



Republic of Rwanda  
National Child  
Development Agency



# EMPLOYER-SUPPORTED EARLY CHILDHOOD DEVELOPMENT (ECD) SERVICE TOOLKIT

A Practical Guide for Companies Establishing Workplace ECD Services in Rwanda

## **Acknowledgements**

This Employer Supported Early Childhood Development toolkit was commissioned by the National Child Development Agency with support from UNICEF Rwanda and UK Aid, and it is the result of the successful collaboration of many organisations and individuals that dedicated their time and expertise.

The development of the toolkit was facilitated by Palladium and Tiny Totos, and its supervision led by the National Child Development Agency and UNICEF Rwanda. Special appreciation goes to the companies which informed the need for this toolkit, as well as the key aspects of employer-supported early childhood development which it aims to assist with.

UMUTONI Gatsinzi Nadine  
Director General  
National Child Development Agency

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A.

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# INTRODUCTION TO THE TOOLKIT

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## A.1 THE RATIONALE FOR THE TOOLKIT

The Toolkit for Employer-supported ECD Services addresses key recommendations provided in the UNICEF-UKAID-NAEB report [“Business Case for Employer-Supported ECD settings: Lessons from the Tea Sector and recommendations for scale and sustainability”](#), launched in October 2021, in Kigali. The study found that one of the key constraints hindering the private sector from investing in employer-supported ECD settings is the lack of a comprehensive, practical toolkit for companies to use from planning through implementation.

The toolkit therefore targets companies that are already convinced of the compelling business case for investing in employer-supported ECD<sup>1</sup> but can benefit from a practical roadmap, which assists the establishment and rolling out of employer-supported ECD services. Indeed, even when the business case is clear, companies remain uncertain of how to set-up an ECD service that is safe, effective and sustainable. Recognising that ECD is not their area of expertise, management understandably hesitate even when the board supports the idea, looking for expert guidance on how best to proceed. This toolkit is designed with those companies in mind – it aims to provide them with a companion, roadmap and guidance to assist their journey and be successful.

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<sup>1</sup> ECD (Early Childhood Development) is commonly used and understood in Rwanda as a holistic term to describe childcare. While ECD is globally understood as a technical concept that cuts across multiple sectors – including health and nutrition, education, and social protection – and refers to the physical, cognitive, linguistic, and socio-emotional development of young children, the term ECD will be used in this toolkit to speak best to the intended Rwandese audience.



## A.2 THE STRUCTURE OF THE TOOLKIT

The toolkit has been crafted to be as user-friendly and directed as possible. It is also written from a practitioner's rather than academic perspective, drawing on direct experience of the hurdles and questions that a company may encounter and need answering in the journey to achieving a well-run ECD service. The toolkit acknowledges existing resources<sup>2</sup> with an equivalent objective, and aims to complement them for use in Rwanda. It caters for companies with limited internal capacity to resource for ECD centres, especially agribusinesses operating in rural areas. The approach is to emphasize practical steps and standards, not ideal or unrealistic scenarios, with the intention of eliminating user diffidence or adoption barriers.

The toolkit does not eliminate the need for, and value of, engaging with partners and experts, to further improve a company's capacity to plan for, manage and monitor ECD services. It does however support companies to progress independently in a logical, practical and effective manner and not be reliant on the timing or inputs of external parties. Modular in nature, the toolkit is structured around three key stages, which mirror the journey towards effective employer-supported ECD services (Fig. 1), describing the challenges and opportunities typical of each. Each section includes practical suggestions, and adaptable templates and worksheets that can serve as helpful guides to addressing challenges at each step of the journey, and that companies can adapt as required.

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<sup>2</sup> [Tackling Childcare: A Guide for Employer-supported Childcare, IFC \(2019\)](#)

Though structured as four discrete sections, companies are advised to review the entire toolkit before taking the decision if to embark on setting up an ECD centre. Once the decision has been taken to undertake the entire journey, the modular design of this report is intended to support the company navigate implementation in practical, discrete, manageable stages as below:

FIGURE 1

## THE EMPLOYER-SUPPORTED CHILDCARE JOURNEY

01

### PLANNING

- Assessing Expected Demand
- Exploring Options for Employer-supported Childcare
- Ensuring Compliance with Standards and Regulations
- Selecting and Costing the Childcare Service Model
- Exploring and Forging Partnerships

02

### SET-UP AND ROLL-OUT

- Establishing Admin and Operational Systems and Procedures
- Creating a Daily Routine
- Developing a Meal Plan
- Developing and Early Learning Programme
- Staff Development and Oversight
- Ongoing User Engagement
- Mitigating Risks

03

### M&E

- Minimum M&E
- Intermediate M&E
- Advanced M&E

# PLANNING

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**02**

**SET-UP  
AND ROLL-OUT**

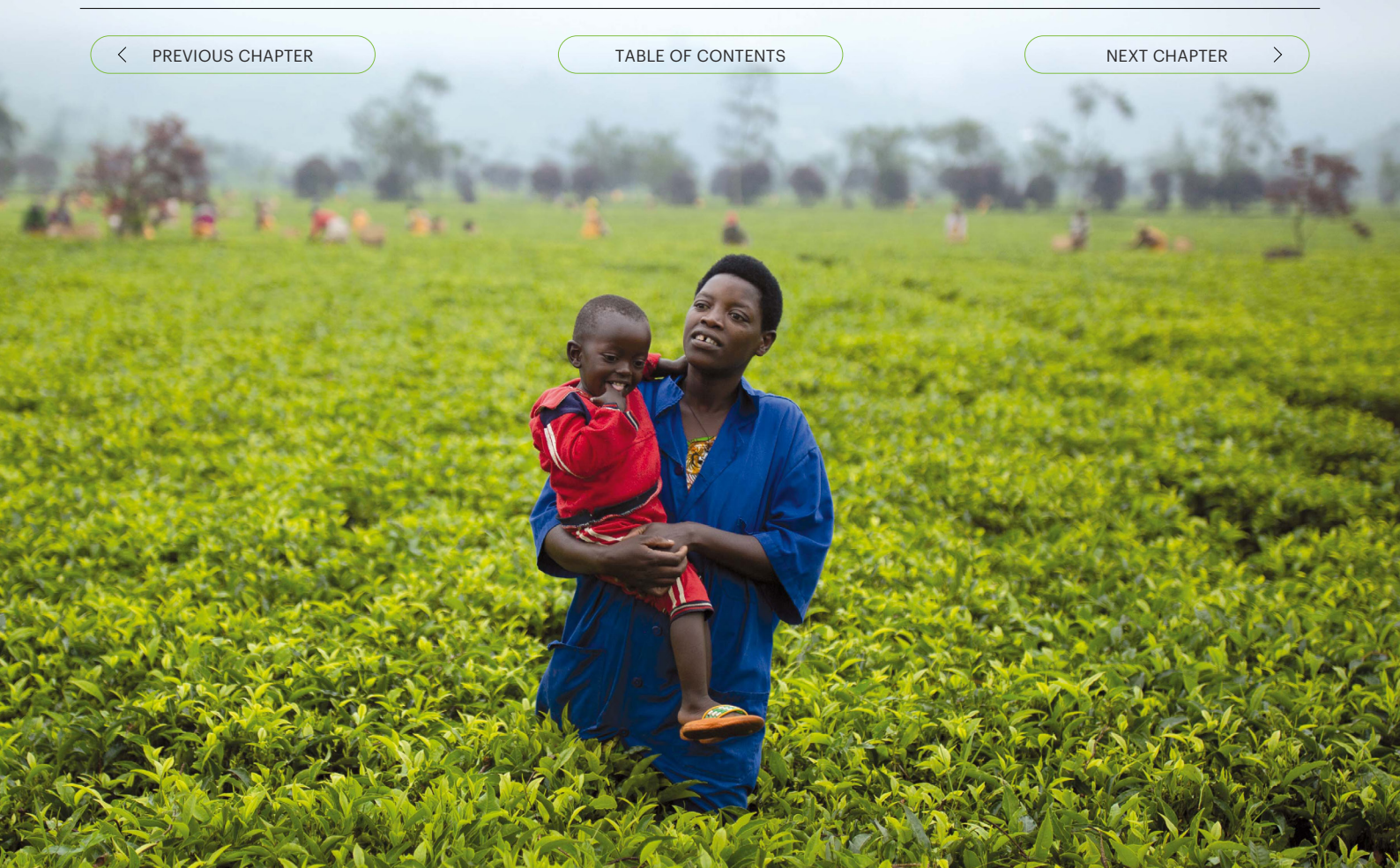
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**03**

**MONITORING  
AND EVALUATION**

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# PHASE 1

## PLANNING

While many companies in Rwanda and beyond appreciate the benefits that employer-supported ECD services can give them, many embark on the process without support and advice to help them make the right decisions in setting up childcare centres. As such, they may take a tentative, cautious, step by step approach. Though tackling one issue or decision a time can be tempting, it can also make the process more inefficient, less effective, and more expensive in the long run.

Mapping expected demand, consulting potential users to understand their needs, costing the service and how it will be paid and who will run it, are all critical steps when planning an effective employer-supported ECD service. The following sections help companies undertake a thorough planning phase.

A thorough planning process starts with the basic question of: do employees even need and want employer-supported ECD? And if so, how many would use it, and how many centres are needed to meet expected demand?

## 1.1

# ASSESSING EXPECTED DEMAND FOR ECD SERVICE

Companies need to have a fair estimate of the number of potential users of the service, and their characteristics. This should be gauged, at first, prior to engaging with potential users of the ECD, by analysing HR records to get a sense of how many childbearing age women typically work for the company, and where they live. [The Expected Demand for Childcare Assessment Tool \(Part A\)](#) assists in this, and will also inform what type of ECD model is likely more suitable and its associated costs.

Once internal research is completed, confirming that employees are interested in having ECD is critical, as it cannot be assumed. While the value of free or subsidised ECD seems logical, experience from companies that offer ECD shows that parents may not immediately embrace the idea of leaving their young children in an institutional setting. It is recommended that companies undertake a Focus Group Discussion (FGD) with a sample of intended users to test and validate assumptions of how many employees firmly intend to take up the ECD service, where the ECD locations would be best located and other relevant insights (starting from Part A findings), as well as to allay concerns they may have over the ECD service. [The Expected Demand for Childcare Assessment Tool \(Part B\)](#) is a guideline to prepare for and conduct the FGD.

## 1.2

# EXPLORING OPTIONS FOR EMPLOYER-SUPPORTED ECD SERVICE

While the default choice for most companies is to set up a company owned and run ECD facility, there are in fact a range of options (Table 1) for employer-supported ECD. Bottom line, all models are expected to lead to positive outcomes, including improved companies' performance through higher employees' productivity, attraction and retention and enhanced companies' reputation and corporate social responsibility profile. Companies should evaluate the various options available before deciding on the model that best suits their management, employees' needs and budget realities.

Table 1

**OPTIONS FOR EMPLOYER-SUPPORTED ECD SERVICES**

Model	1. Company owned and run ECD service	2. Community-based private ECD service	3. Hybrid – Combination of Options 1 and 2
Scenario	Company wants and is able to manage ECD in house	ECD services are available in the proximity of the business, and the company prefers to divest itself of the responsibility/liability or providing ECD in house	Company would like to manage ECD in house but lacks budget/ space/capacity to meet demand
Short description	Company sets up and manages a daycare and pays for all or most of the costs	Company invests in locally provided ECD (at a minimum paying for or subsidising fees for employees)	Company builds own facility and invests in offsite local ECD services to support overflow
Pros	Quality Control	Lower costs. Limited liability. Supports local entrepreneurship	Able to meet larger demand while managing costs and liability. Supports local entrepreneurship
Cons	CAPEX investment Management oversight required. Space may not be sufficient to meet user demand. Liability entirely on company’s shoulders	Quality control may not meet corporate standards – needs ringfenced responsibilities to avoid liability and potentially some CAPEX investment. Current capacity may not meet demand	CAPEX still needed Oversight more complex. Liability remains. Possible user conflicts over who gets to use core vs offsite service
Cost Comparison	Higher, upfront (CAPEX)	Modest (unless there is a need / company is motivated to invest heavily in improving local quality standards and capacity)	Medium high, upfront
Investment required	Facilities, training, salaries, equipment and meals	Business training, soft loans or donations Ongoing subsidy to workers (e.g., voucher schemes) to use centre	Facilities, training, salaries, equipment and meals Business training, soft loans or donations Ongoing subsidy to workers (e.g., voucher schemes) to use centre
Key Questions?	Is the company able to meet the investment required and manage the service? Can employees contribute to costs?	Do existing daycare facilities have the capacity to meet additional demand? Are the standards of local ECD facilities sufficient to meet standards/avoid liability?	Combination of Option 1 and 2

## 1.3

# ENSURING COMPLIANCE WITH STANDARDS AND REGULATIONS

Companies that wish to establish an ECD must be mindful of Rwanda's regulations and standards. This section includes a summary of key compliance aspects<sup>3</sup>, as well as tools and links to available resources.

## Registration and accreditation

Companies must register and be accredited by the Sector authority to provide ECD services before starting to operate. An [Accreditation Form](#) and a project document are to be submitted to the relevant Sector authority; it is advised that companies reach out to the relevant Sector authority to receive tailored guidance on how to develop the project document, which shall include:

- Background information: Vision, Mission, Objectives, Potential Beneficiaries and any additional information relevant to the ECD facility that the company intends to establish;
- Compliance: Summary of Needs Assessment Report endorsed by the Sector authority, alignment with requirements, including the minimum standards, norms and guidelines.

<sup>3</sup> For detailed regulations and standards refer to:

- [MINISTERIAL ORDER N° 001/MIGEP/2020 OF 03/06/2020 ESTABLISHING REGULATIONS ON THE IMPLEMENTATION OF THE EARLY CHILDHOOD DEVELOPMENT PROGRAMME \(Page 147 to 172\);](#)
- [MINIMUM STANDARDS AND NORMS FOR EARLY CHILDHOOD DEVELOPMENT SERVICES IN RWANDA](#)
- [INTEGRATED ECD MODELS GUIDELINES \(Section 7\)](#)

### Standards for the physical environment

Facilities<sup>4</sup> must include a stimulation room, a sleeping area, a kitchen, sanitation facilities and a play area, and have the following standards:

Table 2

#### STANDARDS FOR THE PHYSICAL ENVIRONMENT

Physical Environment	Standards
Stimulation Room	<ul style="list-style-type: none"> <li>• Able to visually stimulate children e.g. by use of decorations or bright colours in the room</li> <li>• Be well lit and ventilated, cemented/tiled and cleaned on a daily basis</li> <li>• Furniture shall be child friendly, including chairs, tables and cabinets</li> <li>• Children will be grouped in a room according to their developmental stage: that is; below 2 years, 2-3 years, 3-4 years and 5-6 years</li> </ul>
Sleeping Area	This should be a separate room dedicated and designated as sleeping area
Kitchen	<ul style="list-style-type: none"> <li>• Have adequate facilities and area for safely preparing and cooking food with energy saving stoves with an effective chimney to extract smoke, have adequate lighting and ventilation, be safe and clean</li> <li>• Have adequate supply of water and cleaning agents for the cleaning of eating utensils and other equipment</li> <li>• Have a separate secure storage for dry goods, separate facilities for storing cleaning materials, and have an adequate number of waste bins with lids that close fittingly</li> </ul>
Sanitation Facilities	<ul style="list-style-type: none"> <li>• Have toilets/latrines adapted to children and separate from toilets of caregivers - the ratio of latrine/ children should be at least 1/40 children</li> <li>• Pit latrines shall not be less than 6 meters or 20 feet deep and shall be 15 meters (50 feet) away from borehole</li> <li>• Have sufficient hand washing stations with clean water and soap, and a hand wash sign on each toilet/ latrine door to remind children and caregivers to wash hands after using the toilet/latrine;</li> <li>• Have a cleaning and maintenance routine in operation that ensures clean and functioning toilets are always available</li> <li>• For 0–3-year-olds, have a clean hygienic space to change diapers, and have safe disposal of child faeces</li> <li>• Be accommodative of children with disabilities</li> </ul>
Play Area	<ul style="list-style-type: none"> <li>• The inside and outside play areas shall be clean and safe for young children</li> <li>• There should be at least 2m<sup>2</sup> space per child for outdoor play</li> <li>• The playground shall be well levelled to avoid unnecessary falls</li> <li>• Surface of outdoor play area shall be free of sharp objects, harmful plants, rocks, discarded materials and equipment</li> </ul>

Note: The ECD facility should be fenced for the safety of children.

### Standards for staff

All caregivers shall be above 18 years old and have received a formal training in Early Childhood Development, which can be provided by the District officials or other certified ECD professionals. They should not smoke, take alcohol or use any illicit drugs when working with children; never use any form of corporal punishment or psychological torture and must not have any history of child molestation. The caregiver-child ratio for different age groups shall be as follows:

- Below 2 years – 1:5
- 2 to 3 years – 1:10
- 3 to 4 years – 1:15
- 4 to 5 years – 1:25
- 5 to 6 years – 1:30

<sup>4</sup> Structural alterations and additions as well as new buildings, must comply with the national building safety regulations.

### Standards for didactic materials and toys

The [Parenting Curriculum](#) should be used for children age 0 to 6, while the [Competence Based Curriculum](#) should be used for children age 3 to 6.

Learning materials and toys should be age appropriate, disability friendly and gender neutral, and toys intended for infants and toddlers should be oversized pieces to avoid swallowing or putting in ears. All should be maintained and stored correctly to ensure safety, and inspected by caregivers before use by children.

### Standards for health

The centre shall contact the nearest health facility to provide emergency health care and have working agreement with the nearest Health Center/Hospital and Community Health Workers. Each centre should have a first aid kit which shall be accessible to adults but out of reach of children contents of the first aid box must be checked regularly and replaced whenever necessary. All caregivers shall be trained on how to use the contents of the first aid box and how to deal with accidents. If any medicine is brought to the centre for children by the family, it must be clearly labelled and stored out of reach of the children.

A childcare facility shall be required to temporarily close when there is a threat of a disease outbreak at the center as directed by health officials. Similarly, a child or caregiver who contracts or is suspected to have contracted a contagious disease shall be expected to stay at home until cleared by a medical practitioner.

### Standards for nutrition

- If the Child is under 6 months, they should only receive breastmilk. Lactating mothers should breastfeed his/her child at least every 2 or 3 hours;
- If the mothers are far from home, they are encouraged to bring expressed breastmilk for feeding their baby during the day. This will be done by following Standard Operating Procedure on Handling, storing and feeding expressed breastmilk (MIYCN Counselling Cards 2019);
- Children aged 6 to 23 months should follow the child complementary feeding recommendations in terms of minimum meal frequency (MMF) and minimum dietary diversity (MDD) from MIYCN Counselling Cards 2019;
- If children aged three and above spend more than 2.5 hours at the center, they should be fed, and be supervised at all times by an adult;
- if the centre is open for 5 to 8 hours, two snacks and lunch must be served;
- If the centre is open for less than 5 hours, a mid-morning snack must be provided;
- The centre should also provide breakfast if most of the children will not have been given this meal at home (for example if the centre opens early to allow parents to get to work).

### Standards for management

A parent's committee should be established to take measures for proper functioning, handling issues arising at the center, creating a sense of ownership and sustainability. The committee shall be composed of seven members: Chairman, Vice chairman, Secretary, Accountant, 3 Advisors. Gender balance must be respected in this committee.

## 1.4

# BUDGETING FOR CHILDCARE

From the previous steps, companies should have a good understanding of how many children should be catered for and the different ECD service models. The next step is to cost the preferred option(s) to inform the investment required.

As costs may vary across locations, service types, hours provided and of course, number and ages of children served (e.g. as discussed in the section above, staff costs will be higher if children are younger given the need for a 1:5 ratio of adults to children vs 1:15 for children aged 3:4) this section limits recommendations to cost type guidelines, not amounts.

Costs are divided between set up costs, capital expenditure (CAPEX) and operating expenditure (OPEX)

## Set up costs

Personnel to plan and implement project start-up (including salaries for staff, contract services and consultants, fringe benefits, taxes)

## CAPEX

- Land acquisition or redesignation;
- Building ECD facilities or refurbishing existing buildings to serve as ECD facilities;
- Equipment (beds, mats, desks, cooking, kitchen utensils, changing tables).

## OPEX

Operational costs are those associated with inputs required for the ongoing delivery of services and are usually recurring.

- Personnel (such as salaries for caregivers and administrative staff);
- Utilities and repairs;
- Overhead costs (bank fees, insurance);
- Food and drinks;
- Ongoing pedagogical materials and equipment (such as books, toys, art supplies);
- Administrative supplies (such as telephones and printing);
- Health supplies;
- Ongoing staff development (including workshops, training, library facilities).

**Additional considerations:**

- Costs of running an ECD center can mount up if not properly assessed in advance. Employers need to identify what they can afford to pay to meet OPEX costs, if and when they would expect employees to contribute to the costs (fee and/or meals and ad hoc contribution towards improving the service). Seeking employee contributions may not be motivated by financial need; it may make sense for employers to ask for a contribution simply to reinforce employee ownership and buy-in to the service. Employers are encouraged to undertake a cost-benefit analysis to establish the most viable options for them and their employees;
- Employer-run ECD centers may be more expensive for companies to foot the bill for but community-based services may not be available or not meet companies' needs. When using the hybrid model, ensuring that those receiving core and satellite support feel equally served can be a sensitive process, which needs to be delicately handled by management;
- In urban areas, pre-existing community-based ECD centres may be already present in the market and easier to tap into. Devolved ECD options are hence more likely to succeed in urban vs rural areas.

## 1.5

## EXPLORING AND FORGING PARTNERSHIPS

Quality ECD is a cross-cutting issue, touching on worker productivity, women's economic empowerment, child development and health. It is therefore of interest to local government, international institutions and companies alike. Forging partnerships on the basis of shared interest in quality, family-focused ECD should improve value of the service to users and reduce costs to companies, while improving prospects for a growing degree of self-sustainability of centres over time. While partnerships are not a prerequisite to setting up a functioning ECD centre, these can enhance the overall effectiveness if the model and service. It is therefore recommended partnerships be explored before or soon after centres are launched.

Table 3 below lists the key partnership types companies might want to consider, and where synergies may lie.



Table 3

LIST OF POTENTIAL PARTNERSHIPS AND SYNERGIES

Partner	Focus	Synergy
<b>Local Government/ Health organisations</b>	Child wellbeing health and development	Need to report on i. ECD centres in area ii. Child health in district. Company ECDs can help them deliver both. They can help companies track health status of children and deliver additional services (eg health boosters, information to parents) free of charge. To manage for potentially complicated and sensitive cases where children in the ECD centre suffer from health or development challenges, it is highly recommended that the company develop a strong relationship from the outset with the local health authorities, so that they – not company employees, or centre employees alone – act as the messenger, support service and if necessary, enforcer of child health and wellbeing interventions to take this responsibility and burden away from the company and its relationship with its employees
<b>Central Government</b>	National focus on stunting	Keen to see promotion of ECD services, mandated involvement of private sector; setting up centres makes companies compliant. Also keen to see national indicators of stunting reduced
<b>Development agencies</b>	Child education, health, stunting, women’s economic empowerment, socially impactful ag.dev	Investing in ECD facilities for preschool children of women employees hits multiple development agency priorities. Companies have clout given their ability to sustain these operations internally with such agencies, and contribute substantially to the heavy project lifting, to make value-add partnership options enticing. Companies should do their homework on who best to approach with cost-sharing proposals, e.g. around nutritious food for children
<b>Private sector</b>	Products for the lower income bracket – eg off grid energy, clean cooking, child nutrition and other products	Deforestation for charcoal, indoor pollution from charcoal burning are climate and health risks and new market opportunities. Dispersed rural communities can however be challenging networks to market to. By aggregating employees and having an additional lens on child health, employer-supported ECD centres can serve as unique distribution channels

01

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PLANNING

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PHASE 02

**SET-UP  
AND ROLL-OUT**

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03

MONITORING  
AND EVALUATION

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# PHASE 2

## SET-UP AND ROLL-OUT

This section is designed to guide companies from the conceptualisation/planning phase to the implementation phase, and focuses on companies owned and run ECD centres.

### 2.1

## ESTABLISHING ADMINISTRATIVE AND OPERATIONAL SYSTEMS AND PROCEDURES

Prior to launching the service, it is critical that companies have administrative and operational systems and procedures in place. The following tools can be adapted depending on needs:

1. The [Child Health and Safety Form](#) provides an indicative template to collect health and safety information of the children who will use the ECD facility. It should be filled out at registration and updated as indicated;
2. The [Child Attendance, Meals and Payment Form](#) provides an indicative template which should be filled on a daily basis to keep track of child attendance, whether they take meals if any payment is made (eg should the company decide that parents are to be asked to make contributions to meals or fees);
3. The [ECD Centre Expenses and Revenue Form](#) helps with forecasting recurring costs as initially defined during the planning phase as well as keeping track of costs once the ECD centre is operational. Where a fee is required from users, it also provides an indication of cost recovery received, if any, informing companies decisions around investment needs and opportunities;
4. The [Site Assessment Tool](#) provides a rapid checklist that can be use when conducting a spot check of the ECD;
5. The [Quality Self-Assessment Tool](#) provides a detailed guideline that a ECD manager can conduct themselves to assess their own performance, and to serve as a benchmark and incentive for continuous self-improvement of standards.

Personal child file including child growth and health status or to be merged with registration form.

## 2.2

# STAFFING THE CENTRE

Building a quality ECD centre requires far more than creating a physical space. A well-managed ECD centre depends a great deal on the staff hired to run it, and the ongoing support and oversight they receive to ensure that standards are maintained and improved. Key considerations to have in mind when staffing the centre are presented below:

Table 4

## KEY CONSIDERATIONS FOR STAFFING THE CENTRE

<b>Regulations</b>	See the earlier section for detailed specification of the regulations governing ECD centres in Rwanda, providing a baseline for operations
<b>Cost</b>	Commensurate with skills. Managing a ECD centre well requires business, ECD, safety, communications and client facing skills. A parent or two from the community will not only likely contravene regulations – they will also likely not help realise the return on investment desired
<b>Ratio</b>	See regulations. Operational costs will need to be adjusted to increase staff allocations, if a greater proportion of younger than older children enrol in the centre
<b>Safety</b>	Child safety is paramount. Any incident in the daycare affecting the wellbeing of a child will erode parent buy-in and child attendance, diluting the impact and ROI of the investment. Apart from training in child learning and nutrition, baseline and refresher first aid and safety training must be planned for
<b>Ongoing training</b>	Baseline knowledge of ECD is critical for hiring, but quality depends on staff being part of an ongoing training programme of at minimal annual upskilling support that needs to be budgeted in
<b>Oversight</b>	Staff cannot oversee their own standards of service indefinitely (though a self-assessment tool has been included for more competent managers to follow). Periodic independent oversight of staff performance should be built into the operating plan, with a qualified individual or firm or government partner enlisted to periodically visit the centre and conduct independent, unannounced assessments and spot checks of the facilities. A basic site assessment tool has been included in the annexes to guide such an exercise

2.3

# CREATING A DAILY ROUTINE

Structuring a daily routine for the ECD centre is critical to ensure the service is of high quality. Structure is important in the life of a young child, not merely to build the skills of learning how to follow a routine, but more importantly to give them a sense of order and help foster their confidence in a safe, secure dependable world. At the same time, pre-schoolers also need free time and play to develop their imagination and independence. A daily routine that strikes a good balance between these two aspects is optimal.

Figure 2

## TINY TOTOS KENYA CHILDCARE FACILITY: EXAMPLE OF DAILY ROUTINE



2.4

# DEVELOPING A MEAL PROGRAMME

Diet is never more important at any life stage than in the early years of a child’s life. When major physical and growth milestones are missed due to poor nutrition, children’s development may never recover. Ensuring that children receive a balanced diet is therefore critical. While Rwanda’s regulations stipulate that children aged 3 and above, who spend more than 2.5 hrs at the ECD centre have to be fed, all children spending that amount of time will need food, and companies should plan accordingly. Since the goal of providing childcare is to facilitate mothers to work full-time, it is most likely that the centres will have to provide meals, beyond ensuring that mothers can easily breastfeed their children on-site or store breast milk for feeding during the day. Planning kitchen operations carefully is critical if dietary needs, costs and child safety are all to be protected. A few considerations in planning for food are listed below, along with more resources for consultation.

Figure 3

## ILLUSTRATION OF A BALANCED DIET, CONTRASTED BY AGE

### Feeding non-breastfed children from 6-23 months

Non-breast fed babies need extra food and water.

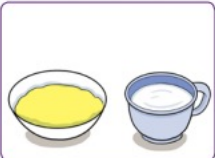
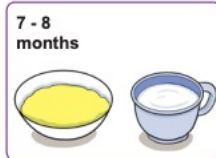


















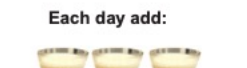
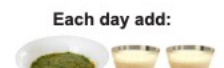
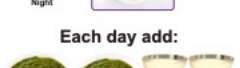
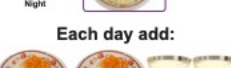




At 6 months	7-8 months	9-11 months	12-23 months
			
<p><b>Morning</b></p> 	<p><b>Morning</b></p> 	<p><b>Morning</b></p> 	<p><b>Morning</b></p> 
<p><b>Noon</b></p> 	<p><b>Mid morning</b></p> 	<p><b>Mid morning</b></p> 	<p><b>Mid morning</b></p> 
<p><b>Night</b></p> 	<p><b>Noon</b></p> 	<p><b>Noon</b></p> 	<p><b>Noon</b></p> 
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<p><b>Night</b></p> 	<p><b>Night</b></p> 	<p><b>Night</b></p> 	<p><b>Night</b></p> 
<p><b>Each day add:</b></p> 	<p><b>Each day add:</b></p> 	<p><b>Each day add:</b></p> 	<p><b>Each day add:</b></p> 

Figure 4

FEEDING CHILDREN AGED 6 – 24 MONTHS

### Start complementary feeding at 6 months

Start complementary feeding at 6 months

### Give complementary feeding from 6 up to 9 months

Give complementary feeding from 6 up to 9 months

### Give complementary feeding from 9 up to 12 months

Give complementary feeding from 9 up to 12 months

### Give complementary feeding from 12 up to 24 months

Give complementary feeding from 12 up to 24 months

### Selecting affordable, seasonal, food

The meal plan should be built into a localised menu spanning the year and include options with equivalent nutritional values and that can be sourced across different seasons, keeping costs low by preferring seasonal food. For companies operating in agricultural areas with seasonal workers, who themselves also grow product in their smallholder farms in the area, there is an additional opportunity to reduced cost/share benefit by procuring fresh produce from employees/parents, delivered directly to the ECD facility. Wherever possible, buying locally can reduce costs, boost user buy-in and child health.

### Developing and sharing meals plans with parents

The meal plans (Table 5) should be shared with parents, for instance by posting them on the daycare wall so that they are aware of their child's planned diet. This is useful both to promote nutritional awareness and to alert parents to prepare other meals when at home to diversify and balance children's diets.

Table 5

### EXAMPLE OF WEEKLY MEAL PLAN

DAY	MID MORNING SNACK 9.30AM – 10.30AM	LUNCH 12:00PM – 1:00PM	AFTERNOON SNACK 3:00PM – 4:00PM
MONDAY	Porridge made by FBF	Ugali, Milk, Vegetables, Fruit	Eggs
TUESDAY	Porridge made by FBF	Rice, Green grams, Carrots, Fruit	Milk
WEDNESDAY	Porridge made by FBF	Mashed potatoes, Minced meat, Carrots, Fruit	Milk
THURSDAY	Porridge made by FBF	Rice, Beans, Carrots, Fruit	Milk
FRIDAY	Porridge made by FBF	Matoke, Peas, Spinach, Fruit	Milk
SATURDAY	Porridge made by FBF	Ugali, small fish, Vegetables, Fruits	Milk

### Considering users' contribution towards costs

Even when companies decide not to charge a fee for their employees to use the ECD service, it is most likely that users are willing to pay for food, as its importance for children's health is understood and acknowledged. Early consultations should not overlook the parents' willingness to pay for meals, and meals should be developed accordingly.



## 2.5

# DEVELOPING AN EARLY LEARNING PROGRAMME

A stimulating, practical and context-appropriate childcare learning programme is necessary to provide structure to the daily routine and to meet regulatory requirements. According to Rwanda's regulations, the [Parenting Curriculum](#) should be used for children age 0 to 6, while the [Competence Based Curriculum](#) should be used for children age 3 to 6, and that staff receive a formal training in Early Childhood Development. This section complements the available resources and attempts to briefly describe:

- **Why?** early learning is important for preschool children;
- **What?** we mean by early learning? Is it the same as learning at school?
- **How?** can a preschool learning programme be developed and managed, on a budget?

## Why the early years are important: the value of learning through play

Children are born ready to learn. Their brains are developing at an enormous rate, 80% by aged 3 and 90% of capacity by aged 5. Because a child's developing brain is most flexible during the earliest months and years of life, this time period sets the foundation for lifelong health, learning and wellbeing.

How the brain grows is strongly affected by the child's experiences with other people and the world. Nurturing care is critical for brain growth. Children grow and learn best in a safe environment where they are protected from neglect and stress, where they are loved and well fed, and have plenty of opportunities to play and explore, and through doing both, learn.

## What does learning in the early years look like: a practical approach

Learning in the early years looks like play. Whether play is structured, semi-structured or independent, whether play activities are organised in groups or are pursued individually, whether the child plays indoors with block and paper or outside with water or balls, it is important that the childcare provider plans a range of different activities, games, songs art and stories across physical, social and constructive play that allow children to experiment and explore the world around them. A carefully crafted play-based learning programme allows children to develop social and cognitive skills, mature emotionally, and gain the self-confidence required to engage in new experiences and environments.

## How to craft an Early Learning Programme

While crafting an early learning programme may seem daunting, the reality is that ideas and items to stimulate learning through play are found everywhere, and can be at low or no cost. Employing caregivers who are dynamic, creative and inquisitive and to assume responsibility and creative direction for learning content is critical, including staff who:

1. Understand the need, become enthusiastic about the concept and gain pride in their ability to stimulate early years learning.
2. Have access to the content they need to deliver quality early learning, and a foundation of understanding to deliver it effectively.
3. Have periodic access to expert support and guidance to steadily improve their ability to stimulate child development, while nurturing bodies, hearts and minds.

Many organisations in the region<sup>5</sup> have designed dynamic, effective adapted models of quality ECD learning appropriate for the communities targeted, which are inspiring unprecedented growth and enthusiasm for learning amongst caregivers, while allowing children to fulfil their learning potential. By investing energies to ensure that the play-based learning exists and is well run, the company is likely to reap returns in turns of greater employee appreciation for the service, and improved retention and productivity as a result.

An illustration of the type of low-cost play-based learning activity that could be readily run in a company ECD centre is presented below, along with an overview of the skills the activity is designed to develop.



### An example of play-based learning: paper mache'

Paper mache' is an incredibly versatile learning material that can be made at very little expense by an early learning centre or low-income home, using old newspapers, flour, water and food colouring (if glue and paints are available all the better, but not necessary if on a budget). With a theme of animals or fish, paper mache can be used to create different shapes of fish (like the picture shown) or animals, to improve children's physical dexterity (in creating the shapes) and language in describing them. For younger children, simple paper mache' balls can be made and coloured, to provide children with opportunities to learn to sort, count (number skills) or name balls by colour (language) or share balls (socio-emotional skills) or physical dexterity (picking up the balls by hand or even learning to pick them up and put them in egg trays or empty cups with a spoon). A simple material like paper mache' can form the basis of a world of exploration and learning through play for young children – while operating on a budget that low cost ECD centres and homes can afford.

5 Such as Tiny Totos Kenya who have contributed to this report.

## 2.6

# STAFF DEVELOPMENT AND OVERSIGHT

ECD operators need to be given continuous support to run a ECD centre efficiently. The Guide for Inclusive Education (REB, 2016), Positive parenting Curriculum, should be used to inform practice in the ECD, and all staff should be trained and supported regularly (at least yearly) to implement it to its full effect. Breaking down the need for regular staff training as outlined in the section below into subject or expertise areas, a schedule should be devised to cover the key topics as outlined below:

Table 6

## STAFF TRAINING TOPICS, FREQUENCY AND INDICATORS OF SUCCESS

Topic	Training frequency	Indicator of success
Early learning content	Quarterly (staggered with health, nutrition, brain stimulation)	1. At best Developmental outcome (see annex for tracker) 2. Minimum Engaged, thriving children (based on staff, parental feedback)
Childcare health and nutrition	Quarterly (staggered with early learning)	Child health outcomes
Meal preparation	Minimum biannual	Well-balanced, nutritious meals
First aid	Annually	Well managed first aid incidents
Management skills (client, staff facing)	As needed	Well-managed facility, happy parents
Data recording skills	As needed	Clear reports

In assessing child health outcomes to gauge impact of the facility in helping children meet their growth milestones and reduce malnutrition indicators, it is advisable that the company engage local health centres and qualified individuals to collect this data on a periodic (min biannual, preferred quarterly) basis. If the company prefers to manage this process directly, training managers in collecting basic child growth metrics (height, weight, Mid-Upper Arm Circumference (MUAC) against DOB) is recommended.

## 2.7

# ONGOING USER ENGAGEMENT

Maintaining a supportive, aligned parental body is critical for smooth operations of the centre. This is best achieved through a multi-faceted communication strategy, to ensure that messages are both received and reinforced through peer-to-peer discussion channels. A variety of low cost options are laid out below.

Table 7

## USERS COMMUNICATIONS AND ENGAGEMENT STRATEGY

Strategy	Objective	Frequency	Indicator of Success
<b>Low tech</b>			
<b>Parent meetings</b>	Engagement	Biannually at minimum, per centre	Turn out %
<b>Committee meetings</b>	Decision-making	Quarterly	Turn out %
<b>Posters, handouts</b>	Inform parents	As needed	Growth in awareness
<b>Higher tech</b>			
<b>Texts</b>	One-way information, eg childcare tips, meeting or child assessment alerts	Weekly	Responses (but can be low)
<b>Calls</b>	Individual responses	As needed	Calls in
<b>Whatsapp</b>	Group discussion, building sense of community	Weekly	Responses / videos
<b>Digital platforms</b>	Provide access to broader content	Per user	User data

## 2.8

# MITIGATING RISKS AND TROUBLESHOOTING

Even the best laid plans can go awry. Putting basic plans in place for when these challenges arise is helpful to mitigate the negative impacts that may arise if left unaddressed. A few are presented below.

Table 8

## EXAMPLES OF CHALLENGE RESOLUTION TO INCREASE ENGAGEMENT AND IMPACT

Challenge	Examples of Mitigating Actions
Parents do not sign up to centre as expected	Organise peer meetings and outreach run by parents from other ECD centres to sensitise them in the benefits of workplace ECD
Quality of service and oversight is poor	Retain an external consultant / hire dedicated oversight staff at least until systems are in place
Worker productivity does not increase	While unlikely, the company can double down ECD marketing efforts; track child impact metrics and worker satisfaction and promote these to build reputation and exporter relationships
Costs are higher than anticipated	Proactively engage parents for cost-sharing and increase partnerships efforts to access support
A child health and safety incident jeopardises parental trust in the institution	A safety incident affecting a child is the worst outcome an ECD institution can face. Ensuring that parents sign liability disclaimer forms reduces legal risk and exposure, but reputational damage remains. In such a situation, a daycare operator needs to adopt several key measures a) total transparency b) a complete and independent review of the centre's operations and possibly c) compensation
Data recording skills	As needed

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SET-UP  
AND ROLL-OUT

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PHASE 03

**MONITORING  
AND EVALUATION**

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## PHASE 3

# MONITORING AND EVALUATION

Monitoring and evaluating the quality of the ECD service is paramount for children safety and is expected to encourage improvements over time. In addition, companies may want to know if the investment that they are making in ECD is effective, and to what extent. The following sections present options, from minimum to advanced, catering for companies with different capabilities.

## 3.1

## MINIMUM M&E

Should companies have limited internal capacity, or simply wish to pursue a light touch approach for the initial phase of operations, at a minimum, should adopt the systems and procedures presented under Phase 2.2 and summarised in Table 9 below.

Table 9

### MINIMUM M&E TOOLS, PURPOSE AND FREQUENCY

Tools	Purpose	Frequency
<a href="#">Child Health and Safety Form</a>	Tracking child health	Bi-annually for children <2 years old Annually for children >2 years old
<a href="#">Child attendance, Meals and Payment Form</a>	Tracking child use of ECD centre and managing payments when fee is required (for service and/or for meals)	Daily
<a href="#">ECD Centre Expenses and Revenue Form</a>	Tracking expenses and revenue (when applicable) and informing ongoing budgeting and cost management	Daily
<a href="#">Site Assessment Tool</a>	Ensuring quality standards are met, also in compliance with key regulations	Quarterly
<a href="#">Quality Self-Assessment Tool</a>	Ensuring quality standards are met and incentivise performance improvements	Biannually at a minimum

In addition, feedback from the nearest community health worker and/or Parents' Committee should also be used for quality control and to gather information on users' satisfaction, as well as to identify concerns over any aspects of the ECD service.

## 3.2

## INTERMEDIATE M&E

In addition to the minimum M&E above, it is recommended that companies bring in experts to train up their caregivers to be able to monitor and evaluate, at least annually, development outcomes of the children in their care. The [Child Development Tracker](#) can be used for quality control as well as to validate a company's ECD credentials, which can be used to encourage partnerships and obtain support.

It is also recommended that the company surveys all users of the ECD service through a [Users' Satisfaction Assessment](#) annually to determine satisfaction with the service and gather other feedback from parents.



## 3.3

## ADVANCED M&E

If the company has grasped the fundamentals of running its ECD centre, and has either run the centre for long enough to be ready to scale its impact reporting ambitions, or has internal capacity to pursue a more integrated impact assessment of its investment in childcare from the beginning, this [ECD Impact Tracker](#) will assist companies to produce a more integrated assessment of its return on investing in employee-supported ECD. The Tool provides a breadth of analysis across business, employee engagement and child impact domains, with the key impact metrics, being:

- Employees' productivity;
- Employees' Attendance;
- Revenue;
- Return on Investment (ROI);
- Child health and child development<sup>6</sup>.

The [ECD Impact Tracker](#) is a more advanced tool to estimate the extent to which the provision of ECD is increasing a company's bottom line and generating positive development outcomes for the children reached by the ECD service. Its use is recommended to companies that have grasped the fundamentals of running their ECD centre, have either run the centre for long enough to be ready to scale its impact reporting ambitions and/or have the capacity to pursue a more advanced evaluation. Tool provides a breadth of analysis across business, employee engagement and child impact domains, with the key impact metrics, being:

- **Internal KPI impact tracking.** By allowing management insights on the cost benefit of the ECD, in terms of worker attendance and productivity, they can determine whether there are seasonal or centre variations in return, and how to course correct where necessary to boost employee attendance and productivity. The platform can also serve to ensure that employees do not game the system, e.g. leaving their children at company ECD centres while not actually turning up to work. Where compelling data exists on the business case for childcare returns, this data can also help management make the case for expanding coverage if needed.
- **External marketing, CSR** The impact of ECD services on child health, development and women's ability to get to work is extremely compelling as a marketing / CSR tool to boost a company's reputation. Data-based evidence of impact is also a powerful tool with which to forge partnerships and attract investment/support from a variety of stakeholders, to boost returns on ECD investment to companies, while potentially reducing operational costs through cost sharing.

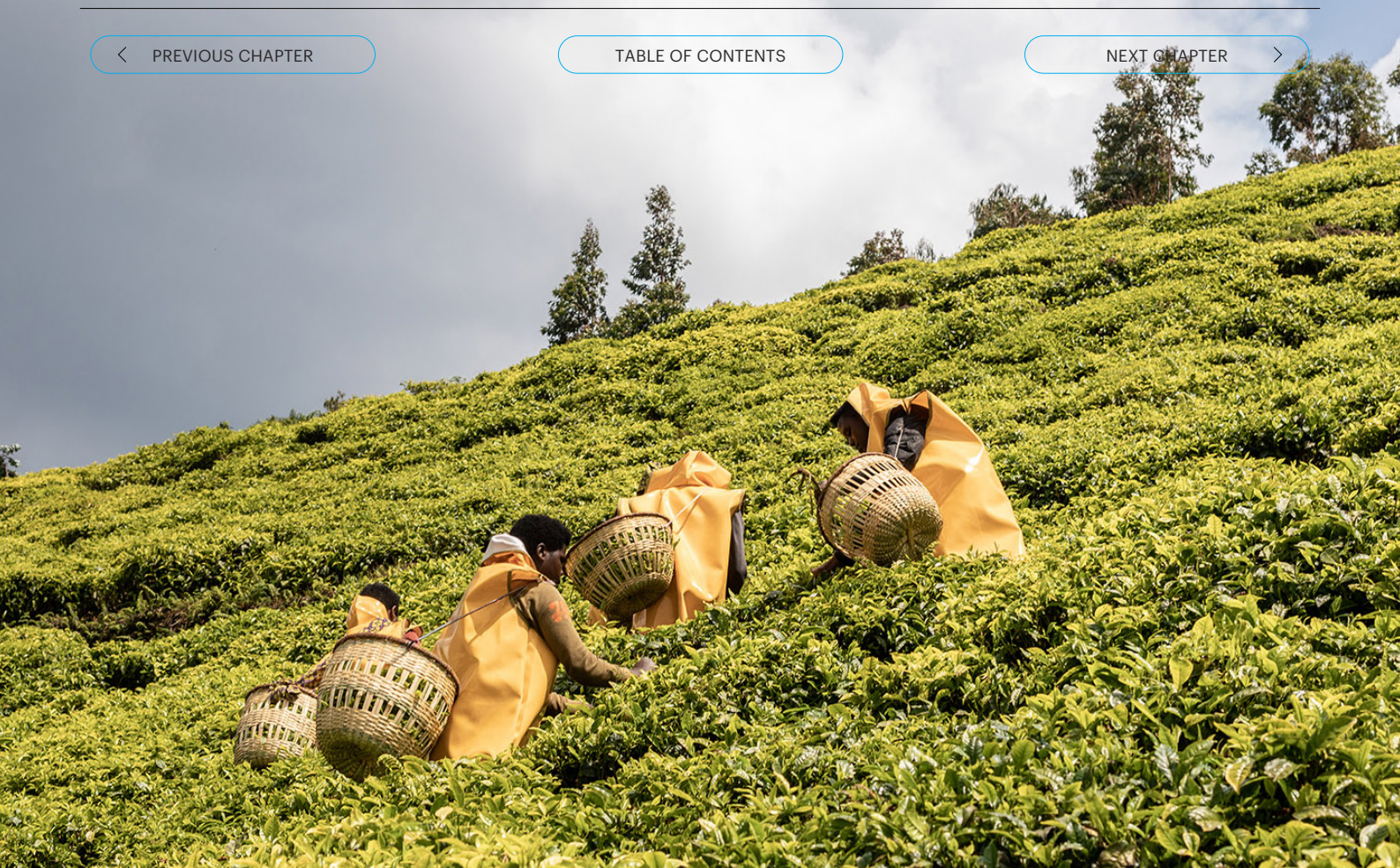
<sup>6</sup> It is recommended that the company secure additional expert support to ensure sensitive assessments on child health and development are conducted accurately, by trained individuals – at minimum to upscale in-house staff over a sufficient period of time.

# B.

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# REMARKS

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## REMARKS

The purpose of this toolkit is to provide a practical road map for companies interested in giving childcare services to their employees, but who want a clearer idea of what the process entails. It also functions as a practical tool for those who have decided to provide ECD services to employees, and need a reference guide to accompany them throughout the implementation stages.

The toolkit provides an overview of the end-to-end journey from planning, to set-up and roll-out, and monitoring and evaluation, with practical tools for each step. The toolkit aims to support a more efficient, targeted process yielding greater value for company and user alike, that reaches breakeven sooner, and reduces unnecessary cost which ambiguity of process and challenges could generate. The toolkit is best seen as a companion guide rather than a fixed process, set in stone. Companies are encouraged to adapt the toolkit to their own realities which may evolve over time in the effort to forge the most practical model of ECD service to benefit the company, workers and employee's children alike.

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**ANNEXES**

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# 1. EXPECTED DEMAND FOR CHILDCARE ASSESSMENT TOOL (PART A)

The Expected Demand for Childcare Assessment Tool can be filled out using a variety of sources, including HR records, consultation with management, as well as local authorities.

- **Questions 1 to 5** help estimate the number of children that would likely be users of the ECD service, if one is made available. This is largely assumed to be a function of the number of women of childbearing age and the average number of children aged 0-6 each has. Considerations around full-time vs seasonal workers will inform what ECD model is likely to be more suitable.
- **Questions 6 to 10** help assess suitable options and models to provide ECD, including the number of facilities to be built, and staff to be hired, and/or the number of facilities whom the service can be outsourced to.

Table 10

## EXPECTED DEMAND FOR CHILDCARE ASSESSMENT TOOL (PART A)

Questions		Answer
1	Number of women and men employees age 18-40	
2	How many work throughout the year?	
3	How many are seasonal workers?	
4	If seasonal, how many months?	
5	Average number of children age 0-6	
<b>Expected total number of children to be catered for</b> - # Full-time - # Seasonal		
6	How far do women and men employees age 18-40 travel to get to work?	
7	Do they work in a centralised location (e.g. a packhouse) or are they spread out (e.g. across fields)?	
8	In the proximity of the company's operation are there any ECD facilities (e.g. community run)?	
9	Are there existing facilities that could be allocated (and refurbished) to accommodate a ECD facility?	
10	Does the company have land available for a building/accommodate mobile creches?	
<b>Number of daycares to be established/outsourced, assuming 40-50 children per ECD.</b>		
<b>Number of caregivers needed, assuming on average a ratio of 15 children/caregiver and no availability of ECD centres which the service can be outsourced to.</b>		

## 2. EXPECTED DEMAND FOR CHILDCARE ASSESSMENT TOOL (PART B)

Table 11

### EXPECTED DEMAND FOR CHILDCARE ASSESSMENT TOOL (PART B)

Considerations to plan the FGD	
<b>How many employees should I invite?</b>	The recommended size for a FGD is around 15-20 participants. Both women and men should participate, not necessarily in an equal number (as women are likely to be the primary users). If the company's employee base is large, and/or the company operates in different sites/locations, it is recommended to hold more than one FGD. The invitation to the FGD should be clear that only parents with preschool age children are invited.
<b>Who should facilitate the discussion?</b>	It is recommended, if possible, to avoid senior management or any position of power managing the FGDs in case that might inhibit free flow of conversation.
<b>Who should I ask the questions to?</b>	Questions should be asked to all participants; participants who are less vocal can be encouraged e.g. "(Name), do you agree? Is there anything you would like to add?"
<b>Where should it be held, and with what directions/time to ensure maximum attendance?</b>	Ensure that the company endorses the meeting so that staff don't fear being reprimanded for missing work, and that the meeting is held at a convenient time and location to maximise participation.
Guideline FGD questions	
How many preschool age children do you have? How old are they?	
What does your child(ren) do when you are at work?	
Are there any issues with these existing practices? Are you happy with these arrangements?	
Because of ECD issues, in the past three months, have you: <ul style="list-style-type: none"> <li>• Missed a full day of work</li> <li>• Been late for work</li> <li>• Left work earlier than normal</li> <li>• Missed part of a work shift</li> <li>• Been distracted to the point of being less productive at work</li> </ul>	
If a ECD centre was available at the company, would you be interested in using it?	
What characteristics would a ECD centre at the company need to have for you to use it?	
Would you prefer alternative forms of ECD support vs a ECD facility? Which ones?	
If the company was committed to provide ECD services, would you be willing to contribute to this initiative? <ol style="list-style-type: none"> <li>a. Time – to help run the ECD</li> <li>b. Money – to support running costs</li> <li>c. Goods – e.g. food to prepare meals</li> </ol>	
If you were asked, would you be willing to be part of a management committee for the ECD centre, to help the company make decisions on how it should be run, and to provide oversight on its operations?	

# 3. ACCREDITATION FORM

Table 12

## ACCREDITATION FORM

**Ifishi y'isuzuma 1: Inyandiko isabira Urugo Mbenezamikirire Gutangira Gukora (Urugo Mbenezamikirire Rukorera mu Muryango/Urugo Mbenezamikirire Rukorera hafi y'Abaturage/ Urugo Mbenezamikirire Ruciriritse/ Urugo Mbenezamikirire rw'Icyitegererezo/Urugo Mbenezamikirire Rukorera ahahurira abantu benshi)**

<b>1</b>	<b>Imyirondoro</b>
(a)	Izina ry'Urugo Mbenezamikirire:.....
(b)	Ubwoko bw'Urugo Mbenezamikirire : Urugo Mbenezamikirire Rukorera mu Muryango (...), Urugo Mbenezamikirire rukorera hafi y'Abaturage (...), Urugo Mbenezamikirire Ruciriritse (...), Urugo Mbenezamikirire rw'Icyitegererezo (...) Urugo Mbenezamikirire rukorera ahahurira abantu benshi
(c)	Amazina n'Aderesi by'Umuyobozi/Umubyeyi Uhagarariye Abandi/Nyir'Urugo Mbenezamikirire :..... .....
<b>2</b>	<b>Aho Urugo Mbenezamikirire Ruhereye</b>
(a)	Akarere:.....
(b)	Umurenge:.....
(c)	Akagari:.....
(d)	.....
(e)	Umudugudu:.....
<b>3</b>	<b>Ibindi Bigo bituranye n'Urugo Mbenezamikirire</b>
(a)	Izindi Ngo Mbenezamikirire(Harimo n'amashuri y'ingabwoko) Kandi werekane intera irimo uvuye ku Rugo Mbenezamikirire.....
(b)	Amashuri Abanza bituranye Kandi werekane intera iri hagati yayo n'Urugo Mbenezamikirire.....
(c)	Ivuriro riri hafi (Ivuriro ry'ingabwoko, Ikigo Nderabuzima, Ivuriro ryigenga, etc.) Bituranye Werekane intera iri hagati yayo n'Urugo Mbenezamikirire.....
<b>4</b>	<b>Ubushobozi bw'Urugo Mbenezamikirire</b>
(a)	Umubare w'ibyumbe abana bigira mo:.....
(b)	Umubare w'ibindi byumba:.....
(c)	Umubare w'abana muri buri cyumba:.....
(d)	Imyaka y'abana bitabira: ..... (Akivuka - Amezi 11) ..... (Amezi 12 - Amezi 23) ..... (Amezi 24 - Amezi 35) ..... (Amezi 36 - Amezi 47 ) ..... (Amezi 48 - Amezi 59 ) ..... (Amezi 60 - Amezi 71)
<b>5</b>	<b>Ibindi ku Barezi b'Abana n'Abayobozi b'Urugo Mbenezamikirire</b>
(a)	Umubare/Igitsina: Gore (...); Gabo (...)
(a)	Amahugurwa ku Mbenezamikirire y'abana: (Ishuri Nderabarezi).....; (Kaminuza y'u Rwanda).....; (NECDP).....; (Akarere).....; (Abandi).....
(b)	Impamyabushobozi:.....
(c)	Impamyabumenyi:.....
(e)	Umubare w'Ababyeyi basimburana(Mu Rugo Mbenezamikirire rukorera mu muryango/ Urugo Mbenezamikirire rukorera hafi y'abaturage):.....



<b>6</b>	<b>Komite y'ababyeyi yashyizweho (Ingo Mbenezamikirire zikora) : Yego(...), Oya (...)</b>
(a)	Umubare w'abayigize:.....
(b)	Bahura Kangahe:..... Baheruka guhura ryari ?.....
<b>7</b>	<b>Inyubako n'ibikoresho</b>
(a)	Ibikinisho n'ibifasha abana mu mikurire: Birahari (....) , Ntabihari (....)
(b)	Aho amazi ava: Amazi yagejewe mu Rugo Mbenezamikirire (....), Ikigega (....), Ivomo Rusange (....), Umugezi (....), Nayikondo (....), Ntamazi ahari (....)
(c)	Ibikoresho by'isuku bibereye abana (....); Ibikoresho by'isuku byirohereza abana bafite Ubumuga (...); Aho gukarabira intoki (....)
(d)	Igikoni (....), Umurima w'igikoni(....), Ikimoteri/Aho bashyira imyanda(....)
(e)	Agasanduku k'ubutabazi bw'ibanze (...), Uruzitiro (....)
(f)	Kuba ibyumba byigirwamo n'aho gukinira abana bafite ubumuga babasha kuhagera biboroheye : Yego (....), Oya (....)
<b>8</b>	<b>Serivisi Mbenezamikirire Zitangwa</b>
(a)	Ifunguro: Igikoma Buri muni (....), Ibyo kurya saa sita buri muni(...), Amata(....), Ubundi bwoko bw'ibiryo (.... .....)
(b)	Gukurikirana ubuzima n'imikurire y'abana.....
(c)	Gutegura abana kwiga no Gukangura ubwonko .....
(d)	Kohereza abana n'ababyeyi ahandi babona serivisi zisumbuye no Kurengera abatishoboye .....
(e)	Kwigisha Ababyeyi.....
(f)	Ababyeyi Bakora inama Kangahe.....
(g)	Ni ryari baheruka gukora inama (Ku Ngo mbenezamikirire zikora)? .....
(h)	Ese ababyeyi Bafasha/batera inkunga Urugo Mbenezamikirire: Yego(Bantanga amafaranga angahe cyanga Ibiribwa/Ibikoresho: ..... Oya .....
<b>9</b>	<b>Abakorerabushake , Imiryango itari iya Leta bitera inkunga Urugo Mbenezamikirire</b>
(a)	Abakorerabushake (....) : Abajyanama b'Ubuzima (...), Inshuti z'Umuryango (....), Abandi (.....)
(b)	Imiryango itari iya Leta/Amadini: Yego (Amazina:..... Oya.....
(c)	Gahunda za Leta: Imirimo y'amaboko yoroheje-VUP (.....), Umushingwa wo Kuranya igwingira (.....), Ibindi:.....
(i)	Igihe Zimaze Zikora: .....

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Uhagarariye Ababyeyi/ Umuyobozi w'Urugo Mbenezamikirire .....

Umukono ..... Itariki: .....

Nyir'Urugo Mbenezamikirire:.....

Umukono ..... Itariki: .....

C

Icyemezo cy'Urwego rwa Leta ku busabe bwo gukora :

..... Akagari (Gatanga Uburenganzira bwo Gukora Ku Rugo Mbenezamikirire Rukorera Mu Muryango Watoranyijwe)

..... Umurenge (Utanga Uburenganzira bwo Gukora Ku Rugo Mbenezamikirire Rukorera hafi y'Abaturage, Urugo Mbenezamikirire Ruciriritse, Urugo Mbenezamikirire Rw'icyitegererezo, na Serivise Mbenezamikirire zitangwa hasurwa Imiryango)

Nimero y'Urugo Mbenezamikirire:

.....

Urwego: Biremewe (.....), Ntibyemewe (.....), Bigomba guhagarara/Gufungwa (....)

Icyo Umunyamabanga Nshibgwabikorwa w'Akagari/Umurenge Abivuga ho: .....

.....

.....

Umunyamabanga Nshingwabikorwa w'Akagari/ Umurenge.....

Umukono ..... Itariki: .....

(Kashe y'Akagari/ Umurenge)

# 4. CHILD HEALTH AND SAFETY FORM

Table 13

## CHILD HEALTH AND SAFETY FORM

**Section A** – to be filled out at registration and only updated should any changes to the baseline information occur.

ECD centre		Form filled in by	
Child name		Gender	
D.O.B		Date first registered	
Parent name (1)		Parent phone number	
Parent name (2)		Parent phone number	
<b>Family</b>			
1	Home / resides in		
2	Mother place of work		
3	Father place of work		
4	Siblings		
<b>Health</b>			
<b>On the health of the child ...</b>		<b>Yes</b>	<b>No</b>
	<b>If yes, provide more details</b>		
1	Been diagnosed with a serious / chronic disease such as cancer, TB, malaria, diabetes, sickle cell, heart disease, malaria?		
2	Been hospitalized?		
3	Has a physical or mental disability?		
4	Has any allergies?		
5	Is on medication?		
6	Been dewormed in the last 6 months?		
<b>Childcare Liability Disclaimer</b>			
I ..... acknowledge that i am entrusting my child to ..... ECD centre. In case of any accidents or incidents, I authorise the Day-Care Manager to take my child to the nearest health facility/hospital for which I the parent will cover all medical and transportation costs.			
Signed by (Parent)			<b>Date</b>
Witnessed (ECD Manager)			<b>Date</b>

**Section B** – to be filled out at registration and updated biannually for children below 2 years and annually for children above 2 years of age.

Which shots/treatments have your child received?		Yes	No	If yes, when?		
1	BCG					
2	Polio					
3	Pentavalent					
4	Measles					
5	Pneumococcal Conjugate					
6	Rota virus					
7	Vitamin A					
8	Deworming					
9	Others - indicate					
Weight, height, Middle Upper Arm Circumference (MUAC)						
Measure the weight, height and MUAC of the child		R	S1	S2	S3	S4
Weight						
Height						
MUAC						

# 5. CHILD ATTENDANCE, MEALS AND PAYMENT FORM

Table 14

## CHILD ATTENDANCE, MEALS AND PAYMENT FORM

Child name	ID #		Month-year								

Day	1	2	3	4	5	6	7	8	9	10
Attendance										
Fee										
Meals										

Day	11	12	13	14	15	16	17	18	19	20
Attendance										
Fee										
Meals										

Day	21	22	23	24	25	26	27	28	29	30	31
Attendance											
Fee											
Meals											

The template is designed to be filled daily, with a new template started each month. Each child has three rows where;

- i) Row 1 captures the days attended by a child, a child is marked present using an 'x' and is marked absent using a '-'
- ii) Row 2 captures the amount paid for ECD services / or if an x if no payment is made
- iii) Row 3 captures the amount paid for meals eaten at the ECD / or an x if meal is taken without payment needed.

## 6. ECD CENTRE EXPENSE AND REVENUE FORM

Companies are recommended to use digital tools whenever possible – the table below can be easily pasted in a MS Excel spreadsheet.

Table 15

### ECD CENTRE EXPENSE AND REVENUE FORM

Month-year			
Date Paid - Reference	Expenses	Amount	Annual Running Total
	Staff		
	Rent / Facility costs		
	Water		
	Electricity		
	Food / Kitchen expenses		
	Learning materials (eg paper, toys etc)		
	Centre materials (toileting)		
	Sundries		
<b>Total expenses</b>			
<b>Monthly income</b>			
<b>Gross Profit</b>			

## 7. SITE ASSESSMENT TOOL

The form below provides a simple overview form to be filled out by an independent evaluator, who would be expected to inspect the ECD centre to provide a snapshot of performance across several aspects.

Table 16

### SITE ASSESSMENT TOOL

Quarterly site assessment framework					
<b>ECD name</b>					
<b>Assessor</b>				Date	
<b>Nature of visit</b>					
	Positive	Follow up needed	Emergency	Details/comments	
<b>Records</b>					
<b>Are the records present, complete and accurate?</b>	Records present and complete, the number of children present in the ECD match the records	Records present but not complete, number of children present may not match the records	Records missing or barely complete		
<b>Management</b>					
<b>Was the manager/helper present, engaged with a good ratio of adults: children?</b>	Manager was present, engaged, ECD running well with an adult to children ratio of 1:15	Manager/helper was present but not well engaged or the ratio of adults to children was over 1:15	Manager/helper missing, or uninformed helper solely in charge or the ratio of adults to children was over 1:20v		
<b>Facilities</b>					
<b>Was the ECD clean, organized, well-ventilated with a safe kitchen (if present)</b>	ECD was clean, organized, well ventilated & kitchen (if present) was not a hazard to children	ECD could be cleaner and better organized and kitchen safety (if present) could be improved	ECD was dirty, disorganized, present danger to children and kitchen (if present) was a hazard to children		
<b>Schedule</b>					
<b>Was there a schedule and was it being followed? (Activities done at the appropriate time)</b>	Schedule was present and being followed	Schedule was somewhat delayed or learning not satisfactory or children not sleeping at the right time	Things were completely off-schedule or there wasn't to be a schedule at all		
<b>Safety</b>					
<b>Was the ECD generally safe for children and children treated well by managers/helpers?</b>	ECD was generally safe, well looked after with no visible hazards to children	ECD safety was okay but could be improved e.g., open doors, unstable chairs, places children might trip	ECD was not safe, and children could be seriously hurt e.g. visible nails/screws, splinters, open fires; or treatment of children suggested they were at risk		
<b>Sanitation</b>					
<b>Was there clean water, and were toileting, potty and hand washing facilities present and satisfactory?</b>	Clean water, toileting & potty, and hand washing facilities were present and very satisfactory	Clean water was available, hand washing facilities present but toileting & potty facilities need improvement	Clean water not available or hand-washing facilities missing, or toileting & potty facilities need improvement		

## 8. QUALITY SELF-ASSESSMENT TOOL

In an ideal scenario where external ECD expertise was ample, nearby and affordable, it would be recommended that a monthly or quarterly random, spot check assessment take place to assess the quality and performance of the ECD and its staff. Recognizing that resources and expertise are however limited, the Quality Self-Assessment Tool<sup>7</sup> has been designed to provide a framework for daycare providers to assess performance in their own facility.

The tool does not eliminate the need for independent assessment and monitoring and related systems in place in line with Rwanda standards, but aims rather to provide a framework for companies to assess performance of their centre internally, and regularly. The purpose of the tool is twofold:

- Provide a framework to encourage agency and independence for daycare managers, highlighting their progress to themselves and provide a framework for further self-improvement;
- Provide a cost-effective framework for continuous quality assessment of ECD centres.

There are 54 statements to assess against key aspects of the ECD centre i.e. space and furnishing, safety, learning programme and daycare operations. The manager of the ECD facility (or appointed staff) is to read each statement and answer the statement honestly using the suggested criteria<sup>8</sup>.

<b>Always</b>	Every element of the statement is met all of the time (score)
<b>Usually</b>	More than 50% but less than 100% of each element of the statement is met.
<b>Sometimes</b>	Less than 50% of each element of the statement is met.
<b>Not Yet</b>	None of the statement is met
<b>Not Applicable</b>	The statement is not applicable to the ECD facility.

The final score can be assessed as follows:

- Above 80%: Excellent;
- Above 60%: Good;
- Above 50%: Acceptable but requiring improvements;
- Below 50%: Improvements are mandatory.

<sup>7</sup> The tool was designed by Tiny Totos Kenya in 2021 with the support of an independent childcare expert, drawing on many parallel tools and documents including Health and Safety Checklist for Early Care and Education Programs: Based on Caring for Our Children National Health and Safety Performance Standards, Third Edition. Developed by the California Childcare Health Program Funded by UCSF School of Nursing 2014; Updated January 2018 and Measuring Early Learning Quality and Outcomes. <https://www.ecdmeasure.org/what-is-melqo/>

<sup>8</sup> Health and Safety Checklist for Early Care and Education Programs: Based on Caring for Our Children National Health and Safety Performance Standards, Third Edition. Developed by the California Childcare Health Program Funded by UCSF School of Nursing 20014; Updated January 2018.



Table 17

## QUALITY SELF-ASSESSMENT TOOL

Space and furnishing		Always	Usually	Sometimes	Not yet	Not Applicable	Score
Indoor Space							
1	<b>Indoor space is clean and free from hazards</b> For example - no electrical wires, candles, kerosine lamps are in reach, no trip hazards, stairs, balconies, or windows to fall out of.	/2	/1				/2
2	<b>Play equipment and furniture is age appropriate, safe and clean</b> For example - no sharp corners / edges, glass, nails or rusty parts. No dirty toys	/2	/1				/2
3	<b>The space has natural light and ventilation for fresh air.</b> There are no odours or fumes. For example, mould, urine, excrement, chemicals.	/2	/1				/2
4	<b>Indoor space has a separate clean washing facility with soap and water.</b>	/2	/1				/2
5	<b>A nappy changing facility is available.</b> For example - a clean changing mat or plastic sheet	/2	/1				/2
6	<b>A fully stocked first aid kit is kept in a closed container, labelled and available.</b>	/2	/1				/2
7	<b>Appropriate furnishings are available and well organised; a designated space for children's personal belongings, child sizes tables and chairs and a clean carpet / mat is available for activities.</b>	/2	/1				/2
8	<b>Sleeping facilities are available with clean mattresses, bedding and blankets.</b>	/2	/1				/2
9	<b>Babies under 12 months are placed on their backs to sleep in a space free of loose cushions and blankets.</b>	/2	/1				/2
10	<b>Gates, doors and windows into and within the facility cannot be opened by children.</b>	/2	/1				/2
<b>Subtotal</b>							<b>/20</b>
Outdoor		Always	Usually	Sometimes	Not yet	Not Applicable	Score
11	<b>Outdoor space is clean and free from hazards.</b> For example - no electrical wires, open drains, no trip hazards.						
12	<b>Play equipment and furniture is age appropriate and is safe.</b> For example - no sharp edges, glass, nails, rusty parts, splinters or other dangers.	/1	/,5				/1
<b>Subtotal</b>							<b>/2</b>

<b>Safety</b>		<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Not yet</b>	<b>Not Applicable</b>	<b>Score</b>
<b>Arrival and Departure</b>							
13	Children are greeted on arrival by daycare staff; child information exchanged.	/2	/1				/2
14	Children's arrival time is logged on arrival.	/2	/1				/2
15	Daycare staff share information about the child's day with the parent on departure.	/2	/1				/2
16	Children's departure time is logged on departure.	/2	/1				/2
17	Challenges with child arrival, departure or wellbeing acted on immediately	/2	/1				/2
<b>Subtotal</b>							<b>/10</b>
<b>Personal Care Routine</b>							
18	Children wash their hands with soap before eating and after using the toilet.	/2	/1				/2
19	Potties are emptied and wiped clean after every use.	/2	/1				/2
20	The nappy changing area is wiped clean after every use.	/2	/1				/2
21	Soiled nappies are put in a separate bin with a lid and emptied regularly.	/2	/1				/2
22	A change of clothes is available for each child.	/1.5	/1				/1
<b>Subtotal</b>							<b>/9</b>
<b>Nap and Rest</b>							
23	<b>Nap and rest times are scheduled at an appropriate time for an appropriate length of time.</b> For example, infants and toddlers nap more frequently, older children rest for a shorter time.	/2	/1				/2
24	<b>Nap time is always supervised by a member of the daycare staff team</b>	/2	/1				/2
<b>Subtotal</b>							<b>/4</b>
<b>Food Safety</b>							
25	<b>Food is prepared in a separate kitchen.</b>	/2	/1				/2
26	<b>Food surfaces are kept clean.</b>	/2	/1				/2
27	<b>Food is served on clean plates and bowls using clean cutlery.</b>	/2	/1				/2
28	<b>Fruit and vegetables are washed in clean water</b>	/2	/1				/2
29	<b>Waste food is disposed in a bin with a lid and regularly emptied.</b>	/2	/1				/2
30	<b>Food is free of choking hazards and age appropriate.</b>	/2	/1				/2
31	<b>Babies' bottles are sterilized with boiling water and powdered milk is prepared using clean boiled water.</b>	/2	/1				/2
32	<b>Children are always seated while eating.</b>	/2	/1				/2
<b>Subtotal</b>							<b>/16</b>

Learning programme		Always	Usually	Sometimes	Not yet	Not Applicable	Score
33	All activities of the learning programme/curriculum are followed.	/2	/1				/2
34	Learning resources are being used correctly as directed	/2	/1				/2
35	The daily routine was being followed at the time when the assessment took place.	/2	/1				/2
<b>Subtotal</b>							<b>/6</b>
The Children							
36	<b>Children can access a variety of toys and learning materials.</b> For example, materials are stored at child height in bags, boxes, crates or on shelves.	/1	/.5				/1
37	<b>All children engage with a variety of learning materials.</b> For example, books, blocks, crayons, paper, water play, sand	/1	/.5				/1
38	<b>All children's work is displayed and taken home.</b>	/1	/.5				/1
39	<b>All children engage in free play, both indoors and outdoors.</b>	/2	/1				/2
40	<b>All children take part in physical movement.</b> For example, outdoor play, singing, dancing...	/2	/1				/2
41	<b>All children participate in whole group, small group, and individual activities.</b>	/2	/1				/2
42	<b>Children are taken on 1 field trips a year in the local community.</b>	/1	/.5				/1
<b>Subtotal</b>							<b>/10</b>
Caregivers							
42	Caregivers refresh and replenish the learning materials at least every 3 months	/1	/.5				/1
43	<b>Caregivers read / tell a variety of stories to the children during the day.</b>	/2	/1				/2
44	<b>Children receive responsive care.</b> For example, caregivers communicate, listen, respond in a timely manner and interact with all children frequently throughout the day.	/2	/1				/2
45	<b>Caregivers use a wide range of vocabulary in English and Kinyarwanda.</b>	/2	/1				/2
46	<b>Caregivers engage children in conversation by listening to them and asking them questions.</b>	/2	/1				/2
47	<b>Daycare staff use positive reinforcement to support children's behaviour.</b> For example, no physical punishment is used and Positive reward scheme are in place.	/2	/1				/2
48	<b>All children's records are up to date.</b> For example all children's names, date of births, primary / secondary contacts are registered along with attendance and payment	/2	/1				/2
49	<b>The recommended staff ratio per age was being implemented</b>	/2	/1				/2
50	<b>Company HR and ECD staff meet in person or virtually at least once a month to share feedback, concerns and progress</b>	/2	/1				/2
<b>Subtotal</b>							<b>/17</b>

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Daycare operations		Always	Usually	Sometimes	Not yet	Not Applicable	Score
51	Systems and tools for admin and operations are adopted.	/2	/1				/2
52	The parents' committee meets according to the schedule.	/2	/1				/2
53	Positive relationships are maintained with parents.	/1	/.5				/1
54	Good communication is maintained with relevant stakeholders, including seeking partnerships.	/1	/.5				/1
<b>Subtotal</b>							<b>/6</b>

Total points		Subtotal
	Indoor space	/20
	Outdoor space	/2
	Safety	/10
	Personal care routine	/9
	Nap and rest	/4
	Food safety	/16
	Learning programme	/6
	Children	/10
	Caregivers	/17
	ECD operations	/6
<b>Total</b>		<b>/100</b>

<b>The ECD centre is rated as</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Required Intervention</b>
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### Next Steps?

Having completed my self-assessment tool, I realise that I have some areas where I could improve my performance.

I know I can't change everything in one day. For the next month, I will be prioritising the following 3 areas for improvement:

	Area of Improvement	How I will know I have improved – what's my evidence
1.		
2.		
3.		

## 9. USERS SATISFACTION ASSESSMENT TOOL

Obtaining parents'/users' feedback and satisfaction with their access to ECD, cost, quality, convenience, and impact of the services provided is critical for quality control, engagement and improvements.

Beyond the Parents' Committee, it is advised that companies periodically assess satisfaction of all users of the service. This can be done with a simple questionnaire, that users can find at the centre and be requested to fill out.

A simple form is presented below.

Table 18

### USERS' SATISFACTION ASSESSMENT TOOL

Parent and child names			
Age of child			
How long has your child been at the ECD centre?			
Does the service offered by the ECD center help you to be economically active?			
Quality of Service	ALWAYS	SOMETIMES	NEVER
My child is happy at the ECD center			
My child is learning new things			
The caregiver provides me with regular feedback on my child's progress			
I know how to contact the ECD center if I am worried about my child			
I am happy with the meals provided			
I recommend the ECD centre to other			
Do you have any recommendations to improve the service, is there any other feedback you would like to provide, are there any concerns?			

Focus Group Discussions following the same template can complement the questionnaire, and be used to get further feedback based on the responses. These are particularly useful should responses raise concerns over some aspects of the ECD service.

# 10. CHILD DEVELOPMENT TRACKER

Tracking impact on learning of children attending the daycare is a useful quality control metric, adds value to parents, is an opportunity to report corporate social responsibility (CSR) results and attract support from a variety of stakeholders who have early childhood development, education and health at the core of their mandate.

However, child development tracking tools should be administered by research experts, and at a minimum by trained health professionals/workers. Therefore, it is recommended that companies access experts to undertake such assessments and over time, if feasible and preferable, build their capacity to conduct such assessments independently or with limited support.

Though securing the capacity to run robust, credible childcare development tracking tools may require further effort and investment on the part of the company, namely to hire external experts to train staff and ensure accuracy and partiality of the data the payoff of undertaking such assessments are significant and well worth the investment.

When the company decides to engage in a detailed development assessment of children, it is recommended they adopt, where possible, globally validated tools whose results can be universally understood and deemed robust by childcare practitioners worldwide. The toolkit recommends two tools in particular, namely:

- [The Caregiver Reported Early Development Instrument \(CREDI\)](#)<sup>9</sup> for children 0-35 months
- [Measure of Development and Early Learning \(MODEL\) Tool](#)<sup>10</sup> – for children 4 years and above

This toolkit provides an additional tool, presented below, which is relatively more accessible to a nonexpert audience. However, it is not as accredited as the above two tools and when used by nonexperts or untrained staff there is a risk that results will not be valid, hence these should be interpreted with extreme caution. Should companies lack the resources to undertake a broader children development assessment, growth monitoring is recommended as the primary indicator of development outcomes, also through liaising with local health authorities.

## Instructions

Development assessments are conducted across four learning domains and four age brackets: Socio-Emotional, Linguistics, Cognitive and Physical. Tables colour coded by age, outlining the 4 sets of achievements that children should be attaining by that age have been created to guide assessment.

- **GREEN Assessment:** 6 Months-1 Year
- **BLUE Assessment:** 1-2 Years
- **YELLOW Assessment:** 2-3 Years
- **RED Assessment:** 3-4 Years.

9 <https://credi.gse.harvard.edu/>

10 <https://documents1.worldbank.org/curated/en/659701473955877219/pdf/108286-REVISED-PUBLIC-ELP-IB4-MeasuringCD-v7-CEP.pdf>

A 5 step scale can be used to answer the questions included in the assessment, as follows:

<b>Not yet achieved</b>	The child is unable to do any of the tasks within their age group.
<b>Emerging</b>	Showing progress towards -The child is just beginning to get an understanding of that specific task.
<b>Able to do</b>	The child is progressing with the task but not at perfection e.g. can hold a spoon but can miss their mouth during feeding.
<b>Achieved fully</b>	This is the benchmark – the child is able to fully perform the task with perfection.
<b>Outstanding</b>	The child is manifesting skills beyond their age group.

### A guide to interpreting results

- If a child is able to do, achieved fully or is outstanding at all the activities across all the domains, then the child can be considered to be developing well. The nuances between outstanding and achieved fully are relevant when a centres' overall teaching capacity is to be assessed, or if the centre has capacity to provide individual feedback to parents (in essence, a child report);
- If a child is emerging in any of the domains, the child should be watched, given extra support and helped to be 'able to do.' Children born prematurely, children with underlying health issues may not develop at the regular rate of others; some children without any problems may still lag a bit behind the curve. The definition 'emerging' speaks to a child who shows promise in being able to do a given task, but they may need a bit more time or help to get there.
- Not yet achieved. Typically, a child is termed as not yet achieved if they cannot do a given activity at all. Their inability to do a standard task for their age may speak to the risk that they will not develop as they should over time. They are therefore considered to be at risk of suffering from developmental delays. The company / ECD managers should bring in experts to assess the extent of the problem, and draw up a plan for remedial action in conjunction with the parents of the child.

Ultimately, any activity that a child at a given age simply cannot do, and seems nowhere close to being able to, should send up a red flag that their overall developmental trajectory is off course. Whether this is the result of poor quality learning, nutrition or care is for experts to determine – it is recommended that these be brought in when 'not yet achieved' is the answer obtained.

However, as mentioned above, when the tool is administered by nonexperts, results should be interpreted with extreme caution.



Table 19

## CHILD DEVELOPMENT TRACKER

GREEN Assessment - Age Group 6 Months old – 12 Months old (1 Year)			
Socio-Emotional	Linguistics	Cognitive	Physical
Is your child beginning to help you when you wash or dress them?	Is your child able to make short babbling “ba ba”, “ta ta”, “ma”?	Is your child able to explore using senses (like respond to a rattle toy)	When lying on their back, can your child roll on their stomach?
Can your child play for long periods of time?	Does your child squeal with delight?	Is your child able to imitate adults, (sticking tongue out, movements)?	When lying on their stomach, can your child lift their head and chest supported by their arms?
Does your child enjoy making noises by banging objects together?	Is your child able to make cooing sounds?	Is your child able to understand how to use objects, bangs, shakes, pulls or pushes?	Is your child able to maintain a sitting position with a straight back?
Is your child beginning to develop attachment to familiar persons?	Can your child use gestures like waving and shaking the head?	Does your child enjoy looking at pictures?	Does your child move their arms up and down together when excited?
Does your child express different cries for different needs?	Is your child Imitating speech sounds? Give examples of phrases they are using.	Does your child understand the meaning of words such as “bye-bye”, “mama” or “baba”?	
	Does your child understand and obey the command “no”?	Does your child turn immediately when they hear their mothers/carer’s voice?	
	Does your child put everything in their mouth?		

**BLUE Assessment - Age Group 1 Year old – 2 Years old Reffer also to Disability and Developmental Delay screening Tools by NCDIA for details on Developmental Milestones.**

Socio-Emotional	Linguistics	Cognitive	Physical
Is your child able to show quick change of motions e.g. from happy to sad	Is your child beginning to express themselves using some personal words?	Is your child able to imitate adult actions?	Can your child sit unsupported on the floor?
Is distressed when left by familiar person/caregiver and gets clingy when they return?	Is your child able to understand single words in context e.g. cup, spoon, mama	Is your child able to understand words and commands and responds appropriately?	Is your child beginning to move around, holding furniture as support?
What games does your child enjoy playing with others?	Is able to enjoy simple rhymes, songs and stories?	Is your child able to handle the picture books and flash cards with curiosity and interest?	Can your child pass objects from one hand to the other? Name some of the objects they can pass.
Can your child understand simple boundaries?	Is able to begin to use words to express how they feel?	Is your child able to engage a person so as to achieve a goal like reach for an object? (Give an example)	Has your child started communicating urination, bowel movement?
Does your child often want a comfort object?	Can your child speak 2-6 recognizable words? And understand more?		Can your child pick up small objects with a fine pincer grasp? I.e. hold it between the thumb and tip of the index finger?
IS your child still shy around strangers?	Does your child over-extend words? E.g. call all animals cats, even when they are not cats.		
Is your child affectionate towards familiar people?	Does your child understand the names of various parts of the body?		

## YELLOW Assessment - Age Group 2 Years old – 3 Years old

Socio-Emotional	Linguistics	Cognitive	Physical
Is your child listening with interest to an adult when they tell stories?	Is your child beginning to express themselves using some personal words?	Can sort and group objects according to characteristics (colour, size, shape, etc.)	Is your child able to squat with steadiness and play with on object on the ground?
Is able understand who what where in simple questions?	Is your child able to understand single words in context e.g. cup, spoon, mama	Is your child able to identify and name common objects and pictures	Is your child clearly communicating their need for potty or toilet?
Is able to answer routine questions like "what are you doing?", "what is that?", and "what is your name?" Do they seem to jump from one topic to another?	Is able to enjoy simple rhymes, songs and stories?	Is your child able to point to body parts?	Is beginning to use 3 fingers to hold a crayon or a writing tool.
Is your child learning new words rapidly and using them to communicate in simple sentences?	Is able to begin to use words to express how they feel?	Is your child beginning to recite some numbers in sequence?	Is your child able to feed themselves competently with a spoon?
Does your child enjoys looking at books and talking about pictures	Can your child speak 2-6 recognizable words? And understand more?	Is your child able to recognize familiar people in photographs after being shown them once, but do not yet recognize themselves?	Is your child able to kick a large ball?
Does your child spend a great deal of time in naming things and what they do?	Does your child over-extend words? E.g. call all animals cats, even when they are not cats.		Can your child run safely, avoiding obstacles?
Does your child still repeat words spoken to them?	Does your child understand the names of various parts of the body?		Can your child climb up onto furniture?
Does your child know their full name?			

**RED Assessment - Age Group 3 Years old – 4 Years old**

<b>Socio-Emotional</b>	<b>Linguistics</b>	<b>Cognitive</b>	<b>Physical</b>
Is your child able to show wide range of emotions(happy, angry, sad, or bored)	Listens to others when conversation interests them.	Is your child able to recite numbers in order from 1 – 10?	Is your child able to move freely in a range of ways (shuffling, rolling, crawling, walking, jumping, skipping and hopping)?
Can select and use activities and resources with help.	Is your child able to follow directions?	Can your child listen to and describe a main story setting including suggesting how it might end?	Is your child able to mount steps or climbing equipment using alternate feet?
Does your child like to do things without help?	Is your child able to listen to stories with increasing attention and recall?	Does your child show interest in illustrations and print in book and print in the environment?	Can your child run skilfully negotiating spaces and adjust speed or direction to avoid obstacles?
Does your child enjoy family mealtimes?	Is your child able to understand the use of objects?	Is your child beginning to recognize their own name?	Can your child kick a large ball?
Is your child able to show affection for siblings?	Is your child beginning to use more complex sentences and link thoughts?	Can your child match 2 or 3 primary colours e.g. red and yellow?	Can your child catch a large ball?
Can your child think of things from someone else's point of view?	Can your child retell a simple past event?	Is your child beginning to understand the concept of time remembering past events and anticipating events in the future?	Can your child jump from a low step?
	Can your child use personal pronouns and plurals correctly?	Can your child sort objects into simple categories?	Can your child control a pencil using their thumb and first two fingers?
	Can your child carry out simple conversations?		Can your child eat using a fork or spoon?
	Is your child learning to speak more than one language?		

# 11. ECD IMPACT TRACKER

One of the key reasons why a company decides to provide ECD services to their employees is to enhance their productivity, leading to improved business performance. Measuring the impact generated from providing employer-supported ECD is extremely useful; this information can be used in several ways, including:

- Corporate Social Responsibility reporting, benefitting the company's profile and attractiveness;
- Facilitate Partnerships and attract external investment/support by providing the company with robust and compelling hard data;
- Inform management on the sustainability of providing ECD services, especially when users are not required to pay for the service and therefore sustainability (and the potential return on investment) is solely determined by the extent to which access to ECD improve employees' productivity and therefore business performance.

## Scope

The tool estimates impact by comparing productivity / attendance / revenue generated by women, comparing the monthly performance of:

- Up to 50 women workers who have children of age to use the ECD<sup>11</sup> centre and used the ECD (hereinafter referred to as 'ECD users');
- Up to 50 women workers who have children of age to use the ECD centre but did NOT use the ECD (hereinafter referred to as 'Non-ECD users').

Note that it is not required to track all women's productivity levels; the tool assumes that a data on 50 women using / not using the ECD should be sufficient.

Additionally, Return on Investment (ROI) is calculated by the tool and is estimated through a Cost-Benefit Analysis using the revenue estimated and quarterly data on expenditure (CAPEX and OPEX) over two years.

The impact of child health is estimated by the semestrial evolution of the proportion of children (attending the ECD centre) in good health over two years. As mentioned previously, the company will need to decide a) if it wants to fill this section in as well and b) if so, who has the capacity to accurately collect the child data – in-house staff or outsourced local health authority workers.

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<sup>11</sup> Daycare and childcare services in Rwanda are often referred to interchangeably as ECD – Early Childhood Development. Though ECD means the domain, not a childcare, in Rwanda they are often considered one and the same.

## Guide to the Tool

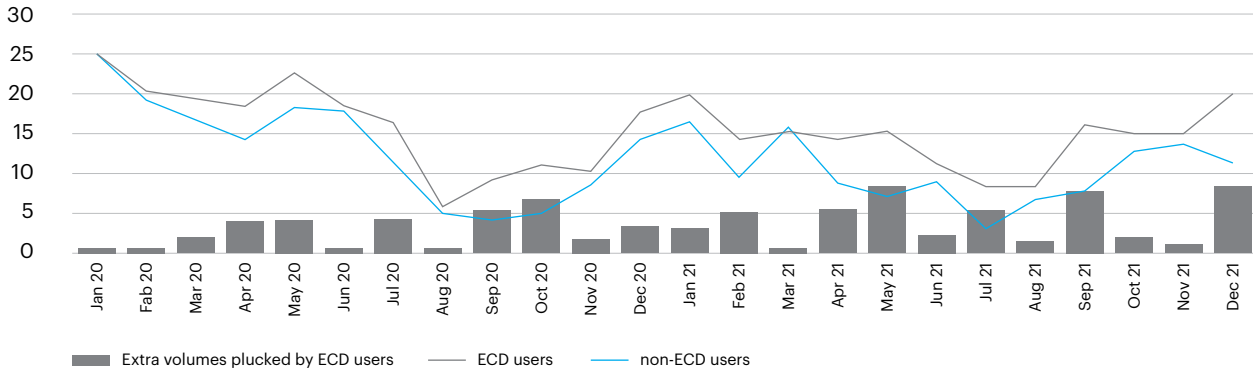
The tool is designed for tea companies but can be easily adapted to serve the needs of other agribusinesses e.g. horticulture companies would simply have to replace “volumes of tea plucked” with “volumes of beans harvested. The tool is composed of eight worksheets:

- 1. Instructions** – this tab allows the user to customise company-specific parameters and provides instructions regarding data requirements.
- 2. Employees** – this tab aims at capturing basic information about the employees and their children. This data serves as a reference to pre-fill the following tabs and towards the assessment of child health (using the age and sex of children);
- 3. Volumes** – this tab captures the volumes plucked (in kilogrammes) by each employee on a monthly basis;
- 4. Attendance** – this tab captures the number of days worked by each employee on a monthly basis;
- 5. ECD use** – this tab captures the number of days that each child has spent at the ECD centre on a monthly basis;
- 6. Child growth** – this tab captures various measures of child health on a semestrial basis: weight (in kilogrammes), height (in centimetres), and middle upper arm circumference (in centimetres);
- 7. Expenditure** – this tab captures the expenses incurred for the construction, operations and maintenance of the ECD centre on a quarterly basis;
- 8. Report** – this tab contains a print-ready dashboard presenting the impact of the ECD centre for all key indicators. A chart displays a comparison of the evolution of each indicator between ECD users and non-ECD users over the reporting period, next to which a box provides an accessible summary of the associated insights. The key indicators that the Tool will automatically provide are listed below, together with dashboards based on fictional data:

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**i. Daily volumes** Statistics related to the average daily volumes plucked by ECD and non-ECD workers;



This section presents statics related to the average daily volumes plucked by ECD and non-ECD workers

**ECD Users**

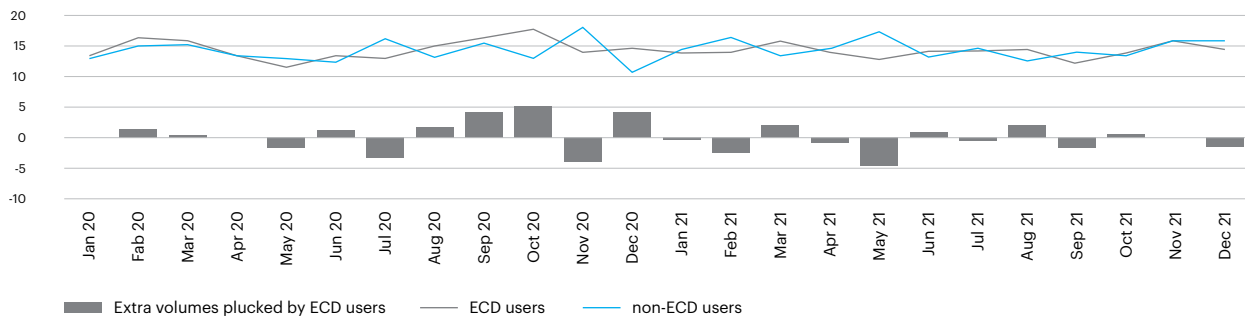
- Over the period, ECD users plucked on average 15.28 kg per person per day
- They plucked the highest volumes per day on Jan-2020 (producing 24.6 kg), and the lowest on Aug-2020 (producing 5.8 kg)

**Non-ECD Users**

- Over the period, non-ECD users plucked on average 11.72 kg per person per day
- They plucked the highest volumes per day on Jan-2020 (producing 24.6 kg), and the lowest on Jul-2021 (producing 2.8 kg)

**Over the period considered, ECD users pluck on average an extra 3.56 kg per person per day (as compared to non-ECD users)  
Adding up all ECD users, this represents an extra total of 85.46 kg per day (as compared to non-ECD users)**

**ii. Monthly attendance** Statistics related to the average monthly attendance by ECD and non-ECD workers;



This section presents statics related to the average monthly attendance by ECD and non-ECD workers

**ECD Users**

- Over the period, ECD users worked on average 14.29 day per month
- They worked the most days on Oct-2020 (working 17.7 days), and the least on May-2020 (working 11.3 days)

**Non-ECD Users**

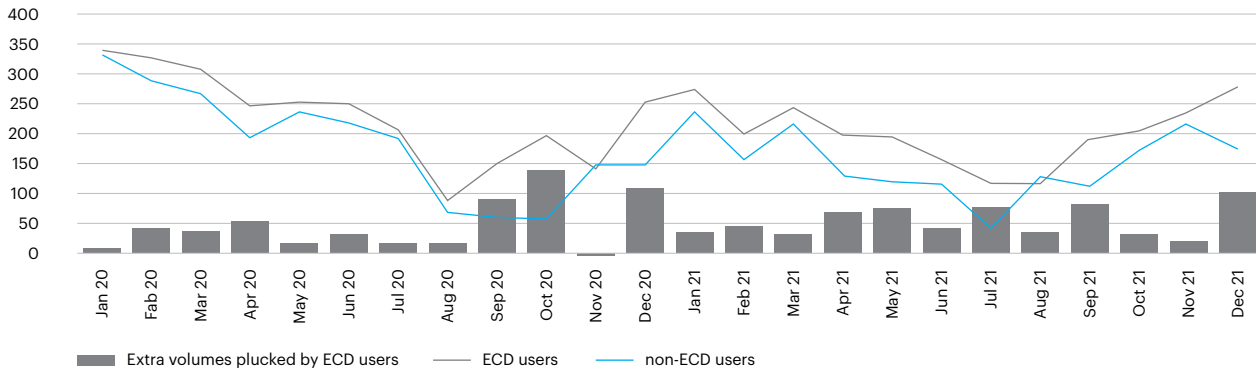
- Over the period, non-ECD users worked on average 14.32 days per month
- They worked the most days on Nov-2020 (working 17.9 days), and the least on Dec-2020 (working 10.5 days)

**Over the period considered, ECD users work on average 0.03 less days per month (as compared to non-ECD users)  
Adding up all ECD users, this represents a total attendance lower by 0.71 days per month (as compared to non-ECD users)**

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### iii. Monthly volumes

This section presents statistics related to the average monthly volumes, accounting for differences in attendance;



This section presents statics related to the average monthly volumes accounting for differences in attendance (Section 2)

#### ECD Users

- Over the period, ECD users plucked on average 216.18 kg per person per month
- They plucked the highest volumes on Jan-2020 (producing 341.3 kg), and the lowest on Aug-2020 (producing 86 kg)

#### Non-ECD Users

- Over the period, non-ECD users plucked on average 165.91 kg per person per month
- They plucked the highest volumes on Jan-2020 (producing 331.5 kg), and the lowest on Jul-2021 (producing 41.1 kg)

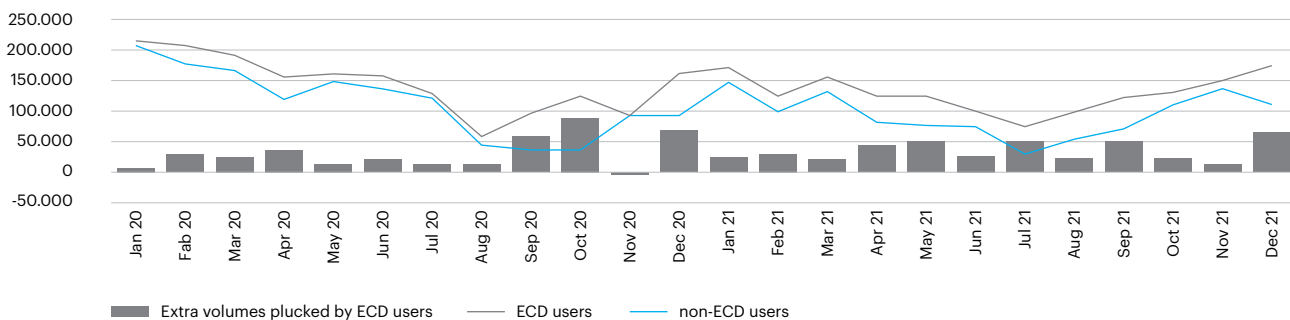
**Over the period considered, ECD users pluck on average an extra 50.27 kg per person per month (as compared to non-ECD users)**

**Adding up all ECD users, this represents on average an extra volume of 1186 kg every month**

**Therefore, despite working fewer days, ECD users end up plucking larger volumes through increased productivity**

### iv. Value created

Statistics related to the average monthly value generated (in RwF, black tea equivalent);



This section presents statics related to the average monthly value generated (in RwF, black tea equivalent)

#### ECD Users

- Over the period considered, ECD users generated on average 134,453 RwF per person per month
- They generated the highest value on Jan-2020 (producing 212,249 RwF), and the lowest on Aug-2020 (producing 53,488 RwF)

#### Non-ECD Users

- Over the period considered, non-ECD users generated on average 103,188 generated per person per month
- They generated the highest value on Jan-2020 (producing 206,171 RwF), and the lowest on Jul-2020 (producing 25,585 RwF)

**On average, ECD users generate an extra 31,265 RwF per person per month (as compared to non-ECD users)**

**Adding up all ECD users, this represents an extra total of 737,633 RwF (as compared to non-ECD users)**

**Over the entire period, adding up all ECD users, this represents an extra total of 17,703,201 RwF (as compared to non-ECD users)**

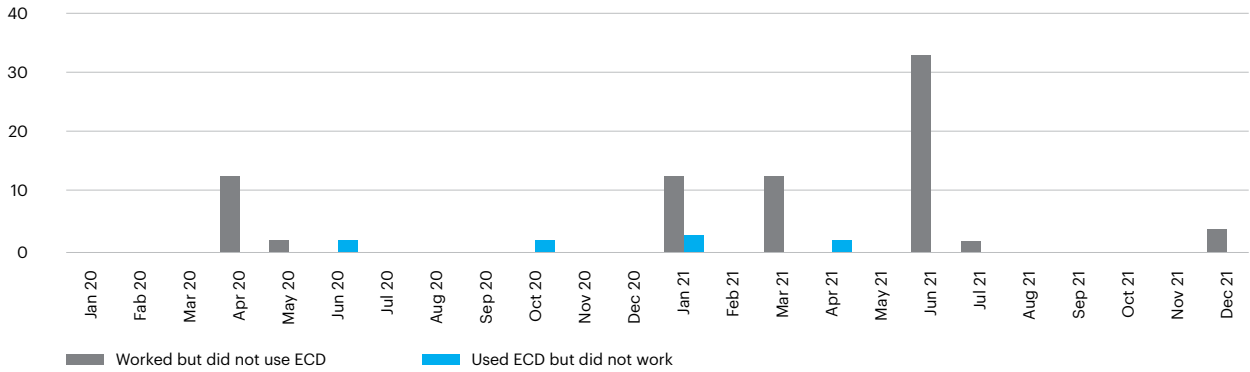
*Therefore, over the entire period, each ECD user generated 750,354 RwF extra per person (as compared to non-ECD users)*



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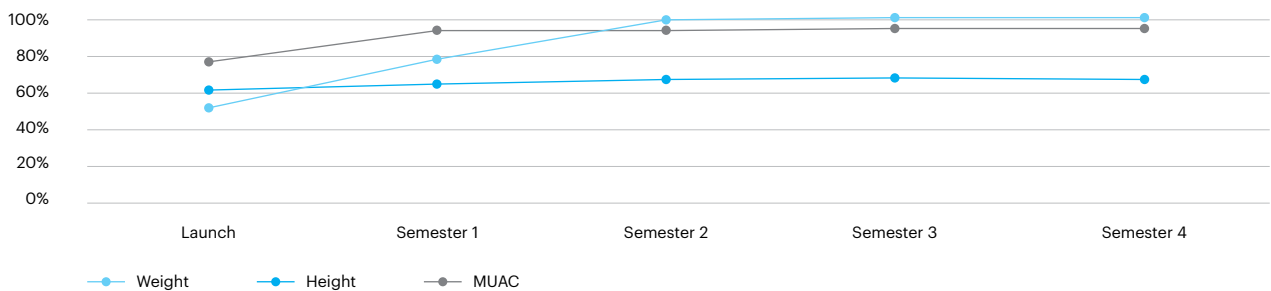
**v. ECD centre discrepancies** Statistics related to discrepancies in terms of attendance to the ECD – workers who attended work but did not send their child to the ECD centre, and workers who sent their child to the ECD centre but did not attend work;



This section presents statics related to discrepancies in terms of attendance to the ECD

- Over the period considered, 9 ECD users worked but did not use the ECD for a total of 80 days
- This happens on average for 0.38 ECD users and 3.33 days avery month
- Over the period considered, 5 ECD users worked but did not use the ECD for a total of 9 days
- This happens on average for 0.21 ECD users and 0.38 days avery month

**vi. Health of children at ECD centre** Statistics related to the health of children using the ECD centre. Healthiness in terms of weight, height, and MUAC is calculated using child growth standards from the World Health Organization<sup>12</sup> and associated thresholds<sup>13</sup>.



This section presents statics related to the health of children using the ECD centre

**Weight (Kg)**

- At the start of the reporting period (launch), 52.4% of children at hte ECD centre had an appropriate weight for their age
- By the end of the reporting period (Semester 4), 100.0% had an appropriate weight for their age

**Height (cm)**

- At the start of the reporting period (launch), 61.9% of children at the ECD centre had an appropriate height for their age
- By the end of the reporting period (Semester 4), 68.4% had an appropriate height for their age

**Mid-Upper Arm Circumference (MUAC) (cm)**

- At the start of the reporting period (launch), 78.6% of children at the ECD centre had an appropriate MUAC for their age
- By the end of the reporting period (Semester 4), 95.5% had an appropriate MUAC for their age

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**vii. Cost-benefit analysis** A summary of the cumulative costs and benefits of running the ECD centre, along with the associated ROI and estimate timeline to break-even.

**9. Note:** The translation of the document from English version to Kinyarwanda will be helpful , to ease dissemination ...

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12 <https://www.who.int/tools/child-growth-standards/standards>

13 [https://www.cdc.gov/nccdphp/dnpao/growthcharts/who/using/assessing\\_growth.htm](https://www.cdc.gov/nccdphp/dnpao/growthcharts/who/using/assessing_growth.htm)



Republic of Rwanda  
National Child  
Development Agency