



*Republic of Zambia*

## ***Nurturing Care for Early Childhood Development***



### **A training course for ECD Service providers Facilitator Manual**

2020



# Foreword

The Government of the Republic of Zambia is committed to ensuring that all families are supported to care for their children and also help them not only survive but to thrive and develop their full potential. With the level of stunting currently at 40%, it is a known fact that most of the children under five years in Zambia fail to reach their appropriate developmental milestones. The Ministry of Health is fully aware that failure to reach age-appropriate developmental milestones in the early years is often expensive to reverse in later life.

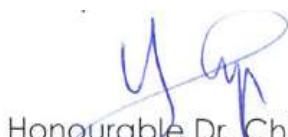
It has been validated that mental and cognitive impairment that is also part of the effects of stunting syndrome is often permanent and irreversible after the age of 24 months. Evidence available has also revealed that stunting commonly occurs during foetal life, and soon after birth up to until the second year of life and that the development of stunting follows the same pattern in all the regions of the world. This critical period is equivalent to first 1000 days of life.

There is information however that food supplementation alone is inferior to a combination of supplementation and stimulation in promoting childhood development and fostering a more successful long term health, cognitive and economic outcomes of children who have been victims of malnutrition earlier in life. It is critical to note that substantial gains in children's development also require improvement in parenting, stimulation and early education. This leads to reduction in stressful experiences, maternal depression and exposure to violence. It has been observed and found that increase in protective influences such as maternal education reduces the impact of risks.

The vision of Ministry Health is to provide the people of Zambia, with equity of access to cost effective, quality health care as close to the family as possible. In this regard and direction, the Ministry has decentralized the health service delivery system, by delegating key management responsibilities from the central level to the districts, health facilities and ultimately to the communities.

Community based volunteers (CBVs), therefore, play a major role in accelerating healthy communities, thereby moving toward the achievement of the vision of the Ministry of Health. Building CBVs capacity in Caring for Child's Healthy Growth and Development will assist in bringing the programme activities closer to care givers and families in order to promote good and appropriate care givers' and families' knowledge and practices that will assist children survive, thrive and develop their full potential.

I am convinced that the development the development of the Caring for Child's Healthy Growth and Development manual for facilitators will bring about collective, comprehensive and integrated key issues for facilitators to use to teach Community based volunteers and Community Based Volunteers.



Honourable Dr. Chitalu Chilufya - MP  
**MINISTER OF HEALTH**

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## ACRONYMS

BCG	Bacille Calmette - Guerin (Vaccine)
CBVs	Community Based Volunteers
CSTZ	Children's Sentinel Trust Zambia
DPT	Diphtheria Pertussis Tetanus (Vaccine)
ECD	Early Childhood Development
HepB	Hepatitis B (Vaccine)
Hib	Haemophilus Influenzae type b (Vaccine)
HIV	Human Immunodeficiency Virus
HPV	Human Papiloma Virus (Vaccine)
IPV	Inactivated Polio Vaccine
ITNs	Insecticide Treated Nets
MCDSS	Ministry of Community Development and Social Services
MOGE	Ministry of General Education
MOH	Ministry of Health
MP	Member of Parliament
MR	Measles Rubella (Vaccine)
OPV	Oral Polio Vaccine
PCV	Pneumococcal Conjugate Vaccine
Td	Tetanus diphtheria
WHO	World Health Organization

## INTRODUCTION

### Counsel the family on caring for the child's healthy growth and development

#### Note to the Facilitator:

*Notes to the facilitator in boxes provide guidance throughout the five-day course for what the facilitator will say and do. These notes are only in the facilitator manual. Between the notes is the content of the Participant Manual.*

*Before the course begins, set up the room so that participants can see and talk to each other and work in pairs, at a table if possible. Allow space for participants to move into small groups, as needed, for group exercises.*

*Pass out the Participant Manual. Select a participant to begin reading the Introduction below. After the second paragraph, ask the next participant to continue reading, going around the room.*

*Tell the group that anyone who does not want to read or answer a question should feel free to say "Pass".*

*For the rest of the Manual - text, boxes, picture labels, and exercises - continue asking participants to share the reading task. To hold the group's attention, have a participant read one paragraph or one short section. Move quickly to the next participant. Answer questions as needed, providing concrete and brief answers.*

The survival of children through their early years depends on the adults who care for them.



Children need to eat well in order to grow, be healthy and strong. They need protection from illness and injury as they explore the world around them. When they are sick, they need good medical care. Adults must meet many needs of a growing child.

Children also need adults who give them love, affection, and appreciation. They need adults who spend time playing and communicating with them.

Adults help children from birth to learn the skills that will make it possible for them, too, to become competent, happy, and caring adults. Community based volunteers support the efforts of families and other caregivers as they raise their children. Their support can be critical to the child's healthy growth and development, especially when caregivers also face poverty, isolation, chronic illness, and other difficult conditions.

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## Objectives

At the end of this course, participants will be able to counsel families to:

- Breastfeed young children and give their children nutritious complementary foods.
- Play and communicate with their children to help them learn, and to strengthen their relationship with their children.
- Prevent childhood illnesses and injury.
- Recognize signs of illness and take their sick children to a health facility for care.



# **FEED THE YOUNG INFANT AND CHILD (UP TO AGE 6 MONTHS)**

## **Introduction**

Good nutrition before birth—through the mother/caregiver’s good health—and in the first years of life improves the child’s growth and the child’s ability to learn. Good nutrition helps brain development in children, hence enhancing learning (high IQ). Also, good nutrition helps prevent illness.

Poorly nourished children do not grow well. They are shorter than other children the same age. They are less active when they play and have less interest in exploring and learning.

Also, poorly nourished children are often sick. And illness is a special challenge for a body that is already weak from poor nutrition.

Over a third of the children who die from common childhood illness—diarrhoea, pneumonia, malaria, measles, and other infections—are poorly nourished. Helping young children get better nutrition helps prevent early deaths.

## ***Objective***

Participants will counsel mothers/caregivers:

- To exclusively breastfeed the young infant and child (up to age 6 months)—how much, how often, and how to responsively breastfeed the child on demand.
- To help the mother/caregiver to hold the child in a good position and attach the child effectively to the breast.
- To identify and solve common problems that can interfere with exclusive breastfeeding.

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## **The importance of breastfeeding the young infant and child**

Breastfeeding is important for the *healthy growth* of the young child. Breast milk continues to be important even after the child begins taking complementary foods at age 6 months. (WHO and UNICEF recommend continuing breastfeeding until the child is age 2 years and older.)

Breastfeeding also *strengthens the relationship between mother/caregiver and child*. A close, loving relationship is a foundation for the mother/caregiver’s important caring role from the child’s birth and as the child grows.

Through breastfeeding the mother/caregiver and her baby learn early how to communicate with each other—to be sensitive to each other’s signals and respond appropriately. Their satisfaction helps sustain the care the child will continue to need for healthy survival and social development.

### *Reasons to breastfeed a child*

- **Breast milk contains all the nutrients that the infant up to age 6 months needs.** Breast milk contains protein, fat, vitamins A and C, iron, and lactose (a special milk sugar). It also contains fatty acids essential for the infant's growing brain (nutrition helps brain development in children, hence enhancing learning), eyes, and blood vessels. These fatty acids are not available in other milks.
- **Nutrients are more easily absorbed from breast milk than from other milk.**
- **Breast milk provides all the water the infant needs, even in a hot, dry climate.**
- **Breast milk protects against infection.** Through breast milk, an infant shares his mother/caregiver's ability to fight infection. The infant is less likely to develop pneumonia, diarrhoea, meningitis, and ear infections.
- **Breastfeeding protects a mother/caregiver's health.** Breastfeeding helps the uterus return to its previous size after delivery. This helps to reduce bleeding and prevent anaemia. Breastfeeding also reduces the mother/caregiver's risk of cancer.
- Breastfeeding helps a mother/caregiver and her baby to develop a close, loving relationship. Breastfeeding puts the infant in a position to look at the mother/caregiver's eyes. The mother/caregiver who breastfeeds learns how to pay attention to her infant and to respond to the baby's signs of hunger or distress. This helps even a very young infant begin to learn how to communicate.
- Breastfeeding is economical; and it is practical. Breast milk is free and available for the baby whenever the baby is hungry.



*Breastfeeding helps a mother/caregiver and her baby to develop a close, loving relationship. Helping the mother/caregiver to succeed and gain confidence is important for her and for her child.*



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## Activity 1: Review the importance of breastfeeding

What are important reasons to breastfeed a child?

**Materials:** Ball

**Note to the Facilitator:**

- Ask participants to stand forming a circle, if there is room; or face each other at the tables.
- Start by throwing the ball to the first participant. ASK: Give one reason to breastfeed a child?
- Continue with the activity until no one can think of an additional reason to breastfeed.

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## Exclusively breastfeed the young infant and child up to age 6 months

A diet of *only* breast milk is best for young infants and children up to age 6 months. *Exclusive* breastfeeding means that the child takes no additional food, water, or other fluids, starting at birth. (The child can take medicine and vitamins, if needed.)



*A mother/caregiver may need help to explain to others in the household that her baby needs only breast milk, no other food.*

Exclusive breastfeeding gives an infant the best chance to grow and stay healthy.

- **It promotes production of more milk.** Giving other food or fluids reduces the amount of breast milk the child takes and, as a result, the amount of breast milk the mother/caregiver produces.

- **It decreases the transmission of germs from the environment.** Water, feeding bottles, and utensils can pass germs to the young infant, even when they appear “clean”. The infant can become sick from the germs.
- **It ensures that the milk the child gets is nutritious.** Other food or fluid may be too diluted or thin. This can happen when the caregiver cannot afford enough breast-milk substitutes for the child, or she prepares the substitute incorrectly.
- **It provides enough iron.** Iron gives the child energy, contributes to the development of the brain, and helps the child focus attention. Iron is poorly absorbed from cow and goat milk.
- **Young infants often have difficulty digesting animal milk.** Animal milk may cause diarrhoea, rashes, or other symptoms of allergies. Diarrhoea may continue and become persistent, leading to malnutrition.

The Community based volunteer helps the mother/caregiver learn when and how often to breastfeed. Together they can solve common problems mother/caregivers face when breastfeeding. The support of the Community based volunteer and the family helps the mother/caregiver succeed in her goal to exclusively breastfeed.

Note: A CHW should help ensure that HIV positive pregnant or breastfeeding mother/caregivers are commenced on lifelong cART. Exclusive breastfeeding for the first 6 months is recommended for HIV positive mother/caregivers.



*A father supports his breastfeeding wife. His support can be key to sustaining exclusive breastfeeding.*

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### Breastfeed as often as the baby wants – on demand

A mother/caregiver is encouraged to put her newborn to her breast as soon as possible after birth, within 60 minutes. It is not necessary to wait until the baby has been cleaned or the milk begins to come. Suckling helps the breast milk to come.

The baby’s stomach is small. From then on, the baby should be fed on demand—at least 8

times in 24 hours, day and night – in order to be adequately nourished.

A mother/caregiver learns to recognize the baby's way of communicating hunger. The baby might rub the mouth with a fist, start to fuss, or open the mouth wide towards the breast. The mother/caregiver does not need to wait until the baby cries before she recognizes hunger and gives the baby her breast.

### Make sure that the baby is well-attached to the breast

For the baby to suckle well, make sure that the baby is attached well to the breast. A well-attached baby suckles with the mouth wide open, chin close and touching the breast, the lower lip turned outward, and with more areola seen above the baby's mouth than below.

When the baby suckles, you may hear a sound indicating that the baby is suckling effectively.



### Activity 2: Assess attachment to the breast

**Materials:** CHW Slides on Breastfeed the Young Infant

#### Note to the Facilitator:

- *Project the title **Breastfeed the Young Infant**. Then go to the next slides, as indicated for the text below.*
- *Point to the four points of good attachment in the picture on the left of the slide, as you identify them.*
- *Then, ask participants to look at the child on the right of the slide. Ask one participant at a time to identify one of the four points of attachment, until all four points have been identified.*
- *Go on to Part 2 of the exercise when all participants can recognize the four points of attachment.*



## Part 1. Identify the four points of attachment

1. In the picture on the left the child is well-attached to the breast.

With the facilitator, identify the four points of good attachment in the picture on the left.

### Note to the Facilitator:

A memory trick can help participants remember the four points of attachment.

For example, the English word **CALM** can remind participants to look at the Chin, Areola, Lip, and Mouth. Help participants find a trick to remember the four points in their local language.

2. In the picture on the right, the child is poorly attached to the breast. Identify the poor attachment at each of the four points.

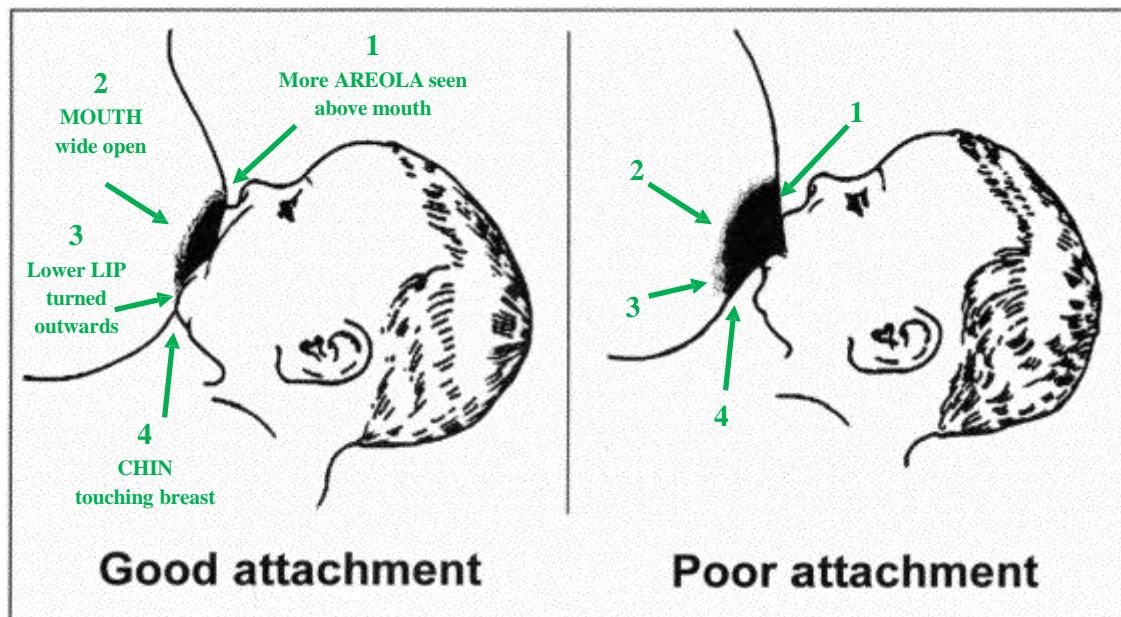
### Note to the Facilitator:

Ask four participants to identify one point of poor attachment each in the picture on the right. Answer:

1. Areola is same size above and below the mouth.
2. Bottom Lip is not fully turned out.
3. Mouth is not wide open.
4. Chin is not touching breast.



Use the memory trick, if needed, to help participants identify the points



## **Part 2. Assess attachment**

With a partner, identify the four points of attachment of the breastfeeding baby in each of the following pictures. Decide whether the baby is well-attached or poorly-attached to the breast.

### **Note to the Facilitator:**

*Help participants identify a partner and start the activity.*

*When partners have completed the activity, lead a discussion on their decisions in the whole group. Show the slide for the discussion. [Answers: Child 1 is poorly-attached; Child 2 is well-attached.]*

*For each child, ask a participant to review the four points of attachment considered in making the decision. Use the memory trick, if needed.*



**Child 1**



**Child 2**

## Help the mother/caregiver position the baby well

The Community based volunteer can help the mother/caregiver position her baby so that it is easier for the baby to attach to the breast and suckle effectively.

First, help the mother/caregiver sit comfortably with her back supported. Resting her arm on a pillow may help her hold the baby more easily and longer.

Then, without touching the baby, guide the mother/caregiver to position her baby well for breastfeeding:

- Hold baby close to her.
- Face the baby to the breast.
- Hold the baby's body in a straight line with the head.
- Support the baby's whole body.
- Make sure that the baby is well-attached to the breast.

Without touching the baby, help the mother/caregiver position her newborn well.

If the newborn still has difficulty feeding, or the mother/caregiver has a problem with her breast, refer them for care to the nearest health facility (or to a trained breastfeeding counsellor).

The mother/caregiver may support her breast by putting her palm on her chest below the breast to hold it up. She should not squeeze the breast itself, for example, with a “scissors” hold. Squeezing will interfere with the flow of milk. When she gently touches the baby’s face to her nipple, the baby will open the mouth up wide to take the breast. When the mouth is open wide, the mother/caregiver moves the baby’s head and open mouth to the breast.



### Activity 3: Demonstration and Practice - Improve position the baby

#### *Part 1. Identify a good position for breastfeeding.*

The position of the baby in the picture on the left is good for effective breastfeeding. What makes it a good position?

**Note to the Facilitator:**

*ASK: What makes the example on the left a good position for breastfeeding?*

*Call on one participant at a time, going around the circle, to each give one answer. Possible answers, for example:*

- *Mother/caregiver is holding baby close to her.*
- *Baby's face is straight to the breast.*
- *Mother/caregiver is holding baby's body in a straight line with the head.*
- *Mother/caregiver is supporting the baby's whole body.*
- *Mother/caregiver is not squeezing her breast.*



*Good Position*



*Poor Position*

**Materials:** Doll, water in a glass, mat, pillow.

**Note to the Facilitator:**

Show the slide of the two mother/caregivers. Bring participants up to you in front of the room.

1. Sit with the doll on your lap in a **poor position** to breastfeed (like the mother/caregiver on the right).
2. Ask one participant at a time to identify one improvement the mother/caregiver could make. Use the doll to demonstrate each answer, as the participant corrects the position. Mother/caregiver could (possible answers):
  - Hold baby closer to her.
  - Face baby to the breast.
  - Hold the baby's body in a straight line with the head.
  - Support the baby's whole body.
  - Not squeeze her breast.
  - Then, make sure that the baby is well attached to the breast.
3. Demonstrate **other possible good positions**. For example:
  - Baby's legs are directed behind mother/caregiver's left side, while head and body are supported to suckle from left breast.
  - Mother/caregiver lies down on her back, and brings baby to her breast.
  - Mother/caregiver and baby lie on their sides.



## *Part 2. Role play practice*

**Materials:** Doll for each small group

**Set up:** Space for groups of three, with chairs

**Note to the Facilitator:**

*Ask a participant to read the instructions on page 9 in the participants manual.*

*Then, help the groups of three to form quickly, and move their chairs together. Identify who will play each role (Community based volunteer, mother/caregiver, and observer). When roles have been identified, ask participants to start.*

*As a group finishes the role play, ask the observer to give feedback. Then, help the group change roles for the next role play. Make sure that each participant has a chance to practise this task.*

The facilitator will divide the group into groups of 3 participants each. Take your chair, your manual, and one doll for your small group. Decide which participant will play the following roles:

- **Community based volunteer**—help the mother/caregiver improve the position of the breastfeeding child.
- **Mother/caregiver**—breastfeed your child (the doll). Start with the child in a poor position.
- **Observer**—observe how the Community based volunteer counsels the mother/caregiver and helps her breastfeed more effectively.
  - What difficulty did the mother/caregiver have breastfeeding?
  - How did the Community based volunteer help the mother/caregiver?
  - What could the Community based volunteer do differently?

When the facilitator tells you, change roles until each participant has practised being the Community based volunteer.



#### Activity 4: Video: Breastfeeding the young infant

You will now see a video to review how to assess attachment and improve the position of the baby for breastfeeding. After the video, the facilitator will ask questions.

##### **Materials:** Help Improve Attachment (DVD)

##### **Note to the Facilitator:**

*Set up the DVD with the computer and projection system ahead of time. Show the*

*DVD. After seeing the DVD, ask:*

1. *How did the counsellor assess good attachment? (review)*
2. *How did the counsellor help the mother/caregiver have a good position for breastfeeding the baby? Answer:*
  - *Sit comfortably, with the back supported.*
  - *Hold baby close, facing the breast; hold the baby's body in a straight line with the head; support the baby's whole body.*

#### Feed a young infant too weak to attach well

Most newborns and young infants are strong enough to begin suckling right away. However, a baby may be low weight or for other reasons too weak to take enough milk. It may be necessary to express milk from the breast, and give it to the baby in small sips with a spoon or a small cup.

Discourage the use of a feeding bottle. The use of the nipple will interfere with the newborn's suckling on the breast. This makes it more difficult for the newborn to breastfeed effectively. Also, a bottle and teat are more difficult to clean well than a cup.

***If the mother/caregiver has difficulty feeding her baby, refer her to the health facility.*** The health worker can counsel the mother/caregiver to help her feed a low weight or weak baby.



## Counsel the mother/caregiver on breastfeeding

To support the breastfeeding mother/caregiver:

- Praise the mother/caregiver for breastfeeding her baby.
- Ask how often she is feeding her baby.
- Ask how the mother/caregiver knows when her baby is hungry.
- Ask what difficulties, if any, she is having breastfeeding.
- **For a young infant, from 1 to 2 months old (up to 3 months)**, always observe a breastfeed.
- **For a child from 3 to 5 months old (up to 6 months)**, observe a breastfeed if a mother/caregiver is having a breastfeeding problem or baby is not gaining weight. If needed, improve position and attachment.

As you counsel the mother/caregiver, you may find she is having difficulty breastfeeding. You will be able to help the mother/caregiver with some of these difficulties. For example:

Difficulty	Action
Not feeding child on demand, or mother/caregiver does not know how child communicates hunger.	Identify ways the child communicates hunger before crying, and encourage mother/caregiver to feed whenever the baby is hungry.
Feeding less than 8 times in 24 hours.	Discuss how to increase feeds, including at night.
Mother/caregiver concerned about not having enough milk and that baby always seems hungry.	Reassure mother/caregiver that, with frequent feeding, the infant stimulates the breasts and the breasts produce more milk.  If baby is gaining weight well, baby is getting enough milk.
Baby receives water or other fluids.	Discuss how breast milk is enough, even in hot weather. Help mother/caregiver reduce other fluids and increase the frequency and duration of breastfeeding.

### Discuss with the participant:

- What other breastfeeding difficulties might there be?
- What could the Community based volunteer do for each?
- When should the Community based volunteer refer the mother/caregiver and child to the health facility?
-

**Materials:** Easel chart and marker.

**Note to the Facilitator:**

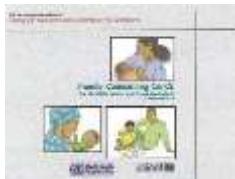
ASK: What other difficulties might there be? List these on the easel chart.

For each, discuss the action to take. Other problems might include, for example:

Other difficulty	Action
<i>Others (e.g. mother/caregiver-in-law) give herbal tea</i>	<i>CBV could offer to speak with the rest of the family about need for exclusive breastfeeding.</i>
<i>Mother/caregiver's breast is engorged and sore</i>	<i>Encourage mother/caregiver to breastfeed more frequently or pump milk, from both breasts; if no improvement, refer mother/caregiver and child to the health facility for counselling and treatment</i>
<i>Mother/caregiver's breast is cracked and infected</i>	<i>Refer mother/caregiver and child to the health facility for counselling and treatment.</i>
<i>Baby is too young or too weak to breastfeed well; baby has sores in the mouth</i>	<i>Refer mother/caregiver and child to the health facility for counselling and treatment.</i>

You might not have the training or the medicine to help with some breastfeeding difficulties. For these difficulties, refer the mother/caregiver and baby immediately to the health facility. For example, refer the mother/caregiver or baby to the health facility if the baby is too weak to feed, even to drink breast milk with a cup, or the mother/caregiver has open sores on her breast.

# THE FAMILY COUNSELLING CARDS



### ***Note to the Facilitator:***

*Pass out the Counselling Cards. Continue to ask participants to read the text below. Show the slide for*

## Introduction

Distribute to participants and explain that this set of counselling cards will guide you on home visits and other opportunities to meet with families. The cards in this set describe the care of a child from age 1 month up to 5 years of age.

Younger infants—newborns up to age 1 month—have very special needs to ensure their survival. The counselling cards in the WHO/UNICEF course *Caring for Newborns in the Community*, for example, focus on preparing for birth and the needs of the young infant to survive through the first weeks of life.

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## Objective

Participants will use the counselling cards to counsel a mother/caregiver of a young infant on feeding.

## **Materials for counselling the family (page iii)**



Open the set of counselling cards to the introduction pages. Turn to page two (ii), which starts with a list of materials to carry when you meet with families.

In addition to the counselling cards, the Community based volunteer carries a few items on the visit. (Read the list on page ii, after the cover page.)

This list is your reminder of what should be in your bag before going on a visit. If you have additional responsibilities during home visits, you may need additional items, such as a scale for weighing young children.

## **Caring for the sick child (page iii)**

After you greet the family during a home visit, the first question to ask is “How is your child doing?” The family might say that the child is sick.

You may have taken courses on caring for sick newborns or children in the community. If so, you will know how to identify signs of illness requiring treatment or referral. If you see a sick newborn or child during a home visit, follow the steps you know to take action.

If you have not yet received this training, then you will refer sick newborns and children to the health facility for care.

If the child is not sick, then continue counselling the family on how to help their child grow well. Start by asking how old is the child. The set of cards you use depends on the child's age. (Read the box on page ii.)

## Visits to promote the child's healthy growth and development (page iv)

### Routine visits



The first group of cards outlines routine, scheduled *counselling visits* with caregivers of children age up to 6 months. The cards guide home visits for the:

- Visit 1. Young infant, age 1 to 2 months
- Visit 2. Child, age 3 to 4 months
- Visit 3. Child, age 5 months

#### Note to the Facilitator:

*Clarify the age groups, if needed:*

<b>Age group</b>	<b>Explanation</b>
Young infant, age 1 to 2 months	From the beginning of 1 month through the end of 2 months
Child, age 3 to 4 months	From the beginning of 3 months through the end of 4 months
Child, age 5 months	From the beginning and through the end of 5 months

The timing of home visits supports critical tasks in the child's care. In these early months, the Community based volunteer helps a child get a good start with effective breastfeeding and checks whether the child has been immunized.

The Community based volunteer also assists mother/caregivers in learning basic caregiving skills. These skills are essential for many caregiving tasks, including feeding young infants on demand, recognizing and responding to signs of illness, helping children learn, and being alert to protect children from harm.

## ***Opportunity contacts***

Often there are no scheduled home visits for children over age 6 months. Instead, community based volunteers use *opportunity contacts* to counsel families. Perhaps they see the family when the child is sick, comes for an immunization, or attends a community health fair.

Community based volunteers could also see an older child during a scheduled home visit to a younger child in the family.

The second group of cards guide counselling during opportunity contacts for children age 6 months to 4 years (up to the fifth birthday), including:

- Child, age 6 to 8 months
- Child, age 9 to 11 months
- Child, age 1 year
- Child, age 2 years and older

### **Note to the Facilitator:**

*Clarify the age groups, if needed:*

<b>Age group</b>	<b>explanation</b>
Child, 6 to 8 months	From the beginning of 6 months through the end of 8 months
Child, age 9 to 11 months	From the beginning of 9 months through the end of 11 months
Child, age 1 year	From the first birthday to the second birthday
Child, age 2 years and older	From the second birthday up to the fifth birthday

## ***Summary cards***

The charts on page iii list the Routine Visits and the Opportunity Contacts. There are also three *Summary Cards*. These cards summarize in one place the recommendations for feeding, caring for the child's development, and preventing and responding to illness.

Now we will go back to look at the first counselling card as an example.

## **Introduction to the counselling cards on feed the young infant and child**

### **Materials:**

Visit 1. Young infant, age 1 to 2 months / Card 1 Feed the young infant



The facilitator will introduce Card 1 for the young infant, age 1 to 2 months. Card 1 guides the family in feeding their young infant. The pictures on page 1 illustrate important recommendations on feeding the young infant.



On page 2 are the steps for counselling the family. The Community based volunteer uses the steps on page 2 as a reminder of what to talk about with the family

#### **Note to the Facilitator:**

*You may ask participants to read aloud the instructions below.*

*However, if you anticipate difficulty understanding the instructions or you would like to add variety to the methods, you may instead introduce the card to the group, by presenting each step below, instead of asking the group to read aloud.*

1. Read and discuss the first section on page 1: GREETINGS. The Community based volunteer warmly greets the family and sits down near the family so that all can see the counselling cards. During the greetings say your name and ask the name of the caregiver and the child. Then introduce the purpose of the visit.
2. Read and discuss: ASK the mother/caregiver and family, and LISTEN.

**Note to the Facilitator:**

**How is the baby doing?**

The counselling session begins by asking how the baby is doing. **If the baby is sick, stop the counselling there.** What to do next depends on whether participants have been trained in newborn care.

**ASK: Raise your hands if you have been trained in newborn care.**

- If you have been trained, what would you do if the family says that the young infant (or mother/caregiver) is sick?
- If you have not been trained, what would you do if the young infant or mother/caregiver is sick?

**If there is no problem—the child and mother/caregiver are not sick, continue counsellng the family.**

**How is the baby growing?**

Most children are followed by health workers in a health facility. Health workers will weigh children once a month or each time they go for their immunizations. You will look at the child's health card to see where the child's weight is marked on the growth curve. The growth curve helps the family know whether the baby is gaining, maintaining, or losing weight. Later we will learn how to use the growth curve to counsel the family.

3. Read and discuss the key messages in the box.



Note to the Facilitator:

***These pictures show how to feed the baby. What do you see in these pictures?***

*The pictures on the counselling card provide a way to discuss the main tasks in caring for a child.*

*First, ask the family what they see in each picture. This will help you identify what the family does or does not know. It will help you and the family to start a discussion.*

*Then, give the key messages about how the family in the pictures cared for their child. With practice, you will link what the family sees in the picture to the key messages. Use the key messages to confirm what the family knows and to emphasize key tasks.*

Discuss:

***What is most important for the family to know in order to feed the young infant?***  
[Refer to key messages box as they answer.] We have seen that the key messages provides the key information to discuss with the family.

How do you link the story with what the family sees in the pictures?

*For example, let's look at Picture 1. What do you see in this picture? The mother/caregiver might say: "The baby is opening his mouth. He is getting ready to eat."*

*What does the key message say about Picture 1? "the picture shows the is breastfeeding and the child should be breastfed whenever the child shows signs of hunger—opening his mouth wide towards the breast, sucking fingers, or moving lips."*

*To link the key messages to the mother/caregiver's description of the picture say, for example: "...as you saw, the baby was showing that he was hungry by opening his mouth to his mother/caregiver's breast. He rubbed his mouth with a fist. He did not need to cry to tell his mother/caregiver he was hungry."*

Discuss other examples of how to link the key messages to what the mother/caregiver said.

4. Read and discuss: CHECK UNDERSTANDING and DISCUSS what the family will do.

### Note to the Facilitator:

*This section of the cards helps to identify what the family has understood. It also helps identify their practices at home and solve problems, if any. Praise the family for what they are doing to help their child grow.*

In this section of the feeding card, the Community based volunteer identifies whether the infant is breastfed and whether there are any feeding problems.

*Breast milk is critical to the infant's good nutrition, health, and survival. It contributes to the development of the brain and its functions: the early months are important for the development of sight, hearing, and motor control. The Community based volunteer can help the mother/caregiver exclusively breastfeed and produce a good supply of milk.*

Discuss:

**What potential problems does the health worker listen and look for?** [Refer to the bullet list. And listen for the following examples:

- *Infant is fed breast milk-substitutes.*
- *Infant is given water or tea.*
- *Infant is fed less than 8 times in 24 hours.*
- *Mother/caregiver does not know ways the infant shows hunger and, therefore, does not feed on demand.*
- *Mother/caregiver has difficulty breastfeeding or lacks confidence.]*

What can the health worker do to support the family in feeding the young infant? [Refer to the bullet list. And listen for the following examples:

- *Counsel the mother/caregiver on how to increase production of milk, e.g. feed more frequently, exclusively breastfeed, and, if not exclusively breastfeeding, decrease giving water and other fluids to the infant.*
- *Observe a breastfeed. Make sure mother/caregiver is comfortable, infant is positioned well and is well-attached to breast.*
- *Follow up in two days to make sure feeding is going well.*
- *If there is no improvement, refer mother/caregiver and baby to the health facility for counselling.]*

Questions?

Answer questions about the structure of the card. Save questions about breast feeding until later.

Summary

The counselling cards include the following sections:

- *GREETINGS—on the first card of each visit (the feeding card).*
- *ASK and LISTEN—asking the family what they see in the pictures.*
- *Give key messages—providing information by giving key messages, and linking the message to what the family members know.*

- ASSESS, CHECK UNDERSTANDING and DISCUSS what the family will do— identifying what the family members know and do, and helping them solve problems.

*Answer questions about the structure of the card. Save questions about breast feeding until later.*

The steps are the same on every counselling card. Once you learn how to use one card, you will know how to use the other cards for a child in the same age group—and in all other age groups. (Stop to look at the first counselling card again.)

For each age group, the set of cards includes information on:

- Feed the child
- Play and communicate with the child
- Prevent illness
- Respond to illness

Next you will practise counselling a mother/caregiver on breastfeeding. You will use card **1. Feed the young infant** (pages 1 and 2), to guide the counselling.



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### Activity 5: Demonstration and Practice - Counsel the mother/caregiver on feeding the young infant

#### *Part 1. Demonstration*

#### **Materials:** Doll, Counselling Cards

Observe as the facilitators demonstrate how to use the counselling card to counsel the family of a young infant, age 6 weeks, on feeding. Refer to pages 1 and 2 of the counselling cards.

Note to the Facilitator:

*This is a demonstration role play conducted by facilitators. Do not ask participants to demonstrate in front of other participants. Instead, they will practise in small groups after this demonstration.*

- 1. Prepare the role play.** Decide who will be the Community based volunteer and the mother/caregiver holding her 6 week old child (the doll). Set up two chairs in front of the room where all participants can see and hear.
- 2. Conduct the demonstration role play.** Keep the role play simple, to demonstrate the counselling, and closely follow the counselling cards.

**Community based volunteer:** Follow closely the steps on pages 1 and 2 of the counselling cards (Feed the young infant) to demonstrate the process of counselling. Start with greeting the mother/caregiver. Note: Do not check the growth chart. The growth chart will be introduced later.

**Mother/caregiver:** Answer the questions simply. You breastfeed your child only during the daytime because you would like to sleep at night. He cries a lot and you would like to get him on a schedule so you can sleep at night. You do not position your baby well for breastfeeding. Baby is not well attached.

- 3.** Discuss the demonstration role play.
  - How did the Community based volunteer greet the mother/caregiver?
  - How did the Community based volunteer praise the mother/caregiver?
  - How did the Community based volunteer use the counselling cards? Note: Position of seating and cards.
  - What difficulties does the mother/caregiver have breastfeeding?
  - How did the Community based volunteer help the mother/caregiver?
  - What could have been done differently?

## **Part 2. Role play practice**

**Materials:** Doll for each small group, counselling cards

**Set up:** Space for groups of three, with chairs

**Note to the Facilitator:**

*Help the groups of three form quickly, identify who will play each role, and start.*

*As a group finishes the role play, ask the observer to give feedback. Then, help the group change roles for the next role play. Make sure that each participant has a chance to practise this counselling task.*

The facilitator will divide the group into smaller groups of 3 participants each. Take your chair and your counselling cards to your small assigned group. Decide which participant will play the following roles:

- **Community based volunteer**—Use the counselling cards (pages 1 and 2) to guide you as you counsel the mother/caregiver on feeding her young infant. Start with greeting the family. *Note: Do not check the growth chart. The growth chart will be introduced later.*
- **Mother/caregiver**—You have been giving your daughter water in a bottle between feeds because it has been very hot. When she breastfeeds, the baby lies on her back on your lap.
- **Observer**—Observe how the Community based volunteer counsels the mother/caregiver and helps her breastfeed more effectively. At the end of the role play, give feedback to the Community based volunteer.
  - How did the Community based volunteer greet the mother/caregiver?
  - How did the Community based volunteer praise the mother/caregiver?
  - How did the Community based volunteer use the counselling cards? (Note positions of seating and cards.)
  - What difficulty did the mother/caregiver have breastfeeding?
  - How did the Community based volunteer help the mother/caregiver?
  - What could the Community based volunteer do differently?

Then, change roles until each participant has practised being the Community based volunteer.

**Note to the Facilitator:**

*Discuss your observations and the observation of the small group observers. ASK:*

***What difficulties were there in counselling the other/caregivers?***

*Summarize your observations on general communication skills:*

- *How well did participants greet mother/caregivers?*
- *Were they sitting comfortably, where mother/caregivers could see the counselling cards? Were there barriers (e.g. tables, chairs, papers) to close communication with the mother/caregivers?*
- *Did the counsellor look at the mother/caregiver during the conversation?*
- *How did the counsellor praise the mother/caregiver?*
- *How did the counsellor acknowledge the questions and concerns of the mother/caregiver?*
- *How did the counsellor build the mother/caregiver's confidence? Or not?*

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## **Feed the young infant and child (age 3 to 4 months and 5 to 6 months)**

Until the child is 6 months old, supporting exclusive breastfeeding is key to the child's healthy growth and development. The counselling cards on Feed the Child for the recommended home Visit 1, 2, and 3 are very similar.

In the group, read the card for **Visit 2. Child age 3 to 4 months/ Card 1 Feed the child** (Pages 9-10). See how similar this card is to the first card for the young infant.

When you have finished, read the card for **Visit 3. Child age 5 months/ Card 1 Feed the child** (pages 17-18).

*Discuss with the facilitator: What new information is introduced during Visit 3?*

**Note to the Facilitator:**

***Discuss the introduction of complementary foods.***

*Children should be exclusively breastfed until they are six months old.*

*However, when children are between 5 and 6 months old, a few remain hungry even after frequent breastfeeds on demand. A few may fail to gain adequate weight. If, after a follow-up in 5 days, there is no improvement with a child who is almost six months old, you may need to begin to help the mother/caregiver introduce complementary foods.*

*Next we will look at how to introduce complementary foods.*

## FEED THE CHILD (AGE 6 MONTHS UP TO 5 YEARS)

### Introduction

As the child grows older he/she will need other foods in addition to breastfeeding to meet their nutritional needs

Complementary feeding: after six months of age, all babies require other foods to complement breast milk: when complementary foods are introduced breastfeeding should still continue for up to two years of age and beyond.

### Objective

Participants will counsel others on how to feed their children age 6 months up to 5 years. Participants will identify:

- Nutritious complementary foods for a young child(24-60 months)
- When to introduce complementary foods and how to prepare them.
- How much and how often to offer food to children.
- How to offer foods and encourage children to eat them.

### Continue to breastfeed the child older than 6 months

Children older than 6 months still benefit from breastfeeding. From age 6 to 12 months, breast milk provides half of the child's nutritional needs. From 12 months to 2 years, it continues to provide one-third of a child's needs.

Breast milk also continues to protect the child from many illnesses, and helps the child grow. Therefore, a mother/caregiver should continue to breastfeed as often as the child wants.

### Add complementary foods at about age 6 months

At about 6 months of age, however, breast milk alone cannot meet all the nutritional needs of children. Without additional food to complement the breast milk, children can lose weight and falter (delayed development) during this critical period. The amount and the variety of foods that children need will increase as the child grows.

***Good complementary foods are nutrient-rich, energy-rich, and locally available.***

Help the family introduce and then increase the amount and variety of complementary foods to give a child. Foods should be safe and hygienically prepared. They should be prepared in a consistency that is nutritionally rich and acceptable for the young child to eat.

A ***nutrition-rich diet*** requires a variety of foods. (See the box for sources of important nutrients for a child's early growth and development.)

## Sources of important nutrients

<b>Iron</b>	Contributes to strong blood, rich in red blood cells. Best sources for iron: animal meat and organ foods (for example, liver), and fish. In lesser amounts: dark leafy green vegetables and legumes.
<b>Zinc</b>	Helps to prevent illness. Best sources for zinc: same as for iron.
<b>Vitamin A</b>	Contributes to healthy eyes and brain development, and prevents illness. Best sources for vitamin A: fruit and dark green and orange vegetables. Also: animal organ foods, yoghurt and other milk products, and eggs.

As the child grows, the child needs a greater amount and variety of foods. A variety helps to provide the energy and nutrients the child needs.



For child, age 6 to 8 months



For child, age 2 years and older

To be an *energy-rich food*, the food should also be prepared thick—so it stays on a spoon. Thin soups and cereals fill the stomach but do not provide enough energy for a growing child.

*Consistency for energy-rich complementary food*



Just right - stays on spoon

Too thin - drips easily off spoon

Introducing foods to a child who has been exclusively breastfed may be difficult at first. Advise families to start by giving 2 to 3 large tablespoons of well mashed food (Irish potatoes, pumpkins, butternut etc.), during 2 to 3 meals each day. Gradually encourage—but do not force—the child to eat more.

The following chart summarizes the changes in the feeding advice as the child grows. The key messages on the counseling cards on *Feed the Child* summarize the important

information for children age 6 months and older.



### Note to the Facilitator:

Show the following chart to identify how the feeding recommendations meet the changing needs of the growing child. Project the chart on the wall, and point to the information as you identify the changes as the child grows in:

- Foods** – demonstrate how to read the chart: At age 6 to 8 months, the child starts to eat thick porridge (continue).....As the child grows, the child needs greater variety of foods to meet her needs for energy, vitamins, and minerals.
- Quantity** – ask a participant to identify changes as the child grows.
- Frequency** – ask a participant to identify changes as the child grows.
- Consistency** – ask a participant to identify changes as a child grows.

### Remind the group:

The key points on food, quantity, frequency, and consistency will be introduced as you give the key messages on the counseling cards 1. Feed the Child. This information is also important as you check the family's understanding about how they feed their child.

### Meeting nutritional needs as the child grows

	6 to 8 months	9 to 11 months	1 year	2 years and older (up to 5 years)
<b>Food</b>	Thick porridge; fruit and dark green vegetables, rich in vitamin A; and animal-source foods (meat, fish, eggs, and yoghurt or other dairy products)	Fruit and dark green vegetables, rich in vitamin A; and animal-source foods	Greater variety of fruit and dark green vegetables, rich in vitamin A; and animal- source foods	Greater variety of family foods, including fruit and dark green vegetables, rich in vitamin A; and animal- source foods
<b>Quantity, how much at each meal</b>	Start with 2 to 3 tablespoons; increase to 1/2 cup of food.	1/2 cup food	3/4 cup	1 cup
<b>Frequency, how often Meals</b>	2 to 3 meals each day	3 or 4 meals each day	3 or 4 meals each day	3 or 4 meals each day

Snacks	1 or 2 snacks	1 or 2 snacks	1 or 2 snacks	1 or 2 snacks
<b>Consistency, how prepared for child to eat</b>	Mashed, thick consistency that stays on spoon	Mashed or finely chopped; some chewable items that the child can hold	Mashed or chopped; some items the child can hold	Prepared as the family eats (with own serving)



### Activity 6: Identify good complementary foods

Discuss with your participants: **What complementary foods are available locally?**

List the local foods in the left column of the chart below.

Then evaluate the foods. Tick [✓] the characteristic that describe the food or put a cross [✗] the characteristic that does not describe the food. Decide whether the food is a good complementary food for a growing child and circle [○] [Yes or No]. Start in the group with the example of ground nuts. Note that a good complementary food might not meet all the qualities listed. Continue to evaluate the remaining foods by yourself. You will discuss the decisions when everyone has finished.

## **Materials: Easel chart and marker**

### **Note to the Facilitator:**

1. ASK one participant at a time: **What complementary foods are available locally?**
2. As participants identify local foods, write the food on a list on the easel chart, starting with the example ground nuts. Make sure that there are a variety of local examples on the list (e.g. green vegetables, fruit, fish, and yoghurt and other meat-source foods).
3. When the list is complete, lead the group discussion to evaluate the characteristics of ground nuts. Ground nuts are:
  - a. Energy- and nutrient-rich
  - b. Widely available at low cost
  - c. Not easy to prepare—unless bought in paste form
  - d. Liked by children
  - e. Can be a snack on bread

a. Yes, a good complementary food—note that all qualities are not necessary for it to be a good complementary food.
4. Complete one more example, if necessary. Then ask participants to continue to evaluate the remaining foods on the group's food list.
5. Discuss the participants' decisions, one food at a time. Move quickly through each question on the table to evaluate the complementary food.

List the local foods:	Energy- or nutrient-rich?	Widely available at low cost?	Easy to prepare in a soft form?	Liked by children?	Can be a snack?	A good complementary food? (circle)
<i>Ground nuts</i>	✓	✓	✗	✓	✓	<input checked="" type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No



A common feeding problem is that the family thinks that they are giving the child enough food. The quantity may be difficult for a family to imagine correctly. With the child's cup or bowl, it is helpful to demonstrate how much is 1/2, 3/4, and a full cup (250 ml).



1/2 cup



¾ cup



1 cup (250ml)



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### Activity 7a: Identify the quantity of food a child needs

#### *Part 1. Demonstration*

Demonstrate the quantity of food a child needs.

**Materials:** 2-3 different small bowls of different sizes, common measuring item (e.g. small half-litre water bottle), standard measuring item (e.g. measuring cup), pitcher of water, small funnel, marking pens (keep the measuring items hidden from the participants)

Note to the Facilitator:

*Put the bowls and the pitcher with water on the table.*

1. Ask one participant to select what would be a common bowl used to feed a one year old child. Then ask the participant to draw with a finger a line on the bowl that would be the amount to feed a one-year old child at 3 or 4 meals per day— $\frac{3}{4}$  of a cup. Use a marker to mark the line.
2. Then, ask if anyone thinks the amount would be more or less. Ask the participant to indicate the different line, and mark it.
3. Continue until there are no additional views on the lines.
4. Then, ask a participant to indicate  $\frac{3}{4}$  cup on the common measuring item (e.g. a small water bottle) from a home. Mark the line as above, and continue until there are no additional views on where the line should be.
5. Fill the standard measuring cup with  $\frac{3}{4}$  cup water. Using the funnel, pour the  $\frac{3}{4}$  cup water into the local measuring item (e.g. the small water bottle). Compare the water line with the lines marked. Mark the correct line with a contrasting colour marking pen.
6. Pour the water into the bowl. Compare the water line with the lines marked.
7. Discuss: How accurate were the estimates of what a one year old child needs?
8. Discuss: How could the Community based volunteer help the mother/caregiver know how much to give her child at each meal? Suggestion:
  - a. Ask her to show you the bowl she uses to feed her child.
  - b. Ask her to point to a line on the bowl indicating how much her child eats.
  - c. Use a household item she has available to measure the correct amount. Fill the item to the correct amount with water.
  - d. Ask the mother/caregiver to pour the water into the bowl.
  - e. Compare the amount with her estimate.
  - f. Help the mother/caregiver decide whether the child is eating the same, more, or less than the amount required for the child's age.

## **Part 2. Role play practice**

Work with a partner to practise helping a mother/caregiver:

1. Learn the quantity of complementary food her child needs.
2. Recognize that amount in the child's bowl.
3. Agree to give her child the needed amount.

Follow the example in the demonstration. Decide on the roles.

- **Community based volunteer**—Gather items that you will need to demonstrate the quantity of food the child needs (for example, common bowls, measuring item with water, a small funnel).
- **Mother/caregiver**—Your child is age six months. You would like to know how much to feed him.

Change roles when finished with the first role play. For the second role play, the child is 3 years old.

### **Note to the Facilitator:**

*Observe participants during the role play. Remind them that the mother/caregiver should do the measuring tasks herself, as much as possible. This will help her remember the quantity of food her child needs.*

*Discuss at the end: Identify difficulties participants were having. Identify how the demonstration with the mother/caregiver could be done better next time. Note that they will use a container available in the home to measure the quantity of food to give the child and the child's feeding bowl.*

## **Feed the child responsively**

Breastfeeding on “demand” requires the mother/caregiver to be sensitive to the signs that her child is hungry and to respond by feeding the child. As the child grows, these basic caregiving skills—sensitivity and responsiveness—continue to be important to meet the child’s nutritional needs.

Children need help to eat. They eat slowly and are easily distracted. As they begin to use spoons and other utensils, it is difficult to get enough food. Help the family to be patient during meals and gently encourage the child to eat. (Read the box on Responsive Feeding.)

*Responsive feeding means gently encouraging—not forcing—the child to eat.*

Showing interest, smiling, or offering an extra bit encourages the child to eat. A caregiver also can play games to help the child to eat enough food and to encourage the child to try new foods. For example: “Open wide for the plane to come inside.” OR “I will take a bite first. Yum. Yum. Now it is your turn to take a bite.”

### ***Responsive feeding***

- Feed infants directly and help older children when they feed themselves. Feed slowly and patiently. Encourage children to eat, but do not force them.
- If children refuse many foods, experiment with different food combinations, tastes, textures, and methods of encouragement.
- Minimize distractions during meals, if the child loses interest easily.
- Remember that feeding times are periods of learning and affection – talk to children during feeding, with eye to eye contact.



*Open wide for the  
plane to come inside.*

### **Discuss with the participants: What local games do caregivers use to encourage their children to eat?**

Threatening or showing anger at children who refuse to eat should be discouraged. These actions usually result in children eating less.

Adults need to provide adequate servings of food, and to watch how much their children actually eat. They should ensure that other children or pets do not eat the child’s food. The child should have a separate bowl or plate so that it is possible to know how much the child has eaten.

Responsive feeding is especially important when a child is sick. During illness, children may not want to eat much. Gentle encouragement and patience are needed.

If the child breastfeeds, the mother/caregiver should offer the breast more often and for a longer period when the child is sick. If the child takes complementary foods, encourage the family to offer the child’s favourite food, more frequently and, if

necessary, in smaller amounts. During illness, soft foods may be easier to eat than hard, uncooked food. The appetite will improve as the child gets better.

After illness, good feeding helps make up for the weight lost and helps prevent malnutrition. When children are well, good feeding helps prevent future illness.



### Activity 7b: Identify effective feeding styles

**Materials:** DVD on Feeding Styles

**Note to the Facilitator:**

*Show the video on feeding styles.*

**Discuss:**

*How are the three feeding styles different (controlling, laissez faire, and responsive feeding)? How does the mother/caregiver respond to the child?*



An adult needs to sit with a child to make sure that the child eats nutritious food and eats enough while learning to feed him or herself.

As poorly nourished and sick children become weaker, they demand less. They need even more encouragement to eat.

## Use a growth chart to counsel a family

Growth in children varies. How a child gains or loses weight, for example, can indicate whether the child's nutritional needs are being met, or whether the child has been well or sick. Nutritional status can also be measured using height compared to the age of a child.

Health workers usually record the weight of the child on the Child's Childs under five card/ MCH card. Community based volunteers should refer to the health facility or Growth Monitoring and Promotion (GMP) point for weighing, height measurement and plotting on the measurements on the under 5 card/ MCH booklet.

The Community based volunteer can then help the family interpret the child's growth if the chart is fully plotted..

Because girls and boys grow at different rates, they have different for weight-for- age and height/length-for-age growth charts. (See the blue charts for boys on page 66 of the counseling cards, and the pink chart for girls on page 67. The other type of growth chart is one used to measure stunting (low height-for-age) see picture below and steps on how to measure stunting.

Because girls and boys grow at different rates, they have different growth charts. (See the blue chart for boys on page 63 of the counselling cards, and the pink chart for girls on page 64.)

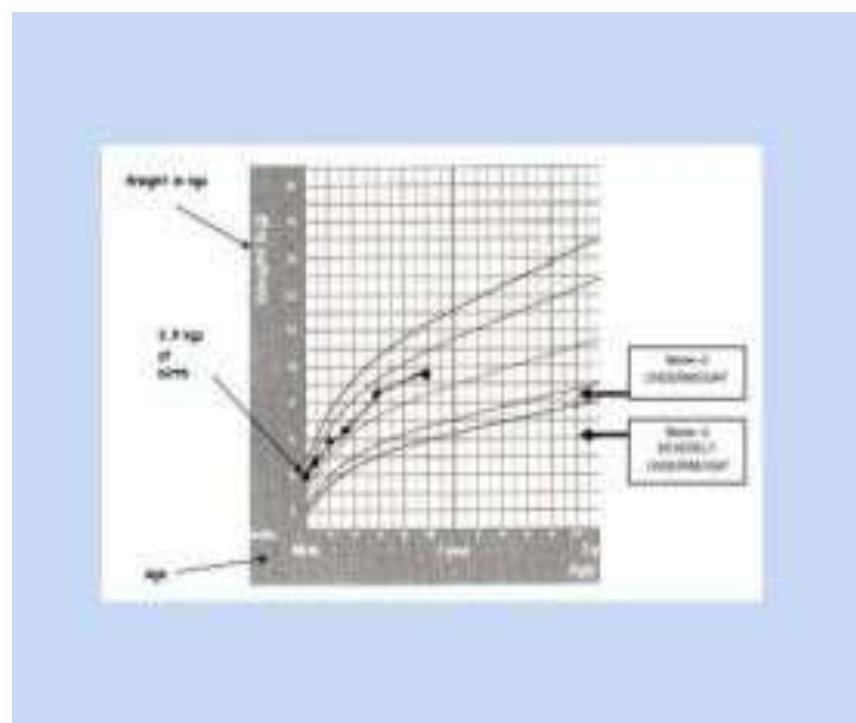
Below, the health worker plotted Mutinta's weight six times on a Growth Chart for Boys since his birth.

*With the participants: Compare the weights-for-age in the table to the dots from birth to age 10 months on the chart.*

**Then, on the growth chart add Mutinta's weights at 1 year and 1 year 6 months old. Draw a line between dots to continue the growth curve.**

Child 1. Mutinta	
Age	Weight
Birth	3.9 kg
1 month	4.8 kg
2 months	6.0 kg
3 months	6.5 kg
5 months	8.5 kg

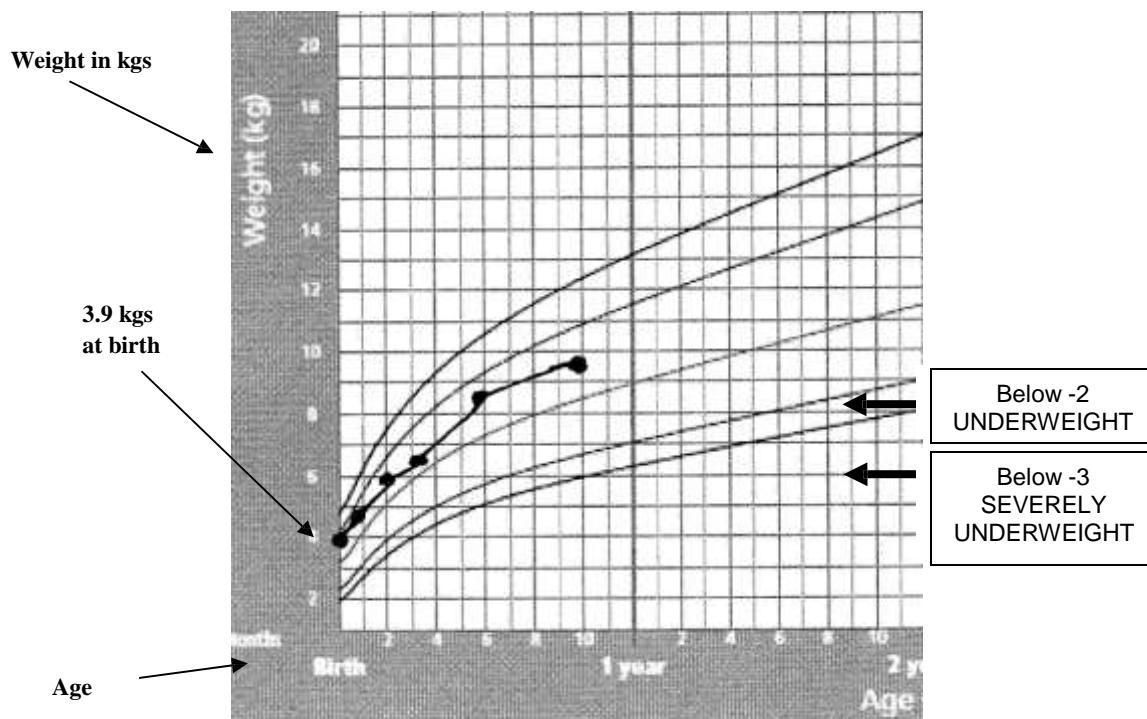
10 months	9.6 kg
1 year	10.5 kg
1 year 6 months	11.8 kg



**Note to the Facilitator:**

*On the slide,*

1. *Show the line across the bottom of the graph indicating the child's age by month.*
2. *Show the line going up the left of the graph indicating the child's weight by kilogram.*
3. *Show where the line of Mutinta at Birth crosses the line for his weight 3.9 kg. The weight was plotted with the first dot of the growth curve.*
4. *Ask participants, one at a time, to show where Mutinta's growth was at age 1 month, 2 months, 3 months, 5 months, and 10 months. Make sure that each participant understands the plot of the curve before moving on.*
5. *There are two more weights: At age 1 year, Mutinta was 10.5 kg. At age 1 year 6 months, Mutinta was 11.8 kg. Ask participants to plot these weights, one at a time, in the appropriate place on the chart. Then draw a line to connect the curve through the new dots.*
6. *Walk around the room to make sure that each participant knows how to plot the chart. If there is any difficulty, add examples for extra practice, For example:*



The growth curve now provides some helpful information:

- The **shape** of the curve indicates whether Mutinta has **gained, maintained, or lost weight** at any time since birth.

The curve goes up steadily. Mutinta has steadily *gained weight* at each measurement. There is concern if:

- The curve is *flat*, indicating the child is not gaining weight as he grows older.  
Ask if there is any reason the child has not been eating well. For example, has he been sick?
- The curve *drops*, indicating that the child is losing weight. The child should be referred to a health facility if there is a sudden drop.

- The **location** of the child's curve on the chart indicates whether Jose's weight is **normal, too low (underweight), or too high (overweight)**, compared to other children his age.

For this information, you compare Jose's growth curve to the other curves on the chart. Mutintas curve stays above the middle (median) line. He is growing well. The dots within the area above or below the middle line indicate that the child's weight is normal.

Of greatest concern is when the curve is in the area marked **below -2, underweight**

*Or Below -3 severely underweight.*

With good nutritional counselling, mother/caregivers can sometimes correct the direction of the child's growth over the next several visits.

However, refer a child who is *severely underweight* to the health facility.

*Discuss with the participants:*

**In your area, what actions—refer or counsel the mother/caregiver—should you take for the children with each of the following growth curves? (This will depend on the services available in your area.)**

Child	Growth curve	Refer?	Counsel the mother/
Monica, age 2 years	<i>Flat</i> over 3 months but still normal weight for her age		
Andrew, age 8 months	<i>Going down</i> , crossing into the area <i>below -2 underweight</i>		
Tamara, age 18 months	<i>Going up</i> , crossing into the area <i>above normal</i> for her age		

For each mother/caregiver to be counselled, discuss: How would you counsel the mother/caregiver?

For children age 6 months and older, ask the mother/caregiver to bring the child **back for follow-up in 5 days. What would you look for?**

**Note to the Facilitator:**

*Continue going around the room. Ask the participants, one at a time, their decision on the action for each child.*

*Below are sample answers, depending on local policy and available services: If reviewing a child check if child is sick, check weight again, check feeding practice.*

Child	Growth curve	Refer?	Counsel mother/caregiver?
Monica, age 2 years	Flat over 3 months but still normal weight for her age	No	YES: Interpret growth curve. Ask if child has been sick. If so, advise to offer foods more frequently until child catches up. Ask what, how much, how often child is being fed. Advise, if needed
Andrew, age 8 months	Going down, crossing into the area below -2 under-nourished	Refer, if no improvement at follow-up visit or child is sick.	YES: Interpret growth curve. Ask if child has been sick. Ask what, how much, how often child is being fed. Make sure mother/caregiver understands quantity to feed. Advise, if needed
Tamara, age 18 months	Going up, crossing into the area above normal for her age	Refer, if no improvement at follow-up visit.	YES: Interpret growth chart. Ask what, how much, how often child is eating. Advise, as needed, on a variety of healthy foods, with plenty of vegetables and fruit. Make sure mother/caregiver understands quantity to feed. Also, is child able to move and be active during the day?



## Activity 8: Interpret a growth chart

### Materials: Sample growth charts

#### **Note to the Facilitator:**

Exercise to be done in pairs

*Make multiple copies of sample growth charts in Annex I (so there is one copy for each pair).*

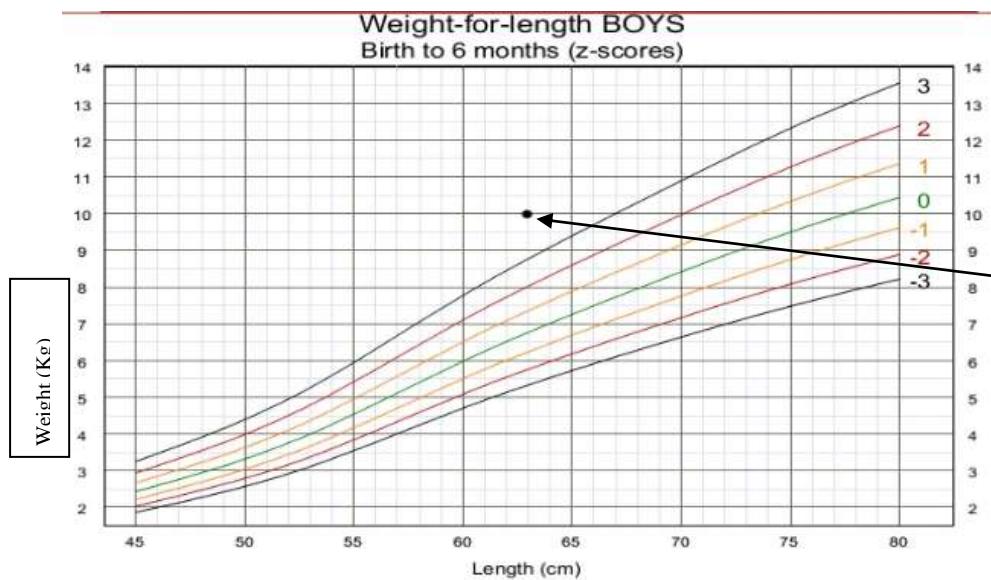
*Give one sample growth chart to each participant. Ask a participant to read the instructions below. Then, ask participants, with their partners, to answer the questions for their two growth charts. If time permits, give each pair another growth chart to discuss*

Usually community based volunteers will not need to plot the weight on a chart. However, they will need to help the mother/caregiver interpret the chart and use the chart to provide feeding advice.

The facilitator will distribute growth charts to interpret. With a partner, answer the following questions about the growth chart you receive:

1. Is the chart for a boy or for a girl?
2. Interpret the **shape** of the growth curve.
3. Interpret the **location** of the growth curve showing the child's weight compared to other children of the same age.
4. Decide **what action needs to be taken** (*refer or counsel the mother/caregiver*).
5. If you decide to counsel the mother/caregiver:
  - How would you praise the mother/caregiver?
  - What advice would you give?
  - When would you ask to see the child again, if needed?
  - At the follow-up visit, what would you look for?

Undernutrition can also be measured by taking height and comparing it to the age of the child. Height/length is measured using a height board and the reading is plotted on the height/length growth chart. The charts for boys and girls are different, this is because as mentioned already boys and girls grow differently. Below is an example of a height/length growth chart.



This baby's weight is 10 Kg, and height is 63cm. Interpretation of the baby's growth chart is above +3 Z-score, this baby has obesity

#### Activity : Interpret a height/length growth chart

Usually community based volunteers will not need to plot the weight on a chart. However, they will need to help the mother interpret the chart and use the chart to provide feeding advice.

The facilitator will distribute height/length growth charts to interpret. With a partner, answer the following questions about the growth chart you receive:

1. Is the chart for a boy or for a girl?
2. Interpret the shape of the growth curve.
3. Interpret the location of the growth curve showing the child's height/length compared to other children of the same age.
4. Decide what action needs to be taken (refer or counsel the mother).
5. If you decide to counsel the mother:
  - How would you praise the mother
  - What advice would you give?
  - When would you ask to see the child again, if needed?
  - At the follow-up visit, what would you look for?

# CARE FOR THE CHILD'S DEVELOPMENT

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## Introduction

Early child development starts from conception: babies are able to perceive sound in the womb and are able to see at birth. Child growth and brain development depend on good nutrition and stimulation and caretaker emotional responsiveness. The brain is most responsive in the first three years of life. This is when it grows and develops fastest. Children who receive optimal stimulation and nutrition during this window of opportunity (the first 1000 days conception to 2 years of age) will thrive and reach their full potential in life in addition to surviving passed there early years, perform better in school, able to earn more as adults, are well adapted and become better citizens.

## Some definitions:

**Attachment:** The process of the infant forming the relationship with his or her mother or father (infant to mother/father).

**Bonding:** The process of mother or father forming a relationship with her or his new infant during the first few hours after birth (mother/father to infant).

**Care:** care refers to the **behaviours and practices of caregivers** (mothers, siblings, fathers and childcare providers) to provide food, health care, stimulation and emotional support

**Caregiver:** The caregiver is the immediate and most important person to the young child. The caregiver feeds and watches over the child, gives the child affection, communicates with the child, and responds to the child's needs.

**Child development:** the process of change in which a child comes to master more and more complex levels of physical activity, thinking, feeling, communicating and interactions with people and objects. This is sometimes expressed as physical, cognitive, emotional and social development.

**Development:** an orderly process along a continuous path on which a child gets more knowledge and improves behaviour and skills.

**Growth:** the change in weight, height, and circumference of head

**Responsiveness:** the capacity of the caregiver to respond promptly and appropriately to the child's immediate behaviours and needs

**Sensitivity:** The capacity of the caregiver to be aware of the infant and aware of the infant's acts and vocalizations that communicates needs and wants

**Stimulation:** the arousal of the body or of individual organs or other parts of the body to increased functional activity.

## Objectives

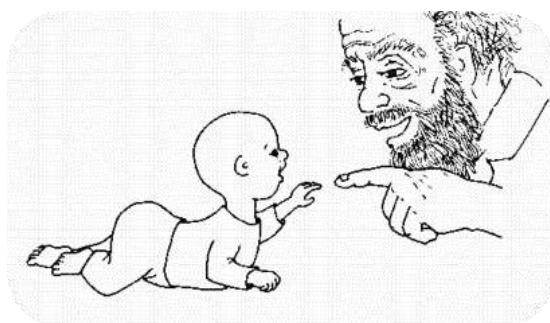
In this section, participants will identify how children learn, and how adults can help them learn. They will observe behaviours and interactions between caregivers and children.

At the end of this session participants will be able to counsel the:

- Caregiver on how to play and communicate with their child.
- Caregiver on age-appropriate play and communication activities to help the child develop holistically.
- Caregiver on the use of activities that strengthen the their basic skills of sensitivity and responsiveness to the child's interests and needs.

## **What is child development?**

Children become more capable in performing activities as they grow older. They learn how to talk, walk, and run. They also observe, learn to think and solve problems. These changes are examples of the *child's development*.



*All members of the family contribute to the child's development.*

This learning helps them to do well in school and when they grow up, to contribute positively to their families and communities.

The recommendations in the counseling cards provide ideas and information on activities families can do to help their children develop learning skills. The play and communication activities are for all children. They describe what mother/caregivers and fathers, and others who care for the young child, can do.

Feeding, dressing, and other daily tasks provide many opportunities for adults to play and communicate with their children.

The activities also help children *grow*. For this reason, the recommendations are especially important for low weight babies and undernourished children. Studies have found that extra attention through play and communication, as well as through responsive feeding, stimulates the growth of low weight babies and poorly nourished children. It is worth noting that play is also a predictor of how well a child is developing. Since children are active learners, play becomes a good way of communicating to children.



*Low weight babies  
and sick children  
need stimulation  
with play and  
communication  
activities to grow and  
develop well.*

By observing children's play, adults can learn about the child and find opportunities to support their development. Play provides a context for children to try new social skills and challenging new tasks, and to solve complex problems. Children also express their ideas, thoughts and feelings when engaged in symbolic play (e.g. playing house or market or building a farm with blocks). They can learn how to control their emotions, interact with others, resolve conflicts, and gain a sense of competence.

Low weight babies and children who are poorly nourished also have difficulty learning. They may be timid and easily upset, harder to feed, and less likely to play and communicate.

Since these children are less active, they may be less able to get the attention of the adults who care for them. As a result, over time mother/caregivers and other caregivers are less likely to feed, play with, or communicate frequently with them. They may also need help to understand how their children communicate their hunger, discomfort, interests, and other needs. Continuous play with a child allows for stimulation of the brain and children tend to develop well. Play and communication can also help caregivers. After giving birth, for example, some mother/caregivers find it difficult to become active and involved in caring for their young babies. They may be sick or overwhelmed with their responsibilities. They appear sad and tired. They are uninterested in other people and do not join other family activities.

### ***What is play?***

Play is children at work and it allows them to use their creativity while developing their imagination, physical, cognitive and emotional strengths. Combining play and communication will help develop the child in speech, ability to think, control and how they interact and relate with those around them. Rubin explained that children's play and the development of social skills and thinking skills go hand in hand. Through play children express their ideas, thoughts and feelings, children learn to control their emotions, communicate, interact with others, and gain a sense of competence satisfying their inborn need for imagination, curiosity and creativity. Children will play in different ways as indicated in the table below:

### **Social categories of play**

- Solitary play
  - The child plays alone with objects that are different from those used by others; there is no verbal communication with others about the play activity.
- Parallel play
  - The child plays separately at the same activity, at the same time and in the same place and in close physical proximity to another child. The child is aware of the presence of the classmate and this has some meaning for them, but each child is playing separately. There is no sharing or discussion.
- Group play
  - Child engages in activity with others, in which all members share a common purpose. The relationship between play and a child's growing mental abilities is described as **cognitive categories of play** and they are as following:

➤ Functional play

Simple, repetitive muscle movements performed with or without an object. Examples are knocking over blocks, kicking a ball, pouring water, pounding a rock, and skipping rope.

➤ Symbolic play

When objects stand for other objects. For example, pretending a block is a mobile phone.

➤ Constructive play

Manipulating objects for the purpose of making or creating something. Examples are a block construction, doing a puzzle, building a sand tower, or drawing a picture.

➤ Dramatic play

Letting an object or person symbolise a thing or a person it is not. Examples are being the mother or baby, using a block as a hammer, feeding the doll, pretending a block is a truck.

● Games with rules

This includes game-like activities with pre-established rules and limits to which the child conforms. Examples are card games, board games, and tag games. Dramatic play that includes rules and the acting out of a pretend story with others is the most sophisticated play.

Children learn as they play. It is through play that children engage and interact with the world around them to create and explore spaces they can master to conquer their fears while imitating adults. Most importantly, in play, children learn how to learn. When caregivers pay close attention to their babies, playing with them, and seeing how their babies respond to the attention will help these caregivers become more active and happier. They will feel more important in the lives of their young children and more confident in their caring role. The activities help both the child and the caregiver.

When caregivers pay close attention to their babies, playing with them, and seeing how their babies respond to the attention will help these caregivers become more active and happier. They will feel more important in the lives of their young children and more confident in their caring role. The activities help both the child and the caregiver.



***Playing peek-a-boo helps a mother/caregiver and child pay close attention to each other. They respond with delight.***

List at least 5 drawings of activities pick one from each age group as an example e.g. a child banging a plate, reaching and grabbing, playing with a ball, a child playing with a puzzle.

### **Benefits of Play**

Children learn as they play. Most importantly, in play, children learn how to learn. The following are the benefits of play:

1. Play helps the brain to be stimulated and contributes to the holistic development of the child.
2. Play Leads to Discovery of the Physical World :
3. Play Leads to Critical Thinking, Creativity and Problem Solving:
4. Play helps Children Develop Self-Control and Social Skills:
5. Play Builds Healthy Minds and Bodies:
6. Play Promotes Connection and Relationships

Children always learn and create places for themselves to play. There are a variety of platforms where stimulation of children can take place. The diagram below shows some of the platforms where stimulation of child development can be implemented from:



'Play', while it cannot change the external realities of children's lives, can be a vehicle for children to explore and enjoy their differences and similarities and to create, even for a brief time a more just world where everyone is an equal and valued participant' (Patricia G. Ramsey). Additionally, when children pretend, they are using their imaginations to move beyond the bounds of reality. E.g. a sock can be a puppet, a small child can be a superhero etc. (Fred Rogers)

## ***Understanding Brain development***

**Materials:** Laptop/Computer, overhead projector, Participants Manual, a stick for pointing/or pointer , ball of sisal string, cotton wool or any strong between 20 to 50 meters long

### ***Note to the Facilitator:***

1. In this session you will need to show slides on the different diagrams on Brain development, at different times according to the way they are laid out in the Manual, to demonstrate better.
2. Ask participants to make a circle and stand in the middle as the facilitator holding the ball of string and through to each participant without breaking the chain depending on which part they are stimulating
3. Let each participant name any area for child stimulation
4. Once an area is mentioned, they throw the ball of cotton back to the facilitator in the center and the facilitator throws it to another participant in the circle to make a web of synopsis connection
5. At some point, ask one or two of the participants to drop the thread they are holding to indicate withdrawal of stimulation and the effect it has on the child
6. Show and explain the remaining content on brain development using the projector

### ***Summarize:***

Ask: What is the importance of child stimulation?

Ask: What difference does it make if the child is not stimulated well during the critical window period of development?

*Emphasise that once a mother/caregiver feeds and stimulates the child well the child's brain will be fully developed and the child will meet his/her developmental milestones*

Let the participants read the content below in their manuals on Understanding Brain development

- A child's brain undergoes an amazing period of development from birth to three – producing more than a million neural connections (electrical wiring in the brain) each second. The development of the brain is influenced by many factors, including a child's relationships, experiences and environment. The baby's brain starts to develop soon after conception and the brain cells are present at birth. Most of the neurological cell connections are made during the first three years of life. By three years of age, a child's brain is twice as active as an adult's brain. The care and

experiences a child has within the first three years determine the capacity of the brain to develop.

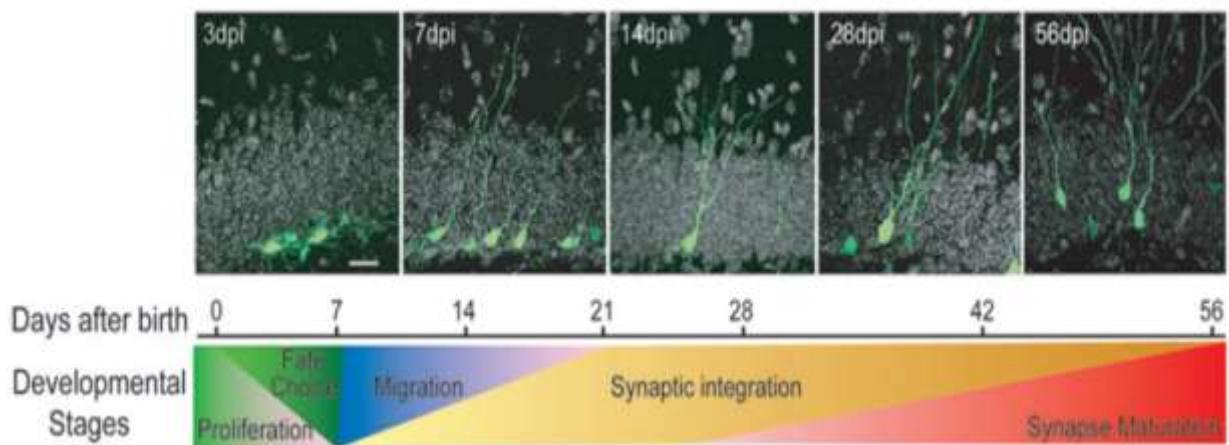
- Caregivers and early childhood teachers play an important role in helping children form strong brain connections.
- Early brain stimulation has increased significance for vulnerable children who are exposed to violence and trauma, inadequate nutrition, and toxic environments.

A synaptic connection is a connection between nerves, and it serves to send messages from one part of the brain to another. The human brain has billions of synaptic connections. These connections are necessary for all of our thought processing. If these connections are not made correctly it can affect how the child thinks.

These connections are made very early in the child's life, prenatally and in the first few years of life. Human infants are unique in the amount of influence that the environment has on their developing brains. This is the reason that we stress how many connections are made in the first few years after birth, and the rapid increase in brain size.

Look at this chart. It shows the number of connections in the visual cortex (which processes visual information) starting at birth, at one week, at 1 month, and at 6 months. The rapid increase in the number of connections only occurs if the child is able to process visual information – that is, to see.

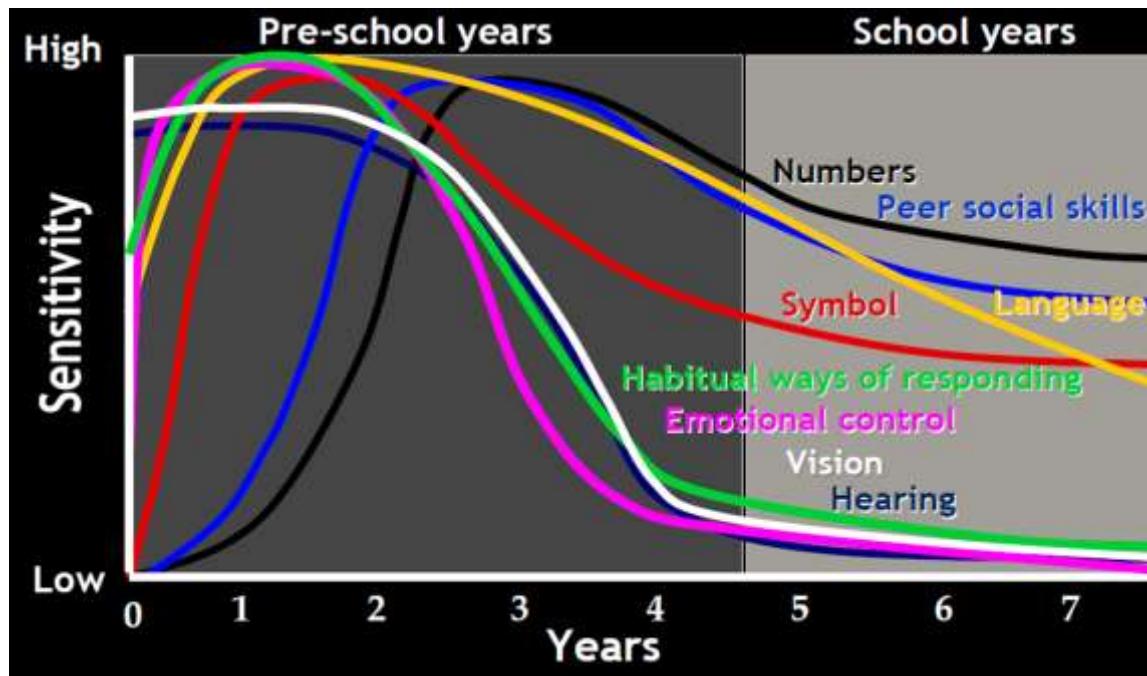
#### ***Human brain synaptic connections after birth and developmental stages***



Early development of cognitive skills, emotional well-being, social competence, and physical and mental health builds a strong foundation. These abilities are critical prerequisites for economic productivity and responsible citizenship throughout life. Beyond their short term importance for positive school achievement, well-developed skills in children build on capacities that are developed during childhood. It has to be understood that beginning at birth, skills to cooperative and lawful behavior start developing.

**The Window of Opportunity is very short:**

It is important to note that experience affects different aspects of brain function in different periods of life. Hearing and sight: 3-4 months; Language: 6 months - 2 years; Problem solving: 7 months and beyond 5 years. See diagram below:



The basic architecture (complex design) of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms, and wiring the electrical system in a predictable sequence, and it continues with the incorporation of distinctive features that reflect increasing individuality over time.

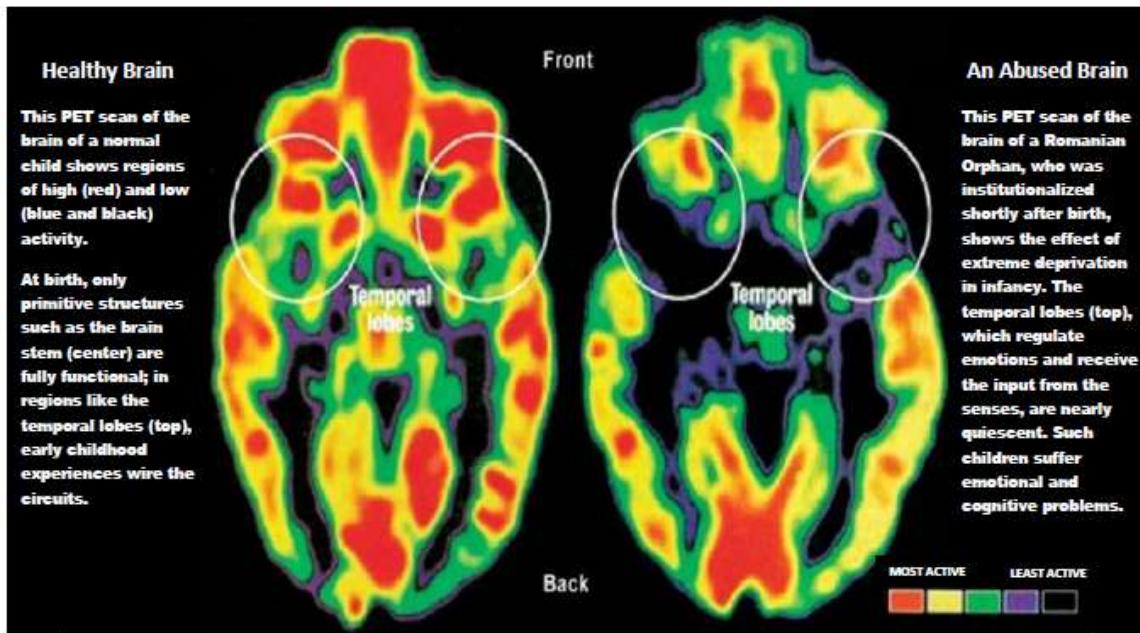
Brain architecture is built over a succession of “sensitive periods,” each of which is associated with the formation of specific circuits that are associated with specific abilities. The development of increasingly complex skills and their underlying circuits builds on the circuits and skills that were formed earlier. Through this process, early experiences create a foundation for lifelong learning, behavior, and both physical and mental health. A strong foundation in the early years increases the probability of positive outcomes and a weak foundation increases the odds of later difficulties.

### ***Some consequences of an abused brain***

Physical abuse in infants and young children can lead to brain dysfunction (Dykes, 1986) and sometimes death. Abuse and neglect may result in serious health problems that can adversely affect children's development and result in irremediable lasting consequences. Early studies of physically abused children documented significant neuromotor (Nerve activity) handicaps, including central nervous system damage, physical defects, growth and mental retardation, and serious speech problems (Elmer and Gregg, 1967; Green et al., 1974; Martin et al., 1974; Morse et al., 1970).

A child does not need to be struck on the head to sustain brain injuries. Dykes (1986) has indicated that infants who are shaken vigorously by the extremities or shoulders may sustain intracranial and intraocular bleeding (bleeding from inside the brain and the eyes) with no sign of external head trauma(injury). Thus early neglectful and physically abusive practices have devastating consequences for their small victims. In addition, according to Augoustinos, 1987; Azar et al., 1988; Fantuzzo, 1990; Kolko, 1992, cognitive and language deficits in abused children have been noted clinically. According to Augoustinos, 1987, abused and neglected children with no evidence of neurological impairment have also shown delayed intellectual development, particularly in the area of verbal intelligence.

### Example of a healthy brain and an abused brain



### ***Early Interventions maximise return on investment***

The science of early brain development can inform investments in early childhood. Investing in the early years provides useful illustration of the interventions children need to reach their full potential as well as how improved development in the early years can contribute to a country's prosperity and population's well-being. ECD is a key component of human development. Early Childhood presents an incomparable window of opportunity to make a difference in a child's life. The right interventions at the right time, can counter advantage and boost the child's development. Investing in ECD is one of the best investments a country can make to boost economic growth, promote peaceful and sustainable societies and eliminate extreme poverty and inequality. Additionally, the diagram below illustrates that if you invest more in programmes targeted towards the earliest years of a child, the rate of return to investment in human capital is far much higher than investing in preschool, schooling and job training.



Source: Lacent series: 2016

It is worth noting that over the last three decades, scientific findings from a range of disciplines have converged and proven that, during pregnancy and the first three years after birth, we lay down critical elements of our health, well-being and productivity, which will last throughout childhood, adolescence and adulthood.

A new-born baby's brain contains almost all the neurons it will ever have. By age 2, massive numbers of neuronal connections have been made in response to interactions with the environment, and especially interactions with caregivers.

- This rapid brain development is driven by a genetic pattern established over hundreds of thousands of years, but it is steered by the young child's experiences.
- The foetus first begins to experience the world through touch. Then, later in pregnancy, come taste, sound, smell and sight.
- After birth, it is these senses that enable the developing child to learn from their surroundings and to adapt, physiologically and psychologically.
- This early adaptive learning is what makes the period from pregnancy to age 3 critical, and it modifies the way genes are expressed.
- These epigenetic processes (resulting from external rather than genetic influences) occur throughout life, but in this period they create blueprints for future adaptations to the environment.



## Activity 9: Video: Care for Child Development

**Care for Development: A better start in life**

**Materials:** DVD Care for Development: A better start in life.

**Note to the Facilitator:**

*Play the video **Care for Development: A better start in life** now or whenever there is time on Day 2 of the course. It takes about 15 minutes.*

*Ask participants to list on their papers the play and communication activities they see with children.*

*After the video, ask participants, one at a time, to identify one play or*

You will now watch a video. The video has many examples of play and communication activities that help a child learn. As you watch the video, make a list of learning activities you see.

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### **Early Childhood in Pregnancy - How children learn**

Pregnancy environments impact multiple genomes (chromosomes) or genetic makeup of the child. The pregnancy contains the genomes (genetic makeup) of the mother, the child and the grandchild. It has to be noted that pregnant women need to do a lot to shape the future of the children they carry in the womb. If they cannot do what they are supposed to do, the child to be born may be disadvantaged even before they step their feet in the world.

Just as stated in pre-pregnancy and adolescence, good maternal nutrition promotes good development of the unborn baby. Every pregnant woman needs to attend antenatal services, have the weight and /or Mid Upper Arm Circumference (MUAC) measured to know how fat or thin they are during pregnancy. This is very important as it helps to know the nutrition status of a pregnant woman and how the baby is growing in the womb.



It has to be well understood that early child development starts in pregnancy: At 1 month, the child's heart starts beating, at 2.5 months, the child's brain and lungs are functional, at 5 months, the mother may start to feel the child move, at 6 months, the child starts to hear the mother's voice and her heartbeat, at 7 months, the child can recognize light and turns her/his head toward the source of light.

An unborn child is affected if the mother is stressed. Stress during pregnancy can cause a baby to be born preterm, have low birth weight, or grow poorly after birth. The impact of *in utero* stress on the child can be life-long. Stress can be caused by domestic violence, excessive work, lack of rest, social /environmental reasons, and the biology of pregnancy.



Children are affected by stress when in the womb. Women should receive plenty of rest during pregnancy. Pregnant women should not be subjected to lifting heavy things. Other household members should assist the woman with domestic chores. Parents should talk to the unborn child, sing to the unborn baby, massage the belly, and feel and listen to the unborn child. Do not shout at a pregnant woman or add to her stress. Violence against women is inexcusable under all circumstances.



Risk behaviours /practices like smoking and alcohol, should be avoided while expecting. It is important that all pregnant women sleep under Insecticide Treated Nets (ITNs) to prevent malaria, also take malaria prevention tablets as well as iron tablets that help to make blood strong. Repeated attacks of malaria or severe malaria, anaemia and HIV infection are among biological risk conditions that negatively affect child development. All pregnant women need to go the health facility to have their HIV status checked and access HIV treatment if positive. This will help prevent mother to child transmission of HIV infection.

Each child is unique at birth, and the differences among children affect how they learn. Their early care also affects their learning. Experiences during the first years with their families and other caregivers affect the kind of adults children will become. Families give their children special care for development by giving them love, attention, and many opportunities to learn. By playing and communicating with their children, families help their children grow healthier and stronger. Children learn to communicate their needs, solve problems, and help others. From a very young age, children learn important skills that will prepare them for life.

***Much of what children learn, they learn when they are very young***

The brain develops most rapidly before birth and during the first two years of life.

- **Hearing and sight** areas of the brain develop most rapidly during the first 3 and 4 months of life.
- **Language** areas develop most rapidly between age 6 months and 2 years.
- The areas of the brain for **thinking and solving problems** begin to develop at birth and reach the peak for the most rapid change at age 12 months.

Good nutrition and good health are especially important when these abilities develop in the early years. Breast milk has a special role in providing the nutrients for the development of the brain. Breast milk also helps young children stay free from illness so that they are strong and can explore and learn from early experiences. Poor nutrition during the early years will limit the child's potential development for life.

Children can see and hear at birth. Starting when they are very young, children need opportunities to use their eyes and ears, in addition to good nutrition. For their brains to develop well, children also need to move, to have things to touch and explore, and to play with others. Children also need love and affection. All these experiences stimulate the brain to develop.

**Note:** A child's brain undergoes an amazing period of development from birth to three years – producing more than a million neural connections (electrical wiring in the brain) each second. The development of the brain is influenced by many factors, including a child's relationships, experiences and environment.



From birth, babies can see and hear  
The mother/caregiver's face is the favourite thing the young baby wants to look at  
The baby sees the mother/caregiver's face and loves to respond to her smiles and sound.  
A mother/caregiver should begin to talk to her child from birth and even before birth.

*Children need a safe environment as they learn*

### ***Creating an enabling environment for learning***

Children are always exploring new things while they are learning new skills. They need a clean, safe, protected physical environment to prevent injuries and accidents while they are playing and learning.

Children also should be protected from violence and strong anger at them and around them. Adults need to protect young children from physical harm and harsh criticism, in order to help children gain confidence to explore and learn.

When children are young, they often explore by putting things into their sensitive mouths. With their mouths, as well as with their hands, children learn what is soft and hard, hot and cold, dry and moist, and rough and smooth.



**Children learn by putting things  
into their sensitive mouths.**

Families must be sure that the things that young children put into their mouths are large enough so that they cannot swallow them. Also, they should not let children put long, thin, or sharp objects into their mouths.

Any object a child plays with should be clean. Putting the child on a clean mat helps to keep playthings clean.

Play areas also need to be protected. Children should play in areas free from human or animal faeces, and unhygienic materials and where there are no open water holes.

When a child wants to play with something that is not safe or not clean, the caregiver may have to gently say "no". While the child is learning, it is helpful to exchange the object for something that is safe and clean. Children can be easily distracted from harmful things and unsafe environments by drawing their interest towards other activities and providing a safe, enclosed place to play.

## ***Children need consistent loving attention from at least by one person***

Facilitator Note; Take time to explain bonding and attachment

**Bonding:** The process of a mother forming a relationship with her new infant (mother/father to infant) Begins during the first few hours after birth. Mother recognizes her child and “falls in love”

Fathers may “fall in love” as well if they see their infant at birth

**Attachment:** The process of the infant forming a relationship with his or her mother or father (infant to mother/father), and reinforced by the responses of the mother/father. Occurs in first two years of life, but especially between 2 and 7 months of age. The child develops a communication system with the primary caregiver. A unique bond that provides a sense of security, self-confidence, well-being, and survival skills.

To feel safe, young children need to have a special relationship with at least one person who can give them love and attention. The sense that they belong to a family will help them get along well with others. It will also give them confidence to learn.



*Children need consistent  
loving attention from at least  
one person.*

Children naturally want to communicate with another person from birth. They become especially close to the caregivers who feed them, spend time communicating with them, and give them love and affection.

During breastfeeding, a baby and mother/caregiver are very close. They communicate by responding to the slightest movement and sound, even smell, of the other person. This special responsiveness is like a dance. The baby becomes “attached” to the person who consistently responds to her, holds her, loves her, and helps her feel safe. This connection or bond lasts a lifetime.

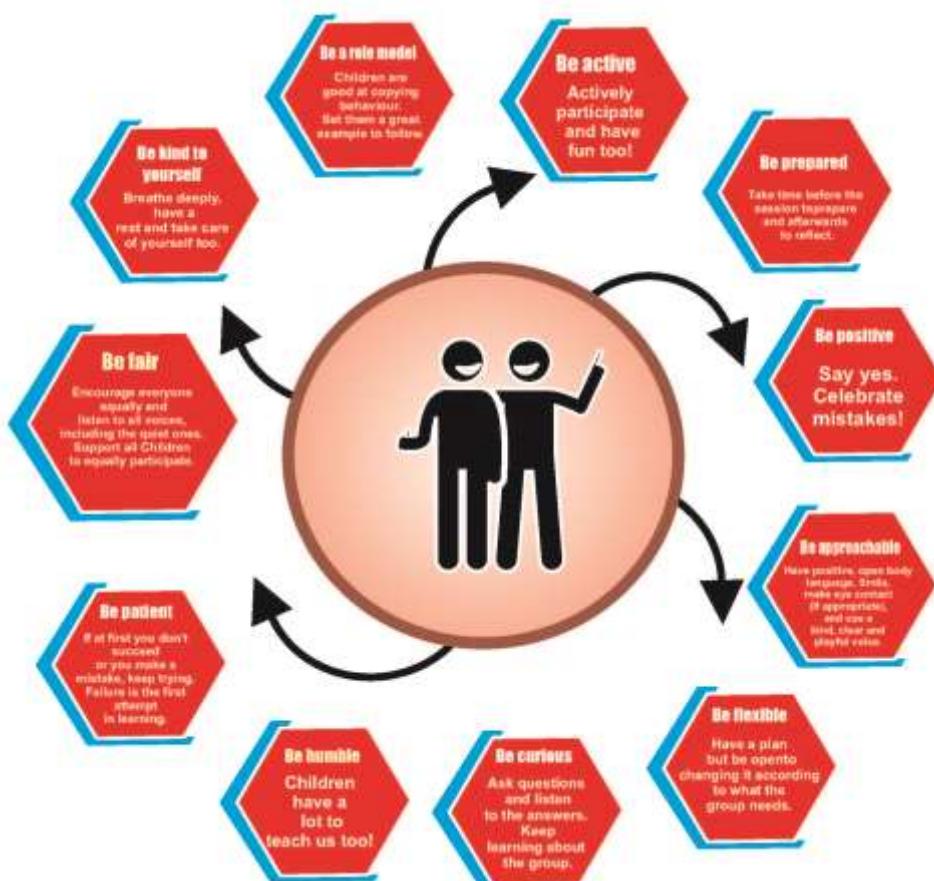
You can help caregivers encourage the efforts of their children to learn. Adults can encourage their children by responding to their children’s words, actions, and interests with sounds, gestures, gentle touches, and words. Adults can help their children develop into happy, healthy persons by looking at and talking about the attempts of young children to do new things, to make sounds and to talk, even when children are not yet able to speak.

Sometimes the mother/caregiver and baby have difficulty developing this special connection. You can help mother/caregivers and other caregivers to be sensitive to what their babies are trying to do as they begin to communicate, and help the caregiver respond appropriately.

You can help caregivers encourage the efforts of their children to learn. Adults can encourage their children by responding to their children's words, actions, and interests with sounds, gestures, gentle touches, and words. Adults can help their children develop into happy, healthy persons by looking at and talking about the attempts of young children to do new things, to make sounds and to talk, even when children are not yet able to speak.

### ***What is playful parenting?***

Parents and caregivers play a very critical role in the development of their children. Parents being the first friends and teachers that children have; there is need to understand that playful parenting means - joining children in their world of play, focusing on connection and confidence, giggling and following your child's lead. Below is an illustration on how to be a playful parent.



## **NURTURING CARE**

**Materials:** Laptop/Computer, overhead projector, Participants Manual, a stick for pointing/or pointer

### **Note to the Facilitator:**

1. Tell Participants: ‘We know that young children need nurturing care to develop their full potential’.
2. Ask: Are you aware of the Nurturing Care means?
3. Ask: If yes, what do you know about Nurturing care? Explain.
4. Discuss with the participants the components of Nurturing care in detail using the diagram.

### **Summarize:**

Ask: What is the importance of Nurturing Care?

Ask: What difference does it make if the child is not nurtured well during the critical window period of development?

#### ***Key summary points for the responses to the questions***

- *Nurturing care is a set of conditions that provides for children’s health, nutrition, security and safety, responsive care giving and opportunities for early learning.*
- *Nurturing children means keeping them, safe, healthy and well nourished, paying attention and responding to their needs and interests, encouraging them to explore their environment and interact with caregivers and others.*
- *Nurturing care is not only important for promoting young children’s development. It also protects them from the worst effects of diversity by lowering their stress levels and encouraging their emotional and cognitive coping mechanisms.*
- *Nurturing care is especially important for children with developmental difficulties and disabilities as well as for preventing the maltreatment of children.*

**Nurturing care** refers to conditions created by public policies, programmes, and services. These conditions enable communities and caregivers create a stable environment that ensures children's good health and nutrition, protects them from threats to ensure that they are safe, and gives young children opportunities for early learning, through interactions that are responsive and emotionally supportive, as in the diagram below:

## The 5 components or essential elements or domains of nurturing care



### ***Importance of Nurturing Care***

Nurturing care starts before birth, when mothers and other caregivers can start talking and singing to the foetus. By the end of the second trimester of pregnancy, the growing foetus can hear. And, from birth, the baby can recognize the mother's voice. Early bonding is facilitated by skin-to-skin contact, breastfeeding and the presence of a companion to support the mother. These also build the foundations for optimal nutrition, quality interactions and care. Soon after birth, babies respond to faces, gentle touch and holding, as well as the soothing sound of baby talk. Caregivers soon learn to appreciate how babies respond to them, which is essential for the optimal development of the baby's rapidly growing brain.

### ***Components of Nurturing Care:***

To reach their full potential, children need all the five components of nurturing care.

#### **1. Good Health**

Young children's good health is the result of caregivers doing the following:

- monitoring children's physical and emotional condition
- giving affectionate and appropriate responses to children's daily needs
- protecting young children from household and environmental dangers
- having hygiene practices which minimize infections
- using promotive and preventive health services; and

- seeking care and appropriate treatment for children's illnesses.

These actions depend on caregivers' physical and mental well-being. For example, when mothers are anaemic it can cause apathy that makes them less able to engage in responsive caregiving. The situation can be made worse if the child is also apathetic or listless because of being undernourished or frequently ill. Nurturing care therefore means we need to pay attention to the health and well-being of caregivers as well as children.

## **2. Adequate Nutrition**

The mother's nutrition during pregnancy affects her health and well-being, as well as the developing child's nutrition and growth. When pregnant women do not have enough micronutrients, they need supplements, including iron. Young children flourish on exclusive breastfeeding – from immediately after birth to the age of 6 months – together with skin-to-skin body contact. From the age of 6 months, young children need complementary foods that are frequent and diverse enough, and which contain the micronutrients they need for the rapid growth of their body and brain. This is in addition to breast milk, and needs to be offered in a way that accommodates the social and emotional interaction involved in feeding a young child. And when children's daily diet fails to support healthy growth, they need micronutrient supplements or treatment for malnutrition (including obesity). Food safety and family food security are essential for adequate nutrition.

## **3. Responsive Care giving**

Responsive caregiving includes observing and responding to children's movements, sounds and gestures and verbal requests. It is the basis for:

- protecting children against injury and the negative effects of adversity
- recognizing and responding to illness
- enriched learning and
- building trust and social relationships.

Responsive caregiving also includes responsive feeding, which is especially important for low-weight or ill infants. Before young children learn to speak, the engagement between them and their caregivers is expressed through cuddling, eye contact, smiles, vocalizations and gestures. These mutually enjoyable interactions create an emotional bond, which helps young children to understand the world around them and to learn about people, relationships and language. These social interactions also stimulate connections in the brain

## **4. Opportunities for Early Learning**

Children do not start to learn only when they begin kindergarten or pre-primary classes at the age of 3 or 4, and are taught colours, shapes and letters. Rather, learning is a built-in mechanism for human beings, ensuring our successful

adaptation to changing circumstances. It begins at conception, initially as a biological mechanism called epigenesis. In the earliest years, we acquire skills and capacities interpersonally, in relationship with other people, through smiling and eye contact, talking and singing, modelling, imitation and simple games, like “wave bye-bye”. Playing with common household items – like tin cups, empty containers, and cooking pots – can help a child learn about objects’ feel and quality, and what can be done with them. Even a busy caregiver can be given the motivation and confidence to talk with a child during feeding, bathing, and other routine household tasks. These interactions help the child learn about other people. Children need affectionate and secure caregiving from adults in a family environment, with guidance in daily activities and relationships with others. This gives young children their important early experiences of social learning.

## 5. Security and Safety

Young children cannot protect themselves and are vulnerable to unanticipated danger, physical pain and emotional stress. Extreme poverty and low income pose serious risks that have to be mitigated, by social assistance that may include cash transfers. Pregnant women and young children are also most vulnerable to environmental risks, including air pollution and exposure to chemicals. Young children, once they are mobile, can touch and swallow objects that can harm them, and an unclean or unsafe environment is full of potential threats. Young children can experience extreme fear when people abandon them – or threaten to abandon or punish them. Across the world, toddlers are the group most often harshly punished, by being beaten painfully with sticks, belts and other objects. These experiences cause uncontrollable fear and stress that can programme the young child’s response systems in ways that can lead to emotional, mental and social maladjustment. Children can withdraw socially, learn to mistrust adults, or act out their fear in aggression towards other children. Ensuring caregivers’ mental health, working with them to prevent maltreatment, is needed. Nurturing care includes making sure that defenseless young children feel safe and secure.

## **Example of Nurturing Care interventions**

<b>Health and nutrition (Examples)</b>	<b>Security and safety (Examples)</b>	<b>Responsive care giving and early learning (Examples)</b>
<ul style="list-style-type: none"> <li>• Maternal nutrition</li> <li>• Family planning</li> <li>• Prevention of substance abuse</li> <li>• Antenatal care</li> <li>• Child birth care</li> <li>• Essential newborn care</li> <li>• Breastfeeding</li> <li>• Complementary feeding</li> <li>• Immunization</li> <li>• Management of newborn and childhood illness</li> <li>• Care for maternal mental health</li> <li>• Care for children with developmental difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• Birth registration</li> <li>• Safe water and sanitation</li> <li>• Good hygiene</li> <li>• Prevention of air pollution</li> <li>• Clean environments</li> </ul>	<ul style="list-style-type: none"> <li>• Skin-to-skin contact after birth</li> <li>• Kangaroo mother care for small babies</li> <li>• Responsive feeding</li> <li>• Play and communication</li> <li>• Homemade toys</li> <li>• Book sharing</li> <li>• Father's involvement in child care</li> <li>• Quality child care</li> <li>• Using local language</li> </ul>

## **HOW CHILDREN LEARN**

***Children learn by playing and trying things out, and by observing and copying what others do.***

Children are curious. They want to find out how they can affect people and things around them, even from the first months of age. They learn through all senses; they will see an object, pick up feel, bang it, and put in their mouth.



Children  
learn by  
experimenting  
and solving  
problems

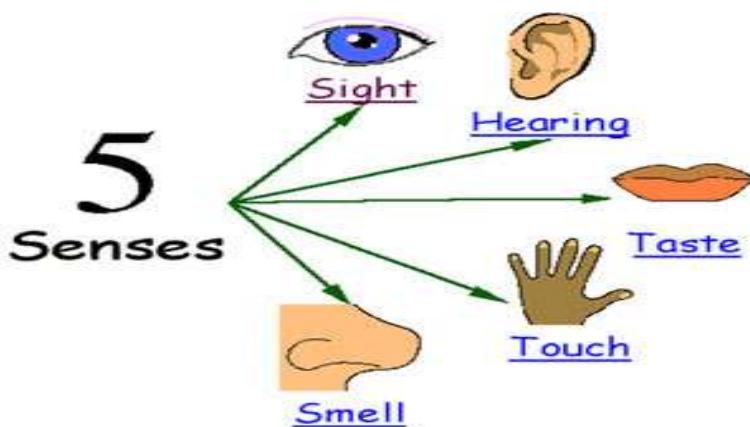
Play is children’s “work”. Play gives children many opportunities to think, test ideas, and solve problems. Children are the first scientists.

Also, let them play games that will stimulate sensitivity such as “What’s in the bag?” Generally, games are a natural but fun a way of learning and usually as they play, children do not realise that they are actually learning.



### ***Children learn by of the use of the 5 senses.***

The use of 5 senses by children is the whole process of learning.



#### **The sense of sight**

Children use their eyes to see objects, mother's face, other people and other things around them. They also use eyes to recognize people including other things. For the infants there is need to move coloured objects in front of their faces when awake and talking to them. For older children playing games that involve sight, they're practicing early literacy skills! Sight games help children recognize words, patterns, objects...and help them develop their memory!

**Matching Games:** Play a matching game with the child, involving cards or other objects, such as the [ABC Match](#). When children play games such as these, they're working on their visual discrimination skills.

**Play “I Spy”:** While reading a book or while taking part in everyday activities, play “I spy” with the child about things he/she sees on different pages of the book, throughout the house, or out and about.

**Optical Activities and Illusions:** To teach a child how his/her eyes work (and how our eyes sometimes play tricks on us), experiment with optical activities and illusions. Try folding a dollar bill in front of the child and have him/her prepare to catch it with arms outstretched. Let go of the dollar bill and have the child try to catch it before it lands on the ground. Talk with the child about how our eyes send messages to our brains, and sometimes, our hands may not travel as fast as the bill drops!

#### **The sense of hearing**

Children use their ears to take in information about things around them. Like other

skills that children learn, listening takes practice. Developing good listening habits helps children get important information from family members, teachers, friends, and coaches, among others.

**Listening Games:** Play a board game or card game with the child to see how good he/she is at listening to instructions and the things going on in the game. Ask him/her questions about choices throughout the game.

**Patterning:** Using your hands or another object, make clapping patterns together. Take turns having the adult lead, followed by the child leading a pattern, and vice versa. After doing clapping patterns, try the same routine with bells or another noise-making object. Ask the child the following questions after doing patterns both through clapping and through bells, etc.: Which sequence is harder to repeat - the claps or the bells? Which sound do you prefer to listen to? Which sound is louder?

**Take a Sound Hike!:** Whether taking a sound hike at the mall, a nearby park, or on a family trip, ask children to notice the sounds they hear and then use sound words as they write their own books.

### The sense of taste

Children develop taste preferences based on what they are fed when they're in the early years of their lives. Helping children think about which tastes they do and do not prefer, however, will encourage them to try new foods and/or new combinations of foods.

**Make a Salad:** As you add different vegetables or other ingredients, ask the child what he/she sees in the bowl. Pick out different ingredients and allow the child to take a bite of each one. Ask the child questions about the creation: What do each of the ingredients taste like? Have you had that ingredient before? Do you like the way it tastes? Does it remind you of something else you've eaten?

**Identify Foods:** Gather up different foods (preferably that the child enjoys!) and have each child taste each food and guess what it is as he/she is blindfolded or has his/her eyes covered. While the child is tasting, discuss certain words such as sweet, salty, sour, bitter, fruity, etc. that will help him/her understand the meaning of the words.

**Try a Taste Test:** To teach about the tongue and different tastes, place approximately 1 teaspoon of different ingredients in different cups. Use ingredients like salt (salty), sugar/honey (sweet), lemon/lime (sour), and grapefruit juice (bitter). Add a few drops of water to the dry ingredients. Dip a cotton swab into each ingredient and have the child touch it to different areas of his/her tongue. Make sure to rinse out the mouth with water between each sample! Talk with the child about how our taste buds affect why we are only able to taste certain flavors on certain areas of our tongue.

### The sense of touch

Children learn about their bodies and how to communicate with others through touch. Most of the feeling that we do happens through our feet and our hands. Taking part in activities where children feel with their feet and hands help them to learn how to write, button their shirts, tie their shoes, among others.

**Feeling With Your Feet:** Have the child, barefooted, feel things with his/her feet and think about the way it feels. Some things that you may wish to have child feel include paint, playdough, grass, carpet, etc. Ask the child questions about what he/she is feeling: What does it feel like? Do you like the way it feels? Is it rough or smooth? Cold or hot? Does it tickle your feet? Do the same activity with your hands!

**Pillow Play:** Place familiar objects inside of an empty pillowcase. Let the child try to guess what the objects are. Help the child describe how each object feels. Vary the activity by using holiday/seasonal items or items with a theme such as animals or shapes.

**Make a Mess:** Let the child play with materials like clay, water, sand, rice, playdough, and gelatin. Let the child explore the feel of these items and describe how they feel. Make sure to find an outdoor area or an indoor area where it's safe to get messy!

### The sense of smell

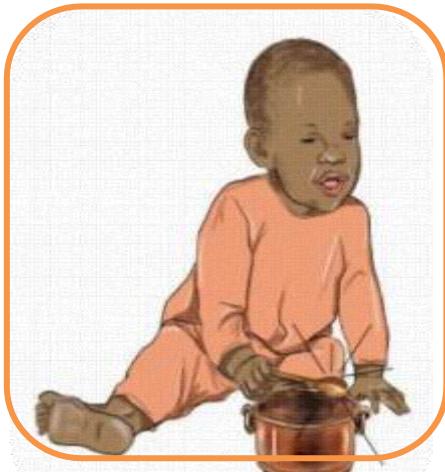
Over time, children will recognize certain smells as comforting, yummy, scary, exciting, etc. Experiment with the scents and smells that the child recognizes and those that are more unfamiliar.

**Blindfolded Smell Test:** Blindfold the child and place some familiar scents under his/her nose, such as chocolate, cinnamon, paint, etc. Ask him/her questions such as the following: What do you smell? Do you recognize it? Does it remind you of something else?

**Scratch and Sniff:** Collect some flowers, spices, or herbs that have a strong smell. Glue some of these items on cardboard or index cards. Have the child guess what the smell is, or use these cards for matching or memory games.

**Combining Smells:** Have the child smell approximately 10 things that he/she is familiar with. Together, come up with a list of the items that the child smelled. Now, mix at least two smells together, and have the child guess which two (or more) are paired together. Can he/she correctly guess the combination? Can he/she pick out each smell? Have fun naming the new combinations of smells!

Children can learn by playing with pots and pans, cups and spoons, and other clean household items. They learn by banging, dropping, and putting things in and taking things out of containers. Children learn by stacking things up and watching things fall, and testing the sounds of different objects by hitting them together. Children learn a lot from doing things themselves.



*Children learn by playing with simple household items.*

Children also learn by copying what others do. For example, a mother/caregiver who wants her child to eat a different food shows the child by eating the food herself. To learn a new word, a child must hear it many times. For a child to learn to be polite and respectful, a father needs to be polite and respectful to his child.

Children also learn how to react to things by how others react— whether by fear, anger, patience, or joy.

Children learn language and other skills by copying



The use of learners' home language in the counseling promotes a brain development and later smooth transition between home and school. This simply means that as a child gets more involved in the play and communication in local language process, this speeds up

the development of basic literacy skills. It also enables more flexibility, innovation and creativity on the part of the care giver.

Using a child's home language is also more likely to get the support of the general community in the teaching/learning process and creates an emotional stability which translates to cognitive stability



### Activity 10: Care for the child's development (True or False statements)

The facilitator will pass out cards, one at a time, with statements about the child's development. Decide whether the statement is **True** or **False**. Be ready to explain your answer.

**Materials:** Easel (or white board or blank wall), cards with statements (in Annex 2. For Activity 10. Care for the Child's Development), tape or other means to post the statements.

**Note to the Facilitator:**

*Ask participants to come up near the easel. Write a label for TRUE and a label for FALSE. Post the labels on the easel. Hand statement card #1 to one participant.*

- Ask the participant to decide whether the statement is True or False, and explain the decision.
- Ask others whether there is any disagreement. Resolve disagreements.
- Then, ask the participant to post the statement under the correct label (TRUE or FALSE).
- Use the opportunity to add more information about the statement. (See the answer sheet for Activity 10 in Annex 2). The answer sheet provides additional points to make, using the statement card.

### Key skills that are stimulated during play and communication activities

The counselling card identifies play and communication activities to encourage and stimulate the child's physical, cognitive, social, and emotional, spiritual and moral development and approaches to learning.

Some examples of new skills the young child is developing are:

- a. Physical (or motor)—learning to reach and grab for an object, to stand, walk and manipulate objects.
- b. Cognitive skills—learning to think and solve problems, to compare sizes and

- shapes, and to recognize people and things.
- Social—learning to communicate what she needs and use words to talk to another person.
  - Emotional—learning to calm himself when upset, be patient when learning a new skill, be happy, and make others happy.

**Approaches to learning:** children are all born with an innate desire to explore and learn. Right from infancy, children begin to exhibit various leaning styles through which they explore and make sense of their learning environments

### **Discuss with the participants**

*A mother/caregiver helps a child learn to stack bowls of different sizes. What are some skills that the child is learning?*

- Physical (or motor) skills
- Cognitive skills
- Social skills
- Emotional skills



**Materials:** stacking bowls, tin plate or bowl, spoon, clean cloth, and other items from the toy bag

#### **Note to the Facilitator:**

- Set cups of different sizes on the table. Demonstrate stacking the cups as a child would (e.g. child might have difficulty reaching and grabbing, deciding which cup fits into another cup).*
- Ask a participant: “What physical or motor skill is the child learning?” As a reminder, read the definition again. Ask other participants: “What other physical or motor skills might the child be learning?”*
- Continue the process for each type of skill: Cognitive, social, and emotional.*
- If you have time, analyse another recommended activity for their physical, cognitive, social, and emotional skills. Include participants in the demonstration of additional activities. For example:*
  - Rolling a ball to the child. (Roll a ball to a participant, and ask the participant to roll it to another participant.)*
  - Playing peek-a-boo with a cloth. (Cover a participant’s face. React with surprise when the participant pulls off the cloth. Repeat several times.)*



## Activity 11: Video - What children learn by play and communication with others

You will now see a short video that demonstrates one activity. Observe the video. Be prepared to discuss:

### **Materials:** Video *Give your child things to stack up*, stacking bowls

Note to the Facilitator:

*Show the video two times or more to provide practice in observing closely the actions of child and mother/caregiver, and their interactions.*

1. Discuss the questions in the manual:

- What did the child do?
- What did the mother/caregiver do?
- How did they interact?
- What skills did the child learn?

*Discuss each question in the manual. Help the group first focus on behaviours (e.g. mother/caregiver hugs her child), rather than conclusions (e.g. mother/caregiver is pleased).*

2. Ask a participant to answer from the child's point of view: "**What do you think the child is thinking?**" This is an important question to ask the caregiver. It helps the caregiver learn to be sensitive to the child's point of view in the activity.
3. Ask: "**What is the child learning?**" Use stacking bowls to demonstrate the skills the child is learning in the video. Answers might be, for example:

- **Physical skills** of reaching, grabbing, lifting, stacking, and dropping.
- **Cognitive skills** of identifying which bowl is larger/smaller, planning how to stack them, testing by trial and error.
- **Social skills** of pleasing mother/caregiver, getting her to respond.
- **Emotional skills** of learning patience, pleasing mother/caregiver.

4. The child is sucking a dummy throughout the activity. **Discuss the effect on the interaction of the child and his mother/caregiver (effect on child, effect on mother/caregiver, and effect on interaction).** For example, child cannot react with sounds or verbalize as a step to learning language. Mother/caregiver does not get the additional pleasure of seeing her child laugh. This pleasure is essential for helping the mother/caregiver to continue to practice these activities with the child at home.



## Exercise: Making toys

### **Making play, learning and communication materials**

**Note:** You can as well use the MOGE tool kit manual for Toy making if available

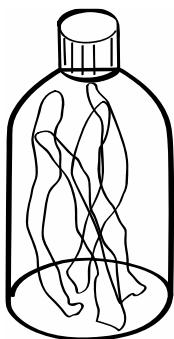
## Demonstration

Note to the facilitator: Show participants some homemade toys and other household objects that children might play with. For each item, consider:

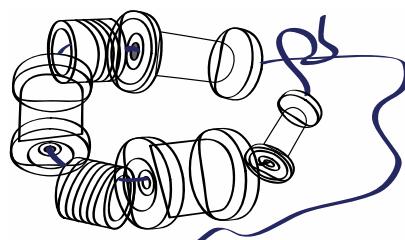
1. How attractive is it (colour, size, and sound) for a young child?
2. How easily could the young child hold it?
3. How does the size, and whether it is sharp or dull, or edible, affect its safety? How safe is it for children in different age groups? Refer to the age groups on the **Counselling Cards**.
4. What age child would most like it?  
Note that the same toys may be attractive to children of different ages. A young child might enjoy dropping stones in a plastic bottle. An older child might use the same stones to count as she drops the stones in the plastic bottle.
5. What might the child learn by using it? Consider physical, social, emotional, and intellectual skills the child might learn.
6. How could playing with the toy affect the interaction between the caregiver and child?

## Optional exercise

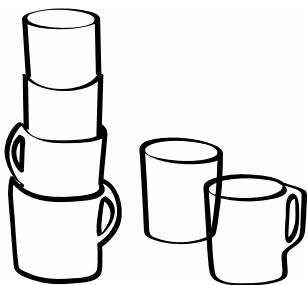
Use the materials on the table to make appropriate toys for different age groups. Here are some examples of simple toys made from items around the household.



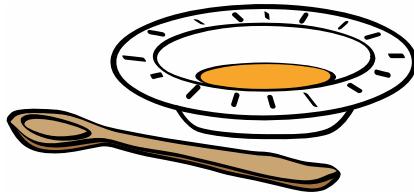
**Plastic strips in plastic bottle  
(to grab and hold, to shake)**



**Thread spools and other objects on a string  
(to grab and hold, to shake)**



**Colourful cups (to grab and hold, to bang and drop, to stack)**



**Food tin and large wooden spoon (to bang and drop)**



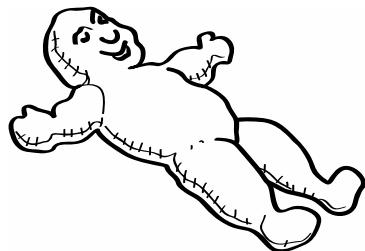
**Plastic jar with stones (to put in and take out, and to count)**



**Picture drawn or pasted on cardboard (to put together a puzzle)**



**Book with drawings or magazine pictures (to hold, to discuss)**



**Stuffed doll with sewn or painted face (to learn about eyes and nose, to tell stories, to hold)**

## In door play materials

Stationary and portable equipment:

- small push toys o soft balls (variety of sizes and textures, such as beach balls, clutch balls, balls with holes, rubber, cloth) activity centres for young infants
- indoor/outdoor pad, mat or blanket
- low platforms/ramps (vinyl-covered foam)
- floor cushions o sturdy things to pull up on (low, carpeted bench, rails)
- inflatable beach rings, inner tubes or play rings 12 months to 24 months 2.

Indoor stationary and portable equipment:

- low riding toys without pedals o low wheeled, steerable, riding toys with pedals (older toddlers)
- large push-pull wheel toys (wagons, wheelbarrows, shopping carts, doll carriages)
- large cars and trucks (plastic or wooden)
- soft balls (variety of sizes and textures) bean bags
- low climber with steps and slide
- rocking toys
- balance board 2 tumbling mats or cushions
- small parachute
- tunnels
- large cardboard boxes, milk crates, thick planks
- structures to climb into, out of and around
- low platforms, ramps or stairs .

## Outdoor play materials

- Sand boxes or outdoor sand pits, table, large plastic tub, sink
- individual tubs or basins o sand or sand substitute (sterilized potting soil, finely shredded mulch)
- Sand toys: (provide a variety with different activities)
- kitchen utensils (measuring cups, spoons, pots, pans, muffin tins, funnels, sifters, plastic dishes, ice cube trays)
- pails, shovels, scoops, containers, molds
- toy rakes and hoes
- wide-toothed combs, trowels, screens o brooms, dust pans (child sized)
- dramatic play toys (animals, small toy people, large trucks, diggers)
- nature items (shells, pieces of wood, rocks)

## Play and communication activities for the child's age



A child learns to solve problems while playing with a home-made puzzle with her father

The counseling cards suggest play and communication activities to help families stimulate the development of the child's physical, cognitive, social, and emotional skills. As the child grows, the child needs opportunities to learn new skills. The activities, therefore, change and become more complex as the child grows older. Here are sample activities. Many are described on the counselling cards. The facilitator will demonstrate some of these activities with the items in the toy kit.

Age	Play activity	Communication activity
<b>Young infant, birth to 2 months</b>	Provide ways for child to see, hear, feel, move freely, and touch you.  Move colourful objects in front of baby's eyes to help the baby learn to follow and reach.	Look into baby's eyes, and talk to baby.  Smile and laugh with the baby.  Get a conversation going by copying the baby's sounds and gestures.
<b>Child, age 3 to 4 months</b>	Move colourful objects slowly in front of the child's face, help child grab and hold objects.  Give child a shaker rattle or rings on a string.	Smile and laugh with child.  Get a conversation going by copying the child's sounds and gestures.
<b>Child, age 5 Months</b>	Give child wooden spoon and other household objects to reach for, grab, and examine.  Play with ball, rolling the ball back and forth.	Talk softly to child.  Get a conversation going by copying the child's sounds and gestures.
<b>Child, age 6 to 8 months</b>	Give child clean, safe household things to handle, bang, and drop.	Respond to your child's sounds and interests.  Call child's name and see child respond.
<b>Child, age 9 to 11 months</b>	Hide a child's favourite toy under a cloth or box. See if the child can find it.  Play peek-a-boo.	Tell child the name of things and people.  Play hand games, like bye-bye.
<b>Child, age 1 year</b>	Give child things to stack up, and to put into containers and take out.	Ask child simple questions.  Respond to child's simple questions. Respond to child's attempts to talk. Show and talk about nature, pictures, and things.
<b>Child age 2 years and older</b>	Help child count, name, and compare things.  Make simple and safe toys (e.g. picture book), objects to sort (e.g. circles and squares, puzzle, doll).	Encourage your child to talk. Answer your child's questions.  Teach your child stories, songs, and games.  Talk about pictures or books.

The timing of these guidelines is more flexible than the feeding recommendations. Some children show an interest or skills in an activity earlier than others or later than others. Respond to what a child shows an interest in doing. Then, increase the difficulty when the child is able to do the activity easily (*scaffold* it).

## Recommendations for Care for Child Development

### Discuss with the participants: recommendations for Care for Child Development

Note to the facilitator: In this section, 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.

## New-born, birth up to 1 week

### Your baby learns from birth



**PLAY** Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.



**COMMUNICATE** Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a new-born baby sees your face and hears your voice.

## For the new-born, from birth up to 1 week

**Play:** Healthy babies can see, hear, and smell at birth. Right away they begin to recognize their mother/caregivers. They soon start to smile when people smile at them. Faces are particularly interesting.

At this age, learning is through seeing, hearing, feeling, and moving. The child's face should not be covered for long periods of time because children need to see in order for their eyesight to develop.

Wrapping the new-born tightly – swaddling – is common in some places. New-borns should not be tightly bound in clothing for long periods, however, because they need to be able to move and touch people and things.

Instead, encourage the mother/caregiver and father to hold their child closely. They can gently stroke the child's skin. By gently soothing an upset child, they also help the child learn to soothe herself.

**Communicate:** Encourage families to talk to their children from birth – even before. When a mother/caregiver looks at her child's eyes, and smiles in response to the child's smiles, the child learns to communicate. And the mother/caregiver begins to see her child respond to her. Encourage the father also to communicate with the new-born.

Children communicate their needs. They learn to trust that someone will pay attention to their movements, sounds, and cries. Breastfeeding on demand strengthens this interaction and the growing trust.

Children show interest in breastfeeding by becoming fussy, sucking their hand, or moving their heads toward the breast. Using these clues, a mother/caregiver can learn to recognize that a child is hungry before the child starts to cry.

For the infant, from 1 week up to 6 months (3 to 4mths)

**Play:** Infants at this age like to reach for and grab fingers and objects. They look at their hands and feet, as if they are just discovering them. They put things into their mouths because their mouths are sensitive. The mouth helps them learn warm and cool, and soft and hard, by taste and touch. Just make sure that what the child puts into his mouth is clean, and is large enough that the child won't choke on it.

Help the child follow an object. For example, ask the caregiver to show a colourful cup to the child, just out of reach. When she is sure the child sees the cup, ask her to move it slowly from one side to the other and up and down, in front of the child. Then, to move the cup closer. Encourage the child to reach for the cup and grab the handle.



Clean, safe, and colourful things from the household, such as a wooden spoon or plastic bowl, can be given to the child to reach for and touch. A simple, homemade toy, like a shaker rattle, can attract the child's interest by the sounds it makes.

Children this age also continue to love to see people and faces. Encourage family members to hold and carry the child.

**Communicate:** Children enjoy making new sounds, like squeals and laughs. They respond to someone's voice with more sounds, and they copy sounds they hear. They start to learn about how to make a conversation with another person before they can say words.

All family members can smile, laugh, and talk to the child. They can "coo" and copy the child's sounds. Copying the child's sounds and movements helps the people who care for the child pay close attention to the child. They learn to understand what the child is communicating, and respond to the interests and needs of the child.

### 1 week up to 6 months (3 to 4 mths)



**PLAY** 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. Sample toys: shaker rattle, big ring on a string.



**COMMUNICATE** Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.

These are important caregiving skills – being sensitive to the child's signs and responding appropriately to them. These caregiving skills help family members notice when the child is hungry, or sick, or unhappy, or at risk of getting hurt. They are better able to respond to the child's needs.

For the child, this practice in communicating helps the child prepare for talking later. The family will also enjoy the reactions they get from the child and the attempts at communicating.



***Copying the child's sounds and gestures starts a good communication game.***

***It helps the mother/caregiver learn to look closely at the child, be sensitive to the child's sounds and movements, and follow – respond to – the child's lead.***

***And even before the child is able to speak, he delights in being able to communicate through his sounds and movements.***

## For the child, from 6 months up to 9 months (5 to 9mths)

**Play:** Children enjoy making noises by hitting or banging with a cup and other objects. They may pass things from hand to hand and to other family members, dropping them to see where they fall, what sounds they make, or if someone will pick them up.

This may be frustrating for busy mother/caregivers and fathers. Caregivers can be more patient if you help them understand that their child is learning through this play. "Your child is being a little scientist. She is experimenting with how objects fall, how to make a noise, how the force of her arm sends the object across the table."



**Communicate:** Even before children say words, they learn from what family members say to them, and can understand a lot. They notice when people express strong anger, and may be upset by it.

Children copy the sounds and actions of older brothers and sisters and adults. Children like other people to respond to the sounds they are making and to show an interest in the new things they notice.

A child can recognize his name before he can say it. Hearing his name helps him know that he is a special person in the family. When he hears his name, he will look to see who is saying it. He will reach out to the person who kindly calls his name.



## 6 months up to 9 months (5 to 9mths)



**PLAY** Give your child clean, safe household things to handle, bang, and drop. *Sample toys: containers with lids, metal pot and spoon.*



**COMMUNICATE**  
Respond to your child's sounds and interests.  
Call the child's name,  
and see your child

## 9 months up to 12 months (9 to 1yr)



**PLAY** Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.



**COMMUNICATE** Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". *Sample toy: doll with face.*

## For the child, from 9 months up to 12 months (9 to 1yr)

**Play:** Play continues to be a time for children to explore and learn about themselves, the people around them, and the world. As children discover their toes, they may find them as interesting to touch as a toy. When a box disappears under a cloth, where does it go? Is it still there? Can they find it?

Children also enjoy playing peek-a-boo. When the father disappears behind a tree, they laugh as father reappears. They enjoy hiding under a cloth and giggle when the father "finds" them.

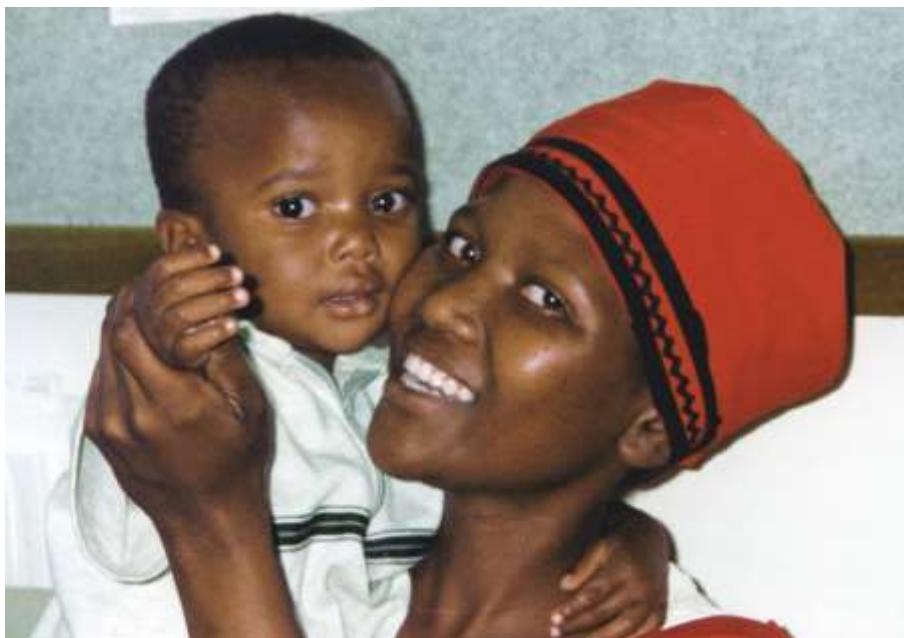
**Communicate:** Even though children cannot yet speak, they show that they understand what the family members say. They hear the name of things, and delight in knowing what they are. They begin to connect the word bird to the bird in the tree, and the word nose to their nose.



**"Where is your nose?"** Nora does not yet speak – but she can show you where her nose is. She is also learning the names of people and things.

All members of the family can enjoy sharing new things with the young child. They can play simple hand games together, like “bye-bye”, and clap to the beat of music.

A child may become afraid of losing sight of a familiar caregiver. The adult helps the child feel safe, responds when she cries or is hungry, and calms her by his presence and the sound of his voice. Encourage the caregiver to tell his child when he is leaving and to reassure his child that he will soon return. He can leave a safe, comfortable object with the child – one that reminds the child of the caregiver and assures the child that he will return.



***“Bye bye”***

**12 months  
up to 2 years (1 to  
2 yrs.)**



**PLAY** Give your child things to stack up, and to put into containers and take out. *Sample toys: Nesting and stacking objects, container and clothes clips.*



**COMMUNICATE** Ask your child simple questions. Respond to your child's attempts to talk. Show and talk

**For the child, from 12 months up to 2 years (1 to 2 yrs.)**

**Play:** If children this age are healthy and well nourished, they become more active. They move around and want to explore.

They enjoy playing with simple things from the household or from nature, and do not need store-bought toys. They like to put things into cans and boxes, and then take them out. Children like to stack things up until they fall down. Families can use safe household items to play with their children.

Children need encouragement as they try to walk, play new games, and learn new skills.

Families can encourage their children to learn by watching what they do and naming it: "You are filling the boxes." Adults should play with the children and offer help: "Let's do it together. Here are more stones to put into your box."

When children learn a new game or skill, they repeat it over and over again. These discoveries make them happy and more confident. They are especially happy when they see that they are making the adults around them happy, too. Encourage family members to notice and praise their young children for what they are learning to do.



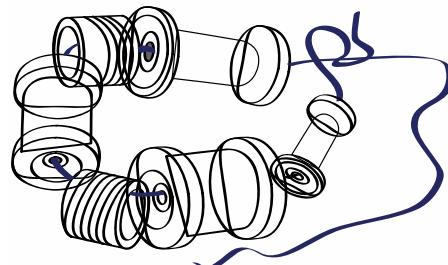
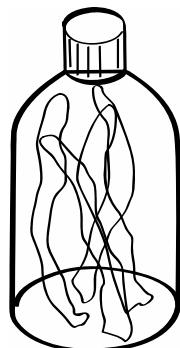
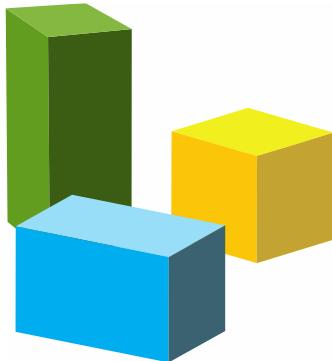
***Paul has learned a new game from his grandmother/caregiver. He puts clothes clips into bottles, dumps them out, and puts them in again – over and over again.***

**Communicate:** At this age, children learn to understand words and begin to speak. Mother/caregivers and fathers should use every opportunity to have conversations with the child, when feeding and bathing the child, and when working near the child.

Children are beginning to understand what others are saying and can follow simple directions. They often can say some words, such as “water” or “ball”. Family members should try to understand the child’s words and check to see whether they understand what the child says: “Would you like some water?” “Do you want to play with the ball?”

Families can play simple word games, and ask simple questions: “Where is your toe?” or “Where is the bird?” Together they can look at pictures and talk about what they see.

Adults should use kind words to soothe a hurt child and praise the child’s efforts.



**A child enjoys playing with homemade toys, and will learn by grabbing, shaking, banging, and stacking them.**

## 2 years and older



**PLAY** Help your child count, name and compare things. Make simple toys for your child. *Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.*



### COMMUNICATE

Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books.

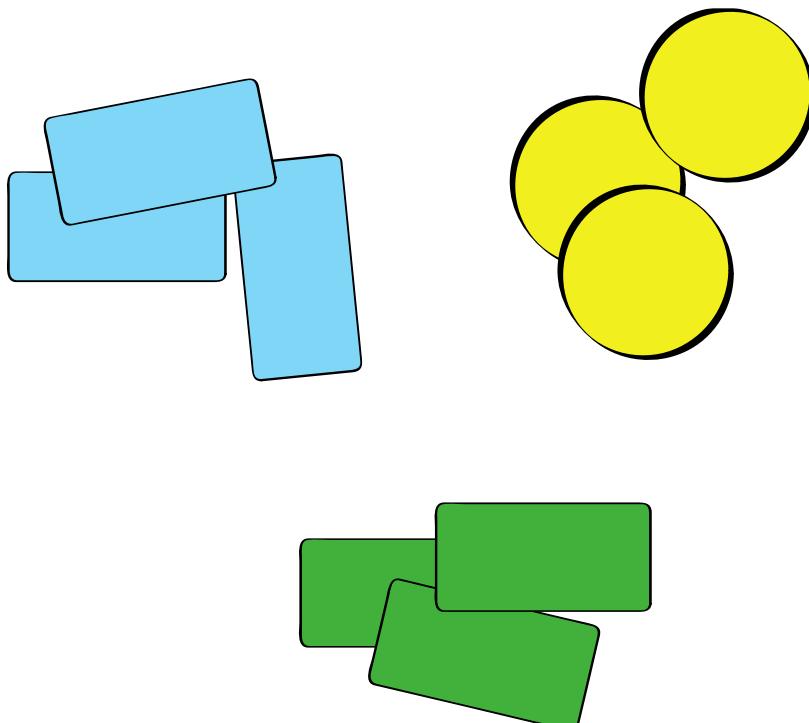
*Sample toy: book with pictures.*

## For the child, 2 years and older

**Play:** Children 2 years and older learn to name things and to count.

A caregiver can help her child to learn to count by asking "how many" and counting things together. Children make mistakes at first, but learn from repeating the games many times.

Children still enjoy playing with simple, homemade toys. They do not need store-bought toys. They can learn to draw with chalk on a stone or with a stick in the sand. Picture puzzles can be made by cutting magazine pictures or simple drawings into large pieces.



***Children can learn to match colours, shapes, and sizes with simple objects, such as bottle caps. They can compare and sort circles and other shapes cut from coloured paper.***

**Communicate:** By age 2 years, children can listen and understand. Asking simple questions and listening to the answers encourages children to talk: "What is this?" "Where is your brother?" "Which ball is bigger?" "Would you like the red cup?"

Looking at picture books and reading stories to children prepares them for reading. Stories, songs, and games also help children improve how they speak.

Answering a child's questions encourages the child to explore the world. Family members should try – with patience – to answer a young child's many questions.

Children who are learning to talk make many mistakes. Correcting them, however, will discourage talking. They will learn to speak correctly by copying – by listening to others who speak correctly.

Children this age can understand what is right and wrong. Traditional stories, songs, and games help teach children how to behave. Children also copy their older brothers and sisters and other family members as they learn what is right and wrong.

Children learn better when they are taught how to behave well instead of being scolded for behaving badly. They should be corrected gently so that they do not feel ashamed.

***Throughout the activity, encourage care-givers to help their children learn.***

***Some good advice for the caregiver, no matter what the child's age:***

- ***Give your child affection and show your love.***
- ***Be aware of your child's interests and respond to them.***
- ***Praise your child for trying to learn new skills.***



***With his father's guidance,  
John puts together a homemade  
picture puzzle.***

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## **Help the family learn basic caregiving skills – sensitivity and responsiveness**

The play and communication activities also help the family learn how to care for the child. Through play and communication, the mother/caregiver or other primary caregiver learns to be *sensitive* to what the child communicates (the child's signals) and to *respond* appropriately.

The *basic caregiving skills—sensitivity and responsiveness*—contribute to the child's survival, as well as to the child's healthy growth and development.

A *sensitive* caregiver is aware of the child and recognizes when the child is trying to communicate, for example, hunger, pain and discomfort, interest in something, or affection.

A *responsive* caregiver then acts immediately and appropriately to the child.

These basic skills are needed to see the child's signs of discomfort, recognize that the child is hungry, and feed her. The skills help the caregiver be aware when the child may be in danger and then move quickly to protect him. The skills help the caregiver feel when the child is in distress, and respond appropriately to give comfort. The skills help caregivers recognize when a child is sick and needs medical care.

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## **Assess the interactions between caregiver and child**

Three questions can identify how to help families interact with their young children.

### ***How do you play with your child?***

Families often play with their children since birth. However, some do not. They might think that play is something that children do with each other, when the child is older. They do not know that their child will learn by playing with adults. Or they might play with their children, but do not call it play.

Helping adults understand the importance of play, and to delight in it, will encourage their greater participation in playing with their children.

### ***How do you talk with your child?***

Some families talk to children from their birth, even before birth. Others do not talk to their children. They may think that they do not need to talk until the child is able to talk.

It is useful to help families understand that their voices can be comforting, even before the child's birth. Talking before the child talks also prepares the child for talking—words, patterns of speech (who does what, to whom, with what), and exchanges in

communication (when to talk, when to listen, when to respond).

### ***How do you get your child to smile?***

Caregivers who interact well with a child from birth have many ways to capture the attention of the child and encourage the child to smile. Ask them to show how they get their child to smile. Perhaps they make a funny face, or gently rub the child's tummy, or clap their hands.



Some caregivers do not know how to get the child to smile or their attempts are not “natural”—they are not in response to the child. To help them get started interacting, introduce a play or communication activity. During the activity, help them be more sensitive to the child’s reactions and respond appropriately with encouraging smiles.

*“Show me – how do you get  
your child to smile?”*



**Copy your child**

### **Activity 12: Video – Improve sensitivity and responsiveness by copying the child**

You will now see a short video that demonstrates one communication activity, copying the child’s sounds and gestures. This activity helps to start an improved interaction between a mother/caregiver and a five week old child. It starts with the counselor (a community childcare worker) asking the mother/caregiver the three assessment questions:

- How do you play with your child?
- How do you talk with your child?
- How do you get your child to smile?

The facilitator will repeat what the childcare worker and the mother/caregiver say.

Observe the video. Be prepared to discuss:

- What did the child do?
- What did the mother/caregiver do?
- How did they interact at the beginning? At the end?
- What did the child learn?
- What did the mother/caregiver learn?

**Materials:** Video Copy your child.

**Note to the Facilitator:**

*Show the video one or two times to provide practice in observing closely the actions of child and mother/caregiver, and their interactions.*

*Stop the video after “How do you play with your child?” Mother/caregiver shows how she plays with the hands and toes of the child, rubs the head, and lifts the child. Then, continue.*

*Stop after: “How do you talk with your child?” Mother/caregiver does not talk to child. Then, continue.*

*Stop the video, and repeat the mother/caregiver’s answers to the assessment question, “How do you get your child to smile?”*

*The mother/caregiver does not try to get the child to smile. She says that the child does not pay attention to her or focus on her. She has been told that the child is too young. Her daughter will not notice her until the baby is at least eight weeks old or so.*

*Continue to the end of the video.*

*Discuss the video, using the set of questions in the Manual.*

- *What did the child do?*
- *What did the mother/caregiver do?*
- *How did they interact at the beginning? At the end?*
- *What did the child learn?*
- *What did the mother/caregiver learn?*

*What other activities are especially helpful for strengthening the caregiver-child interactions? Playing with a ball or playing peak-a-boo. (Demonstrate to show how these activities encourage responsive interactions.)*

**Summarize:**

*Ask: What is the importance of helping the mother/caregiver learn to be sensitive to her child’s signals, and respond to them?*

*Ask: What difference did it make?*

*Once a mother/caregiver learns to be sensitive enough to see the child’s signals and is able to respond appropriately, the mother/caregiver is relieved, happy, and delighted to be important in the child’s life. She knows that her child looks to her, and she is more confident in caring for the child.*

## Clinical Practice

For the first clinical session, the group will be divided into two. One group will go to a hospital ward to practice play and communication activities with a child.

The second group will go to a maternity ward to observe breastfeeding. If possible, they will also observe mother/caregivers expressing breast milk and feeding newborns with a cup. With their facilitators, participants will counsel mother/caregivers and their newborns to improve breastfeeding position and attachment.

After about one hour, groups will change sites and activities to make sure that all participants have an opportunity to practice play and communication activities with a child and counselling on breastfeeding.

### Clinical Practice (Part 1): Play and communicate with children

The facilitator will prepare participants to go to a hospital children’s ward (or other site) for the clinical practice session. In this session, participants will try play and communication activities to learn how children respond to them.

**Materials to take:** *Counselling cards, Manual, and bag of toys (kits for each 2 or 3 participants), soap/hand sanitiser to wash toys*

Participants will work in groups of 2 or 3. Each participant will play with a child selected by the facilitator.

Participants will try the following activities according to the age of the child:

- Approach a child.
- Copy a child’s sounds and gestures.
- Play with a ball with a child
- Help a child stack cups or bowls, or put objects in and take them out.
- Play peak-a-boo with the child

#### Tips

- Approach a child slowly, quietly and alone.
- Get the child’s attention, to look at you. Then begin the activity.
- Give the child one play item at a time (e.g. one bowl). Then add a second item for the same activity (e.g. the second stacking bowl).
- Go slowly. Take time for the child to engage in an activity and to build an interaction.
- “Scaffold” the activity: add a new learning based on what the child knows (e.g. add words—label the object, colour, or activity.)
- Remove the items from one activity before starting a new one.

**Note:** Select the play activity / materials that are recommended for child’s age.

The table below shows examples of the recommended play activities according the child's age:

Age	Young Infant, birth to 2 months	3 to 4 months	5 months	6 to 8 months	9 to 11 months	1 year	2 years
Play activity	Colourful objects moved in front of baby's eyes	Colourful objects moved slowly in front of baby's face e.g. shaker rattle	Wooden spoon & other household objects to reach for	Household items to handle, bang and drop	Play peek-a-boo with child, hide things under a cloth	Help a child stack up cups or bowls or put items in and out of container	Count, name, compare, picture book, puzzles, squares, circles etc

Others in the small group will observe, facilitators you will also observe the groups and assist, as needed.

#### *Debrief the Clinical Practice (Play and communicate with children)*

Participants will discuss their experiences with playing and communicating with children. If there are videos or photos of the session, you will see examples of interactions during the play and communication activities.

1. What was difficult to do? What helped?
2. How did the child respond?
3. Which activities succeeded in starting a good interaction?
4. What did you need to do differently to play with a sick child? How did the illness affect the child's response?

#### **Clinical Practice (Part 2): Assess and support breastfeeding**

The facilitator will prepare participants to go to a hospital maternity ward for the clinical practice session.

##### ***Take to the maternity ward: Counselling cards and Participant Manual.***

The session begins with a demonstration, as a facilitator counsels a mother/caregiver. Then participants break into groups of two to:

1. Greet a mother/caregiver and her baby.
2. Praise the mother/caregiver for breastfeeding her baby.
3. Ask how often she breastfeeds. Day and night?
4. Ask how she knows her baby is hungry.
5. Ask what difficulties, if any, she is having breastfeeding.
6. Ask to observe a breastfeed.

7. Assess position of the baby.
8. Assess attachment of the baby.
9. If needed, help mother/caregiver improve position and attachment.
10. Observe the interaction between mother/caregiver and baby. How does she respond to her baby's movements and sounds?

If possible, you will observe a mother/caregiver expressing breast milk and feeding her newborn with a cup.

Facilitators will observe the groups and assist, as needed.

#### ***Debrief the Clinical Practice (Assess and support breastfeeding)***

Participants will discuss their experiences observing breastfeeding. If there are videos or photos of the session, you will see examples of mother/caregivers feeding their newborns.

1. What examples of effective breastfeeding did you see? What did they look like?
2. What difficulties in breastfeeding did you see?
3. What helped improve the breastfeeding?
4. How did mother/caregivers express breastmilk and feed their babies? What difficulties, if any, did they have?
5. How do mother/caregivers and babies interact during feeding? How does the mother/caregiver know the newborn is hungry? How does the mother/caregiver respond to her baby's movements and sounds?



*Help the new mother/caregiver find a  
comfortable position for  
breastfeeding.*

**And make sure that the infant is  
attached well to the breast**

### ***Debrief the Clinical Practice (Both groups together)***

1. Discuss pictures or videos of the clinical practice, if taken. Discuss with participants examples seen.
2. Prepare for the next clinical practice sessions.
3. **Review with the participants.** In the video watched before the clinical practice session  
*Copy your child:*  
4. ***What did the counsellor do?***
5. ****What did the counsellor not do?****
6. **If the counsellor was a *coach*. What does a coach do?**
7. **If the counsellor had interacted with the child directly, what result would you expect?**

### **Tip**

In a counselling session, it is important that the counsellor not do the activities directly with the child.

The child connecting with the counsellor will interfere with the child making the connection with the caregiver.

Instead, coach the caregiver on breastfeeding, play, and communication. The coach gives support, encouragement, and short instructions.

From now on, participants will coach a mother/caregiver or other caregiver. If the counsellor (or observer) interacts with the child, the child will likely “attach” to the counsellor. This will make it much more difficult to succeed in helping the caregiver and child improve their interactions.

The video on copying the child demonstrates this well. The counsellor stays out of the child’s sight.

Interacting with the child directly is a well-learned habit, difficult to break. Observers will need to offer gentle reminders to participants to interact with the caregiver, rather than with the child from the moment they greet the family.

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## **Introduction to the counselling cards and checklist on play and communication with the young infant and child**

**Materials:** Visit 1. Young infant, age 1 to 2 months / Card 2 Play and communicate with the young infant

Card 2 for the young infant, age 1 to 2 months, guides the family in supporting their child's development.

The pictures on page 3 illustrate play and communication activities. The Community based volunteer uses the steps on page 4 as a reminder of what to talk about with the family.

**Note to the Facilitator:**

*You may ask participants to read aloud the instructions below, as they have been reading the Manual aloud. If you anticipate difficulty understanding the instructions or you would like to add variety to the methods, you may introduce the card to the group, by presenting each step below and asking participants to read each step from the counselling card.*

1. Notice that this is the second card during Visit 1. You have already greeted the family and you have asked whether the baby is sick. Also you have counselled the family on feeding the young infant.
2. Introduce this card by telling the family that you will talk about how to help the baby learn.
3. Read and discuss: ASK the mother/caregiver and family, and LISTEN.  
As with the card on Feed the young infant, you will ask the mother/caregiver and her family what they see in the pictures.
4. ASSESS; Here are the three assessment questions: How do you play with your child? How do you talk with your child? How do you get your child to smile? Listen and look at how the mother/caregiver answers the questions.
5. Then, read the story in the box.

The story continues with Tandi and her son. As with the feeding card, you will read the story and link the story to what the family saw in the pictures. The stories on the Play and Communicate cards suggest at least one play and one communication activity. These activities help the child learn what he or she needs to learn at this age.

The activities are selected also to be highly interactive with the child. They help the mother/caregiver and other family members learn how to be *sensitive* to the child's signals and *respond* appropriately to them.

**What is a sample play activity for a young infant age 1 to 2 months old?**

(Refer to the card.)

**What is a sample communication activity for a young infant this age?** (Refer to the card.)

6. CHECK UNDERSTANDING, and DISCUSS what the family will do.

Then, praise the mother/caregiver for any effort to play and communicate with the child at home. Stress how doing play and communication activities every day at home will help the baby learn.

Next, the counseling card suggests an activity. Help the mother/caregiver do this activity if you saw any difficulty in the interaction between mother/caregiver and child. (If you have time, you may do the activity with any mother/caregiver and child, even if there is no problem. The activity helps to reinforce the importance of play and communication for the child's development.)

On this card for the young infant, the Community based volunteer helps the mother/caregiver look closely at what the child is doing and copy it. The Community based volunteer can help the mother/caregiver learn basic caregiving skills—sensitivity and responsiveness—with this activity to copy the child's sounds and gestures. And the child learns some of the basics of communication.

*With a partner in class or as homework:*

1. Review the two cards for each age: 1 Feed the child and 2 Play and communicate with the child.
2. Be prepared to use these cards to counsel families during the next clinical practice session.

**Use the Checklist to give advice and for record keeping (use together with counselling cards)**

The Checklist for Counselling on Care for Child Development guides you as you learn this information and counsel the family. It helps you understand how the caregiver responds to the child. It helps you provide appropriate advice, focused on the child's age and specific developmental needs. (**Page 70 counselling cards**)

The Checklist is for you. It is to help you identify and remember the child and the child's needs. Provide only the information you need on the caregiver and the address in order to locate the child. The checklist can be used for record keeping.

The first section of the checklist has space for recording relevant information on the child, the caregiver and where they live.

**Look, ask, and listen: Identify care practices**

The next section of the **Checklist** provides questions to find out how the caregiver and child

interact, and how the caregiver stimulates the child's development through play and communication activities.

The questions are in three sections from the top of the table to the bottom.

- Top: For all children
- Middle: For the **child age less than 6 months**
- Bottom: For the **child age 6 months and older**

(IMPORTANT: If the child appears to be very weak and sick, then refer the child immediately to the closest health facility – hospital or clinic. Do not take time now to counsel the caregiver on **Care for Child Development**.)

Listen carefully for the caregiver's answers to the questions. You may look at the **Recommendations for Caring for Your Child's Development** for the child's age, as you listen. If an answer is unclear, ask another question.

Record the answer where there is a blank. Write a brief answer, for example:

- How does the caregiver show he or she is aware of the child's movements?  
**Looks at child, shifts and holds child closer**
- How does caregiver comfort the child?  
**Puts child's head on shoulder and pats back**

## For all children

First, look at the caregiver and child. You can observe them from the moment you first see them.

- **Look: How does the caregiver show he or she is aware of the child's movements?**

Many caregivers are unaware that they are reacting to the child, her moods, and her movements. But, as the child moves, the caregiver's hand feels the child turn. The caregiver might look at a child who walks away to be reassured that the child is okay.

If the child fusses, a gentle hand taps the child's back to soothe her. You are often able to see this strong connection between a caregiver and child. It usually develops when the child is very young, even in the first days of life.

Sometimes, however, you do not see this connection. There may be many reasons. The mother may be sick. She and her infant may have been separated at birth, at an important time for forming this connection. Fathers who have not had a chance to play with and care for their newborn may have difficulty developing this connection.

- **Look: How does the caregiver comfort the child and show love?**



A young child expresses his discomfort by fussing, crying, and wiggling. Observe whether the child who is awake follows his mother or other caregiver's sounds and movements. Notice also how the caregiver responds when the child reaches for her or looks to her for comfort.

The caregiver comforts her child by gently talking to him. A child who hurts his knee wants to know that his mother feels it too. The caregiver might draw the child more closely to comfort and protect him.

Children who are afraid of new people, places, and sounds may need to be held until they know that their mother and father feel safe too. Children learn how to calm themselves by the reaction they get from others. A loud or threatening noise further upsets them. A calm voice helps to calm them.

- **Look: How does the caregiver correct the child?**

While young children explore the world and try new things, they make mistakes. They grab an object that is breakable or dirty. They move too close to a danger like a fire or street. They reach for things that are not theirs to play with. They also fall and get hurt, or become frightened.

When children are young, they are easily distracted. Their parent can substitute a safe object for one that they should not touch. They can be distracted by interesting objects to play with in a safe place. Later they will be able to better understand the reasons for what they should or should not do. There is no need to harshly scold or punish the child. Instead, the caregiver can help the child learn what can be played with and where.

## For children by age (less than 6 months or 6 months and older)

- **Ask and listen: How do you play with your child?**

It might be difficult for a caregiver to understand this question. Some think that the child is too young to play. Or that children only play with other children. You will need to ask about play by using words that the caregiver can understand.

- **Ask and listen: How do you talk with your child?**

It might also be difficult for a caregiver to understand what you mean by talking with the child. Some think that the child is too young to talk to, especially before the child knows how to speak. If you see the caregiver cooing or talking softly to calm the child, point out that the caregiver is talking to the child.

- **Ask and listen: How do you get your child to smile?**

Many caregivers have been making faces and funny sounds to get their child to smile, almost from the child's birth. They have seen that the child responds to big

movements, funny faces, and repetitive sounds. The child's responses encourage the caregiver to continue to find ways to get the child to smile.

Other caregivers do not know how to gently encourage the child to smile. Instead, they may try to force a smile, even by pressing the child's cheeks to form a smile. A caregiver who does not attempt to draw out a child's smile probably has difficulty responding easily, naturally, and with delight to the child's attempts to communicate.

It is helpful to give the caregiver an activity that is appropriate for the child's age. See how the child enjoys it and will smile naturally from the pleasure of playing with the caregiver.

- **Ask and listen: How do you think your child is learning?**

Most caregivers are aware if their child is having difficulty learning. They recognize when the child appears slow compared to other children in the family or community. They might be relieved that someone asked and is willing to help. If there are services for children who have difficulty learning, refer the child to a centre where the child can be further assessed and the family can receive help

With the information you learn from the caregiver, you are able to give specific praise to encourage the family to play and communicate with the child, and to strengthen their basic caregiving skills. You also can identify possible problems. With the recommendations on the **Counselling Cards**, you can focus your advice on how to improve the child's care.

## Praise and advise: improve care practices

### *Praise the caregiver*

Most families try to do their best for their children. Praise recognizes the effort. Praise for the effort to play and communicate with children from birth encourages families to continue doing what is best for their children. Praise also builds confidence. Confidence will help the family learn new activities to try with their child.

The Checklist identifies some behaviour to praise. You might praise the caregiver for holding her child closely, and talking and playing with her child.

Praise shows the caregiver that you see the good effort. Praise can also show how the child praises the caregiver's good effort.

For example, when caregivers look at their children and talk softly to them, help them notice the good reaction they get from their children. For example: "Notice how your baby responds when he hears his name. He turns to you. He recognizes and loves your voice."

With the information you learn from the caregiver, you are able to give specific praise to encourage the family to play and communicate with the child, and to strengthen their basic caregiving skills. You also can identify possible problems. With the recommendations on the **Counselling Cards**, you can focus your advice on how to improve the child's care.

## **Advise the caregiver**

When you counsel a family you have an opportunity to strengthen the skills of the people who care for young children.

They may not know why their child does not respond to them as they wish. They may not know that you should talk to a small child, even before he or she can speak. Sometimes families think that play is only for children. When the child is old enough, she will play with her bigger brothers and sisters. They do not know that adults who play with their young infants and children are helping them to learn, and they do not know what kind of play is appropriate for the child.

The **Checklist** identifies some common problems and what you can suggest to help families in caring for their children. You will guide the caregiver and child in practising the play and communication activities with you. **For example:**

- **To help a caregiver respond to the child**



You might find that a caregiver does not move easily with her child and does not know how to comfort her child. You do not see the close connection between what the child does and how the caregiver responds.

This connection is the basis for sensitive and responsive caregiving. Where it is missing, you can help the caregiver learn to look closely at what a young child is doing and to respond directly to it. Ask the caregiver to:

1. Look into the child's face until their eyes meet.
2. Notice the child's every movement and sound.
3. Copy the child's movements and sounds.

Soon, most young children also begin to copy the caregiver.

One time is not enough. Encourage the caregiver and child to play this communication game every day. Help the caregiver see how the child enjoys it. Notice how satisfied the caregiver is with the attention the child gives her.



## Activity 13: Role Play Practice – Counsel on feeding, and on play and communication

**Materials:** Doll, Counselling Cards, measuring cup or bowl, bag of toys

**Materials:** In addition to above materials, make 4-6 copies of the roles and growth charts in Annex 3 for use during the role plays.

### **Note to the Facilitator:**

#### **1. Prepare.**

*Each facilitator should prepare a role (copies in Annex 3) and play either a mother/caregiver or a father. Facilitators will work as a team to help participants prepare for counselling the mother/caregiver or father.*

*Pass out roles to participants. Ask them to read the first role play, review the growth chart, and prepare to counsel the mother/caregiver or father by reviewing the two cards (on feeding, and on play and communication) for counselling the family. Help them find the correct cards for the age group.*

#### **2. Conduct the role play.**

*Participants will exchange roles and counsel the caregiver using the counselling cards. Since this is the first time that participants will practise counselling on feeding and on play and communication, keep the role play very simple. Be cooperative, and do not add variations. Give participants time to prepare by reviewing the feeding and play and communication cards for each child before counselling the caregiver.*

#### **3. Give feedback.**

*At the end of each role play, ask the observer to give feedback on the activity, and then give overall comments:*

- *What went well?*
- *What could the Community based volunteer do differently?*

### **Areas for your feedback—**

*General counselling skills.*

- *Approach to caregiver and child.*
- *Appropriateness of sitting.*
- *Appropriateness of eye contact, asking questions, and listening behaviours.*
- *Interaction with mother/caregiver or father, instead of directly with child.*

*Specific tasks to discuss:*

- *Greetings.(culturally appropriate)*
- *Readiness (e.g. space and equipment).*
- *Ask and listen (e.g. telling story, and linking story to what caregiver has said).*

You will work with a partner. Facilitators will play the roles of mother/caregivers or fathers with children of different ages, and you will practice counselling them.

1. After you receive your assignment, with your partner, prepare for the session:
  - Set up your space for counselling the caregiver.
  - Quickly review the counselling cards on feeding and play and communication for the age of the child.
  - Organize your counselling materials (Counselling Cards, measuring cup or child's bowl, and selected toy items).
2. Use the counselling cards for the child's age for **1 Feed the child** and **2 Play and communicate with the child** to counsel the mother/caregiver or father.
3. The partner will observe. The partner and the facilitator will give feedback at the end of the role play.
4. You will move on to a second role play with a different caregiver. This time your partner will play the Community based volunteer.
5. When this activity is finished, the facilitators will prepare the group for the clinical practice session.

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### Clinical Practice: Counsel the family on feeding, and on play and communication

The facilitator will prepare participants to go to an outpatient or play group site for the clinical practice session. This session will focus on using the counselling cards on feeding and play and communication for children age from birth to 5.

**Materials to take to the site for clinical practice:** *Counselling Cards, measuring cup or child's bowl, toy kits, soap for washing toys*

The session begins with a demonstration, as a facilitator counsels a caregiver. Then participants break into groups of two to three to practice counselling caregivers. One participant at a time, follow the sequence on the cards on feeding and on play and communication for the child's age. Partners observe only. They will have a chance to counsel another family. Each group will have at least one counsellor who speaks the local language. This counsellor will interpret questions and responses for others in the group.

1. After you receive your assignment of a caregiver and child, with your partner, prepare for the session:
  - Set up your space for counselling the caregiver.
  - Quickly review the counselling cards on feeding and on play and communication for the age of the child.
  - Organize your counselling materials (Counselling Cards, measuring cup or child's bowl, and selected toy items).

2. Use the counselling cards to counsel the mother/caregiver, father, or other caregiver. (Complete the counselling process, for practice, even though you may not identify problems in feeding or play and communication.)
3. The partner will observe. The partner and the facilitator will give feedback at the end of the session.
4. The partner will move on to a second child (or a family will come to you). This time your partner will conduct the counselling session. This will continue, as time allows or until there are no more children.
5. When this activity is finished, then the facilitators will prepare the group for the debriefing session.

***Debrief the Clinical Practice (counselling caregivers on feeding, and on play and communication)***

Participants will discuss their experiences with counselling families:

1. What was difficult to do? What helped?
2. How did the caregiver and child respond?
3. Which activities produced a good result in counselling on feeding and on playing and communicating with the child?
4. What could the Community based volunteer do differently?
5. What relationship, if any, did you observe between how the caregiver feeds the child, and how the caregiver plays and communicates with the child?

Review and discuss pictures or videos of the clinical practice, if taken.



*A mother/caregiver who is unable to connect well to her child can learn to be more sensitive and responsive by playing a game of copying. She looks carefully at the child's face and copies her child's sounds and gestures. Soon mother/caregiver and child begin to interact.*

**Use every opportunity to practice counselling families until you and the family become comfortable with the new play and communication activities.**

## **PREVENT ILLNESS, INJURY, PROMOTE SECURITY AND SAFETY**

### **Introduction**

Frequent illness in childhood weakens the child. The child in an impoverished environment is at risk of dying each time he faces illness. Some children are sick with diarrhoea and other childhood illnesses 8 or more times a year.

Illness affects the child's growth. Failure to grow, identified on the child's growth curve, often relates to the child's future bouts of illness and possible death.

Illness also affects the child's development. Compared to a healthy child, a child who is frequently sick is less curious. He has less energy to experiment and explore the world around him. Children, who are frequently sick, like undernourished children, are often developmentally delayed.

The goal for a child in the community is not just to help a child survive illness, but help to prevent illness. The child needs a healthy life in order to grow and develop well.

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### **Objective**

In the sections that follow, participants will counsel the family on five family practices that help prevent childhood illness and common injuries:

- Breastfeed the child.
- Vaccinate the child.
- Wash hands.
- Use an insecticide-treated bed net.
- Prevent injury.
- Promote security and safety.

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### **Breastfeed the child**

Breastfeeding, as discussed earlier, is key to preventing illness in a young infant and child. Nutrients in breast milk—for example, iron, zinc, and vitamin A—are essential for preventing illness and maintaining health.

Through breast milk, an infant shares her mother/caregiver's ability to fight infection. Exclusive breastfeeding also protects an infant from getting germs from many sources, including bottles, rubber nipples, storage containers, and contaminated water and food supplies.



A WHO review found that, among babies less than 2 months old, non-breastfed babies were 6 times more likely to die compared to breastfed babies

As a result, breastfed children are less likely to develop pneumonia, diarrhoea, meningitis, and ear infections than non-breastfed babies. They are less likely to die. The efforts of a Community based volunteer to support a breastfeeding mother/caregiver are a significant contribution to the child's survival and healthy development.

## Vaccinate the child

Today vaccines protect children from many illnesses. With a vaccine, children no longer need to suffer and die from diphtheria, whooping cough, hepatitis, or measles. A vaccine can protect against a life-long disability from polio.

Health workers who provide the vaccines tell caregivers when to bring their children for the next vaccine. To complete the vaccine schedule, caregivers must take their child to a health facility five times, well before the child is a year old. For many reasons, this may be difficult.

The Community based volunteer who follows the child with regular visits can help to make sure that the child receives each vaccine according to schedule.

During a visit, ask the family for the child's health card or other vaccine record. Check whether the child has received all the vaccines required by the child's age. For a missing or late vaccine, or a vaccine needed soon, discuss when and where the family can take the child for the next vaccination.

The following chart is included on the counselling cards.

**The World Bank estimates that vaccines prevent about 3 million childhood deaths each year. With wider coverage, they could prevent another 3 million deaths.**

### Facilitator note;

- BCG vaccine - protects children against Tuberculosis (TB)
- OPV & IPV vaccine - protects children against polio
- DPT-HepB-Hib vaccine - protects children against diphtheria, whooping cough, tetanus, haemophilus influenzae type b, Hepatitis B, Meningitis and Pneumonia
- Rota vaccine - protects children against diarrhoea that is caused by rotavirus
- PCV - protects children against streptococcal pneumonia
- MR - protects children against measles and rubella
- HPV vaccine - protects the girls against cervical cancer

Vaccine			<b>→ Advise caregiver, if needed: WHEN is the next vaccine to be given? WHERE?</b>
Birth	<input type="checkbox"/> <input checked="" type="checkbox"/> BCG if no scar after 12 weeks, repeat dose. Unless symptomatic HIV	<input checked="" type="checkbox"/> OPV-0 (at birth to 13 days)	
6 weeks	<input type="checkbox"/> <input checked="" type="checkbox"/> DPT- HepB - Hib 1	<input type="checkbox"/> <input checked="" type="checkbox"/> OPV-1 <input type="checkbox"/> <input checked="" type="checkbox"/> PCV 1 <input type="checkbox"/> <input checked="" type="checkbox"/> Rota 1	
10 weeks	<input type="checkbox"/> <input checked="" type="checkbox"/> DPT- HepB - Hib 2 (at least 4 weeks after DPT-HepB-Hib1)	<input type="checkbox"/> <input checked="" type="checkbox"/> OPV-2 <input type="checkbox"/> <input checked="" type="checkbox"/> PCV 2 <input type="checkbox"/> <input checked="" type="checkbox"/> Rota 2 (at least 4 weeks after OPV1,PCV1,ROTA 1)	
14 weeks	<input type="checkbox"/> <input checked="" type="checkbox"/> DPT- HepB - Hib 3 (at least 4 weeks after DPT-HepB-Hib2)	<input type="checkbox"/> <input checked="" type="checkbox"/> OPV-3 <input type="checkbox"/> <input checked="" type="checkbox"/> IPV <input type="checkbox"/> <input checked="" type="checkbox"/> PCV 3 (at least 4 weeks after OPV2,PCV2)	
9 months	<input type="checkbox"/> <input checked="" type="checkbox"/> Measles Rubella (at 9 months, or soon after. Unless symptomatic HIV)	[Give OPV-4, at 9 months, only if OPV-0 was not given ]	
18 months	<input type="checkbox"/> <input checked="" type="checkbox"/> Measles Rubella (at 18 months, unless symptomatic HIV)		
9 to 14 years	<input type="checkbox"/> <input checked="" type="checkbox"/> Human Papiloma Vaccine (girls only at 9 years up to 14 years)		

Zambia immunization record

### *Discuss with the Participants:*

For each of these children, which vaccines should the child have received (refer to the chart)? When should the child go for the next vaccines?

In your community, where should they go for their next vaccines?

**Child 1. Amy, age 7 weeks.**

**Child 2. Henry, age 9 weeks.**

**Child 3. Charles, age 1 year.**

**Note to the Facilitator:**

**Answers** are below, indicating vaccines that each child should have received and when the next is due. Make sure participants can use the chart to identify the vaccines children should have.

**Child 1. Amy, age 7 weeks**  
*(Next vaccines in 3 weeks)*

Vaccine	Birth	6 weeks
BCG	X	
Oral polio	X	X
DPT-HepB-hib		X
PCV		X
Rota vaccine		X

**Child 2. Henry, age 9 weeks**  
*(Next vaccines in 1 week)*

Vaccine	Birth	6 weeks
BCG	X	
Oral polio	X	X
DPT-HepB-hib		X
PCV		X
Rota vaccine		X

**Child 3. Charles, age 1 year**  
*(Next vaccine in 6 months)*

Vaccine	Age				
	Birth	6 weeks	10 weeks	14 weeks	9 months
BCG	X				
Oral polio	X	X	X	X	
DPT-HepB-hib		X	X	X	
PCV		X	X	X	
Rota vaccine		X	X	X	
Measles Rubella					X

## **Wash hands**

Diarrhoea, common colds, pneumonia, and other illnesses can pass from person to person by unclean hands. The Community based volunteer can encourage families to wash their hands during each home visit.

### ***Advise the family on the importance of hand washing***

The regular practice of hand washing with soap and water in the home can help all family members prevent illness. Especially important, it can help prevent major childhood illnesses—pneumonia and diarrhoea, which are the most common killers of children under 5.

### ***Advise the family when to wash hands***

Family members should wash their hands:

- After using the latrine or toilet.
- After changing the child's nappies.
- Before preparing and serving food.
- Before feeding children.
- Before eating.
- And whenever necessary

These practices help to prevent illness from spreading among all members of the family. Where there are sick family members, every member should wash their hands also before playing with a child.



All members of the family need to wash hands to prevent the spread of illness within the household

### ***Help the family identify a convenient place to wash hands***

In many places in the world, poor access to clean water remains a barrier to hand washing. Carrying water long distances discourages families from using water for anything but drinking and cooking.

Community based volunteers provide leadership by organizing resources to bring water points to their communities. They may help install water points and organize the community to maintain them.

Even where water is accessible, families may not recognize the importance of washing hands. Water may be near the kitchen for drinking and cooking, while water is not close to latrines or toilets. The Community based volunteer can assist the family in helping to identify a convenient place with soap to wash hands.

It is important for community based volunteers to wash their hands when entering the house. They do not want to bring illness from other households. Asking where they can wash their hands is a way to identify what is available for hand washing. When community based volunteers discuss how to prevent illness, they can help to organize a place for hand washing, if needed.

### ***Advise the family on how to wash hands***

The Community based volunteer, however, also can help families learn to wash their hands more effectively. Learning correct ways to wash hands is useful.

The following are the steps on how to wash hands correctly:

1. Wet hands with water.



2. Rub wet hands on soap, covering the hands with soap.

3. Rub palms together.



4. With interlaced fingers, rub the back of the hands, left and right, including the wrist.



5. With interlaced fingers, rub the palms together.

6. Clean nails by rotating ends of fingers of one hand against open palm of other hand. Reverse directions, and repeat for both hands.



7. Rinse hands well with water.

8. Dry hands using a clean personal towel, or paper towel or air dry them.



## Activity 14: Demonstration and Practice - Wash hands effectively

### Part 1. Demonstration

**Materials:** Soap, two wash pans with water, pouring cup, and towel

The facilitator will demonstrate the steps for hand washing.

### Part 2. Practice

Participants will work with a partner.

1. The first partner will demonstrate for the facilitator how the Community based volunteer would wash his or her hands.
2. The second partner will then demonstrate the same steps as he or she would teach hand washing to a mother/father or caregiver of a sick child.
3. The partners will give feedback to each other:
  - What did the partner do well?
  - What could the Community based volunteer do differently?
4. Family members may be very uncomfortable when a Community based volunteer shows them how to wash their hands. They may feel that their personal hygiene is being criticized. Discuss with your partner how you could help the family be more comfortable.



### Note to the Facilitator:

*How to help family members feel more comfortable is an important discussion. The level of comfort may affect whether the Community based volunteer is invited into the home again. Gather ideas from the group. You might add these ideas:*

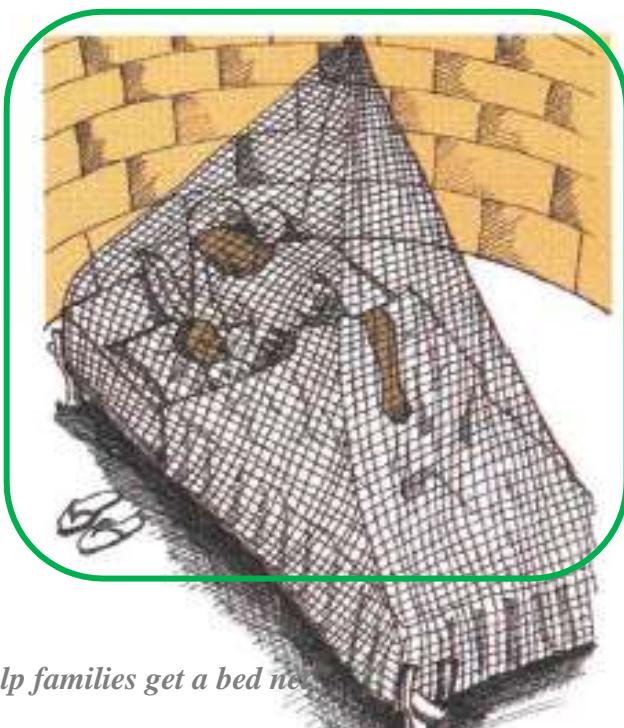
- You could wash your hands correctly in front of the family member at the beginning of each visit, with the explanation: "This is how I wash my hands because I do not want to pass illness to anyone in your house."
- Ask if you might teach an older child, and invite the adult to join in.
- Focus on when to wash hands, rather than on the technique.
- Introduce how to wash hands when there appears to be a special need to wash more effectively, for example, when one family member is sick.
- Teach hand washing in a group meeting, such as at a village health day, so that no person feels like they are being criticised.

## **Use an insecticide-treated bed net**

In an area where malaria is common, children under 5 years (and pregnant women) are particularly at risk of malaria. The mosquitoes that carry the malaria parasite come out to bite at night. Without the protection of bed nets, children will get malaria repeatedly. They are at great risk of dying. They should sleep under a bed net that has been treated with an insecticide to repel and kill mosquitoes.

Further, malaria is a major cause of anaemia in young children. Anaemia makes a child very weak and tired. It is more difficult for such a child to play and learn.

*Discuss with the participants:*



**Children and pregnant mother/ caregivers are at risk of getting and dying from malaria. In a malaria area, they need to sleep under an effective insecticide-treated bed net.**

*Help families get a bed net*

Advise caregivers on using a bed net for their young children. If the family does not have a bed net, provide information on where to get a bed net. Often the national malaria programme distributes free bed nets or bed nets at a reduced cost.

*Discuss with the participant:*

**How do families get a bed net in your community?** Some ways to get a bed net might be:

- From the health facility—the national programme may give a bed net to all families with children under age 5 years or with a pregnant woman.
- From a local seller—a local store or market stand may sell bed nets at a reduced cost.
- From a buying club—some villages organize buying clubs to buy bed nets at reduced prices for families who need them.

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## Advise families on how to use and maintain a bed net

Unfortunately, many families who have a bed net do not use it correctly. They do not hang the net correctly over the sleeping area. Or they do not tuck it in. They may wash the insecticide out of the net. They may not replace a damaged or torn net.

*Discuss with the participant:*

### Types of insecticide-treated bed nets (ITNs)

- A regular insecticide-treated bed net is effective for up to 3 washes. It must be treated with insecticide after 3 washes or at least once a year to remain effective.
- The recommended net is now a long-lasting insecticidal net (LLIN). It is effective for at least 20 washes and up to three years of normal wear.

### Where do families learn how to use and maintain a bed net?

Help families learn how to use a bed net, or refer families to the person in the community who is responsible for promoting the use of bed nets. You can also invite someone from the health facility to speak at a community meeting about how to use a bed net.

How to maintain the effectiveness of a bed net depends on the type of net (see box).

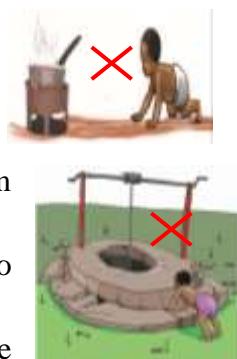
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## Prevent injury, promote security and safety

Curiosity helps a child explore the environment and learn. It also can lead the child into harm. Common dangers that kill or injure small children can often be prevented. Adults need to be aware of whether the child is moving, and what the child touches. They must respond quickly to prevent the child's approach to danger.

Injuries can often be prevented by removing or safeguarding the conditions in the environment that might hurt the child. Adults can:

- Put barriers around fires and hot stoves to prevent burns.
- Lock or put out of reach dangerous objects, including sharp knives, medicine, cleaning supplies, insecticides, and kerosene.
- Drain standing water or put up fences to prevent children from wandering into water holes.
- Fence yards and play grounds to prevent children from running into roads, and keep play areas clean and free of animals.
- Avoid exposing the baby to violence in the home and or in the community
- The baby falling off the bed



- Putting a burning charcoal brazier where the child is sleeping in the house with doors and windows closed
- Leaving water well without covering it
- Children going for swimming in the ponds/ dams unaccompanied
- Child crawling near stair cases
- Child playing a dirty environment, e.tc. e.t.c



### ***Discuss with the participant:***

*What are the common causes of childhood injury in your area? How can each be prevented?*

## ***Social protection in Children***

Social protection is essential in preventing and reducing poverty for children and families, in addressing inequalities and in realizing children's rights. Many children live in poverty and are deprived of their most elementary rights. For example if children do not receive adequate nutrition, they lag behind their peers in size and intellectual capacity, are more vulnerable to life-threatening diseases, perform less well in school, and ultimately are less likely to be productive adults.

## ***Children's rights***

Human rights have an important role to play in supporting the objectives of social protection which include the prevention of poverty and inequality, ensuring solidarity and inclusion, and creating economically and socially fairer societies. They offer a normative basis and a legal imperative for requiring that states realize the right to social security for their children.

## **Definition of concepts**

### **Child**

The juvenile Act Cap 53 of the Laws of Zambia define a child as a person who has not attained the age of sixteen (16) years.

An Act make provision for custody and protection of juveniles in need of care. They receive custody for example foster care and being cared for in children's homes (orphanages), they are also protected against physical, social, economic and psychological abuse.

## **Rights**

A Right is a claim or an entitlement. It is a legal, social, or ethical principles of freedom or entitlements that is, rights are the fundamental normative rules about what is allowed of people or owed to people.

### **Child rights**

Children have the right to grow up in a safe and supportive environment free from violence, abuse, neglect and exploitation.

Children's rights are the perceived human rights of children with particular attention to the rights of special protection and care afforded to the young, including their right to association with both biological parents, human identity as well as the basic needs for food, universal state-paid education, health care and criminal laws appropriate for the age and development of the child. Interpretations of children's rights range from allowing children the capacity for autonomous action to the enforcement of children being physically, mentally and emotionally free from abuse, including the rights to care and nurturing.

All children have physical, psychological and social needs that must be met in order for them to grow and develop normally.

Children once traumatized need special care hence a need to train well qualified care givers to help link children to services rendered to them in difficult circumstances.

### **Types of child rights**

One Canadian organization called Children's Rights, Amnesty International describes children's rights into three categories as follows:

#### **Provision**

This includes children's basic right to survival and their right to fullest development. It covers the recognition that the best place for children is with their own parents, but the state has responsibility to assist where necessary and to provide care when parents are unable or unwilling to meet the needs of their children. It also underpins the obligations of states parties in terms of health, social security and education and play for example.

#### **Protection**

The Convention grants all children the right to be free from all forms of violence, including within the family home. When children and young people are exploited or maltreated the state has an obligation to intervene, protect, provide and promote

rehabilitation.

## **Participation**

The child is recognized as an individual person with views, feelings and evolving capacity. All children have a right to express their views and have them taken seriously in all matters that affect them. Young disabled people have a right actively to participate in their communities and to integration into the routines of community life.

Rights are meaningless if citizens do not know they have them. Article 42 requires states to widely disseminate information about the Convention to children and to adults. The United Nations' 1989 Convention on the Rights of the Child, or CRC incorporate the full range of human rights—civil, cultural, economic, political and social rights. The Convention sets out these rights in 54 articles. It spells out the basic human rights that children everywhere have summarized as follows.

### **1. THE CHILD'S RIGHT TO SURVIVE**

- The right to life
- The right to health and health care
- the right to social security
- The right to family life
- The right of parents and children living in different countries
- The right of children in adoption
- The right of nationality and refuge

### **2. THE CHILD'S RIGHT TO DEVELOP**

- The right to education
- The right to recreation
- The rights of the disabled child
- The right to privacy
- The right of choice
- The right of association and peaceful assembly

### **3. THE CHILD'S RIGHT TO BE PROTECTED**

- The right to protection from the mass media
- The right to protection against abuse and neglect by parents and guardians
- Protection against degrading punishment
- Protection against economic exploitation and child labour
- Protection against sexual exploitation and sexual abuse
- Protection against harmful substances and exploitation in general

- Protection against situations of armed conflict
- The right of juvenile offenders

## ***Birth registration***

Birth and Death registration is governed by the Birth and Death Registration Act Cap 51 of the Laws of Zambia. According to this Act every birth that occurs within the boundaries of this country must be registered. In this regard, all children should be registered at birth and get a birth certificate that affirms them to be citizens of a country, birth registration is a government requirement by law.

It is mandatory therefore that every child that is born must be registered and obtain a birth certificate without fail. Birth registration is done on behalf the Ministry of Home Affairs at health facilities and at local council offices. Mothers or Fathers/other Caregivers should ensure that their children are registered at birth, collect birth certificates when ready and keep them safely.

## ***Child abuse***

Child abuse is harm or risk of harm caused to a child by a parent, caretaker or another person responsible for the child's safety.

### **Physical abuse**

Physical abuse is causing physical injury to a child by punching, beating, kicking, biting, burning or otherwise harming the child.



### **Neglect**

Neglect is failure to provide for the child's basic needs. Neglect can be physical, educational, emotional, & medical.

### **Emotional abuse**

Emotional abuse is not caring about a Child's feelings and mental health and failing to provide love, nurture and attention. In other terms it means hurting children's feelings by belittling, habitual blaming, constant criticism, threats, and withholding love, support and guidance.



## **Sexual abuse**

Sexual abuse, also referred to as molestation, is abusive sexual behavior by one person upon another. It is often perpetrated using force or by taking advantage of another. When force is immediate, of short duration, or infrequent, it is called sexual assault. The offender is referred to as a sexual abuser or molester. The term also covers any behavior by an adult or older adolescent towards a child to stimulate any of the involved sexually. The use of a child, or other individuals younger than the age of consent, for sexual stimulation is referred to as child sexual abuse or statutory rape. Live streaming sexual abuse involves trafficking and coerced sexual acts and or rape in real time on webcam (videos watched or seen on line through internet). You need to ensure that children are protected from all forms of sexual abuse.



Child abuse can be prevented in the following ways.

- Schools have a responsibility to report known or suspected child abuse incidences.
- Friends and Family members should reach out to those in need to help relieve dangerous tensions.
- At community level special programs can provide:
  - Education in Parenting skills
  - Day care services
  - Counseling & support

## ***Child protection Social services***

Child protection social services play a critical role in creating an enabling environment for nurturing care.

### **Definition**

Child protection interventions are systems to provide prevention **services** and adequate responses to victims and survivors of violence. They also provide the safety nets that strengthen families ‘capacity to provide nurturing care and to access services when needed.

Interventions include;

1. Targeted financial and social support for the most vulnerable households with young children.
2. Increasing the number of children registered and issued with a birth certificate.
3. Raising awareness on child rights and protection
4. Free or affordable child-care facilities for children aged 0 to 5.
5. Linkages to community-based centres for children; and caregiving programmes.
6. Having a safe, supportive and nurturing environment, with responsive caregivers, helps children to build resilience to adversity, trauma, threats and significant life stressors.

Children need opportunities to interact with adults and peers, the child's wellbeing is closely linked to the well-being of the family, therefore, support to the family and community can help children; similarly support to children can help the family and community.

### **Systems Network to meet children's needs.**

The systems network is summarized by the table below indicating the children's needs, services and providers.

<b>Children's needs</b>	<b>Services</b>	<b>providers</b>
Physical growth and development	<ul style="list-style-type: none"><li>• Basic safety and security</li><li>• Food, drink and clothing</li><li>• Emergency medical treatment</li><li>• Continuation of immediate needs and shelter</li><li>• Livelihood Empowerment Support Schemes</li></ul>	<ul style="list-style-type: none"><li>• Department of Social Welfare</li><li>• Health providers</li><li>• International NGOs</li><li>• Ministry of Youth Sport and Child Development</li><li>• Department of Community Development</li></ul>
Child Protection	<ul style="list-style-type: none"><li>• Legal Assistance</li><li>• Protection against stigmatization and discrimination</li><li>• Protection from Abuse and exploitation</li></ul>	<ul style="list-style-type: none"><li>• Ministry of Justice</li><li>• International NGOs</li><li>• Zambia police</li><li>• Department of Social Welfare</li><li>• NGOS/CSOs</li></ul>

	<ul style="list-style-type: none"> <li>Places of Safety</li> </ul>	
Social and Emotional Development	<ul style="list-style-type: none"> <li>Ongoing medical care and psycho social assistance</li> <li>Skills building/life skills</li> <li>Recreation , exercise, education</li> <li>Religious observation</li> <li>Economic stabilization</li> <li>Independence and vocation training</li> </ul>	<ul style="list-style-type: none"> <li>Education Providers</li> <li>International Organizations</li> <li>Health providers</li> <li>Department of Social Welfare</li> <li>Community Based organizations (CBOs)</li> <li>NGOS/CSOs</li> <li>Ministry of youth and Child Development.</li> </ul>
Alternative care	<ul style="list-style-type: none"> <li>Formulation of reintegration plan, where ever possible favour family or community based arrangement rather than institutional based care.</li> <li>Follow up with appropriate authorities.</li> <li>Education support</li> <li>Service provider coordination to ensure Continuum of care.</li> <li>Financial and legal assistance.</li> <li>Foster care and adoption.</li> <li>Family tracing / reunification</li> <li>Reintegration</li> </ul>	<ul style="list-style-type: none"> <li>Office of the commissioner for refugees</li> <li>Department of immigration</li> <li>International Organization</li> <li>Health providers</li> <li>Ministry of Foreign affairs</li> <li>Zambia police</li> <li>Department of Social Welfare</li> <li>UNICEF</li> <li>Embassies/Consular Services</li> <li>UNHCR/IOM</li> <li>NGO/CSOs</li> </ul>

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## Introduction to the counseling cards on prevent illness, injury, promote security and safety

With a partner in class or as homework:

1. Review the cards for each age: **Card 3 Prevent illness, injury, promote security and safety**
2. Be prepared to use these cards to counsel families during the next clinical practice session.

## RESPOND TO ILLNESS, INJURY AND ABUSE

### Introduction

Even when families try to prevent illness in their household, children can become sick many times a year. Poor environments and illness in the community contribute to conditions that are difficult for families to control.

As a result, children often have cough, diarrhoea, or other signs of illness. Where the Community based volunteer has been trained to assess and treat signs of illness, families should bring their sick children to the Community based volunteer as the first stop in seeking care.

Otherwise they should take their sick children directly to the health facility.

Responding to illness requires, first, recognizing that the child is sick. Children who are sick may be less active, refuse to eat, or be irritable or fussy. They may have cough, diarrhoea, or other signs that they are ill.

Adults who are sensitive to the early signs of illness can begin to provide good home care—offer more fluids and continue responsive feeding. They can keep the child warm and comfort the child. If the child does not quickly improve, they should take the child to the health facility for care.

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### Recognize danger signs requiring urgent medical care

If a child has danger signs, the family needs to recognize the signs immediately, and take the child urgently for care to the health facility. Home remedies will not be sufficient to save the child. The Community based volunteer can teach the families to watch for when the child:

- Is unable to breastfeed or stops feeding well or, for the older child, stops drinking or feeding well.
- Has convulsions or fits.
- Has difficult or fast breathing.
- Feels hot or unusually cold.
- Crying unreasonably
- Favouring certain parts of the body.
- unexplained bruises, deformities or other injuries.
- Bleeding

The Community based volunteer also can assist the referral of the sick child to prevent delay in getting urgent treatment.

#### *Stops drinking or feeding well*

A general sign that a young child is very sick is that the child stops breastfeeding well. Refusing the breast may be for many reasons. It may be an early sign that the child has a serious infection and is too weak to eat. The breastfeeding child who stops feeding well will become dehydrated quickly. By being unable to breastfeed, he/she is not replacing

the fluids he/she is losing.

An older child may be too weak to drink or feed or the child loses all interest in eating. The child needs to get to a health facility or, if possible, to a hospital where the cause of the illness may be identified and treatment can begin immediately.

#### ***Has convulsions or fits***

During a convulsion, the child's arms and legs stiffen. Sometimes the child stops breathing. The child may lose consciousness and for a short time cannot be awakened. The convulsion may be related to a high fever or the cause may be unknown. The child needs to get to a health facility or, if possible, to a hospital where the cause of the fever may be identified and treatment can begin immediately.

#### ***Has difficult or fast breathing***

A mother/caregiver or father may not be able to diagnose pneumonia and other causes of difficult breathing. They are able, however, to tell when the child's breathing has changed: it is noisy, laboured or difficult, or faster than normal.

A common local terms for pneumonia is “Akalaso”

#### ***Feels hot or unusually cold***



Mother/caregivers and other caregivers usually can recognize when a child feels too hot. A burning body, a fever, is a sign that the child is sick. How to respond to their child's hot body, however, might be less clear. Local customs, for example, may interpret a hot body as a sign that a child is teething. Cold bodies might be temporarily caused by “the air”.

The Community based volunteer needs to help families understand that a hot or a cold body requires action. The child needs to go to a health facility for further assessment and treatment. For example, a fever might be the sign that the child is suffering from malaria or another fever illness.

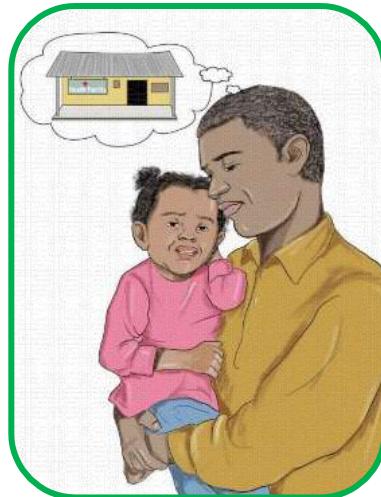
#### ***Take the sick child to a health facility***

The child with one or more danger signs must go urgently to the health facility. Your efforts to assist the family may make the difference in whether the family leaves right away or delays the trip, until the child becomes sicker.

If the child is sick, even without a danger sign, the child needs to go to the health facility to receive treatment that might prevent a more serious illness. If there is poor access to medical care, helping the family get started will prevent significant delay. A Community based volunteer can facilitate organization of transport.

## ***Explain why the child needs to go to the health facility***

The family needs to understand the importance of seeking urgent care. A health worker can identify the problem. The child may need treatment that only the health facility can give.



## ***Advise the mother/caregiver to continue breastfeeding or give other fluids on the way***

Families in some communities are concerned that giving fluids and feeding a sick child will be harmful. However, when children are sick, they lose more fluids than usual, especially children with fever, cough and runny noses, and vomiting, as well as diarrhoea. The lost fluids need to be replaced.

If the child is still breastfeeding, advise the mother/caregiver to continue breastfeeding on the way to the health facility. Offer the breast more frequently and for a longer time at each feed.

If the child is not breastfeeding, advise the mother/caregiver or other caregiver to take water with them and offer water frequently.

## ***Advise to keep the child warm—but not too warm—on the way***

How the caregiver covers the child's body will affect the body temperature.

To keep the child warm, help the family cover the child, including her head, hands, and feet with a blanket. Keep the child dry, if it rains. If the weather is cold, advise the family to put a cap on the child's head and hold the child close to the mother/caregiver's body.

If the child has fever, covering the body too much will raise the temperature of the child. A light blanket may be enough to cover the child with a fever if the weather is warm.

## ***Write a referral note***

To prevent delay at the health facility, write a referral note to the nurse or other person who will first see the child. Use your local referral form. If you do not have a local form, write a note with:

- The child's name
- The child's age
- The reasons for referral (e.g. child's body is hot, she is having difficulty breathing)
- Your name, your position (for example, the Community based volunteer, the name of the village), and the date and time

[If you have been trained to assess children for danger signs, include your findings on the referral note.]

*Sample referral form*

REFERRAL FORM			
Child's Name _____	Age _____	Caregiver's _____	
Address _____			
Reason for referral (danger sign or other sign of illness, breastfeeding difficulties, poor growth, or poor learning): _____ _____			
CHW's Name _____ Village/community	Position _____	Date _____	Time _____

*Help to arrange transportation, and help solve other difficulties in referral*

Communities may have access to regular bus, mini-bus, or car transportation to the health facility. If so, know the transportation schedules. You may need to send someone for the driver to wait, or to help the driver know where to stop to meet the family.



**Difficulties in finding transportation add to the delay in getting children urgently to the health facility. The community based agent can organize transport.**

Some communities have no direct or regular access to transportation. Your knowledge of the community is helpful in locating delivery vehicles and workers who go regularly to the district centre or to other locations where there is health care.

Alternatively, you can organize assistance to a road where there is regular transportation service. You can also help community leaders understand the importance of organizing transportation to the health facility (and hospital). An administrative leader, for example, may call on volunteers to assist families. Transportation is only one of the difficulties a family faces. Always ask the family if they will be able to take the child to the health facility. Listen to any difficulties they mention. Then, help them solve problems that might prevent or delay taking the child for care. The table lists some common concerns and ideas for how to address them.

<b>The caregiver does not want to take the child to the health facility because:</b>	<b>How to help and calm the caregiver's fears:</b>
The health facility is scary, and the people there will not be interested in helping my child.	Explain what will happen to her child at the health facility. Also, you will write a referral note to help get care for her child as quickly as possible.
I cannot leave home. I have other children to care for.	Ask questions about who is available to help the family, and locate someone who could help with the other children.
I don't have a way to get to the health facility.	Help to arrange transportation. In some communities, transportation may be difficult. Before an emergency, you may need to help community leaders identify ways to find transportation. For example, the community might buy a motor scooter, or arrange transportation with a produce truck on market days.
I know my child is very sick. The nurse at the health facility will send my child to the hospital to die.	Explain that the health facility and hospital have trained staff, supplies, and equipment to help the child.
Other common concerns in your community.	Discuss how you could address the concerns.

### ***Follow up when the child returns***

Ask the family to bring the child to see you when they return from the health facility (or hospital). You are interested in what they learned from the health worker.

Support the completion of the treatment at home, including giving the child the full course of medicines on schedule from the health facility.

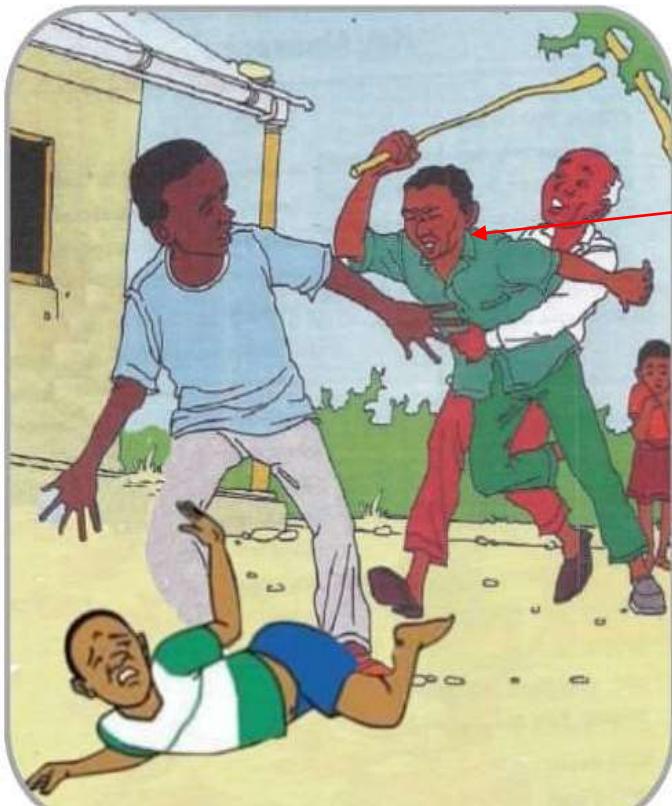
If the child is being treated at home, also emphasize the need to continue to breastfeed the child frequently or, if the child is not breastfed, to offer water and other fluids until the child is well.

Remind the family about the need to continue feeding the child frequently. If the child is receiving complementary foods, give the child her favourite foods more often and in small quantities. Extra feeding after the child is well and her appetite returns will help her weight to catch up.

Encourage the family to continue to play and communicate with the child, even while the child is sick. Gentle stimulation helps the child get well. It also helps to prevent lost time for learning new skills while the child is sick.

If the child does not improve, assist the family in taking the child back to the health facility for care.

## Injury, Abuse and Neglect (Trauma/Harm)



*Imwe lekeni  
imunyeshe  
alitumpa, ifi  
mulechita  
kutumpika  
umwana, ndekeni!*

Example of one of the causes of injury due to wrong traditional beliefs

**Trauma** can be defined as “an exceptional experience in which powerful and dangerous events overwhelm a person’s capacity to cope” ( Rice & Groves, 2005).

At some point in our lives, a number of us will live through a terrifying event. It may be a medical emergency, a fire, a car accident, or a natural disaster. Trauma can also come from seeing another person seriously injured or killed, or learning about this happening to our loved one. At times trauma can be inflicted by another person in the form of assault, abuse, combat, or robbery.

No matter the source, trauma leaves bad memories on the brain. Research consistently shows that post-traumatic stress disorder (PTSD) is linked to increased activity in brain areas that process fear and less activation in other parts.

### Types of Trauma in children

- Physical
- Neglect
- Sexual abuse and exploitation
- Emotional abuse
- Abandonment
- Complex- when this “takes place in the context of a child’s physical social and emotional development, it negatively impacts the child’s ability to negotiate developmental milestones successfully” (creating trauma sensitive schools; Tony Evers).

According to Child Trends & National Center for Children in Poverty, trauma in early childhood affects:

- Brain Structure – leads to the inability to capture, process and react to stimuli from the environment be it physical or emotional.
- Cognitive Development – unable to acquire the ability to think, reason and problem solve.
- Social-emotional development and behaviour – negative climate makes children feel bad about themselves which hinders the development of a sense of empathy and emotional competence.
- Learning – knowledge gained through study, experience or being taught
- Ability to form healthy attachments to others – failure to seek comfort from a caregiver due to the child's inability to express emotions. This affects the ability to build meaningful relationships later in life.
- Physical health – failure to thrive

## **Recognize the signs of child injury, abuse and neglect**

The first step in helping abused or neglected children is to recognize the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is happening, but a closer look at the situation may be needed when these signs appear repeatedly or in combination.

If you suspect a child is being abused or harmed, reporting your suspicions may protect the child and get help for the family. Any concerned person can report suspicions of child abuse and neglect to the local health facility, the Child Protection Unit or your local police station on toll free numbers 116 or 910 respectively.

(Child Welfare Information Gateway publication; [www.childwelfare.gov/](http://www.childwelfare.gov/) systemwide/laws\_policies/statutes/manda).

## **Discuss with Participants**

What has been your experience in the community with violence against children?

What signs of child abuse have you seen in the community?

What else do you think could signal child abuse?

Where do you report cases of Child abuse?

### **Recognizing child abuse**

The following signs may signal the presence of child abuse or neglect.

#### **The Child:**

- Lacks adult supervision
- Shows sudden changes in behaviour or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes

- Is always watchful, as though preparing for something bad to happen
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

### **The Parent:**

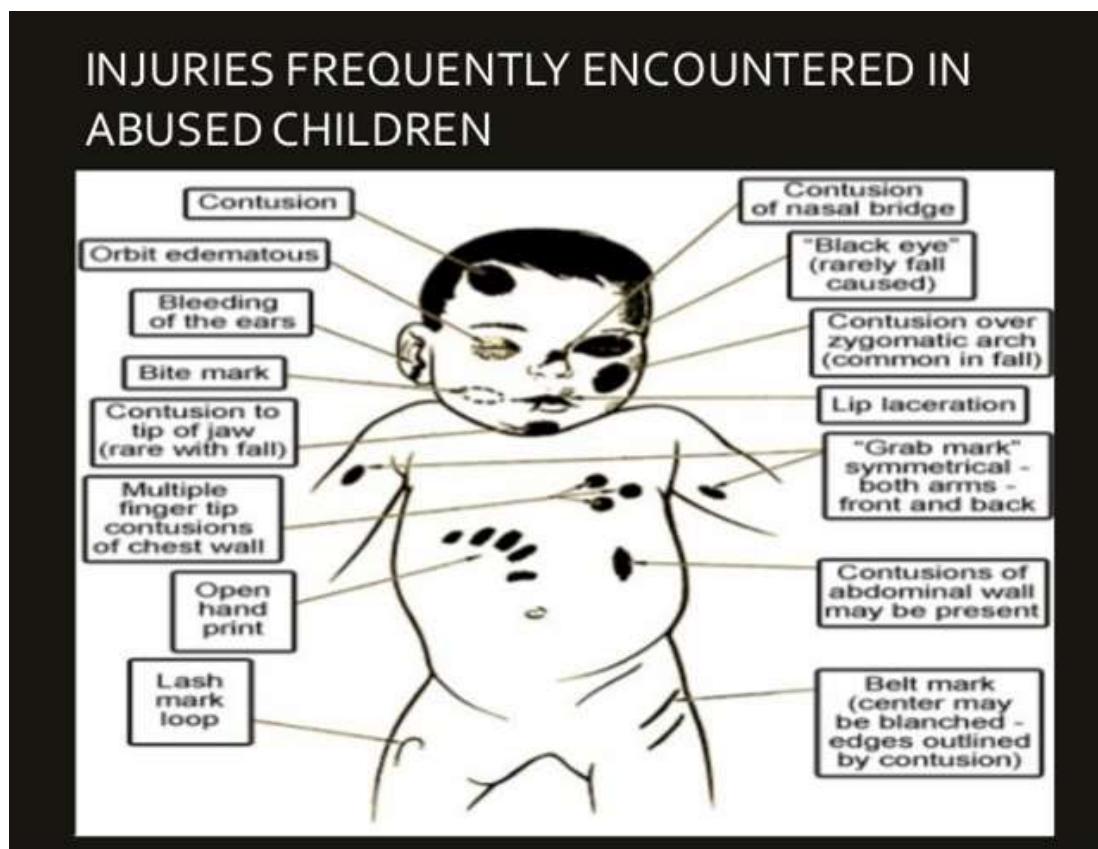
- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

### **The Parent and Child:**

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

### **Putting it all together in a picture**

The injuries mentioned in the picture are usually seen in young infants of less than 18 months but can also be found in children up to 5 years old. Other types of injuries include the “Shaken Baby Syndrome” it may result in retinal haemorrhage (inner back of the eye), subdural or subarachnoid haemorrhage (bleeding in the thin covering of the brain -membranes) of the external cranial trauma (after injury outside of the brain).



## **Types of Abuse**

Types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

### **Signs of Physical abuse**

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver Consider the possibility of physical abuse when the parent or other adult caregiver:
  - Offers conflicting, unconvincing, or no explanation for the child's injury
  - Describes the child as "evil," or in some other very negative way
  - Uses harsh physical discipline with the child
  - Has a history of abuse as a child



### **Signs of Neglect**

Consider the possibility of neglect when the child:

- Is frequently absent from school • Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odour
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care Consider the possibility of neglect when the parent or other adult caregiver:
  - Appears to be indifferent to the child
  - Seems apathetic or depressed
  - Behaves irrationally or in a bizarre manner
  - Is abusing alcohol or other drugs

## **Signs of Sexual Abuse**

Consider the possibility of sexual abuse when the child:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver



## **Consider the possibility of sexual abuse when the parent or other adult caregiver**

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

## **Signs of emotional Maltreatment**

Consider the possibility of emotional maltreatment when the child:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent
- Consider the possibility of emotional maltreatment when the parent or other adult caregiver:
  - Constantly blames, belittles, or berates the child
  - Is unconcerned about the child and refuses to consider offers of help for the child's problems
  - Overtly rejects the child



(Recognizing Child Abuse and Neglect: Signs and Symptoms; [www.childwelfare.gov](http://www.childwelfare.gov))

Rush baby or child to the clinic if :

- Crying unreasonably
- Favouring certain parts of the body.
- unexplained bruises, deformities, burns, snake bite or other injuries.
- Bleeding

As you prepare to go to the health facility, assist the mother to :

- Apply pressure dressing to bleeding wounds
- Splint or support fractured bones with cloth or scarf and flat board or ticks to reduce pain and damage to area.
- Report any abuse to health facility or police



### Example of other injuries

The diagram features a central illustration of a sitting child. Four red arrows point from the child to four separate boxes containing information about different types of injuries:

- Head injury**: In children under 6 months head injuries are often the result of shaking. Shaking can cause small vessel rupture leading to subdural haemorrhage. Associated findings include:
  - Subconjunctival haemorrhage
  - Apnoea
  - Irritability
  - Poor feeding
  - Convulsions
  - Reduced consciousness
  - Signs of raised intracranial pressure
  - Often no signs of bruising
  - Retinal haemorrhages
- Burns and scalds**: Burns that involve the creases, are symmetrical, bilateral, involve the glove and stocking areas or buttocks are highly suspicious of NAI. The shape of the burn may be indicative of NAI eg. The circular burn of a cigarette, linear friction burns. Neglect should be considered in children presenting with burns.
- Fractures**: Fractures caused by abuse tend to occur in children less than 18 months. When assessing a child with a fracture it is essential to consider:
  - Child's age
  - Child's gross motor developmental stage
  - Location of fracture – if major trauma didn't occur 97% of rib fractures are due to physical abuse.
  - Common sites of abusive fractures include rib, vertebrae and metaphyseal.
  - Type of fracture- does it correspond to the mechanism of injury. Spiral fractures are highly associated with abuse. Under 18 mths humeral fractures are likely secondary to abuse.
  - Has the child sustained multiple fractures?
- Bruises**: Bruises are the commonest injury in physical abuse. Bruises in the non mobile child are very uncommon. Bruises to the back, face and buttocks rarely occur by accidental injury (away from areas of bony prominence). Bruises outlining body parts such as finger tips and hands may be seen. They may also outline a particular object such as a belt. Bruises cannot be accurately aged. Bruises should be photographed on presentation as they can fade quickly.

## Other signs of abuse at school

Preschool Children	Elementary School Children	Middle and High School Children
<ul style="list-style-type: none"> <li>• Feel helpless and uncertain</li> <li>• Fear of being separated from their parent/caregiver</li> <li>• Cry and/or scream a lot</li> <li>• Eat poorly and lose weight</li> <li>• Return to bedwetting</li> <li>• Return to using baby talk</li> <li>• Develop new fears</li> <li>• Have nightmares</li> <li>• Recreate the trauma through play</li> <li>• Are not developing to the next growth stage</li> <li>• Have changes in behavior</li> <li>• Ask questions about death</li> </ul>	<ul style="list-style-type: none"> <li>• Become anxious and fearful</li> <li>• Worry about their own or others' safety</li> <li>• Become clingy with a teacher or a parent</li> <li>• Feel guilt or shame</li> <li>• Tell others about the traumatic event again and again</li> <li>• Become upset if they get a small bump or bruise</li> <li>• Have a hard time concentrating</li> <li>• Experience numbness</li> <li>• Have fears that the event will happen again</li> <li>• Have difficulties sleeping</li> <li>• Show changes in school performance</li> <li>• Become easily startled</li> </ul>	<ul style="list-style-type: none"> <li>• Feel depressed and alone</li> <li>• Discuss the traumatic events in detail</li> <li>• Develop eating disorders and self-harming behaviors such as cutting</li> <li>• Start using or abusing alcohol or drugs</li> <li>• Become sexually active</li> <li>• Feel like they're going crazy</li> <li>• Feel different from everyone else</li> <li>• Take too many risks</li> <li>• Have sleep disturbances</li> <li>• Don't want to go places that remind them of the event</li> <li>• Say they have no feeling about the event</li> <li>• Show changes in behavior</li> </ul>

## Write a referral note

To prevent delay at the health facility, write a referral note to the nurse or other person who will first see the child. Use your local referral form. If you do not have a local form, write a note with:

- The child's name
- The child's age
- The reasons for referral (e.g. child's body is hot, she is having difficulty breathing)
- Your name, your position (for example, the Community based volunteer, the name of the village), and the date and time

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## **Introduction to the counseling cards on respond to illness, injury and abuse**

With a partner in class or as homework:

1. Review the cards for each age: **Card 4 Respond to illness, injury and abuse**
2. Be prepared to use these cards to counsel families during the next clinical practice session.



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## Activity 15: Role Play Practice – Putting it all together in a counselling session

**Materials:** Doll, Counseling Cards, measuring cup or bowl, toy kit, water bowls, one cup water

**Materials:** In addition to the above materials, make 4-6 copies of the growth charts and roles for use during the role plays.

**Note to the Facilitator:**

**Prepare.**

*Each facilitator should prepare a role described in Annex 4, and play either a mother/caregiver or a father.*

**Conduct the role play.**

*Participants will rotate through the facilitators and counsel the caregiver using the counselling cards. Keep the role play very simple. Be cooperative, and do not add variations. Provide the child's growth chart, when asked.*

**Give feedback.**

*At the end of each role play, ask the observer to give the participant feedback, and then add your feedback:*

1. *What went well?*
2. *What could the Community based volunteer do differently?*

**Areas to address may include--**

*General counselling skills:*

- *Approach to caregiver and child.*
- *Appropriateness of seating.*
- *Appropriateness of eye contact, asking questions, and listening.*
- *Interaction with mother/caregiver or father, instead of directly with child.*

*Specific tasks to focus on:*

- *Greetings.*
- *Readiness (e.g. space and equipment).*
- *Ask and listen (e.g. telling story, and linking story to what caregiver has said).*
- *Checking understanding (e.g. what the caregiver knows and does, caregiver's practice/demonstration, what caregiver will try to continue doing at home).*
- *Setting up a follow-up visit, if needed.*

You will work with a partner. Facilitators will play the roles of mother/caregivers or fathers with children of different ages, and you will practice counselling them. This time you will practice a counselling session from the greeting to the moment you say goodbye and leave the home.

1. After you receive your assignment, with your partner, prepare for the session:
  - Set up your space for counselling the caregiver.
  - Quickly review the counselling cards for the age of the child.
  - Organize your counselling materials (Counselling Cards, measuring cup or bowl, one cup water, selected toy items). You do not need to practice washing hands with soap and water, but act out washing hands at the appropriate time in the counselling.
2. Use the counselling cards to counsel the mother/caregiver or father. Complete the counselling process.
3. Your partner will observe. The partner and the facilitator will give feedback during the debriefing.
4. You will move on to a second role play, and change roles.
5. When this activity is finished, the facilitators will prepare the group for the clinical session.

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### Clinical Practice: Counsel the family on feeding, play and communication, preventing illness, and responding to illness

The facilitator will prepare participants to go to an outpatient or play group site for the clinical practice session. This session will focus on using the complete set of counselling cards for the child's age, six months and older.

***Take to the site for clinical practice: Counselling Cards, measuring cup or bowl, toy kits, soap for washing toys, soap for hand washing.***

Participants break into groups of two to three to practice counselling caregivers. One participant at a time, follow the sequence on the cards for the child's age. Partners observe only. They will have a chance to counsel another family.

1. After you receive your assignment of a caregiver and child, with your partner, prepare for the session:
  - Set up your space for counselling the caregiver.
  - Quickly review the counselling cards for the age of the child, if needed.
  - Organize your counselling materials (Counselling Cards, measuring cup or bowl, and selected toy items).
2. Use the counselling cards to counsel the mother/caregiver or father. (Complete the counselling process, for practice, even though you do not identify problems.)
3. Your partner will observe. The partner and the facilitator will give feedback at the

end of the session.

4. You will move on to a second child. This time your partner will conduct the counselling session. This will continue, as time allows or until there are no more children.
5. When this activity is finished, the facilitators will introduce the debriefing session (below).

### ***Debrief the Clinical Practice***

Participants will discuss their experiences with counselling families.

1. What was difficult to do? What helped?
2. How did the caregiver and child respond?
3. Which activities produced a good result in counselling?
4. What could the Community based volunteer do differently?

Show and discuss pictures or videos of the clinical practice, if taken.

## REVIEW AND PRACTICE

### **Note to the Facilitator:**

**Review the content of the course, selected as needed.** (Sample exercises to revisit are suggested below.)

- *Importance of breastfeeding (toss the ball). See page 5 in these Facilitator Notes.*
- *Importance of exclusive breastfeeding (continue to toss the ball). See page 5.*
- *Supporting breastfeeding (review video, role play). See pages 10 and 13.*
- *Good complementary foods for children in your area (animal-source, fruits and vegetables), and why they are good. See page 28.*
- *Interpreting growth charts (sample charts in Annex 1). See pages 38 and 79.*
- *Counselling on feeding for the child's age (role play with partners). See page 38.*
- *Counselling on play and communication (additional videos, role play with partners). See page 46 or 49, and add videos from clinical practice, if they exist.*
- *Identifying signs of illness (videos, if participants have not had the course on caring for the sick child). See page 68.*
- *Counselling on preventing and responding to illness (role play segments). See page 73.*
- *Problem solving to overcome barriers to referral (review difficulties, role play problem solving). See page 41.*

*Specific counselling skills, e.g. praising family, linking the story to what the family saw in the pictures, organizing items for play, problem solving (role play small units of the counselling steps).*

### **Clinical Practice: Counsel the family at home**

The facilitator will prepare participants to go to a community where families have been selected for home visits. The counselling session will begin with greeting the family and finish with saying goodbye and leaving.

The content of the counselling session will follow the cards for the child's age. How the cards will be used will be affected, however, by the problems identified and advice the family needs. For example, if the child is sick, the child must be referred if the child has not been treated by a health worker. (The facilitator can decide whether it is an immediate referral, or the family may be counselled first.)

If no feeding or other problems are identified, then praise the family for what they are doing. There will be no feedback session during the home visit with the family.

***Take to the site for clinical practice: Counselling Cards, measuring cup or bowl, bag of toys, and soap for hand washing.***

Participants break into groups of two to three to practice counselling caregivers. One participant at a time, follow the sequence on the cards for the child's age. Partners observe only. They will have a chance to counsel another family.

1. After you receive your assignment of a caregiver and child, with your partner, prepare for the session:
  - Set up your space for counseling inside the home or in a comfortable place outdoors.
  - Organize your counseling materials (Counseling Cards, measuring cup or bowl, selected toy items, and soap).
2. Use the counseling cards to counsel the mother/caregiver or father.
3. Your partner will observe. The facilitator may coach you.
4. You will move on to a second home. This time your partner will conduct the counseling session. This will continue, as time allows, until everyone has counseled a family.
5. When this activity is finished, the facilitators will introduce the debriefing session. (There will be no feedback session during the home visit with the family.)

### ***Debrief the Clinical Practice***

Participants will return to the classroom to discuss their experiences with counseling families.

1. What was difficult to do? What helped?
2. How did the caregiver and child respond?
3. Which activities produced a good result in counseling?
4. What could the Community based volunteer do differently?
5. What else must be considered when you counsel the family in the community?

Show and discuss pictures or videos of the clinical practice, if taken.

### ***For a final wrap-up, discuss:***

*What did you learn that you could use in your work as a Community based volunteer?*

*What difficulties do you expect?*

**What are possible solutions?**

**What are the next steps?**

## **ANNEX 1: ACTIVITY 8 – INTERPRET A GROWTH CHART**

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Make single-sided copies of the following sample charts, one child for each 2 participants.

Child 1. Chanda

Child 2. Nina

Child 3. Michael

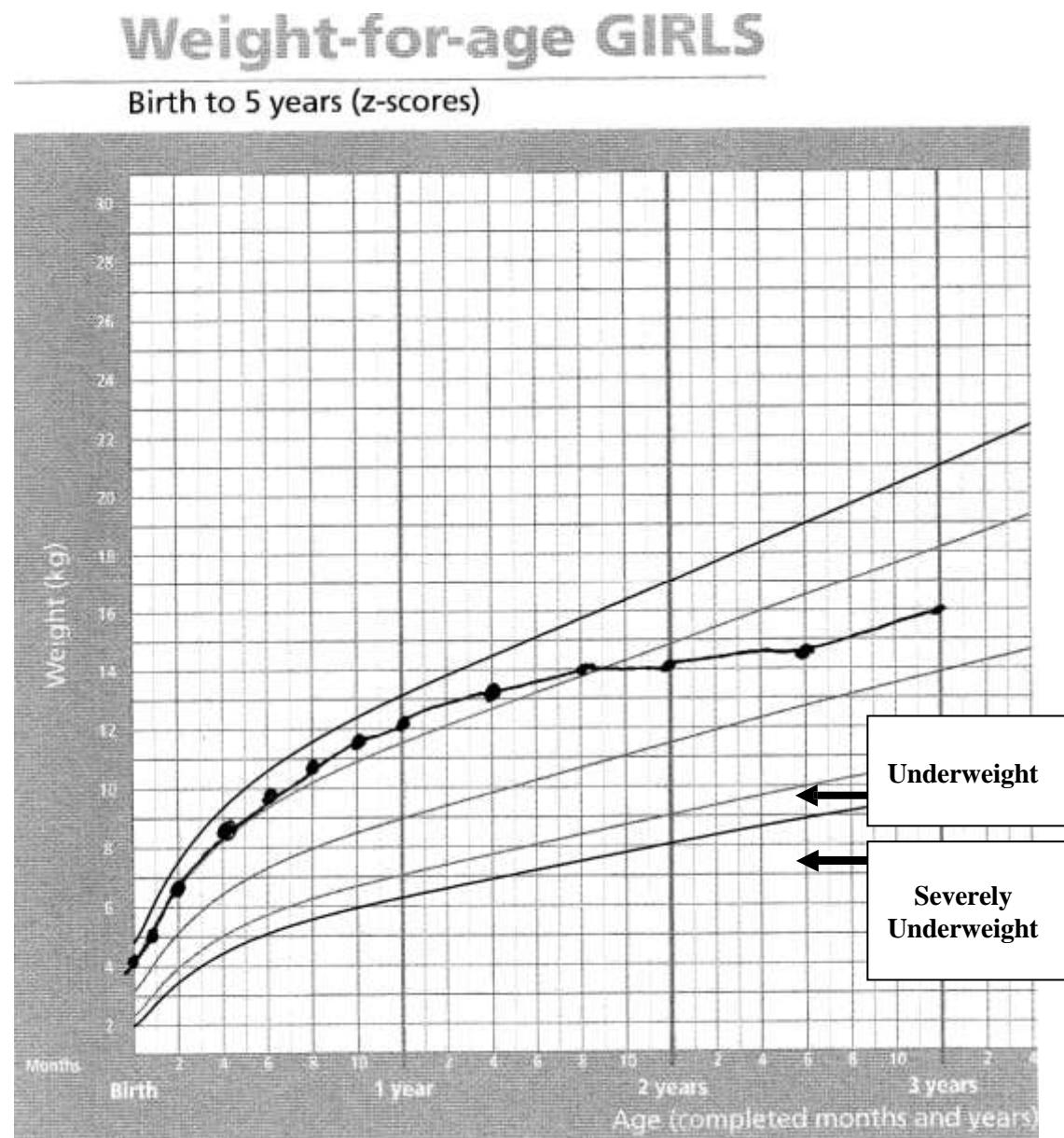
Child 4. Stephen

Child 5. Tandiwe

Child 6. Taonga

## Child 1. Chanda

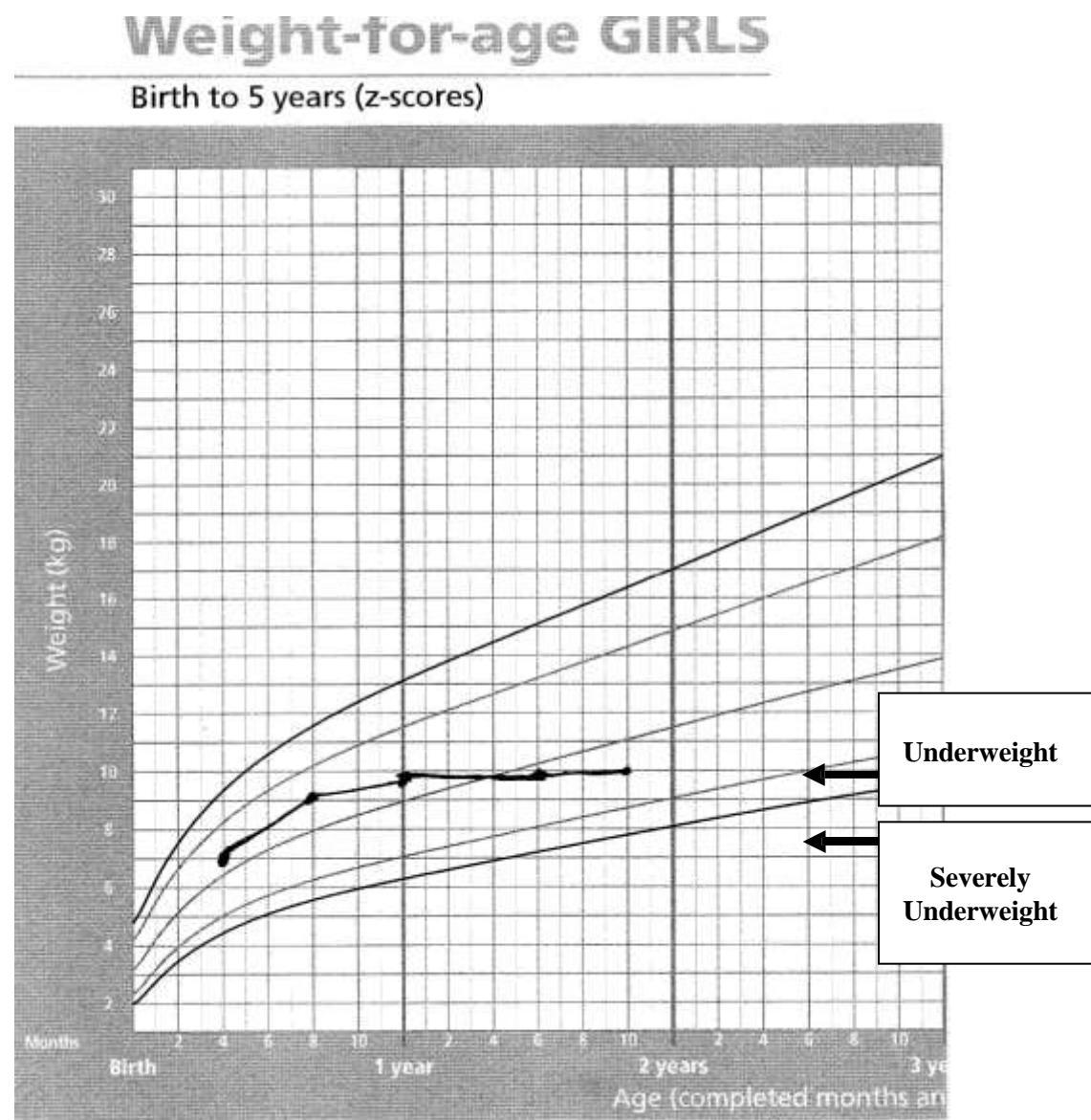
1. Is the chart for a boy or for a girl?
2. Interpret the *shape* of the growth curve.
3. Interpret the *location* of the growth curve showing the child's weight compared to other children of the same age.
4. Decide what action needs to be taken (*refer or counsel the mother/caregiver*).
5. If you decide to counsel the mother/caregiver:
  - How would you praise the mother/caregiver?
  - What advice would you give?
  - When would you ask to see the child again, if needed?
  - At the follow-up visit, what would you look for?



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## Child 2. Nina

1. Is the chart for a boy or for a girl?
2. Interpret the *shape* of the growth curve.
3. Interpret the *location* of the growth curve showing the child's weight compared to other children of the same age.
4. Decide what action needs to be taken (*refer or counsel the mother/caregiver*).
5. If you decide to counsel the mother/caregiver:
  - How would you praise the mother/caregiver?
  - What advice would you give?
  - When would you ask to see the child again, if needed?
  - At the follow-up visit, what would you look for?

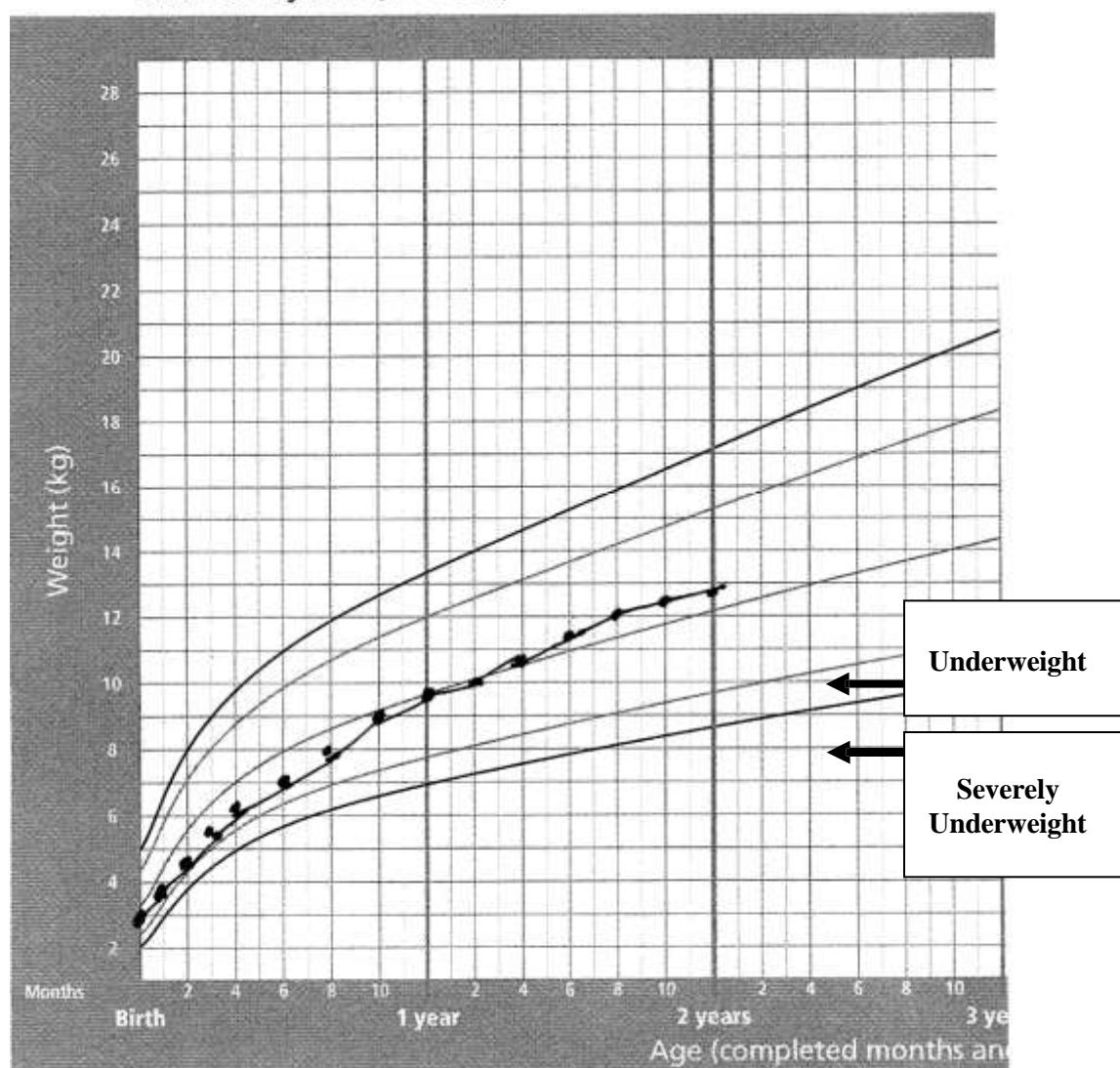


### Child 3 Michael

1. Is the chart for a boy or for a girl?
2. Interpret the *shape* of the growth curve.
3. Interpret the *location* of the growth curve showing the child's weight compared to other children of the same age.
4. Decide what action needs to be taken (*refer or counsel the mother/caregiver*).
5. If you decide to counsel the mother/caregiver:
  - How would you praise the mother/caregiver?
  - What advice would you give?
  - When would you ask to see the child again, if needed?
  - At the follow-up visit, what would you look for?

## Weight-for-age BOYS

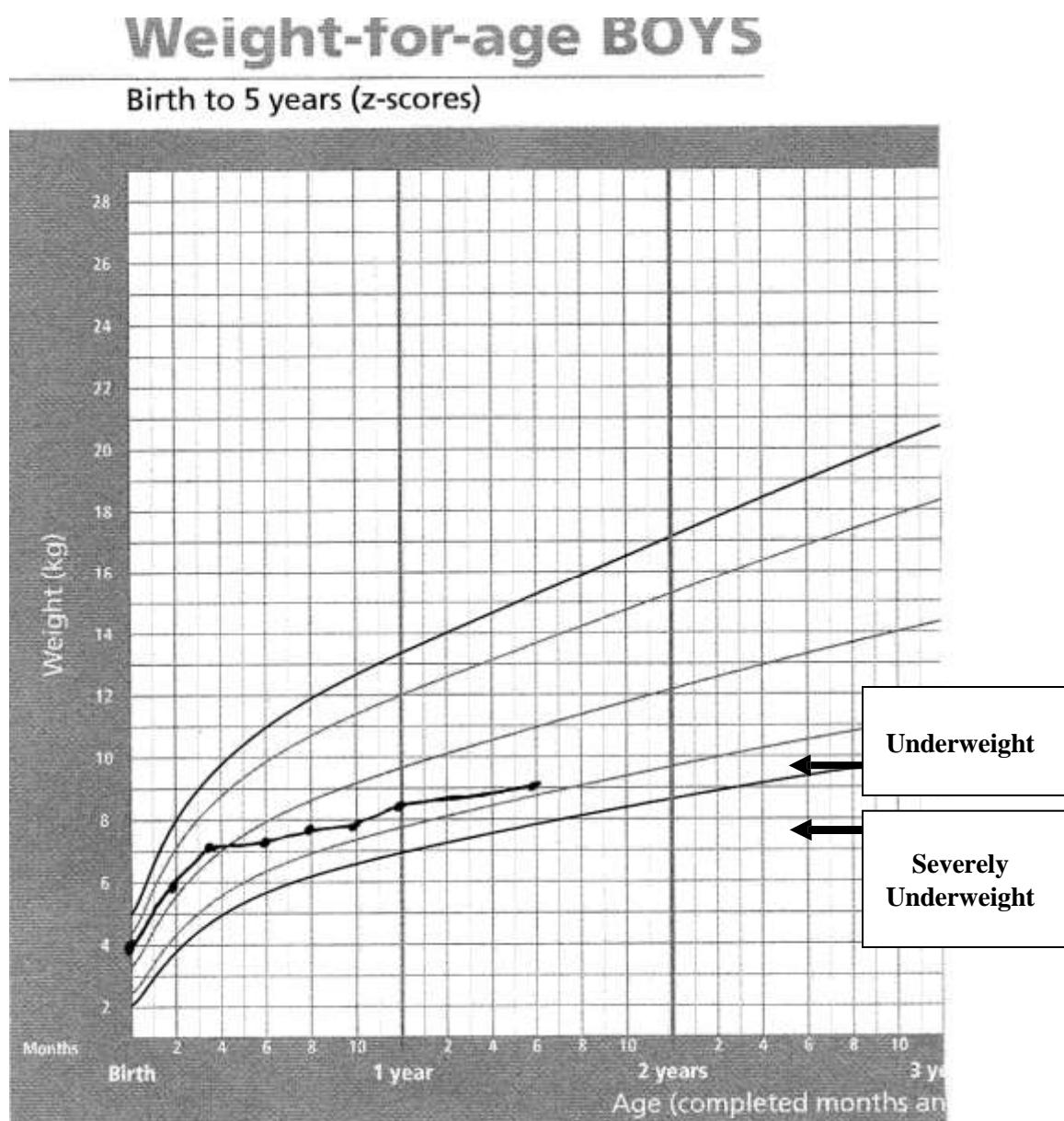
Birth to 5 years (z-scores)



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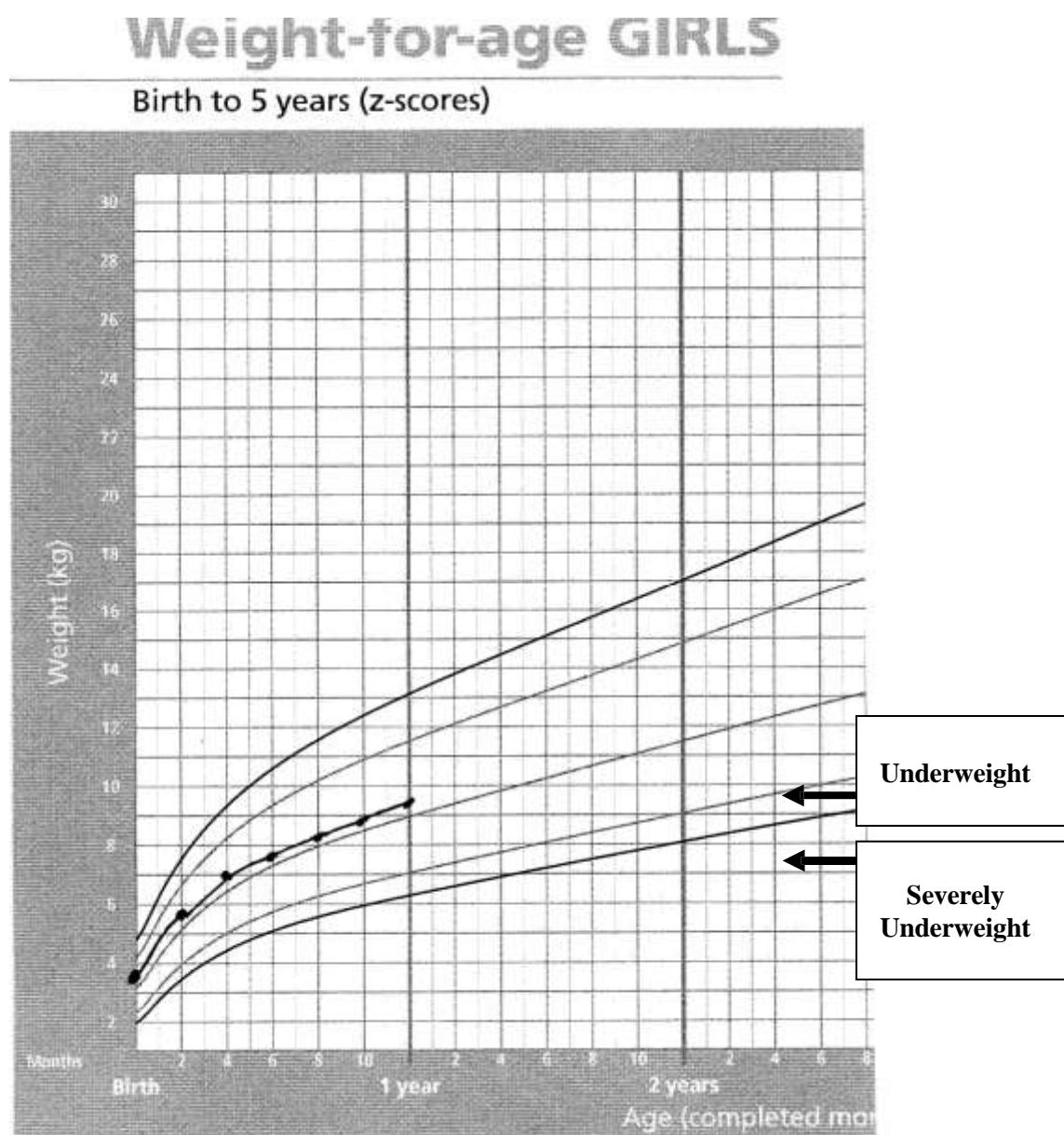
#### Child 4. Stephen

1. Is the chart for a boy or for a girl?
2. Interpret the *shape* of the growth curve.
3. Interpret the *location* of the growth curve showing the child's weight compared to other children of the same age.
4. Decide what action needs to be taken (*refer or counsel the mother/caregiver*).
5. If you decide to counsel the mother/caregiver:
  - How would you praise the mother/caregiver?
  - What advice would you give?
  - When would you ask to see the child again, if needed?
  - At the follow-up visit, what would you look for?



## Child 5. Tandiwe

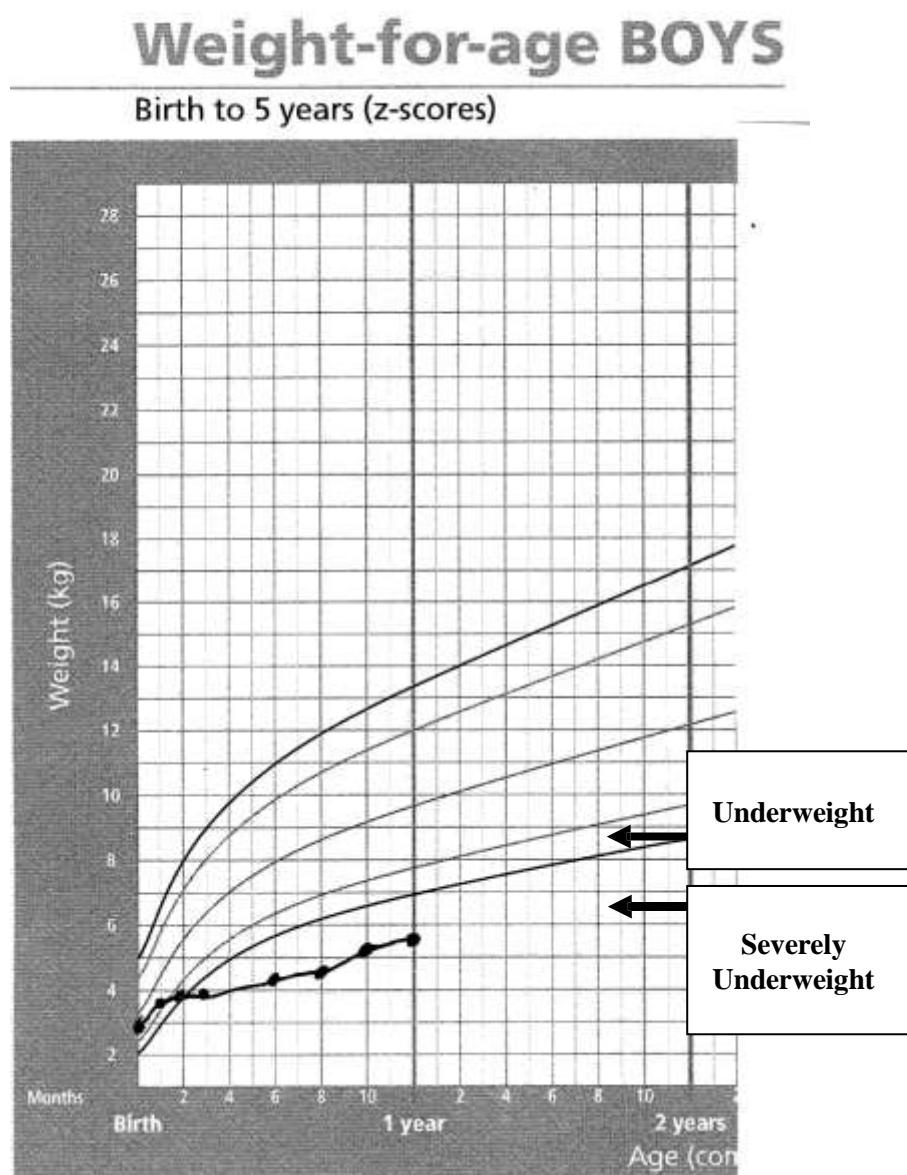
1. Is the chart for a boy or for a girl?
2. Interpret the *shape* of the growth curve.
3. Interpret the *location* of the growth curve showing the child's weight compared to other children of the same age.
4. Decide what action needs to be taken (*refer or counsel the mother/caregiver*).
5. If you decide to counsel the mother/caregiver:
  - How would you praise the mother/caregiver?
  - What advice would you give?
  - When would you ask to see the child again, if needed?
  - At the follow-up visit, what would you look for?



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## Child 6. Taonga

1. Is the chart for a boy or for a girl?
2. Interpret the *shape* of the growth curve.
3. Interpret the *location* of the growth curve showing the child's weight compared to other children of the same age.
4. Decide what action needs to be taken (*refer or counsel the mother/caregiver*).
5. If you decide to counsel the mother/caregiver:
  - How would you praise the mother/caregiver?
  - What advice would you give?
  - When would you ask to see the child again, if needed?
  - At the follow-up visit, what would you look for?



## Answer sheet: Interpret a growth chart

Child	Boy or girl?	Interpret the shape of growth curve	Interpret the location of point on growth curve	Refer or counsel (see pages for counselling card)
Child 1. Chanda	Girl	Gaining weight	Slightly above normal	Counsel: Praise for feeding the child well. Review how to feed the child age 2 years or older (pages 51-52).
Child 2. Nina	Girl	Maintaining, not gaining, weight	Slightly below normal	Counsel: Identify what might be contributing to lack of gain. Counsel on how to feed the child age 1 year (pages 43-44).
Child 3. Michael	Boy	Steadily gaining weight	Slightly overweight	Counsel: Praise for feeding child well. Review how to feed the child age 2 years or older healthy foods (pages 51-52).
Child 4. Stephen	Boy	Slightly gaining weight after losing weight	Normal weight, close to underweight	Counsel: Praise for improving child's weight. Identify what might be contributing to underweight as child grows. Counsel on how to feed a child age 1 year (pages 43-44)
Child 5. Taonga	Girl	Steadily gaining weight	Normal weight	Counsel: Praise for feeding child well. Review how to feed a child age 1 year.
Child 6. Togo	Boy	Slightly gaining weight after low weight at birth	Severely underweight	Refer: Praise for weight gained. Refer for assessment of child's health and counselling on feeding.

## Sample referral form

REFERRAL FORM			
Childs Name _____	Age _____	Caregiver's _____	
Reason for referral (danger sign or other sign of illness, breastfeeding difficulties, poor growth, or poor learning):  _____ _____ _____			
CHW's Name	Position _____	Date _____	Time _____

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**ANNEX 2: ACTIVITY 10. CARE FOR THE CHILD'S  
DEVELOPMENT (TRUE OR FALSE)**

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**STATEMENT CARDS**

1	<b>A MOTHER/CAREGIVER DOES A BETTER JOB WHEN SHE FEELS CONFIDENT ABOUT HER ACTIVITIES TO PROVIDE CARE.</b>
2	<b>THE BRAIN DEVELOPS MORE RAPIDLY WHEN THE CHILD FIRST ENTERS SCHOOL THAN AT ANY OTHER AGE.</b>
3	<b>YOUNG CHILDREN LEARN MORE BY TRYING THINGS OUT AND COPYING OTHERS THAN BY BEING TOLD WHAT TO DO.</b>
4	<b>A FATHER SHOULD TALK TO HIS CHILD, EVEN BEFORE THE CHILD CAN SPEAK.</b>

5	<b>BEFORE A CHILD SPEAKS, THE ONLY WAY SHE COMMUNICATES IS BY CRYING.</b>
6	<b>A BABY CAN HEAR AT BIRTH.</b>
7	<b>A BABY CANNOT SEE AT BIRTH.</b>
8	<b>A CHILD SHOULD BE SCOLDED WHEN HE PUTS SOMETHING INTO HIS MOUTH.</b>

9	<b>A CHILD DROPS THINGS JUST TO ANNOY HIS FATHER AND MOTHER/CAREGIVER.</b>
10	<b>A CHILD BEGINS TO PLAY WHEN HE IS OLD ENOUGH TO PLAY WITH OTHER CHILDREN.</b>
11	<b>CHILDREN CAN LEARN BY PLAYING WITH POTS AND PANS, CUPS, AND SPOONS.</b>
12	<b>TALK TO YOUR CHILD, BUT DO NOT TALK TO A CHILD WHILE BREASTFEEDING. IT WILL DISTRACT THE CHILD FROM EATING.</b>

## Activity 10 (continued): Answer sheet with comments

Statement card	True/ False	Comment
1. A mother/caregiver does a better job when she feels confident about her abilities to provide care.	True	Before a mother/caregiver or other caregiver leaves, she should have a chance to practice any new play or communication activity. Praise her for what she is able to do. Identify when she can practice again the next day, and how much time she can practice with her child.
2. The brain develops more rapidly when the child first enters school than at any other age.	False	The brain develops most rapidly before birth and in the first two years of life. The efforts to provide good nutrition and help the child learn at this age will benefit the child for her whole life.
3. Young children learn more by trying things out and copying others than by being told what to do.	True	Caregivers can guide, assist, and help—while the child experiments.
4. A father should talk to his child, even before the child can speak.	True	A child even can recognize his father's voice before he is born. By talking to a child, even before he speaks, the father prepares the child for speech and how people communicate. Children understand ( <i>receptive speech</i> ) before they can speak.
5. Before a child speaks, the only way she communicates is by crying.	False	A young infant communicates by moving, reaching, touching. For example, he communicates hunger by sucking his hands, shaping his mouth, turning to the mother/caregiver's breast. Help caregivers see the child's signs and interpret them. Waiting until the child cries is distressful to the child and to the caregiver.
6. A baby can hear at birth.	True	There is even evidence that a child hears before birth and recognizes the voices of persons closest to them.
7. A baby cannot see at birth.	False	The child can see at birth, although sight becomes more refined as the days go on. The child is most attracted to faces. Studies show that a child can even begin to copy the faces of others within 2 to 3 weeks. Some have found imitation even earlier, within the first few days of life. Up to about the sixth week of life, the child can only see things within about 12 inches of her face. It is important to hold the baby close for the child to see your face.
8. A child should be scolded when he puts something into his mouth.	False	The child puts things in his mouth because the mouth is very sensitive. He learns hot and cold, smooth and rough through his mouth, as well as by his hands. Make sure the objects are safe and clean.
9. A child drops things just to annoy his father and mother/caregiver.	False	Dropping can be by accident. However, the child is also learning by trial: what happens (gravity), how long before there is a sound, how other persons react, etc.
10. A child only begins to play when he is old enough to play with other children	False	A caregiver can begin to play with a child from birth. Children learn through play. Caregivers can play with a young infant with movements, touching, and attracting the attention and interest of the child with simple noises and colourful objects.
11. Children can learn by playing with pots and pans, cups, and spoons.	True	Children do not need store bought toys. They can learn from many household items.
12. Talk to your child, but do not talk to a child while breastfeeding. It will distract the child from eating.	False	A mother/caregiver can talk softly to a child and gently be affectionate to a child who is breastfeeding without distracting the child from feeding. It helps the mother/caregiver become close to her child. The child is comforted by the sounds and touch of the mother/caregiver.

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### **ANNEX 3: ACTIVITY 13 - ROLE PLAY PRACTICE; COUNSEL ON FEEDING, AND ON PLAY AND COMMUNICATION**

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**Materials:** Copy the growth charts (in Annex 1) for Chanda, Nina, and Michael, doll (participants will prepare the other items).

**Facilitators:** For the role play, prepare to be the caregiver (father or mother/caregiver) of one of the children described below. Use the growth chart for the child (in Annex 1).

#### ***Child 1. Chanda***

Your child Chanda is 3 years old. She is not sick and seems to be developing well. When Chanda was six months old, you began to give her complementary foods. You breastfed Chanda until she was about two years old. She likes her porridge and fruit, but does not eat many vegetables or meat.

Chanda seems to be a happy child and enjoys playing with her older brothers. As Chanda is the youngest of four children, you do not have time to play with her. You are happy that she seems to understand your instructions, and she is able to talk.

#### ***Child 2. Nina***

Nina is almost 2 years old. You breastfed her until she was about a year old. Nina has been sick a lot lately. She has had diarrhoea and seems to have lots of colds, although she seems okay now. While she is sick, she will drink cow's milk and will eat bananas, but she does not show an interest in most other foods you give her.

Nina has little energy and shows little interest in things you show her. She does not smile very much, and you do not know how to get her to "light up". But her older sister did not smile very much either, so you are not worried.

#### ***Child 3. Michael***

Michael is 2 and half years old, and he is your first child. You are still breastfeeding Michael. He is also eating chicken, eggs, and a wide variety of vegetables that you cook into a mash. He spends a lot of time with you.

Michael is active and moves all the time. He is fun to be with, and you show the Community based volunteer some of the things you do together (e.g. you play bye-bye, you are teaching him to clap). You think he is very talkative, laughs easily, and seems to be smart. He is very curious and is always trying to do something new.

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## **ANNEX 4: ACTIVITY 15 - ROLE PLAY PRACTICE; PUTTING IT ALL TOGETHER IN A COUNSELLING SESSION**

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*Counsel on feeding, on play and communication, on preventing illness, and on responding to illness*

**Materials:** Copies of the growth charts (in Annex 1) for Stephen, Taonga, and Togo, doll (participants will prepare other items)

**Facilitators:** For the role play, prepare to be the caregiver (father or mother/caregiver) of one of the children described below. Use the growth chart for the child (in Annex 1).

### ***Child 4. Stephen***

Stephen is one and a half years old. You/his mother/caregiver breastfed Stephen until he was about six months old, and started giving him complementary foods. He started on porridge. He will eat some fruits and vegetables, but he is a fussy eater and prefers breast milk.

Stephen plays by himself a lot with whatever he finds in the yard—stones, sticks, and flowers. You think he understands what you say, but he has not started talking yet.

He has received all of his vaccines, except the final polio vaccine and measles vaccine. He was sick when it was time, and you have not been back to the health facility since for the remaining vaccines.

### ***Child 5. Tandiwe***

Tandiwe celebrated her first birthday last week. You/his mother/caregiver still breastfeeds her, but she is now also eating rice and beans, spinach, carrots, fish, eggs, and potatoes with peanut sauce.

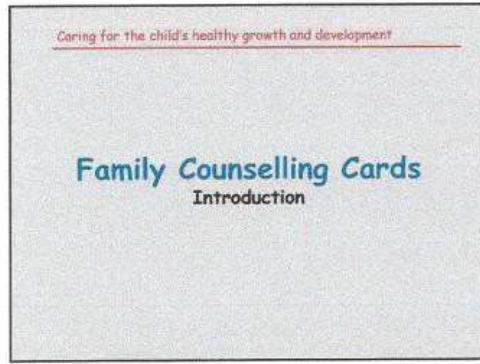
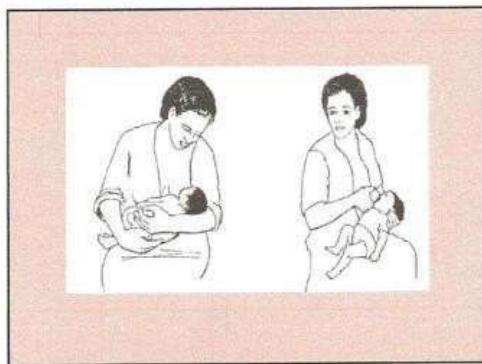
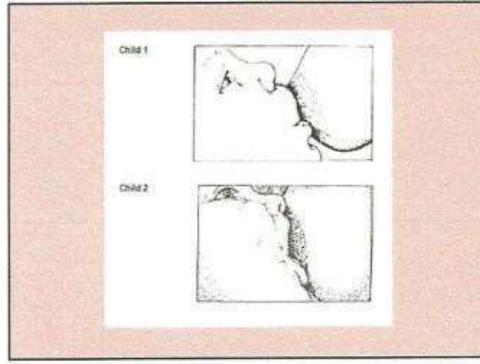
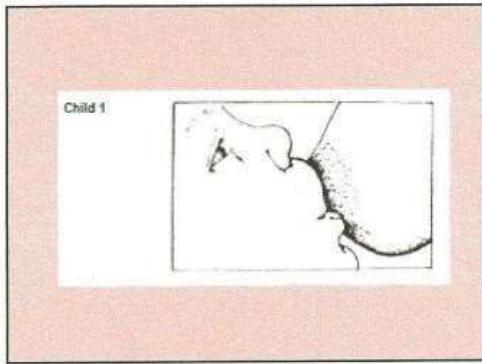
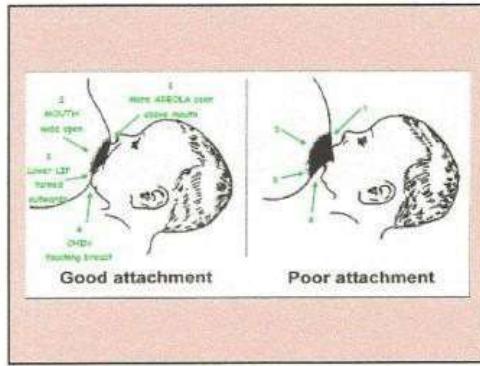
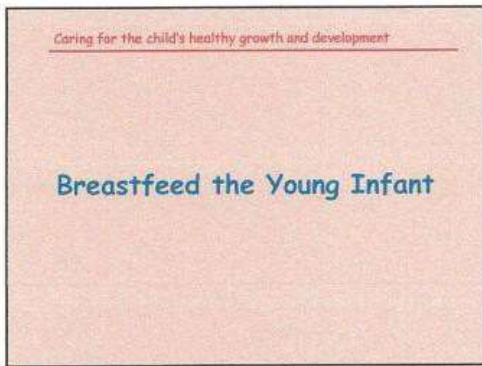
Tandiwe laughs easily, and you enjoy making faces with her. She seems very contented and sociable.

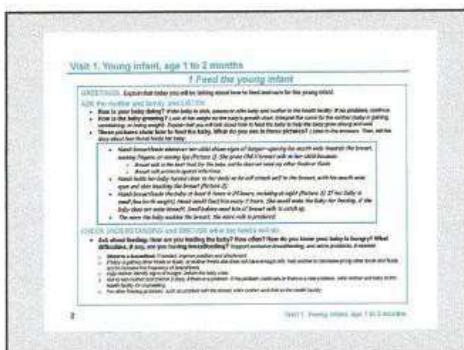
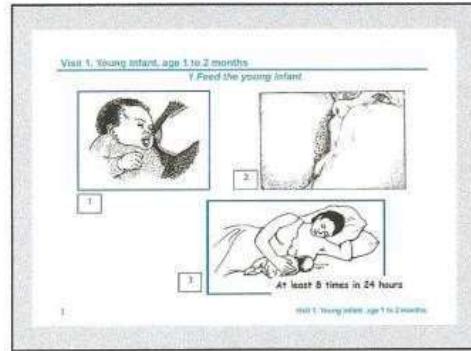
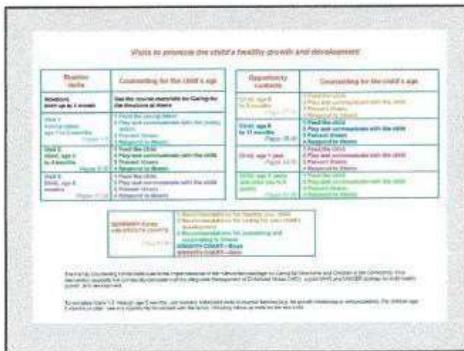
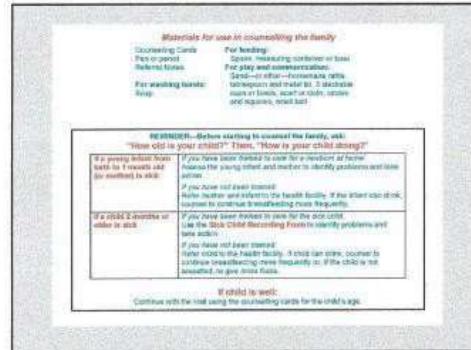
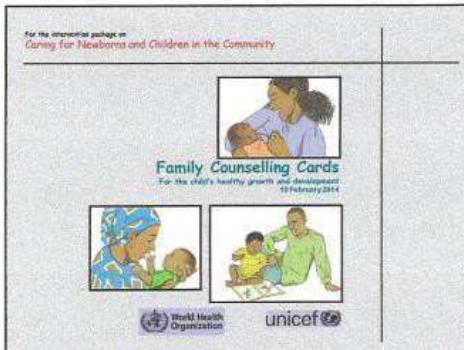
Tandiwe is due for her last set of vaccines (polio and measles) but has received the rest of them.

### ***Child 6. Taonga***

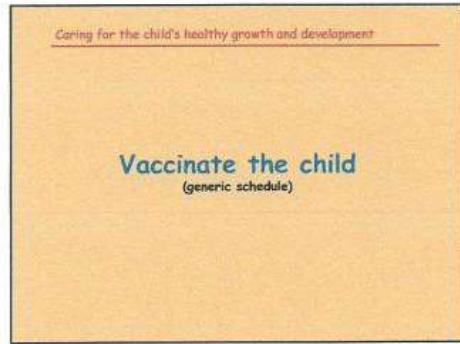
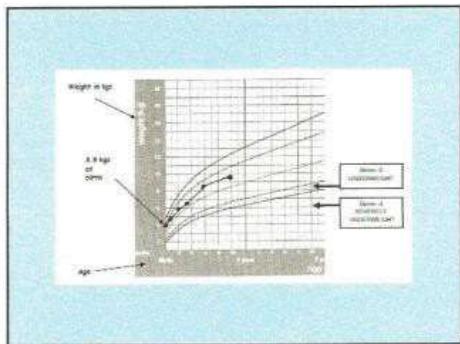
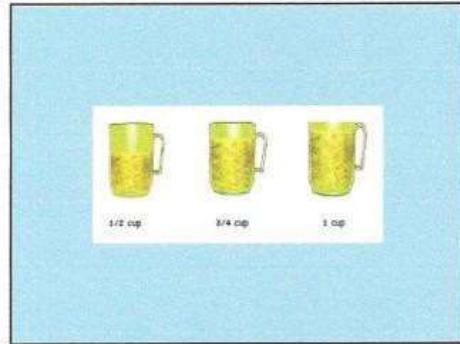
Taonga is 14 months old. He has always been small for his age and frequently has diarrhoea and colds. You/his mother/caregiver had difficulty breastfeeding him, so you gave him formula or goat's milk, when there was not formula. He has always been a fussy child, and wants to be held all the time. Taonga does not yet speak. His

older brother is five, and the two are not interested in playing with each other. He received his vaccines at birth, and one other time when he was about two months old.





Meeting nutritional needs as the child grows				
Food	6 to 8 months	9 to 11 months	1 year	2 years and older (as to 5 years)
<b>Food</b>	Thick porridge; fruit and vegetables, rich in vitamin A; and animal-source foods (meat, fish, eggs, and yoghurt or other dairy products)	Fruit and dark green vegetables, rich in vitamin A; and animal-source foods	Greater variety of Family Foods including fruit and dark green vegetables, rich in vitamin A; and animal-source foods	Greater variety of Family Foods including fruit and dark green vegetables, rich in vitamin A; and animal-source foods
<b>Quantity how much at each meal</b>	Start with 2 to 3 tablespoons, increasing to 1/2 cup of food.	1/2 cup food	3/4 cup	1 cup
<b>Frequency how often</b>	2 to 3 meals each day 1 or 2 snacks	3 or 4 meals each day 1 or 2 snacks	3 or 4 meals each day 1 or 2 snacks	3 or 4 meals each day 1 or 2 snacks
<b>Consistency how prepared for child to eat</b>	Mashed, thick consistency that stays on a spoon	Mashed or finely chopped; some chewable items that the child can hold	Mashed or chopped; some items the child can hold	Prepared as the family eats (with own serving)



Name:	Date:	Age:	Gender:	Marital Status:	Household:
Child 1: Amy	2010-01-01	2 weeks	Female	Married	Household 1
Child 2: Henry	2010-01-01	2 weeks	Male	Married	Household 1
Child 3: Charles	2010-01-01	2 weeks	Male	Married	Household 1

a. Name(s) & date(s) of immunization of first dose of hepatitis B vaccine (e.g. in double dose). The date of birth may be used to determine where purchased (e.g. a local hospital). b. Second dose required to receive second dose of hepatitis B vaccine. c. Second opportunity to receive a dose of measles-mumps-rubella (MMR) vaccine. d. Second dose of polio vaccine.

**Discuss with the Facilitator:**  
For each of these children, which vaccines should the child have received? When and where should they go for their next vaccine?  
Child 1: Amy, age 2 weeks.  
Child 2: Henry, age 2 weeks.  
Child 3: Charles, age 2 weeks.

The following are aids to plan for training:

*Participant agenda*

**Facilitator agenda** (detailed) with

- related page numbers of sessions in *Facilitator Notes* and *Participant Manual*
- plan for division of Facilitator responsibilities

*Course needs*

- Facilitators
- Facilities
- Logistical arrangements

*Checklist of equipment and supplies*

# Caring for the Child's Healthy Growth and Development

## PARTICIPANT AGENDA

Day 1	Topic	Location
8:00 – 9.30	Opening	Classroom
9.30 – 10.00	Introduction: Caring for the child's healthy growth and development	Classroom
10.00 – 10.30	<b>COFFEE BREAK and Photo</b>	
10.30 – 12.00	Feed the young infant and child up to age 6 months	Classroom
12.00 – 13.00	<b>LUNCH</b>	
13.00 – 15.00	Feed the young infant and child up to age 6 months (continued)	Classroom
15.00 – 15.15	<b>COFFEE BREAK</b>	
15.15 – 16.00	The Family Counselling Cards: Feed the young infant Feed the child (age 3 to 4 months and 5 to 6 months)	Classroom
16.00 – 17.00	Feed the child (age 6 months up to 5 years)	Classroom

Day 2	Topic	Location
8.00 – 10.00	Feed the young infant and child (6 months up to 5 years) (continued) Use a growth chart	Classroom
10.00 – 10.15	<b>COFFEE BREAK</b>	
10.15 – 12.00	Care for the Child's Development: Play and communicate with the young infant and child	Classroom
12.00-13.00	<b>LUNCH</b>	
13:00-15:00	Play and communicate with the young infant and child (continued)	Classroom
15.00–15.15	<b>COFFEE BREAK</b>	
15.15 – 17.00	Clinical practice (Part 1): Play with children (mother/caregivers not counselled) Clinical practice (Part 2): Assess and support effective breastfeeding	Clinical practice (INPATIENT PEDS WARD and MATERNITY WARD)
17.00 – 17.30	The Family Counselling Cards: Play and communicate with the young infant and child	Classroom

Day 3	Topic	Location
8.00 – 10:00	Clinical practice (mother/caregivers counselled): Feed the child Play and communicate with a child	Clinical practice (OUTPATIENT CLINIC)
10.00 – 10.15	<b>COFFEE BREAK</b>	
10.15 – 12.00	Prevent illness, injury, promote security and safety: Vaccinate child Wash hands Sleep under an insecticide-treated bed net Prevent injury promote security and safety	Classroom
12.00 – 13.00	<b>LUNCH</b>	
13.00 – 15.00	Respond to illness, injury and abuse Identify danger signs and injuries Identify signs of abuse Assist referral	
15.00 – 15.15	<b>COFFEE BREAK</b>	
15.15 – 17:00	Putting it all together in a counselling session	Classroom

Day 4	Topic	Location
8.00 – 10:00	Clinical practice: Feed the child Play and communicate with a child Prevent illness, injury , promote security and safety	Clinical practice (OUTPATIENT CLINIC or DAYCARE CENTRE)
10.00 – 10.15	<b>COFFEE BREAK</b>	
10.15 – 11.00	Clinical practice (continued) Note that this clinical practice can be wherever there are sufficient mother/caregivers or other caregivers with their children for each participant to counsel at least 1-2 families (and observe 1-2 families being counselled by a colleague).	Clinical practice (OUTPATIENT CLINIC or DAYCARE CENTRE)
11.00 – 12.00	Putting it all together in a counselling session (continued)	Classroom
12.00 -- 13.00	<b>LUNCH</b>	
13.00 -- 15.00	Review and practice	Classroom
15.00 – 15.15	<b>COFFEE BREAK</b>	
15.15 – 17:00	Technical Seminar (nutrition and care for child development)	Classroom

Day 5	Topic	Location
8.00 – 9.00	Review and practice (continued)	Classroom
9.00 – 12.00	Clinical practice: Feed the child Play and communicate with a child Prevent illness , injury , promote security and safety Respond to illness, injury and abuse	Community—home visit to family of child age 1 month to 2 years
12.00 – 13.00	<b>LUNCH</b>	
13.00 – 14.00	Debriefing	Classroom
14.00 – 14.15	<b>COFFEE BREAK</b>	
14.15 – 16.00	Evaluation and discussion on next steps	Classroom

# Caring for the Child's Healthy Growth and Development

## FACILITATOR AGENDA

Day 1	Topic	Location	Facilitator Notes - pages	Participant Manual -pages	Facilitator
8:00 – 9.30	Opening	Classroom	<i>To be planned locally</i>		
9.30 – 10.00	Introduction: Caring for the child's healthy growth and development Training agenda	Classroom	1-2	1	
10.00 – 10.30	<b>COFFEE BREAK and Photo</b>				
10.30 – 12.00	Feed the young infant and child up to age 6 months	Classroom	3-16	2-11	
12.00 – 13.00	<b>LUNCH</b>				
13.00 – 15.00	Feed the young infant and child up to age 6 months (continued)	Classroom	Continued	Continued	
15.00– 15.15	<b>COFFEE BREAK</b>				
15.15 – 16.00	The Family Counselling Cards: Feed the young infant Feed the child (age 3 to 4 months and 5 to 6 months)	Classroom	17-27	12-16	
16.00— 17.00	Feed the child (age 6 months up to 5 years)		28-37	16-22	
Day 2	Topic	Location	Facilitator Notes	Participant Manual	Facilitator
8.00 – 10.00	Feed the child (age 6 months up to 5 years) (continued)  Use a growth chart	Classroom	Continued  39-45	Continued  23-27	
10.00 – 10.15	<b>COFFEE BREAK</b>				
10.15 – 12.00	Care for the Child's Development: Play and communicate with the young infant and child	Classroom	46-74	28-67	
12.00- 13.00	<b>LUNCH</b>				
13:00- 15:00	Care for the Child's Development: Play and communicate with the young infant and child	Classroom	Continued	Continued	

Day 2	Topic	Location	Facilitator Notes	Participant Manual	Facilitator
	(continued)				
15.00 – 15.15	<b>COFFEE BREAK</b>				
15.15 – 17.00	Clinical practice (Part 1): Play with children (mother/caregivers not counselled): Clinical Practice (Part 2): Assess and support effective breastfeeding	Clinical practice (INPATIENT PEDS WARD and 92-95 MATERNITY WARD)		68-71	
17.00 – 17.30	The Family Counselling Cards: Play and communicate with the young infant and child	Classroom	96-102	72- 77	

Day 3	Topic	Location	Facilitator Notes	Participant Manual	Facilitator
8.00 – 10:00	Clinical practice (mother/caregivers counselled): Feed the child Play and communicate with a child	Clinical practice (OUTPATIENT CLINIC or other setting with families)	103-104	78-79	
10.00 – 10.15	<b>COFFEE BREAK</b>				
10.15 – 12.00	Prevent illness, injury, promote security and safety: – Vaccinate child – Wash hands – Sleep under an insecticide-treated bed net – Prevent injury – Promote security and safety	Classroom	105-120	79-92	
12.00 – 13.00	<b>LUNCH</b>				
13.00 – 15.00	Respond to illness, injury and abuse: – Identify danger signs and injuries – Identify signs of abuse – Assist referral – F/up when child returns	Classroom	121-125	93-104	
15.00 – 15.15	<b>COFFEE BREAK</b>				
15.15 – 17.00	Putting it all together in a counselling session	Classroom	132-135	105	

Day 4	Topic	Location	Facilitator Notes	Participant Manual	Facilitator
8.00 – 10:00	Clinical practice: Feed the child, Play and communicate with a child Prevent illness, injury, promote security & safety Respond to illness, injury and abuse	Clinical practice (OUTPATIENT CLINIC or DAYCARE CENTRE)	135-136	105 - 106	
10.00 – 10.15	<b>COFFEE BREAK</b>				
10.15 – 11.00	Clinical practice (continued) Note that this clinical practice can be wherever there are sufficient mother/caregivers or other caregivers with their children for each participant to counsel 1-2 families (and observe 1-2 families being counselled by a colleague).	Clinical practice (OUTPATIENT CLINIC or DAYCARE CENTRE)	Continued	Continued	
11.00 – 12.00	Putting it all together in a counselling session (continued)	Classroom	Continued	Continued	
12.00 -- 13.00	<b>LUNCH</b>				
13.00 -- 15.00	Review and practice	Classroom	137	107	
15.00 – 15.15	<b>COFFEE BREAK</b>				
15.15 – 17:00	Technical Seminar (nutrition and care for child development)	Classroom			
Day 5	Topic	Location	Facilitator Notes	Participant Manual	Facilitator
8.00 – 9.00	Review and practice (continued)*	Classroom	Continued	Continued	
9.00 – 12.00	Clinical practice: Feed the child Play and communicate with a child Prevent illness Respond to illness	Community—home visit to family of child age 1 month to 2 years	137-138	107	
12.00 – 13.00	<b>LUNCH</b>				
13.00 – 14.00	Debriefing	Classroom	138	108	
14.00 – 14.15	<b>COFFEE BREAK</b>				
14.15 – 16.00	Evaluation and discussion, closing, certificates	Classroom			

\*Note: This time (8.00-9.00) may be used instead to transport participants to the clinical session in the community, depending on distance.

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## 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 clinical sessions (one with overall responsibilities, a second clinical instructor with training in breastfeeding counselling)
- *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
  - Plenary room for all participants with projector (see full list of equipment and supplies below)
  - Maximum of 12 participants per break-out room, plus 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 group of 12 participants, more children available is better
- Maternity ward with opportunity to observe and assess breastfeeding and cup feeding
  - With minimum of 6 mother/caregivers and infants for each group of 12 participants, for demonstration and practice
- 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 (see Agenda for schedule)
- Transportation to clinical sites (see Agenda for approximate timing and locations)
- Equipment and supplies (see the Checklist below)

## Caring for the Child's Healthy Growth and Development

### CHECKLIST OF EQUIPMENT AND SUPPLIES

Item	Number	Comments
LCD projector (for projecting videos and pictures)	1 / room	Note: If there is no LCD projector, provide a TV monitor and DVD player
Computer	1 / room	(see above item)
Videos (breastfeeding, care for development, signs of illness)	1 set / room	Course director will bring these
<i>Participant Manuals</i>	1 / person	These should be printed in colour, if possible, or in black and white and bound. If possible, print cover on coloured stock paper (distinct colour from <i>Facilitator Notes</i> ). NOTE: 1/person = For each participant, facilitator, and observer
<i>Counselling Cards</i>	1 set / person	These should be printed in colour, if possible, and spiral bound
<i>Facilitator Notes</i>	1 / facilitator	Punch and put in a binder, or bind these. If possible, print cover on coloured stock paper (distinct colour from <i>Manual</i> )—for this demonstration course, it would be useful to print <i>Facilitator Notes</i> for all participants and observers (to be given out the last day)
Marking pens (at least 6)—various colours	1 set / room	
Easel chart and paper	1 set / room	
Masking tape or "Plastic Tack" (for posting on wall)	1 set or more / room	
Coloured card stock for making name tents	1 / person	1/person = For each participant, facilitator, and observer
Coloured card stock for making cards for exercise	1 set of cards / room	Copy exercises (Cards in Annex 2 for Activity 10 will be printed and cut ahead of time)
Coloured paper for printing role play exercises (3 different colours)	1 set / person	Copy exercises (Role play instructions in Annex 1 for Activity 8, in Annex 3 for Activity 13, and in Annex 4 for Activity 15) 1/person = For each participant, facilitator, and observer
Name tags	1 / person	1/person = For each participant, facilitator, and observer
Carrying bag—to fit printed materials, with supplies	1 / person	Bag needed for participants, facilitators, and observers to carry materials and toy items
Pens/pencils	2 / person	PLUS some extra pencils for the group
Pencil sharpener (small)	1 / person	Or large sharpener, 1 / room

Item	Number	Comments
Extension cords plus adapters for European plugs	1 / room	
Stapler and paper punch	1 set / room	
Binders (notebooks)—4 cm depth (1 1/2 inches)	1 / facilitator/Observer	For facilitator/observers to carry full set of printed materials
Three or four stacking bowls (small)	1 set / each 2 participants	Buy these in a local market. If a large group and participants need to be in clinical groups of 3, then prepare 1 set /each 3 participants.
Measuring cup (1 cup, ¾ cup, and ½ cup marked) and sample of local measuring items	1 set / each 2 participants	Buy these in a local market (local household measuring item could be a small soda or water bottle, a common cup, or a clear bowl). If a large group and participants need to be in clinical groups of 3, then prepare 1 set /each 3 participants.
Toy items (sample household items)	1 set/room	Buy these in a local market
Dolls (or substitute)	1 / each 3 participants	Simple dolls used in training (if not available, use 3 towels instead for some or all of the dolls)
Liquid dish soap (small container)	1 / each 12 participants	For washing toy items after use
Local CHW register or other form for managing home visits	1 / participant	Please bring samples of the local register form
Certificates	1 / person	For participants and facilitators
Cameras capable of taking still and video images	1/ clinical instructor	It is best if the clinical instructor takes a few images to illustrate themes for the clinical session
Anything else?		Please add your own items to this list

For further information please contact:

Department of Maternal, Newborn, Child and Adolescent Health World Health Organization  
 20 Avenue Appia  
 1211 Geneva 27 Switzerland  
 Email: [mncah@who.int](mailto:mncah@who.int)  
 Web site [http://www.who.int/maternal\\_child\\_adolescent/en/](http://www.who.int/maternal_child_adolescent/en/)



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