Care for Child Development

Facilitator Notes
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Background

7.6 million children worldwide die each year. More than 25 times that number – over 200 million children – survive but do not reach their full human potential. As a result, their countries have an estimated 20 per cent loss in adult productivity. Health services, health workers, day-care centres, and other community services have an important role in promoting the development of young children.

The Care for Child Development 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 have been shown to be effective.

Caregivers and families are best placed to support children’s growth and development through daily activities and interactions. But they need support. Guidance and support to families by health workers and other counsellors result in improved responsive care practices.

This course on Care for Child Development prepares persons who work with families to promote the healthy growth and psychosocial development of children.

Implemented on a wide scale, Care for Child Development will have significant public health and social benefits, especially for those children and families who need it most.

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Training with the module on Care for Child Development

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

- Simple recommendations health workers and other counsellors can make to families to improve the growth, health, and development of children.
- A training Manual for participants to counsel families in Care for Child Development, with job aids to guide the counselling process.
- Facilitator Notes (this booklet) and guidelines for clinical practice to support classroom and clinic activities.
- A video 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 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.
- 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 and community settings.

Training plans

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

- Sample agenda
- Course needs:
  - Facilitators
  - Facilities
  - Equipment and supplies
  - Homemade toy items and materials
## Sample Agenda

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Topic</th>
<th>Method</th>
<th>Pages in Manual</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>08.00–09.00</strong></td>
<td>Opening</td>
<td>Introductions PowerPoint presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registration</td>
<td></td>
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<td></td>
<td>Opening remarks</td>
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<td></td>
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<tr>
<td></td>
<td>Introduction of participants</td>
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</tr>
<tr>
<td></td>
<td>Administrative announcements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>09:00–10:15</strong></td>
<td>Introduction</td>
<td>Reading Discussion</td>
<td>1-9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Who is the caregiver?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Caring for the child’s development</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Discussion: Care for Child Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.15–10.30</strong></td>
<td>COFFEE BREAK</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>10.30–11.15</strong></td>
<td>Recommendations for Care for Child Development</td>
<td>Reading Discussion Video</td>
<td>10-23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Video demonstration: Recommendations for play and communication</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Discussion: Using the counselling card</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>11.15–12.00</strong></td>
<td>Exercise: Making toys</td>
<td>Demonstration Exercise</td>
<td>24-25</td>
<td></td>
</tr>
<tr>
<td><strong>12.00–13.00</strong></td>
<td>LUNCH</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>13.00–15.00</strong></td>
<td>Clinical practice: Playing and communicating with children</td>
<td>Clinical practice (inpatient ward)</td>
<td></td>
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</tr>
<tr>
<td><strong>15.00–15.15</strong></td>
<td>COFFEE BREAK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15.15–15.45</strong></td>
<td>Debriefing: Play and communicate with children</td>
<td>Discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15.45–16.00</strong></td>
<td>Counsel the family on care for child development</td>
<td>Reading Exercise</td>
<td>26-28</td>
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<tr>
<td></td>
<td>Exercise: Identify the child and caregiver</td>
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<td></td>
<td></td>
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<tr>
<td><strong>16.00–17.00</strong></td>
<td>Look, ask, and listen: Identify care practices Praise and advise: Improve care practices</td>
<td>Reading Discussion</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Role Play Exercise: Advise the caregiver</td>
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<table>
<thead>
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<th>Day 2</th>
<th>Topic</th>
<th>Method</th>
<th>Pages in Manual</th>
<th>Facilitator</th>
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</thead>
<tbody>
<tr>
<td><strong>08.00–11.00</strong></td>
<td>Clinical practice: Counsel the family</td>
<td>Clinical practice (outpatient clinic)</td>
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<td></td>
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<tr>
<td><strong>11.00–11.15</strong></td>
<td>COFFEE BREAK</td>
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<td></td>
<td></td>
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<tr>
<td><strong>11.15–12.00</strong></td>
<td>Debriefing: Counsel the family</td>
<td>Discussion Videos and pictures</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12.00–13.00</strong></td>
<td>LUNCH</td>
<td></td>
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</table>
## Care for Child Development

### Facilitator Notes

**Training plans**

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<th>Topic</th>
<th>Method</th>
<th>Pages in Manual</th>
<th>Facilitator</th>
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</thead>
<tbody>
<tr>
<td>13.00–15.00</td>
<td>Help solve problems</td>
<td>Role play exercise: Help solve problems Video exercise: Identify and help solve problems</td>
<td>Reading Discussion Role plays Video</td>
<td>38-43</td>
</tr>
<tr>
<td>15.00–15.15</td>
<td>COFFEE BREAK</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>15.15–16.00</td>
<td>Caregiver and child follow-up</td>
<td>Video exercise: Identify and help solve problems</td>
<td>Reading Video</td>
<td>44-45</td>
</tr>
<tr>
<td>[16.00–17.00]</td>
<td>[For facilitators and decision-makers: Technical seminar 1]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 3</th>
<th>Topic</th>
<th>Method</th>
<th>Pages in Manual</th>
<th>Facilitator</th>
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</thead>
<tbody>
<tr>
<td>08.00–11.00</td>
<td>Clinical practice: Counsel the family and help solve problems</td>
<td>Clinical practice (outpatient clinic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.00–11.15</td>
<td>COFFEE BREAK</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11.15–12.00</td>
<td>Debriefing: Counsel the family and help solve problems</td>
<td>Discussion Videos and pictures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.00–13.00</td>
<td>LUNCH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[13.00–14.00]</td>
<td>[For facilitators and decision-makers: Technical seminar 2]</td>
<td></td>
<td></td>
<td></td>
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</table>
Course needs

Facilitators

- Two facilitators for each group of 12 participants (ratio of 1 facilitator:6 participants) to guide the classroom activities
- One clinical instructor for each group of 12 participants to guide the inpatient and other clinical sessions
- Course director to manage administrative tasks, transportation, coordination with inpatient ward and clinic (or other setting), and to assist with facilitator training

Facilities

- Classroom with tables and chairs
  - Maximum of 12 participants per room plus two facilitators and observers
  - Easel chart with paper, table for supplies, projector (see full list of equipment and supplies below)
- Inpatient ward with children
- With minimum of 12 children for demonstration and practice for each participant group
- Health facility (clinic) or other 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
- Logistical arrangements
  - For lunch and coffee breaks
  - Transportation to clinical sites
  - Equipment and supplies (see the table below)
# Equipment and supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCD projector (for projecting videos and</td>
<td>1/room</td>
<td>Note: If there is no LCD projector, provide a TV monitor and CD-Rom or video player</td>
</tr>
<tr>
<td>pictures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer</td>
<td>1/room</td>
<td>(see above item)</td>
</tr>
<tr>
<td>Care for Child Development CD-Rom</td>
<td>1 set/room</td>
<td>Parts 1 and 2 – CD-Rom or video, depending on equipment available</td>
</tr>
<tr>
<td>Participant Manuals</td>
<td>1/person</td>
<td>These can be printed in colour or in black and white</td>
</tr>
<tr>
<td>Counselling Cards</td>
<td>1 set/person</td>
<td>These should be printed in colour, if possible, and bound or by another way attached.</td>
</tr>
<tr>
<td>Facilitator Notes</td>
<td>1/facilitator</td>
<td>Punch these for carrying in a notebook. If possible, print on coloured paper (distinct from Manual pages)</td>
</tr>
<tr>
<td>Guidelines for Clinical Practice</td>
<td>1/clinical instructor and course director</td>
<td></td>
</tr>
<tr>
<td>Checklists</td>
<td>5/participant plus 10 extra per room</td>
<td>More copies can be added to this minimum number if there is a copy machine available.</td>
</tr>
<tr>
<td>Marking pens (6)</td>
<td>1 set/room</td>
<td></td>
</tr>
<tr>
<td>Easel chart, paper</td>
<td>1 set/room</td>
<td></td>
</tr>
<tr>
<td>Tape or plastic tack (for posting on wall)</td>
<td>1 set/room</td>
<td></td>
</tr>
<tr>
<td>Marking pens – various colours</td>
<td>6/room</td>
<td></td>
</tr>
<tr>
<td>Coloured card stock for making name tents</td>
<td>1/person</td>
<td></td>
</tr>
<tr>
<td>Coloured card stock for making cards for</td>
<td>50</td>
<td>Cards can be printed and cut ahead of time (See Annex A of the Facilitator Guide)</td>
</tr>
<tr>
<td>exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name tags</td>
<td>1/person</td>
<td>1/person = For each participant and facilitator</td>
</tr>
<tr>
<td>Carrying bag – to fit A4 materials, with</td>
<td>1/person</td>
<td>Bag needed for counsellors to carry materials and toy items</td>
</tr>
<tr>
<td>supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pens/pencils</td>
<td>2/person PLUS some extra pencils for the group</td>
<td></td>
</tr>
<tr>
<td>Pencil sharpener (small)</td>
<td>1/person</td>
<td></td>
</tr>
<tr>
<td>Extension cords plus adapters for European</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>plugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pencil sharpener, stapler, paper punch</td>
<td>1 set</td>
<td></td>
</tr>
<tr>
<td>Binders (notebooks) – 4 cm (1½ inches) depth</td>
<td>1/facilitator/observer</td>
<td>For facilitator/observers</td>
</tr>
<tr>
<td>Toy items (samples made)</td>
<td>1 set/room</td>
<td>See list attached</td>
</tr>
<tr>
<td>Materials for participants to make toy</td>
<td>1 set/each 2 participants</td>
<td>See list attached</td>
</tr>
<tr>
<td>items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dolls (or substitute)</td>
<td>1 each 3 participants</td>
<td>Simple dolls used in training (if not available, use three towels instead for some or all of the dolls)</td>
</tr>
<tr>
<td>Certificates</td>
<td>1/person</td>
<td>For participants and facilitators</td>
</tr>
<tr>
<td>Anything else?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Toy items and materials

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

Other supplies for making toys

<table>
<thead>
<tr>
<th>Scissors</th>
<th>Marking pens</th>
<th>Plastic boxes for supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coloured cardboard</td>
<td>Punch</td>
<td>Plastic bags to sort toys and take them to clinic</td>
</tr>
<tr>
<td>Box cardboard</td>
<td>Glue</td>
<td>Dish soap for cleaning toys</td>
</tr>
</tbody>
</table>
Who is a facilitator?

A facilitator helps participants learn the skills presented in the course Counsel the Family on Care for Child Development. The 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.

In this course, you will demonstrate what a counsellor needs to do, lead discussions, help participants practise skills and give feedback to them. You will also organize and supervise clinical practice in an inpatient ward and an outpatient clinic. 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.

The Manual, Checklist, and other materials structure the process of learning the skills the counsellor will need. 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:

- 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 clinical sessions, explain what to do, and model good clinical and communication skills.
- Give guidance and feedback as needed during classroom and clinical sessions.

To motivate:

- 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:

- Plan ahead to obtain all supplies needed each day.
- Make sure that movements from classroom to clinical sessions 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 in the space provided for the facilitator’s name.
- 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 clinic session, review the tasks to be done, and prepare the staff. (See the Guide for Clinical Practice.)
- Assist the clinical instructor to help participants move through the activities and provide feedback during the clinic session.
Facilitator Notes for classroom activities
Opening

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. (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 card tent and a name tag, using cards and markers. Set the card tents 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

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 may be working or volunteering in different settings. They may meet with families in child-care centres, at feeding programmes, in a health-centre hospital, or at a community health fair.
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.
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:

1. Identify basic family influences on a child’s development.
2. Identify what a child can do and how to stimulate a child’s learning.

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.
# Answer Sheet

## Discussion: Care for Child Development

<table>
<thead>
<tr>
<th>Comment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A mother does a better job when she feels confident about her abilities to provide care.</td>
<td>True</td>
</tr>
<tr>
<td>Before a caregiver leaves, she should have a chance to practice any new activity with you and be confident that she will be able to do the activity at home.</td>
<td></td>
</tr>
<tr>
<td>2. The brain develops more rapidly when the child first enters school than at any other age.</td>
<td>False</td>
</tr>
<tr>
<td>The brain develops most rapidly before birth and in the first two years of life. The efforts to help the child learn at this age will benefit the child for their whole life.</td>
<td></td>
</tr>
<tr>
<td>3. Young children learn more by trying things out and copying others than by being told what to do.</td>
<td>True</td>
</tr>
<tr>
<td>Evidence shows that children learn by doing things</td>
<td></td>
</tr>
<tr>
<td>4. A father should talk to his child, even before the child can speak.</td>
<td>True</td>
</tr>
<tr>
<td>The father is preparing the child for speech and how people communicate.</td>
<td></td>
</tr>
<tr>
<td>5. Before a child speaks, the only way the child communicates is by crying.</td>
<td>False</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>6. A baby can hear at birth.</td>
<td>True</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>7. A baby cannot see at birth.</td>
<td>False</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>8. A child should be scolded when she or he puts something into the mouth.</td>
<td>False</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>9. A child drops things just to annoy the father and mother.</td>
<td>False</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>A child begins to play when she or he is old enough to play with other children.</td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td>Children can learn by playing with pots and pans, cups, and spoons.</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>Talk to your child, but do not talk to the child while breastfeeding. It will distract the child from eating.</td>
</tr>
</tbody>
</table>
Recommendations for Care for Child Development

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, social, cognitive, and emotional skills by asking them to analyze 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.
- Social – working with the caregiver, looking to the caregiver for assistance and praise.
- 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.
- Emotional – trying and retrying the task until the cups are stacked, without becoming frustrated or angry; sharing the achievement with a caring adult.

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.

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, social, cognitive, and emotional.
### Care for Child Development

**Facilitator Notes**

**Recommendations for Care for Child Development**

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

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.
Objectives

The Counseling 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.

Process

1. Ask participants to refer to their Counseling 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 Counseling 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 (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.
### Recommendations for Care for Child Development

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.</strong> A 10-month-old child who does not yet speak.</td>
</tr>
<tr>
<td><strong>8.</strong> A 3-year-old child who cannot see.</td>
</tr>
<tr>
<td><strong>9.</strong> An 8-month-old child who drops all her toys.</td>
</tr>
<tr>
<td><strong>10.</strong> A 4-year-old child who knows how to count.</td>
</tr>
</tbody>
</table>

Discussion: Using the Counselling Card ([Manual](#), page 22)
**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.
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.

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.
Exercise (optional)

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 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.

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 Clinical 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.

Referring to the sample information on Marta Cortez, ask the questions on what we know about the child, based on the recorded information (see page 27 in the Manual).
Exercise: Identify the child and caregiver

Objectives

Participants will practise 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.

Answer sheet

Exercise: Identify the child and caregiver

CHECKLIST for Counselling on Care for Child Development

Date: [Day] / [Month] / 20__
Completed by [counsellor]

Child’s name: First ____________ Family ________ Age: ________ Years / ________ Months  (Boy / Girl)

Caregiver’s name: ____________ Relationship: Mother / Father / Other: ____________

Address, Community: ____________

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.
Look, ask, and listen: Identify care practices

Observing the interactions between the caregiver and child is an important skill for the counsellor. 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. 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 counsellor, 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 counsellor can suggest play and communication activities that will help the caregiver be more sensitive to the child and respond appropriately. The counsellor 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 clinical 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 children to develop. (The participants practise the skills of advising caregivers on selecting and trying out new play and communication activities during the first clinical session in the outpatient clinic.)
However, counsellors 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 clinical 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 outpatient clinical session.)

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 29 of the Manual).

The first question asks what the counsellor saw in the interaction. To find out, refer participants to the notes the counsellor wrote on the Checklist.

For example, for Child 1. Age 2 years and 6 months, the counsellor 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 counsellor’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 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

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.

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 plays, 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.

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 interacting directly with the child. Instead, coach the caregiver to interact with the child.

  (Note that, during the first clinical session in the inpatient ward, participants interacted directly with children to see how the activities worked with the children. In the next clinical sessions in the outpatient clinic or other setting, however, the participants will counsel caregivers and will not interact directly with children.)

- 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 practise 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 respond 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 boy how to stack things?”
**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 practise 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 counsellor, and the observer.
2. Toy items on the table – available for counsellors 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 counsellors the chance to practise advising the caregiver, as pure as possible, without adding difficulties.
3. Are there any questions?
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 counsellors 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.
Help solve problems

The second **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. The box *For the child age 6 months and older who may be having difficulty learning* on page 40 suggests a simple process for identifying difficulty hearing or seeing. (The box is also in Annex B. Copy the box on card stock so that counsellors 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 sounds and movements.

Discuss with participants whether there are services available to 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.

Then return to the **Checklist**. The **Manual** provides an example of a completed **Checklist** for Carlos Sanchez (on page 42). Ask the questions for discussion to help participants learn about Carlos and where to find the information on the **Checklist**.

Demonstrate how the counsellor 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.
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.

Preparation

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 counsellor a chance to see again 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 counsellor must ask the caregiver and child to return. In the community, a community health worker, who is a counsellor, may be able to visit the family at their home.

Circle the day at the bottom of the Checklist to indicate the day when the caregiver has agreed to see you again.
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?
Caregiver and child follow up

- What advice could you give? What play and communication activities would you recommend? (Refer participants to the Checklist to identify the advice they would give.)

4. During the next clinical 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

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.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A mother does a better job when she feels confident about her abilities to provide care</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The brain develops more rapidly when the child first enters school than at any other age</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Young children learn more by trying things out and copying others than by being told what to do</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A father should talk to his child, even before the child can speak</td>
<td></td>
</tr>
</tbody>
</table>
5. Before a child speaks, the only way the child communicates is by crying.

6. A baby can hear at birth.

7. A baby cannot see at birth.

8. A child should be scolded when she or he puts something into the mouth.
### Discussion: Care for Child Development

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

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

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

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

**Set 2**

**Discussion: Using the counselling card**

1. A newborn baby, 1 day old

2. A 4-week-old baby

3. A 5-month-old child

4. A 6-month-old child
### Discussion: Using the counselling card

<table>
<thead>
<tr>
<th></th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>A 13-month-old child</td>
</tr>
<tr>
<td>6.</td>
<td>A 28-month-old child</td>
</tr>
<tr>
<td>7.</td>
<td>A 10-month-old child who does not yet speak</td>
</tr>
<tr>
<td>8.</td>
<td>A 3-year-old child who cannot see</td>
</tr>
</tbody>
</table>
Discussion: Using the counselling card

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

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

Annex B.
Materials to copy

1. Checklist
Copy at least 10 Checklists for each participant.

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

**Date:** ___________ / ___________ / 20____  
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**

<table>
<thead>
<tr>
<th>Look</th>
<th>Praise the caregiver if caregiver:</th>
<th>Advise the caregiver and solve problems if caregiver:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does caregiver show her or she is aware of child’s movements?</td>
<td>☐ Moves towards and with child, and talks to or makes sounds with child.</td>
<td>☐ Does not move with child, or controls child’s movements: Ask caregiver to copy child’s movements, to follow child’s lead</td>
</tr>
<tr>
<td>How does caregiver comfort the child and show love?</td>
<td>☐ Looks into child’s eyes and talks softly to child, gently touches child or holds child closely.</td>
<td>☐ Is not able to comfort child, and child does not look to caregiver for comfort: Help caregiver look into child’s eyes, gently talk to child and hold child.</td>
</tr>
<tr>
<td>How does caregiver correct the child?</td>
<td>☐ Distracts child from unwanted actions with appropriate toy or activity.</td>
<td>☐ Scolds child: Help caregiver distract child from unwanted actions by giving alternative toy or activity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask and listen</th>
<th>Praise the caregiver if caregiver:</th>
<th>And advise the caregiver and solve problems if caregiver:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you play with your baby?</td>
<td>☐ Moves the baby’s arms and legs, or gently strokes the baby. ☐ Gets baby’s attention with a shaker toy or other object.</td>
<td>☐ Does not play with baby: Discuss ways to help baby see, hear, feel, and move, appropriate for baby’s age.</td>
</tr>
<tr>
<td>How do you talk to your baby?</td>
<td>☐ Looks into baby’s eyes and talks softly to baby.</td>
<td>☐ Does not talk to baby: Ask caregiver to look into baby’s eyes and talk to baby.</td>
</tr>
<tr>
<td>How do you get your baby to smile?</td>
<td>☐ Responds to baby’s sounds and gestures to get baby to smile.</td>
<td>☐ Tries to force smile or is not responsive to baby: Ask caregiver make large gestures and cooing sounds; copy baby’s sounds and gestures, and see baby’s response.</td>
</tr>
</tbody>
</table>

| Child age less than 6 months | | |
|-----------------------------|---------------------------|
| How do you play with your child? | ☐ Plays word games or with toy objects, appropriate for age. | ☐ Does not play with child: Ask caregiver to do play or communication activity, appropriate for age. |
| How do you talk to your child? | ☐ Looks into child’s eyes and talks softly to child, asks questions. | ☐ Does not talk to child, or talks harshly to child: Give caregiver and child an activity to do together. Help caregiver interpret what child is doing and thinking, and see child respond and smile. |
| How do you get your child to smile? | ☐ Draws smile out from child. | |

| Child age 6 months and older | | |
|-----------------------------|---------------------------|
| How do you think your child is learning? | ☐ Says the child is learning well. | ☐ Says the child is slow to learn: 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
# Checklist for Counselling on Care for Child Development

**Date:** ___/___/20___  
**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

<table>
<thead>
<tr>
<th>Look</th>
<th>Praise the caregiver if caregiver:</th>
<th>Advise the caregiver and solve problems if caregiver:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How does caregiver show her or she is aware of child’s movements?</td>
<td>□ Moves towards and with child, and talks to or makes sounds with child.</td>
<td>□ Does not move with child, or controls child’s movements: Ask caregiver to copy child’s movements, to follow child’s lead</td>
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<td><strong>Child age less than 6 months</strong></td>
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□ Gets baby’s attention with a shaker toy or other object. | □ Does not play with baby: Discuss ways to help baby see, hear, feel, and move, appropriate for baby’s age. |
| How do you talk to your baby? | □ Looks into baby’s eyes and talks softly to baby. | □ Does not talk to baby: Ask caregiver to look into baby’s eyes and talk to baby. |
| How do you get your baby to smile? | □ Responds to baby’s sounds and gestures to get baby to smile. | □ Tries to force smile or is not responsive to baby: Ask caregiver make large gestures and cooing sounds; copy baby’s sounds and gestures, and see baby’s response. |

| **Child age 6 months and older** | | |
| How do you play with your child? | □ Plays word games or with toy objects, appropriate for age. | □ Does not play with child: Ask caregiver to do play or communication activity, appropriate for age. |
| How do you talk to your child? | □ Looks into child’s eyes and talks softly to child, asks questions. | □ Does not talk to child, or talks harshly to child: Give caregiver and child an activity to do together. Help caregiver interpret what child is doing and thinking, and see child respond and smile. |
| How do you get your child to smile? | □ Draws smile out from child. | |
| How do you think your child is learning? | □ Says the child is learning well. | □ Says the child is slow to learn: 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
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.