



**Documentation of Most Significant Change Stories
Nurturing Care Project
Kenya & Zambia**





As I stand here, I want to admit that, like many parents in this region, two years ago I had no idea how to cope with a child who had done something wrong. I would hit, yell at, and argue with them, no matter how young they were. I used to severely beat my children if they irritated me or did something wrong.

As a result, my children, especially my firstborn, grew up fearful of me; they were always afraid whenever I called them, even if it was for a good reason; they always assumed they had done something wrong and I wanted to beat them, this lowered their self-esteem to the point where they had no confidence whenever they were near adults, and not also open to tell me what was affecting them. For example, if they were too full to eat or hungry, they would not tell me. They also feared confiding in their father who was equally harsh on them. While this may seem unfortunate now, majority of us who are now parents were brought up by our parents in this manner.

Story #1 Kenya:

“Being friendly and close to my child boosted his confidence and openness to us.”

**Gorrety, Mother
– Ugunja Sub-County**

Story #1: Kenya

During this time also did not know that playing together with a child and improvising play toys for them from time to time would make them feel close to a parent and as a result, my child used to be so gloomy and the friendship between them and I was not that good. All I used to do was to leave the child play alone near the house. That was a common practice across most caregivers anyway. Also, not many of us caregivers knew taking time to breastfeed the child could enhance parent-child connectedness. For example, I used to breastfeed my children hurriedly to do my work; not concerned as such whether the child was full or not. The child would then desperately cry for more, but I would shout at them to silence them.

When the nurturing care program came, other caregivers around here and I learned a lot, and I appreciate that I had the opportunity to learn. The project people, such as the CHVs, taught us that it was no longer helpful nor was it effective to punish children by beating them or shouting at them as that scares them away and affects their openness and confidence to speak. Instead, we should use other methods of discipline, such as talking to them in a friendly manner, giving them time out, and rewarding good behavior. We were also taught to play together with our children and provide them with simple play items and toys made from locally available materials. We learned that it would even be better to make the toys with them when possible. We were also taught how and encouraged to be taking our time to breastfeed our children. It was also interesting to learn from the CHVs that caressing your belly gently when you are pregnant is soothing to the child in the womb, creating a bond between the mother and the child.

As soon as I learned this, I decided to implement it on my last-born son. I reduced beatings and shouting at them and began to talk more friendly to them. I also made time for us to play and make toys together. As you can see in our photo, that is one of the car toys we made together, and I could see how actively he tried to piece the car together. It may not look like a perfect car, but he plays with it and is happy about it. We learned that when we do that, it helps them to be imaginative. I wish I knew before to raise all my children in the manner I have done for the youngest one. But, like me, other parents who we learned with and implemented what we were taught can also attest to the changes they have seen in their children.

What is most interesting is that the child has become very playful, outspoken, confident, and free with everyone, at least if I compare him with his other siblings. He can express himself confidently and insist on what he wants. In addition, he understands that his parents are his confidants thus can say if he is hungry or too full to continue eating.

I also hear from the teacher saying he is also impressed in how my last-born son quickly understands what they are taught and that he is very active in class. He is one of the learners who make the class lively. This is something different I have learned about him as the mother. The only thing I can attribute the difference between my youngest and his siblings is how I have brought him up. Thanks to the knowledge gained from the nurturing care project. I am so happy because the boy is so close to me, very confident and very outspoken. He promptly tells what he did in school, who told him what and all that compared to the others. This makes me happy as a mother.

However, I have noticed that not so many caregivers have this knowledge, and many still beat and shout at their children. I usually try to teach those I meet but more needs to be done. Out there, older children and some adults still shout at my son when they see him do something wrong, which conflicts with how I have brought him up. When I have to leave him with another adult, I first try to explain how to handle him. Many think that I am spoiling him as they perceive me to be pampering him too much by not beating him and further by warning them against shouting or beating him. But this is how I like it because it's out of the knowledge I got and they know that. Many still believe that children have to be beaten to have discipline and learn, but it is because of a lack of knowledge.

To ensure that we have most of informed caregivers in the community, more caregivers should be educated so that we all speak the same voice for the betterment of our children's wellbeing. This can be addressed through education on nurturing care and most, if not all, parents will adopt and implement it on their young children. We as parents who have gained this knowledge should also be the ambassadors of the program by teaching the upcoming mothers and being role models in the community.



Before I interacted with Child Fund, I did not know or imagine that a father has any significant role to play in the life of a young child. All I knew was that men should make sure that the mother and the children have enough food to eat and somewhere to sleep. That was it. Everything else was the role of the mother. This has been the approach I have taken for all my other children.

I have 3 children and my youngest child is about two years old. Just around the time this ChildFund project started, I had difficulties understanding why my wife was spending so much time on seminars and trainings. She would tell me that it was a new project in which CHVs were teaching them about how to take care of children.

I remember asking her what exactly that meant, not for a woman who already has had 3 children. I honestly thought she was running away from her household chores. At some point, I even suspected she was seeing another man.

Story #2 Kenya:

“Responsive parenting sessions taught me how to be a father.”

**Patrick, Father
- Ugunja Sub-County**

Story #2: Kenya

Although I provided the money for school fees for the older children and even money to take them to the hospital when they fell sick and to the clinic for the young ones, I would not monitor their progress at home or even in school. When they performed dismally in school, I would rudely dismiss them that they were taking after their mother. I also remember when kids became ill and needed to take medicine; I didn't even know what dose of medicine they needed, and I had to ask their mother. Taking children to the hospital was a challenging task for many other men in this community and me. When my kid became ill, the mother used to take the child to the hospital. If you visit a hospital today, you will see more women than men, simply because men believe that this is a woman's responsibility.

One day a CHV found me before I left home for work and asked me to stay on and listen to what she had to share with my wife. This was the turning point for me, as that session taught me how to be a father.

That day the CHV talked about the importance of playing with our children as they grow up. On that particular day, the CHV discussed the value of playing with our children as they get older. I found it striking when she said that I could even begin talking with the child even when the child is in the mother's womb. At that moment, I wished I had heard it when my wife was pregnant. At least this would have given me a reason to get close to my wife, as men often tend to be forgotten when women become pregnant and when they deliver. She also emphasized the importance of a father's role in building confidence in their children. And she said that this happens when you engage in various activities with the kids. This session opened my eyes and made me realize I was a stranger to my children, and I decided to change.

I began by changing my schedule to ensure that I get home earlier to spend time with the children before they sleep. Then, when I have a chance, I take the older ones to school and often pass by my home during the day to check how they are doing.

I decided to get more involved in my children's life especially the youngest one. I bathe, feed, play, and make toys with them, significantly impacting my family. I also stroll with them around the community. This has impacted my children because they are now free with me, especially the younger one. They now come to me to ask for everything they need, something they previously did through their mother since they were afraid to approach me.

The CHV also shared the importance of accompanying my wife to the hospital whenever our children are sick or attend the clinic. Since then, I've been actively doing so, and I appreciate how quickly we're serviced at the hospital. This has made me appreciate what women go through to bring up our children. Since I was introduced to this program, our domestic conflicts have decreased as well. Before my wife and I used to have constant disagreements, which occasionally resulted in our separation, and our children used to be affected by these conflicts and lived in fear. They are now happy and at ease in our home now.

I also check my children's homework, and at times I help them to read and revise. I can attest that I have seen some improvement in their school performance since I became more involved. I am hoping the younger one will even be better at school than his older siblings.

I have started seeing signs of him being interested in doing creative things. For example, when we go to church and he sees the pianist playing his piano he goes there and also starts to play it. He's also good at reading my mood; whenever I'm stressed or angry, he'll normally come over and ask as to why I'm so angry. As a parent, I find this encouraging.

I would recommend that we create more time as men to take care of our children. This could be through cutting down on time we spend at social gatherings. I have been sharing the knowledge and skills gained with my friends and I believe if more men were trained on nurturing care then the community will gain as a whole.



I consider myself as young at heart but I am already being called a grandmother. I take care of my grandchild. I took over the responsibility to take care of the child, to allow my teenage daughter to resume her studies.

When I started to take care of him, I did not know where to begin from. Compared to how I brought up my children and even how I was brought up, things were very different. We lacked knowledge on responsive caregiving. Physical punishment was a common practice. There was minimal emphasis on nutrition. We ate what was available. This resulted in poor brain development of young children. Hygiene and safety of the surrounding environment were not a major concern. We were left to find our playing materials and games, which would expose us to danger and diseases. This was the same way I brought up my children. We all worked to place food on the table. No one was fully available at home to offer the needed protection and guidance.

Story #3 Kenya:

“Now I understand the importance of improved hygiene and brain stimulation for young children”

Caroline, Grandmother

- Ugunja Sub County

Story #3: Kenya

Another thing, the immunization and vaccination schedule was shorter, and one was done by the ninth month. But now things have changed because immunization goes up to five years, and any slight negligence could lead to severe illness conditions on the child. As soon as children were ready for school, those that could afford to buy the needed uniforms and pay the required amounts took their children to school, and schools would then take over while the rest joined their parents in doing casual jobs. This ECD concept is strange to many of us.

When Child Fund came, it was good because I learned many new things, including how to be close to a child, close monitoring, which helped me to identify if there was a problem with the child and knowing what to feed, when to feed and how many times to feed the child. We were, for example, taught how to combine foods such as Ugali and Omena and vegetables, all of which are available locally. We were also taught that we need to play with children and help them play despite our age. As you have heard many people say, we have tried to practice what we have learned from our teachers from ChildFund. We cook well-balanced but simple diets for the children. We try to play with them even though sometimes our backs ache!

After I started doing what we were taught, I saw a lot of change. Morgan Morris's health has dramatically improved. He has a strong body and does not fall sick very often. When I began to stay with him, he was constantly coughing and seemingly weak and not very active. He has also become more confident with himself. He makes simple things and is very proud to show me, although sometimes I don't even understand what they are. For example, he tells me when he is hungry and when he has had enough food. Although I initially thought the many clinic sessions were a waste of my time, after the teachings by the CHV, I realized that it was necessary to adhere to the schedules. I now keep the appointments, and now I appreciate going with him to the clinic.

From among my five children, when I compare my children when they were four years, they are two different people completely. Morris is bright and more active compared to his peers. There is a sister to the mother who is in class 8, my last-born. On Monday, during lunchtime, I had a busy schedule I could not take her lunch. I was lost on what to do. I thought of going to the neighbors but changed my mind along the way, so I took the food and gave the child (Morgan) to take to school. I was called by the teacher and told that Morgan had reached there. He delivered the food, and he came back home. A four-year-old child cannot do such a thing. I think the simulation that we are doing for the children through play and good nutrition has made the child very bright and made him very sharp. This has also been shared by caregivers who support their children with play. In addition to that, this child is very different. At four years, he can manipulate the phone. He asked me for the password only once; since then, he knows how to unlock it to watch educational videos that he downloaded .

When I compare him with my own children, I see a lot of change because at his age of 4 years, he is self-reliant and he can do a lot of things by himself. In this community we are still faced with challenges that contributes negatively to early childhood development economically people cannot afford proper food to provide good nutrition to the children. This has a negative impact on their brain development. Furthermore, negligence and negative attitude by some caregivers towards the quality of care they give their children pose insecurity to young children. Finally, CHVs do a very good job and I think they need to be motivated more, so that they can reach out to the more community members and sensitize and encourage caregivers on good nurturing practices so we can have a community with healthy children.



Men in this community have had negative attitudes towards childcare. For many years, local cultural and traditional practices have provided men with an excuse not to be actively involved in caregiving. Therefore, child care has traditionally been perceived to be the responsibility of women. This is how all men in this community were brought up to believe and practice.

On the other hand, female caregivers lacked information on pre-natal and post-natal clinics, and their husbands, not knowing the importance of clinics did not allow women to attend pre and post-natal clinics as required freely. One would only go to the clinic when they experienced a problem with their pregnancy. Many mothers delivered at home, which often led to complications at birth and, to a large extent, child death.

Story #4 Kenya:

Male Participation and Involvement in Nurturing of Children

Pamela, ECD Frontline Worker

- Ugunja Sub County

Story #4: Kenya

This was quite frustrating and demoralizing for me as a CHV. First, as much as we tried to encourage women to attend clinics, their husbands were never supportive. Caregivers would show up for only one clinic following my encounter with them, but many would not follow-up on the subsequent visits. Secondly, given male the male responsibilities as the primary breadwinners in their families, they were hardly found at home during our routine visits, by extension also meant they had little contact with their children as most were consistently reported to come home late, when children are already asleep and leave very early before they wake up.

On my part, I was not adequately prepared on how I could engage the male caregivers. Through the nurturing care project, I gained and understood more knowledge and skills to support caregivers. The project trained us on safe delivery, early childhood development, and the role of male caregivers in nurturing care. Although I knew quite a bit about safe delivery, training by this project was able to help us understand how to link safe delivery to clinics and to the role of men in nurturing care of children from conception. Therefore, I proposed and requested the caregivers I work with to invite their spouses to at least one of my home visits, where I share their roles in caregiving with them. Whenever I get an opportunity to meet with male caregivers such as *boda boda* riders, I sensitized them on the role of men in Nurturing care using a language they relate with. I, for example, ask them the last time they saw their young children?; the last they spoke to their children while in the mother's womb?; and so on.

Of course, this gets them wondering and excited. I use this opportunity to show them how to communicate with the unborn baby and what they can do to spend some time with their growing children. I am happy to report that from experience, at least half of the men I and other CHVs have sensitized in this manner have subsequently regularly joined their partners' in-home visits. Reports from health facilities also indicate that more men are increasingly accompanying their spouses to health facilities for clinics. This has been complemented by the move by health facilities to give priority service to caregivers accompanied by their spouses. This motivates male caregivers, whose spouses and children are quickly attended to, which gives them time to still attend to their other responsibilities.

We were also trained on the importance of play and making simple play materials with locally available resources. I was able to pass this information on to the male caregivers I meet. The caregivers I meet during the home visits say that they consistently remind their male partners that they have a responsibility to make play materials and play with their children. This has been taking place even among single female caregivers. In the below picture, you can see the wooden toy car made by a male caregiver who works as a carpenter upon request by the grandmother who takes care of the three children. The carpenter also happened to have attended one of the CHV home visits. The toy has helped the child to learn to walk and has kept him active around the home. Caregivers have also reported that the knowledge on play and how to make play materials has generated an interest in male caregivers to regularly play with their children, which has improved their relationship with their children and their spouses. My colleague CHVs and I often report that male caregivers were increasingly supporting their spouses by keeping track of clinic appointment dates and reminding them of their next appointment. The community quickly identifies me and other CHVs in our jackets. Whenever I walk around the community, I am a reminder to the community of the nurturing care message.

I hope that male care givers who have benefited in this project will continue working as role models to other male counter parts to bring more people aboard and promotes the nurturing care activity to the future.



My first interaction with this program on nurturing care for early childhood development came when my boss, the first lady of Siaya County, became the patron of the Smart Start Siaya program. The Smart Start Siaya program is a country-led program that attempts to coordinate ECD stakeholder activities in the county of Siaya and promote nurturing care.

As a county-based program, all government departments and partners are involved. This program aims to make sure that all the children born in Siaya survive and thrive. However, as a member of the Smart Start Siaya program, I learned there were no Nurturing care policies in the county. In addition, local authorities and administrators seemed reluctant to establish early childhood development policies to promote the institutionalization of early childhood development into government.

Story #5 Kenya:

“Nurturing Care Project made me realize the role of men in caring for children”

**Judy, ECD Practitioner
- Siaya County**

Story #5: Kenya

Before the ChildFund project on Nurturing Care, I also realized that I wasn't conscious of the impact of the traditional customs and behaviors that restricted male caregivers from being actively involved in their children's upbringing. Our customs forbid males from holistically caring for their children, and a man who is seen doing chores for his children is considered a weakling who has no say in his home. Another tradition is that a woman is wholly dedicated to caring for and nurturing the family's children, while men are primarily responsible for defending and providing for the family.

As a result of this, male caregivers fail to fulfill their responsibilities as co-parents and have minimal involvement in the lives of their young children. Another practice is that children belong to their mothers when they are young, whereas a man is active in his children's life only when he has the time or feels like they should. It is usually the responsibility of the mother to know that the children are okay. For example, after discussing the science of the human brain on the first day of a government directors' training in Siaya County, a male medical doctor arrived on the second day with a photo of his young son wailing. He stated that when he attempted to approach the child, the youngster screamed because the child did not recognize him because he was yet to engage in the child's life right from conception to upbringing. Mind you; this was a medic, not a simple villager. This shows the level of ignorance people have on the role of the male in caregiving.

I had not realized that male engagement was crucial to an unborn kid, and I could not conceive how and why a child might be spoken to while still in the mother's womb, resulting in a far more responsive relationship between the father and the unborn child from conception. As an ECD practitioner at the First Lady's Office and the Smart Start Siaya program, I've had the opportunity to attend Nurturing Care training. This training has helped shape my thinking and view on male engagement in childcare. So it is comforting to know that ChildFund has conducted similar training with ECD frontline workers in Ugunja Sub County.

Siaya County ECD stakeholders, in collaboration with other partners such as ChildFund, held a launch of the Smart Start Siaya program to get the word out about nurturing care. Other launches were held in all the sub-counties in Siaya County in February 2020, approximately a month before the first case of COVID 19 was reported in the country. We also carried out a social behavior change campaign in the county through local radio stations, roadshows, sharing messages on nurturing care in general and emphasizing the importance of male caregivers in the care of their children.

I also appreciate the initiative by the Smart Start Siaya program that prepared male champions to coach other males on nurturing care. The initiative was carried out in all the six sub-counties of Siaya county, with male engagement champions. These champions were trained on the component of nurturing care. I've seen these champions strolling around the market, reaching out to other men. They're walking the talk, in my opinion. We hope that sustained sharing of nurturing care messages in the county shall help change our people's retrogressive attitude about the role of the male in child caregiving.

Story #5: Kenya

During one of the launches, a *boda boda* rider narrated how after attending a nurturing care session, he now understands that as a man, he has a responsibility to play with his baby from the moment the baby is conceived until the child is born. Previously, he would get home late in the night after the children and their mother had gone to bed. After the interaction with the project, he made it a habit to be home early and enjoy dinner with his family. He also spends a few minutes in the morning hours with his children, sometimes giving them a ride around the compound on his *boda boda* before he leaves for work. He was happy to share that he feels that his children are more receptive to him than before since they are free with him and often sit together as a family.

This man's revelation stunned and humbled me. He maintained that he'd seen a change in his children, who were happier, livelier, and less aggressive. It's different when it comes from a man; you know, nurturing is something we women are accustomed to; it's in our nature.

As a Nurturing Care trainer of trainers, I now understand that children belong to both parents, that it is no longer just a woman's affair, and I can echo the understanding that children belong to both parents to frontline workers who I often meet as we discharge our roles in the first ladies office. As a result, we have observed men accompanying their wives and children to the clinic, playing with their children, and even preparing meals for their children.

While some of us have undergone training and clearly understand parental roles and responsibilities, traditions and cultural beliefs continue to quash male involvement in Nurturing care. This is because the older generation still adheres to cultural attitudes and practices that make it challenging to embrace male involvement in Nurturing care teachings. Secondly, low resource allocation by the county government is a significant barrier to promoting nurturing care. Currently, most programmatic initiatives such as training on nurturing care are driven by non-governmental partners' funding. Thirdly, there are no legislations in government to anchor ECD initiatives into government. This indicates a weak sustainability strategy for the program since government priorities change when governments change. As long as no laws are created to institutionalize ECD into government, the pace of change shall be slow as successive governments may fail to appreciate the gains made by predecessors.

To address these challenges, we need to speed up the formulation policies to institutionalize early childhood care into government. This is currently work in progress but needs to be hastened. This may be achieved by the county government of Siaya pressing the County Assembly to adopt a strategic plan to support Nurturing care in the county. Having such frameworks would lead to systems for allocating a budget and resources for ECD support. Furthermore, with legislation in place and adequate funding, the county shall run community sensitization campaigns for behavior and attitude change within the community. This would begin to progressively address retrogressive cultural practices that hamper male involvement in childcare activities.



Story #1 Zambia

Child Care, Nutrition and Protection

Regina, Mother

Regina playing with her baby with a simple toy she made

My name is Regina, I am 23 years old. I am from Malasha Village in Kaparu community. I am very thankful for the Founding Futures Project which has helped me to improve my parenting skills. When I gave birth to my first child, I was only nineteen (19) years old. I had limited knowledge on some diseases that could affect young babies. For example, a few weeks after my first child was born, he developed heat rash. When I asked my grandmother, she told me the rash was caused by a pregnant woman who was jealous of my baby. She then advised me to get carpet grass 'kapinga', soak in water and give the baby. This did not cure the heat rash. The baby did not get better. This was just a misconception and a belief from my grandmother. I just left the baby without any treatment until the rash went away after a few weeks.

I now have two (2) children. The same thing happened to my second child. But this time, with the childcare knowledge I learnt from the Founding Futures Project, I remembered the teachings that when a small baby gets sick or gets an ailment, there is a need to take it to the clinic for a special check-up. I was able to consult my mentor (Community Support Structure, CSS). She advised me to have the baby checked at the clinic and dress the baby appropriately. I quickly took him to the clinic where they gave him injections and some medication.

Story #1: Zambia

I have also improved my hygiene and safety practices, especially in places where the baby plays, I make sure that the play area is safe for the child. I am very careful with child safety because I one day left my child with a neighbour. When I returned from fetching water, I found my child was crying because he put chilli in his mouth and eyes. Because of that incident, I learnt a lesson to never leave my small child with fellow children or neighbours without being closely monitored or supervised. Because of the learnings from the nurturing care project on child safety and protection, I am now more careful in supervising my child when he is playing.

As regards to providing toys for the child, previously I used to think that children can only play with toys bought from the shop. We were taught how to make toys using local materials. So, to help my child to learn how to walk because he was behind this developmental milestone, I made a toy car using an old 20-liter container. I have seen that the baby is learning how to walk as he pushes the toy car while holding to it. I also made a small doll for him using old clothes by sewing. In addition, I made a 'baby lila', a sound toy using empty bottles and stones to keep him busy. In terms of communication, I am teaching my child how to pronounce words correctly and in full.

Also, through this project, I learnt that breastfeeding of the child should be followed properly. When starting I did not know how many times a child is supposed to be fed and how to care for a child. I never used to breastfeed the child unless he cries. What I used to think was that if the child was not crying then it meant that he was not hungry. Through this project, we learnt that a baby should breastfeed between 8-12 times a day. I also learnt that a baby between 0-6 months should be on exclusive breastfeeding. We also learnt that a child must be breastfed frequently. We were told that a baby above 6 months needs to be fed 3 main meals and 2 snack foods, e.g., giving a banana in between meals, and cooking porridge mixed with pounded groundnuts or sardines 'kapenta'.

This will help the child to remain healthy and diseases will not be a frequent occurrence. My baby is now over one year and healthy because I have been following the feeding timetable that we learnt. The most important change that I have noticed is that I have now improved my knowledge on nutrition and health, how to feed and breastfeed the baby. Now I feed my baby 5 times a day, using locally available foods such as bananas.

Secondly, for me to improve my parenting skills, I have been practising what I have been learning from the project. Due to the feeding and nutrition lessons from the project, I have seen that my child's weight is constantly improving and is catching up with the developmental milestones. Previously my child's weight used to be the same month after month, usually below the recommended weight for his age. But after the lessons, I have followed the feeding procedure. The frequency of sickness has also reduced for my child. He is also more active now and loves to play with his toys.

I have also observed that due to group parenting lessons, women in my community are helping each other to care for the children even when the child is not theirs. Previously, a woman would not bother to tend to a crying child who is not theirs, but now, and because of the project, I see women helping other women to tend to children when the mother is not around.



Story #2 Zambia

Male involvement in responsive parenting

Daniel, Father

Daniel with his child and a toy car made out of plastic bottles and

I am Daniel from Keembe community. I am very happy because there is a notable change in my parenting approach after I participated in the parenting program. I have five (5) children and I joined the program with our fifth child. I have observed change because of what we were being taught. I first ignored it because it was difficult to just stay home with my wife but I just said let me put more effort. We started loving our child while it was still in the womb, he needed friendship from the mother and I until she was born. I used to be there for my wife when she was pregnant, building our friendship until the day she when our child was born. We used to go together at the clinic until she was fine, our love has continued. We were taught that a child has to find a happy and peaceful home as well as harmony between me and my wife, that way the children will always be happy and grow up well.

We were taught how the child is supposed to start eating, and breastfeeding. Previously there were some confusions about how to feed the child. We didn't know very well. We would start feeding the child solids when he was not supposed to be fed but we now know all this. The child only needs to be exclusively breastfed up to six (6) months. Thereafter, we introduced solid foods such as porridge. On the issue of eating, we have learnt good things such as a balanced diet because they were teaching us, you need some groundnuts, soya beans and sunflowers.

Story #2: Zambia

We just grow groundnuts and have it pounded then we put in the porridge for the children for them to eat, with sunflowers we take, we extract oil and use it for cooking so that children can enjoy other meals. We have started putting things in place, we have started making budgets, you need to plant this so that children can enjoy, we planted some groundnuts, last year we planted some sunflowers and we planted some maize.

Before the child starts walking, you need to try out things like making him toys to play with and talking to him, he is delighted and for sure I have seen change. So we are supposed to be playing with him, giving him what's needed and, laughing with him, so all this we did, we managed and we saw change until the child is now three (3) years, just seeing the way he talks, we as parents are seeing difference on all the children we have. We play a lot of different types of games, when we are tired we continue playing while seated, going around the community together.

We make toys, we make toys out of bicycle rims, we make from things that won't cost us money, we get bicycle parts such as wheels, we make some toy cars using bottles and tins. We helped the children make toys but now they even make better toys than me, you just ask them how they managed to make these and they start teaching me

As of now, I am happy as a parent because we had disputes sometime back, when I leave my house, my wife and children will be happy that I have left and they are free, I never knew what was happening, even the children used to look away until I was in the parenting program. Am happy now that even the children are now playing well together when they see me, they are happy, before I even prepare a story for them, they are the ones in the forefront to tell stories, so now am very free with the children and their mother we live together as a family, so we are thankful for this program and hoping that it continues even to other parents. My only wish is that we do more for the program to teach others so that they can also see what we have seen so that our nation can proceed and our children can then have a conducive environment.



Story #3 Zambia

Committed to Serve

Mervis, Frontline ECD Worker

Mervis playing with a caregiver's child

My name is Mervis. I am a Community Support Structure (CSS) mentor under the Founding Futures Project (FFP) in Kaparu. Before the FFP provided us with some training, I did not have adequate knowledge in nurturing care and the domains of child development. This negatively affected my role as a community based volunteer and the caregivers under my catchment area. However, after the training I received from the FFP, a lot of things have improved. The training equipped me with skills on the following: how to read and interpret the information provided on the under-five children's card; knowledge on exclusive breastfeeding; domains of child development; pregnant mothers and children's nutrition; children's rights and protection; play and communication.

Equipped with skills on how to read the under five-card, I am now able to interpret the information provided on the under-five clinic card and able to read the health progression of a child provided thereon. Additionally, I am able to advise caregivers on exclusive breastfeeding for a child who is zero to six months old and on complementary feeding for a child who is seven months and above. As a result, there has been a reduction in the number of infant-related stomach complaints and diarrhea cases reported in the community.

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Furthermore, the training on pregnant mothers and children's nutrition equipped me with skills that I am now able to conduct community cooking demonstrations of locally grown foods. During the cooking demonstrations, I normally use my experience with my own two-year-old child who is a healthy baby because of having implored the knowledge learned about exclusive breastfeeding and complementary feeding using locally available foods. This new knowledge has trickled down to caregivers who I have taught and I observe them applying this whenever I conduct home visits. In the community, I observe them preparing food from locally grown crops. They add pounded groundnuts to their children's porridge. They also have backyard gardens where they cultivate vegetables for both home consumption and sale. When they sell their vegetables, they are able to buy necessities such as detergents for washing their children's clothes and cleaning dishes for purposes of hygiene. This has contributed to the reduction in the number of malnutrition and diarrhoea cases in the community.

Other than the skills in nutrition, the training also equipped me with skills about play and communication. From that, I am now able to explain to caregivers about the importance of both the male and female parent playing with the child while the child is still in the mother's womb and when the child is born. I also teach both parents how to make age-appropriate toys from locally available materials such as old clothes and plastic bottles for their children. As a result, there is an increase in the number of male caregivers who play and communicate with their children. Male caregivers are now also involved in the making of toys for children using locally available materials. This was initially known to be done only by females.

I have been able to achieve all of these things because of the skills I got from the training. One significant achievement is that of having helped a child who had a delay concerning milestones of child development. He was unable to stand despite reaching the appropriate age. The child was only able to do that at the age of three after special attention learned from the Importance of play and communication was applied. It was only after I taught its parents about the value of playing and communicating with the child for the child to develop physically and mentally. After the parents employed these skills and with continuous efforts of mentoring the parents and monitoring the child, the child is now able to stand on its own and play with toys. One is just waiting for him to start walking.

I owe all this success to the skills I learned from the training that was provided by the project. The skills have not only benefited the caregivers I provide information on nurturing care to, but my entire household as well.



My name is Kate from Mungule community. First, thank you very much, the nurturing care training has been effective. It has made a lot of changes in our lives, especially in our health facilities and communities. One of the key topics we learnt on the program was nutrition and I will start by talking about breastfeeding. We encourage mothers to do exclusive breastfeeding once they give birth, initiation must start when the baby is born, exclusive breastfeeding is very important to the baby for their growth, and it will have a strong immune system.

We talked to mothers about the importance of breastfeeding and complementary feeding and when they should start complementary feeding. The mothers in the community used to like giving their children things like corn snacks (such jiggies) and biscuits—

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Kuta Lekelesha Bana /Do not neglect children

Kate, ECD Workforce Member

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which are not good for the children, and so we encourage and teach them about the kind of food to give their children.

Most of the time we do some cooking demonstrations and give them recipes on what kind of food they need to prepare for their children. For example, we could have some cooking demonstrations, where we put them into groups and give them the recipes to cook, others could cook porridge mixed with sardines (kapenta) and some vegetables, other groups we will give them other kinds of food to cook. As a result, from those cooking demonstrations, most of the mothers have learnt what kind of food to give their child and how to cook those foods.

I will give a scenario, we have had a caregiver who came at the facility with a baby who was aged 1 year 3 months. I checked the child under five cards, and the weight of the baby was not corresponding with the reported age by the caregiver. We sat down with the caregiver and I counselled on child nutrition. We encouraged that mother and explained what kind of food to give the mother and the child was put on the feeding program. I asked her what kind of food she gives the child, and she responded: “The baby doesn’t like to eat a lot, she doesn’t eat porridge even if you give her porridge she refuses all she needs is sweet things”. I explained to her that she needed to avoid giving the baby sweet things because they are not good for her child. We agreed that the next time when she went home, she would try a recipe to give to the baby so that she would see if there is any change, and she agreed. I had several sessions with her (caregiver), where I taught her for 2 weeks. I could see that there was a change in the weight of the baby so we continued the sessions with the caregiver. She came back for one of our last sessions, and I could see that there was a change in the child weight. We continued to have the sessions until the baby was ok. In addition, we give her effective IEC (Information, Education and Communication) on the importance of feeding because some of the mothers don’t know what kind of food to give to their children, all they know is just because it’s food and they don’t know what harm it will bring to the child, so she appreciated the lesson we gave her and the baby is okay now, he is well nourished from the previous severe malnourished.

We appreciate the FFP program because we have learnt a lot together with the caregivers. We encourage them to communicate with their children even when they are still in the womb, most of the time I am found at the Mother and Child Health department with the mothers or the pregnant women. We would encourage them to talk to their children, and so they were surprised and stated: “How can I talk to the baby who is not yet born”, so I told them that it’s possible they can, they must talk to them so that the baby can recognize them and know them. They would ask how they should be talking to the baby in the womb, and I told them that they should greet the baby in the morning when they wake up and say “Hai baby, I love you”, I told them to say all those nice things to baby and the baby will feel nice.

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We also encourage the male involvement to participate because, in villages where we are coming from, our communities, male involvement is not done that much, they are not present in most meetings and say it is for women. They would ask me “how can I go to under 5, why should I take the baby to under 5”. The male caregivers would normally say the mother is there to take the child. We would encourage them to escort their wives to the antenatal session when they were pregnant. We encourage male involvement so that at least male caregivers come to learn the things that are being taught at the clinic so that they can go and participate at home. At least there is a bit of change in male involvement. Now male involvement is being done at the facility they are coming through to the facility to learn. Previously what used to happen when we taught the female caregivers about the foods required for their child, the female caregiver would go home and tell her husband, but husbands would refuse to accuse the female caregiver of wanting to buy those food types for themselves instead. This has now changed as the male caregivers are beginning to participate

There was another training that we had on child protection which was also done effectively. After the training we went back to our facilities, we called the headmen, we talked to the headmen about child protection, we oriented them and then we welcomed the ideas around child protection. Previously what used to happen was that whenever there were cases of child abuse, most of the time those cases were handled and settled within the community among the community leaders themselves. We engaged them to help us whenever there is child abuse and most of the cases are being reported now. This program has really helped me build my capacity in other areas on nurturing care issues and there has been very good improvements in the community on matters relating to parenting.