



## **CARE FOR CHILD DEVELOPMENT**

Adapted for the Latin American  
and Caribbean Region

# **Facilitator Notes**

Care for Child Development. Adapted for the Latin America and the Caribbean Region

Contents: Participant manual – Facilitator notes – Guide for clinical practice – Framework for monitoring and evaluation.

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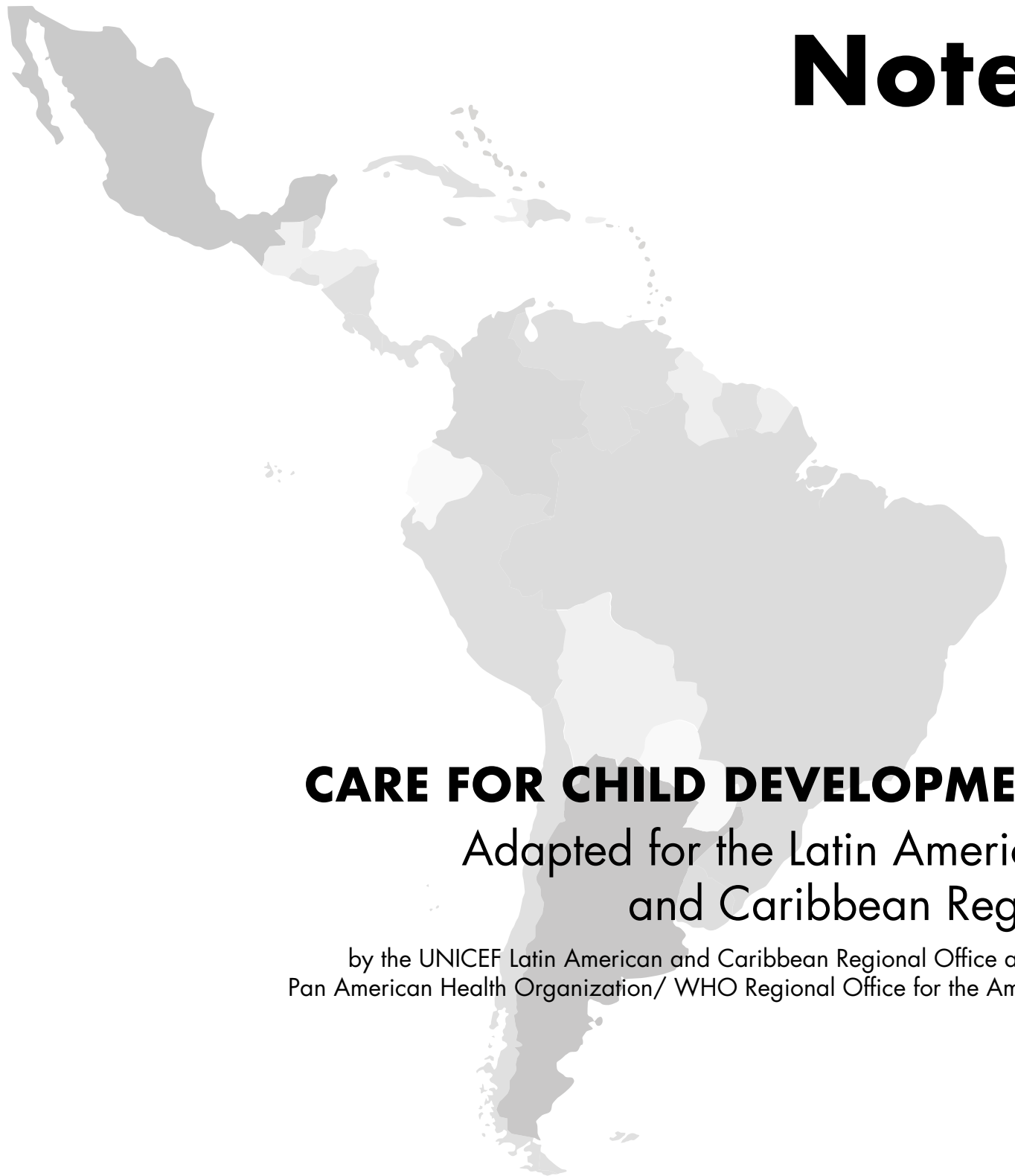
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# Facilitator Notes



## **CARE FOR CHILD DEVELOPMENT**

Adapted for the Latin American  
and Caribbean Region

by the UNICEF Latin American and Caribbean Regional Office and the  
Pan American Health Organization/ WHO Regional Office for the Americas

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# BACKGROUND

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Around 250 million children—or 43 percent—of all children under the age of five in low and middle income countries are at higher risk of not reaching their developmental potential (The Lancet, 2016). Some children will be born with a disabling health condition or impairment, while others may acquire a disability as a result of illness, injury, poor nutrition or violence – and will face challenges from a variety of physical and social exclusions to them. As a result, millions of young children are denied their rights as stipulated in the Convention on the Rights of the Child, at a critical time of early development. Their countries will have an estimated 25 per cent loss in their adult productivity. Health services and workers, staff of early childhood development centres, and other family-focused community services have an important role in promoting the development of young children, through direct services and increased preparation and involvement of parents, family members, and other caregivers.

The **Care for Child Development (CCD)** package is based on the best available research on child development. The research shows that comprehensive approaches addressing children's nutrition, health, and psychosocial development with family involvement have been shown to be effective.

Families and other caregivers are best placed to support children's growth and development through daily activities, caring interactions, and the creation of a safe and stimulating environment. But they need support. Guidance and support to families by health workers, ECD staff and other community workers result in improved responsive care and early learning practices.

This course on **Care for Child Development (CCD)** prepares persons who work with families and young children to promote the healthy growth and psychosocial development of children and to advance towards guaranteeing their right to survival and development.

Implemented on a wide scale, **Care for Child Development (CCD)** will have significant public health, education, and social benefits, especially for those children and families who need it most. In many countries in LAC, efforts can build on existing growth and development monitoring actions of IMCI and other primary health care strategies. In addition, the application of a CCD approach within ECD programmes and other early intervention and Community based rehabilitation (CBR) services could strengthen components for increasing family competencies and involvement.

# TRAINING WITH THE MODULE ON CARE FOR CHILD DEVELOPMENT

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The materials to support the training module on **Counsel the Family on Care for Child Development (CCD)** consist of:

- Simple recommendations health, early child development (ECD), social, and early education workers can make to families to improve the growth, health, and development of young children.
- A training **Manual** for participants to counsel families in **Care for Child Development (CCD)**, with orientation aids to guide the counselling process.
- **Facilitator Notes** (this booklet) and guidelines for CCD field practice to support classroom and field practice activities.
- Videos on **Care for Child Development** to demonstrate recommended activities to stimulate a child's development and identify possible problems in care (in accompanying CD-Rom).
- PowerPoint presentations for use in an **Opening Ceremony** and for **Technical Seminars** to advocate for increased investment in ECD and to explain the evidence – theory and research – for intervening on **Care for Child Development** in resource-poor areas (in accompanying CD-Rom).

## Supporting the course are:

- A monitoring and evaluation framework.
- Additional resource material for monitoring and evaluation and on related ECD topics: child rights; family involvement in ECD; early childhood development and disabilities, and others.
- Advocacy brochure and CD-Rom for introducing **Care for Child Development** into regional, national, and local programmes.

Countries can receive guidance in adapting the **Care for Child Development** interventions to local conditions and a variety of health, ECD, education, and community settings.

# TRAINING PLANS

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The following tools guide the plans for conducting training in **Care for Child Development**:

- Sample agenda (s), with flexibility to adjust agenda (s) based on the required focus of training and background of participants.
- Course needs:
  - ✓ Facilitators
  - ✓ Facilities
  - ✓ Equipment and supplies
  - ✓ Guides and reference materials
  - ✓ Household toy items, homemade toys and materials

## TRAINING PLANS

**Sample Agenda(s)**, including options for use with different participants

Day	Topic	Method	Pages in Manual	Facilitator
<b>1</b>				
08.00–09.00	<b>Opening</b> Registration Opening remarks Introduction of participants Administrative announcements	Introductions PowerPoint presentation		
09.00–10.15	<b>Introduction</b> <b>Who is the caregiver?</b> <b>Caring for the child's development</b> Discussion: Care for Child Development	Reading Discussion	3-12	
10.15–10.30	<b>COFFEE BREAK</b>			
10.30–11.15	<b>Recommendations for Care for Child Development</b> Video demonstration: Recommendations for play and communication Discussion: Using the counselling card	Reading Discussion Video	15-26	
11.15–12.00	<i>Exercise: Making toys</i>	Demonstration Exercise	28-29	
12.00–13.00	<b>LUNCH</b>			
13.00–15.00	<b>Clinical practice:</b> <b>Playing and communicating with children</b>	Clinical practice (inpatient ward)		
15.00–15.15	<b>COFFEE BREAK</b>			
15.15–15.45	<b>Debriefing: Play and communicate with children</b>	Discussion		
15.45–16.00	<b>Counsel the family on care for child development</b> Exercise: Identify the child and caregiver	Reading Exercise	30-32	
16.00–17.00	<b>Look, ask, and listen: Identify care practices</b> <b>Praise and advise: Improve care practices</b> Role Play Exercise: Advise the caregiver	Reading Discussion	33-42	



## TRAINING PLANS

<b>Day</b> <b>2</b>	<b>Topic</b>	<b>Method</b>	<b>Pages in Manual</b>	<b>Facilitator</b>
08.00–11.00	<b>Clinical practice: Counsel the family</b>	Clinical practice (outpatient clinic)		
11.00–11.15	<b>COFFEE BREAK</b>			
11.15–12.00	<b>Debriefing: Counsel the family</b>	Discussion Videos and pictures		
12.00–13.00	<b>LUNCH</b>			
13.00–15.00	<b>Help solve problems</b> Role play exercise: Help solve problems Video exercise: Identify and help solve problems	Reading Discussion Role plays Video	43-49	
15.00–15.15	<b>COFFEE BREAK</b>			
15.15–16.00	<b>Caregiver and child follow-up</b> Video exercise: Identify and help solve problems	Reading Video	50-51	
[16.00–17.00]	[For facilitators and decision-makers: Technical seminar 1]	PowerPoint presentation Discussion		
<b>Day</b> <b>3</b>	<b>Topic</b>	<b>Method</b>	<b>Pages in Manual</b>	<b>Facilitator</b>
08.00–11.00	<b>Clinical practice: Counsel the family and help solve problems</b>	Clinical practice (outpatient clinic)		
11.00–11.15	<b>COFFEE BREAK</b>			
11.15–12.00	<b>Debriefing: Counsel the family and help solve problems</b>	Discussion Videos and pictures		
12.00–13.00	<b>LUNCH</b>			
[13.00–14.00]	[For facilitators and decision-makers: Technical seminar 2]	PowerPoint presentation Discussion		

Note: Annex C includes additional sample agendas with sessions for additional training topics for different participant groups.

# COURSE NEEDS

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## Facilitators

- Two **facilitators** for each group of 12 participants (ratio of 1 facilitator:6 participants) to guide classroom activities.
- One **CCD field practice instructor** for each group of 12 participants to guide the practical application sessions – in hospital (inpatient) ward, health clinics, ECD centres, and community or home settings.
- **Course coordinator** to manage administrative tasks, transportation, coordination with sites for field practice sessions (inpatient hospital or maternity ward, health clinic, ECD centre and/or other settings and to assist with facilitator tasks during training.

## Facilities (workshop and field practice settings)

### Main workshop/training classroom setting

- Workshop/training classroom space with tables and chairs
  - ✓ Maximum of 12 participants per room plus two facilitators and observers
  - ✓ Easel chart with paper, table for supplies, laptop computers (at least two), projector (see full list of equipment and supplies below)

### Options for field practice sessions

#### Hospital Setting

- Inpatient (hospital) ward with children and/or maternity ward
- With minimum of 12 children for demonstration and practice for each participant group

#### Health Clinic

- Health facility (clinic) or other ECD site with caregivers and children
  - ✓ With minimum of 13 caregiver and child pairs (more would be much better)
  - ✓ Separate room or space with tables and chairs or benches, to see caregivers and children

#### Early Childhood Development or Early Education Centres

- ✓ With minimum of 13 caregiver and child pairs (more would be much better)
- ✓ Separate rooms or spaces with tables and chairs or benches, to see caregivers and children

## COURSE NEEDS

### Other alternatives: community or home-based practices, as part of Public Health Care (PHC) or Community-Based Rehabilitation (CBR) programmes

- For community settings (with an adequate physical setting)
  - ✓ Minimum of 12 caregiver and child pairs (more would be better).
  - ✓ Attempts should be made to guarantee separate rooms or spaces with tables and chairs or benches, to see caregivers and children.
- For home-based settings,
  - ✓ The minimum number of caregiver and child pairs for field practice should be decided, considering the availability of transportation and proximity to families to visit. Local PHC and/or CBR workers from the practice area can assist in the family selection and visiting process.
  - ✓ Workshop participants and CCD field practice instructors will have to utilize the physical situation and furniture available in each home or other setting.

### General logistical arrangements

- For lunch and coffee breaks
- Transportation to CCD field practice sites (health clinic , ECD and community)
- Equipment and supplies (see the table below)

**Equipment and supplies**, to divide tasks and revise based on local conditions

Item	Number	Comments
LCD projector (for projecting videos and pictures)	1/room	Note: If there is no LCD projector, provide a TV monitor and CD-Rom or video player
Computer	1/room	(see above item)
Care for Child Development CD-Rom	1 set/room	Parts 1 and 2 – CD-Rom or video, depending on equipment available
Participant Manuals	1/person	These can be printed in colour or in black and white
Counselling Cards	1 set/person	These should be printed in colour, if possible, and bound or by another way attached.
Facilitator Notes	1/facilitator	Punch these for carrying in a notebook. If possible, print on coloured paper (distinct from Manual pages)
Guidelines for Clinical Practice	1/clinical instructor and course director	
Checklists	5/participant plus 10 extra per room	More copies can be added to this minimum number if there is a copy machine available.
Marking pens (6)	1 set/room	

## COURSE NEEDS

**Equipment and supplies**, to divide tasks and revise based on local conditions

<b>Item</b>	<b>Number</b>	<b>Comments</b>
Easel chart, paper	1 set/room	
Tape or plastic tack (for posting on wall)	1 set/room	
Marking pens – various colours	6/room	
Coloured card stock for making name tents	1/person	
Coloured card stock for making cards for exercise	50	Cards can be printed and cut ahead of time (See Annex A of the Facilitator Guide)
Name tags	1/person	1/person = For each participant and facilitator
Carrying bag – to fit A4 materials, with supplies	1/person	Bag needed for counsellors to carry materials and toy items
Pens/pencils	2/person	PLUS some extra pencils for the group
Pencil sharpener (small)	1/person	
Extension cords plus adapters	3	
Pencil sharpener, stapler, paper punch	1 set	
Binders (notebooks) – 4 cm (1½ inches) depth	1/facilitator/observer	For facilitator/observers
Toy items (samples made)	1 set/room	See list attached
Materials for participants to make toy items	1 set/each 2 participants	See list attached
Dolls (or substitute)	1/each 3 participants	Simple dolls used in training (if not available, use three towels instead for some or all of the dolls)
Certificates	1/person	For participants and facilitators
Anything else?		

## COURSE NEEDS

### Toy items and materials

Sample toy items	Materials needed
Sponge (rough and smooth)	Sponges
Shaker rattle	Small plastic jars with lids and small stones, strips of plastic, or other items to make noise inside
Stacking cups, plastic or metal with handles	Stacking cups, plastic or metal with handles (different sizes and shapes, at least three to a set)
Ring on a string	Rings (e.g. rubber bands or spools) on a piece of colourful yarn
Containers with lids	Plastic containers with lids small enough for child to take on and off
Metal objects to bang and drop	Metal pots, lids, bowls, plates, cups, and wooden spoons
Peek-a-boo cloths	Clean cotton cloth to hide things and face
Homemade doll with face	Cloth, thread, needle, scissors
Empty boxes, bowls, other containers with small, safe objects like clothes clips	Boxes, bowls, or other containers to put things in and take them out, clothes clips, stones
Nesting objects (bowls, cups, boxes)	Plastic or metal bowls and cups and other nesting objects to stack
Pictures	Magazine pictures or marker to draw on paper
Face puzzles	Magazine picture or drawn face, on cardboard, cut in 3-5 pieces
Coloured circles, squares, triangles to sort by colour and shape	Cardboard or magazine covers, glue, scissors, bowls or other containers for sorting shapes
Ball	Small, soft ball
Chalk and flat stone for writing	Chalk and flat stone
Book	Pages with pictures and words, punched and tied together

### Other supplies for making toys

Scissors	Marking pens	Plastic boxes for supplies
Coloured cardboard	Punch	Plastic bags to sort toys and take them to clinic
Box cardboard	Glue	Dish or liquid soap for cleaning toys

# WHO IS A FACILITATOR?

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A facilitator helps participants learn the skills presented in the course **Counsel the Family on Care for Child Development (CCD)**.

In this course, you – as a facilitator - will demonstrate what a health and ECD worker (in a counselling role) needs to do, lead discussions, help participants practise skills and give feedback to them. You will also organize and supervise CCD field practice in two or three of the following sites: inpatient hospital ward, maternity ward, health centre or clinic, ECD centre or community setting. You will give participants any help they need to successfully complete the course and learn the skills that will help them improve the development of children in the community.

Depending on the design and focus of each workshop, the selection of participants and the desired results will vary. The selection of participants includes policy makers and providers in a position to support efforts to fulfil the rights of young children to survive and reach their full potential, especially for those children most in need. Participants come to the course to learn the skills to support families in the community who are trying to raise healthy, capable, and happy children.

For workshops or sessions designed for decision-makers and technical staff of national ECD related programmes, content and activities will focus on advocacy and planning components to guarantee support and capacities for the inclusion of the Care for Child Development approach to improve parenting within existing health and ECD programmes.

The **Manual, Checklist**, and other materials structure the process of learning the skills health and ECD workers will need in their counselling role. Your task is to facilitate their use of these materials.

A ratio of one facilitator to 5 to 6 participants is recommended for facilitators to give enough attention to participants in the course to learn information and skills. Two facilitators work as a team with a group of participants.

## What do you do as a facilitator?

As a facilitator, you instruct, motivate, and manage:

### To instruct:

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- Make sure that each participant understands how to work through the materials and what he or she is expected to do in each exercise.
- Answer questions and explain what seems confusing.
- Lead group discussions, video exercises, demonstrations, and role play practice.
- Assess each participant's work and contributions.
- Help each participant identify how to apply the skills taught in the course to their work.
- In the CCD field practice sessions, explain what to do, and model good clinical, coaching and communication skills.
- Give guidance and feedback as needed during classroom and CCD field practice sessions.

## WHO IS A FACILITATOR?

### To motivate:

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- Praise participants and the group on improving their performance and developing new skills. Families and children in their communities will depend on the skills.
- Encourage participants to move through the initial difficulties of learning new skills, by focusing on steps in their progress and the importance of what they are learning to do.

### To manage:

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- Plan ahead to obtain all supplies needed each day.
- Make sure that movements from classroom to CCD field practice sites and back again are efficient.
- Monitor the progress of each participant.
- Work with the facilitator team to identify improvements to be made each day.

## What can these *Facilitator Notes* help you to do?

These **Facilitator Notes** guide you through the classroom sessions. They indicate how to use the **Participant's Manual** and other materials. They describe the **objectives** of exercises and list the **items to prepare** for the session. They guide you through the **process** of a session with the participants.

To prepare yourself for a day:

- Read the **Facilitator Notes** and the related material in the **Manual**.
- Meet with your co-facilitator to identify what the session requires and who will prepare for which activities. On the Agenda, record who is responsible for completing each session.
- Gather and organize the supplies and other items needed for the session.
- Practise role plays, demonstrations, and other activities which are new for you.
- Identify possible questions participants may ask, and practise how you will answer them.
- When there is a field practice session, review the tasks to be done, and prepare the staff. (See the **Guide for CCD Field Practice**.)
- Assist the CCD field practice instructor to help participants move through the activities and provide feedback during the clinic session.

# **Facilitator Notes for workshop/training activities in the classroom**



# OPENING

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## Registration

Complete the registration of participants as they arrive.

## Opening remarks

Welcome participants. If there is a formal opening ceremony, introduce the guests. Complete the planned ceremony. If appropriate, introduce the course with the PowerPoint Presentation for the Opening Ceremony, after the introduction of participants and administrative announcements (See the accompanying CD-Rom, for the presentation under Opening Ceremony and Technical Seminars).

## Introduction of participants

Then introduce yourself and your co-facilitator. Write your names on the easel chart. Indicate how you want participants to call you by underlining the name (e.g. Professor Kandi, or Mary, or Dr. Kandi). State minimal information on your position (e.g. UNICEF Health Officer, District Community Development Officer, WHO Country Programme Officer). More information about you and other participants will come out during the course.

Then ask each participant, one by one, to do the same. Ask participants to tell the group where they are from and their current post or responsibility.

Ask facilitators and participants to write their names on a tent card (table name tags) and an individual name tag, using cards and markers. Set the tent cards on the table in front of the participants.

## Administrative announcements

Make administrative announcements before the course starts. For example:

- The daily schedule (when to start and finish the day, lunch breaks)
- Facilities (lunch room, toilets, telephones, computers, copy machine)
- Expected attendance (every day for the full session)
- Reimbursement for travel and other expenses

Note that the following **Facilitator Notes** refer to sections in the **Participant's Manual**. Starting with the footer on the next page, the section and corresponding page in the **Participant's Manual** is given.



# INTRODUCTION

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## Introduce the materials

Pass out the **Manual**, **Counselling Cards**, and **Checklists**, one to each participant.

Select a participant to begin reading the *Introduction*, on page 1 of the **Manual**. Ask the next participant to continue reading, going around the room.

For the rest of the **Manual** and exercises, you will ask participants to read from the text in the **Manual**, sharing the reading task. Answer questions, as needed, providing concrete and brief answers. To hold the group's attention, have a participant read one paragraph or one short section. Move quickly.

## Who is the caregiver?

Participants who are learning to counsel families on **Care for Child Development (CCD)** may be working or volunteering in different settings. They may meet and work with families in child-care ECD centres, at feeding programmes, in hospital and health centre services, in early education programmes, or at the community level – through primary health care (PHC) and community-based rehabilitation (CBR) programmes.

At the end of this section, ask and discuss:

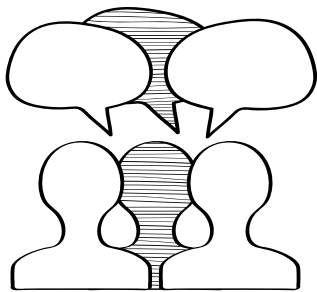
- Who are the caregivers they are likely to counsel?
- If they are mothers, how do they reach fathers?
- In your community, how common is it for children to be raised or cared for by a person not their mother or father? What are some of the reasons?

## Caring for the child's development

Continue reading the **Manual** until the exercise.

The following exercise is a group discussion. It is better to make it a group discussion in order to involve all participants and take the pressure off individual responses. In the group discussion, there is an opportunity to discuss each statement. Use the discussion to review information in the **Manual** or add information not in the **Manual**.

## INTRODUCTION



## Discussion: Care for Child Development

### Objectives

This discussion reviews the general information on Care for Child Development in the Manual. It is an opportunity to check what participants remember, and to add new information. Participants will:

- Identify basic family influences on a child's development.
- Identify what a child can do, how to stimulate a child's learning in a safe and caring environment.

### Prepare

1. Easel chart paper – write two labels True and False.
2. Cards for the discussion in Annex A – copy them on card stock and cut them.

### Process for the group discussion

1. Ask participants to come to the easel chart. Bring their Manuals with them.
2. One at a time, give a participant a card with the statement on care for child development. Ask the participant to read the card. Ask: Is the statement True or False?
3. Then ask the participant to decide where to stick the card on the easel chart, under the appropriate label True or False.
4. Refer to the Answer Sheet below, with Comments to add to the discussion, if any.
5. Repeat the process until each participant has made a decision about a card and all cards have been posted in the correct place on the easel chart.

## INTRODUCTION

## Answer Sheet

### Discussion: Care for Child Development

			Comments
1	A mother does a better job when she feels confident about her abilities to provide care.	TRUE	Before a caregiver leaves, she should have a chance to practise any new activity with you and be confident that she will be able to do the activity at home.
2	The brain develops more rapidly when the child first enters school than at any other age.	FALSE	The brain develops most rapidly before birth and in the first years of life. The efforts to help the child learn at this age will benefit the child for their whole life.
3	Young children learn more by trying things out and copying others than by being told what to do.	TRUE	Evidence shows that children learn by doing things
4	A father should talk to his child, even before the child can speak.	TRUE	The father is preparing the child for speech and how people communicate.
5	Before a child speaks, the only way she communicates is by crying.	FALSE	Young infants communicate by moving and reaching. For example, they communicate hunger by sucking their hands, shaping their mouth, turning to the mother's breast. Help caregivers see the child's signs and interpret them. Waiting until the child cries is distressful to the child and to the caregiver.
6	A baby can hear at birth.	TRUE	There is even evidence that a child hears before birth, and recognizes the voices of persons closest to her or him—including mother and father.
7	A baby cannot see at birth.	FALSE	The child can see at birth, although sight becomes more refined as the days go on. The child is most attracted to faces. Studies show that a child can even begin to copy the faces of others within 2 to 3 weeks. Some have found imitation even earlier, within the first few days of life.
8	A child should be scolded when he puts something into his mouth.	FALSE	Children put things in their mouth because the mouth is very sensitive. They learn hot and cold, smooth and rough through their mouth, as well as by their hands. Make sure the objects are safe and clean.
9	A child drops things just to annoy his father and mother.	FALSE	Dropping can be by accident. However, the child is also learning by trial. What happens, how long before there is a sound, how other persons react, etc.
10	A child begins to play when he is old enough to play with other children.	FALSE	A caregiver can begin to play with a child from birth. Children learn through play. Caregivers can play with a young infant child with movements, touching, and attracting the attention and interest of the child with simple noises and colourful objects.

## INTRODUCTION

			Comments
<b>11</b>	Children can learn by playing with pots and pans, cups, and spoons.	<b>TRUE</b>	Children do not need store bought toys. They can learn from many household items.
<b>12</b>	Talk to your child, but do not talk to a child while breastfeeding. It will distract the child from eating.	<b>FALSE</b>	A mother can talk softly to a child and gently be affectionate to a child who is breastfeeding without distracting the child from feeding. It helps the mother become close to her child. The child is comforted by the sounds and touch of the mother.
<b>13</b>	When a baby cries, let her cry – you should not spoil her.	<b>FALSE</b>	Crying is one of the first means of communicating for an infant. Responding promptly when a newborn cries teaches her that she is cared for and is an effective communicator. Trust is built. You won't spoil a baby by responding to her cries.
<b>14</b>	A child with a disability does not learn like other children. Wait for a specialist to guide you.	<b>FALSE</b>	Young children with a disability learn like other children. They require the same safe, stimulating, learning experiences. However, for some, additional time is required. Activities may need to be modified to guarantee the child's contact with the learning environment. For others, alternatives for communicating will be required. Specialists, if available, can assist parents in working with their child in the home environment. But parents can learn to play and communicate with their child without delay.
<b>15</b>	All young children need their fathers to be involved. Therefore, fathers need training and support just like mothers.	<b>TRUE</b>	Like mothers, fathers and other male family members also need culturally appropriate opportunities to learn and participate. Health and ECD services need to be more welcoming to fathers and promote more male participation in early childhood development interventions.

# RECOMMENDATIONS FOR CARE FOR CHILD DEVELOPMENT

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A responsive adult who plays and communicates with a child is stimulating the development of the child's skills.

## Discuss with the facilitator

Check the participants' understanding of physical, communication, cognitive, social and emotional skills by asking them to analyse at least one activity.

For example, discuss what a child learns by stacking cups of different sizes. Take four cups of different sizes to demonstrate the skills as the participants discuss each set of skills. Sample examples of each type of skills are:

- Physical (or motor) – grabbing and holding the cups, controlling where to put them.
- Communication - understanding when verbally asked to stack the cups; responding to verbal praise, and communicating for help (asking or indicating by gestures).
- Cognitive – learning by trial and error which cup is larger or smaller, what cups together will stand up in a stack, repeating the task until it becomes easy.
- Social – working with the caregiver, looking to the caregiver for assistance and praise.
- Emotional – trying and retrying the task until the cups are stacked, without becoming frustrated or angry; sharing the achievement with a caring adult.

For the LAC region, the above-mentioned skills may be modified to organize different skill areas (developmental domains): physical (motor), social-emotional, cognitive (intellectual) and communication. While the scientific community organizes skill areas in different ways, it helps participants learn if the areas remain more discreet and are consistently named throughout this exercise and the course.

If there is time and participants are not yet clear, discuss the skills an adult can help the child learn through other activities. Additional examples are:

- Banging a spoon against a metal pot.
- Putting together a puzzle of a face.
- Counting stones while dropping them in a jar.
- Reading a book.

## RECOMMENDATIONS

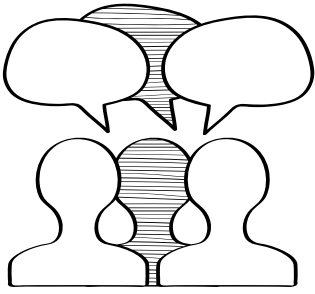
For your own background in guiding the discussion, see the table below. The table identifies the child's skill area, sample components of the skill area, and sample play and communication activities. The table illustrates how recommended activities stimulate the child's development of a specific skill area.

Each recommended play and communication activity, done with a sensitive and responsive adult, however, will contribute in varying degrees to the development of all the child's skill areas – physical, communication, cognitive, and socio-emotional.

Child's skill area	Sample component	Recommended play or communication activities for stimulating the development of skills
Physical (or motor) skills	Reaching and grabbing – to organize planned eye and hand movements, and control and strengthen muscles.	<b>Play:</b> <b>1)</b> Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. <b>2)</b> Give your child clean, safe household things to handle, bang and drop.
Communication skills)	Communicating interests and needs – to express self through verbal and non-verbal skills.	<b>Communicate:</b> <b>1)</b> Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures. <b>2)</b> Respond to your child's sounds and interests. Call your child's name, and see your child respond. <b>3)</b> Tell your child the names of things and people.
Cognitive skills	Seeing, hearing, moving, touching – to stimulate exploration for learning; to recognize people, things, and sounds; to compare sizes and shapes.	<b>Play:</b> <b>1)</b> Provide ways for your baby to see, hear, move arms and legs freely, and touch you. <b>2)</b> Give your child clean, safe household things to handle, bang, and drop. Let your child make noise with different objects. <b>3)</b> Play the “where is it?” game. <b>4)</b> Encourage the child to put small, clean, and safe objects in and out of a container. <b>5)</b> Play the stacking game.
Social-Emotional (or affective) skills	Having appropriate emotional reactions to own efforts and other people, and receiving and expressing appropriate affection.	<b>Play:</b> <b>Through all the play activities, the child learns the rewards of focus, effort, and learning. The child receives praise and self-satisfaction with accomplishment, e.g.</b> <b>1)</b> Let your child make noise with different objects. Watch your child's pleasure at making noise. <b>2)</b> Encourage the child to pass an object to and from the hands. Respond to and praise your child's efforts.  <b>Communicate:</b> <b>1)</b> Look into your child's eyes (especially while feeding) and smile often. See your child smile at you. <b>2)</b> Help your child feel secure with a consistent, familiar adult. <b>3)</b> Show your child that you love them.

In this section of the manual, ask participants to read about the recommendations for play and communication for each age group. Ask one participant to read recommendations in the box as a summary of each age group, while others refer to the **Counselling Card**. Demonstrate some of the recommendations with the sample toys.

## RECOMMENDATIONS



## Discussion: Using the Counselling Card

### Objectives

The **Counselling Card** can be difficult for some participants to understand. It may take some practice to find recommended play and communication activities for children in different age groups. This exercise provides an opportunity to become familiar with using the card. Participants will:

- Find the appropriate age group for sample children.
- Select play and communication activities that would be appropriate for the sample children.

### Prepare

1. Cards describing the children in Annex A – copy them on card stock and cut them.

For the LAC Region, an expanded Counselling Card includes supplementary content: (1) an additional page of recommendations for guiding caregivers on Care for Development, with a slight modification of the age groupings for the first six month period; and (2) an additional page of ideas for counselling the family on potential problem areas.



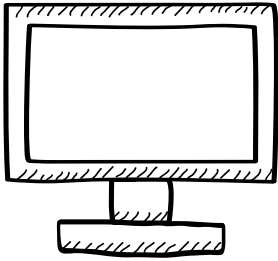
## RECOMMENDATIONS

### Process

1. Ask participants to refer to their Counselling Card.
2. One at a time, give a participant a card with the sample child. Ask the participant to read the card. Ask: Refer to the Counselling Card. What play activity might you recommend the caregiver to do with her child?
3. Continue to ask questions to encourage the participant to describe a specific activity. For example, play with a newborn baby, one day old, by stretching the child's legs, massaging the child.
4. Then, ask another participant: What communication activity would you recommend? Encourage the participant to be specific.
5. Repeat the process until each participant has described a recommended play and communication activity for each child described on a card.
6. Note that children #7 to #10 all have characteristics for consideration in selecting a recommended activity, in addition to their ages. These children provide opportunities for additional discussion of how to select a recommended activity and provide additional guidance for parents and other family members (see next page).
7. If participants still have difficulty finding, selecting, and adapting the play and communication activities, describe additional sample children in different age groups for more practice.

		Comments
<b>7</b>	A 10-month-old child who does not yet speak.	Many children do not speak at this age. It is important to speak often with them in order to help prepare them for speech.
<b>8</b>	A 3-year-old child who cannot see.	The caregiver can use the sense of touch to teach the child to sort shapes, count, and other activities. Discuss the adaptations that could be made in the activity to help the child learn.
<b>9</b>	An 8-month-old child who drops all her toys.	Many children drop their toys. They are “studying” what happens. Therefore, give the child safe objects to bang and drop. The activity, however, can also help the child to learn to grab and hold an object (e.g. a cup with a handle).
<b>10</b>	A 4-year-old child who knows how to count.	Praise the caregiver for efforts to teach the child to count. If the child can already do a recommended activity, add a new task for the child, e.g. discuss pictures, tell stories.

## RECOMMENDATIONS



## Video exercise: Recommendations for play and communication

### Objectives

The video demonstrates several recommendations for play and communication.

Participants will:

- Identify examples of play and communication activities in the video.
- Link the activities to appropriate ages of children.

### Prepare

1. Computer and projector, or television monitor and CD-Rom player.
2. CD-Rom on **Care for Child Development** (the Advocacy video).
3. Easel chart with markers.

### Process

1. Ask a participant to read the instructions.
2. Instruct the participants to record notes on the play and communication activities they see in the video.
3. Play the video. Repeat segments, as necessary, if participants have questions and ask to see a segment again.
4. After the video, ask participants for a play activity demonstrated in the video. List the activity on the easel chart.
5. Refer to the counselling card and ask: “What age group would you recommend for the activity?” Record the age group on the easel chart.
6. Then, continue to ask for another play activity until all play activities demonstrated in the video are listed, with the recommended age group for introducing the activity.
7. Repeat the process for the demonstrated communication activities.
8. Finally, ask participants what “toy” items they saw in the video. List the items on the easel chart.

## RECOMMENDATIONS



## Exercise: Making toys

### Objectives

Participants will look at sample toys (and, optionally, practise making toys) that are appropriate and safe to use with children in doing the recommended play and communication activities. Participants will:

- Evaluate sample homemade toys for their attractiveness, usability with a child, safety, and appropriateness for different age children, potential for learning, and influence on the caregiving relationship.
- Select play and communication activities that would be appropriate for the sample children.
- Develop strategies for communicating with parents and family members on the benefit and “usability” (appropriateness) of home items and homemade toys which can provide the same learning experiences as most store-bought toys.

### Prepare

1. Sample homemade toys (refer to the list on page 6).
2. Materials for making homemade toys (refer to the list on page 6), with supplies spread out on a table.
3. Table space for participants working together in pairs.
4. Plastic bags, one for each two participants.
5. Two to three bottles of dish soap.

### Process

#### Demonstration

1. Gather participants around a table to discuss and evaluate each of the sample toys, one at a time.
2. Hold up a sample toy item. Ask a participant to read one of the evaluation questions. Ask another participant to answer the question.
3. Continue for each question.
4. Repeat the process for each sample toy. After 2-3 sample toys, you can select only some of the questions to ask for a particular toy, in order to speed up the process.
5. Emphasize that each toy is designed to be used by the caregiver with the child, to strengthen the relationship as well as to stimulate the child's learning.

## RECOMMENDATIONS

**Discussion:**

In most LAC countries, the production and utilization of homemade toys and items found in the local environment have been promoted, including the preparation of guides on how to make and use locally produced educational materials. However, the ever-growing commercial market for the sale of imported toys and educational materials often conflicts with efforts to convince parents and family members to use what appears to be “less-than-interesting” toys or materials.

As part of this training session, discuss strategies that could be used by health and ECD workers during the counselling process to help parents and other family members to consider and use appropriate homemade materials or those already available in the child’s environment. Possible advantages are:

- Common household items (pots and pans, cups, clothes clips, magazines, stones, or plastic containers) are readily at hand for counsellors to use during home visits and for parents to use during their busy workday.
- Parents can start playing and communicating with their child immediately. Their first steps are not delayed by having to make or buy a toy. Starting immediately supports behaviour change.
- Many household items are safer and more durable than inexpensive commercial toys. Inexpensive toys often have sharp edges, tiny pieces that break off and can be swallowed, and lead paint. They are easily breakable and need frequent replacement.

Another topic to explore is the potential design and use of “community toy lending libraries” that have been implemented in some LAC countries.

**Exercise** (optional)

This exercise is optional based on time available. A toy-making workshop can take a minimum of two hours.

An alternative exercise is to have some homemade toys and sample materials to illustrate what could be made at home. Include a doll with faces, puzzles from magazine pictures, cut out squares and triangles, rings on a string, plastic container with stones for a rattle, and simple picture books to illustrate what is possible. These can be included in the “toy kits” used during field practice, so that participants see their potential use.

## RECOMMENDATIONS

For the toy making exercise:

1. Show the materials for making toys.
2. Divide the participants in pairs. Ask the pairs to make as many toy items as they can in the time remaining. Make sure that they have items to use for each of the six age groups.
3. Facilitators should walk around to observe participants. Find materials and help ensure that the items are widely shared. Every pair should have at least these items:
  - a. For newborn, birth up to 1 week: Sponge, cloth.
  - b. For child 1 week up to 6 months: Coloured cup or other object, rattle.
  - c. For child 6 months up to 9 months: Tin object, wooden spoon, container with lid.
  - d. For child 9 months up to 12 months: Cloth and small object, ball.
  - e. For child 12 months up to 2 years: Cups or bowls to stack, stones, or other items to put into a jar or box with top.
  - f. For child 2 years up to 5 years: Face puzzle, coloured circles, squares, and triangles, items to count and drop into a larger container.

### **Preparation for clinical practice in the inpatient hospital ward**

1. The participants will next have a chance to practice play and communication activities with children in the inpatient ward. They will not counsel the caregivers but will interact directly with children to see how the activities work, how the children – even sick children – respond and learn. As indicated in the guide, consideration and sensitivity should be given to the situation of sick children in the hospital. In addition, although participants will work directly with the child, parents or other family members might be in the ward with the child, and they need to be consulted first and informed on what is the activity underway. Before leaving a child's bed, help the family member begin to play with the child.
2. The participants will work in pairs. They should put together their set of toy items in a plastic bag. They are responsible for taking the toys to the ward, using them, and returning them for use again later.
3. The facilitators should take the dish soap to wash toys between uses.

### **Clinical practice and debriefing after the clinical practice**

For guidance on setting up, conducting, and debriefing the clinical practice session in an inpatient ward, see the [Guidelines for CCD Field Practice](#).

# COUNSEL THE FAMILY

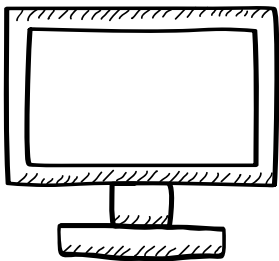
## Greet the caregiver and child

The first sessions focused on some basic principles of child development and how children learn. Participants had a chance to make sample toys and use them with children to learn how to engage children and to observe their responses.

Now the remaining sessions focus on the process of counselling caregivers. The **Checklist** guides the steps, starting with identifying the caregiver and child.

It is recommended that the **counsellor** use the checklist as a guide. The **observers** should complete the checklist with notes to help them observe and remember what actions were taken.

Referring to the sample information on Karen Thomas, ask the questions on what we know about the child, based on the recorded information (see page 31 in the **Participants Manual**).



## Exercise: Identify the child and caregiver

### Objectives

Participants will practice recording information on the child and caregiver on the **Checklist**. Participants will be able to:

- Complete the top of the **Checklist** with relevant information on the child, the caregiver, and where they live.

### Process

1. Ask participants to fill in today's date in the space for the date.
2. Ask them to write their name in the space **Completed by**.
3. Read slowly the information on **Child 1. Comfort**, one piece of information at a time. Give the participants time to write the information. Move around the room to review what participants are writing. Make sure that each piece of information is recorded in the correct place.

## COUNSEL THE FAMILY

**Answer sheet**

Exercise: Identify the child and caregiver

**CHECKLIST** for Counselling on Care for Child Development

Date (Today) \_\_\_\_\_ Completed by (counsellor)  
(DAY) (MONTH) (YEAR)

Child's name: First Comfort Family Nantu Age: 2 Years/ \_\_\_ Months  Boy / Girl

Caregiver's name: Maggie Nantu Relationship: Mother / Father /  Other: Aunt

Address, Community: Paper Mill Road, Tanga

4. Next, for **Child 2**, ask a participant to give information for their own child or for a child they know. Ask other participants to record the information in the appropriate spaces on the top of the **Checklist**.

For the LAC Region, an alternative checklist has been proposed for recording information on the child and caregiver(s), with the aim to construct a more complete picture of the situation and environment influencing the child's survival and development.

For training, however, it is recommended that participants use the generic short form of the Checklist (also in Annex B), as it requires less time for learning to complete the form. Also, using the shorter checklist shortens the introduction to the counselling session and allows more time to practice counselling activities.

# LOOK, ASK, AND LISTEN: IDENTIFY CARE PRACTICES

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Observing the interactions between the caregiver and child is an important skill for the health and ECD worker in a counselling role. How the caregiver connects to the child (bonds) and how the child connects with the caregiver (attaches) will affect the child's chances for survival and development. It also affects how well the child learns from the adult who cares for him.

While there are many things to look for, the **Checklist** points to a few examples of signs of the quality of the caregiver-child interaction. These signs are common to most children and their caregivers. For example:

- The caregiver is aware of the child's movements.
- The caregiver easily comforts the child.
- The caregiver can gently, effectively correct the child.
- The caregiver knows how to play and communicate with the child.
- The caregiver knows how to get his child to smile.
- The caregiver recognizes whether the child has difficulty learning.

The health and ECD workers, however, may observe that the caregiver does not have these skills. The caregiver is not **sensitive** to the child's movements and cues. The caregiver may not be aware of the cues or may misunderstand the meaning of the cues. For example, the caregiver scolds the child for showing interest and grabbing a new object.

The caregiver is not **responsive**. Her actions may not encourage the child to explore what to do with an item. The caregiver may even divert the child's attention away from trying a new skill. The health and ECD workers can suggest play and communication activities that will help the caregiver be more sensitive to the child and respond appropriately. They can coach the caregiver to proceed slowly, following the child's lead, helping the child with a new task, and praising the child for her efforts.

The observations are structured in a **Checklist** to help participants remember to look for the signs and know how they might help. Looking for these signs is also a part of the CCD field practice sessions. In a short course, participants may have difficulty recognizing these signs. With practice and supervision, however, they will become more aware of the signs because they will see many more examples.

In some training courses, however, the most that some participants can do is to learn how to advise caregivers on specific recommendations for play and communication. This is helpful. Caregivers who increase the time and variety of play and communication activities with their children will help their



## LOOK, ASK, AND LISTEN

children to develop. (The participants practise the skills of advising caregivers on selecting and trying out new play and communication activities during the first CCD field practice session in the outpatient clinic.)

However, health and ECD workers who have the additional skills to observe the signs of the caregiver-child interaction can be even more helpful. The **Manual** introduces the skills. Participants will have a chance to practise the skills during the field practice sessions. (Helping participants to learn to observe the caregiver-child interactions and helping the caregiver become more responsive is the focus of the second field practice session in a health clinic or ECD centre.)

As in previous sessions, begin by asking a participant to read the section in the **Manual**.

Stop for a discussion at the samples of the completed **Checklist**. Refer to the questions listed in the **Manual** (starting on page 31 of the **Manual**).

The first question asks what the workshop participant saw in the interaction. To find out, refer participants to the notes the health or ECD worker wrote on the **Checklist**.

For example, for **Child 1. Age 2 years and 6 months**, the participant saw that the caregiver is aware of the child's movements. When the child moves, she touches the child and pulls the child closer to her. The health or ECD worker's observations indicate that the caregiver and her child very likely are well-connected.

Then the questions ask participants to discuss the importance of the observations for the child's survival and learning. Help the participants be specific.

For example, for **Child 1. Age 2 years and 6 months**, the child's chances for survival and development are aided by the connection with the caregiver. The caregiver may be more aware of the child's signs of hunger and will feed the child. The caregiver will notice changes that indicate the child may be sick. The caregiver will constantly check on the location of the child and can return to safety the child who begins to wander away.

The caregiver will be able to help the child learn by recognizing the child's interests and encouraging activities that engage the child in these interests. The caregiver may be able to recognize when the child loses interest and needs a new play activity.

This discussion is important for helping participants understand the importance of the caregiver-child relationship in the child's survival and healthy development.

# PRAISE AND ADVISE: IMPROVE CARE PRACTICES

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## Praise the caregiver

Families appreciate general praise for how they are caring for their children. The most helpful praise, however, is specific. Praise for the specific practice encourages the family to continue doing what is good for the child's development. Remember to look for opportunities to praise fathers, as well as mothers and other family members.

Ask a participant to read this section of the **Manual**. Then discuss how participants could praise the mother who massages her newborn.

For this example, you might ask participants to role play how they might praise the mother. Have them turn to a partner sitting beside them for the role play. After the role play, ask 2-3 participants to share their examples with the group.

Help participants be specific. An example is:

*"It is good that you massage your baby and stretch out her arms and legs. Your baby needs to move her arms and legs in order to make them grow strong. And look at how your baby enjoys your gentle touch. She looks at you so lovingly."*

## Advise the caregiver

This section describes three important skills for the counsellor:

- Helping a caregiver learn to respond to their child.
- Helping a caregiver speak less harshly to their child.
- Introducing a new play or communication activity.

## PRAISE AND ADVISE

Continue asking participants to read the section of the **Manual**. In addition, emphasize the following general points:

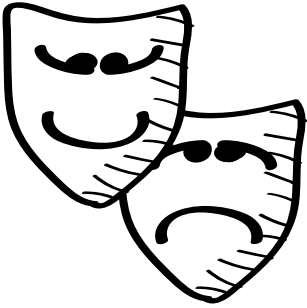
- Children are very attractive. It is very tempting to play and talk with a young child. However, this interferes with your efforts to help the child focus on the caregiver.

The child who does not look to the caregiver can quickly “attach” to you instead. Resist as much as possible interacting directly with the child. Instead, coach the caregiver to interact with the child. Only model the activity if major doubts or communication problems exist with the caregiver (s). And, then, model the activity with the caregiver, not directly with the child.

*(Note that, during the first field practice session in the inpatient ward, participants interacted directly with children to see how the activities worked with the children. In the next field practice sessions in health clinic or other ECD settings, however, the participants will counsel caregivers and will not interact directly with children, only demonstrating with the caregiver, if needed.)*

- A child who is distracted by sounds and movements around the room will have difficulty playing and communicating with the caregiver. Before starting a new activity, make sure that the caregiver has drawn the child's attention to her. Ask the caregiver to wave an object or make a noise with a toy or other item (e.g. bang the pot, shake the rattle, shake a set of keys) to get the child's attention before starting.
- Checking the caregiver's understanding is one of the most important steps in helping caregivers improve their care at home.
- You can make sure that the caregiver knows what to do. You can also use checking for understanding to build the caregiver's confidence that he can do the activity at home, without your assistance.
- Giving the caregiver a chance to practice and demonstrate in front of you is also the step that, in research, has been found to be most related to whether the caregiver remembers what to do and tries out the new behaviour at home. It supports behaviour change.
- Give the caregiver time to practise until you see that confidence, and the caregiver sees the child responds with pleasure and appreciation.
- Confirm that the caregiver can do the activity at home by asking questions to link the activity to the home. For example, ask:
  - “What do you have at home to use to teach your child how to stack things?”
  - “When can you play with your child? For how long?”
  - “Can you start tonight?”
  - “What difficulties might prevent you from playing with your child tonight?”

## PRAISE AND ADVISE



## Role play exercise: Advise the caregiver

### Objectives

Participants will practise introducing a play or communication activity to a caregiver. They will coach a caregiver through the recommended activity. Participants will be able to:

- Select an appropriate activity for the age of the child.
- Introduce the activity to the caregiver, and help the caregiver practice the activity with the child.
- Advise the caregiver on the play and communication recommendations for the child's age.
- Check the caregiver's understanding of the activity and confirm whether the caregiver can do the activity at home with the child.

### Prepare

1. Four chairs for each group – one each for the caregiver, the child, the health or ECD worker in a counselling role \*, and the observer.
2. Toy items on the table – available for health or ECD worker to select appropriate items for activities with children from different age groups.

Note: Role play is a chance to practise skills. Protect participants just learning new skills. Do not ask them to demonstrate in front of the group. Also, demonstrations in front of the group might become poor “models” for the other participants.

### Process

1. Ask participants to continue reading the instructions for the role play to the rest of the group.
2. Ask participants, including the people playing the role of children, to be very cooperative. This is the first chance to practise advising the caregiver. Give the health or ECD workers (in a counselling role) the chance to practise advising the caregiver, as pure as possible, without adding difficulties.
3. Are there any questions?

## PRAISE AND ADVISE

4. Organize the participants into groups of four. Ask them to identify who will be the caregiver, child, counsellor, and observer. Give them time to re-read the description of their individual roles. (Ask all facilitators to help move the participants into groups and identify roles.)
5. Remind health and ECD workers that they will need to select an activity appropriate for the child's age.
6. Indicate where participants can find toy items to use during the role play practice.
7. Then, start the role play. Walk around and observe. Help groups change roles and start again, after they finish a role play.
8. After the full round of role play, lead a discussion using the questions for observers in the **Manual**.
9. Summarize
  - Identify what counsellors\* did well.
  - Identify any difficulties counsellors had.
  - Answer questions.
10. Emphasize the quality of the conversation:
  - How the counsellor talks with the caregiver.
  - How the counsellor sits in relation to the caregiver.
  - How the counsellor looks at the caregiver.
  - Whether the counsellor interacts with the child.
  - How gently and encouragingly the counsellor speaks and listens.
11. Finally, as the role plays will be repeated later, review the role play process.
  - Encourage participants to stay in role during the role play.
  - Caregivers should provide the information requested and not make additional difficulties for the counsellor.
  - Observers should not interfere with the role play.
  - Next time, participants will set up the chairs, space, and supplies for their role play practice.

\* As indicated throughout this document, the term counsellor refers to health and ECD workers or other provider undertaking a caregiver counselling role.

# HELP SOLVE PROBLEMS

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The third page (section) of the **Counselling Card** lists some problems with giving care that families commonly face. Help participants find the card **Counsel the Family about Problems in Caring for the Child's Development**. Refer to the card while participants read this section of the **Manual**.

The process of looking at problems in learning may reveal that the caregiver thinks that the **child is not developing as her other children or other children in the community**. There can be many reasons that the child appears “slow” to learn. It is important, however, to check the child's hearing and seeing as possible causes for the delay. The *text box For the child age 6 months and older who may be having difficulty learning* on page 45 suggests a simple process for identifying difficulty hearing or seeing. (The text box is also in Annex B. Copy the text box on card stock so that health and ECD workers can carry the box with them when they counsel families. Pass out the cards during the classroom session.)

Ask the caregiver the questions listed in the box. If the caregiver does not know the answer, follow the suggestions in the box to ask the caregiver to check the child. To check the child, the child must be calm and not distracted by other people, sounds and movements.

Discuss with participants whether there are services available in their communities for children with special learning needs. If so, make sure that the participants have the necessary information to refer the child to the service or to a local health facility. In addition to the possible referral process, caregivers should be counselled to continue to play and communicate with their child as they would with all children and to spend some additional time on activities to address specific language, movement, or other difficulties. Additional counselling is critical on elements aimed at preparing the home environment for safe learning experiences, especially if the child is limited in terms of interacting with his or her surrounding environment. Parents need to recognize and praise what the child can do and build on his or her capacities, while focusing additional activities on areas of delay.

Then return to the **Checklist**. The **Manual** provides an example of a completed **Checklist** for Charles Reynolds (on page 48). Ask the questions for discussion to help participants learn about Carlos and where to find the information on the **Checklist**.

Demonstrate how the health or ECD worker in a counselling role used the information gathered by the steps **Look, Ask, and Listen** in order to identify how to praise and advise the caregiver, and help solve problems.

## HELP SOLVE PROBLEMS

An **expanded Checklist and Counselling Card** is also available. The long version of the Checklist includes additional information from the family and space for additional visits. The modified Counselling Card includes an additional page for Counselling the Family about Problems. The hearing and seeing screening guide is included, along with more detailed information for caregivers related to children with developmental delays or disabilities. In addition, a space has been provided to include local or national information on special services and parent/family support groups available to assist children with delays or disabilities, and their families.



### Role play exercise: Help solve problems

#### Objectives

Participants will role play helping a caregiver solve problems before they work with caregivers and children in the outpatient clinic or other setting. Participants will be able to:

1. Demonstrate good communication skills in counselling the caregiver.
2. Identify the caregiver's view of a problem he will have in playing and communicating with his child.
3. Assist the caregiver in finding and selecting a feasible solution to the problem.

#### Prepare

1. Space and chairs – for participants to work in groups of three.
2. Dolls or a substitute (e.g. cloth or towel) – enough for one doll for each group of three participants.

#### Process

1. Participants have done role plays before in this course. Quickly break them into groups of three. Ask participants to identify the counsellor, the caregiver, and the observer. Make sure that each group has a doll or doll substitute.
2. Start the role play. Move around the room to ensure that groups are getting started and are clear with the instructions.
3. After the first round of role plays, help the groups change roles. The caregiver should select another problem from the list.
4. At the end of the role plays, discuss the questions for observers with the whole group.

# CAREGIVER AND CHILD FOLLOW-UP

A follow-up visit serves two purposes. It helps the caregiver get started trying the new activities right away. Many caregivers will want to show you what they are doing with their children and what the children are learning.

A follow-up visit also gives the health or ECD worker a chance to see again what advances have been made (to praise caregivers) and whether there are problems that need to be followed up by someone trained to handle more difficult problems in care.

The possibility for following up the caregiver and child may be different in different settings. In a clinic, for example, the health care worker might ask the caregiver and child to return. For ECD workers, parents may come to the ECD centre for follow-up. In the community, Primary Health Care (PHC), ECD or Community-Based Rehabilitation (CBR) workers may be able to visit the family at their home and provide further follow-up and guidance.

On the **Checklist**:

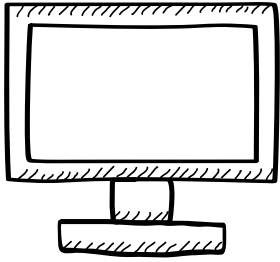
Circle the day at the bottom of the Checklist to indicate the day when the caregiver has agreed to see you again.

If you have referred the caregiver and child, write where you have referred them for special services.

2. Ask to see child again in one week, if needed (circle day):	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
--	--------	---------	-----------	----------	--------	---------



## CAREGIVER AND CHILD FOLLOW-UP



## Video exercise: Identify and help solve problems

### Objectives

The video shows an example of a caregiver and her child who have difficulties interacting together. Participants will:

- Identify the problem in care that the caregiver reports.
- Observe and recognize problems in caregiver-child interactions.
- Recommend solutions to problems in caregiving.

### Prepare

1. Computer and projector, or television monitor and CD player.
2. CD-Rom on **Care for Child Development** (Training video). The exercise is at the end of the video. (The mother moves her hand – with no relation to the child's cues – and the child looks around the room – with no attachment to the mother.)
3. Additional videos. If you have been able to take videos during the practice sessions, identify and show two or three examples of caregiver-child interaction, e.g. good or poor responsiveness of caregiver to child, secure or poor attachment of child to caregiver, warm emotional responses or low emotional responses of caregiver and child.

### Process

1. Play the video exercise on the CD-Rom. Follow the instructions on the video. Repeat segments, as necessary, if participants have questions and ask to see a segment again.
2. For the discussion, ask each question in the **Manual**, one at a time. Call on different participants to get wide participation.
3. If you have been able to take videos during the practice sessions, show examples of caregiver-child interaction. Ask for each example:
  - What do you see in this interaction?
  - How does the child respond to the caregiver's movements?
  - How does the caregiver respond to the child's movements?
  - How will the interaction affect the child's learning (or care)?
  - What praise would you give the caregiver?
  - What advice could you give? What play and communication activities would you recommend? (Refer participants to the **Checklist** or **Counselling Card** to identify the advice they would give.)

## CAREGIVER AND CHILD FOLLOW-UP

4. During the next field practice session, ask participants to observe the interactions of caregivers and their children. Identify caregivers and children who are well connected to each other – they participate in a dance of connected movements and moods.
5. Identify caregivers and children who appear poorly connected to each other. If we see such a caregiver, what could be the reason for the poor connection? Possible reasons are:
  - Caregiver looks sad and detached, perhaps depressed.
  - Child is really cared for by a different person (e.g. grandfather or child's big sister), and perhaps mother is ill or absent.
  - Caregiver and child have been separated or were separated after the child's birth.
  - Caregiver does not know how to be sensitive and responsive to the child's movements and signs.

## **Annexes**

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# **Annex A.**

# **Exercise Cards**

---

### **Set 1**

#### **Discussion:**

#### **Care for Child Development**

### **Set 2**

#### **Discussion:**

#### **Using the Counselling Card**

Print the exercise cards on one side of coloured card stock paper.  
Use a different colour for each set to enable you to organize the cards to re-use them.

## ANNEX A: Exercise Cards

**Set 1 – Discussion: Care for Child Development****Set 1**

**1. A mother does a better job when she feels confident about her abilities to provide care**

**Set 1**

**2. The brain develops more rapidly when the child first enters school than at any other age**

**Set 1**

**3. Young children learn more by trying things out and copying others than by being told what to do**

**Set 1**

**4. A father should talk to his child, even before the child can speak**

ANNEX A: Exercise Cards

**Set 1 – Discussion: Care for Child Development**

---

**Set 1**

**5. Before a child speaks, the only way the child communicates is by crying.**

**Set 1**

**6. A baby can hear at birth.**

**Set 1**

**7. A baby cannot see at birth.**

**Set 1**

**8. A child should be scolded when she or he puts something into the mouth.**

## ANNEX A: Exercise Cards

**Set 1 – Discussion: Care for Child Development**

---

**Set 1**

**9. A child drops things just to annoy the father and mother.**

**Set 1**

**10. A child begins to play when she or he is old enough to play with other children.**

**Set 1**

**11. Children can learn by playing with pots and pans, cups, and spoons.**

**Set 1**

**12. Talk to your child, but do not talk to the child while breastfeeding. It will distract the child from eating.**

ANNEX A: Exercise Cards

**Set 1 – Discussion: Care for Child Development**

---

**Set 1**

**13. When a baby cries, let her cry – you should not spoil her.**

**Set 1**

**14. A young child with a disability does not learn like other children. Wait for a specialist to guide you.**

**Set 1**

**15. All young children need their fathers to be involved. Therefore, fathers need training and support just like mothers.**

## ANNEX A: Exercise Cards

**Set 2 – Discussion: Using the counselling card**

---

**Set 2**

**1. A newborn baby, 1 day old**

**Set 2**

**2. A 4-week-old baby**

**Set 2**

**3. A 5-month-old child**

**Set 2**

**4. A 6-month-old child**



ANNEX A: Exercise Cards

**Set 2 – Discussion: Using the counselling card**

---

**Set 2**

**5. A 13-month-old child**

**Set 2**

**6. A 28-month-old child**

**Set 2**

**7. A 10-month-old child  
who does not yet speak**

**Set 2**

**8. A 3-year-old child  
who cannot see**

## ANNEX A: Exercise Cards

**Set 2 – Discussion: Using the counselling card**

---

**Set 2**

**9. An 8-month-old child  
who drops all her toys**

**Set 2**

**10. A 4-year-old child  
who knows how to count**

## Annexes

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# Annex B.

# Materials to copy

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## 1. Checklist

Copy at least 10 Checklists for each participant

- **Checklist (generic short form) Recommended for training**
- **Checklist (sample long form, prepared for LAC)**

## 2. Checking the child's hearing and seeing

**For the child age 6 months and older who may be having difficulty learning**

Copy the box to assess hearing and seeing, one copy for each participant.  
Copy on card stock paper, if possible.

# CHECKLIST for Counselling on Care for Child Development (generic short form)

Date \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
(DAY) (MONTH) (YEAR)

Completed by \_\_\_\_\_

**Child's name:** First \_\_\_\_\_ Family \_\_\_\_\_ Age: \_\_\_\_ Years/ \_\_\_\_ Months Boy / Girl

**Caregiver's name:** \_\_\_\_\_ **Relationship:** Mother / Father / Other: \_\_\_\_\_

**Address, Community:** \_\_\_\_\_

## 1. Identify practices to support the child's development and counsel the caregiver

	Look	Praise the caregiver if caregiver:	Advise the caregiver and solve problem if caregiver:
All children	How does the caregiver show he or she is aware of child's movements?	<input type="checkbox"/> Moves towards and with child, and talks to or makes sounds with child.	<input type="checkbox"/> <b>Does not move with child, or controls child's movement:</b> Ask caregiver to copy child's movements, to follow child's lead.
	How does the caregiver comfort the child and show love?	<input type="checkbox"/> Looks into child eyes and talks softly to child, gently touches child or hold child closely...	<input type="checkbox"/> <b>Is not able to comfort child, and child does not look to caregiver comfort:</b> Help caregiver look into child eyes, gently talk to child and hold child.
	How does the caregiver correct the child?	<input type="checkbox"/> Distracts child from unwanted actions with appropriate toy or activity.	<input type="checkbox"/> <b>Scolds child:</b> Help caregiver distract child from unwanted actions by giving alternative toy or activity.
Child age less than 6 months	How do you play with your baby?	<input type="checkbox"/> Moves the baby's arms and legs, or gently strokes the baby <input type="checkbox"/> Gets the baby's attention with a shaker toy or other object	<input type="checkbox"/> <b>Does not play with baby:</b> Discuss ways to help baby see, hear, feel, and move appropriate for baby's age
	How do you talk with your baby?	<input type="checkbox"/> Looks into baby's eyes and talks softly to baby	<input type="checkbox"/> <b>Does not talk with baby:</b> Ask caregiver to look into baby's eyes and talk to baby
	How do you get your baby to smile?	<input type="checkbox"/> Responds to baby's sounds and gestures to get baby smile	<input type="checkbox"/> <b>Tries to force smile or is not responsive to baby:</b> Ask caregiver to make large gestures and cooing sounds; copy baby's sounds and gestures, and see baby response
Child age 6 months and older	How do you play with your child?	<input type="checkbox"/> Plays word games or with toy objects, appropriate for age.	<input type="checkbox"/> <b>Does not play with child:</b> Ask caregiver to do a play or communication activity, appropriate for age
	How do you talk with your child?	<input type="checkbox"/> Looks into child's eyes and talks softly to child, asks question	<input type="checkbox"/> <b>Does not talk with child, or talks harshly to child:</b> Ask caregiver to play an interactive activity with child, such as peek-a-boo, and see child response and smile.
	How do you get your child to smile?	<input type="checkbox"/> Draws smile out from child	
	How do you think your child is learning?	<input type="checkbox"/> Says the child is learning well	<input type="checkbox"/> <b>Says the child is slow to learn:</b> Encourage more activity with the child, check hearing and seeing. Refer child with difficulties

2. Ask to see child again in one week, if needed (circle day):

Monday

Tuesday

Wednesday

Thursday

Friday

Weekend

Or refer child to: \_\_\_\_\_

# CHECKLIST for Counselling on Care for Child Development

Completed by \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
(DAY) (MONTH) (YEAR)

Child's name: First \_\_\_\_\_ Family \_\_\_\_\_

Age: \_\_\_\_\_

Years \_\_\_\_\_

Months \_\_\_\_\_

Birth Date \_\_\_\_\_

(DAY/MONTH/YEAR)

Boy/  
Girl

Address, Community: \_\_\_\_\_

Urban/Rural

Home Situation:

Owner

Family

Renter

Caregiver's Name (Day): \_\_\_\_\_

Relationship: Mother / Father / Other: \_\_\_\_\_

**Location of child during daytime**

(circle):  
Home / Relative /  
ECD service / other

Caregiver's Name (Night): \_\_\_\_\_

Relationship: Mother / Father / Other: \_\_\_\_\_

Other Family Information:	<b>Number of Siblings</b>	Old sisters (#):	Old brothers (#):	Younger sisters (#):	Younger brothers (#):
	<b>Father/Male Involvement</b>	Who:	Fulltime	Part-Time	Not Involved
	<b>Family Income from:</b>	Father	Mother	Combination	Extended family
	<b>Significant health condition and/or disability in family:</b>	Father	Mother	Brother	Sister

1. Identify practices to support the child's development and counsel the caregiver. Check box if observed or informed by caregiver and record any relevant observation

	Look	Praise the caregiver if caregiver:	Advise the caregiver and solve problem if caregiver:
All children	How does the caregiver show he or she is aware of child's movement?	<input type="checkbox"/> Moves towards and with child, and talks to or makes sounds with child.	<input type="checkbox"/> <b>Does not move with child, or controls child's movements:</b> Ask caregiver to copy child's movements, to follow child's lead.
	Visit 1 (date): ____ / ____ / ____	Visit 1: ____ / ____ / ____	Visit 1: ____ / ____ / ____
	Visit 2 (date): ____ / ____ / ____	Visit 2: ____ / ____ / ____	Visit 2: ____ / ____ / ____
	How does the caregiver comfort the child and show love?	<input type="checkbox"/> Looks into child's eyes and talk softly to child, gently touches or hold child closely...	<input type="checkbox"/> <b>Is not able to comfort child, and child does not look to caregiver to comfort:</b> Help caregiver look into child's eyes, gently talk and hold child.
	Visit 1 (date): ____ / ____ / ____	Visit 1: ____ / ____ / ____	Visit 1: ____ / ____ / ____
	Visit 2 (date): ____ / ____ / ____	Visit 2: ____ / ____ / ____	Visit 2: ____ / ____ / ____
How does the caregiver correct the child?	<input type="checkbox"/> Distracts child from unwanted actions with appropriate toy or activity.	<input type="checkbox"/> <b>Scolds child:</b> Help caregiver distract child from unwanted actions by giving alternative toy or activity.	
Visit 1 (date): ____ / ____ / ____	Visit 1: ____ / ____ / ____	Visit 1: ____ / ____ / ____	
Visit 2 (date): ____ / ____ / ____	Visit 2: ____ / ____ / ____	Visit 2: ____ / ____ / ____	

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	Visit 2:	Visit 2:	Visit 2:																												
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	Visit 2:	Visit 2:	Visit 2:																												
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	Visit 2:	Visit 2:	Visit 2:																												
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	Visit 2:	Visit 2:	Visit 2:																												
	How do you get your child to smile?	<input type="checkbox"/> Responds to baby's sounds and gestures to get baby to smile	<input type="checkbox"/> <b>Tries to force smile or is not responsive to baby:</b> Ask caregiver to play interactive activity with child, such as peek-a-boo, and see child respond and smile.																												
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	Visit 2:	Visit 2:	Visit 2:																												
2. Ask to see child again in ____ week(s), if needed (include date, circle day and indicate location)	How do you think your child is learning?	<input type="checkbox"/> Says the child is learning well	<input type="checkbox"/> <b>Says the child is slow to learn:</b> Encourage more activity with the child, check hearing and seeing. Refer child with difficulties																												
	Visit 1:	Visit 1:	Visit 1:																												
	Visit 2:	Visit 2:	Visit 2:																												
<table border="1"> <thead> <tr> <th>Appointment</th> <th>Date: Day/Month/Year</th> <th colspan="7">Day of the Week (Circle)</th> <th>Location (including referral)</th> </tr> </thead> <tbody> <tr> <td>Second Appointment (Date)</td> <td></td> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Weekend</td> <td></td> </tr> <tr> <td>Third Appointment (Date)</td> <td></td> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Weekend</td> <td></td> </tr> </tbody> </table>				Appointment	Date: Day/Month/Year	Day of the Week (Circle)							Location (including referral)	Second Appointment (Date)		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend		Third Appointment (Date)		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	
Appointment	Date: Day/Month/Year	Day of the Week (Circle)							Location (including referral)																						
Second Appointment (Date)		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend																								
Third Appointment (Date)		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend																								
First referral to special services	Date:	Type and Name of Service:	Second referral to special services	Date:	Type and Name of Service:																										

## ANNEX B: Materials to copy

**Checking the child's hearing and seeing**

For the child age 6 months and older who may be having difficulty learning

Ask the caregiver these questions:

**Hearing**

- Does your child turn their head to see someone behind them when a person speaks?
- Does your child show any reactions to strong or loud sounds?
- Does your child make a lot of different sounds (tata, dada, and baba)?

**Seeing**

- Does your child look at your eyes?
- Does your child follow a moving object with their head and eyes?
- Does your child recognize familiar people (like mother, father, brother, or sister)?
- Is your child able to grab an object?

If the caregiver does not know an answer, ask to find out. For example, she can make a noise behind the child's head. She can see if the child's head and eyes will follow a moving pencil. For the caregiver to check the child's hearing and seeing, the child should be calm and not very sick.

If any of the answers to these questions are “no”, the child may have difficulties hearing or seeing. If special services for children are available in your area, refer the child for further assessment.

**Checking the child's hearing and seeing**

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If any of the answers to these questions are “no”, the child may have difficulties hearing or seeing. If special services for children are available in your area, refer the child for further assessment.

## Annexes

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# Annex C.

## Sample Workshop Agendas and Programming Tools for Workshop Design and Preparation

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- **Sample agenda found in Facilitator Notes (with estimated times)**
- **Examples: Planning worksheet for organizing different types of advocacy and training workshops (using the following planning sheets with session/block descriptions and estimated times)**
- **Planning Sheet with description of individual sessions/blocks (using example of sample agenda in Facilitator Notes)**
- **Expanded Planning Sheet with additional recommendations to:**
  - **supplement and/or introduce new content to the sample agenda sessions (in Facilitator Notes) and**
  - **for organizing training sessions (blocks) as part of a wider range of advocacy and training workshops.**

(Note: Certain session/blocks mentioned in this expanded planning sheet would have to be developed at the country level, to best respond to local needs, priorities and service structures.)



## SAMPLE AGENDA IN FACILITATOR NOTES

Time Period	(Day 1)	Time Period	(Day 2)	Time Period	(Day 3)	Time Period	(Day 4)
8:00 – 9:00 (60 min)	Opening Registration Opening Remarks Introduction of Participants Administrative announcements	08:00 – 11:00 (180 min)	CCD Field practice: Counsel the family	8:00 – 11:00 (180 min)	CCD Field practice: Counsel the family and help solve problems		
09:00-10:15 (75 min)	Introduction Who is the caregiver? Caring for the child development • Discussion: Care for Child Development						
10:15-10:30	Coffee Break	10:15-10:30	Coffee Break	10:15-10:30	Coffee Break		
10:30-11:15 (45 min)	Recommendations for Care for Child Development • Video demonstration Recommendations for play and communication • Discussion: Using the counselling cards						
11:15-12:00 (45 min)	Exercise: Making toys	11:15 -12:00 (45 min)	Debriefing: Counsel the family	11:15-12:00 (45 min)	Debriefing: Counsel the family and help solve problems.		
12:00-13:00	LUNCH	12:00-13:00	LUNCH	12:00-13:00	LUNCH		
13:00-15:00 (120 min)	Clinical Practice: Playing and communicating with children	13:00 – 15:00 (120 min)	Help solve problems • Role play exercise • Video exercise: Identify and help solve problems	13:00 –14:00 (60 min)	(For facilitators and decision-makers: Technical seminar (2)		
15:00-15:15	Coffee Break	15:00-15:15	Coffee Break				
15:15-15:45 (30 min)	Debriefing: Play and communicate with children	15:15-16:00 (45 min)	Caregiver and child follow-up • Video exercise: Identify and help solve problems				
15:45-16:00 (15 min)	Counsel the family on care for child development • Exercise: Identify the child and caregiver.						
16:00 –17:00 (60 min)	Look, ask, listen: Identify care practices Praise and advise: Improve care practices • Role Play Exercise: Advise the caregiver	16:00-17:00 (60 min)	(For facilitators and decision-makers: Technical seminar (1)				
(30 min)	Coffee Breaks (2)	(30 min)	Coffee Breaks (2)	(15 min)	Coffee Breaks (1)		
(60 min)	Lunch (1)	(60 min)	Lunch (1)	(60 min)	Lunch (1)		
Sessions	7 hours, 30 minutes	Sessions	7 hours, 30 minutes	Sessions	4 hours, 45 minutes	<b>Sessions</b>	<b>19 hours, 45 minutes</b>
Breaks	1 hours, 30 minutes	Breaks	1 hours, 30 minutes	Breaks	1 hours, 15 minutes	<b>Breaks</b>	<b>4 hours, 15 minutes</b>
Travel Time		Travel Time		Travel Time		<b>Travel Time</b>	

## Planning Worksheet: Examples of Potential Care for Child Development Workshops for different purpose and staff participants

(Training Sessions are selected from the proposed menu of possible training areas – recognizing that specific country situations would influence the final selection)

### DRAFT ALTERNATIVES FOR FUTURE TRAINING COURSES (Training for Pilot Initiative)

(Day 1)	(Day 2)	(Day 3)	(Day 4)
Block #1 – Opening	Block #8 – CCD Field Practice Counsel	Block #12 – CCD Field Practice Help Solve	Block #17 – Technical Seminar – Pilot
Block #2 – Introduction to CCD	Block #9 – Help Solve Problems		Block #18 – Technical Seminar – M&E
Block #3 – Recommendation	Block #10 – Caregiver Child Follow-up		
Block # 5 – 5 CCD Field Practice (Playing)			
Block # 6 – Counsel the Family			
Block #7 – Look, Ask, Listen	Block #11 – Technical Seminar #1	Block # 13 – Technical Seminar #2	

### DRAFT ALTERNATIVES FOR FUTURE TRAINING COURSES (Training of Service Providers) Multi-Sector

(Day 1)	(Day 2)	(Day 3)	(Day 4)	(Day 5)
Block #1 – Opening	Block #8 – CCD Field Practice Counsel	Block #12 – CCD Field Practice Help Solve		
Block #2 – Introduction to CCD	Block #9 – Help Solve Problems	Block # 13 – Technical Seminar #2		
Block #3 – Recommendation	Block #10 – Caregiver Child Follow-up			
Block # 5 – CCD Field Practice (Playing)	Block #11 – Technical Seminar #1			
Block # 6 – Counsel the Family				
Block #7 – Look, Ask, Listen				

### DRAFT ALTERNATIVES FOR FUTURE ADVOCACY, PLANNING AND TRAINING WORKSHOPS (Advocacy for Decision-Makers and Training for High Level Technical Coordinators)

Monday (Day 1)	Tuesday (Day 2)	Wednesday (Day 3)	Thursday (Day 4)	Friday (Day 5)
Block #1 – Opening				
Block #2 – Introduction to CCD				
Block #11 – Technical Seminar #1				
Block # 13 – Technical Seminar #2				

### DRAFT ALTERNATIVES FOR FUTURE TRAINING COURSES (Training of Trainers) for Country Specific Actions

(Day 1)	(Day 2)	(Day 3)	(Day 4)	(Day 5)

**Blocks/Sessions for Basic Training and Advocacy Workshops on Care for  
Child Development (CCD) Initiative – (As indicated in Facilitator Notes)**

<p align="center"><b>Block#1</b> - Opening (Estimated time: 60 minutes)</p>	<p align="center"><b>Block#2</b> - Introduction (Estimated time: 75 minutes – 1 hr. 15 min)</p>	<p align="center"><b>Block#3</b> - Recommendation for caring for Child Development (Estimated time: 45 min)</p>	<p align="center"><b>Block#4</b> - Toy Making (Estimated time: 45 min.)</p>
<ul style="list-style-type: none"> <li>• Registration</li> <li>• Opening Remarks</li> <li>• Introduction of Participants</li> <li>• Administrative Announcements</li> <li>• Possible Welcoming words from Government/ Agency Representatives</li> </ul>	<ul style="list-style-type: none"> <li>• Background and characteristics of CCD and initiative</li> <li>• Justification of actions in ECD (rights, goals, economic, etc.)</li> <li>• Who are the caregivers?</li> <li>• What is CCD within family focused services?</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction to providing CCD recommendations.</li> <li>• Brief introduction of basic principles and developmental domains or skill areas in child development.</li> <li>• Instructions and practice on use of counselling card for CCD.</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction to the selection and/or preparation of home-made toys for use in play and communication activities recommended to caregivers</li> <li>• Optional practical session.to follow Block #3.</li> </ul>
<p align="center"><b>Block#5</b> - CCD Field Practice: Playing and Communicating with Children and Debriefing (Estimated time: 150 minutes)</p>	<p align="center"><b>Block#6</b> - Counsel the Family on Care for Child Development (CCD) (Estimated time: 15 minutes)</p>	<p align="center"><b>Block#7</b> - Look, Ask, Listen: Identify Care Practices and Praise and advise: Improve Care Practices (Estimated time: 60 min)</p>	<p align="center"><b>Block#8</b> - CCD Field Practice: Counsel the Family and Debriefing (Estimated time: 225 minutes -3 hrs. 45 min)</p>
<ul style="list-style-type: none"> <li>• Practical experience in inpatient hospital setting.</li> <li>• Focus on practical experience of interacting with a child (playing and communicating).</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction to first steps of counselling family, and use of checklist for initial information gathering.</li> <li>• Practice in completion of basic checklist information.</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction to skills of looking, asking and listening to observe, understand and support caregiver interactions with the child – through praise and advice.</li> <li>• Practice in completion of observation section of checklist and use of counselling card. (Role Play)</li> </ul>	<ul style="list-style-type: none"> <li>• Practical experience in Outpatient Clinic or Health Centre setting</li> <li>• Focus on practical experience of counselling the caregiver (observing, asking and listening skills), including use of checklist and counselling care.</li> </ul>
<p align="center"><b>Block#9</b> - Help Solve Problems (Estimated time: 120 min)</p>	<p align="center"><b>Block#10</b> - Caregiver and Child Follow- up (Estimated time: 45 min)</p>	<p align="center"><b>Block#11</b> - Technical Seminar - 1 (for facilitators and decision-makers). (Estimated time – 60 min)</p>	<p align="center"><b>Block#12</b> - CCD Field Practice: Counsel the Family and Help Solve Problems and Debriefing (Estimated time: 225 minutes -3 hrs. 45 min)</p>
<ul style="list-style-type: none"> <li>• Introduction to steps focusing on the identification of problems in caring for child development and counselling caregivers to solve problems.</li> <li>• Additional practice in use of checklist and counselling card. (Role Play)</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction to strategies and activities for caregiver and child follow-up after initial counselling process.</li> </ul>	<ul style="list-style-type: none"> <li>• Technical Information focusing on: history of CCD; design; links with PHC, approach of CCD; theoretical and evidence base for CCD.</li> <li>• Presentation (power point) and discussions.</li> </ul>	<ul style="list-style-type: none"> <li>• Practical experience in Outpatient Clinic. Health Centre or ECD site</li> <li>• Focus on practical experience of counselling the caregiver on playing and communicating and solving problems.</li> </ul>
<p align="center"><b>Block#13</b> - Technical Seminar - 2 (for facilitators and decision-makers). (Estimated time – 60 min)</p>	<p align="center"><b>Example of Sample Agenda and content for Care for Child Development (CCD) Training Workshop</b></p>		
<ul style="list-style-type: none"> <li>• Technical Information focusing on: Caregivers and child interactions: bonding and attachment; basic caregiving skills; and improving caregiving relationships.</li> <li>• Presentation (power point) and discussions</li> </ul>	<p>The following information builds on the Sample Agenda included in the CCD Facilitator Notes. As indicated, the example training programme focuses on capacity-building efforts for service providers in the health sector. Priority is given to children birth to three years of age, with an emphasis on strengthening family and caregiver capacities in areas of play and communication.</p> <p>Attached, additional information is provided which builds on this initial proposal, with a vision to expand training efforts for multiple sectors (with health being the lead sector) and multiple levels of planning and services. And, as indicate, recommendations are included for supporting potential workshop modifications: (1) to expand individual sessions to include additional information or content on aspects related to existing country policies and services (to promote a more compatible CCD approach); (2) to introduce additional sessions in line with country efforts focusing on the most vulnerable and excluded children and families: indigenous children, with significant developmental delays or disabilities, and those affected by violence and abuse; and (3) to support piloting actions for future scaling-up of CCD utilization.</p>		

## Original Blocks/Sessions with recommendations for additional content and supplementary sessions to expand on the Basic Training and Advocacy Workshop on Care for Child Development (CCD) Initiative

Note: The additional training blocks and sessions or proposed session modifications are included to assist government and agency counterparts in the organization of training workshops more appropriate for the different system levels and in response to an expanded vision and participation – with an inter-sectoral approach.

<p><b>Block#1</b> - Opening – <b>Recommendation for additional involvement</b> (Estimated time: 60 minutes)</p>	<p><b>Block#2</b> - Introduction – <b>Expansion of topic</b> (Estimated time: 90 minutes – 1 hr. 30 min)</p>	<p><b>Block#3</b> - Recommendation for caring for Child Development – <b>Expansion of topic</b> (Estimated time: 45 min),</p>	<p><b>Block#4</b> - Toy Making – <b>Expansion of topic</b> (Estimated time: 45 min.)</p>
<ul style="list-style-type: none"> <li>• Recommend to include decision makers and technical leaders from multiple sectors (health, social, education, etc.) as opposed to focusing just on the health sector.</li> <li>• Important to include media for the opening to gain support for promoting advocacy and public awareness efforts on topic.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to strengthen the topic and discussions on rights (CRC and CRPD), ECD and family, including emphasis on the most vulnerable and excluded children: indigenous, with significant developmental delays or disability and affect by violence, abuse, natural disasters.</li> <li>• Include topic on importance and strategies to implement CCD as part of on-going/ existing policies and programmes (especially growth and development monitoring components).</li> </ul>	<ul style="list-style-type: none"> <li>• Expand session content to include aspects related to national child development monitoring and family support actions, especially for children with developmental delays or disabilities.</li> <li>• At the country level, introduce the more locally accepted structure used for developmental domains or developmental skill areas (in addition to what is included in the CCD participants guide).</li> <li>• For countries that do implement developmental monitoring and/or developmental screening programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Include information and examples of how home items and homemade toys can serve just as well as store-bought toys</li> <li>• Introduce specific toys and adapted materials for young children with disabilities, utilizing early intervention experiences in the country.</li> <li>• Stimulate ideas and discussions with participants on strategies for making or providing toys: (1) toy lending libraries; (2) utilizing vocational training schools for constructing wooden toys; and (3) prepare toys as part of family training workshops</li> </ul>
<p><b>Block#5</b> - CCD Field Practice: Playing and Communicating with Children and Debriefing – <b>Expansion of Exercise</b> (Estimated time: 150 minutes)</p>	<p><b>Block#6</b> - Counsel the Family on Care for Child Development (CCD) - <b>Expansion of topic</b> (Estimated time: 30 minutes – extra 15 minutes)</p>	<p><b>Block#7</b> - Look, Ask, Listen: Identify Care Practices and Praise and advise: Improve Care Practices - <b>Expansion of topic</b> (Estimated time: 75 min – extra 15 minutes)</p>	<p><b>Block#8</b> - Clinical Practice: Counsel the Family and Debriefing - <b>Expansion of Exercise</b> (Estimated time: 225 minutes -3 hrs. 45 min)</p>
<ul style="list-style-type: none"> <li>• In addition to the proposed practice with inpatient children in the sick ward, might want to introduce a new strategy including working with expecting and new parents, in the maternity ward. This would require a modification of the counselling strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• In countries with existing developmental monitoring, incorporate training on use of checklist – within existing ECD monitoring and family support actions.</li> <li>• Discuss required adaptations for guaranteeing culturally appropriate family focused counselling and support.</li> <li>• Prepare staff to apply checklist in ECD settings (other than health sites).</li> </ul>	<ul style="list-style-type: none"> <li>• Include more content on techniques (looking, asking, and listening) for working with indigenous families and those caregivers/ parents with children with significant developmental delays or disabilities.</li> <li>• Include information and discussion on application of strategy in other ECD settings. (not just health sites)</li> </ul>	<ul style="list-style-type: none"> <li>• In addition to the proposed field practice, organize health clinic experiences that include children with more significant developmental delays or disabilities and their families/ caregivers.</li> <li>• Include more specific practice activities in use of checklist and counselling cards, with indigenous families – identifying required modifications to format.</li> </ul>
<p><b>Block#9</b> - Help Solve Problems (Estimated time: 120 min) – <b>Expansion of topic</b></p>	<p><b>Block#10</b> - Caregiver and Child Follow-up (Estimated time: 45 min) – <b>Expansion of topic</b></p>	<p><b>Block#12</b> - CCD Field Practice: Counsel the Family and Help Solve Problems and Debriefing <b>Expansion of Exercise</b> (Estimated time: 3 hrs. 45 min)</p>	<p><b>Block#14</b> - CCD Field Practice: Counsel the Family and Help Solve Problems and Debriefing – <b>Add Practice Site</b> (Estimated time: -3 hrs. 45 min)</p>
<ul style="list-style-type: none"> <li>• Include more content on problem solving techniques for working with indigenous families and those caregivers/ parents with children with significant developmental delays or disabilities.</li> <li>• Include information and discussion on application of strategy in other ECD settings. (not just health sites)</li> </ul>	<ul style="list-style-type: none"> <li>• Include information/content on more specific caregiver and child follow-up strategies more specific to situations related to at risk children.</li> <li>• Provide information and specific recommendations for counselling parents/ caregivers for more specific assistance (parents organizations) and specialized services (referrals)</li> </ul>	<ul style="list-style-type: none"> <li>• In addition to clinical practice in health centres, include field practice experiences in other ECD settings: ECD centres; early education programmes, etc.</li> <li>• Include more specific practice activities in use of checklist and counselling cards in relation to more education strategies, and, with indigenous families – identifying required modifications to format</li> </ul>	<ul style="list-style-type: none"> <li>• In countries with community/home-based services, include field practice which includes training in counselling families within home situation, utilizing PHC and CBR (disability) initiatives.</li> <li>• For debriefing, include parent/caregivers of children with significant delays or disabilities to provide feedback to participants.</li> </ul>

<p><b>Block#11</b> - Technical Seminar - 1 (for facilitators and decision-makers). <b>Expansion of topic</b> (Estimated time – 60 min)</p>	<p><b>Block#13</b> - Technical Seminar - 2 (for facilitators and decision-makers). <b>Expansion of topic</b> (Estimated time – 60 min)</p>	<p><b>Block#15</b> - Technical Seminar (for decision makers, Planners, Sector Technical Coordinators and Trainers) <b>New Session</b>; (Estimated time – 60 min)</p>	<p><b>Block#16</b> - Technical Seminar (for Communication experts and staff, decision makers, Planners, Sector Technical Coordinators, Trainers, Technical Centres) <b>New Session</b>; (Estimated time – 60 min)</p>
<ul style="list-style-type: none"> <li>Expand original presentation to also include CCD link with international rights commitment (CRC and CRPD) and regional/country priorities.</li> </ul>	<ul style="list-style-type: none"> <li>Expand original presentation to include additional information on additional factors that influence supporting caregiver and child interactions – cultural aspects, disability, and father/male involvement.</li> </ul>	<ul style="list-style-type: none"> <li>Introduce and discuss opportunities and strategies to include CCD components within existing ECD, IMCI, and childhood disability programmes and services.</li> <li>Identify training and support strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Introduce and discuss role and importance of communication for development strategies to strengthen CCD actions.</li> <li>Identify existing efforts and potential expansion of efforts, through the use of existing resources and media.</li> </ul>
<p><b>Block#17</b> - Technical Seminar (for decision makers, Planners, Sector Technical Coordinators and Trainers) <b>New Session</b>; (Estimated time – 60 min)</p>	<p><b>Block#18</b> - Technical Seminar (for decision makers, Planners, Sector Technical Coordinators and Trainers) <b>New Session</b>; (Estimated time – 60 min)</p>	<p><b>Block#19</b> - Technical Seminar (for decision makers, Planners, Sector Technical Coordinators and Trainers) <b>New Session</b>; (Estimated time – 60 min)</p>	<p><b>Block#20</b> - Technical Seminar (for Communication experts and staff, decision makers, Planners, Sector Technical Coordinators and Trainers) <b>New Session</b>; (Estimated time – 60 min)</p>
<ul style="list-style-type: none"> <li>Introduce and discuss strategies for implementing pilot project, with aim to validate focus, strategies, materials, and training schemes.</li> <li>Identifying strategies for applying pilot project experiences and lessons learned for expanded use of CCD initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>Discuss and identify strategies for “training of trainers” for expanded use of CCD model, building on existing ECD and health programmes and training structures.</li> <li>Identify strategies and requirements for CCD training at a national and decentralized levels (within existing programmes)</li> </ul>	<ul style="list-style-type: none"> <li>Present and discuss framework and guide for monitoring and evaluating the CCD intervention programme (within the context of the country situation).</li> </ul>	<ul style="list-style-type: none"> <li>Prepare monitoring and evaluation strategies as part of existing M&amp;E efforts in health, ECD, and education sectors.</li> <li>Identify potential strategies for use of monitoring and evaluation results for programme and communication use.</li> </ul>





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