help parents to assist their children. Familia Bora, Taifa Imara trainings should be incorporated into existing in-service support for teachers and PTAs and include guidance on interpersonal communication to support responsible parenting, the reorientation of parent-teacher associations to help parents help their children do better at school and improving communication between parents/caregivers and children of all ages.

3.5. Responsible Parenting and Community Action to End Violence

The National Plan of Action to Eliminate Violence against Women and Children (NPA/VAWC) recognizes that violence occurs on a continuum (violence in childhood has a lifelong impact on a person's health and well-being). The Plan of Action aims to build systems from the village level that both prevent violence against women and children in all its forms and respond to the needs of victims/survivors. Parenting is the focus of one of the eight thematic working groups of the NPA/VAWC.

Familia Bora, Taifa Imara supports the implementation of the NPA/VAWC by providing clear messaging on responsible parenting to prevent violence (under both the Protect and Communicate pillars) as well as tools to strengthen interpersonal communication and behaviour change approaches. These should be implemented through support for community-based groups to end violence.

3.6. Responsible Parenting through Civil Society Organizations and Agencies that Engage Parents

All organizations that work with parents and caregivers should integrate Familia Bora, Taifa Imara messages, approaches, and training tools into existing programme because this will accelerate the achievement and sustainability of results. Training and implementation of Familia Bora, Taifa Imara approaches should be coordinated with similar interventions in local health facilities, schools, and community protection committees. The PO/RALG should play a central role in managing this coordination. Agencies like the Tanzania Social Action Fund (TASAF), the nationwide conditional cash transfer programme should also integrate the responsible parenting messaging and approaches of Familia Bora, Taifa Imara into their regular interventions and support for families.

3.7. Responsible Parenting and Faith-Based Groups

Religious leaders are among the most respected members of their communities, Parents, and caregivers account for most of the followers of faith in Tanzania. The principles and messages of Familia Bora, Taifa Imara align with the teachings of

many faiths. Several workshops have already been held to clarify the mechanisms for moving forward cooperation on responsible parenting with leaders of faith. Guidance on teachings on responsible parenting within a faith-based context is completed and these are the pocket guides for religious leaders for both Muslims and Christians. Several important leaders of faith have already declared themselves as champions for Familia Bora, Taifa Imara and could be highly influential in the years ahead.

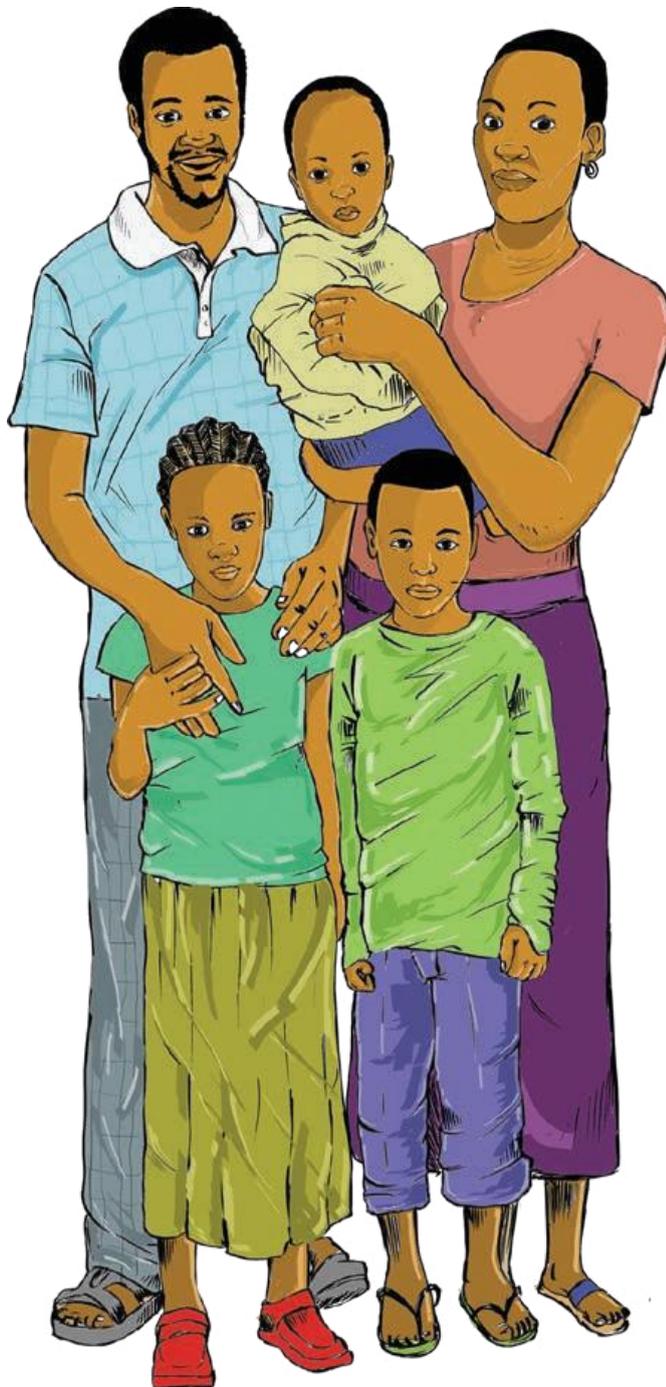
3.8. Familia Bora, Taifa Imara and Parliamentarians

Many parliamentarians are keen to speak out and act on behalf of Tanzania's parents and caregivers who account for most of their constituents. Among other important contributions, parliamentarians represent the voice of parents and caregivers at the national level and should influence policies and budgets in their favour-for example by supporting flexible working hours for parents, supporting poverty reduction and changes that put parents and caregivers at the centre of social development planning. Parliamentarians should set good examples as active champions for parents and promote responsible parenting messages through their constituencies and through national and local media.

3.9. Familia Bora, Taifa Imara and Traditional and Social Media

Whether working as journalists, Disco Jokers (DJs), editors, talk-show hosts or entertainers, members of the media are well-positioned to carry the responsible parenting messages of Familia Bora, Taifa Imara into Tanzanian homes. Several prominent media personalities have already declared themselves as champions for Familia Bora, Taifa Imara. Several stations have produced programmes focused on Familia Bora, Taifa Imara issues, featuring success stories of individuals and families who have been inspired to change their parenting behaviour. Such programmes can be highly influential in grasping the attention and the emotions of listeners, readers, and viewers.

Familia Bora Taifa Imara (Good Family, Strong Nation)



Care - Protect - Communicate

4.0. FAMILIA BORA, TAIFA IMARA SESSIONS

4.1. Introduction

This session has been prepared to enable facilitators to deliver the Familia Bora; Taifa Imara key message to Mothers, Fathers, and primary caregivers that will support them resolve parenting challenges they face while raising children. Each message promotes a positive parenting action or perspective rooted in evidence and centred on gender equality. The messages are organized under the three pillars of good parenting whereby each pillar covers a set of important issues.

- **Care** includes pregnancy and birth, nutrition, health, accidents, disability, ending HIV, adolescent care, fathers, and childcare.
- **Protect** includes birth registration, safe and peaceful homes, protecting children with disabilities, managing family separation, and harmful practices, protecting children online, and fathers and protection.
- **Communicate** includes establishing good family communication, communicating with children from birth to adolescence, helping children learn, communicating with children with disabilities, gender socialization, fathers, and communication.

Facilitators should adapt the messages to suit their audiences by making a demarcation whether they are parents and caregivers, service providers, community leaders, champions, the media, or the public. The introduction to the session has four parts which include objective of the session, discussion, key messages, and summary of the topic.

Objective: To familiarize participants with each other and be conversant with Familia Bora, Taifa Imara Package.

This introductory session will take 1 hour and 20 minutes and by the end of the session participants should:

- Be familiar with other workshop members and feel comfortable to share experiences.
- Understand the purpose and key principles of Familia Bora, Taifa Imara.
- Be familiar with the pillars of good parenting and the tools to be used during the training.

Structure of Introducing Familia Bora, Taifa Imara package

Activity	Duration	Methodology
Introduction of participants	20 minutes	Self-introduction, partners introduction
Exercise 1; group discussion and presentation	40 minutes	Discussion and presentations
Understanding the concept of Familia Bora, Taifa Imara	10 minutes	Lecturing, Brainstorming
Principles of Familia Bora, Taifa Imara	10 minutes	Lecturing, Brainstorming

When commencing each training session, facilitators should ensure that:

- Participants are registered with their full names, home location, place of work if relevant, and means of future contact – which is useful for reporting and for keeping track of the impact of the training.
- Participants are involved in setting rules of the workshop: Remind participants of the importance of respect for different opinions, to listen carefully to each other without interrupting, to seek clarification before commenting – emphasize the aim is to seek consensus, cooperation, and mutual support.
- Identify one or two people who are tasked with recording ideas, outcomes, and suggestions from the workshop that can be shared and applied in future.
- Participants understanding of topics/session is evaluated before and after sessions.

Training Materials

- Marker pen.
- Flip chart.
- Masking tape.
- Training guide.
- Relevant illustrations entailing different sessions.
- National guidelines, policies, laws and bylaws.

Participants Introduction

There should be 30 participants (15 male and 15 female) as possible. Each participant will take one minute to introduce themselves by name, if relevant where they work and where they grew up, number of their household members and living conditions. They will also mention something memorable or significant positive or a negative experience about their childhood or their family. After participants introduction then the facilitators introduce themselves and commence the training sessions.

Total time for introduction: half a minute per participant

Before starting the sessions, pose the following exercise and allow participants to discuss.

Exercise 1: The facilitator should ask participants to form 5 groups of 6 people each and discuss how parenting has changed over the years using the following questions within 10 minutes:

- Are there any differences between the way you were raised, and the way children are raised nowadays?
- How is family life different for children today? Is raising a child comparatively more difficult and if so, why?
- What do you think are children development needs?
- In the family where we live or that we know explain what is done differently in caring for a child with special needs?
- In your opinion what would be qualities for skilful parenting or caregiving?
- The facilitator should allow participants to share their feedback giving 2 minutes per group (10 minutes)

The facilitator should thank the participants for sharing their understanding on how parenting has been changing over the years and what they think should be qualities of a skilful parent or caregiver. Then conclude the session by delivering the information below. (20 minutes)

- **Basic Physical Care:** Children need warmth, shelter, adequate food and rest, proper hygiene, healthcare, and protection from danger to ensure their physical well-being.
- **Affection:** Emotional warmth is vital and includes physical contact, cuddling, comforting, showing admiration and delight, being patient, spending quality time, tolerating minor misbehaviors, and offering consistent companionship and approval.
- **Security:** Children thrive in a stable and predictable environment that includes consistent caregivers, a sense of permanence, simple and clear rules, regular routines, and a harmonious family setting.
- **Stimulation:** Encouraging curiosity, exploration, and learning through praise, responsive interactions, play, and access to educational opportunities helps children develop skills and reach their full potential.
- **Guidance and Non-Violent Discipline:** Teaching social skills and appropriate behavior requires patience, consistent boundaries, and positive role modeling such as demonstrating honesty, kindness, and empathy.
- **Responsibility:** Begin by giving children small tasks like self-care or tidying up, and gradually increase their responsibilities and decision-making opportunities. This helps them learn from experience and builds confidence through encouragement and praise.
- **Independence:** Children should be supported in making their own decisions starting with small choices and gradually expanding to more significant areas of their lives. Parents must strike a balance between offering protection and allowing the child to experience the consequences of their actions. Overprotection can be just as harmful as giving too much responsibility too soon.

Note about Children with Special Needs:

Some children require more care than others due to specific health or developmental conditions. This may include children who are ill (such as those living with HIV) or those with physical or mental disabilities, for example, children with blind, low vision, deaf, hearing, physical disability, and learning difficulty. These children may need extra medical attention, support, and care to lead full, healthy, and happy lives. Early identification and treatment of these additional needs are crucial. It is important that they receive specialized care from trained health professionals and educators who understand their condition and unique requirements as early as possible, to help them reach their full potential.

Qualities of a Skillful Parent/Caregiver:

- Is attentive to and responds appropriately to the physical, social, emotional, and mental needs of the child.
- Listening actively takes time to understand the child's feelings and shows genuine interest in their life and interests.
- Offers comfort and reassurance, especially when the child is upset or in distress.
- Is kind, affectionate, loving, friendly, gentle, and supportive in daily interactions.
- Build trust by being honest and open, creating a safe space for the child to express themselves.
- Recognizes that children learn by example and models important values such as respect, self-esteem, and moral integrity.

4.2. What is Familia Bora, Taifa Imara?

Familia Bora, Taifa Imara aims to help parents, caregivers, and communities across Tanzania to create homes in which all children will thrive and grow up to become strong, resilient, adaptable, productive, creative, and engaged citizens – the kind of citizens that Tanzania needs as a nation to prosper.

Familia Bora, Taifa Imara has been in development for several years. It has drawn on existing research and involved many consultations with parents and caregivers, civil society organizations, parliamentarians, media, religious leaders, and different branches of government.



Why do we need Familia Bora, Taifa Imara?

Every year, millions of shillings are invested on health and education and other social services. Vital though these investments are, it is still the home and family especially parents and primary caregivers who have the greatest influence on how a child develops and whether they will reach their full potential.

Most parents and caregivers in Tanzania are doing an excellent job of raising their children, yet the pressures of modern life and rapid social change are creating new challenges that affect all of us.

Responsible and positive parenting helps children grow into responsible, capable, caring, and productive citizens. The first few years of life are especially important because good nutrition, protection from diseases, speedy care when sick, protection from violence, and early stimulation through play, songs, talk, and love lays a foundation for healthy physical, emotional, and neurological development. As children grow older, they also need stable and supportive homes that will strengthen their self-esteem and confidence, which can help them in school as well as their emotional and social development.

Insecurity, discouragement, and abuse in childhood can cause physical, emotional, and psychological damage. Sometimes, children who feel neglected will find a teacher, a neighbour, a relative or a mentor who listens, supports, and fills them with sufficient self-belief to enable them to overcome these barriers and succeed in life. Those who are less fortunate often have erratic school attendance, poor learning outcomes and are at high risk of dropping out of school early. Their lack of confidence, low self-esteem and poor sense of self-worth may lead them to be withdrawn and depressed, anti-social and more likely to fall into risky behaviours – from self-harm and unsafe sex to drug taking, aggressive behaviours and criminality.

But not all children who get into difficulties come from neglectful homes. adolescents may come from good loving homes yet be lured into risky behaviours for many reasons. However, if a child comes from a neglectful home, they are much more vulnerable and likely to face problems as they grow older.

And greater wealth is no guarantee of good parenting. Wealthier households might access better health care and schools, yet parents may be too busy to build strong relationships with their children – while many poorer households provide loving and supportive homes in which children thrive. For a child, feeling unloved or neglected can be just as damaging as poor nutrition. The effects of both can last a lifetime.

Parents and caregivers powerfully influence the attitudes children develop as they grow older. This includes their attitudes towards people with HIV, children with disabilities and the expected behaviours of girls and boys, men, and women.

- Girls and boys raised in households where they are treated equally and witness this equality in the relationships of their parents and caregivers, will be more likely to carry those ideas into their adult lives and will be well-placed to help make Tanzania a fairer and more just society.
- Girls and boys who grow up in homes where gender roles are rigidly defined, where girls learn to be reticent and boys to be ambitious, where boys and girls witness their fathers beating their mothers, are more likely to carry these ideas of inequality into their adult lives. Girls and boys who witness violence in the home, for example, are more likely to adopt similar roles of aggressor and victim in their relationships as they grow into adulthood.

It is in recognition of the important roles played by mothers, fathers, and caregivers that we have chosen the title, Familia Bora, Taifa Imara (Good Family, Strong Nation) for this national initiative.

4.3. Principles of Familia Bora Taifa Imara

Key principles of Familia Bora include:

Empowering parents: Familia Bora, Taifa Imara aims to help parents and caregivers understand not only what they can do to help children grow and develop well, but also **why** and **how** to accomplish this because knowing why and how helps parents to understand and explain these behaviours to their children and to other family members, friends, and neighbours.

Showing respect: Parents and caregivers play a vital role in all aspects of child growth and development and deserve to be respected. Familia Bora, Taifa Imara aims

to understand the circumstances that may help or impede parents from adopting positive parenting practices and to support action that will help parents cope with these challenges.

Best interests of the child: Good parenting is always in the best interests of the child. Actions that are in the best interests of the child protect their right to health, nutrition, education, protection, security, justice, to live with their family and enable their participation in decisions that affect them, according to their level of understanding. It is also in the best interests of the child for them learn how to respect others, and how to act responsibly and without causing harm to others.

PILLAR ONE:

CARE



5.0. PILLAR ONE - CARE

5.1. Introduction

Care is the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something. The care provided by parents and caregivers is vital for the physical well-being and survival of children. The pillar one has eight care sessions which should be delivered within three days and cumulatively take 15 hours and 25 minutes. The sessions include Pregnancy and birth, Nutrition, Health, Accidents, Disability, HIV, Adolescent Care, Fathers, and childcare.

Objective: To sensitize male and female parents and caregivers on the importance of health services, nutrition and responsive caregiving to children.

5.2. Structure to Deliver Key Messages on Care for Children

Topic	Duration	Methodology
Session 1: Pregnancy and birth	2 hour 50 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (danger signs during pregnancy, post-delivery, new-born baby), testimonies.
Session 2: Nutrition	2 hour and 40 minutes	Illustrations, group discussions, Individual reflection, scenarios, brainstorming use of illustrations (pictures of food categories available in the locality)
Session 3: Health	2 hour and 40 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (danger signs during pregnancy, post-delivery, new-born baby), testimonies.
Session 4: Accidents	1 hour	Individual reflection, group work, group discussion brainstorming, role play, buzz groups, experience sharing, use of illustrations (pictures of accident scenes), testimonies.
Session 5: Disability	1 hour	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, using of illustrations (pictures showing types of disability), testimonies.
Session 6: HIV	1 hour and 35 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (pictures of how HIV can be transmitted). Testimonies.
Session 7: Adolescents Care.	2 hours and 55 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (pictures of how adolescents can maintain their hygiene), testimonies.
Session 8: Fathers and childcare.	35 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (pictures reflecting how fathers can also care for their babies such as feeding and taking them to clinic), testimonies.
Total time	15 hours 25 minutes which should be spread within three days.	
Materials and tools required	Flip chart, maker pen, masking tape, training manual and caregiver's handbook, Familia Bora guidebook, stickers, illustrations on breastfeeding, feeding of/additional foods for a child between 6-24 months) and others listed per session.	

5.2.1. Session One: Pregnancy and Birth

Objective: Improved knowledge entailing pregnancy health for a safer delivery and a healthier baby.

This session on pregnancy and birth should take 2 hours and 50 minutes, by the end of this session the participants will know:

- The right age for pregnancy.
- The importance of child spacing and the recommended interval.
- The importance for all babies to be born at health facilities.
- The importance of fathers to accompany their expectant wives/partners to attend prenatal visits.
- The importance of eating available nutritious foods during pregnancy.
- The importance of adolescent to have right information about sex, and risk of child pregnancies.
- The importance of regular check-ups for infants in the first 24 hours after delivery.

STEP 1 (Duration is 25 minutes)

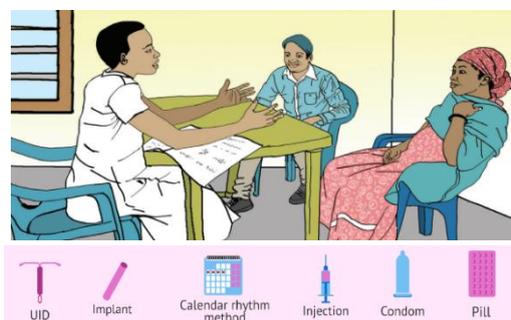
The facilitators should ask the participants to get into 5 groups of 6 people and brainstorm on the following questions within 5 minutes:

- In this community, what is the typical/common child spacing gap? In this community, what is the range of childbearing age?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what has already been mentioned. (10 minutes)
- As they present, the facilitator notes down all the answers to help him/her come up with key points for discussion after all the groups have presented.

The facilitator should thank the participants for sharing their understanding of birth spacing and conclude the session by delivering the information below. (10 minutes)

Care message 1: Birth spacing (Beneficiaries: Mothers, fathers, and new-borns).

Parents should wait until their young child is at least two years old before attempting another pregnancy. This protects both the mother's and the child's health and well - being, and it allows both parents to give the child the focused attention he/she requires.



- Spacing births helps mothers to fully recuperate from the effects of pregnancy and delivery and greatly improves opportunities for healthier mothers and infants.

The best time to get pregnant is between 20 and 35 years. This age range is associated with the best outcomes for both the mother and the baby.

- Multiple and closely spaced births increase the risk of mother and newborn death, especially after the mother reaches 35 years.
- Mothers and fathers should talk with a health worker about the best way for them to manage birth spacing.

STEP 2 (Duration is 25 minutes)

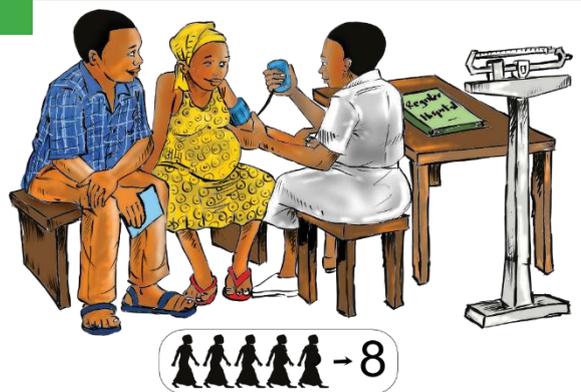
The facilitator should ask participants to form 5 groups of 6 people and discuss the following questions within 5 minutes:

- What is the recommended time for a pregnant woman to begin prenatal visits?
- How many pre-natal visits a woman should make throughout the pregnancy period? Why is it important for the pregnant woman to attend prenatal visits?
- What is the importance of the expectant father to accompany the expectant mother for all pre-natal visits?
- What is the importance of an expectant mother and father to have an HIV test together? The facilitator should allow participants to share their feedback giving 2 minutes per group (10 minutes)

The facilitator should thank the participants for sharing their understanding of planning for childbirth, and conclude the session by delivering the information below. (10 minutes)

Care message 2: Planning for childbirth
(Beneficiaries: Mothers, fathers, and new-born).

Expectant mothers need to be accompanied by the father-to-be during prenatal visits to learn how to plan for and support her during pregnancy and childbirth to ensure the safety of the mother and child before and after birth.



- To protect their own health and the health of the baby, all women should see a health worker as soon as they think they are pregnant and make at least eight clinic visits before giving birth.
- The caring and emotional support of expectant fathers for the mother-to-be enriches the fathering experience and helps to strengthen the family.
- Fathers who are well-informed about pregnancy and childbirth may have life-saving roles to play if emergencies arise. Swift decisive action in emergencies can mean the difference between life and death for mother and/or baby.
- Making a childbirth plan ensures expectant mothers and fathers know

where the baby will be born, how they are going to get to the health centre or hospital and ensure a skilled birth attendant, such as a midwife, doctor, or nurse, will be available to assist.

- Birth plans include finding a trusted caregiver who will look after other children while the mother and father are at the health facility for the birth.
- To protect their unborn child, expectant mothers and fathers should both ask to be tested for HIV because this helps them plan to protect their own health as well as the health of their children. (See *Ending HIV page 60*).
- Expectant mothers and fathers should use pre-natal visits to seek advice on good nutrition for the mother-to-be, and how to stay healthy throughout pregnancy, how to recognise signs of labour or warning signs of pregnancy complications. Expectant parents should ask nurses about any fears they have about pregnancy, birth and raising their child.
- All expectant mothers should sleep under a treated net to prevent malaria and need to be protected from tetanus which can be deadly for new-borns. The health worker should review the history and clinic card of the expectant mother to ensure that they have active tetanus vaccination.
- Disabilities can be prevented; Women of child-bearing age should take a daily supplement of 400mcg folic acid to reduce the risk of physical disabilities in the child. Avoiding dangerous medicines, poisons and pesticides can also help to prevent disabilities.
- Smoking and drinking alcohol during pregnancy can damage the unborn child; Smoking increases the risk of miscarriage, low birth weight and sudden infant death syndrome. Alcohol consumption can cause miscarriage, stillbirth, and a range of lifelong physical, behavioural, and intellectual disabilities in the child.
- Gentle yet regular exercise throughout pregnancy will improve general health and well-being, help to reduce discomforts such as backache and fatigue, help to build stamina and improve sleep. Expectant fathers and mothers should exercise together-for encouragement and to build stronger bonds.

STEP 3 (Duration is 25 Minutes)

The facilitator should ask participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- In this community what are the common foods recommended for a pregnant woman?
- How many meals are recommended to a pregnant woman per day?
- How do fathers, and other family members support pregnant women reduce the work burden?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on good nutrition during pregnancy, and conclude the session by delivering the information below. (10 minutes)

Care message 3: Good nutrition during pregnancy
(Beneficiaries: Mothers and unborn child).

Fathers and all family members should encourage girls, women, pregnant women, and recent mothers to eat nutritious diverse foods available in the area because this will help them to avoid pregnancy complications and give birth to healthier babies.



- Three balanced, meals and three light snacks throughout the day are good to ensure mother's and baby's nutritional needs are met. Snacks that have good amounts of nutrients such as fruits, vegetables, cereal, and milk are recommended.
- Eating a variety of healthy foods is important throughout pregnancy. This includes different fruits and vegetables, pulses, meat, fish, milk, poultry and *dagaa* (sardines).
- During prenatal visits, a health worker will assess nutritional status of expectant mother, counsel her on healthy eating and lifestyle then provide nutritional supplements for improved pregnancy outcomes.
- Caring for expectant mothers is a community responsibility. To support healthy pregnancies and births, fathers, family members, employers and other community members should act to reduce the work burden on pregnant women while encouraging them to rest and eat well.

STEP 4 (Duration is 30 minutes)

The facilitator should ask the participants to use their own experience and reflect on the questions below within 10 minutes:

- What is one good experience you remember from your teenage sexual relationships? What is one bad experience you will never forget about your teenage sexual relationships?
- When you were at adolescence stage do you remember any girl who became pregnant? If so, what did you learn out of that?
- What can parent and caregivers do to prevent a sexually active adolescent girl getting pregnant or boy impregnating girls or women?
- If an adolescent girl becomes pregnant, what support do you think she needs from the father, mother, or caregivers?

- The facilitator should ask 5 participants to volunteer and share their experience for 2 minutes each while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on adolescent pregnancy, and conclude the session by delivering the information below. (10 minutes)

Care message 4: Adolescent pregnancy
(Beneficiaries: Adolescents).

Fathers, mothers, and caregivers should openly discuss relationships, sex, and the risks of girls becoming pregnant with adolescent girls and boys. Adolescents require assistance in understanding how to manage the new feelings and emotions they are experiencing as they grow into adulthood.



Adolescent pregnancy is defined as the occurrence of pregnancy in girls aged 10–19.

- Almost one-tenth of all births are by women below 20 years old, and more than 90% of such births in developing countries.
- Many adolescents know of someone in their school or community who became pregnant when they were very young. Talking about these examples in a non-judgmental way can lead into discussions about relationships, how to avoid unwanted pregnancy and prevent HIV and STIs. The more parents talk about these issues, the less awkward these conversations become.
- Parents and caregivers should ensure adolescent girls and boys understand that all girls who have unprotected sex can become pregnant and the risk of death to both mother and infant is much higher if a girl gives birth before she reaches 18 years.
- If an adolescent girl or boy is sexually active, parents and caregivers should ensure they have access to and know how to use condoms to prevent pregnancy, HIV and STI transmission.
- If a girl becomes pregnant before she is 18 years old, the emotional support of her mother and father is enormously important, for the mental and physical health of both daughter and future grandchild. She needs the same medical and nutritional support recommended for any pregnant women.
- Adolescent girls who become pregnant should continue their education as soon as possible after giving birth. This is in the best interests of both the young mother and her infant.

See also Communicate message 11 - Preventing unwanted pregnancy.

STEP 5 (Duration is 25 minutes)

The facilitator should ask participants to get into 5 groups of 6 people and brainstorm on the following questions within 5 minutes:

- Do fathers and family members accompany expectant mother to health facilities during childbirth? If not, why?
- In this community do we have mothers who deliver at home (children not delivered in health facility)? If so, what are the reasons?
- If they give birth at home or out of the health facility what should be done? Why is it important for mothers to give birth in a health facility?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on health services for mothers who do not give birth at a health facility, and conclude the session by delivering the information below. (10 minutes)

Care message 5: Health services for mothers who do not give birth at a health facility. (Beneficiaries: Mothers and new-borns).

Fathers and family members should accompany pregnant women to a health facility where they will give birth. Mothers who give birth at home should be taken to a health facility as soon as possible after delivery to receive the necessary professional assistance for themselves and their new-borns which help reduce the risk of birth complications and death.



- It is extremely important that all births are attended by skilled healthcare professionals. Timely management and treatment can make a difference between life and death for the mother and the infant.
- It is especially important to seek immediate emergency medical care if the mother experiences serious complications such as uncontrolled bleeding.
- If a mother delivers at home, they should begin breastfeeding the baby within one hour of birth, or as quickly as possible and the baby must be kept warm. To achieve this, it is recommended that the mother and baby maintain skin-to-skin contact especially if the baby is small or is born prematurely.

STEP 6 (Duration is 40 minutes)

The facilitator should ask participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- List down the danger signs during pregnancy.
- What action should be taken if a pregnant woman shows any danger sign?
- List down the danger signs after delivery.
- What action should be taken if a woman shows any danger sign after delivery?
- What do you consider as danger signs for neonates?
- What action should be taken if the neonate shows any danger sign?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)
- The facilitator should list all key points on the flipchart and be sure all the danger signs during pregnancy, after delivery, and for the neonate are highlighted.

The facilitator should thank the participants for sharing their understanding of the care of mothers and infants in the first week and conclude the session by delivering the information below. (10 minutes)

Care message 6: Care of mothers and infants in the first weeks of life. (Beneficiaries: Mothers and new-borns).

Fathers and family members should ensure that mothers and infants are regularly checked by a health professional within the first 24 hours after delivery and subsequently after one week and again six weeks after birth, as this reduces the risk of disability and death for both the mother and infant.



- Danger signs during pregnancy include vaginal bleeding, convulsions/fits, severe headaches with blurred vision, fever and too weak to get out of bed, severe abdominal pain, fast or difficult breathing.
- Postpartum danger signs include postpartum depression, infections, blood clots, Chest pain, trouble breathing, heavy bleeding, severe headache, and extreme pain.
- Danger signs of the newborn include bleeding from the umbilical cord, a yellow colouring of the skin, and eyes, crying irritability, twitching, fast breathing, chest in drawing, high temperature, inability to feed, or stopped feeding well.
- Most fatalities to mothers and new-born babies happen in the first six weeks after birth. Timely management and treatment by skilled health professionals can make a difference between life and death, as well as avoiding long-term postpartum effects, such as mental disorders and hypertension related to pregnancy and childbirth.

The facilitator should conclude the session by highlighting the following desirable social norms and behaviours about pregnancy and birth. (5 minutes)

- Births of babies are planned and are at least two years apart.
- First births do not happen until a woman is over twenty years old. Women finish childbearing by the age of 35 years.
- All sexually active men and women, including sexually active adolescents, have access to appropriate information and effective forms of contraception.
- All pregnant women make at least eight visits to a health facility for appropriate services.
- Pregnant adolescents are supported to ensure they access appropriate antenatal and maternal services and can initiate breastfeeding within 1 hour of delivery and exclusively breastfeed for the first six months.
- Women of childbearing age understand how to reduce the risks of disability in their children by taking folic acid supplements, avoiding poisons, pesticides, and dangerous medicines, and stopping smoking and alcohol consumption while pregnant.
- Fathers take an active role in supporting the mother-to-be during pregnancy. They accompany expectant mothers on prenatal visits, take the HIV test and help plan for the birth of their child.
- Fathers and families support good nutrition for girls and women before conception, during pregnancy, while breastfeeding and beyond.
- Babies are born in health facilities with skilled health care providers.

5.2.2. Session Two: Nutrition

Objective: Improved knowledge of nutrition for the new-born, during childhood, and the whole family.

This session on nutrition should take 2 hours and 40 minutes, by the end of this session the participants will understand the following:

- Exclusively breastfeeding for the infant in the first 6 months of life.
- Taking ARV while exclusively breastfeeding the infant.
- Feeding a baby when the breast milk is unavailable.
- Introducing supplementary nutritious food when the infant reaches 6 months.
- Giving nutritious foods for both boys and girls between 6 and 24 months.
- Giving five types of foods to the child between 6 months to 5 years.
- All family members to eat balanced meals from all the five food groups.

STEP 1 (Duration is 25 minutes)

The facilitator should begin the session by asking the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- In this community what do you understand by the term exclusively breastfeeding?
- How practical is exclusively breastfeeding in this community?
- What is the importance of exclusive breastfeeding?

- How can fathers and other family members support mothers to exclusively breastfeed their infants below 6 months?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding of exclusive breastfeeding and conclude the session by delivering the information below. (10 minutes)

Care message 7: Exclusive breastfeeding from 0-6 months
(Beneficiaries: Babies 0-6 months).

Mothers should breast feed their babies because breast milk is the perfect food for babies. It provides all the baby needs to grow well and strong during the first six months of life and helps to protect the baby from diseases. No other food or drink, not even water, is needed until the baby is six months old.



Exclusive breastfeeding is that the infant only receives breast milk without any additional food or drink, not even water.

- Mothers who begin breastfeeding within one hour of delivery will help to stimulate the flow of milk and build a stronger bond with their new baby.
- Babies should be breastfed whenever they want to. The more the baby feeds, the more milk the mother will produce. Frequent feeding on both sides reduces the risk of engorged breasts.
- Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first six months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life.
- Breast milk contains antibodies that help your baby fight off viruses and bacteria. Breastfeeding lowers your baby's risk of having asthma or allergies. Plus, babies who are breastfed exclusively for the first 6 months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhoea.
- Most exclusively breastfed babies will feed about every 2 to 4 hours or about 8-12 times in 24 hours. Some babies may feed as often as every hour at times or may have a longer sleep interval of 4 to 5 hours. Babies will generally take what they need at each feeding and stop eating when they are full. They should seem content and drowsy when they have had enough milk.

- If breasts feel sore, it can help to gently hand-express some milk at the start of feeds to soften the breast tissue. Sore nipples can be prevented by ensuring the baby is properly attached to the breast.
- Fathers and other family members should encourage and support mothers to exclusively breastfeed, because this will help her to produce more milk and enable the baby to grow well.
- Boys and girls have the same nutritional needs. They should be given equal treatment in breastfeeding.
- Breastfeeding mothers need to eat more nutritious food (an extra snack or small meal every day), plenty of clean water to drink and reduced workload so they have ample time to breastfeed.
- Breastfeeding mothers often find their babies are affected if they consume too much caffeine in tea, coffee, and chocolate.
- Giving infant formula is discouraged unless advised by a health worker. Using feeding bottles can be dangerous for babies because it is difficult to keep them clean and safe. Infant formula is expensive for most families. Adding too much water to dilute the infant formula can lead to infant malnutrition while giving too much infant formula can cause obesity.
- If breast milk is unavailable for any reason or due to any medical acceptable reasons, for example, the mother is too sick or death of the mother, the mother or caregiver, respectively, should seek medical assistance from a nearby health facility.
- Mothers who are working away from their babies need extra time to express their breast milk. This can be safely stored in a cool place and given to the baby when the mother is not available.
- Employers should give time off for breastfeeding or for mothers to express breast milk because this helps the next generation get the best start in life.

STEP 2 (Duration is 25 minutes)

The facilitator should ask participants to reflect on the following questions on plenary within 5 minutes:

- Is it possible for an HIV positive mother to exclusively breastfeed her child who is below 6 months? If so, how? And if No Why?
- Is it possible for HIV positive mothers to breastfeed a child between 0-12 months, if yes how and if not, why?
- The facilitator should ask 5 participants to volunteer sharing the feedback (10 minutes)

The facilitator should thank the participants for sharing their understanding on breastfeeding when the mother has HIV, and conclude the session by delivering the information below (10 minutes).

Care message 8: Breastfeeding when the mother has HIV
(Beneficiaries: Infants 0-24 months).

Mothers living with HIV who practice exclusive breastfeeding and appropriate complementary feeding while adhering to antiretroviral therapy (ART) are unlikely to pass the disease on to their children.



- Mothers who are living with HIV should take ARVs and exclusively breastfeed their infants for the first six months of life.
- After the child reaches 6 months, breastfeeding and ARV treatment should continue while introducing additional safe, diverse, nutritious foods.
- Mothers living with HIV who are taking ARVs should be reassured that those shorter durations of breastfeeding of less than 12 months are better for their infant than who opt not to breastfeed.
- HIV positive mothers who wish to give infant formula to their babies should seek advice from a professional health worker. They should only give infant formula if they are certain that they can afford it, have access to clean and safe drinking water, energy for cooking and can guarantee all feeding utensils will be properly cleaned. The mother should also be prepared to cope with possible stigmatization if she chooses not to breastfeed.

STEP 3 (Duration is 15 minutes)

The facilitator should ask participants to get into 5 groups of 6 people and brainstorm the following question within 5 minutes:

- In this community, what happens if the mother cannot breast feed a child because of death, or has any other acceptable medical reasons?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding on feeding infants when breast milk is unavailable and conclude the session by delivering the information below. (5 minutes)

Care message 9: Feeding infants when breast milk is unavailable (Beneficiaries: Infants 0-24 months).

When breast milk is unavailable for any reason, for example the mother is too sick or death of the mother, or due to any medical acceptable reasons, the mother or caregiver should seek professional assistance from a nearby health facility.



Before six months, mothers and caregivers should avoid giving their babies any foods, other kinds of milk, or drinks other than breast milk or infant formula.

STEP 4 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- In this community, what is the minimum age of breast feeding the child?
- At what age should the baby start be eating additional food, and which type of foods?
- Can you explain how breastfeeding is done after the child starts eating additional foods?
- Is it critical for a child to continue breastfeeding on demand even after the initiation of additional foods? If so or if not, why?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what has already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding of feeding for children 6-24 months and conclude the session by delivering the information below. (10 minutes)

Care message 10: Feeding for children 6-24 months (Beneficiaries: Infants 6-24 months).

Fathers, mothers, and caregivers should ensure babies grow well by continuing with breastfeeding on demand from 6 up to 2 years or beyond while gradually introducing safe, diverse, and nutritious complementary foods.



Breastfeeding on demand – that is breastfeeding as often as the child wants, day and night.

- When the baby reaches six months, breastfeeding should continue while other safe, diverse, and nutritious foods are gradually introduced. From 6 months to one year, the baby needs to eat small and frequent meals at least 4 to 5 times, including 1 to 2 snacks per day.
- Good foods for young children include a variety of mashed up vegetables, fruits, beans, enriched porridge, milk, soups, eggs, fish, poultry, *dagaa* (*sardines*) and meat.
- Breast milk continues to be the most important source of nutrition for a baby even after they begin eating other foods. Between 6 months and 1 year, if your baby seems less interested in breastfeeding after you introduce solid foods, try breastfeeding before you offer other foods.
- Breast milk promotes sensory and cognitive development and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia and helps for a quicker recovery during illness.
- Breast-feeding should continue until the child is 2 years or beyond. How long and how often they breastfeed will change as they grow and eat more solid foods. Some children will only want to breastfeed before bed or in the morning. Others continue to breastfeed as a bigger portion of their daily diet.
- Even when breast-feeding is only maintained through evening and morning feeds, mothers can rapidly increase their milk supply if the child becomes ill and breast milk is all they want. The more the child breast-feeds, the more breast milk will be produced.
- If a young child becomes ill, frequent breastfeeding is soothing and provides good nutrition and energy to help them recover. Children who are sick should be provided with plenty of fluids, frequent small nutritious meals (four or five per day), and plenty of rest.
- Mothers who are working away from their babies need extra time to express their breast milk. This can be safely stored in a cool place and given to the baby when the mother is not available.
- Employers should give time off for breastfeeding or for mothers to express breast milk because this helps the next generation get the best start in life.

Facilitators Tip:

As a mother, breastfeeding to 2 years lowers your risk of breast cancer, ovarian cancer, joint pains (rheumatoid arthritis) high blood pressure, heart disease, and diabetes. Breastfeeding contributes to the health and well-being of mothers; it helps to space children, and increases family and national resources, is a secure way of feeding and is safe for the environment.

STEP 5 (Duration is 15 minutes)

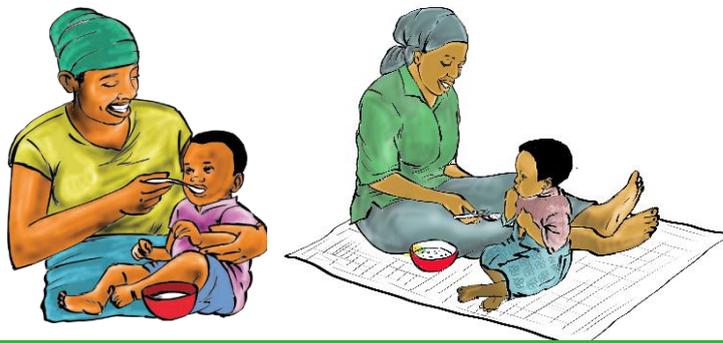
The facilitator should ask the participants to get into 5 groups of 6 people to brainstorm and provide feedback on the following question within 5 minutes:

- In this community is there any difference in breastfeeding and feeding a boy or a girl child? If so, what are the reasons for the difference?
- The facilitator should allow each group one minute to present while guiding them not to repeat what have already been mentioned. (5 minutes)

The facilitator should thank the participants for sharing their understanding on feeding for boy and girl infants and conclude the session by delivering the information below. (5 minutes)

Care message 11: Feeding for boy and girl infants
(Beneficiaries: Infants 6-24 months).

Mothers and fathers should know that boys and girls have the same nutritional needs. They should be given equal treatment in breastfeeding and feeding.



- Fathers, mothers, and caregivers should ensure equal breast feeding for girl and boy infants because they both need same amount of nutrients to grow strong and healthy.
- Parents should give equal attention to feeding girls and boys when they reach six months and start eating other foods as well as breast milk. Girls and boys need diverse and nutritious diet, the same amount of food and to eat as frequently as each other.
- Parents should give equal attention to monitoring the growth of boys and girls and take action to stop malnutrition getting worse. In Tanzania more boys than girls are stunted when they are under five years.
- Parents should make sure girls and boys under five years are eating regularly and are not skipping meals, which may happen more often to boys because they are more often out of the house playing.

STEP 6 (Duration is 30 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people to brainstorm the following questions within 10 minutes:

- For children to grow well do they need to eat variety of foods? If so, why?
- What group of foods do children need to eat to grow healthy?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on healthy growth in early childhood and conclude the session by delivering the information below. (10 minutes)

Care message 12: Healthy growth in early childhood
(Beneficiaries: Children up to 5 years).

Children who grow up healthier have sharper minds and cognitive ability if they are well-nourished in early childhood.



A healthy balanced diet includes foods from all 5 groups: fruit, vegetables, grains, proteins, and fat/oil. Foods high in sugar saturated fat and salt are not necessary for a healthy diet and should be limited.

- Children need a diverse and nutritious foods to grow up healthy with a mix of fruits, vegetables, beans, milk, meat, fish, poultry and *dagaa* (sardines). (for five groups of food refer to the Annex 1 page 135 of this document).
- To prevent malnutrition, mothers, fathers, and other caregivers should make sure the child's growth is monitored regularly, especially during the first five years of their lives. The health card or booklet given to every child is used to assess if they are growing well. It is important to carry the card or booklet every time the child goes to the clinic.
- Fathers, mothers, and caregivers need to follow the advice of health workers if children become underweight, wasted, or stunted, which means children are too short for their age. The child's mental and physical development will improve if they have sufficient Vitamin A, iron, and iodine. Children should get Vitamin A supplements twice every year from the age of 6 months to 5 years. Families should only use iodized salt. Iron-rich foods such as liver, lean meats and fish support adequate growth and prevent anaemia.

The facilitator uses the information below for clarification to the participants

Recommended feeding for children 6-24 months:

- At 6-7 months give breastmilk at least 6 times per day. Give two or three tablespoons of soft porridge or well-mashed foods. Three times a day after breastfeeding.
- At 7 to 8 months continue breastfeeding. Give about two-thirds of a cup of mashed foods three times a day after breastfeeding.
- At 9 to 11 months continue breastfeeding morning and evening. During the day, after breastfeeding give at least three-quarters of a cup of finely chopped or mashed food and foods that the baby can pick up four or five times per day.
- At 12 to 24 months breastfeed morning and evening and as needed during the day, Give chopped/mashed family foods, five or six times per day.
- Breastfeed on demand day and night.

See Annex 1 for more information on food groups and feeding children under two years.

Facilitator's Tips

Infants should be breastfed on demand – that is as often as the child wants, day and night. Breastfeeding on demand (also known as “responsive feeding,” “feeding on sign,” and “baby-led” feeding) is the practice of responding flexibly to your baby’s hunger signs. A 20 to 30-minute in each feeding helps to ensure that the baby is getting enough breast milk. It is also enough time to stimulate your body to build up your milk supply. Scheduled feeds may interrupt this natural process of milk production.

STEP 7 (Duration is 25 minutes)

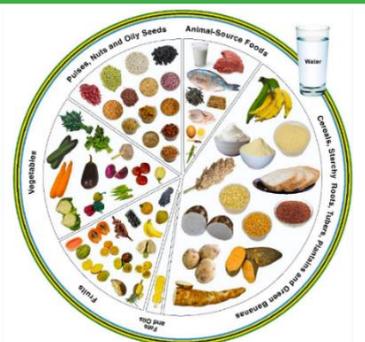
The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- How many meals do you eat in your family per day? Please mention them.
- In a typical day what type of foods does your family eat? (Try to establish the average type of foods consumed by a family per day or per week)
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on healthy eating for the whole family and conclude the session by delivering the information below. (5 minutes)

Care message 13: Healthy eating for the whole family (Beneficiaries: everyone in the family).

Establishing healthy eating habits during childhood and adolescence delivers lifelong benefits. Fathers, mothers, and caregivers need to ensure that the family eats correctly from all the five food categories to ensure a healthy life.



A varied diet of fruits and vegetables, pulses, meat, fish, chicken, milk, and eggs provide everything that children need to grow well and for the whole family to enjoy better health.

- Fathers, mothers, and caregivers who make sure their children eat breakfast will help them to concentrate better at school. Children who are hungry find it harder to learn.
- Eating too much sugar, fat and salt can be harmful. Fathers, mothers, and caregivers can prevent bad teeth and obesity in children by avoiding foods and drinks that contain too much sugar. Too much salt in the diet increases the risk of high blood pressure, which can lead to heart disease and strokes.
- As children grow older, parents should help them understand that some advertised foods and drinks might look attractive but are bad for their health and teeth.
- Children who become overweight or obese may face health risks as they grow older. Helping children and adolescents to manage their weight needs to be approached sensitively and without ridicule or shaming because this can lead to eating disorders and other mental health problems. Fathers, mothers, and caregivers can help by only serving nutritious foods at home, encouraging exercise and, if needed, going with the child to seek advice from a skilled health provider.

The facilitator should conclude the session by highlighting the following desirable behaviours and social norms about nutrition. (5 minutes)

- Fathers and the whole family, support mothers to exclusively breastfeed babies for the first 6 months.
- Girls and boys are breastfed and fed equally, since they have the same nutritional needs.
- Breastfeeding continues for 24 months or longer and on demand with additional nutritious foods given to the baby after they reach six months.
- Children have a diverse diet, starch – for example cassava, maize and plantains, protein such as meat, liver, fish, poultry and legumes fat, vegetables, and fruits. Parents and caregivers recognize and respond to signs of infant and child malnutrition.
- To prevent anaemia, girls and women eat more foods rich in iron.
- The whole family understands that too much sugar, fat or salt in the diet can be harmful to health.

5.2.3. Session Three: Health

Objective: Enhanced skills on the importance of child health for growth and development.

This session on health should take 2 hours and 40 minutes, by the end of this session the participants will acquire the importance of:

- Good hygiene for the child's health.
- Effective childhood immunization.
- Preventing pregnant women and children under five from malaria.

- Preventing children from pneumonia.
- Preventing children from diarrhoea.
- Immediate response to childhood illnesses.
- Physical fitness for the whole family.

Care message 14: Good hygiene for the whole family (Beneficiaries: Children 0 to 18 years).

Good personal hygiene is one of the most effective ways to prevent the development and spread of infections. Maintaining good personal hygiene includes skin care, hair care, hand and nail care, dental care, and always keeping clothes clean. Fathers, mothers, and caregivers should teach their children to wash their hands with soap and running water during critical times such as after using the toilet, changing children's diapers, before touching or preparing food, before eating and breastfeeding or feeding children to prevent diarrheal diseases in the family.



STEP 1: (Duration is 25 minutes)

The facilitator should begin by asking the participants to get into 5 groups of 6 people and work on the following questions within 5 minutes:

- What do you understand by the term proper hand washing? What are critical times for hand washing?
- What are the sources of drinking water in your community?
- In this community how do you make the drinking water safe?
- How does your community keep water for drinking?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding about good hygiene for the whole family and conclude the session by delivering the information below. (10 minutes)

- To properly wash the hands, use soap and water and rub every surface of the fingers and hands for at least 20 seconds, rinse your hands well under clean, running water. After rinsing hands, thoroughly dry them with a disposable or clean towel or allow to dry in the air. Proper hand washing can prevent the spread of illness and infection. It is a simple yet effective technique that anyone can use.

- Washing hands with soap and clean running water prevents the spread of many diseases, reduces the risk of children becoming ill, and saves money and time spent going to the clinic.
- Washing hands with soap can be fun for children. Mothers, fathers, and caregivers who make hand washing and teeth cleaning enjoyable will make it easier to install these habits in children. Telling stories about chasing germs away helps children as young as three years old understand why washing their hands, their faces and cleaning their teeth are so important.
- Water that the family drinks must be clean and safe. Water should be taken from a safe source, stored in clean and covered containers and, if needed, purified by boiling, filtering, or disinfecting using water treatments like chlorine.
- Keeping the home and surroundings clean, swept, and free of refuse protects family health. Infants and young children need safe and clean floors, yards, and gardens to crawl, play and explore.
- Eating raw or leftover cooked food can cause serious illness. This can be avoided by proper washing and cooking, by eating food straight after cooking, by making sure leftover food is properly stored in covered containers and is thoroughly reheated before eating.
- Food, utensils, and food preparation surfaces need to be kept clean and away from animals. If there is no collection service, all refuse should be buried or burned.
- Keeping the toilet or latrine clean and closed protects family health. If there is no toilet, make sure the latrine has a surround that can be washed. Children should be stopped from playing near toilets or latrines because this could lead to diarrheal diseases.
- If some families in the community have no toilet/latrine it is in everyone's interest to help them get one. Diseases can spread if anyone in the community is defecating in the open.

STEP 2: (Duration is 25 minutes)

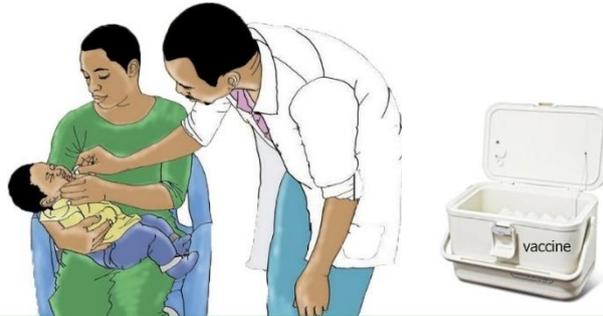
The facilitator should ask the participants to get into 5 groups of 6 people and work on the following questions within 5 minutes:

- What do you understand by the term child immunization?
- Why is it important to effectively immunize every child?
- Which routine vaccines are given to children?
- What can parent and caregivers do to ensure timely and complete childhood vaccination?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding of immunization and conclude the session by delivering the information below (10 minutes).

Care message 15: Immunization
(Beneficiaries: Children 0-5 years).

Parents should ensure they prevent serious diseases, illness, disability, and death by having all children fully immunized.



Immunization/vaccination gives protection against some infectious diseases. Vaccines stimulate the body to produce antibodies that fight infection. Vaccination is a simple, safe, and effective way of protecting people against harmful diseases before they contact with them.

- Mothers, fathers and caregivers need to protect children from killer diseases like measles, tetanus, pneumonia, rotavirus and others by making sure they receive a full and timely set of immunizations.
- For routine immunizations, your child should be vaccinated at birth, and then on week 6, 10, and 14 followed by months 9 and 18. After your child (girls) turns 9 years old, you should also take them to the clinic for two doses of the HPV vaccine.
- Every baby is given a health card which shows which immunizations they need and when. Nurses will explain anything on the health card that parents do not understand. It is important to keep the card in a safe place and take it to the clinic every time the child needs to see the nurse or doctor.
- Vaccinations not only protect your child from deadly diseases, such as polio, tetanus, and diphtheria, but they also keep other children safe by eliminating or greatly decreasing dangerous diseases that used to spread from child to child.
- Remind the participants that in the family it is everyone's (male and female parents and caregivers) responsibility to ensure the child is timely attending immunization clinics as indicated on the growth monitoring card).
- Common side effects of immunizations include swelling at the site of the injection, soreness, and fever. Discuss these side effects with your medical health provider and ask what symptoms deserve the attention of the health personnel.

Tanzania's Vaccination Schedule

Type of Antigen	Age
BCG, bOPV	At birth or first contact
bOPV1, DTP-HepB-Hib1, PCV 1, Rota 1	6 Weeks
bOPV2, DTP-HepB-Hib2, PCV 2, Rota 2	10 Weeks
bOPV3, DTP-HepB-Hib3, PCV3	14 Weeks
MR 1	9 Months
MR 2	18 Months
TT 1	First contact
TT 2	1 Month after the 1st dose
TT 3	6 Months after the 2nd dose
TT 4	1 Year after the 3rd dose
TT 5	1 Year after the 4th dose
HPV 1	14 years
HPV 2	6 months after 1st dose

STEP 3: (Duration is 25 minutes)

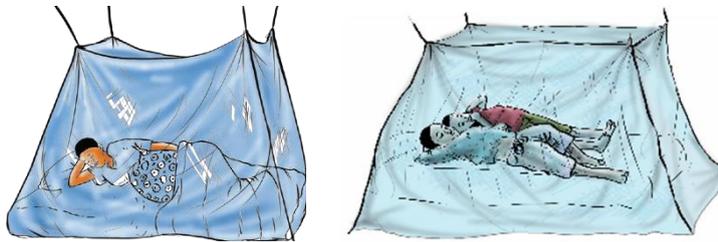
The facilitator should ask the participants to get into 5 groups of 6 people and ask them to work on the following questions within 5 minutes:

- What do you understand about malaria? What are the signs and symptoms of malaria?
- Which groups of people are more affected by malaria?
- Which measures can be taken to prevent and treat malaria in your family?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding of malaria, and conclude the session by delivering the information below. (10 minutes)

Care message 16: Malaria (Beneficiaries: All, especially children under 5 years and pregnant women).

To prevent malaria, fathers, mothers, and caregivers should ensure that everyone in the family, especially pregnant women and children, sleep under insecticide-treated nets throughout the year.



Malaria is a feverish illness which is caused by malarial parasite (plasmodia). It is important to note that if malaria is not treated early enough, it can lead to death of the patients. Transmission is the transfer of diseases causing organism from one person to the other and the parasite is transmitted through a mosquito called anopheles.

- Malaria is dangerous for pregnant women because it can cause low birth weight and result in infant death. Expectant mothers should ask a skilled health provider for anti-malaria pills to prevent the disease and always sleep under an insecticide treated mosquito net. Pregnant women need to see a health professional if malaria is suspected.
- New-born babies and infants under one year are very vulnerable to malaria and should always sleep under an insecticide treated net. Generally, children under 5 years of age are the most vulnerable group affected by malaria; in 2020, they accounted for about 80% of all malaria deaths in the African continent.
- Fathers, mothers, and caregivers need to replace, or re-treat mosquito nets every two or three years, because the insecticide wears off. Any pools or open containers of water should be removed if they are close to the house because these are places where mosquitos breed.
- Fathers, mothers, and caregivers should take the children to see the doctor if they suspect malaria. Symptoms of malaria include poor appetite, trouble with sleeping, and chills and fever with fast breathing. The fever may rise gradually over one or two days or go up very suddenly. As the fever comes down the child will sweat a lot. This cycle of high temperatures and sweating repeats every two or three days.
- If malaria is diagnosed early and treated, it can usually be cured in about two weeks. Without treatment, the disease can be fatal, especially in children who are malnourished.
- Children with malaria should take malaria medicine, sleep under a treated net, eat nutritious and liquid foods as much as possible, and drink lots of clean and safe water. Following malaria, children should eat more foods to recover any weight they lost while sick.

STEP 4 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What do you understand by the term pneumonia? What are the signs and symptoms of pneumonia? How to effectively prevent pneumonia in children?
- What is the action taken when the child demonstrates the signs of pneumonia? How to prevent pneumonia?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding of pneumonia and conclude the session by delivering the information below. (10 minutes)

Care message 17: Pneumonia (Beneficiaries: All children, especially those aged 0-5 years).

If a child has a mild or high fever, a cough, and is breathing rapidly or with difficulty, mothers, fathers, and caregivers must act quickly and take the child to a health facility because the child may have pneumonia.

Pneumonia is a form of acute respiratory infection that affects the lungs.

- Children are less likely to get pneumonia if they are fully immunized and well-nourished. Pneumonia can also be avoided by reducing exposure to smoke from tobacco or cooking fires.
- If a child has had a cough for more than three weeks, they should see a health provider, because they might have a severe respiratory infection.
- Children with mild coughs and colds should be kept warm, encouraged to breastfeed more often and to eat and drink as much as possible.
- To prevent malnutrition following a serious respiratory infection, fathers, mothers, and caregivers should take the child to the clinic to have their weight checked and encourage the child to eat more nutritious foods to recover any lost weight.

Facilitator's tips

Adequate nutrition is key to improving children's natural defences, starting with exclusive breastfeeding for the first 6 months of life. In addition to being effective in preventing pneumonia, it also helps to reduce the length of the illness if a child does become ill. In children infected with HIV, the antibiotic cotrimoxazole is given daily to decrease the risk of contracting pneumonia. Pneumonia can be very serious and can cause death. Complications from pneumonia include respiratory failure, infection to spread in blood (sepsis and lung abscess) and are more likely to affect older adults and young children.

STEP 5 (Duration is 20 minutes)

The facilitator should ask participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What do you understand by the term diarrhoea? What are the signs and symptoms of diarrhoea?
- What is the action taken when the child demonstrates the signs of diarrhoea?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what has already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding of diarrhoea and conclude the session by delivering the information below. (5 minutes)

Care message 18: Diarrhoea
(Beneficiaries: Children 0-5 years).

If a child has four or more watery stool discharges within one hour or if there is blood in the stool, his/her life is in danger. Fathers, mothers, and caregivers need to take the child to a health facility to seek medical services immediately to save life.



Diarrhoea is defined as the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual).

- Children are less likely to get severe diarrhoea if they are fully immunized and well-nourished.
- Diarrhoea can be prevented if everyone washes hands with soap and running water before touching the baby – especially before touching the baby's hands – after using the toilet or disposing of faeces, before preparing or eating food, breastfeeding, or feeding children and drinking safe water (boiled or treated).
- Children with diarrhoea are at severe risk of dehydration which can be prevented by giving oral rehydration salts (ORS) dissolved in clean and safe water, along with foods and liquids. ORS can be made at home using a three-finger pinch of salt, a palm full of sugar and one litre of clean and safe water. In addition, a 10–14-day supplemental treatment course of dispersible (dissolves in water or liquid) 20 mg zinc tablets shorten diarrhoea duration and improves outcomes.
- The risks of diarrhoea are increased if children drink dirty water, if food is prepared or eaten with dirty hands, food is poorly stored, and faeces (including those of infants and young children) are not properly disposed of in a latrine or toilet.

- Children who die from diarrhoea often suffered from underlying malnutrition, which makes them more vulnerable to diarrhoea. Each diarrhoea episode, in turn, makes their malnutrition even worse. Diarrhoea is a leading cause of malnutrition in children under five years old.

STEP 6 (Duration is 20 minutes)

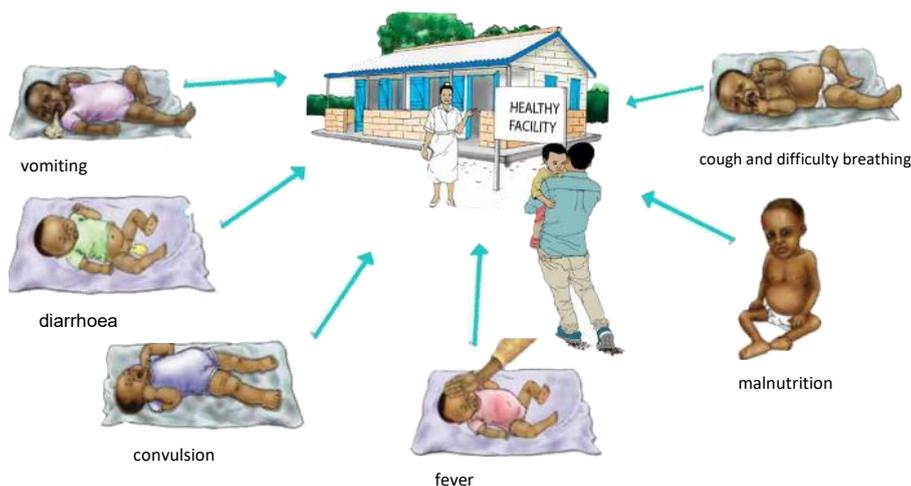
The facilitator should ask participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What do you understand by the term childhood illness?
- Mention any five childhood illnesses in children under 5 years of age.
- What action should be taken if a child shows any childhood illnesses?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding on responding to childhood illness, and conclude the session by delivering the information below. (5 minutes)

Care message 19: Responding to childhood illness
(Beneficiaries: Children 0-5 years).

If a child has diarrhoea (watery stools), a fever, chills and sweats, difficulty breathing or has an accident causing a deep cut, a broken bone or a painful burn, fathers, mothers, and caregivers should take the child to the health facility immediately to avoid complications or death.



Meaning of childhood illness: any illness, impairment, or abnormal condition that affects primarily infants and children.

- Infants need to breastfeed more often when they are sick, because breast milk provides the nutrients they need to recover from infections.
- It is important for mothers, fathers, and caregivers to encourage a sick child to eat liquid foods like soups and to drink sufficient safe and clean water. This can be difficult, as children who are ill may not be hungry. Keep offering foods the child likes, a little at a time and as often as possible.

- After an illness, children need to be offered more food than usual to replenish the energy and nourishment lost during the illness.
- A child with childhood illnesses must immediately be taken to the nearest health facility for diagnosis and treatment. All medicines prescribed by a health worker should be taken by the child at the right time and must continue until the full course of treatment has been completed.

STEP 7 (Duration is 20 minutes)

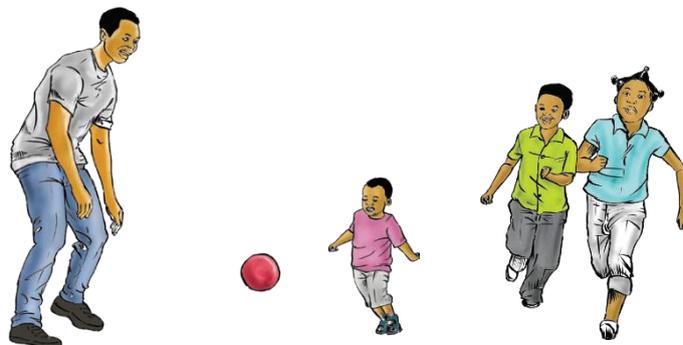
The facilitator should ask the participants to reflect the following questions on plenary for 5 minutes:

- What lifestyles can support physical fitness to family?
- Do all family members participate in physical exercise? If so, how? and if not, Why

The facilitator should thank participants for sharing their understanding on staying healthy through exercise and conclude the session by delivering the information below. (10 minutes)

Care message 20: Staying healthy through exercise (Beneficiaries: Everyone).

Fathers, mothers, and caregivers need to encourage the whole family to exercise to keep healthy and decrease chances of contracting non-communicable diseases.



- Mothers and fathers and other caregivers who take care of their own physical health will set a good example for their children. *Taking care of yourself means eating nutritious foods, keeping physically active, sleeping well and not drinking too much alcohol.*
- Having fun through play and games and walks that involve the whole family sets a good foundation for good family health and bonding.

The facilitator should conclude the session three by highlighting the following desirable behaviours and social norms for good family health. (5 minutes)

- Children grow up in a clean, safe environment, with access to clean water, proper sanitation, and safely stored, boiled, or treated drinking water.
- To prevent diarrheal and respiratory diseases, the whole family washes hands with soap and clean running water after using a toilet or cleaning a baby, before cooking, before serving and eating meals, before feeding or breastfeeding a child, and after attending a sick person or visiting a health facility.
- Food is kept covered and consumed immediately after cooking.
- Play materials and places where young children crawl, and play are kept clean.
- Children learn from an early age to adopt good hygiene practices including face-washing, teeth cleaning and when and how to wash their hands with soap and clean, running water.
- Children are fully immunized against preventable diseases.
- To prevent malaria, everyone sleeps under treated nets, especially pregnant and breastfeeding women, and children under five years.
- Children with fever, watery diarrhoea or acute respiratory infections are taken promptly for treatment by a health professional.

5.2.4. Session Four: Accidents

Objective: Increased knowledge among the participants on ways to protect and care for the child when they get into an accident.

This session on accidents should take 1 hour, by the end of this session the participants will be able to understand the following:

- Understand various types of accidents in childhood.
- Understand the ways to prevent most accidents that can cause death or lifelong disabilities in a child.
- Understand available services including first aid when the child gets an accident.
- Understand that the immediate action of an adult when the child gets an accident is a shared responsibility of both parents, caregivers, and the community.

STEP 1 (Duration is 35 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What are the types of accident in children?
- Which actions parents, caregivers and community take to prevent accidents?
- What actions (including the first aid) the parents, caregivers or community take for each accident?
- The facilitator should allow each group 3 minutes to present while guiding them not to repeat what have already been mentioned. (15 minutes)

The facilitator should thank participants for sharing their understanding on preventing accidents, and conclude the session by delivering information on message 21 and 22 below. (35 minutes)

Care message 21: Preventing accidents
(Beneficiaries: Everyone, especially children).

To avoid accidents, fathers, mothers, and caregivers should keep flames and harmful substances out of reach, drive carefully, safeguard children near water, and teach children how to protect themselves from accidents.



- **Prevent road accidents:** Children should not play near or on roads. Show children how to cross the road safely. Protect children with seat belts when riding in a car. No one should travel in a car driven by anyone under the influence of alcohol. Make sure an adult community member assist children who need to cross the road.
- **Prevent drowning:** Children can drown in less than two minutes and in a very small amount of water, even if they fall into a bucket of water. Children should never be left alone in or near water unless the parent is sure they can get out of trouble themselves or swim.
- **Prevent falls:** Mothers, fathers and caregivers should secure stairs, roofs, windows, and play and sleeping areas with barriers and railings. Children like to climb high, play in trees, and ride bicycles. Fathers, mothers, and caregivers should make sure the child knows how to play safely. Young children need to be watched, and equipment checked regularly to ensure it is not faulty.
- **Prevent burns:** Burns can be prevented by keeping children away from fires, cooking stoves, hot liquids like oils and boiling water, hot foods, and exposed electrical wires.
- **Prevent poisoning:** Children's curiosity can be aroused by brightly coloured medicines, powders and liquids that can cause poisoning. Harmful substances must be kept out of reach or contact of an infant or child, including cosmetics and perfumes.
- **Prevent cuts:** Serious cuts will be prevented by keeping knives, scissors, sharp or pointed objects and broken glass out of reach.
- **Prevent choking and suffocation:** Young children like to put things in their mouths. To prevent choking, parents should keep small objects like coins, nuts, and buttons out of their reach. Children's foods should be cut into small pieces that can be easily chewed and swallowed. Plastic bags, which can cause suffocation, should be kept away from young children. Children need to know that putting plastic bags over their heads is very dangerous.
- Children living in areas where there might be wild and dangerous animals need extra protection when they are playing outside, collecting water/firewood, or going to and from school.

Care message 22: First aid after accidents
(Beneficiaries: Everyone, especially children).

Every father, mother, caregiver, and community should request first aid training at least twice a year from a nearby health facility. Lives can be saved if every neighbourhood or family has at least one person who knows what to do in the event of an accident.

Injuries can be reduced with the following actions:

Treating burns

- If a child's clothing catches fire, quickly wrap the child in a blanket or wet clothing or roll him or her on the ground to put out the fire. Do not remove the burned clothing from the body. Seek medical help.
 - **Minor burns may result in red skin and blistering.** Cool and soothe the burned area using cold, clean water (do not use ice). Keep the burn clean and dry with a loose clean bandage or cloth to protect blistered skin. Do not break blisters because they protect the injured area. A minor burn will usually heal without further treatment.
 - **Major Burns need urgent medical attention.** They may cover large areas, show a leathery appearance with white or dark patches, and extend into the tendons and bones. Burns are more serious and need medical attention if blistering happens on the face, hands, feet, buttocks, or groin. Do not immerse large, serious burns in cold water, as this could cause shock. Loosely cover the burn area with cool, moist towels. Keep the child warm to prevent or reduce shock. Gently roll the child onto his or her side while waiting for help.

Broken bones, bruises, or sprains.

- A child who is unable to move or is in extreme pain may have broken bones. Do not move the child or the injured area and seek medical help immediately.
- For serious bruises and sprains, immerse the injured area in cold water for 15 minutes, wait for 15 minutes and repeat. Ice can be used if available but make sure to use a layer of cloth between the ice and the skin.

Cuts and wounds

- **For minor cuts and wounds:**
 - Wash the wound with clean (or boiled and cooled) water and soap. Dry the skin around the wound and cover it with a clean cloth or sterile bandage.
 - Check the wound regularly. If it does not heal or shows signs of infection seek medical help.
 - Do not put any plant or animal matter on the wound, as this could cause infection.
- **For serious cuts and wounds:** Get medical help immediately.
 - If a piece of glass or another object is sticking in the wound, do not remove it.
 - If the child is bleeding heavily, raise the injured area above the level of the chest and press a pad of clean folded cloth firmly against the wound (or

- near it if something is stuck in it) until bleeding stops.
- Put a clean bandage on the wound. Allow for swelling by not tying the bandage too tightly.
- Ask the health provider if the child should have a tetanus injection.

Choking

- If the child is coughing, they may cough up the object. If the object does not release quickly, try to remove the object from the child's mouth.
- If you cannot dislodge the object, seek medical help fast.

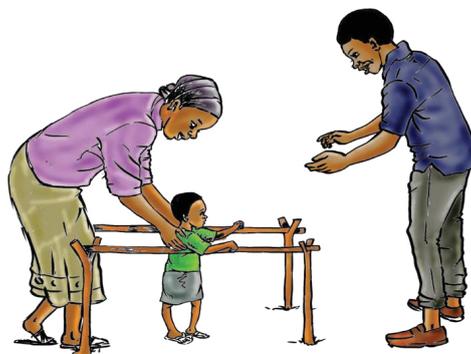
Poisoning

- Take the child immediately to the nearest health facility. If possible, bring a sample of the poison or medicine or its container with you. Keep the child as still and quiet as possible.
- If a child has swallowed poison, do not try to make the child vomit. This may make the child more ill.
- If poison is on the child's skin or clothes, remove the clothing and pour large amounts of water over the skin. Wash the skin thoroughly several times with soap.
- If a child gets poison in his or her eyes, splash clean water in the eyes for at least 10 minutes.
- If a child is bitten by any animal, it is important to take the child to the nearest health facility immediately for assessment and treatment.

The facilitator should conclude the session four by highlighting the following desirable behaviours and social norms for preventing and responding to accidents:

- Mothers, fathers, and caregivers prevent accidents to children, especially those that can be deadly or cause life-changing injuries.
- At least one member of each family or group of neighbouring families knows basic first aid.
- All adults help to prevent accidents by acting whenever they see a child at risk.
- All drivers observe traffic rules and take special care when children are nearby.

5.2.5. Session Five: Care and Support for Children and Mothers with Disabilities



Objective: Participants gain a better understanding of the support that children, parents, and families with disabilities require from their families and communities to live better lives.

This session on care and support for children and mothers with disability should take 1 hour. By the end of this session the participants will be able to understand the following:

- The meaning of disability and key forms of disabilities.
- The importance of supporting a mother with disability.
- The importance of early diagnosis of disability in a child.
- The need to prevent stigma to children and families with disability.

STEP 1 (Duration is 25 minutes)

The facilitator should appoint one female person among the participants to volunteer and play the role of Anita.

- Introduce the session by asking the participants to answer the following questions. (5 minute)
- What do we understand by the term a person with disability?
- Do we have mothers with disability in our community? If the answer is Yes, how do we support them?

Then use the scenario below to elicit a discussion.

Scenario: Anita (27 years) is disabled and six months pregnant. She is crawling toward the antenatal clinic nurse (portrayed by the facilitator). Two specimen containers are given to her, and she is then directed to the restroom. The restroom is located at the basement of the facility. After one hour she reappears with both specimen containers folded under her armpit. When the nurse apparently sees her coming and they have eye contact, they both freeze.

- Then ask the participants to answer the following questions: (10 minutes)
 - What have you observed from the role play?
 - What support does Anita need from her husband and family?
 - How can the community better support Anita?
 - What have you learnt from this scenario?

The facilitator should thank the participants for their contributions on the scenario and conclude the session by delivering the information below. (10 minutes)

Care message 23: Supporting mothers and fathers with disabilities
(Beneficiaries: Mothers and fathers with disabilities and their children).

Most mothers with disabilities can carry a baby to term, deliver safely and care for a new-born. They will accomplish this more successfully if they have the confident support of fathers, family members, health care providers and the community.



A person with a disability is someone who has a physical, mental, or emotional condition that keeps her/him from living a social or functional life.

- Mothers, fathers, and caregivers should not allow stigma, fear, and discrimination against people with disabilities prevent them from getting the help they or their child needs.
- Families should help and support expectant parents with disabilities to make a birth plan. Where needed, family members can serve as intermediaries with health providers and support the mother-to-be throughout pregnancy and birth.
- Many mothers and fathers with disabilities are fully able to care for a new-born baby and should feel empowered to do so, yet they may also need the extra support of other family members. Health workers can provide a useful support for family members who are assisting parents with disabilities to raise a child.
- The support and encouragement of the wider community for parents with disabilities who are raising a child can be enlightening, empowering, and gratifying for everyone. Conversely, negative attitudes and stigma towards parents with disabilities are not in the best interests of the child or their parents and must be discouraged by everyone.

STEP 2 (Duration is 35 minutes)

The facilitator should ask the participants to get in to 5 groups of 6 people and discuss the following questions within 5 minutes:

- What is the meaning of early identification of disability in the child?
- What is the importance of early identification of disability in the child?
- What are the key forms of disability?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding of early diagnosis of disability and conclude the session by delivering the information below. (10 minutes)

Care message 24: Early diagnosis of disability
(Beneficiaries: Children 0-5 years).

Help should be sought as soon as possible by the father, mother, or caregiver if they are concerned about their child's development, because early detection of a disability can led to more effective treatment.

Early diagnosis of a disability is the implementation of a formal plan for identifying any developmental variations in the early childhood years as early as possible and understanding the need for early intervention.

- Disabilities can be prevented. Women of child-bearing age should take a daily supplement of 400mcg folic acid to reduce the risk of physical disabilities. Avoiding dangerous medicines, poisons and pesticides and stopping alcohol consumption during pregnancy can reduce mental retardation.
- Becoming a mother or father of a child with a disability may create challenges yet can also bring a great deal of joy and pride. With encouragement and

support and by emphasizing a positive outlook, children with disabilities will often surprise their parents with their accomplishments, can demonstrate impressive resilience and become significant role models for their peers. Parents can also surprise themselves and discover strengths and determination they never knew they possessed.

- Counselling can help parents cope with some of the pressures they may experience when raising a child with a disability. Learning about and providing better and more responsive care, helps to build a stronger relationship with the child, and to create a more positive family environment that benefits everyone.
- Types of impairments may be broadly defined as physical disabilities and learning disabilities, although there are often overlaps between the two:
 - Physical disabilities affecting children, include delayed walking, deafness, or visual impairment. Cerebral palsy refers to a range of permanent movement disorders that appear in early childhood. Symptoms may include poor coordination, stiff muscles, weak muscles, and tremors. There may be problems with sensation, vision, and hearing, swallowing, and speaking.
 - Learning disabilities may be caused by genetic factors, infection prior to birth, brain injury at birth, brain infection, brain damage after birth or an unknown cause. The effects of a severe learning disability may include difficulties with speech and communication that lead to behavioural problems.
- Different types of disabilities (such as albinism, autism, cerebral palsy, spina bifida, visual and hearing impairments) require different responses and care by parents and caregivers. The effects of some disabilities can be virtually removed if children receive the care and support, they need.
- Early stimulation therapy for infants and children with disabilities is vital for their development. It is beneficial for the child to learn basic tasks like feeding themselves, bathing, cleaning teeth etc. These achievements build self-esteem, independence and often improve behaviour.
- Creating open and stigma-free attitudes to disabilities helps all children and their families. Mothers and fathers should seek advice from health workers about voluntary organizations working with children with specific disabilities in Tanzania that can provide further advice and support.

See also: Protecting children with disabilities and communicating with children with disabilities.

The facilitator should conclude the session five by highlighting the following desirable behaviours and social norms for care and support for children and mothers with disabilities. (10 minutes)

- Mothers with disabilities are well-informed about their rights and receive the support they need from the family, community, health, and other services to enable them to carry a baby to term, deliver safely, and care for the child from birth.
- Fathers and mothers seek an early assessment if they think a child has a developmental difficulty or delay.
- Children, fathers, and mothers with disabilities are given equal access to good nutrition, education, safe play areas and sanitation and hygiene at home.
- Accessible toilets, walkways, treatment facilities, and assistive devices are provided to increase their participation in all aspects of home, school, and community life.
- Fathers and mothers, other family members, health workers, teachers and community members show open and welcoming attitudes to all children including those with disabilities.
- Mothers, fathers, health workers, and family and community members dispel myths about disability, and support the creation of environments that enable all children and parents with disabilities to thrive.
- Service providers including teachers and health workers are trained to provide psychosocial support to parents and children with disabilities.

5.2.6. Session Six: Ending HIV



Objective: Increased knowledge on HIV&AIDS and ending related stigma and discrimination.

This session on ending HIV should take 1 hour and 35 minutes, by the end of this session the participants will be able to understand the following:

- Meaning of HIV.
- Meaning of AIDS.
- Modes of HIV transmission.
- Prevention of HIV transmission including mother to child transmission.
- Importance of HIV testing, receiving the test results and the use of ARV.
- Importance of ending stigma and discrimination related to HIV/AIDS.
- Care for a child living with HIV/AIDS.

STEP 1 (Duration is 20 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What is HIV?
- What is ARV?
- How to prevent mother to child HIV transmission?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding about giving birth safely with HIV and conclude the session by delivering the information below. (5 minutes)

Care message 25: Giving birth safely with HIV
(Beneficiaries: Mothers and infants).

Expectant mothers and fathers should know their HIV status so that, if one of them is HIV-positive, they may make plans to protect their own and their children's health.

HIV stands for Human Immunodeficiency Virus. It is a virus that breaks down certain cells in the body immune system.

ARV Antiretroviral drug, any drug used to treat retroviral infections, primarily in the management of HIV/AIDS.

- Mothers with HIV should take ARVs while pregnant to safely give birth without infecting their babies.
- Mothers with HIV should ask for their babies to be tested for the disease within six weeks of birth and can ask for retesting at 18 months. If a child has HIV, they need all the love, care, protection, and encouragement every child needs. (See *Care message 28: Raising children with HIV*).

STEP 2 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What is AIDS?
- What is the difference between HIV and AIDS?
- What is the meaning of stigma and discrimination related to HIV/AIDS?
- What are the effects of stigma and discrimination related to HIV/AIDS?
- How can our community end stigma and discrimination related to HIV/AIDS?
- The Facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding of ending stigma and discrimination about HIV/AIDS and conclude the session by delivering the information below. (10 minutes)

Care message 26: Ending stigma and discrimination about HIV/AIDS (Beneficiaries: Everyone).

Fathers, mothers, and caregivers need to talk openly about HIV, involving family and community members who live with HIV in public events and encouraging children to have open attitudes towards anyone with the disease will help to reduce stigma and end HIV.

AIDS stands for acquired immunodeficiency syndrome (AIDS) - which is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus.

Difference between HIV and AIDS: *AIDS is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus, while HIV is a virus that breaks down certain cells in the body immune system.*

Stigma *is the negative stereotype/label and discrimination, the behaviour that results from this negative stereotype.*

- One of the ways to end HIV is to end stigma and discrimination. Stigma and fear stop some from taking the test, from telling others about the results and from taking treatment if living with HIV.
- HIV can be transmitted via the exchange of a variety of body fluids from infected people, such as blood, breast milk, semen, and vaginal secretions. HIV can also be transmitted from a mother to her child during pregnancy, delivery, and breastfeeding.
- It is not possible to get HIV from cuddling, from sharing a plate of food, touching a door handle, from a toilet seat, from food prepared by a HIV positive person or talking to anyone with HIV.
- HIV can be prevented using male and female condoms, testing and counselling for HIV and STIs; voluntary medical male circumcision (VMMC), harm reduction for people who inject and use drugs; and elimination of mother-to-child transmission (PMTCT) of HIV.
- Parents and caregivers should encourage their children to interact freely with others, regardless of their HIV status, and to understand the harm that can be done if children with HIV are bullied.
- When communities act to improve testing, treatment, and care of people with HIV everyone benefits, and the disease is far less likely to spread.

STEP: 3 (duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- How HIV can be transmitted?

- What measures can be undertaken to prevent HIV transmission? Which risky behaviours can expose a person to STI infections?
- How frequently do parents share information on HIV/AIDs and STIs with children and at what age?)
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what has already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding on preventing and responding to HIV and conclude the session by delivering the information below. (10 minutes)

Care message 27: Preventing and responding to HIV (Beneficiaries: Everyone).

Fathers, mothers, and caregivers should be knowledgeable about HIV (and other sexually transmitted infections (STIs) and share correct information with children and others on how HIV is spread, prevented, and treated.

- People become infected with HIV through (1) unprotected sexual contact with an HIV-infected person; (2) blood from HIV-contaminated syringes, needles or other sharp instruments and transfusion with HIV-contaminated blood and (3) transmission from an HIV-infected mother to her child during pregnancy, childbirth, or breastfeeding. Mothers who take ARVs are unlikely to pass HIV on to their infants.
- People with HIV who take antiretroviral (ARV) treatment, can suppress the virus so effectively that the risk of passing on the virus to anyone else becomes very unlikely. For example, if one partner is positive and the other is not, sex is safe if condoms are used consistently and correctly, and the infected partner is appropriately taking ARV treatment.
- HIV can be prevented by using condoms correctly during sex and by avoiding contact with contaminated blood and needles. Male circumcision can also reduce the risk of HIV transmission.
- The key to successful prevention of HIV is (a) taking the test, knowing your status, and taking ARV treatment if needed; (b) delaying early sexual activity, using condoms during sex, and avoiding multiple sexual partners; (c) reducing alcohol and drug use which can lead to risky sexual encounters (d) avoiding illegal drugs that involve the use of needles.
- Parents or caregivers who regularly talk with their children will find it easier to also talk about relationships, sex, and vulnerability to HIV infection. It is advised to give age-appropriate information.
- Advice to simply abstain from sex will not work with all children. It is important for adolescent girls and boys to understand the risks of early and unsafe sex that may result in pregnancy, STIs like HIV, syphilis, and hepatitis, psycho-social effects and non-attainment of hopes and dreams. Parents and caregivers should help adolescents to understand how to protect themselves from pregnancy and disease – including the use of condoms if they are sexually active.
- Mothers, fathers, and caregivers should be aware that adolescents who feel disappointed and unable to attain their dreams may be more vulnerable to unsafe sex and other risky behaviours. (See Care message 31: Adolescent mental health, protect message 6: Preventing and managing risky behaviour

and Communicate message 10, Communicating with adolescents)

- Adolescent girls and boys need to understand that risks of HIV infection are high if older men or women offer gifts or money in exchange for sex.
- Parents and caregivers should talk to children about how they should respond and protect themselves against sexual harassment, violence, and peer pressure to engage in risky behaviour.

STEP 4 (Duration is 25 minutes)

The facilitator should ask participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What are the parents and caregivers' perceptions if the child is HIV positive?
- How should the parents and caregivers disclose HIV status to the child?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on raising children with HIV and conclude the session by delivering the information blow. (10 minutes)

Care message 28: Raising children with HIV (Beneficiaries: Children aged 6-18 years, according to their level of maturity).

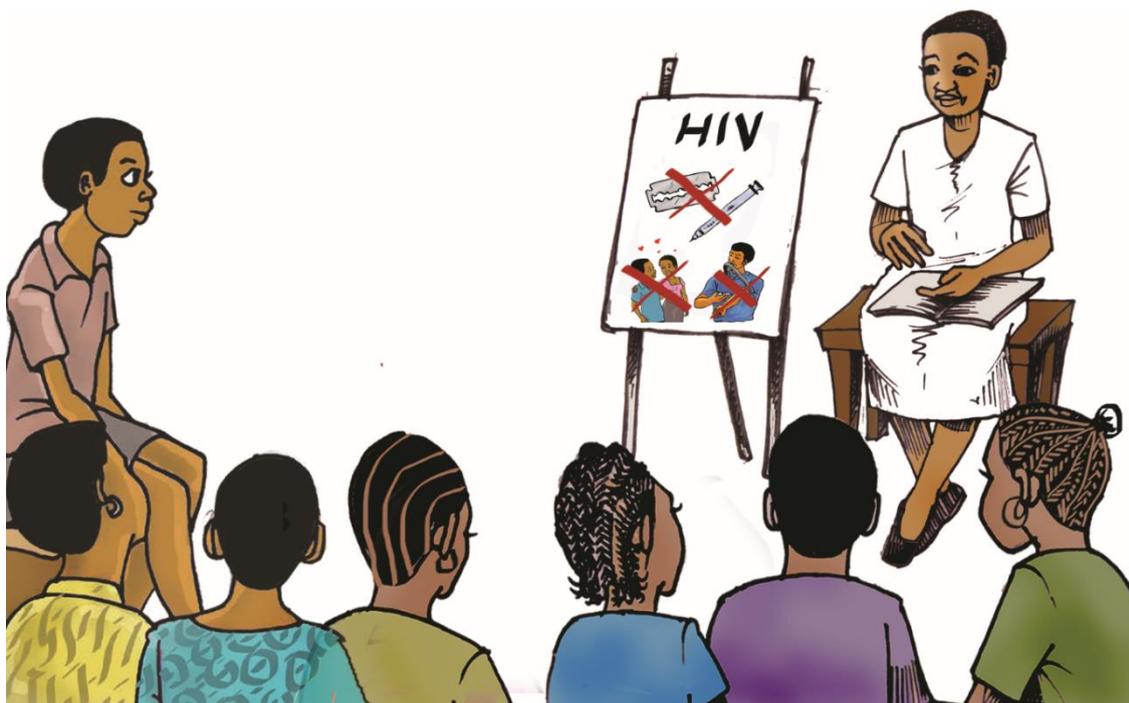
Explaining HIV to a child is not a one-time event. Learning to live with HIV is a lifelong process. Fathers, mothers, and caregivers should be aware of this and reinforce the idea that HIV should not be a barrier to achieving any of the child's goals. Having HIV is not a death sentence.

- Mothers and fathers often find it difficult to tell their children who are infected their HIV status because they fear that they are unable to fully understand their illness, will face stigma and isolation from peers, and may tell others as this is considered a 'family secret.' However, children soon become aware they are different from their friends at school. Often children feel relieved once they are told their diagnosis.
- Service providers at HIV centres will provide support and advice on how to disclose HIV status to a child. It is often useful to form a group with other parents who have children with HIV, to share experience and advice. Cartoons and stories about other children who are living with HIV can be useful to explain what is happening to the child.
- Children who experience bullying or exclusion because of their HIV status need the same support and help as any child who faces these challenges. (See *Protect message 4: Managing bullying*)
- Additional pressures arise as a child with HIV reaches adolescence. They may fall into depression and even stop taking their medication if they feel their HIV status is going to deprive them of loving relationships. Adolescents with HIV need access to sexual and reproductive health information and services. They need to know that having HIV need not prevent them from having fulfilled emotional lives or from ultimately having sexual relationships.

The facilitator should conclude the session six by highlighting the following desirable behaviours and social norms entailing ending HIV. (5 minutes)

- Expectant fathers and mothers take HIV testing together share their HIV status with each other. They understand how a mother with HIV can give birth safely and how they can safely enjoy a loving relationship.
- Fathers, mothers, and caregivers provide support and care for anyone in the family living with HIV especially children and adolescents.
- All families are welcoming and supportive to neighbours, friends and other community members living with HIV.
- Adolescents can access sexual and reproductive health and HIV prevention, care, and treatment services.
- Adolescents over 15 years understand that they can access HIV testing services without parental approval.
- Parents and caregivers promote openness and discussion with their children about risky behaviours related to HIV.

5.2.7. Session Seven: Adolescent Care



Objective: Awareness among parents and caregiver on growth, sexual and reproductive health to adolescent boys and girls is enhanced.

This session on adolescent care should take 2 hour and 55 minutes, by the end of this session the participants will be able to understand the following:

- The importance of sharing information on growth and change to adolescent girls and boys.
- The role of parents and caregivers on providing sanitary requirements to adolescent girls.

- Adolescents' lifestyles.
- Adolescents' mental health.
- Parents, caregivers, and community support to the pregnant adolescent.

STEP 1 (Duration is 35 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions for 10 minutes:

- What do you understand by the term adolescence?
- As the children grow into adolescence do parents and caregivers notice any changes? If so, answer the five questions below:
- What are physical changes in boys?
- What are physical changes in girls??
- What are emotional or behavioural changes in boys?
- What are emotional or behavioural changes in girls?
- If parents and caregivers notice changes in adolescents, do they talk to them? If so, or not tell why? And if so answer the two questions below:
 - Who's responsible to talk to a boy? Why?
 - Who is responsible to talk to a girl? Why?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes).

The facilitator should thank participants for sharing their understanding on preparing for change in adolescence and conclude the session by delivering the information below. (15 minutes)

Care message 29: Preparing for change in adolescence (Beneficiaries: Children aged 10 to 18 years, according to their level of maturity).

Fathers, mothers, and caregivers can reduce anxiety by helping sons and daughters cope with the new feelings, emotions, and changes that occur in their bodies during adolescence.

Adolescence is the period following the onset of puberty during which a young person develops from a child into an adult. This period of development takes place between the ages of 10 and 19 years. During this time, the parents and caregivers are advised to appropriately (sharing the right information and at the right age) talk to the adolescent.

- Mothers and fathers should help their sons and daughters to understand the physical and emotional changes that they will go through during adolescence.
- An adolescent may grow several inches in several months followed by a period of very slow growth, then have another growth spurt.
- Girls need to understand what happens during menstruation, why it happens and how they should take care of themselves. Adolescent girls need to feel confident that menstruation need not hold them back and should never prevent them from attending school. (See Care message 30: Menstrual hygiene)
- During adolescence, boys experience a change in their voice and the appearance of facial hair. Boys whose voices 'break' awkwardly or later than others

or who experience facial hair growth later than others may feel embarrassed. Awakening sexuality means many boys will experience wet dreams. They need to know this is a natural part of their development.

- Regardless of gender, both male and female parents and caregivers have an equal responsibility to talk to adolescent boys and girls about growth and change and sexual relationships. This can help adolescents to avoid getting information from unsafe sources.
- Parents and caregivers need to understand that the onset of adolescence brings not only changes to their bodies but also new vulnerabilities to abuse, particularly in the areas of sexuality, marriage, and childbearing. Millions of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs), including HIV, and dangerous childbirth. Adolescent boys are at risk, as well. Young people—both boys and girls—are disproportionately affected by HIV.

STEP 2 (Duration is 25 minutes)

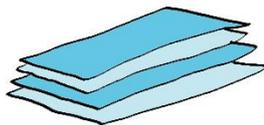
The facilitator should ask participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What do you understand by the term menstruation?
- In this community what is the average age to start menstruating in girls?
- What support do fathers, mothers, and caregivers provide to the menstruating girls? What types of materials are provided to menstruating girls in your community?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what has already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding on menstrual hygiene and conclude the session by delivering the information below. (10 minutes)

Care message 30: Menstrual hygiene
(Beneficiaries: Girls aged 10 to 18 years).

Fathers, mothers, and caregivers need to provide girls with all their sanitary requirements during menstruation to maintain their health and allow them to participate fully in school and other social activities.



Menstruation is the process in a woman in which she discharges blood and other material from the lining of the uterus at intervals of about one lunar month from puberty until menopause, except during pregnancy.

- Fathers, mothers, and caregivers should ensure girls always have access to sanitary pads at home and whenever they are travelling outside the home. They should ensure girls know how to properly use and safely discard sanitary napkins.
- Girls need to be aware of and practice good hygiene during menstruation. They need a private space where they can clean themselves and wash/dry their sanitary cloths.
- Mothers, fathers, and caregivers should talk to counselling and guidance teachers to ensure schools provide a special room where girls may keep, change, and dispose sanitary pads.
- A sanitary pad keeps an adolescent girl clean, healthy, comfortable, and free to participate in all home and school activities including games and sports. Mothers, fathers, and caregivers should be aware that girls must have sanitary supplies to fully participate in school.

STEP 3 (Duration is 20 minutes)

The facilitator should ask the participants to get into groups and discuss the following questions within 5 minutes:

- What kind of physical fitness activities can support physical fitness in your family? Why is it important for adolescent girls and boys to participate in the physical fitness activities?
- Why is it important for parents and caregivers to encourage both adolescent girls and boys to participate in sports?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding on adolescent lifestyles and conclude the session by delivering the information below. (5 minutes)

Care message 31: Adolescent lifestyles
(Beneficiaries: Girls and boys aged 10 to 18 years).

Positive lifestyle choices that lead to better health will be influenced by mothers, fathers, and caregivers who set a good example and support physical fitness in adolescents.

- Parents and caregivers should encourage and support adolescent girls and boys to engage in sports and arts activities because this will help them develop healthy social relationships with their peers and better fitness. Building a commitment to physical fitness in adolescence delivers lifelong benefits.
- Some adolescents feel intimidated and inadequate in sports. Parents can make this worse if they insist, they participate or ridicule their child's performance. But let them know that having fun through activities that build strength and fitness sets a good foundation for family fitness.

STEP 4 (Duration is 35 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What do you understand by the term mental health?
- What are the driving factors that can lead an adolescent into mental health issues? What are the signs of mental health problems in an adolescent?
- What can parents and caregivers do to address mental health challenges in adolescent boys and girls?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on adolescent mental health and conclude the session by delivering the information below. (20 minutes)

Care message 32: Adolescent mental health (Beneficiaries: Children aged 10 to 18 years, according to their level of maturity).

Fathers, mothers, and caregivers need to understand that adolescent boys and girls may face a few mental health issues, such as depression, anxiety, and trauma due to lifestyle or exposure to violent experiences. Parents and caregivers should show open attitudes and willingness to let adolescents talk about their concerns. This will help to release tension and to build their resilience.

Mental health is a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

- Frequent conversations with adolescent sons and daughters open the way for discussion of more sensitive issues. The more parents talk about these issues, the less awkward these conversations become.
- Building resilience and self-confidence in adolescent boys and girls can be achieved through regular communication. For example, by parents and caregivers:
 - Encouraging and showing interest in the child’s school and extracurricular activities (sport, art, theatre etc.) Encouraging them to volunteer for community activities.
 - Complimenting and celebrating their efforts and accomplishments.
 - Showing affection and spending time together doing things they enjoy.
 - Respecting their opinion by listening without making them feel inadequate.
 - Encouraging them to develop solutions to problems or conflicts they face to make good decisions, while also being available for advice and support.
 - Discussing how to cope with peer pressure to use drugs, have sex or ride in a car by someone who has been drinking alcohol.
 - Respecting their need for privacy.
 - Encouraging them to get enough sleep, exercise, and to eat healthy meals.
- Parents and caregivers should talk with the adolescent and a health provider if they notice significant and multiple changes in the following behaviours which may indicate bullying, abuse depression or other mental health issues:
 - The adolescent son or daughter gets irritable, argumentative, or

- aggressive and unreasonably blames parents if things go wrong.
- Adolescents show major changes in eating and sleeping patterns and shows signs of alcohol and drug use or self-harm.
- Adolescents appear especially bored, lonely, or withdrawn or they start to get into trouble. They lose interest in friends and other things they liked to do or miss school.
- They are clearly upset yet refuse or are reluctant to talk about how they are feeling.
- Encourage adolescent children to have meals with the family. Adolescents who eat meals with the family are more likely to do better at school, are less likely to smoke, drink, or use drugs, and less likely to get into fights, think about suicide, or engage in sexual activity.

See also *Communicate message 10: Communicating with adolescents*

STEP 5 (Duration is 30 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people to discuss the scenario below and answer the related questions within 10 minutes:

Scenario:

Eunice is 15 years old and in the second year of high school. She has become pregnant because of a sexual relationship with Joseph who is 17 years old and attends the same school.

- What do you understand by the term adolescent pregnancy?
- Given the fact that Eunice is already pregnant, what will be the reactions of Eunice's parent/caregivers?
- What are the effects of teenage pregnancy that Eunice, the expected baby, and Joseph will face.
- What can parents and caregivers do to support Eunice and her expected baby?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what has already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding on adolescent pregnancy and conclude the session by delivering the information below. (10 minutes)

Care message 33: Adolescent pregnancy
(Beneficiaries: Girls aged 15 to 18 years).

Fathers, mothers, and caregivers should take special care of their daughters who have become pregnant to ensure that they deliver safely and reduce health risks to the young mother or the baby.



Adolescent pregnancy is defined as the occurrence of pregnancy in girls aged 10–19.

- Taking care of the adolescent pregnant girl by ensuring that she is provided with clean and safe shelter, adequate and appropriate clothing, adequate and nutritive food. Supporting her on visits to the health facility for pre-natal and post-natal check-ups will reduce complications and mortality risks to the adolescent girl and the baby.
- Father, mother, or caregiver should provide advice and basic information which will help the expectant young mother to understand that she has to keep the pregnancy for nine months and deliver after that time. This will help the girl to understand the situation she faces, and the steps to be taken in preparation for welcoming the new baby.
- Father, mother, or caregiver of the pregnant girl should talk often with her about how she feels, about what is happening at each stage of the pregnancy and reassure her that she has their support. A young pregnant mother who undergoes trauma or other psychosocial difficulties is at greater risk of giving birth to an unhealthy baby.
- Parents of a pregnant girl need to encourage the expectant mother to exercise to keep the body fit, as keeping physical fitness improves their chances to deliver safely.

The facilitator should conclude the session seven by highlighting the following desirable behaviours and social norms entailing adolescent care. (5 minutes)

- Adolescents are well informed at the right time about the changes happening in their bodies and feel confident about talking to parents and caregivers if they have any concerns.
- Parents and caregivers discuss reproductive health awareness with adolescent sons and daughters and help them to make appropriate decisions about their own welfare.
- Fathers, mothers, and caregivers provide girls with all their sanitary requirements during menstruation, help them to maintain their health and allow them to participate fully in school and other social functions.

5.2.8. Session Eight: Fathers and Childcare

Objective: Fathers engagement on care for the child before conception to 18 years is enhanced.

This session on fathers and childcare should take 35 minutes, by the end of this session the participants will be able to learn:

- The importance of the father to participate in childcare from preconception, during pregnancy, childhood, and adolescence.

STEP 1 (Duration is 35 minutes)

The facilitator should ask the participants to discuss the following questions in plenary within 10 minutes:

- What are the roles of the fathers on childcare?
- Why active caring of the fathers to mothers during pregnancy and care of

children from infancy until the child reaches 18 years is important?

- Allow two participants to share the summary feedback on plenary (10 minutes)

The facilitator should thank the participants for sharing their understanding on fathers and childcare and conclude the session by delivering the information below. (15 minutes)

Care message 34: Fathers and childcare
(Beneficiaries: Fathers, children of all ages and mothers).

The active caring and emotional support of fathers for mothers and children, throughout pregnancy and until the child reaches 18 years, strengthens the family, and improves the quality of care each child receives, with lifelong benefits.



- Almost all Familia Bora, Taifa Imara Care messages apply equally to fathers and mothers.
- The active participation of fathers during pregnancy and in infancy, childhood and adolescence care multiplies the support and care each child receives.
- Inadequate participation of men in parenting increases childcare burdens on women and reduces the quality-of-care children receive.
- Expectant fathers who accompany mothers-to-be on prenatal visits will be better informed about how they can best support her and ensure the healthy birth of their child. Fathers who know how to recognize risk signs during pregnancy and when their children are sick will be able to respond swiftly and appropriately in emergencies.
- Men who know their HIV status can take action to protect themselves and their children.
- Attentive and supportive fathers set good examples for the behaviour they expect from their sons and help to reduce gender inequality.
- Fathers strengthen the resilience and self-confidence of adolescent boys and girls by showing affection and interest, and by creating an atmosphere of trust and security that enables children to seek help whenever this is needed.

See all references to fathers and parents in the Care section.

The facilitator should conclude the session eight by highlighting the following desirable behaviours and social norms entailing fathers and childcare:

- Fathers accompany expectant mothers on prenatal visits, take the HIV test and help plan for the birth of their child.
- Fathers take an active role in in all aspects of childcare until the child reaches 18 years.

PILLAR TWO:

PROTECT



6.0. PILLAR TWO: PROTECT

6.1. Introduction

Protect means to keep someone or something safe from injury, damage, or loss. While Child Protection (CP) means measures and structures to prevent and respond to abuse, neglect, exploitation, and violence affecting children. Advice under the protect pillar helps mothers, fathers, and caregivers to protect children from abuse, violence, neglect, or any other harm from birth to 18 years, and to respond appropriately whenever needed. This pillar two has seven sessions which should be delivered within two days and cumulatively take 9 hours and 55 minutes. The sessions include birth registration, safe and peaceful homes, protecting children with disability, managing family separation, harmful practices, protecting children online and fathers and protection.

Objective: To sensitize male and female parents and caregivers on the importance of protecting children from all forms of violence and abuse and taking appropriate response should it happen.

6.2. Structure to Deliver Key Messages to Protect Children

Topic	Duration	Methodology
Session 1: Birth registration	35 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (samples of birth certificates and documents required to acquire the birth certificate), testimonies
Session 2: Peaceful homes	4 hours and 15 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (pictures of what reflect a safe and peaceful home or any other which is relevant), testimonies.
Session 3: Protecting children with disabilities	50 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (pictures illustrating how to support children with disability), testimonies.
Session 4: Managing family separation	45 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (pictures of children being counselled or other relevant illustrations), testimonies.
Session 5: Harmful practices	2 hours and 10 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (illustration of relevant harmful practices), testimonies.
Session 6: Protecting children online	1 hour and 15 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (illustrate how to protect children online either using phones, computers, or laptops), testimonies.
Session 7: Father and Child Protection	30 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, use of illustrations (choose a relevant illustration based on the local situation), testimonies.
Total time	9 hours and 55 minutes which should be spread within two days.	
Materials and tools required	Flip chart, marker pen, masking tape, training manual and caregiver's handbook, Familia Bora guidebook, stickers, and illustrations as per the sessions above.	

6.2.1. Session One: Birth Registration

Objective: All children under 5 years old are registered and have birth certificates.

This session on birth registration should take 35 minutes, by the end of this session the participants will be able to learn:

- Learn the importance of birth certificate.
- Understand where to obtain birth certificate for children.
- Understand which documents are required when processing the birth certificate.

STEP 1 (Duration is 35 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What is birth certificate?
- Are there any challenges obtaining childbirth certificate?
- Why is the birth certificate important for every child?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on protecting citizenship and other legal rights and conclude the session by delivering the information below. (15 minutes)

Protect message 1: Protecting citizenship and other legal rights.
(Beneficiaries: All children, especially children aged 0-5 years).

Mothers, fathers, and caregivers should register their babies at birth because this secures their right to citizenship and protects their rights to health, education, protection, social welfare, and justice.

THE UNITED REPUBLIC OF TANZANIA CERTIFICATE OF BIRTH												
No of Entry	Child's Name	Date of Birth	Sex	Place and District of Birth	Father's Name and Signature	Father's Initials	Mother's Name and Signature	Mother's Initials	Signature, description and residence of witness	Date of Birth	Date of signature	C No: 1000017249
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
100 9146	BRUNGA MOPPIKA BRUNGA URBAN BRUNGA	13/09/09	MALE	COASTAL DISTRICT MOROGORO	BRUNGA MOPPIKA BRUNGA URBAN BRUNGA	BM	BRUNGA MOPPIKA BRUNGA URBAN BRUNGA	BM	BRUNGA MOPPIKA BRUNGA URBAN BRUNGA	13/09/09	13/09/09	1000017249
<p>Certified under the Births and Deaths Registration Ordinance (Cap. 101 of the Laws), to be a true Copy of an entry in the register in my custody of Birth for the District of <u>BRUNGA URBAN</u> in Tanzania. Dated this <u>25TH</u> SEPTEMBER 2009.</p> <p>Fees paid Shs 20000/-</p> <p style="text-align: right;">Registrar-General of Births and Deaths</p>												

- Mothers, fathers, and caregivers protect the future of the whole family by making sure every child (0-18 years) has a birth certificate and keeps these safe for future use, such as during school enrolment, provision of national identities and other citizen privileges and rights.
- Births should be registered at the health facility where the baby was born or with the Village Executive Officer in case of a delivery at home or with the District Registrar.
- Mother and child health cards or the birth notice can be used to obtain the birth certificate.
- Birth registration is an essential child right and a critical tool for effective protection from child labour, child marriage, sexual exploitation, and trafficking.
- Fathers, mothers, and caregivers should know that the information collected from birth registration records helps governments decide where and how to spend money, and what areas to focus on for development programmes, such as education and immunization.
- Birth registration is the only legal way for a child to get a birth certificate. Without it, many children can't get routine vaccines and other healthcare services. It can also help protect migrant and refugee children against family separation, human trafficking, and illegal adoption. In young adulthood, children will need this official identification for basic but important transactions like opening a bank account, registering to vote, getting a passport, entering the formal job market, buying, or inheriting property, or receiving social assistance.

The facilitator should conclude session one by highlighting the following desirable behaviours and social norms for birth registration:

- Everyone in the family has a birth certificate.
- All infants are registered at birth.

6.2.2. Session Two: Safe and Peaceful Homes



Objective: All children are protected from violence and abuse.

This session on safe and peaceful homes should take 3 hours and 45 minutes, by the end of this session the participants will be able to:

- Understand their role and responsibility in protecting children from violence and abuse.
- Learn the importance of reporting violence and seeking children justice.
- Learn the effects of childhood violence and abuse.
- Understand violence and abuse can happen to any child.
- Learn forms of violence.
- Learn the importance of keeping the home safe from violence and abuse.

STEP 1 (Duration is 50 minutes)

The facilitator should ask the participants to be in 5 groups of 6 people and discuss the following questions within 10 minutes:

- What is violence and forms of violence?
- What is abuse and what forms of abuse?
- Who abuses children?
- What kind of abuse and violence takes place in your community and where they are reported?
- What are the roles of family and community in protecting children and women from abuse and violence?
- The facilitator should allow each group 3 minutes to present the information below. (25 minutes)

Protect message 2: The impact of violence (Beneficiaries: Everyone, especially children 0-18 years and women).

Mothers, fathers, and caregivers need to understand that witnessing or experiencing any form of violence can have a devastating and lifelong impact on children's health and well-being. The impact worsens with every exposure to violence.



Meaning of violence:

Violence is the use of physical force to injure, abuse, damage, or destroy.

Types of violence:

Emotional and psychological violence: Undermining someone's self-worth and/or intimidating them with threats, constant criticism, belittling, name calling etc.

Physical violence: Hurting someone through use of physical force such as hitting, pushing, kicking, burning, use of weapons.

Sexual violence: Forcing someone to take part in a sex act they do not give their consent for (including marriage and child marriage).

Economic violence: Making (or attempting to make) someone financially dependent by maintaining control over financial resources, withholding their access to money and/or forbidding attendance at school or employment.

- Family members, neighbours, and other community members have an obligation to act to protect children they believe are at risk of violence and abuse. Action may include talking to the parents or caregivers, sharing concerns with religious leaders, teachers, health workers, social workers, and other community leaders. And where needed, the police.
- Fathers, mothers, and caregivers need to participate fully in seeking justice for children who are victims of violence by reporting the incidence, helping to gather evidence, ensuring the child is interviewed appropriately, accompanying, and supporting the child throughout and ensuring they receive the necessary follow up care.
- Victims of childhood violence are more likely to come into conflict with the law and engage in risky behaviours, such as alcohol and drug abuse and unsafe sexual behaviour. (See *Protect message 6: Preventing and managing risky behaviour*)
- Even very young babies can be victims of violence:
 - Shaking babies and young children can cause severe damage, leading to permanent injury or even death.
 - Babies and young children who are ignored and isolated and who suffer extreme distress caused by violence and deprivation will show slower and interrupted brain development that can affect their learning, behaviour, and their physical and emotional development for the rest of their lives.
- Emotional violence like bullying that includes threats to abandon a child, insults that make the child feel inadequate, or that deliberately aim to scare, embarrass, humiliate, or isolate a child have long-lasting and potentially serious effects on a child.
- Emotional violence can cause children to feel insecure and distrustful, cause anxiety and make victims more vulnerable to self-harm and depression. It can undermine the child's ability to learn, lower their school performance, and increase the risk of drop- out from school.
- Violence is learned behaviour.
 - Girls who witness mothers being beaten are more likely to become victims of violence in adulthood while boys who see their fathers beating their mothers are more likely to become abusers.
 - Victims of violence in childhood often find it harder to form relationships in adulthood that are equitable and respectful and are more likely to inflict violence on their own children.
- Mothers and fathers should work together to create peaceful home:
 - Parents should discuss and support each other to abolish violence from the home and seek help where needed from trusted members of the community such as health workers, faith leaders and other trusted community members.
 - If mothers and fathers treat each other with kindness, love and respect, this is what their children will learn and will most likely repeat in their adult

- relationships.
- If parents and caregivers have built a culture of trust and confidence among their children, it is likely that children will report all acts of violence they experience, including those committed by trusted family /community members.
 - All visitors, including other family members, should be aware of acceptable behaviour towards children in the household. Parents and caregivers should be aware of the increased risks to children if adult visitors do not share their beliefs on child rearing, protection, and discipline.
 - A child abuse and violence cases/suspects should be reported to the police officer at the Gender and Children’s Desk at the nearest police station. Child help line (116) is a 24-hour toll-free emergency public line for reporting all cases for children in need of care & protection in Tanzania and is also active in Kenya and a growing number of countries in Africa. Also, if a parent or caregiver suspects their child has been sexually abused, they should ensure the child is examined by a health service provider within 72 hours (3 days), seek advice on treatment and counselling.
 - The outbreak of a serious contagious disease like coronavirus can plunge families into poverty, isolation and create stress that can lead to violence. At such times, the mutual support of family members, neighbours, teachers, health workers, religious and other community leaders is important. Support may include checking on each other, sharing conversations even from a distance, sharing food even if put in a place one can access, sharing toys, books, games, and other community events even if everyone must maintain social distancing

Facilitator tips

Apart from the above information regarding violence, children are also key victims of abuse. Use the following information to raise awareness among the training participants about the various types of child abuse.

Meaning of abuse:

Abuse is when someone causes us harm or distress. It can take many forms, ranging from disrespect to causing someone physical or mental pain. It can occur in someone’s home, a care home, a hospital, or a public place. Often the people who commit abuse are taking advantage of a special relationship.

Forms of abuse:

Physical abuse is whenever someone hurts or harms a child/young person on purpose, this could include hitting/ slapping, kicking, shaking, throwing, burning, biting, scratching, and breaking bones.

Sexual abuse is sexual behaviour, or a sexual act forced upon a woman, man, or child without their consent. Sexual abuse includes abuse of a woman, man, or child by a man, woman, or older child. Sexual abuse is an act of violence that the attacker uses against someone they perceive as weaker than them.

Emotional abuse involves undermining an individual’s sense of self-worth.

Examples of emotional abuse include constant criticism, name-calling, embarrassment, mocking, humiliation, and treatment like a servant.

Who abuses children? Parents and caregivers should know that child abuse is caused by the people children know and trust. These people include parents and caregivers themselves, classmates or schoolmates, other children (siblings and friends), boyfriend or girlfriend, adult relatives, neighbours, strangers, teachers, religious leaders, house helps, *boda boda* (motorcycle riders) and bus conductors, shopkeepers, police, chief employers (child labour). For sexual abuse, most children and young people report the most common abuser as a boyfriend or girlfriend; for physical abuse, children report that parents and caregivers are the most common, and for emotional abuse, children report caregivers, classmates, or schoolmates to be the most common perpetrators.

STEP 2 (Duration is 40 Minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What do we understand by the terms punishment and discipline?
- What are the effects of punishment?
- How do parents and caregivers discipline their children?
- What are the alternative ways of disciplining the children?
- What factors can parent and caregivers consider before using punishments?
- The facilitator should allow each group 3 minutes to present while guiding them not to repeat what have already been mentioned. (15 minutes)

The facilitator should thank the participants for sharing their understanding about promoting positive discipline and conclude the session by delivering the information below. (15 minutes)

Protect message 3: Promoting positive discipline (Beneficiaries: Children 0-18 years, mothers, fathers and caregivers).

Mothers, fathers, and caregivers who use non-violent approaches to manage child discipline soon learn that it is very effective and helps to create a more secure, loving and peaceful home.

Punishment is a physically inflicted pain that makes a child suffer. To satisfy themselves, adults punish children when they do something perceived to be wrong or inappropriate. Punishment creates hatred and anger in a child and, as a result, does not bring about positive behavioural change.

- If a parent chooses to hit as a punishment, a child may be harmed.
- May cause physical harm, which in turn may lead to minor or major disability and sometimes even death.
- Punishment can cause emotional problems for a child's future.
- According to experience, most adults who were punished as children are more violent and abusive to their own children and family members.

- As the punishment becomes more severe, the likelihood of a child losing confidence, becoming merciless, criminal, or even mentally ill increases.

Factors/Questions that parents and caregivers need to ask him/herself before using punishments.

- Is the intention of punishment to educate a child or simply to reduce anger?
- Is a child able to relate the punishment meted out to him/her for the misconduct?
- Is punishment given in accordance with the penal code?
- Is there an alternative punishment that is less severe but can still bring about the intended positive outcomes?
- Is the punishment humiliating, violent, or severe enough for a child to withstand?

The meaning of discipline in children.

Disciplining your child means teaching them responsible behaviour and self-control. With appropriate and consistent discipline, your child will learn about consequences and taking responsibility for their own actions.

Positive reinforcement is a method of raising a child that guides their behaviour and achievement of key developmental milestones while continuously protecting them from harm so that they can continue to grow in a safe environment free of physical, emotional, and mental abuse. When a child is allowed to follow his instigator rather than being punished, this is referred to as “positive reinforcement.” It is about cultivating permanent solutions that instil self-discipline in a child. Positive reinforcement is about training a child to be self-respectful, moderate, committed, dedicated, and focused. It is about preparing a child to make self-judgments; it is part of the life skills of a code of conduct that will teach a child to be gentle.

Discipline can be seen when kids, parents, and caregivers treat each other with respect and trust.

Discipline is based on the child’s willingness to change his bad behaviour, driven by respect and a better understanding between good and bad conduct. This is done to give the child more opportunities to learn how to get along with other people.

- Some parents hit their children out of frustration or because they believe it will correct a child’s behaviour. Yet, hitting a child is not effective either for relieving parental frustration or for changing child's behaviour.
- Hitting and other violent punishments teach children fear and resistance and create a barrier to effective communication between parent and child. Hitting may include slapping, punching, kicking, or hitting with sticks, belts, or other objects. Other violent punishments include denying children food, locking them up, burning parts of the body and giving them hard work in difficult circumstances, such as tilling the soil under a hot sun.
- Parents who show self-control in managing their own frustrations will feel better about themselves while also passing on self-control lessons to their children.
- Prevention is the best solution for coping with child discipline. The need to discipline children is significantly reduced when:
 - Children feel secure and loved and have an open relationship that allows them to talk with parents and caregivers about matters that cause them concern. Children who feel they have the caring attention of significant

- adults have higher self-esteem and are less likely to engage in negative behaviour.
- Children have a clear understanding of what kind of behaviour is expected from them, what they should and should not do, and why these behaviours are important. This awareness comes from frequent conversations between parent and child. Simply instructing a child not to do something will not deliver the desired result.
 - Predictable routines are established and consistently followed by parents and caregivers as well as children.
 - Mothers, fathers, and caregivers are willing to discuss and allow the child to explore new activities if they are safe. This is especially important in adolescence.
 - Good behaviour in the child is rewarded and reinforced – which teaches children that positive behaviour brings positive consequences.
- Mothers, fathers, and caregivers who regularly practice these positive behaviours will find that if discipline issues arise, they will be more likely to talk with the child than to hit them.
 - With young girls and boys, it sometimes helps to have a special place where they can sit, calm down, and learn to control their feelings – without making the child feel threatened by ‘locking’ them away or excluding them from family love. This ‘cooling down’ period should always be followed by a caring discussion between the parent and child about what happened and why.
 - It is important that parents apply these approaches evenly among all the children within the household, boys and girls, biological and non-biological children. Children are acutely aware if they are treated unfairly. Parents and caregivers who have different behavioural expectations of boys and girls will perpetuate gender inequalities.
 - From as young as two or three years old, discussions with girls and boys about the causes and consequences of poor behaviour can lead to solutions that are understood and accepted by both parent and child, making it less likely that the behaviour will be repeated while also building trust.

STEP 3 (Duration is 30 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What do you understand by the term bullying?
- What are the signs of bullying?
- Is it important for parents and caregiver to talk with their children about bullying? If so, or No Why?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding on managing bullying and conclude the session by delivering the information below. (10 minutes)

Protect message 4: Managing bullying
(Beneficiaries: Children 4-18 years).

Fathers, mothers, and caregivers need to tell their children about teasing and bullying to reduce the effects if it does happen and to prevent children from becoming bullies themselves.

Bullying is the use of force, coercion, hurtful teasing, or threat, to abuse, aggressively dominate or intimidate. Normally bullying happens at school. Children who experience bullying are at increased risk for poor school adjustment, sleep difficulties, anxiety, and depression. Bullying, whether victims and the bully is associated with poorer outcomes.

- Most children have been teased by a sibling or a friend. It is not usually harmful when done in a playful, friendly way and when both children find it funny. When teasing becomes hurtful, unkind, and constant, it becomes bullying and needs to stop. Bullying is intentional tormenting in physical, verbal, or psychological ways. It can range from hitting, shoving, name-calling, threats, spreading rumours and mocking, to extorting money and possessions.
- Sometimes children will not talk about bullying, but their behaviour will suggest something is wrong. Parents and caregivers need to be patient, find ways of encouraging the child to talk and show they are willing to listen. Some children who are bullied blame themselves for looking or acting differently from others. Sometimes they fear what will happen if the bully finds out they have told their parents. Others do not talk about bullying because they are worried that their parents will not believe them or will urge them to fight back when they feel too scared.
- Parents and caregivers should praise a child who talks to them about bullying and remind the child that he or she is not alone — a lot of people get bullied. Emphasize that it is the bully who is behaving badly, not your child. Reassure the child that when you understand the full story, the decision about what action to take will be made together.

STEP 4 (Duration is 40 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discussion the following questions within 15 minutes:

- What do you understand by the term sexual violence? What are the signs of sexual violence?
- Do parents and caregiver talk with their children about sexual violence? Yes why? If no, why?
- In what settings do sexual violence happen?
- Who are the perpetrators of sexual violence in children?
- Are children living with disabilities more likely to experience sexual violence? If so, why, and what can be done to prevent this and if not why?
- Where to report when experience or witness sexual violence?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding on the subject matter and conclude the session by delivering the information below. (15 minutes)

Protect message 5: Sexual violence (5)
(Beneficiaries: Children 0-18 years).

Mothers, fathers, and caregivers need to be aware of any warning signs that their son or daughter has been sexually abused to enable them to initiate conversation with the child and report such incidents to the relevant authorities.



Meaning of sexual violence: Means forcing someone to take part in a sex act they do not give their consent for, regardless of the relationship to the victim (including in marriage).

- Children are often manipulated by abusers into thinking that what they are doing is normal. If parents are concerned that their child has been abused, they should gently initiate the conversation and respond in a timely way by reporting the incident to the appropriate authorities for example. Gender and Children desk, health facilities, SWO, WEO, Local authority leader and Child Protection Committee.
- All children are vulnerable to sexual abuse which affects about one in three girls and one in seven boys in Tanzania. Abusers are usually known to the child and may be relatives, neighbours, teachers, and other trusted members of the community. Most children do not report the experience, few seek services, and even fewer receive any care, treatment, or support if they do report abuse.
- Fathers, mothers, and caregivers need to know that children with disabilities are three times more likely than children without them to be victims of sexual abuse and violence, and the likelihood is even higher for children with intellectual or mental health disabilities.
- Mothers, fathers, and caregivers should make sure children can name the private parts of their body and understand no one except a doctor or nurse should touch them there. If it happens, they should tell the parent, no matter who is responsible. Parents and caregivers should encourage and empower children to resist being touched or held by anyone the child does not want to touch or hold them – including relatives.
- Mothers, fathers, and caregivers should be aware that children often do not talk about sexual abuse because they think it is their fault or they have been convinced by their abuser that it is normal or a 'special secret.' Children may also be bribed or threatened by their abuser or told they will not be believed. A child who is being sexually abused may care for their abuser and worry about getting them into trouble.
- If a child complains about inappropriate touching or abusive behaviour, it is important for parents and caregivers to listen to the child and take what they say

seriously – even if the abuser is known to the family.

- Children rarely lie about sexual abuse. Parents and caregivers who refuse to believe or respond when their child reports sexual abuse can severely damage the child's sense of self-worth, increasing the likelihood of drug and alcohol abuse, risky sexual behaviour, depression and/or self-harm.
- If a parent or caregiver suspects their child has been sexually abused, they should ensure the child is examined by a health service provider, seek advice on treatment and counselling, and talk to a social welfare officer or the police officer at the Gender and Children's Desk at the nearest police station (These desks are staffed by police officers who have received training on how to interview victims and investigate reports of gender-based violence) Also report the incidences by using the Child Help Line (116) is a 24-hour toll-free emergency public line for reporting all cases for children in need of care and protection, report to the women and children protection committees in your community, Ward Executive Officer or Village Executive Officer.
- Mothers, fathers, and caregivers can look out for the following signs that a child has been or is being sexually abused:
 - Changes in behaviour – a child may start being aggressive, withdrawn, and clingy, have difficulties sleeping, have regular nightmares or start wetting the bed.
 - Avoiding the abuser – the child may dislike or seem afraid of a particular person and try to avoid spending time alone with them.
 - Sexually inappropriate behaviour – children who have been abused may behave in sexually inappropriate ways or use sexually explicit language. Clues can sometimes emerge in the way young children play with toys or in what they draw.
 - Physical problems – the child may develop health problems, including soreness in the genital and anal areas or sexually transmitted infections, or they may become pregnant.
 - Problems at school – an abused child may have difficulty concentrating and learning, and their grades may start to drop.
 - Children may also drop hints of abuse without revealing it outright.
 - Mothers, fathers, and caregivers may also need counselling and support if their child has been a victim of sexual abuse. It can be traumatic for everyone in the family and lead to anxiety, accusations, feelings of guilt and depression. It is important to remember that the perpetrator of the abuse is to blame, and the role of the family is to help each other and especially the victim to recover. The family that helps each other in times of distress can become stronger.

STEP 5 (Duration is 35 minutes) (3)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What kind of environment can be created at home to encourage children to express themselves?
- What are the sexual and other risk behaviours faced by the child aged 10 – 18 years?

- In this community, what are the risky areas to children between 10 – 18 years?
- What actions do parents or other adults do that might influence how kids behave?
- The facilitator should allow each group 3 minutes to present while guiding them not to repeat what have already been mentioned (15 minutes)

The facilitator should thank the participants for sharing their understanding on preventing and managing risky behaviours and conclude the session by delivering the information below. (10 minutes)

Protect message 6: Preventing and managing risky behaviour (Beneficiaries: Children 10 to 18 years with responses appropriate to the child's maturity).

Fathers, mothers, and caregivers should create an environment at home that encourages children to express themselves freely about any concerns and troubles. This approach will help children aged 10-18 years to avoid risky behaviour and situations.

- The causes of high-risk behaviour are multiple and complex. Adolescents may be persuaded into high-risk behaviour because they are afraid of being excluded or disrespected by their peers. Young people who feel insecure or worthless, bullied, unattractive and unable to meet the expectations of parents and caregivers are often more susceptible to high-risk behaviours. Young people who are highly intelligent yet bored are also vulnerable.
- High risk behaviour includes unprotected sexual activity with multiple partners, sending sexually explicit text messages (sexting) or other risky uses of social media (like arranging to meet strangers they have only 'met' online), smoking tobacco, using alcohol leading to drunkenness, illegal drug use, dangerous driving, illegal activities like trespassing, vandalism, shoplifting and other theft, fighting and truancy from school – among others. Risky behaviours can cause life-long harm.
- Adolescents are more likely to fall into risky behaviours if they can roam freely without their mother, father, or caregiver knowing where they are. Adolescents who are allowed to frequent events such as *vigodoro* dances, night markets, betting shops, video libraries (*vibanda umiza*) and rituals are at risk of violence, smoking, use of alcohol, exploitation, kidnapping, accidents, sexual abuse, and drug addiction. Such activities may interfere with the children's school performance. Fathers, mothers, and caretakers need to be alert of their children's whereabouts, what she or he is doing, and with whom, at what time, to prevent them from becoming involved in bad and harmful activities.
- Adolescent boys may feel the need to prove their manhood which may push boys into greater rebelliousness and aggression. A desire to prove themselves sexually may lead to boasting about their accomplishments and negative treatment of girls.
- High risk behaviours are less likely if children grow up feeling loved, cared for, protected from harm, enjoy open, regular, and non-judgemental communication with their parents and caregivers, are full of hope for the future and possess the confidence and language to reject harmful peer pressure.
- Adolescent children of parents who are alcoholics, violent, drug abusers or who

engage in other high-risk behaviours are more vulnerable to risky behaviours themselves. Yet adolescents sometimes rise above and reject such negative behaviour patterns, especially if they are inspired by a mentor who may be a teacher, religious leader, neighbour, other relative or another member of their community – or a celebrity who may not be personally known to the child yet whose example can nevertheless prove inspiring.

- If needed, parents and caregivers should seek help from someone the adolescent trusts who can help guide and encourage them to make different choices.

STEP 6 (Duration is 30 minutes) (2)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What do you understand by the term emotion? What do you understand by the term tantrum?
- How do parents and caregivers respond to their children's emotions while and tantrums?
- The facilitator should allow each group 2 minutes to present guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding about managing tantrums and other behavioural challenges and conclude the session by delivering the information below. (15 minutes)

Protect message 7: Managing tantrums and other behavioural challenges (Beneficiaries: Children 0-18 years with response appropriate to the maturity of the child).

Fathers, mothers, and caregivers need to be close to their children to understand how they express their emotion and respond to challenges.

Emotion is a conscious mental reaction as anger or fear subjectively experienced as strong feeling usually directed toward a specific object and typically accompanied by physiological and behavioural changes in the body.

Tantrum is an uncontrolled outburst of anger and frustration, typically in a young child. Tantrums can be physical, verbal or both. A child may act out, be disruptive and generally display unpleasant behaviours. Usually, they're acting like this because they want or need something they can't express with words.

- If a child has a tantrum, parents and caregivers need to keep calm, talk quietly and wait for the child to recover. If a child is screaming in public this can be embarrassing for the parent. Shouting, getting angry or beating the child will make things worse and can be harmful.
- Parents should not give way to the child just to keep them quiet. Children need to learn that tantrums will not get them what they want.
- Young children can become frustrated if they are unable to do something or have something they want. They may be frightened of strangers, of new situations or of the dark. Mothers, fathers, and caregivers should listen carefully

- and reassure the child. The child should not be ridiculed or made to feel foolish.
- If a child runs away from home, it is important to find out what prompted the behaviour, and especially if the child has been subjected to abuse or bullying. Stay calm and give the child time, space, and confidence you know they can speak freely.
 - If a child has committed an anti-social or criminal offence, such as theft, talk with them about what prompted the offence, ensure they understand the impact of their behaviour on others, and the possible consequences should this be a matter for the law. Performing community service, possibly to help the victim, regular discussions with the child and a move towards more positive shared experience with the child is far more likely to prevent a recurrence of the behaviour than beating the child or locking them up.

STEP 7 (Duration is 30 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes.

- What do you understand by the term neglect
- What do you understand by the term child neglect?
- In this community what leads to child neglect?
- What are effects of child neglect?
- What should fathers, mothers and primary caregivers do to avoid child neglect?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding about child neglect and conclude the session by delivering the information below. (15 minutes)

Protect message 8: Prevent Neglect of Children

Fathers, mothers, and primary caregivers should know that they play a crucial role in the well-being of children. It is essential to understand that neglecting a child can lead to long-term physical, emotional, and mental health issues, which may hinder their ability to build healthy relationships in the future.

- **Understanding Neglect:**

Neglect is the ongoing failure to meet a child's basic needs, including food, medical care, clothing, shelter, and education.

Neglect can result from either deliberate actions or, in some cases, from inability to provide due to factors such as poverty or other hardships beyond the caregiver's control.

Deliberate neglect occurs when parents or caregivers choose not to provide for the child's needs despite having the resources, knowledge, and access to necessary services. For example, if a parent spends money on alcohol rather than taking a sick child to the clinic or buying school supplies.

- **Providing Basic Needs:**
 - **Nutrition:** Ensure that children have access to sufficient and nutritious food to support their growth and well-being.
 - **Healthcare:** Seek medical treatment when children are sick or injured. Routine medical care, including vaccinations, is crucial for their health.
 - **Clothing:** Provide clean and appropriate clothing that suits the weather and the child's needs.
 - **Shelter:** Children should have a safe, clean, and secure living environment. Stability in the home helps them feel safe and cared for.

- **Ensuring Education:**
 - **Enrolment:** Enrol your child in pre-primary school at the age of 5 (or earlier if possible) to prepare them for formal education.
 - **Engagement:** Stay actively involved in your child's education by communicating with teachers and supporting homework and learning at home.
 - **Attendance:** Encourage regular school attendance to ensure a solid foundation for their brighter future. This includes providing essential items like uniforms, sweater and shoes. Also school supplies and a bag to keep the supplies safe from rain, dust or being lost.

- **Emotional Support and Care:**
 - Show your children love and attention, offering emotional comfort when needed.
 - Foster a supportive relationship by actively listening to their concerns and showing empathy.
 - Encourage open communication to strengthen the bond between you and your child.

- **Understanding the Impact of Neglect:**
 - Children who experience neglect may suffer long-term effects on their physical, emotional, and mental health. It can impact their development and affect their ability to form healthy relationships in the future.
 - Understanding neglect as a deliberate failure or a result of external challenges helps parents and caregivers respond appropriately to prevent harm.

- **When Neglect is Unintentional:**
 - In some cases, neglect may result from factors beyond the caregiver's control, such as poverty or lack of access to resources.
 - If you are struggling to provide for your child, seek assistance from local community organizations, welfare services, or support networks. There are programs designed to help families in need.

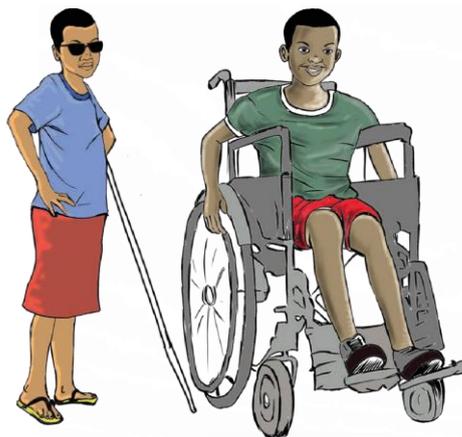
- **Seeking Support:**
 - If you feel overwhelmed or are unsure how to care for your child, reach out to local child protection services or family support programs.
 - Parenting support services can offer advice, training, and resources to help you meet your child’s needs and ensure their well-being.
- **Recognizing and Preventing Neglect:**
 - Be aware of signs of neglect, such as poor hygiene, frequent absences from school, malnourishment, or social withdrawal.
 - If you notice these signs in your own children or others, it’s important to take action. Seeking help early can prevent further harm and provide the necessary support to the child and family.

By understanding neglect in both its deliberate and unintentional forms, parents and caregivers can take proactive steps to ensure the safety, health, and well-being of their children. Seeking assistance when needed can help prevent neglect due to circumstances beyond their control.

The facilitator should conclude the session two by highlighting the below desirable behaviours and social norms to ensure safe and peaceful homes:

- Children do not experience violence or witness violence against any other family member.
- Fathers, mothers, and caregivers do not use physical or emotional punishments to discipline their children.
- All children, including children with disabilities, know how to recognize inappropriate touching and feel comfortable about discussing any touching that worries them with their parents and caregivers.
- Adolescents know how to protect themselves in risky situations.
- The needs of children with behavioural challenges are dealt with through love, care, negotiation, and support.
- Fathers, mothers and primary caregivers are keen enough to protect their children from neglect.
- Fathers, mothers, and caregivers ensure everyone in the household understands how to protect children from violence and abuse and follows these rules.
- All children understand what abuse is and have the confidence to report it.

6.2.3. Session Three: Protecting Children with Disabilities



Objective: Protection of children with disabilities is enhanced.

This session on protecting children with disabilities should take 50 minutes, by the end of this session the participants will be able to understand:

- How to protect children with disabilities from abuse, violence, and bullying.
- Procedures to handle abusive cases for children with disabilities.
- Role and responsibilities of parents and caregivers in protecting children with disabilities from abuse and violence.

STEP 1 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What do you understand by the term a child with disability?
- What measures can parent and caregivers put at home to protect violence against children with disabilities?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on increased vulnerability of violence and abuse to children with disability and conclude the session by delivering the information below. (10 minutes)

Protect message 8: Increased vulnerability of children with disabilities
(Beneficiaries: All children with or affected by disabilities).

Fathers, mothers, and caregivers need to understand that child abusers are often motivated by the gratification they get from exploiting and exercising power over others. This makes children with disabilities especially vulnerable particularly if they have difficulty in expressing themselves.



Children with disabilities “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis.”

- Children of parents with disabilities, with siblings who have disabilities or with disabilities themselves are vulnerable to abuse, exclusion, and bullying. (See *Protect message 4: Managing Bullying page 83* and *Protecting children online page 99*).
- Parents and caregivers should help children with disabilities to protect themselves by explaining inappropriate touching in a language that the child will understand. They should listen carefully and respond with care, love, and support if the child complains of abusive behaviour, or they notice behavioural changes that might suggest abuse.
- Fathers, mothers, and caregivers need to know factors which put a child with disabilities at an increased risk of violence include stigma, discrimination, and ignorance about disability and lack of social support for those who care for them. Placement of children with disabilities in institutions also increases their vulnerability to violence.
- If sexual abuse is suspected, the child should be seen by a health provider and provided with treatment and counselling, and the matter reported to the Gender and Children’s Desk at the nearest police station.
- Other family members and members of the community must make a report to the Gender and Children’s Desk at the nearest police station if they suspect parents or primary caregivers are exploiting a child with disabilities, for example by forcing them to beg.

STEP 2 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What are the behavioural challenges that face children with disabilities? What behaviours children with disabilities can show?
- What can parents do to handle challenges faced by children with disabilities?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what has already been mentioned (10 minutes).

The facilitator should thank the participants for sharing their understanding on behavioural challenges in children with disabilities and conclude the session by delivering the information below. (10 minutes)

Protect message 9: Behavioural challenges in children with disabilities
(Beneficiaries: Children 0-18 years).

Fathers, mothers, and caregivers need to realize that children with disabilities sometimes show behaviours that they and the child herself/himself find difficult to understand and manage. It is important to respond calmly and consistently when children’s behaviour seems out of control.



- Every child is unique, and some learn and develop in very different ways. Mothers, fathers, and caregivers whose child behaves differently should know that they are not alone. With love, understanding, patience and support, children whose behaviour may at first be disruptive (aggressive, hyper-active, passive) can develop into fulfilled, capable, productive, and loving adults.
- Children with behavioural difficulties respond to regular schedules, attentive and consistent care and adaptive parents who have learned to understand and appreciate the child's point of view can prove to be highly original and enlightening.
- Children with disabilities may experience challenges when they first become aware of their disability and as they enter adolescence. Parents and caregivers should listen to the child, emphasise their positive achievements and the opportunities that still lie ahead. If the child sinks into depression or begins regressing, seek professional advice and support.
- Warning signs of depression or other distress may include bed-wetting, withdrawal, unusual or heightened tantrums, self-harm, listlessness/lack of interest in things the child used to enjoy, lack of communication or other behaviours that seem out of the ordinary.
- Make sure everyone in the family and neighbours understand the challenges the child is facing and understand how to overcome them.

The facilitator should conclude the session three by highlighting the below desirable behaviour and social norm for protecting children with disabilities:

- Parents, caregivers, and the wider community act to protect children with disabilities from abuse, violence, and bullying.

6.2.4. Session Four: Managing Family Mobility and Separation

Objective: Bonding between parents, caregivers, and children is strongly felt to be necessary.

This session on managing family mobility and separation should take 45 minutes and by the end of this session the participants will be able to understand:

- Preparation for family separation.
- Care for your children living in another household.
- Preparation for a family receiving a child from another household.

STEP 1 (Duration is 45 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What do you understand by the term family separation?
- What factors drive parents allow their children to leave in another household? How parents care for their children leaving in another household?
- What preparation caregivers do to welcome a child coming to leave in their household? The facilitator should allow each group 3 minutes to present while guiding them not to repeat what have already been mentioned. (15 minutes)

The facilitator should thank the participants for sharing their understanding concerning family separation and conclude the session by delivering the information below. (20 minutes)

Protect message 10: Family separation
(Beneficiaries: Children 0-18 years).

Fathers and mothers are responsible for the upbringing and protection of their children. Leaving children in the care of others increases the risk that they will be exposed to violence and abuse.

Family separation is the condition where family members are involuntarily separated from each other, often because of many factors, including divorce or the death of one parent. Family separation can have a serious impact on mental health.

- When children fear abandonment and feel unloved due to lack of parental support, they can have low self-esteem, lose confidence, and become susceptible to violence and abuse.
- Mothers and fathers should not leave their children to be raised by anyone else unless this is essential. If it is unavoidable, mothers and fathers must make sure that the child understands why they are going to live in another household and how long this will last.
- Mothers and fathers should not assume a child will adjust easily to living in a new household even if the child knows the new caregiver well. They should be in contact with the child every day ideally and certainly at least once a week. They should be ready to listen to and talk about any concerns the child has. Parents need to be ready to make other arrangements if the move is detrimental to the child.
- Sending a child to live in another household does not mean the parent relinquishes responsibility for the upbringing and protection of the child.
- Caregivers in the receiving household need to ensure that their own children are fully prepared and understand why they are getting a new family member. Resentment can develop between the incoming child and existing children if there are any suspicions of preferential treatment.
- Encouraging all the children in a household to collaborate to solve problems can be empowering and help to build bonds between them. Mothers, fathers, and caregivers may need to be extra attentive because children living away from their parents can sometimes become more vulnerable to abuse or experience difficulties at school. Frequent discussions with the child and their teachers can help. Frequent visits from parents are also important.

The facilitator should conclude the session four by highlighting the below desirable behaviours and social norms on managing family mobility and separation:

- Children are emotionally prepared if they need to spend time living in another home, away from their parents.
- Parents are regularly in touch with the child and ensure the child knows they have not been abandoned by making regular visits, having a private time and space to talk to the child.
- Caregivers in homes where non-biological children are living make sure their own children are ready to welcome the new household member.
- Caregivers extend the same level of care, attention, protection, and communication with the newly arrived child as they do with their own biological children.

6.2.5. Session Five: Ending Harmful Practices



Objective: Increased knowledge on the effects of social norms such as child marriage, female genital mutilation, and child labour on the child development.

This session on ending harmful practices should take 2 hour 45 minutes and by the end of this session the participants will be able to learn:

- Meaning and effects of child marriages.
- Meaning and effects of female genital mutilation.
- Meaning and effects of child labour.

STEP 1 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

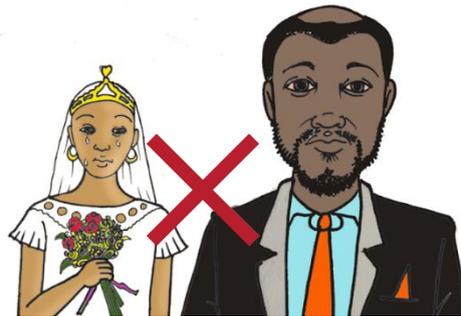
- Who is a child?
- What is the meaning of child marriage?

- What are the effects of child marriage?
- What can parents, caregivers and community do to end child marriage?
- What does the law say about child marriage?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding on child marriage, and conclude the session by delivering the information below. (5 minutes)

Protect message 11: Child marriage
(Beneficiaries: Girls and boys aged 10 to 18 years).

Fathers, mothers, and caregivers need to understand that marriage before the age of 18 is damaging to children. The lives of girls are at risk if they become pregnant. Child marriage increases their vulnerability to abuse and exploitation and often ends their access to education. Parents and caregivers who arrange marriages for children will be prosecuted.



*A **child** is any person below 18 years of age. This is in accordance with the Constitution of the United Republic of Tanzania of 1977 and the various international conventions on the rights of the child.*

***Child marriage** is any marriage where at least one of the parties is under 18 years of age.*

- Mothers and fathers who arrange marriages for their young daughters and sons are breaking the Law of Child Act and Education Act and should be reported and prosecuted. Child marriage increases the child's vulnerability to abuse, sexually transmitted infections, poverty, and child pregnancy. It often deprives the child of education.
- Fathers, mothers and caregivers need to understand that child marriage occurs more frequently among girls who are the least educated, poorest, and living in rural areas; thus, retention into school to higher levels of education is the major way to end child marriage.
- Wives who are substantially younger than their husbands are less likely to take an active role in decisions that affect them. Although child marriage more often involves girls, boys who are married when they are young also suffer abuses.
- Anyone who commits this act shall on conviction be liable to imprisonment for a term of 30 years. Also, anyone who aids, abets, or solicits shall on conviction be liable to fine of not less than 5 million or to imprisonment for a term of 5 years or both.

For more information about child marriage refer to Child Marriage Factsheet – Latest UNFPA fact sheet.

STEP 2 (Duration is 30 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What is the meaning of Female Genital Mutilation?
- What are the factors contributing to Female Genital Mutilation?
- What are the effects of Female Genital Mutilation?
- What can parents, caregivers and community do to end Female Genital Mutilation? What does the law say about Female Genital Mutilation?
- The facilitator should allow each group 3 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding on female genital mutilation, and conclude the session by delivering the information below. (10 minutes)

Protect message 12: Female Genital Mutilation
(Beneficiaries: Girls 0-18 years).

Fathers, mothers, and caregivers need to understand that Female genital mutilation is dangerous. It can cause excessive bleeding, and severe pain, lead to complications during delivery, cause fistula, and even death, as well as psychological disorders in victims. Anyone who facilitates or performs FGM will be prosecuted.



Female Genital Mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs.

- FGM is a violent attack on girls that causes harmful injuries with lifelong consequences.
- Fathers, mothers, and caregivers need to know that FGM compromises the natural functions of the female body and has a detrimental impact on the health of women and girls, including their psychological, sexual and reproductive health.
- The immediate effects of FGM include excessive bleeding, FGM sometimes results in deaths. FGM practices may also bring severe psychological disorders among girl and women victims.
- The long-term effects of FGM include, chronic pain, Infections – including recurrent urinary tract infections, decreased sexual enjoyment, psychological consequences, such as post-traumatic stress disorder, increased risks of birth by caesarean section, increased maternal mortality, painful complications during birth, and fistula, increased risks of neonatal deaths, increased risks of still births, postpartum haemorrhaging, and low birth weight in infants.
- Where traditions of female genital mutilation are strong, it can take great

courage to break these harmful traditions. Joining with like-minded members of the community to stop genital mutilation helps mothers and fathers who want to protect their daughters.

- If family members seem intent on committing FGM, parents and caregivers must act to prevent it. They should help everyone in the family understand why the practice is harmful. Parents and caregivers are obligated to report family members who are intent on carrying out FGM.
- Anyone who commits FGM shall on conviction be liable to imprisonment for a term of 15 years or fine of T. Shs.300, 000 or both fine and imprisonment.
- Subject to the Law of child Act, any person who cause torture to the child or other cruel, inhuman punishment or degrading treatment including any cultural practice which dehumanizes or is injurious to the physical and mental well-being of a child, shall on conviction be liable to a fine not exceeding 5 million or imprisonment for a term not exceeding 6 months or both fine and imprisonment.

STEP 3 (Duration is 35 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- Who is a child?
- What is the meaning of child labour?
- In this community what are the factors contributing to child labour?
- What are the effects of child labour?
- What can the parents and caregivers do to stop child labour? What does the law say about child labour?
- The facilitator should allow each group 3 minutes to present while guiding them not to repeat what have already been mentioned. (15 minutes)

The facilitator should thank the participants for sharing their understanding on child labour, and conclude the session by delivering the information below. (10 minutes)

Protect message 13: Child labour
(Beneficiaries: Children aged 5 to 18 years).

Fathers, mothers, and caregivers need to understand that all children under 14 years should be in school. Children who start working between the ages of 14-18 years must not do dangerous jobs like lifting heavy things, working with chemicals, engaged in prostitution, or working underground, because these jobs can harm them. Anyone who contravenes the law on child labour will be prosecuted.



*A **child** is any person below 18 years of age. This is in accordance with the Constitution of the United Republic of Tanzania of 1977 and the various international conventions on the rights of the child.*

***Child labour** is often defined as work that deprives children of their childhood, their potential, and their dignity, and that is harmful to physical and mental development.*

- Parents and caregivers should know that child labour interferes with their schooling by depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work.
- Hazardous child labour is the work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children.
- Work which exposes children to physical, psychological, or sexual abuse.
- Work underground, under water, at dangerous heights or in confined spaces.
- Work with dangerous machinery, equipment, and tools, or which involves the manual handling or transport of heavy loads.
- Work in an unhealthy environment which may, for example, expose children to hazardous substances, agents, or processes, or to temperatures, noise levels, or vibrations damaging to their health.
- Work under particularly difficult conditions such as work for long hours or during the night or work where the child is unreasonably confined to the premises of the employer.
- It is contrary to the Law of Child Act and Employment and Labour Relation Act to employ child under 14 years old under any circumstances, because at this age the child should be in school. Children may be employed from 14 – 18 years provided this does not involve activities that are detrimental to the child's health or development.
- Anyone who contravenes these laws shall on conviction be liable to a fine of not less than one hundred thousand shillings or to imprisonment for a term of three months or both.
- While children younger than 14 years may help with family work (for example in farming) such work should be consistent with their age and ability and should never replace school. Mothers, fathers, or caregivers who keep children out of school for household or farm work are depriving them of opportunities that can lift them out of poverty.
- All children under 18 years must be protected from exploitative and hazardous labour which includes heavy lifting, exposure to chemicals, work underground, prostitution and drug trafficking. These can cause life-long damage. Anyone who sees a child exposed to hazardous labour should report it to the police or ward and local government offices.

STEP 4: (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What actions should parents and caregivers take when the child experiences violence?
- In this community are there incidences whereby parents or caregivers resolve a case of VAWC out of the court? Is so Why?
- What can be the results of resolving the VAWC case out of the court to the child? What could be the results of resolving the VAWC case out of the court to the perpetrator?
- Where to report when the child experiences violence?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding on participating in seeking justice for children and conclude the session by delivering the information below. (5 minutes).

Protect message 14: Participating in seeking justice for children (Beneficiaries: Children 0 – 18 years).

Fathers, mothers, and caregivers need to participate fully in the whole process of seeking justice for children who are victims of violence against children (VAC) by facilitating reporting, gathering of evidence, and following up the whole judicial procedure to ensure that children get their rights and ending VAC.

Justice refers to fairness or giving each person what he or she deserves or, in more traditional terms, giving each person his or her due.

- Mothers, fathers, and caregivers must seek justice for children who have been victims of violence. A child who experiences violence may end up having serious and lifelong consequences, including mental health problems. In younger children, it may result in impaired brain development and damage to the nervous system.
- Parents and caregivers should report VAC incidence to the responsible authorities such as Social Welfare Officer, Police Gender and Children Desk, Ward Executive Officer, Village Executive Officer and using toll free number 116 on behalf of their children.
- Parents and caregivers should not try to resolve a case of VAC out of court because this denies the rights of the child and can mean the continuation of violence in the community. Children who are denied justice may feel worthless and suffer long term mental health challenges as a result.
- Parents and caregivers should provide full support to a child during the time when the matter is before the Court, this helps to build the confidence of the child, especially when he/she provides evidence.

The facilitator should conclude the session five by highlighting the below desirable behaviours and social norms on ending harmful practices:

- Marriage before 18 years for girls and boys no longer happens in Tanzania.
- Girls and women are not subjected to genital mutilation at any age.
- Girls and boys are not withdrawn from school for work.
- All VAC cases are identified and reported, and justice sought.

6.2.6. Session Six: Protecting Children Online

Objective: Enhanced understanding among parents and caregivers on the advantages and disadvantages of online platforms in children.



This session on protecting children online should take 1 hour 15 minutes and by the end of this session the participants will:

- Learn the meaning of online child abuse. Understand types of online child abuse.
- Understand the negative effects of some online platforms for children.
- Learn on how to prevent children from online abuse.

STEP 1 (Duration is 50 minutes)

The facilitator should ask participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What is the meaning of online platforms? What are the types of online platforms?
- What are the advantages of online platforms? What are the disadvantages of online platforms? What is the meaning of online child abuse?
- What are the types of online child abuse?
- What measures parents and caregivers can be taken to prevent online child abuse? The facilitator should allow each group 3 minutes to present while guiding them not to repeat what have already been mentioned. (15 minutes).

The facilitator should thank participants for sharing their understanding about staying safe online, and conclude the session by delivering the information below. (25 minutes)

Protect message 15: Staying safe online
(Beneficiaries: Children 3 – 18 years).

Fathers, mothers, and caregivers need to understand and guide children and adolescents boys and girls to know that inappropriate and excessive use of online platforms may expose them to online child abuse, such as sexting, sextortion, and cyber bullying, and addiction.



Online platform; describes a range of services available on the internet including marketplaces, search engines, social media, creative content outlets, app stores, communications services, payment systems, services comprising the so-called “collaborative” or “gig” economy, and much more.

Being safe online; means individuals are protecting themselves and others from online harms and risks which may jeopardise their personal information, lead to unsafe communications or even effect their mental health and wellbeing.

Advantages of online programs; Are key enablers of digital trade across the Single Market and the globe. They increase consumer choice and convenience, improve efficiency and competitiveness of industry, and can enhance civil participation.

Disadvantages of online programs; the more time spent on social media can lead to cyberbullying, social anxiety, depression, and exposure to content that is not age appropriate. Online abuse is any type of abuse that happens on the internet. It can happen across any device that’s connected to the web, like computers, tablets, and mobile phones. And it can happen anywhere online, including social media. Text messages and messaging apps.

- Parents need to learn about and keep up to date with the sites, apps and online chat services their children/adolescents are using and decide whether these sites present risks in terms of unwanted contacts or images. They should talk with the child about any concerns.
- Some of the risks children and adolescents could face online include:

Sexting

- This involves sending or receiving of sexually explicit digital images, videos and text messages or emails.

Sextortion

- Parent and caregivers need to know that some criminals extort money or sexual favours from children and adolescent boys and girls by threatening to reveal evidence of their sexual activity, of which some might be made up technologically.

Online bullying

- Parents and caregivers should help to protect children and adolescents from online bullying, which may include sending abusive messages, hurtful images, or videos, upsetting online gossip, excluding, or humiliating others, or creating fake accounts in someone's name to trick or humiliate them.
- Signs of online bullying that may include the child or adolescent:
 - Being upset after using the internet or their mobile phone.
 - Changes in personality, becoming more withdrawn, anxious, sad, or angry.
 - Appearing lonelier or distressed.
 - Unexpected changes in friendship groups.
 - A decline in their school performance.
 - Changes in their sleep patterns.
 - Avoidance of school or clubs.
 - A decline in their physical health.
 - Becoming secretive about their online activities and mobile phone use.
- Mothers, fathers, and caregivers should help children and adolescents understand what online bullying is and how to respond:
 - They should not respond directly to bullying messages. This can invite further abuse.
 - Take a screenshot of any offensive messages. Use this as evidence to report
 - the abuse to the webpage or email service provider.
 - Even if the abuse is made anonymously the site can track down and expose those responsible and block them from making more posts.
 - Anyone who shares the abuse should be similarly reported.
- Help the child or adolescent feel empowered and strong by acting. Help them to understand that bullying exposes cowardice and weakness in the bully.

Grooming

- Socializing online can be a great way for children to build friendships, but it can also put them at risk. Unwanted contact is any type of online communication that a child finds unpleasant or confronting, or that leads them into a situation where they might do something they regret. It can come from strangers, online 'friends' your child has not met face-to-face, or from someone they know.
- At worst, it can involve 'grooming' a child — building a relationship with a child to sexually abuse them. This abuse can happen in a physical meeting, but it increasingly occurs online when young people are tricked or persuaded to engage in sexual activity via webcams or to send sexual images.
- Help children to protect their privacy online:
 - Let your child know that they can talk to you at any time if they receive any content that is inappropriate or makes them feel uncomfortable.
 - Encourage them to delete all contacts they do not know and to reject any friends or follow requests from people they do not know.

Pornography

- Children may stumble upon pornography accidentally or go searching for it online. Some of the most violent and extreme pornography can distort and damage children's attitudes towards sexual relationships and gender relations.
- Parents and caregivers should prevent exposure to pornography by:

- Taking advantage of the parental controls available on computers and other devices and ensure the 'safe search' mode is enabled on browsers.
- Talking with children about their experience online and ensure they understand why you are taking steps to protect them.

The facilitator should conclude the session five by highlighting the below desirable behaviours and social norms on protecting children online:

- Children are smart enough to know the pros and cons of online programs and can use them safely.
- Parents and caregivers keep an eye on what their children see and hear on the internet, who they meet, and what personal information they share.
- Children are no longer experiencing online abuse.

6.2.7. Session Seven: Fathers and Protection

Objective: Fathers participation in the protection of a child from birth to 18 years is strengthened.

This session on fathers and protection should take 30 minutes and by the end of this session the participants will be able:

- To learn the role of the fathers in the protection of children

STEP 1 (Duration is 30 minutes)

The facilitator should ask participants to be in 5 groups of 6 people and discuss the following questions within 10 minutes:

- What are the roles of the fathers on child protection?
- Why active involvement of the fathers in the protection of children from infancy until the child reaches 18 years is important?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes).

The facilitator thanks participants for sharing their understanding about fathers and protection and conclude the session by delivering the information below. (10 minutes).

Protect message 16: Fathers and protection
(Beneficiaries: Fathers).

Fathers play an active role in all aspects of child protection including birth registration, creating a safe and peaceful home, helping children cope with separation from parents, preventing harmful behaviours and protecting children and adolescents online.



- Almost all Familia Bora, Taifa Imara Protection messages apply equally to fathers and mothers.
- Fathers and male caregivers should ensure everyone in the family has a birth certificate and all new-borns are registered within the first weeks of life.
- Fathers and male caregivers should collaborate with their spouses and play an active role in creating a safe, secure, and peaceful family. They should never resort to violence against anyone in the household and take action to diffuse conflict.
- Fathers need to recognize that if they are separated from their children for long periods, they should dedicate time to rebuilding and re-establishing their relationship with the child whenever they are able.
- Fathers and male caregivers play an active role in ensuring all their children grow up feeling confident, resilient, capable, and able to resist peer pressure to engage in risky behaviours.
- Fathers need to understand the risks children may face online and play an active role in helping to protect children from online abuse and exploitation.

See all references to fathers and parents in the Protect section.

The facilitator should conclude the session seven by highlighting the below desirable behaviour and social norm on fathers and protection:

- Fathers are fully engaged as active protectors of children and adolescents in all aspects of their lives.

PILLAR THREE:

COMMUNICATE



7.0. PILLAR 3: COMMUNICATING WITH CHILDREN

7.1. Introduction:

Communication is a process by which information is exchanged between individuals through a common system of symbols, language, signs, or behaviour. Action under the Communicate pillar helps mothers, fathers, and other caregivers to improve communication with children at all stages of their development. Communication is about helping children to understand, engage and positively interact with their world through the people in their family, their community, their school, and their peers. This pillar three has six sessions which should be delivered within two days and cumulatively take 9 hours and 45 minutes. The sessions include establishing good family communication, Communication for gender equality, talking with children, helping children learn, communicating with children with disabilities, Fathers and family communication.

Objective: Communication helps mothers, fathers, and other caregivers to improve relationship with children at all stages of their development.

7.2. Structure to Deliver Key Messages on Communicating with Children

Topic	Duration	Methodology
Session 1: Establishing good family communication	1 hour and 20 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, testimonies.
Session 2: Communication for gender equality	1 hour and 15 minutes	Illustrations, group discussions, Individual reflection, scenarios, brainstorming
Session 3: Talking with children <ul style="list-style-type: none"> • Before birth • Age 0-1 year • Age 1-3 years • Age 3-5 years • Age 6-9 years • Age 10-14 years • Age 15-18 years 	3 hours and 35 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, relevant illustrations, testimonies.
Session 4: Helping children learn	1 hour and 40 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, testimonies.
Session 5: Communicating with children with disabilities.	50 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, relevant illustrations.
Session 6: Fathers and family communication	40 minutes	Individual reflection, group work, group discussion, brainstorming, role play, buzz groups, experience sharing, testimonies.
Total time		9 hours and 45 minutes which should be spread within two days
Materials and tools required		Flip chart, marker pen, masking tape, training manual and caregiver's handbook, Familia Bora guidebook, stickers, illustrations which are relevant.

7.2.1. Session One: Effective Family Communication



Objective: Enhanced communication between male and female parents and caregivers and all children.

This session on effective family communication should take 1 hour 20 minutes and by the end of this session the participants will be able to understand:

- The importance of active listening and conversation.
- Ways to create communication opportunities.
- Discussing difficult issues with children.

STEP 1 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people to discuss the following questions within 5 minutes:

- What do you understand by the term active listening and conversation?
- How can fathers, mothers and caregivers do active listening and conversation?
- What are the benefits of active listening and conversation?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes).

The facilitator should thank the participants for sharing their understanding on active listening and conversation and conclude the session by delivering the information below. (10 minutes)

Communicate message 1: Active listening and conversation (Beneficiaries: Everyone).

Fathers, mothers, and caregivers need to pay attention when the child/ adolescent boy or girl is talking, as it builds trust, respect and self-confidence and it makes the child feel valued and loved.



Listening means take notice of and act on what someone says, respond to advice or a request.

Active listening: *involves paying attention to the conversation, not interrupting, and taking the time to understand what the speaker is discussing. It is an important first step to defuse the situation and seek solutions to problems. Paraphrasing to show understanding. Using nonverbal cues that show understanding such as nodding, eye contact, and leaning forward. Brief verbal affirmations like “I see,” “I know,” “Sure,” “Thank you,” or “I understand.*

Active conversation: *can involve asking and answering questions, finding mutual interests and similarities, having an intention for the conversation, asking questions related to the conversation, avoiding controversial topics, smiling, and making eye contact.*

- Even very young children can sense when parents or caregivers are not really paying attention to what they are saying. If this happens repeatedly, the child can begin to feel that there is no point in telling the parent anything. Communication with children and babies is essential to their relationships and development. Good communication involves listening and talking in ways that make children feel important and valued.
- Mothers, fathers, and caregivers who talk to children at eye-level by crouching down or sitting with them, will enjoy a more fruitful and engaging conversation than if they remain standing and looking down at the child. Talking at eye-level tells the child that the conversation is important. Talking down from adult height gives an impression of authority and distance from the child.
- The tone of voice parents and caregivers use when talking with children and adolescents tells the child how they feel. If the tone of voice is harsh, annoyed, frustrated, the child will detect those emotions. If the tone of voice expresses care and love, even when asking for a conversation to happen later, the child will sense care and love.
- Attentive communication builds good social behaviours that will help the child in many other aspects of their lives. Children learn how to listen from the way others listen to them.
- When parents and caregivers establish regular habits of talking with and listening to children, it becomes much easier to discuss problems bothering the child that might otherwise lead to bad behaviour. Even if the child does misbehave, having a regular habit of open communication makes it much more

likely that parents and caregivers will choose to discuss the issue with the child rather than punish them without finding out why the incident happened.

- Children who talk regularly with parents and caregivers, often have a clearer idea of expected behaviour, and fewer problems because they don't want to disappoint parents and caregivers.
- From sitting up, walking, and putting on shoes to riding a bicycle or fixing a car, mothers, fathers, and caregivers who show patience and appreciation while their sons and daughters try to do things for themselves will help to build their self-confidence and independence as well as help them to learn.

STEP 2 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- In a typical day what are the available opportunities for a father, mother, or caregiver to communicate with children?
- What are the benefits for fathers, mothers, and caregivers to create opportunities for communicating with children?
- Is it important for fathers, mothers, and caregivers to involve adolescents in the family decisions? If so or not, why?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes).

The facilitator should thank the participants for sharing their understanding on creating opportunities for communicating with children and conclude the session by delivering the information below. (10 minutes)

Communicate message 2: Creating opportunities for communicating with children (Beneficiaries: Children 0-18 years according to their level of maturity, mothers, fathers, and caregivers).

Fathers, mothers, and caregivers need to pay attention when the child/ adolescent boy or girl is talking, as it builds trust, respect and self-confidence and it makes the child feel valued and loved.



- It is important for fathers, mothers, and caregivers to find a convenient time to talk to their children regularly since there is no specific time or day to talk with a child.
- Having meals together can provide an opportunity to talk about the day, events, and what is happening in the garden/farm/on the street/at school, with neighbours, friends, relatives, or anyone else.
- Stepping outside the daily routine provides opportunities for family fun and building shared memories. This could involve games, walks, visits, taking part in community events etc. Find opportunities to talk with children/adolescents individually.
- Parents and caregivers are often busy with cleaning, cooking, childcare, mending, fixing, farming, gardening and more. Involving even young children in these tasks in a fun and engaging way provides opportunities for sharing and learning.
- Stepping outside the daily routine provides opportunities for family fun and building shared memories. This could involve games, walks, visits, taking part in community events etc. Find opportunities to talk with children/adolescents individually.
- Involving adolescents in family decision making helps prepare them to analyze and understand different situations from different points of view and helps them learn to make better decisions for themselves in future.
- With current technology advancement, parents and caregivers may use different media to communicate with their children.

STEP 3 (Duration is 30 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- Can a child ask a parent or caregiver difficult questions? If so, give one example.
- Can a father, mother or caregiver do mistakes? If so, give one example.
- When the father, mother or caregiver do a mistake how do he/she behaves? Give one example.
- Is it important for the parents and caregiver to teach the child the names of private parts? If so Why and if not, why?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes).

The facilitator should thank the participants for sharing their understanding about discussing difficult issues and conclude the session by delivering the information below. (10 minutes)

Communicate message 3: Discussing difficult issues (Beneficiaries: Children 3-18 years, according to their level of maturity).

Fathers, mothers, and caregivers need to understand that sometimes children ask difficult or shocking questions. Understanding why the question arose and answering it appropriately promotes bonding and confidence and helps to prevent misconceptions.



- If a child asks a difficult, sensitive question, giving an answer that is honest and appropriate to the age of the child is always preferable than to simply being upset, annoyed or refusing to talk. Ask clarifying questions to understand exactly what your child is asking. Offer a simple, straightforward answers. It is okay to admit you feel uncomfortable or don't know exactly how to respond.
- Children ask a staggering number of questions. It's a very good sign. It means they are learning, and it means they have trust in the relationship with the person they are asking. If the questions stop coming that should be a warning sign for a parent or an educator.
- Mothers, fathers, and caregivers should help young children learn how to protect themselves by teaching them the names of private parts of their bodies. Children need to know that no one has the right to touch those places except for a doctor or nurse, and that they should immediately tell their mother, father, or caregiver if anyone has touched them in a private place.
- Mothers, fathers, and caregivers who talk about their own feelings of anger, joy, frustration, fear and anxiety (using age-appropriate language) will encourage their children to do the same.
- Like everyone, mothers, fathers, and caregivers sometimes make mistakes. Being willing to admit our own mistakes and to apologise even to young children helps to build trust and respect and strengthens relationships. Parents do not gain the respect of children by pretending they are always right.
- During a family crisis, putting the best interests of children first helps to focus the attention of mothers, fathers, and caregivers on what matters most. This means looking at the situation from the point of view of children, of the impact the crisis could have on them, and what the best outcome is for their social, emotional, intellectual, and physical development.

The facilitator should conclude the session one by highlighting the below desirable behaviours and social norms on effective family communication:

- Families establish regular patterns and opportunities for sharing experience and ideas.
- Parents and caregivers are active listeners and responsive to children.
- Fathers, mothers, caregivers, and community demonstrate balanced attitudes for girls and boys in terms of language, expectations and distribution of roles and responsibilities.
- Open communication between parents, caregivers and children is widely known to reduce the need for discipline.
- Adults put themselves at eye-level in conversations with young children.
- Children of all ages are confident they can discuss sensitive issues with parents and caregivers.

7.2.2. Session Two: Communication for Gender Equality

Objective: Knowledge of gender equality between girls and boys is strengthened among male and female parents and caregivers.

This session on communication for gender equality should take 1 hour 15 minutes and by the end of this session the participants will be able to understand:

- Gender modelling.
- Gender-free learning and play.
- Gender free language.

STEP 1 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions for 5 minutes:

- What is the meaning of gender?
- What do you understand by the term a gender role model?
- Why is it important for fathers, mothers, and caregivers to be the gender models? How can fathers, mothers and caregivers demonstrate gender modelling?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes).

The facilitator should thank the participants for sharing their understanding on gender modelling, and conclude the session by delivering the information below. (10 minutes)

Communicate message 4: Gender modelling
(Beneficiaries: Everyone).

Girls and boys raised in households where they experience an equal chance in life, and witness equality in the relationships of their parents and caregivers, will be more likely to carry the practice of gender equality into their adult lives.



Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, and men.

Gender equality is when people of all genders have equal rights, responsibilities, and opportunities

A gender role model is an individual who engages in a role that is antithetical to gender stereotypes example a female CEO, a female scientist, a male preschool teacher or a male chief cook.

- Children often imitate the relationships and roles they see in their parents, drawing from these an understanding of feminine and masculine identities and potential.
- Fathers, mothers, and caregivers can positively influence the development of their sons and daughters by adopting positive gender socialization. They should set a good example by the equality they demonstrate in their own relationships; in the way they talk to each other and share decision-making.
- Mothers, fathers, and caregivers should talk openly about the importance of gender equality at home, school, in the community. They should ensure children know that being a boy or a girl has no impact on their intelligence or ability.

STEP 2 (Duration is 25 minutes)

The facilitator should ask the participants to listen carefully as she/he reads them the two scenarios below (5 minutes)

- **Scenario 1:** Fourteen-year-old Martha wants to play football, but her parents and grandparents think this is inappropriate behaviour for a girl. Result: She does not play football.
- **Scenario 2:** Fifteen-year-old Esther is good at playing football and has the support of her family but other girls at school say she will never attract boys if she plays football. Result: She does not play football.

Ask one participant to volunteer reading the two scenarios again for a better understanding. Allow two minutes for the participants to reflect on the scenarios in their own personal lives or in their communities. Then ask them to answer the following questions for 10 minutes:

- What have you learnt from the two scenarios?
- What are the advantages of gender free learning and play?

- In our families and community what house chores can be done by a son/father and house chores that can be done by a daughter or mother?

The facilitator should thank the participants for sharing their understanding on gender-free learning and play and conclude the session by delivering the information below. (10 minutes)

Communicate message 5: Gender-free learning and play (Beneficiaries: Children aged 3 to 6 years).

To help all children reach their full potential, fathers, mothers, and caregivers should create a learning environment that encourages healthy gender development.



Children's experience of childhood and play is becoming more gendered and divided between girls and boys, with products such as toys, books, online resources etc. A gender free learning means one which refuses to take notice of gender. A gender-free play can be done by trying all kinds of activities, not just those associated with their gender, exploring all their emotions, meaning girls can get angry and boys can cry and act in the way that suits them, whether that is organized or disorganized noisy or passive.

- Mothers, fathers, and caregivers should provide toys, games and books and teach children games without regard to their sex as boys or girls, to stimulate them to take gender roles equally and without bias.
- Parents and caregivers should encourage play activities that show males as caregivers or nurturers or females in traditionally masculine roles, such as doctors or construction workers.
- When assigning tasks to children, parents and caregivers should examine if they have been affected by gender bias. Are chores split things equally between girls and boys? Do girls take on gardening jobs; do boys help with cooking and cleaning?
- Fathers, mothers, and caregivers should encourage mixed gender play-activities. This is especially important in the early years to establish good relationships between girls and boys.
- Parents and caregivers should avoid assumptions that girls or boys are not interested in an activity that may be typically associated with one gender or the other: invite girls to play with cars and boys to take care of baby dolls.
- To help children expand their possibilities academically, artistically, and emotionally, mothers, fathers and caregivers should read books to children that

show females and males taking on different roles at home, in the workplace and within childhood. Parents should encourage exposure to stories, images and books that celebrate diversity and show children that there are many ways to be a child or an adult.

STEP 3 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following question within 5 minutes:

- How do languages used by fathers, mothers and caregivers influence behaviour in
- boys and girls?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes).

The facilitator should thank the participants for sharing their understanding on gender free language and conclude the session by delivering the information below. (10 minutes)

Communicate message 6: Gender free language
(Beneficiaries: Girls and boys aged 0-18 years).

Fathers, mothers, and caregivers need to understand that the language they use with boys and girls influences the way children perceive themselves and the opportunities that are open to them in the future.



Gender-free language or gender-inclusive language is the language that avoids bias towards a particular sex or social gender.

- Given its key role in shaping cultural and social attitudes, adopting gender-fair language is a powerful way to promote gender equality and fight gender bias. Gender-fair language avoids bias toward a particular sex or gender and therefore is less likely to convey stereotypes.
- Mothers, fathers, and caregivers should ensure their sons and daughters:
 - Know that boys and girls can be equally rough, energetic, daring, bold, artistic, polite, caring and love everything to do with the home – and should be praised for all these behaviours regardless of their gender.
 - Have access to and can play with the same toys, read the same books, and play and enjoy the same sports.
 - Feel they can do well in all subjects at school, become providers for their families, and have the right to participate equally in family decision making.
 - Are equally confident about recognizing risks, getting themselves out of trouble and being able to protect themselves from harm.

- Parents, caregivers, and community members should intervene if family members or members of the community such as teachers use language that suggests different expectations for boys and girls.

The facilitator should conclude the session two by highlighting the below desirable behaviours and social norms on communication for gender equality:

- Fathers, mothers, and caregivers are role models for gender values that demonstrate respect and equality.
- The sex of a child has no influence over the way adults express approval or disapproval of their behaviour, ambitions, attributes, learning or achievements.
- The language used to describe or praise girls and boys is gender neutral.

7.2.3. Session Three: Talking with Children and Adolescents

Objective: Communication of parents and caregivers from when the child is in the womb, during infancy, childhood and adolescence is enhanced.

This session on talking with children and adolescent should take 3 hours 35 minutes and by the end of this session participants will learn the importance of:

- Talking with the child while still in the womb.
- Talking/replying, singing, and playing with infants and children.
- Encouraging children aged 3-5 years to sing, tell part of a story, recognise different colours, play with other children, and follow simple instructions.
- Making time to talk with children aged 6 to 9 years, show appreciation and praise of their achievements.
- Making time to listen, to support, encourage and show love to their adolescent girls and boys.
- Talking to and listening to adolescent boys and girls about safe sex on a regular basis to prevent unwanted pregnancies and HIV infection.
- Regular communication and being welcoming to a naughty child.

STEP 1 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- Is it possible to talk with a child before is born? If so or not, why? What can parent and caregivers say to the child in the womb?
- How and when should parents and caregivers talk to the child in the womb?
- What are the benefits of talking to unborn child?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding about communicating before birth and conclude the session by delivering the information below. (10 minutes)

Communicate message 7: Communicating before birth (Beneficiaries: Mothers, fathers, babies).

Fathers and mothers should talk to the child before they are born, while still in the womb. Babies can recognise human voice tones while still in the womb and may find those same voices soothing and recognisable after birth. Talking to the child in the womb strengthens bonding and trust after birth.



- Expectant mothers and fathers should talk to the unborn child about where they are going and what they are doing, tell stories, sing songs, and describe the world that awaits the child.
- Fathers have the benefit of being able to get closer to the womb to talk to the child than mothers. Fathers who soothe the baby in the womb may also be good at calming the child with their voice after the baby is born.
- Mothers and fathers who spend time together enjoying talking and singing to their unborn child reinforce intimacy, love, and commitment to each other as well as the unborn child.
- Talk and sing to your baby, knowing he or she can hear you helps the baby recognize the voice and bond after delivery. The newborn can feel comforted, already knowing the mothers or father's voices. It can also help with speech and language development.
- At around 14 weeks, your baby can start to hear your voice. Use some of these pregnancy tips for talking to your baby: sing lullabies or your favorite song, read the newspaper or kids book out loud, talk to the baby when you are alone and bored, talk to the baby while you're walking around the house, gardening, or farming etc.

STEP 2 (Duration is 25 minutes)

The facilitator should guide the plenary and ask them to brainstorm on the following questions within 10 minutes:

- How do parents/caregivers communicate with babies 0 to 1 year?
- What are the benefits of talking, singing, and playing with a baby 0 -1 year?
- The facilitator should ask 2 participants to volunteer summarize what has been discussed on plenary (10 minutes)

The facilitator should thank the participants for sharing their understanding about communicating with babies 0 to 1 year and conclude the session by delivering the information below. (5 minutes)

Communicate message 8: Communicating with babies 0 to 1 year (Beneficiaries babies up to 1 year).

Fathers, mothers, and caregivers need to take every opportunity to talk, sing, play and communicate with infants because their brain is rapidly developing, absorbing, and processing new information that opens new pathways to understanding.



- Parents and caregivers should talk, sing, and play with babies from birth because this helps the baby's brain develop. They will find your voice calming and know that they have your attention.
- Mothers, fathers, and caregivers who listen carefully can learn the meaning of the different sounds a baby makes before they can even talk.
- Repeating sounds the baby makes with a higher-pitched voice and making frequent eye contact helps to stimulate language development and social behaviour.
- When babies cry, they are trying to communicate. A crying baby might have been shocked or surprised, might be too hot, too cold, or hungry and need to be fed. They may have the wind in their stomach and need to be gently bounced, have a full nappy, and need to be changed, be teething, or feeling unwell, or just need a cuddle and need attention.
- It is impossible to spoil a baby. Babies benefit from and need all the love, care, and attention they can get. Mothers, fathers, and caregivers can persuade babies to understand and learn routines like when to sleep without causing the baby to feel distressed or neglected.
- Activities and conversations for mothers, fathers, and caregivers to have with babies:
 - Describe anything that is happening – what you are doing, where you are
 - going, what you can see. Point and show the baby the things you describe.
 - Talk about different colours, count the steps you are taking or the foods you are preparing, and talk about and imitate the sounds that different animals make.
 - When your baby makes sounds, answer them back by repeating the sounds and adding words. This helps them learn to use language.
 - Read and tell stories to your baby. This helps them develop and understand language and sounds.
 - Sing to your baby and play music. Sing along to the radio. This helps your baby develop a love for music and stimulates brain development.
 - Praise your baby and spend time cuddling and holding your baby because this communicates love and security.
 - Play with your baby when they are alert and relaxed. Watch for signs that they have become tired. Sometimes they need a break from playing.
 - Distract your baby with toys and move the child to a safe place when they start moving and touching things that they should not touch.

STEP 3 (Duration is 25 minutes)

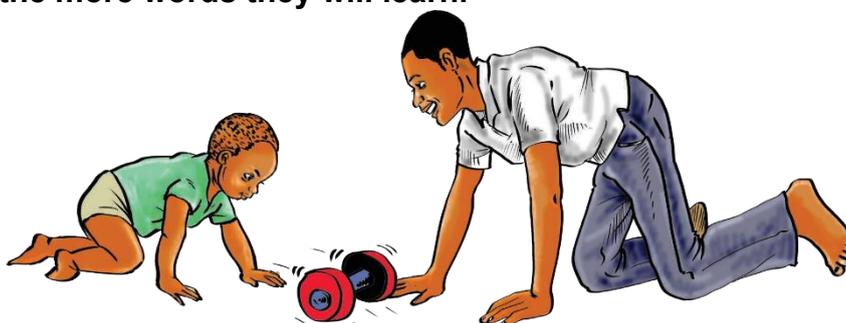
The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- How do parents/caregivers communicate with babies 1 to 3 years?
- How do parents/caregivers respond to their children?
- What activities do fathers, mothers, and caregivers do together with their children?
- Why is it important for parents and caregivers to communicate with children aged 1-3 years?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding about communicating with children 1 to 3 years and conclude the session by delivering the information below. (5 minutes)

Communicate message 9: Communicating with children 1 to 3 years (Beneficiaries: Children aged 1-3 years).

Fathers, mothers, and caregivers need to understand that the early years of a child's life are the most important for their growth, language development and social awareness. The more parents and caregivers talk with their children, the more words they will learn.



- Activities and conversations for mothers, fathers, and caregivers to have with children from 1 to 3 years:
 - Read to your child every day. Ask older children to read to younger children. Get together with neighbours and others in the community to build a collection of books for your children that can be shared.
 - Ask the child to name and find objects for you, to name parts of their bodies, and different colours. Count steps and objects as often as possible.
 - Play matching games with your toddler, like sorting and finding similar shapes.
 - Treat girls and boys equally. Avoid language that suggests different expectations for girls and boys.
 - Help to develop your child's language. Gently repeat and correct the words they use.
 - As the child grows older, encourage them to tell you their name and age,

- the names of others in the family, about what you see when walking or on the bus.
- Teach your child simple songs. These can be sung any time – while cleaning the house, going for a walk, or working outside.
- Encourage the child to take part in pretend play. Reverse roles with the child, pretend that they are the parent and must look after you. Have fun together. Explore outside together.
- Encourage your child to dress and feed themselves.
- Give your child attention and praise when they follow instructions and show positive behaviour.
- If the child is defiant or has a tantrum, stay calm. See:
 - *Protect message 3: Promoting positive discipline*
 - *Protect message 7: Managing tantrums and difficult behaviour*

STEP 4 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- How do parents/caregivers communicate with their children aged 3 to 5 years? How do parents/caregivers respond to children between 3 and 5 years?
- How do parents/caregivers discipline the children in 3 to 5 years?
- What activities do father, mother, and caregivers do together with children aged 3-5 years?
- What kinds of conversations that fathers, mother and caregivers have with children between 3 and 5 years?
- Why it is important for parents and caregivers to encourage children aged 3-5 to sing or tell a story?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding about communicating with children aged 3 to 5 years and conclude the session by delivering the information below. (5 minutes)

Communicate message 10: Communicating with children aged 3 to 5 years (Beneficiaries: Children aged 3-5 years).

Fathers, mothers, and caregivers should encourage children aged 3-5 years to sing, tell part of a story, recognize different colours, play with other children, and follow simple instructions, like how to dress and undress themselves. This helps in brain development. Children who are read to every day might begin reading simple words.



- Activities and conversations for mothers, fathers, and caregivers to have with children from 3 to 5 years:
 - Read to the child every day. Talk about what you are reading. Encourage their excitement about reading and books. Help them learn how to look after a book.
 - Play make-believe games with your child and use these to invent stories together.
 - Encourage your child to explore their surroundings. Talk with them about what you see and find together.
 - Let your son/daughter help with simple chores. Avoid suggesting any chore is better suited to a boy or a girl or that different behaviours are expected based on gender. Discourage these attitudes in other family members.
 - Tell your child that girls and boys are equally suited to all kinds of activities.
 - Encourage the child to play with other children, to learn the value of sharing and friendship.
 - Help your child develop good language skills by speaking in complete sentences and using “grown-up” words. Help them to use the correct words and phrases.
 - Help your child understand how she/he can solve problems if they are upset.
 - Give your child simple choices, for example, deciding which way to go for a walk, what game to play, and which song to sing.
- Be clear and consistent when disciplining your child. Explain and show the behaviour that you expect. Whenever you say ‘no’, follow up with what they should be doing instead. See:
 - *Protect message 3: Promoting positive discipline.*
 - *Protect message 7: Managing tantrums and difficult behaviours.*

STEP 5 (Duration 25 minutes)

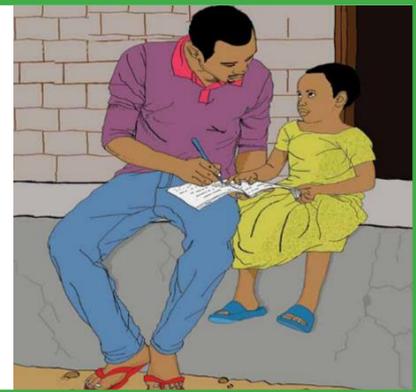
The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- How do parents and caregivers communicate with children aged 6 to 9 years? How do parents and caregivers show appreciation to children?
- How often do parents and caregivers talk to their children aged 6 – 9 years?
- What activities father, mother, and caregivers are doing together with children between 6 and 9 years?
- What kinds of conversations that fathers, mothers, and caregivers have with children aged 6-9?
- Why is it important for parents and caregivers to talk and appreciate the success of children aged 6-9?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what has already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding about communicating with children aged 6-9 years and conclude the session by delivering the information below. (5 minutes)

Communicate message 11: Communicating with children 6-9 years (Beneficiaries: Children aged 6-9 years).

Fathers, mothers, and caregivers should make time to talk with their children aged 6 to 9 years and show appreciation of their achievements because this will help build the child's self-confidence and bring benefits in many other areas of their lives.



- Activities and conversations for mothers, fathers, and caregivers to have with children from 6 to 9 years:
 - Show affection and give attention to your child. Talk with them about school, friends, and things they look forward to in the future.
 - Do fun things together as a family, such as playing games, reading, and going to events in your community.
 - Help your child develop a sense of responsibility—ask sons and daughters to help with household tasks.
 - Be fair and consistent in rules and guidance for girls and boys. Avoid language that suggests different behaviours are expected based on gender.
 - Talk with your child about respecting others. Encourage them to help people in need.
 - Talk with children about what to do when others are not kind or are disrespectful.
 - Help your child set their own achievable goals—they will learn to take pride in themselves and rely less on approval or reward from others.
 - Praise your child for good behaviour. Use positive discipline to guide and protect your child, rather than punishment to make him feel bad about himself. Follow up any discussion about what not to do with a discussion of what to do instead. *See Protect message 3: Promoting positive discipline.*
 - Encourage children to solve their own problems, such as a disagreement with another child.
- As the child grows older, encourage your child to join school and community groups, such as a team sports, or to take advantage of volunteer opportunities.

STEP 6 (Duration is 35 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the questions below within 10 minutes:

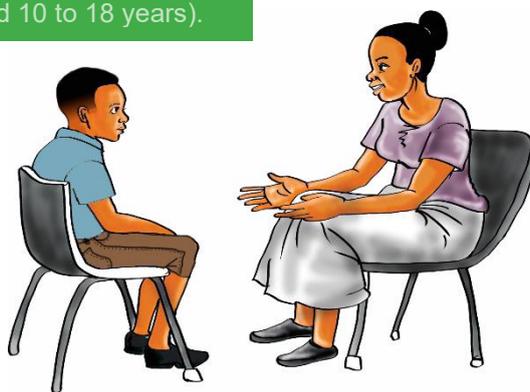
- Is it important for fathers, mothers, and caregivers to make a time for an attentive talk with adolescents' girls and boys aged 10-18 years? If so or not, Why
- How to make an effective conversation with adolescents' boys and girls aged 10-14 years?

- How to make an effective conversation with adolescent's boys and girls aged 15-18 years?
- Why is it important for parents and caregivers to continue talking to adolescents aged 10-18 years?
- The facilitator should allow each group 3 minutes to present while guiding them not to repeat what have already been mentioned (15 minutes).

The facilitator should thank the participants for sharing their understanding about communicating with adolescents, and conclude the session by delivering the information below (10 minutes)

Communicate message 12: Communicating with adolescents (10-14 years and 15 to 18 years) (Beneficiaries: Children aged 10 to 18 years).

Fathers, mothers, and caregivers need to make time to listen, to support, encourage and show love to their adolescent girls and boys. Giving attention to adolescents is as important as it is for much younger children because it helps to maintain their confidence and self- esteem.



- Helping children through adolescence is sometimes challenging for parents. Parents must learn to accept that their child is gradually becoming an adult with their own ideas and ambitions. Parents must learn to step back and let their adolescent children take greater responsibility for their choices. The more parents talk with and listen to their adolescent children, the easier this process becomes.
- Adolescents become increasingly influenced by the attitudes and behaviours of their peers, or by what they have heard on social media, and might seem to reject some of the ideas of their parents. Parents should try to understand these ideas. Encourage creativity and discovery while also helping the adolescent to make choices that will keep them safe and will not harm others.
- Keeping an open mind, listening to young people, and valuing their contributions and ideas, helps to build self-esteem and encourage creative thinking and expression. It helps teens make better transitions to adulthood and reduces risky behaviours.
- It is important for the adolescent child to know that parents and caregivers are always there to listen and talk if they have problems.

Early Adolescence Age 10-14 years

- Early adolescence is a time of many physical, mental, emotional, and social changes. Hormones change as puberty begins. This is also a time when children might face peer pressure to use alcohol, tobacco products, and drugs, and to have sex.
- Activities and conversations for mothers, fathers, and caregivers to have with

adolescents aged 10 to 14 years:

- Be honest and direct with your young adolescent when talking about sensitive subjects such as drugs, drinking, smoking, and sex.
 - Meet and get to know their friends.
 - Be fair and consistent in rules and guidance for girls and boys. Avoid language
 - that suggests different behaviours are expected based on gender.
 - Show an interest in their school life.
 - Help them to make healthy choices while encouraging him/her to make his/her own decisions.
 - Respect their opinions and consider their thoughts and feelings. They must know you are actively listening.
- If conflict arises, mothers, fathers and caregivers should be clear about goals and expectations while also allowing the young adolescent to contribute ideas on how to reach those goals.

Later Adolescence Age 15 – 18 years

- Older adolescents establish new ways to think, feel, and interact with others. Most girls and boys will be physically mature; some may have concerns about their appearance. They will have a stronger sense of who they are and what they would like to do.
- Activities and conversations for mothers, fathers, and caregivers to have with adolescents aged 15 to 18 years:
 - Show affection and spend time together doing things you both enjoy.
 - Talk about what happened at school, work, or other activities. Show you are interested in what they think, feel, believe and in anything that interests them. Compliment and celebrate their efforts and accomplishments.
 - Respect their opinions. Listen without making them feel inadequate.
 - Discuss and encourage them to volunteer for community activities and to talk about those experiences.
 - Encourage them to talk openly about anything in their lives that could present risks – social media, relationships, alcohol, smoking, drugs.
 - Encourage them to develop solutions to problems or conflicts they face, to make good decisions, while also being available for advice and support. Encourage them to describe situations or people they find difficult.
 - Respect their need for privacy.
 - Encourage them to get enough sleep, exercise, and eat healthy meals.
 - Encourage them to realize that no matter what their experience has been, they always can change and make different choices.

STEP 7 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the questions below within 5 minutes:

- Is it important for fathers, mothers, and caregivers to discuss with their adolescent sons and daughters about safe sex and the risks of pregnancy and HIV transmission? If so and if No, Why?
- If an adolescent becomes pregnant, what fathers, mothers, and caregivers should do during pregnancy and after birth?

- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes).

The facilitator should thank the participants for sharing their understanding on preventing unwanted pregnancy and HIV, and conclude the session by delivering the information below. (10 minutes)

Communicate message 13: Preventing unwanted pregnancy and HIV
(Beneficiaries: Children aged 10 to 18 years, according to their level of maturity).

Fathers, mothers, and caregivers need to talk and listen openly and regularly with their sons and daughters about safe sex to prevent unwanted pregnancies and HIV infection. This will promote parent and child bonding and build trust to help avoid misunderstandings. Also reduce chances for adolescents to engage in risky behaviours due to misinformation from other sources including peers.



- Many adolescents will be aware of someone in their school or community who became pregnant when they were very young. Talking about these examples in a non-judgmental way can help lead the way into discussions about relationships, respect for others, and how to avoid unwanted pregnancy and protection against HIV.
- Parents and caregivers may be inclined to insist that their adolescent sons and daughters should abstain from sex. The reality is that a large proportion of adolescents will become sexually active. If an adolescent girl or boy is sexually active, parents and caregivers should ensure they have access to and know how to use condoms to prevent pregnancy, HIV, and STI transmission.
- Parents and caregivers should ensure adolescent girls and boys understand that all girls who have unprotected sex can become pregnant and the risk of death to both mother and infant is much higher if a girl gives birth before she reaches 18 years.
- Adolescent girls who become pregnant should continue their education as soon as possible following birth. **This is in the best interests of both the young mother and her infant.** See also all messages on *Adolescent Care*

STEP 8 (Duration is 30 minutes)

The facilitator should ask participants to get into 5 groups of 6 people and discuss the following questions within 10 minutes:

- What do you understand by the term disobedient children?
- Have you ever come across with a disobedient child in your community?
- Why do children disobey?
- How do parents/caregivers communicate with disobedient children?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding of communicating with disobedient children and conclude the session by delivering the information below. (10 minutes)

Communicate message 14: Communicating with disobedient children (Beneficiaries: Children 10-18 years).

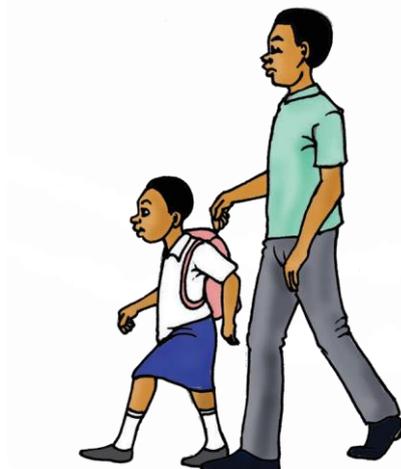
Fathers, mothers, and caregivers who regularly communicate and are welcoming to their naughty child, will realise that no matter what their experience has been a disobedient child can always change and make different choices.

- Children might be disobedient or run away from home for a variety of reasons, such as domestic issues or issues that the child or parent has started. These can include a challenging home life, parental drunkenness, an excessive household workload, abandonment, or abuse by stepparents, crowded living quarters, and peer pressure.
- When fathers, mothers, or caregivers cannot adequately provide children with basic needs such as food, shelter, and clothes, including school needs, the children become vulnerable to many risks such as child labour, sexual acts, and theft to meet the basic needs and through that, children can learn behaviours that are unacceptable at home.
- If parents or caregivers act inappropriately, such as using rude or abusive language, hitting, or having a bad relationship, the home becomes unsafe for children and children may end up leaving their homes to elsewhere.
- If an adolescent starts to behave differently, like truancy, dropping out of school, not sleeping at home, and opting to sleep at the neighbours, friends or peers' houses or even unknown places, this suggests something is wrong. Fathers, mothers, and caregivers need to promptly and gently talk to the child to understand the reasons for this decision before the child gets hooked on the behaviours.
- For parents and caregivers, hearing criticism about a child's conduct can be upsetting and stressful even if it could be a tool to better understand the child and address the challenge. It is advisable to start by being grateful and composed and make a deeper follow-up to understand the circumstances and create a shared action plan with the child for resolving the situation.
- Children who are re-integrated into their families after running away from home need to be allowed to heal and should be supported to get back to the family, school, and community by being accorded warmth, love, and attention.

The facilitator should conclude session three by highlighting the below desirable behaviours and social norms for talking with children and adolescents. (5 minutes)

- Talking to the unborn child is a common experience for expectant mothers and fathers.
- Mothers, fathers, and caregivers talk, play, and sing songs to all children from birth, as often as possible. They give equal time to talking with girls and boys. Language that suggests expected behaviour for girls and boys is avoided.
- Mothers, fathers and caregivers provide toys, games, and books and teach children games without regard to their sex as boys or girls to stimulate them to take gender roles equally and without bias.
- Every community establishes a library of books suitable for children that are borrowed/ shared among parents and caregivers.
- All children including disobedient children are treated equally by father, mothers and caregivers and the whole community. The disobedient child continues be guided to fit well into family and community expectations.
- Community members play an active role in greeting children, talking with children at eye-level, encouraging children to adopt good behaviour and explaining to the child if they are behaving inappropriately.

7.2.4. Session Four: Helping Children Learn



Objective: Enhanced child learning and social skills.

This session on helping children learn should take 1 hour 40 minutes and by the end of this session participants will be able to understand:

- Importance of parent involvement on children learning.
- Significance of learning through plays and games for child skills development.
- Importance of parents and caregivers to make toys together with their children.

STEP 1 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- Why is it important for your children to use playing tools?
- Which local playing tools can be made by parents and caregivers at home?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding about learning through play and conclude the session by delivering the information below. (10 minutes)

Communicate message 15: Learning through play
(Beneficiaries: Children 0-6 years).

Mothers, fathers, and caregivers should encourage children to play with safe and age-appropriate materials, to explore, discover and to use their imaginations. When children play together, they learn important social skills, such as problem solving, sharing, and caring.



- Play that involves manipulating tools and objects helps to strengthen hand-eye coordination in young children, while running, jumping, hopping, and climbing improves motor skills. Children enjoy and learn from repetitive games when they are young.
- Reading to children, telling stories, and encouraging children to make up their own stories, helps to stimulate their imaginations and builds an interest in reading.
- Play with water, stones, leaves, twigs, etc helps children learn to measure, count, discover.
- Playing with locally made or modern toys encourages creativity which facilitates better learning ability in children.

STEP 2. (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions for 10 minutes:

- In your community at what age children are normally enrolled to school?
- What actions do parents and caregivers encourage children to do for themselves at the age of 3–4 years?
- What rules do parents and caregivers teach children at the age of 3–4 years for them to demonstrate at school and out of school?
- What are other preparations done by parents for children to attend school?
- The facilitator should allow each group 2 minutes to present while guiding them

not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding about preparing for school and conclude the session by delivering the information below. (5 minutes)

Communicate message 16: Preparing for school
(Beneficiaries: Children aged 3 to 6 years).

Mothers, fathers, and caregivers need to help children with school preparedness by encouraging to play, talk, listen and share with other children.

- Children adjust to school more quickly if they understand rules about listening when others are talking, can dress and undress themselves, go to the toilet and wash their hands with soap and clean running water.
- Mothers, fathers, and caregivers should talk with children about what to expect, and how they feel about going to school. At three or four years, enrol children in pre-school.
- Read to your child every day or ask other family members to read to/with them. Encourage them to think of books as special items to be looked after carefully.
- Parents and caregivers should ensure the child eats breakfast or has snacks to take to school or support the school feeding programme. Hungry children do not learn well.
- Parents and caregivers can help their children to do better at school if they are sure their child feels and is safe travelling to and from school. Children need to understand road safety. Young children should travel to and from school with other older children or adults.

STEP 3 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups of 6 people and discuss the following questions within 5 minutes:

- What do you discuss with your children after school hours?
- What can parent and caregiver do to encourage children to do better in school?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding about getting the best out of schools and conclude the session by delivering the information below. (10 minutes)

Communicate message 17: Getting the best out of schools (Beneficiaries: Children 6 – 18 years).

Fathers, mothers, and caregivers need to help their children to do better at school by talking, listening, responding, and encouraging the child because this will deliver life-long benefits.



- Mothers, fathers, and caregivers should talk with their school-age children daily about what they are doing and learning at school.
- Talking with children about events in the family or community or incidents they hear about on the radio etc. helps the child to develop language skills and greater awareness of the world. It also gives them the confidence to discuss their ideas.
- Mothers, fathers, and caregivers should enrol their children, including children with disabilities, in school or pre-school as soon as they are eligible, make sure their child is never late for school and if a child is unwell, they let the teacher know.
- Mothers, fathers, and caregivers should introduce themselves and their child to the teacher and show teachers they are interested in their child's learning.
- Mothers, fathers, and caregivers must encourage their daughters and sons to stay longer in school, work hard, and successfully complete their learning programs. Better education will increase their analytical and reasoning abilities, allowing them to make better life decisions.
- Even if parents are unable to read or write well themselves, there is a lot they can do to help their child do well in school, primarily by being interested in, asking about, and encouraging the child to feel proud about what they are learning. Mothers, fathers, and caregivers should never feel shy about asking teachers how their child is doing at school and if there is anything they can do to help the child.
- Children learn at different rates and if the child seems to take longer than others to learn it is important to show patience and encouragement. To learn well, children need to feel confident. If children are told they cannot learn, they won't.

STEP 4 (Duration is 25 minutes)

The facilitator should ask the participants to get into 5 groups with 6 people and discuss the following questions for 10 minutes:

- What kind of environment do you set at home for children to learn?
- What support do parents provide to their children after school hours?
- What can parent and caregivers do to help children who have dropped out of school?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank participants for sharing their understanding about creating a learning-friendly home and conclude the session by delivering the information below. (5 minutes)

Communicate message 18: Creating a learning-friendly home (Beneficiaries: Children 6 - 18 years).

Fathers, mothers, and caregivers need to assist children to have a quiet and friendly learning environment for them to study and do their homework. They should be available to help children to fulfil their tasks. Such assistance motivates children to value and be more committed to their schoolwork resulting in improved performance.

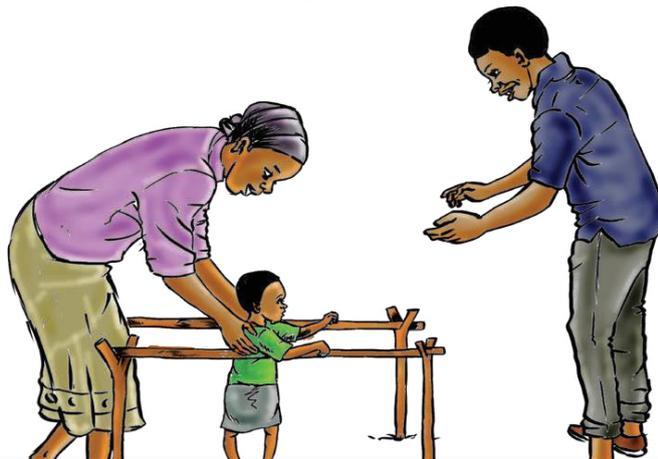


- Children should not be asked to do household chores or allowed to play or socialize with others at times when they should be doing their homework.
- If the child does not have homework, they should use the time to write a story, read, draw etc.
- Mothers, fathers, and caregivers should help adolescents who have left school to continue learning by joining community-based lessons or enrolling in technical training (VETA, Integrated Program for Out of School Adolescents -IPOSA) or apprenticeships.

The facilitator should conclude the session four by highlighting the below desirable behaviours and social norms on helping children learn:

- Mothers, fathers, and caregivers encourage play and exploration to help children learn.
- Mothers, fathers, and caregivers talk often and openly with children at home because it helps them to develop language and thinking skills that will help them do better at school.
- Teachers actively help parents and caregivers to support learning at home.
- Parents and caregivers regularly follow up with teachers about the progress of their children at school.

7.2.5. Session Five: Communicating with Children with Disabilities



Objective: Strengthened communication skills between parents and caregivers and children with disabilities.

This session on communicating with children with disability should take 50 minutes and by the end of this session participants will be able to understand:

- Ways to support children with disabilities to improve communication abilities.
- Tools to support children with disabilities learn.
- Creating gender equality in the family.

STEP 1 (Duration is 25 minutes)

The facilitator should ask the participants to go into 5 groups of 6 people and discuss the following questions within 10 minutes:

- How do parents support children with disabilities to improve their communication abilities?
- What ways do parents and caregivers use to communicate with children with disabilities?
- How do parents/caregivers involve children with disabilities in discussions that affect them including health concerns?
- The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned. (10 minutes)

The facilitator should thank the participants for sharing their understanding about developing communication skills, and conclude the session by delivering the information below: (5 minutes)

Communicate message 19: Developing communication skills (Beneficiaries: Children 0-18 years).

Fathers, mothers, and caregivers need to support children with disabilities to improve their communication abilities because this will help to increase their opportunities to learn, to protect themselves and to participate in home, school and community life.



- Talking, singing, playing and storytelling help to improve brain and language development in children with disabilities, as well as their physical, emotional, and social awareness. (The advice in the previous sessions on talking to children at different ages also applies to children with disabilities.)
- Parents and caregivers need to understand the nature and scope of the child's disabilities as early as possible; fast and appropriate responses can reduce the intensity of impairment.
- Children with disabilities experience much greater adult intervention in their lives than other children. They are far less likely to be consulted about decisions that affect them. Limited communication skills increase the risk of abuse.
- Health providers and teachers often address questions about the child to parents and caregivers, even if the child is there. Parents should divert these questions to the child and encourage them to answer for themselves. (The same applies to children without disabilities.)
- Like any other child, a child with disabilities who is ignored and isolated will have reduced intellectual capacity and stunted emotional development.

STEP 2 (Duration is 25 minutes)

The facilitator should ask the participants to go into 5 groups of 6 people and discuss the following questions within 10 minutes:

- Do you know of any children with disabilities who are not attending school in your community? If so, what are the reasons behind?
- What would be your advice to a neighbour or parents/caregivers who have not enrolled children with disabilities to school?
- Are you aware of tools that help children with hearing, sight impairments and other disabilities? If so where to obtain them? If no, please discuss any available possibilities. The facilitator should allow each group 2 minutes to present while guiding them not to repeat what have already been mentioned (10 minutes)

The facilitator should thank the participants for sharing their understanding about tools for learning, and conclude the session by delivery the information below (5 minutes)

Communicate message 20: Tools for learning
(Beneficiaries: Children aged 0-18 years).

Fathers, mothers, and caregivers are responsible for ensuring their children have access to the appropriate tools and supplies to enable them to learn.

- All children have the right to an education. Parents and caregivers of children with disabilities often need to campaign to make sure their children get the education they need and deserve.
- Most children with disabilities should be able to attend schools with other children. Parents and caregivers should meet with teachers and head teachers early to ensure they have the facilities the child needs to learn. Schools need to have accessible walkways and appropriate toilet facilities.
- Children with hearing or sight impairments or who have mobility issues need access to tools like hearing aids, braille books, sign language, magnified fonts, wheelchairs, and other equipment. Schools, health facilities, religious organizations and community groups can often help parents and caregivers to access these vital supplies.
- If the learning tools needed by children with disabilities are not available in the community, parents and caregivers can contact their local representatives (parliamentarians and ward councillors, the media, and appeal through local religious and other organizations for support. Collaborating in these appeals with other parents facing the same challenges is often more effective. Children with disabilities have the right to education and a right to the tools needed to make this possible.

The facilitator should conclude the session five by highlighting the below desirable behaviours and social norms on communication with children with disabilities:

- Parents talk, play, sing songs to children with disabilities from birth to help stimulate cognitive and language development in the child.
- All children with disabilities are supported with tools and better environment for learning.
- Parents/caregivers are attentive listeners and actively respond to children with disabilities.

7.2.6. Session Six: Fathers and Communication

Objective: Enhanced communication between fathers or male caregivers, children, and the whole family.

This session on fathers and communication should take 40 minutes and by the end of this session participants will be able to understand:

- The importance of active communication between fathers or male caregivers and children from when they are in the womb up to age 18.

STEP 1 (Duration is 40 minutes)

The facilitator should ask 6 participants (3 act as children and 3 act as parents (fathers) to volunteer for a role play. Request the volunteers to form a pair as per the order below. Each pair forms a short skit in 5 minutes and presents one skit at a time. Allow 30 minutes for all groups to present and discussion. (You can opt to discuss every skit)

- A father communicating with an infant in the womb.
- A father communicating with a child on school matters.
- A father mentoring an adolescent girl.

Ask the following questions for a discussion:

- What have you seen in this skit?
- What have you learned from this skit?

The facilitator should thank the volunteers and all participants for the skits and conclude the session by delivery the information below: (10 minutes)

Communicate message 21: Fathers talking with children (Beneficiaries: Fathers, Children 0-18 years).

Fathers should begin communicating with infants in the womb and continue to be actively engaged in communicating with their children through all stages of infancy, childhood, and adolescence to create lifelong bonding and trust.



- All Familia Bora, Taifa Imara Communication messages apply equally to fathers and mothers.
- In newborns and infants, the father's voice, songs, stories, and play soothe and stimulate the infant, aiding brain development and promoting a sense of safety and security.
- The careful attention of fathers throughout childhood helps the child's emotional and social development.
- Playing sports and games with children helps them to learn social skills and teaches positive male behaviour.
- Fathers are mentors and role models for their children. Their constant and reliable engagement throughout the child's life reduces conflict and encourages them to seek advice from fathers as well as mothers in managing the problems and challenges they encounter.

The facilitator should conclude session six by highlighting the below desirable behaviour and social norms of the father and communication:

- Fathers are fully engaged in communicating with children from conception to 18 years.

Annex

Food groups	Type of food in the group	Function
Grains, tubers and plantains	Maize meal, rice, potatoes, plantains and yams	To provide the body with warmth and energy
Proteins	Fish, dairy products, eggs, meat, peas, beans, cowpeas and lentils	Building and repairing body tissues
Vegetables	Greens, cabbage, carrots, tomatoes, peppers	Protect the body
Fruits	Avocadoes, guava, mangoes, tamarind, baobab fruits, edible wild fruits	Protect the body
Oils, honey and sugar	Palm oil, butter, peanuts, sugar, and honey	To provide the body with warmth and energy

It is important for the child to drink sufficient clean and safe water. Water helps in food digestion and transporting nutrients and removing unwanted chemicals from the body. Appropriate foods for infants who are six months and above

- Use foods that are available in vicinity of the family to plan sufficient and nutritious meals for the infant.
- Make sure that at least one item from each food group is provided to the infant in each day.
- Keep breastfeeding until the infant reaches 24 months or above.

Feeding infants from 6 months to 24 months			
Infant's age	Food	Number of meals	Average amount of food per meal
At 6 months	Special porridge, chopped cooked vegetables, minced meat, blended fruits	Twice – thrice a day. The infant should continue to be breastfed on need basis throughout the day and night	2-3 tablespoons
At 6 -9 months	Heavy porridge/ blended food	Twice to thrice per day	Increase the amount of food slowly until it reaches half a cup of 250 millilitre
At 9 – 12 months	Chopped or ground food which an infant can eat alone	The infant should be breastfed regularly and have a snack once or twice a day	Half a cup or bowl of 250 millilitres
At 12 – 24 months	The food eaten by the family should be chopped or grounded if necessary	3 – 4 meals. The infant should continue to be breastfed as they want and should be given snacks once or twice a day	Three quarters or full cup of 250 millilitres
		3 - 4 meals. The infant should continue to be breastfed as they want and should be given snacks twice a day	

AGE	FREQUENT	AMOUNT	TEXTURE (thickness/ consistency)	VARIETY
At 6 months (in first weeks) 	2 to 3 meals plus frequent breastfeeds	2 to 3 tablespoons	Thick porridge/ pap	Breast milk +
From 6 up to 8 months 	2 to 3 meals plus frequent breastfeeds 1 to 2 snacks	2 to 3 table spoonful per feed Increase gradually to half (½) 250 ml cup/ bowl	Thick porridge/pap Mashed/ pureed family foods	Animal foods (local examples) + Legumes (local examples) + Staples (porridge, other local examples) + Fruits/ Vegetables (local examples) +
From 9 up to 11 months 	3 to 4 meals plus breastfeed 1 to 2 snacks	Half (½) of 250ml cup/bowl	Family foods chopped/mashed Finger foods Sliced foods	Micronutrient Powder (country specific) +
From 12 up to 23 months	3 to 4 meals plus breastfeed 1 to 2 snacks	Three-quarters (¾) to 1 cup/ bowl of a 250mls	Family foods chopped/mashed	
From 24-59 Months	Give 3 family Meals a day. Give snacks in between meals.	Three-quarters (¾) to 1 cup/ bowl of a 250mls	Family foods chopped/mashed plus 1 to 2 250mls of cups of milk per day Plus 2 to 3 cups of extra fluids especially in hot climate	Staples (local examples) + Animal foods (local examples) + Legumes (local examples) + Fruits (local examples) + Vegetables (local examples)
Note: For a non-breastfed child aged 6 to 24 months	Add 1 to 2 extra meals 1 to 2 snacks	Same as above according to age group	Same as above according to age group	Same as above, plus 1 to 2 cups of milk per day + 2 to 3 cups of extra fluid especially in hot climates
Active responsive feeding	Mothers, fathers and caregivers should be encouraged to feed their infants and young children patiently and actively and to use a separate plate for the infant and to ensure adequate intake			

Key Concepts

Caregiver: A person with primary responsibility for caring and raising a child who is not the child's legal caregiver or biological mother or father, such as grandparents, aunts, uncles, and others who spend considerable time with children, for example teachers and housemaids.

Child: A person below the age of eighteen years.

Child abuse: An assault on the child which causes physical, moral or emotional harm including beatings, insults, discrimination, neglect, sexual abuse and exploitative labour

Child Neglect: Failure of a child's parent or caregiver to provide necessary care and means of sustenance to a child such as food, shelter, clothing, education, medical care etc. Or failure to protect such child from violence by parent, caregiver, or childcare institution.

Child Sexual Abuse: Illegal contacts or interactions between a child and an older or more knowledgeable child or adult (a stranger, sibling, or person in position of authority, a parent or a caretaker) when the child is being used as an object of gratification for the older child's or adult's sexual needs.

Child Labour: Any work that deprives children of their childhood, their potential and their dignity, education and that is harmful to physical and mental development. It includes work that is mentally, physically, socially or morally dangerous and harmful to children.

Emotional abuse: Inflicting fear through threats of abandonment, being unloved and unwanted, afraid of violence and/or sexual abuse, undermining security, using ridicule to increase anxiety and feelings of inadequacy.

Emotional punishment: Attempts to discipline children by inflicting fear or threats such as threats of abandoning the child, the threat of withholding affection love, threats of violence, refusal to talk to the child and ridicule.

Family: Parental father, mother, and children adopted or blood related and other close relative including grandfather, grandmother uncles, aunties, cousins, nephews and nieces who live in a household.

Familia Bora, Taifa Imara: Are Kiswahili words that stand for Good Family, Strong Nation.

Gender-Based Violence (GBV): Refers to any physical, psychological, sexual or economic violence perpetuated by a person against another on account of gender.

Gender socialization: The process through which children are taught what it means in their culture to be male or female (or in some cultures non-binary).

Mlinda: Is a Kiswahili word which means protect.

Mtunze: Is a Kiswahili word which means care.

Parent: A legal guardian (male or female), biological father or mother, or adoptive father or mother.

Parenting: The process of helping and supporting the physical, emotional, social, financial, and intellectual development of a child from infancy to adulthood, it is about raising a child regardless of the biological relationship.

Physical violence: Physical act of violence such as being slapped, pushed, hit with fist (punched), kicked, or whipped, or threatened with a weapon such as a gun and knife.

Physical punishment: Attempts to discipline through any action that causes harm to the body – including smacking, slapping, kicking, punching and beatings as well as food deprivation.

Play: Play is an activity that encourages children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength. Play is important to healthy brain development. It is through play that children at a very early age engage and interact in the world around them.

Positive discipline: An approach that helps children to develop discipline within themselves rather than applying discipline through punishments that aim to suppress unwanted behaviour. Positive discipline works by enabling the child to be conscious of their behaviour, to understand it and the effect it has on themselves and others, and to learn how to consciously manage it when they feel frustrated. It depends on parents and caregivers (and teachers) modelling the same positive or conscious discipline within themselves so they can help children to do the same.

Psychological Abuse: Verbal and non-verbal emotional abuse, which may be active or passive. This describes actions intended to inflict mental pain, anguish or distress on a person.

Sexual Violence: Any sexual act, attempt to obtain a sexual act, or acts to traffic for sexual purposes, directed against a person using coercion, and unwanted sexual comments, harassment or advances made by any person regardless of their relationship to the survivor/ victim, in any setting, including but not limited to home and work.

Service provider: a professional who gives needed assistance and support to families, parents and children.

Social norms are informal rules of behaviour in a group. They are driven by beliefs we have about how people valuable to us think, behave, and what they expect of us, which in turn guide how we behave in specific situations. They define what is acceptable or appropriate, what is “normal”.

Toxic stress: Occurs when a person experiences strong, frequent, and/or prolonged adversity – such as physical or emotional abuse, chronic neglect, substance abuse

by a caregiver or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship – without adequate adult support.

Violence against Children (VAC): Is the intentional use of physical force or power, threatened or actual, against a child, by an individual or group that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development, or dignity.

Violence against Women (VAW): All acts perpetrated against women which cause or could cause them physical, sexual, psychological, and economic harm, including the threat to take such acts; or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed conflicts or of war.

Zungumza naye: are Kiswahili words which stand for communicate

Key References

1. Children in the Crossfire, ZUMM (Talk to Your Baby) Research and Intervention Study in Tanzania, 2012-2014
2. Data Reportal 2024. *Digital 2024: Tanzania*. Retrieved from Data Reportal
3. Duda, I., Fasse, A. & Grote, U. Drivers of rural-urban migration and impact on food security in rural Tanzania. *Food Sec.* 10, 785–798 (2018)
4. Durant, Joan and Ron Ensom, Physical punishment of children: lessons from 20 years of research, *CMAJ*. 2012 Sep 4; 184(12): 1373–1377.
5. Eino Partanen et. al., Foetal brain learns to process speech, *Proceedings of the National Academy of Sciences* Aug 2013, 201302159; DOI: 10.1073/pnas.1302159110
6. Government of Tanzania, Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16
7. Government of Tanzania, Tanzania National Nutrition Survey (TNNS) (2018)
8. Government of Tanzania, CDC, UNICEF, Violence Against Children in Tanzania Findings from a National Survey 2009
9. Government of Tanzania, National Bureau of Statistics, Household Budget Survey 2017/18
10. Government of Tanzania, National Bureau of Statistics, Tanzania national child labour survey 2014: Analytical Report / International Labour Office; Fundamental Principles and Rights at Work; - Geneva: ILO, 2016
11. Government of Tanzania, National Plan of Action on Violence Against Women and Children
12. Hecker, et al., Corporal Punishment and Children's Externalizing Problems: A cross-sectional study of Tanzanian primary school aged children, *Child Abuse and Neglect: The International Journal* 38, Elsevier, 2013, pg. 889-890
13. International Labour Organization, & UNICEF. *Supporting workers with family responsibilities: Connecting child development and the decent work agenda*. Annual Ministerial Review of the High-Level Segment of Economic and Social Council, New York, NY, United States: International Labour Office, 2012.
14. Knerr W, Gardner F, Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review. *Prevention Science*. 2013;14(4):352-363.
15. Ministry of Finance and Planning - Poverty Eradication Division (MoFP- PED) [Tanzania Mainland], National Bureau of Statistics (NBS) and the World Bank. Tanzania Mainland Household Budget Survey 2017/18. Final Report Dodoma, Tanzania MoFP-PED, NBS and Washington DC USA, and WB, 2020.
16. National Bureau of Statistics (NBS) [Tanzania], & ICF. *Integrated labour force survey 2020/2021*. Dar es Salaam, Tanzania, 2021: NBS.
17. Patel, Vikram, et al. "Promoting child and adolescent mental health in low- and middle-income countries." *Journal of Child Psychology and Psychiatry* 49.3 (2008): pages 313-334.
18. Registration, Insolvency and Trusteeship Agency (RITA), A brief note on the computation of the birth certification rate for under-five children in mainland Tanzania, 2019
19. Simpson, R., et al; Viner, Russell M., et al. "Adolescence and the social determinants of health." *The lancet* 379.9826 (2012): 1641-1652.
20. National Bureau of Statistics and Ministry of Health. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS), 2022. Retrieved from <https://www.nbs.go.tz>
21. Nkuba, M., Hermenau, K., & Hecker, T. Violence and maltreatment in Tanzanian families—Findings from a nationally representative sample of secondary school students and their parents. *Child Abuse & Neglect*. 2018, 77, 110–120.
22. The United Republic of Tanzania (URT), Ministry of Finance, Tanzania National Bureau of Statistics and President's Office - Finance and Planning, Office of the Chief Government Statistician, Zanzibar. The 2022 Population and Housing Census: Basic Demographic and Socio-Economic Profile; Tanzania Mainland, 2024.
23. UNICEF, The Adolescent Brain: A second window of opportunity (UNICEF Innocenti, 2014)
24. UNICEF, Analysis and Mapping of Parenting and Family Care Practices and Interventions in Tanzania, (Unpublished 2015)

25. UNICEF Tanzania. *Protecting children from harmful practices in Tanzania*, 2021. Retrieved from <https://www.unicef.org/tanzania>
26. UNICEF, T-Watoto report, 'Family support to learning and education' 2014 and UNICEF, T-Watoto Survey Report Family Support to Early Stimulation, Learning and Education from Early Childhood through Early Primary School, UNICEF 2017
27. Vagi, K. J., Brookmeyer, K. A., Gladden, R. M., Chiang, L. F., Brooks, A., Nyunt, M.-Z., Kwesigabo, G., Mercy, J. A., & Dahlberg, L. L. Sexual Violence Against Female and Male Children in the United Republic of Tanzania. *Violence Against Women*. 2016, 22(14), 1788–1807.
28. WHO, Global status report on road safety (2018) (World Health Organization; 2018).
29. WHO, helping parents in developing countries improve adolescents' health. (World Health Organization; 2007).
30. World Bank. *Labor force participation rate for ages 15-64, Tanzania*, 2019. Retrieved from <https://data.worldbank.org/indicator/SL.TLF.ACTI.ZS?locations=TZ>

