CARE FOR CHILD DEVELOPMENT

Adapted for the Latin American and Caribbean Region

A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention

Pan American Health Organization

World Health Organization
Regional Office for the Americas

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

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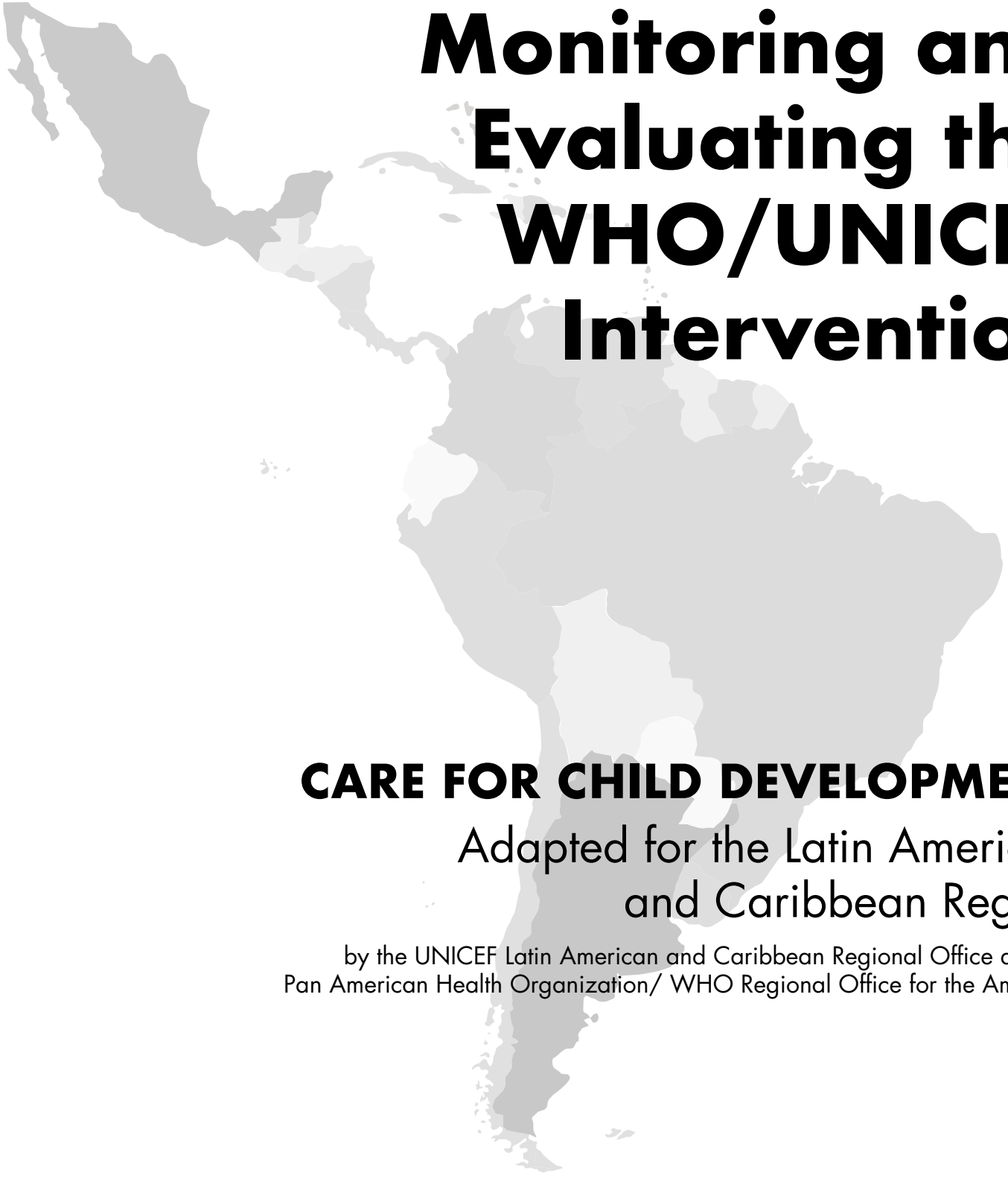
The present document and accompanying package of materials were specifically prepared for the Latin America and Caribbean (LAC) region. They are adapted versions of the generic package developed and published by WHO/UNICEF in 2012. Modifications and additional content are based on inputs from regional experts in the early childhood development field and country professionals who participated in the workshops conducted in 2013-2015 in Panama, the Eastern Caribbean and Belize.

A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention



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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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CONTENTS

Acknowledgements

The Framework for Monitoring and Evaluating the WHO/UNICEF Intervention on Care for Child Development was written by Jane E. Lucas. We are grateful for the efforts of Ilgi Ertem (Ankara University School of Medicine), Patrice Engle (Cal Poly Technical University), and Oliver Petrovic (UNICEF New York) to clarify the M & E process and tools, and for the additional input by Meena Cabral de Mello (WHO Geneva) and Nurper Ulkuer (UNICEF New York).

A FRAMEWORK FOR MONITORING AND EVALUATING THE WHO/UNICEF INTERVENTION ON CARE FOR CHILD DEVELOPMENT

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). As a result, too many children are denied their right to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn to the fullest, while their countries have an estimated 25 percent loss in adult productivity. To address these challenges, health services, early childhood development (ECD) programmes, and other family focused community services have an important role in promoting the development of young children, especially those living in the poorest, most marginalized communities; experiencing developmental delays or disability; and facing surrounding environments of violence, conflict or natural disasters.

Research on child development and on the interventions that improve the quality of care in families contributed to the design of the WHO/UNICEF intervention on **Care for Child Development**. The intervention recommends play and communication activities for families and other caregivers to stimulate the learning of their children. Also, through play and communication adults learn how to be sensitive to the needs of children and respond appropriately to meet their needs. These basic caregiving skills contribute to the survival, as well as the healthy growth and development of children.

The need for a framework

Research will continue to answer questions for the global community on the effectiveness of the Care intervention in improving child development and healthy growth, and its impact on families and other caregivers in different settings. This framework, on the other hand, is for persons who coordinate the incorporation of **Care for Child Development** into programmes and services for children and their families, with partners in health and education systems, national and local NGOs, and others who work with families and caregivers of young children, especially those most disadvantaged.

The framework assumes that a Situational Analysis, prior to the implementation of the intervention, identified a need to improve child development and family care practices. For example, children in the area to be served have demonstrated poor performance on developmental measures, tend to have stunted growth, which is related to poor performance, have limited access to ECD and quality primary educational services as they grow older, or are inadequately prepared for transitioning to and through the first grades of primary school. The situational analysis helps to identify the children who

are the poorest, have developmental delays or disabilities, live where access to a range of family services is limited, and where families are marginalized due to ethnic background, poverty, disability, natural and political emergencies, or other challenging conditions. The situational analysis would also determine whether the conditions exist to effectively deliver the required timely interventions and on-going support. It would identify whether there is a cadre of health, ECD and other community-based providers, with sufficient basic training and supervision, and the system has the capacity to support them in reaching and serving families and other caregivers.

Once there is a decision to implement the intervention, this framework then proposes a way to decide how to monitor it and evaluate its results. The framework identifies what can be done, with limited resources, to answer critical questions about the intervention, how well service providers implement the activities, and whether the intervention achieves the desired changes in family and caregiver practices. It identifies priority indicators that give a snapshot view of a programme and contribute to a global overview of the implementation efforts (Table 1).[1]

Issues to consider for Monitoring and Evaluation actions within the Latin America and Caribbean (LAC) region:

- The application of the **Care for Child Development** (CCD) intervention should be seen as an important element to be promoted within existing health, ECD and community programmes and services, not as an isolated intervention.
- Increasing interest and actions will be given in certain countries to addressing the rights and needs of young children with developmental delays and disabilities and their families, through the expanded focus of CCD materials, training, service interventions, and coordination.

[1] Based on experience implementing the Care for Child Development intervention, WHO and UNICEF will also produce a Programme Manager's Guide to support planning, adaptation, training, monitoring, and evaluation tasks.

Principles

The framework attempts to balance the need for feedback on programmes against the resources required to address the large problem of poor child development in impoverished areas. Two principles guide our choices:

- **To identify a minimal set of indicators to monitor progress and evaluate quality.**
  Each method for collecting and analysing data requires a system of procedures, staff, and training to ensure quality and reliability. Therefore, the number of **CORE INDICATORS** and proposed methods for measuring them are few and are relatively simple. Trained staff, who do not need to be child development specialists, can collect the information for the indicators. The framework also identifies **RECOMMENDED INDICATOR**S and **OPTIONAL INDICATORS** for use where more resources are available.

- **To use proxy measures and sampling techniques to gather useful information at lower cost.**
  The framework assumes that a few proxy measures can represent the quality of inputs and expected results. For example, the number of hours spent counselling families is one proxy of the quality of training providers receive. In addition, more detailed information can be collected from a sample of service providers and recipients. It is expected, for example, that counselling parents will increase the time they spend playing and communicating with their children. Asking a sample of parents before and after receiving counselling about a few concrete activities they have done with their child in the last three days can provide information to evaluate whether the counselling increased positive interactions between parents and their child around play.

The framework

The framework, outlined in Table 1, meets two purposes: to monitor implementation and to evaluate impact. To monitor programme *implementation*, programme managers and others delivering the intervention maintain and share records on a continuing basis as they roll out the Care for Child Development intervention. They provide information on:

- What is the *status* of the implementation of the Care for Child Development intervention?
- What is the *quality* of inputs to the intervention (training and supervision)?
- How well does the intervention address *equity*, to reach the most marginalized children?

To evaluate the *impact* of the intervention, course facilitators and field supervisors observe health and ECD providers as they counsel families and other caregivers during CCD field practice training and on the job. Supervisors or other surveyors can also interview caregivers and/or undertake home visits to identify practices in the home. Periodic observations and interviews (before and following the intervention) provide information on:

- What is the impact of the intervention on the quality of counselling by *service providers*?
- What is the impact of the intervention on *caregiver practices*?

Table 1. Proposed framework for monitoring and evaluating the intervention

Task	WHAT questions to answer	WHEN to gather the information	WHO to gather the information	Sample indicators (see full list of proposed indicators in sections that follow and sample tools in the Annex)
To monitor programme implementation	What is the **status of implementation** of the Care for Child Development intervention?	Continuous	Programme manager/ coordinator	• Policies conducive to promote integrated early childhood development being implemented (multi-sector) • National and local Inter-sectoral coordination body established (including health education, social protection, etc.). • Training courses completed *See Annex A*
	What is the **quality of inputs** to the intervention (training and supervision)?	Continuous	Programme manager/ coordinator	• Course duration • Hours in CCD field practice • Facilitator/participant ratio • Intensity of supervision (hours, frequency) *See Annex A*
	How well does the intervention address **equity**, to reach the most marginalized children and their families?	During the Situational Analysis, to identify children of greatest need (and situation of their families)	Programme manager/ coordinator	• Disaggregated data (e.g. by region, district, income, and/ or ethnicity, and gender – including disability for some countries) • Proportion of the most marginalized communities and/or families receiving intervention who were targeted for it *See Annex A*
To evaluate the impact of the intervention	What is the impact of training and supervision on counselling by **service providers**?	Periodic (no training, at the end of training, one month after training, three months later)	Facilitators/ supervisors	• Caregiver-child interactions assessed by provider • Recommendations for play and/or communication given • Recommendations to solve problems in CCD given. • Referral to special services organized. *See Annex B*
	What improvements were seen in **caregiver practices**?	Periodic (no caregiver counselling, after counselling)	Facilitators/ supervisors or household surveyors	• Support for learning in the home: playthings • Support for learning in the home: adult play and communication activities with child *See Annex B*

Finally, where resources are available to conduct an evaluation in greater depth, there are options for assessing additional operational issues. For these options, links are provided to items and tools available in the **WHO/UNICEF Care for Child Development Monitoring and Evaluation Guide** and *the Multiple Indicator Cluster Survey (MICS)*.

Measuring the impact of the intervention on child development is not recommended in routine evaluations. It is costly to do. It requires specially trained assessors of child development and large samples to have sufficient power to identify changes. Experience in field research suggests that assessing development requires more resources of time, staff, tools, and training than are usually available for implementing the intervention. (For information on the impact on child development, we will soon have results from several research projects that are testing the Care for Child Development intervention. See also Ertem, I.O., et al. 2008, for a tool to monitor child development, currently being tested).

Questions to monitor programme implementation

What is the *status of implementation* of the Care for Child Development intervention?

The foundation of the Care for Child Development intervention is a set of counselling skills for persons who work with families. It is not a discreet programme, but an approach for incorporating the counselling skills in the health system and a variety of other ECD and family support service settings.

Indicators on the status of implementation serve as an internal management tool. They are markers for PAHO/WHO and UNICEF Country Offices and partners to identify progress in its implementation and make plans for rolling out the intervention to achieve wider coverage of services in additional areas and sectors. They will also help PAHO/WHO and UNICEF Regional and Headquarters offices to monitor progress in order to respond to needs for technical and other assistance to support national activities.

Following is a list of proposed programme indicators. (Note that denominators contributing to percentage indicators may need to be estimated, e.g. total number of providers and caregivers targeted.)

CORE INDICATORS *to monitor the status of implementation* of the Care for Child Development Intervention (see Annex A. Tools to monitor programme implementation for the monitoring tool)

YES/NO indicators (to create a timeline)

- **Policy** conducive to promote integrated early childhood development, especially for children from birth to 3 years old, is being implemented
- **Orientation workshop** for policy makers (multi-sectors) conducted
- **Plan** to strengthen existing Health and ECD programmes and interventions with **Care for Child Development** prepared and costed
- **Adaptation** of Care for Child Development intervention and materials completed (to fit national policies/strategies and local conditions)
- **Training** of master trainers and initial course completed
- **Baseline evaluation** conducted in two target districts (municipalities, departments, provinces, etc.)
- **Final evaluation** conducted in two target districts (municipalities, departments, provinces, etc) completed after 80% training coverage
- Results analysed, and evaluation report shared and discussed with decision makers and technical staff of participating sectors, including local staff involved in implementation process.

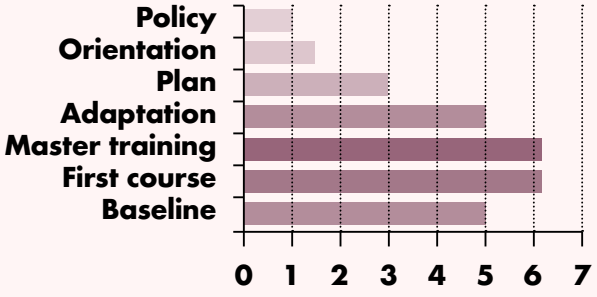

Figure 1: Status of implementation (months since start)

Number and/or percentage indicators

- **Progress of implementation** *(number of districts covered/number of districts targeted)*
- **Training courses** completed *(number of courses completed/total number of courses planned) – with possible incorporation of more detailed information on focus/target of training courses (if multiple courses were given and for whom), including length of training.*
- **Training coverage** of supervisors and providers in targeted *districts (number of supervisors and providers trained/total number of providers in targeted districts) – with possible incorporation of more detailed information as to participant characteristics and from what sectors: local decision makers, preparation of supervisors, service providers and type/level of services, etc.*
- **Caregivers covered** by the intervention in targeted districts *(number of caregivers counselled/total number of caregivers in targeted districts) – with possible indications as to those receiving multiple counselling sessions; time span between counselling sessions, etc.*

Narrative description of adapted intervention, as planned

- **Type** *(e.g. PHC home visit, play group, maternity programme, ECD programmes with parent orientation components, family-based early intervention programmes)*
- **Provider** *(e.g. health worker, community health worker, ECD worker, community-based early intervention/rehabilitation worker,)*
- **Intensity** *(number and duration of intervention contacts, combined with indications of time period between contacts)*

- **Coordination** *(established referral mechanisms with other support services for children with developmental delays or disabilities and their families; and those facing other risks – e.g. violence, abuse)*
- **Communication** *(e.g. use of different local communication channels and strategies to provide family and caregiver support)*

What is the *quality of* ***inputs*** to the intervention (training and supervision)?

Key to the quality of the delivery of family counselling in the Care for Child Development intervention is the training and supervision of service providers. The minimal conditions for training have been set in the training materials, and the extent to which these conditions are met needs to be monitored for basic quality assurance. On the other hand, while supervision is essential, there is no similar consensus on the nature of supervisory contacts and their frequency.[2]

CORE INDICATORS *to monitor the quality of training and supervision* that meet minimum and recommended conditions (see Annex A. Tools to monitor programme implementation for the monitoring tool)

YES/NO indicators

- **Course duration (classroom and CCD field practice) for introductory training** *(3 ½ days or 29 hours recommended; 2 ½ days or 21 hours minimum)*
- **CCD field practice during introductory training** *(7 hours minimum; minimum of 5 caregivers with children per participant counselled; 10 hours recommended)*
- **Facilitator to participant ratio** *(1 CCD field practice instructor for each 12 participants recommended; 1 CCD field practice instructor for each 24 participants minimum; 1 facilitator for each 6 participants minimum)*
- **Course duration for facilitator training** *(5 days minimum or 40 hours; extra CCD field practice until 20 caregivers with children per facilitator counselled)*
- **Supervision** (4 hours minimum per month, group or individual, including clinical and/or ECD centre observations)
  - √ **Duration of orientation workshop** for policy makers (3 hours of interactive training)
  - √ **Refresher training** (1 day or 8 hours every six months with CCD field practice)

Narrative description of supervision, as planned

- **Type** (e.g. group meeting, supervised home visit, supervised clinic and/or ECD centre work)
- **Supervisor** (e.g. employee's supervisor, designated supervisor for Care, facilitator)
- **Intensity** (e.g. hours per week, month, twice a year)

[2] In the near future, we may have guidance from current field research on the intervention that will allow us to set supervisory standards. Until then, we propose a minimum standard for a supervisory session – individual or group – of 4 hours per month, which includes a clinical observation (counselling of caregiver with child).

How well does the intervention address *equity*, to reach the most marginalized children?

A focus on equity prioritizes the poorest and most disadvantaged children to receive the Care for Child Development intervention. Guided by the Situational Analysis, choices about the delivery system, the location of priority sites, and activities that are acceptable in marginalized communities affect the ability to reach children and their families who could most benefit from the family counselling. Monitoring equity does not require the collection of new information but adds the task of disaggregating data gathered on the coverage of the intervention to ensure that the intervention is reaching the children targeted for it. Data might be disaggregated, for example, by geographical region, income, ethnic group, and gender, depending on the categories that best identify locally marginalized children. In an increasing number of countries, children with developmental delays and disabilities are identified as a priority group, considering that these children are all too often the most marginalized, especially when they are faced with multiple exclusion factors.

CORE INDICATORS *to monitor how well the intervention addresses equity, to reach the most marginalized children*

- **Disaggregated data on coverage** (e.g. by region, district, income, and/or ethnicity, gender, and when possible, disability)
- Proportion of the locally-defined **marginalized communities or children receiving the intervention**

Questions to evaluate the impact of the intervention

What is the impact of training and supervision on the counselling by *service providers?*

A structured observation of the counselling process permits a direct assessment of provider skills. The first observation can be completed before training. The same observation tool can then be used to assess learning during training, as well as the retention and use of skills in the field up to three months post training (or longer). These assessments of the impact of the intervention on service providers can be done with relatively minimal resources, as they can be completed by facilitators during supervised CCD field training exercises and by supervisors during home visits or other supervisory meetings post training. (For research purposes, specially trained evaluators could use the observation tool for more objective ratings.)

CORE INDICATORS *to evaluate the quality of provider performance* (see Annex B. Tools to evaluate the impact of the intervention for the Observation of Provider's Counselling Skills)

YES/NO indicators (Observed during counselling of caregivers before training, at the end of training, and three months later)

- **Appropriate general communication** (greetings, interaction with the caregiver)
- **Asked about caregiver-child interactions** (asks assessment questions)
- **Advised about play and communication activities** (age or problem appropriate, use of demonstration items)
- **Problem solved on home activities** (sets practice time at home, helps to identify and solve problem)

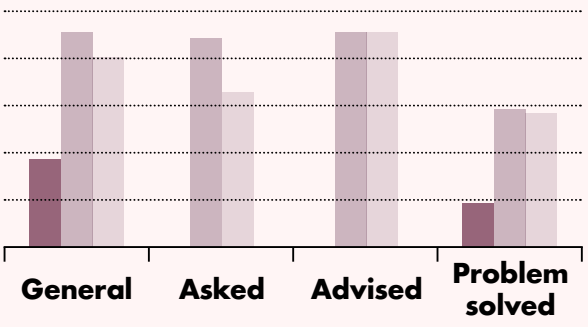

Figure 2: Provider perfomances on counselling tasks (before, during, 3 months after training)

What improvements were seen in *caregiver practices?*

The caregiver shapes the child's home environment and stimulates the child's development. Increasing the time with the child in play and communication activities is one way, promoted by the Care for Child Development intervention, through which the caregiver stimulates the child's learning of motor, cognitive, social, and affective skills. While observations of caregiver practices in the home are very helpful, they require trained observers. For countries that have PHC, ECD and/or CBR? Home and community-based programme services, existing supervision and evaluation mechanisms can be used to undertake CCD observations in the home setting – building on existing structures. For those countries without community/home-based services, consideration should be given to not increase demands on scarce human, logistical, and financial resources.

Caregiver interviews, however, are less expensive than observations of practices and can provide useful information. Whenever possible, programmes are encouraged to conduct interviews in a sample of households receiving the intervention. Household surveys contribute to highly ***RECOMMENDED INDICATORS***.

The Multiple Indicator Cluster Survey (MICS) includes proxy indicators of family practices and other conditions in the home that support learning and development, as well as other indicators of child health, nutrition, protection, and education. The availability of supportive conditions, including the availability of objects for learning and the time caregivers spend productively with their children, are related to a child's competence and later achievement in school. Over time the MICS can identify changes in the home and caregiver practices across a sample of surveyed communities. Unfortunately, the scheduling and sampling of households, done independently for the MICS, will coincide neither with the timing (before and after an intervention) nor with the households targeted.

Special household surveys using the MICS items that are most directly related to the intervention, however, can be conducted with caregivers who are targeted for the Care for Child Development intervention. Thus, by using the MICS items and survey procedures, the surveyors can sample families who have not yet received the counselling services and compare them to a sample of families who have received the services. (See Annex B. Tools to evaluate the impact of the intervention for the MICS items on the Supportive Environment at Home.)

RECOMMENDED INDICATORS of the impact of the intervention on caregivers and the home

Number and/or percentage indicators

- **Support for learning: Children's books in the home** (number of children who have three or more children's books/total number of target children of caregivers surveyed)
- **Support for learning: Playthings** (number of children with two or more playthings/total number of target children of caregivers surveyed)
- **Support for learning: Play and communication activities** (number of children with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days/ total number of target children of caregivers surveyed)
- **Father's support for learning: Play and communication activities** (number of children under age 5 whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days/total number of target children of caregivers surveyed)

For an additional ***RECOMMENDED INDICATOR***, surveys that have asked about **Time the adult spent playing with the child** have demonstrated improvements after counselling on **Care for Child Development**. A question that might, therefore, be added to the survey is: How much time did you spend playing with your child in the last three days?

Additional information for monitoring and evaluating the programme

Some evaluation questions may be useful. Answering them, however, requires more resources than are usually available for the monitoring and evaluation component of a local programme. Below are examples of optional questions and indicators (Table 2). UNICEF and WHO have prepared guides with tools for gathering information to answer these and other questions. For more information, see the *WHO/UNICEF* **Care for Child Development Monitoring and Evaluation Guide** (M & E Guide), December 2010; the *WHO/UNICEF/World Bank Marginal Budgeting for Bottlenecks* tool (MBB tool); and the *Multiple Indicator Cluster Survey* tool (MICS).

Table 2. Sample optional questions

Task	WHAT questions to answer	WHEN to gather the information	WHO to gather the information	Sample optional indicators
To do a pre-assessment of the programme context	How can Care for Child Development be integrated into existing ECD programmes (of multi-sectors) and work of local providers and services?	Before implementation	Programme planners	• Situational analysis • Cost and financing opportunities *See M & E Guide*
	What do service providers know about child development?	Periodic (no training, at the end of training)	Self-report of service providers and caregiver reports	• Service provider's knowledge of child development • Provider's perceived confidence • Caregiver's report on provider's competencies *See M & E Guide*
To evaluate the impact of the intervention	What is the effect on the child's health and growth?	Periodic (no implementation, two and three years later)	Household surveyors	• Childhood morbidity (e.g. diarrhoea, acute respiratory illness episodes) • Childhood mortality • Child growth (prevalence of stunting or wasting) *See MICS*

Planning next steps

- UNICEF and WHO Country Offices reach consensus on core indicators, and identify who will be responsible for monitoring programme implementation. UNICEF and WHO headquarters initiate data collection and synthesize the information in global reports.

- UNICEF and WHO provide a means to share data collection tools, procedures, and evaluation results to inform the network of persons who are making decisions on programmes that affect child development, including implementing **Care for Child Development**.

Resources

Ertem, I.O. et al. (2008). A Guide for Monitoring Child Development in Low-and Middle-Income Countries. Pediatrics 121:e581-589.

This article proposes a method, tested by physicians in Turkey, to assess a child's development through a brief, six-item interview of his or her caregiver.

UNICEF. (2010). Multiple Indicator Cluster Survey (MICS), New York: UNICEF Statistics and Monitoring.
http://www.childinfo.org ; http://www.unicef.org/statistics/index_24302.html
UNICEF assists countries in collecting and analyzing data in order to fill gaps for monitoring the situation of children and women through its international household survey initiative, the Multiple Indicator Cluster Survey (MICS). Since the mid-1990s, the MICS has enabled many countries to produce statistically sound and internationally comparable estimates of a range of indicators in the areas of health, education, child protection, and HIV/AIDS.

WHO/UNICEF. (2011). Care for Child Development: Monitoring and Evaluation Guide.
Geneva: World Health Organization. Ilgı Ertem (Ankara University School of Medicine), Patrice Engle (Cal Poly State University at San Obispo, CA), Oliver Petrovic (UNICEF New York), and others have contributed to a set of tools for monitoring and evaluating Care for Child Development and other interventions to support community-based interventions for children.

ANNEX A
Tools to monitor programme implementation

STATUS OF PROGRAMME IMPLEMENTATION

Tool to monitor the proposed CORE INDICATORS on the status of the implementation of the Care for Child Development intervention.

Programme Indicator	Area Covered (e.g. National, District[3])	Achieved and Date	Information Collected
YES/NO indicators (for a timeline)			
Policy conducive to promote integrated early childhood development, especially for children from birth to 3 years old, being implemented	National		Indications that the country is ready to examine Care for Child Development as a possible approach as part of existing health and ECD programmes, with a family support focus.
Orientation workshop for policy makers conducted (multi-sectors)	National		When workshop was conducted including a multi-sector approach, as an indication of the start of the implementation process
Coordination committee established (multi-sector) to guarantee inter-sectoral approach to design, implement, monitor and scale-up CCD implementation.	National and District		Indications that a multi-sector coordination is established and functioning throughout process, - first at a national level, with involvement of the main sectors and partners working on ECD. - Second at district level.
Plan to strengthen existing ECD interventions with Care for Child Development prepared and costed	National		What type of intervention, who delivers, who trains, who supervises, starting sites, implementation timeline, cost
Adaptation of Care for Child Development intervention and materials completed, if needed to fit national policies and local conditions	National		Adapted draft taking into consideration national policies and local context..
Training of master trainers and initial course completed	National		• Number of master trainers • Number of early participants trained
Baseline evaluation conducted in two target districts	District		• Reported results of baseline evaluation (see the section on Evaluation, below)
Final evaluation in two target districts completed after 80% training coverage	District		• Reported results of final evaluation (see the section on Evaluation, below) • Results and report shared and discussed with participating sectors and local staff of services.

[3] For the LAC region, different terms will be used for each country to indicate what will be consider the sub-national level for implementing CCD actions: municipality, department, province, etc.

ANNEX A

Programme Indicator	**Area Covered** (e.g. National, District[3])	**Achieved and Date**	**Information Collected**
Number and/or percentage indicators			
Progress of implementation (districts covered)	National	Number and/ or percentage by date	• Number of districts covered out of total number of targeted districts
Training courses conducted	National or district		• Number of courses conducted (including information on focus of training courses and participants)
Training coverage of providers in target districts	District		• Number of providers trained out of total number of target providers • Number of trainers prepared • Optional, if system collects: • Number of supervisory sessions per target provider
Caregivers covered by the intervention	District		• Number of caregivers counselled out of total number of caregivers in target district (estimate based on service coverage) • Optional: number of caregivers receiving multiple counselling sessions – two, three or more)
Narrative description of adapted intervention, as planned			
Type (e.g. PHC home visit, play group, maternity programme, ECD target groups)	National		• Areas to expand the focus and use of CCD intervention to include potential family and caregiver counselling in additional settings and services. • Coordination between types of intervention.
Provider (e.g. health worker, community health worker, ECD worker, community-based early intervention/ rehabilitation worker)	National		Adaptations of interventions to include a wider range of health, ECD, community early intervention/rehabilitation and other family support workers, including indications of workers role in family and caregiver counselling.
Intensity (number and duration of planned intervention contacts with families, e.g. hours per week or month until child's age limit)	National and local (sub-national)		Modifications to include variations of contact time, follow-up and family/caregiver counselling strategies based on the specific characteristics of the different services (in case multiple sectors and services are involved).
Coordination (established referral and coordination mechanisms with other support services for children with development delays, disabilities or other risk situations)	National and local (sub-national)		Examples of coordination mechanisms to guarantee follow-up or more targeted child and family support services – focusing on children with developmental delays and disabilities and those facing other risk situations of violence or abuse.
Communication (mechanisms and strategies for communication to support advocacy, family information, service provider support)	National and local (sub-national)		• Use and potential application of communication strategies to support direct family guidance and support services. (examples) • Materials developed

ANNEX A

QUALITY OF PROGRAMME INPUTS

Tool to monitor the proposed CORE INDICATORS on the *quality* of the implementation of the Care for Child Development intervention (training and supervision).

Programme Indicator	Standard		Reported actual	Minimum standard met	
	Recommended standard	Minimum standard		YES	NO
Course duration (classroom and CCD field practice) for introductory training	3 ½ days or 29 hours	2 ½ days or 21 hours			
CCD field practice during introductory training	10 hours	7 hours (5 caregivers with children counselled per participant)			
Facilitator to participant ratio	1 facilitator to 6 participants 1 CCD field practice instructor to 12 participants	1 facilitator to 6 participants 1 field practice instructor to 24 participants			
Course duration for facilitator training		5 days or 40 hours (extra CCD field practice until 20 caregivers with children counselled per facilitator)			
Supervision		4 hours per month, group or individual, including clinical and/or ECD centre observations			
Duration of orientation workshop for policy makers		3 hours of interactive training			
Refresher training		1 day or 8 hours every six months, with CCD field practice			

Narrative description of supervision, as planned

Type of supervision (e.g. group meeting, supervised home visit, supervised clinic and/or ECD centre work)	
Supervisor (e.g. employee's supervisor, designated supervisor for Care, facilitator)	
Intensity of supervision (e.g. hours per week, month, twice a year)	

ANNEX B

Tools to evaluate the impact of the intervention

OBSERVATION OF PROVIDER'S COUNSELLING SKILLS (Checklist)

Tool to evaluate the proposed CORE INDICATORS on the impact of training and supervision on the counselling by service providers. Observer: Tick YES or NO to indicate whether the behaviour was observed.

Provider's name:	**YES**	**NO**
1. Greets the mother, father or other caregiver cordially at beginning of the visit.		
2. Looks at the caregiver during the visit.		
3. Encourages the caregiver to talk by asking her or him questions.		
4. Uses positive non-verbal communication and body language throughout the visit.		
5. Uses objects or drawings to assist explanations at least once.		
6. Encourages the caregiver to ask questions at least once throughout the visit.		
7. Arranges translation for caregivers, if not fluent in language of health or ECD service.		
Appropriate general communication (4 of above 7 are YES)		
1. Asks how the caregiver plays with the child.		
2. Asks how the caregiver talks to the child.		
3. Asks how the caregiver gets child to smile.		
4. Asks the caregiver if caregiver has any concerns about how the child is learning (child age 6 months and older).		
Asked about caregiver-child interactions (2 of above 4 are YES)		
1. Suggests appropriate play activity from counselling card.		
2. Suggests appropriate communication activity from counselling card.		
3. Praises caregiver for play or communication with child at least once.		
4. Asks caregiver to demonstrate play or communication activity with child, and checks for understanding.		
5. Uses appropriate objects or toys for caregiver's demonstration.		
Advised about play and communication activities (3 of above 5 are YES)		
1. Asks the caregiver what play activities he or she plans to do at home and when.		
2. Asks about problems caregiver may face in carrying out play and communication activities.		
3. Discusses how caregiver will solve the problems in carrying out these recommendations.		
4. Praises caregiver for plan.		
5. Asks caregiver about and observes to see whether the child has problem seeing or hearing, if the child is not responding, or seems slow.		
6. Refers the child with difficulties to special services – along with providing information and encouragement to caregivers, if significant developmental delay or disability is observed.		
Problem solved on home activities (4 of above 6 are YES)		

ANNEX B

SUPPORTIVE ENVIRONMENT IN THE HOME (MICS items)

Tool to evaluate the RECOMMENDED INDICATORS on the impact on caregiver practices.

EC1. How many children's books or picture books do you have for *(name)*?

None _____

Number of children's books _____

Ten or more books _____

EC2. I am interested in learning about the things that (name) plays with when he/she is at home.

Does he/she play with

[A] homemade toys (such as dolls, cars, or other toys made at home)?

[B] toys from a shop or manufactured toys?

[C] household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?

If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response

	Y	N	DK
Homemade toys _____	1	2	8
Toys from a shop _____	1	2	8
Household objects or outside objects _____	1	2	8

EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.

On how many days in the past week was (name):

[A] left alone for more than an hour? Number of days left alone for more than an hour __ __

[B] left in the care of another child (that is, someone less than 10 years old) for more than an hour? Number of days left with other child for more than an hour __ __

If 'none' enter' 00'. If 'don't know' enter' 98'

EC4. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (name):

If yes, ask:

who engaged in this activity with *(name)*?

Circle all that apply.

		Mother	Father	Other	No one
[A] Read books to or looked at picture books with (name)?	Read books	A	B	X	Y
[B] Told stories to (name)?	Told stories	A	B	X	Y
[C] Sang songs to (name) or with (name), including lullabys?	Sang songs	A	B	X	Y
[D] Took (name) outside the home, compound, yard or enclosure?	Took outside	A	B	X	Y
[E] Played with (name)?	Played with	A	B	X	Y
[F] Named, counted, or drew things to or with (name)?	Named/counted	A	B	X	Y

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