

**COUNSEL THE FAMILY
ON CARE FOR CHILD DEVELOPMENT**



Facilitator
Notes

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BACKGROUND

Almost 10 million children worldwide die each year. Nearly 20 times that number—over 200 million children—survive but do not reach their full human potential.¹ As a result, their countries have an estimated 20 percent loss in adult productivity. Health services, health workers, day care centres, and other community services have an important role in promoting the development of young children.

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

For this reason, the package also includes a module on *Counsel the Family on Feeding*. The Feeding module presents WHO/UNICEF recommendations for feeding newborns and young children and applies basic principles of child development to the routines of feeding a child. The content and methods are compatible with the course on *Counsel the Family on Care for Child Development*. For more information on implementing the Feeding module, contact WHO and UNICEF. (See contact information the back of the front cover.)

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

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

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

¹ This conservative estimate—that more than 200 million children under 5 years fail to reach their potential in cognitive development—is based on the number of children limited by poverty, poor health and nutrition, and deficient care. Grantham-McGregor, S., Cheung YB., Cuerto, S., Glewwe, P., Richter, L., Strupp, B., and the International Child Development Steering Group. (2007). *Lancet* 369:60-70, page 60.

TRAINING WITH THE MODULE ON CARE FOR CHILD DEVELOPMENT

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

- Simple recommendations health workers and other counsellors can make to families to improve the growth, health, and development of children.
- A training *Manual* for participants to counsel families in Care for Child Development, with job aids to guide the counselling process.
- *Facilitator Notes* and guidelines for clinical practice to support classroom and clinic activities (this booklet).
- A video on Care for Child Development to demonstrate recommended activities to stimulate a child's development and identify possible problems in care (being revised).
- PowerPoint presentations for use in an Opening Ceremony and for Technical Seminars to explain the evidence—theory and research—for intervening on Care for Child Development in resource poor areas.

Supporting the course, available on request, are:

- A monitoring and evaluation framework.
- Advocacy materials for introducing Care for Child Development into regional, national, and local programmes.

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

TRAINING PLANS

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

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

Counsel the Family on Care for Child Development Sample Agenda

Day 1	Topic	Method	Pages in Manual	Facilitator
8.00 – 9.00	Opening Registration Opening Remarks Introduction of participants Administrative announcements	Introductions PowerPoint presentation		
9:00-10:1	Introduction Who is the caregiver? Caring for the child's development <i>Discussion: Care for child development</i>	Reading Discussion	1-10	
10.15–10.30	COFFEE BREAK			
10.30 – 11.15	Recommendations for caring for the child's development <i>Video demonstration:</i> <i>Recommendations for play and communication</i> <i>Discussion: Using the counselling card</i>	Reading Discussion Video (being revised)	11-25	
11.15 – 12.00	<i>Exercise: Making toys</i>	Demonstration Exercise	26	
12.00-13.00	LUNCH			
13.00 – 15.00	Clinical practice: Playing and communicating with children	Clinical practice (inpatient ward)		
15. 00–15.15	COFFEE BREAK			
15.15– 15.45	Debriefing: Play and communicate with children	Discussion		
15.45-16.00	Counsel the family <i>Exercise: Identify the child and caregiver</i>	Reading Exercise	28-30	
16.00 – 17.00	Look, Ask, and Listen: Identify care practices Praise and Advise: Improve care practices <i>Role Play Exercise: Advise the caregiver</i>	Reading Discussion	31-41	

Day 2	Topic	Method	Pages in Manual	Facilitator
8.00 – 11.00	Clinical practice: Counsel the family	Clinical practice (outpatient clinic)		
11.00 – 11.15	COFFEE BREAK			
11.15 – 12.00	Debriefing: Counsel the family	Discussion Videos and pictures		
12.00-13.00	LUNCH			

13.00 – 15.00	Help solve problems <i>Role Play Exercise: Help solve problems</i> <i>Video exercise: Identify and help solve problems</i>	Reading Discussion Role plays Video	42-49	
15.00–15.15	COFFEE BREAK			
15.15-16.00	Follow up the caregiver and child	Reading Video	50-51	
[16.00-17.00]	[For facilitators and decision makers: Technical seminar 1]	PowerPoint presentation Discussion		

Day 3	Topic	Method	Pages in Manual	Facilitator
8.00 – 11.00	Clinical practice: Counsel the family and help solve problems	Clinical practice (outpatient clinic)		
11.00 – 11.15	COFFEE BREAK			
11.15 – 12.00	Debriefing: Counsel the family and help solve problems	Discussion Videos and pictures		
12.00-13.00	LUNCH			
[13.00-14.00]	[For facilitators and decision makers: Technical seminar 2]	PowerPoint presentation Discussion		

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
- *Course director* to manage administrative tasks, transportation, coordination with inpatient ward and clinic (or other setting), and to assist with facilitator training

Facilities

- Classroom with tables and chairs
 - Maximum of 12 participants per room plus 2 facilitators and observers
 - Easel chart with paper, table for supplies, projector (see full list of equipment and supplies below)
- Inpatient ward with children
 - With minimum of 12 children for demonstration and practice for each participant group
- Health facility (clinic) or other site with caregivers and children
 - With minimum of 13 caregiver and child pairs (more would be much better)
 - Separate room or space with tables and chairs or benches, to see caregivers and children
- Logistical arrangements
 - For lunch and coffee breaks
 - Transportation to clinical sites
 - Equipment and supplies (see the table below)

Equipment and Supplies

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 or video player
Computer	1 / room	(see above item)
Care for Child Development DVD	1 set / room	Parts 1 and 2—DVD or video, depending on equipment available
Participant <i>Manuals</i>	1 / person	These can be printed in colour or in black and white
<i>Counselling Cards</i>	1 set / person	These should be printed in colour, if possible, and bound or by another way attached.
<i>Facilitator Notes</i>	1 / facilitator	Punch these for carrying in a notebook. If possible, print on coloured paper (distinct from <i>Manual</i> pages)
<i>Guidelines for Clinical Practice</i>	1 / clinical instructor and course director	
<i>Checklists</i>	5 / participant plus 10 extra per room	More copies can be added to this minimum number if there is a copy machine available.
Marking pens (6)	1 set / room	
Easel chart, paper	1 set / room	
Tape or Plastic Tack (for posting on wall)	1 set / room	
Marking pens—various colours	6 / room	
Coloured card stock for making name tents	1 / person	
Coloured card stock for making cards for exercise	50	Cards can be printed and cut ahead of time (See Annex A of the Facilitator Guide)
Name tags	1 / person	1/person = For each participant and facilitator
Carrying bag—to fit A4 materials, with supplies	1 / person	Bag needed for counsellors to carry materials and toy items
Pens/pencils	2 / person	PLUS some extra pencils for the group
Pencil sharpener (small)	1 / person	
Extension cords plus adapters for European plugs	3	
Pencil sharpener, stapler, paper punch	1 set	
Binders (notebooks)—4 cm depth (1 1/2 inches)	1 / facilitator/ Observer	For facilitator/observers

Item	Number	Comments
Toy items (samples made)	1 set/ room	See list attached
Materials for participants to make toy items	1 set/ each 2 participants	See list attached
Dolls (or substitute)	1 / each 3 participants	Simple dolls used in training (if not available, use 3 towels instead for some or all of the dolls)
Certificates	1 / person	For participants and facilitators
Anything else?		

Toy Items and Materials

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

Other Supplies for Making Toys

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

WHO IS A FACILITATOR?

A facilitator helps participants learn the skills presented in the course **Counsel the Family on Care for Child Development**. The participants come to the course to learn the skills to support families in the community who are trying to raise healthy, capable, and happy children.

In this course, you will demonstrate what a counsellor needs to do, lead discussions, help participants practise skills and give feedback to them. You will also organize and supervise clinical practice in an inpatient ward and an outpatient clinic. You will give participants any help they need to successfully complete the course and learn the skills that will help them improve the development of children in the community.

The *Manual*, *Checklist*, and other materials structure the process of learning the skills the counsellor will need. Your task is to facilitate their use of these materials.

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

What do you do, as a facilitator?

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

To instruct:

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

To motivate:

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

To manage:

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

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

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

To prepare yourself for a day:

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

Facilitator Notes for classroom activities

OPENING

Registration

Complete the registration of participants as they arrive.

Opening remarks

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

Introduction of participants

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

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

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

Administrative announcements

Make administrative announcements before the course starts. For example:

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

Note that the following *Facilitator Notes* refer to sections in the participant's *Manual*. Starting with the footer on the next page, the page number on the left refers to the Facilitator Notes. The heading and page number on the right refers to the section and page in the participant's *Manual*.

INTRODUCTION

Introduce the materials

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

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

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

WHO IS THE CAREGIVER?

Participants who are learning to counsel families on care for child development may be working or volunteering in different settings. They may meet with families in child care centres, at feeding programmes, in a health centre hospital, or at a community health fair.

At the end of this section, ask and discuss:

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

CARING FOR THE CHILD'S DEVELOPMENT

Continue reading the *Manual* until the exercise.

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



Discussion: Care for child development

Objectives

This discussion reviews the general information on care for child development in the *Manual*. It is an opportunity to check what participants remember, and to add new information. Participants will:

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

Prepare

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

Process for the group discussion

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

Answer Sheet

Discussion: Care for child development

			Comment
1. A mother does a better job when she feels confident about her abilities to provide care.	True		Before a caregiver leaves, she should have a chance to practise any new activity with you and be confident that she will be able to do the activity at home.
2. The brain develops more rapidly when the child first enters school than at any other age.		False	The brain develops most rapidly before birth and in the first two years of life. The efforts to 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		
4. A father should talk to his child, even before the child can speak.	True		The father is preparing the child for speech and how people communicate.
5. Before a child speaks, the only way she communicates is by crying.		False	A young infant communicates by moving, reaching. For example, he communicates hunger by sucking his hands, shaping his mouth, turning to the mother's breast. Help caregivers see the child's signs and interpret them. Waiting until the child cries is distressful to the child and to the caregiver.
6. A baby can hear at birth.	True		There is even evidence that a child hears before birth, and recognizes the voices of persons closest to him—including mother and father.
7. A baby cannot see at birth.		False	The child can see at birth, although sight becomes more refined as the days go on. The child is most attracted to faces. Studies show that a child can even begin to copy the faces of others within 2 to 3 weeks. Some have found imitation even earlier, within the first few days of life.
8. A child should be scolded when he puts something into his mouth.		False	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.		False	Dropping can be by accident. However, the child is also learning by trial. What happens, how long before there is a sound, how other persons react, etc.
10. A child begins to play when he is old enough to play with other children.		False	A caregiver can begin to play with a child from birth. Children learn through play. Caregivers can play with a young infant child with movements, touching, and attracting the attention and interest of the child with simple noises and colourful objects.
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 can talk softly to a child and gently be affectionate to a child who is breastfeeding without distracting the child from feeding. It helps the mother become close to her child. The child is comforted by the sounds and touch of the mother.

RECOMMENDATIONS FOR CARING FOR THE CHILD'S DEVELOPMENT

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

Discuss with the facilitator

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

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

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

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

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

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

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

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

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



Discussion: Using the counselling card

Objectives

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

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

Prepare

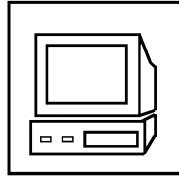
1. Cards describing the children in Annex A—copy them on card stock and cut them.

Process

1. Ask participants to refer to their counselling cards.
2. One at a time, give a participant a card with the sample child. Ask the participant to read the card. Ask: Refer to the counselling card. What play activity might you recommend the caregiver to do with her child?
3. Continue to ask questions to encourage the participant to describe a specific activity. For example, play with a newborn baby, 1 day old, by stretching the child's legs, massaging the child.
4. Then, ask another participant: What communication activity would you recommend? Encourage the participant to be specific.
5. Repeat the process until each participant has described a recommended play and communication activity for each child described on a card.
6. Note that children #7 to #10 all have characteristics for consideration in selecting a recommended activity, in addition to their ages. These children provide opportunities for additional discussion of how to select a recommended activity.

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

7. If participants still have difficulty finding, selecting, and adapting the play and communication activities, describe additional sample children in different age groups for more practice.



Video Exercise: Recommendations for play and communication

Objectives

The video demonstrates several recommendations for play and communication. Participants will:

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

Prepare

1. Computer and projector, or television monitor and DVD player.
2. DVD on Care for Child Development—put at the starting place for the recommendations for play and communication.
3. Easel chart with markers.

Process

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



Exercise: Making toys

Objectives

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

- Evaluate sample homemade toys for their attractiveness, usability with a child, safety, and appropriateness for different age children, potential for learning, and influence on the caregiving relationship.
- Select play and communication activities that would be appropriate for the sample children.

Prepare

1. Sample homemade toys (refer to a list on page 7).
2. Materials for making homemade toys (refer to the list on page 7), with supplies spread out on a table.
3. Table space for participants working together in pairs.
4. Plastic bags, one for each 2 participants.
5. Two to three bottles of dish soap.

Process

Demonstration

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

Exercise

1. Show the materials for making toys.

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

Preparation for clinical practice in the inpatient ward

1. The participants will next have a chance to practice play and communication activities with children in the inpatient ward. They will not counsel the caregivers but will interact directly with children to see how the activities work, how the children—even sick children—respond and learn.
2. The participants will work in pairs. They should put together their set of toy items in a plastic bag. They are responsible for taking the toys to the ward, using them, and returning them for use again later.
3. The facilitators should take the dish soap to wash toys between uses.

Clinical practice and debriefing after the clinical practice

For guidance on setting up, conducting, and debriefing the clinical practice session in an inpatient ward, see the **Guidelines for Clinical Practice**.

COUNSEL THE FAMILY

Greet the caregiver and child

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

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

Referring to the sample information on Marta Cortez, ask the questions on what we know about the child, based on the recorded information (see page 28 in the *Manual*).



Exercise: Identify the child and caregiver

Objectives

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

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

Process

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

Answer sheet

Exercise: Identify the child and caregiver

Checklist

for Counselling on Care for Child Development
(for child from birth up to 5 years)

Date: (today) / / 20
(Day / Month / Year)

Completed by: (counsellor)

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

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

Address, Community: Paper Mill Road, Tanga

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

LOOK, ASK, AND LISTEN: IDENTIFY CARE PRACTICES

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

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

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

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

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

The observations are structured in a *Checklist* to help participants remember to look for the signs and know how they might help. Looking for these signs is also a part of the clinical practice sessions.

In a short course, participants may have difficulty recognizing these signs. With practice and supervision, however, they will become more aware of the signs because they will see many more examples.

In some training courses, however, the most that some participants can do is to learn how to advise caregivers on specific recommendations for play and communication. This is helpful. Caregivers who increase the time and variety of play and communication activities with their children will help their children to develop. (The participants practice the skills of advising caregivers on selecting and trying out new play and communication activities during the first clinical session in the outpatient clinic.)

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

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

Stop for a discussion at the samples of the completed *Checklist*. Refer to the questions listed in the *Manual* (starting on page 33 if the *Manual*).

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

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

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

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

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

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

PRAISE AND ADVISE: IMPROVE CARE PRACTICES

Praise the caregiver

Families appreciate general praise for how they are caring for their children. The most helpful praise, however, is specific. Praise for the specific practice encourages the family to continue doing what is good for the child's development.

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

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

Help participants be specific. An example is:

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

Advise the caregiver

This section describes three important skills for the counsellor:

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

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

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

The child who does not look to her caregiver can quickly “attach” to you instead. Resist interacting directly with the child. Instead, coach the caregiver to interact with the child.

(Note that, during the first clinical session in the inpatient ward, participants interacted directly with children to see how the

activities worked with the children. In the next clinical sessions in the outpatient clinic or other setting, however, the participants will counsel caregivers and will not interact directly with children.)

- A child who is distracted by sounds and movements around the room will have difficulty playing and communicating with the caregiver.

Before starting a new activity, make sure that the caregiver has drawn the child's attention to her. Ask the caregiver to wave an object or make a noise with a toy or other item (e.g. bang the pot, shake the rattle, shake a set of keys) to get the child's attention before starting.

- Checking the caregiver's understanding is one of the most important steps in helping caregivers improve their care at home.

You can make sure that the caregiver knows what to do. You can also use checking for understanding to build the caregiver's confidence that he can do the activity at home, without your assistance.

Giving the caregiver a chance to practise and demonstrate in front of you is also the step that, in research, has been found to be *most related* to whether the caregiver remembers what to do and tries out the new behaviour at home. It supports behaviour change.

Give the caregiver time to practise until you see that confidence, and the caregiver sees the child respond with pleasure and appreciation.

Confirm that the caregiver can do the activity at home by asking questions to link the activity to the home. For example, ask: "What do you have at home to use to teach your boy how to stack things?"



Role Play Exercise: Advise the caregiver

Objectives

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

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

Prepare

1. Four chairs for each group—one each for the caregiver, the child, the counsellor, and the observer.
2. Toy items on the table—available for counsellors to select appropriate items for activities with children from different age groups.

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

Process

1. Ask participants to continue reading the instructions for the role play to the rest of the group.
2. Ask participants, including the persons playing the role of children, to be very cooperative. This is the first chance to practise advising the caregiver. Give the counsellors the chance to practise advising the caregiver, as pure as possible, without adding difficulties.
3. Are there any questions?

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

HELP SOLVE PROBLEMS

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

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

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

Discuss with participants whether there are services available to their communities for children with special learning needs. If so, make sure that the participants have the necessary information to refer the child to the service or to a local health facility.

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

Demonstrate how the counsellor used the information gathered by the steps Look, Ask, and Listen in order to identify how to praise and advise the caregiver, and help solve problems.



Role Play Exercise: Help solve problems

Objectives

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

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

Preparation

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

Process

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

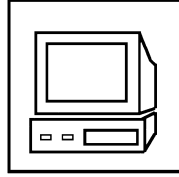
FOLLOW UP THE CAREGIVER AND CHILD

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

A follow-up visit also gives the counsellor a chance to see again whether there are problems that need to be followed up by someone trained to handle more difficult problems in care.

The possibility for following up the caregiver and child may be different in different settings. In a clinic, for example, the counsellor must ask the caregiver and child to return. In the community, a community health worker, who is a counsellor, may be able to visit the family at their home.

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



Video Exercise: Identify and help solve problems

Objectives

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

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

Prepare

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

Process

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

caregivers and children who are well connected to each other—they participate in a dance of connected movements and moods.

5. Identify caregivers and children who appear poorly connected to each other. If we see such a caregiver, what could be the reason for the poor connection? Possible reasons are:

- Caregiver looks sad and detached, perhaps depressed.
- Child is really cared for by a different person (e.g. grandfather or child's big sister), and perhaps mother is ill or absent.
- Caregiver and child have been separated or were separated after the child's birth.
- Caregiver does not know how to be sensitive and responsive to the child's movements and signs.

Annex A. Exercise Cards

Set 1

Discussion: Care for child development

Set 2

Discussion: Using the Counselling Card

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

EXERCISE CARDS
SET 1
DISCUSSION: CARE FOR CHILD DEVELOPMENT

1

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

1

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

1

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

1

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

1

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

1

6. A baby can hear at birth.

1

7. A baby cannot see at birth.

1

8. A child should be scolded when he puts something into his mouth.

1

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

1

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

1

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

1

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

EXERCISE CARDS
SET 2
DISCUSSION: USING THE COUNSELLING CARD

2

1. A newborn baby, 1 day old

2

2. A 4-week old baby

2

3. A 5-month old child

2

4. A 6-month old child

2

5. A 13-month old child

2

6. A 28-month old child

2

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

2

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

2

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

2

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

2

2

Annex B. Materials to Copy

1. Checklist

Copy at least 10 Checklists for each participant.

2. Checking the child's hearing and seeing **For the child age 6 months and older** **who may be having difficulty learning**

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

Checklist

for Counselling on Care for Child Development

(for child from birth up to 5 years)

Date: _____/_____/20_____
(Day / Month / Year)

Completed by: _____

Child's name: First _____ Family _____ Age: __Years/ __Months Boy / Girl

Caregiver's name: _____ Relationship: Mother / Father / Other: _____

Address, Community: _____

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

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

Ask and listen		Praise the caregiver if caregiver:	And advise the caregiver and solve problems if caregiver:
Child age less than 6 months	How do you play with your baby?	<input type="checkbox"/> Moves the baby's arms and legs, or gently strokes the baby. <input type="checkbox"/> Gets baby's attention with a shaker toy or other object.	<input type="checkbox"/> Does not play with baby: Discuss ways to help baby see, hear, feel, and move, appropriate for baby's age.
	How do you talk to your baby?	<input type="checkbox"/> Looks into baby's eyes and talks softly to baby.	<input type="checkbox"/> Does not talk to baby: Ask caregiver to look into baby's eyes and talk to baby.
	How do you get your baby to smile?	<input type="checkbox"/> Responds to baby's sounds and gestures to get baby to smile.	<input type="checkbox"/> Tries to force smile or is not responsive to baby: Ask caregiver make large gestures and cooing sounds; copy baby's sounds and gestures, and see baby's response.
Child age 6 months and older	How do you play with your child?	<input type="checkbox"/> Plays word games or with toy objects, appropriate for age.	<input type="checkbox"/> Does not play with child: Ask caregiver to do play or communication activity, appropriate for age.
	How do you talk to your child?	<input type="checkbox"/> Looks into child's eyes and talks softly to child, asks questions.	
	How do you get your child to smile?	<input type="checkbox"/> Draws smile out from child.	<input type="checkbox"/> Does not talk to child, or talks harshly to child: Give caregiver and child an activity to do together. Help caregiver interpret what child is doing and thinking, and see child respond and smile.
	How do you think your child is learning?	<input type="checkbox"/> Says the child is learning well.	

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

Monday Tuesday Wednesday Thursday Friday Weekend

Checklist

for Counselling on Care for Child Development

(for child from birth up to 5 years)

Date: ____/____/20____

(Day / Month / Year)

Completed by: _____

Child's name: First _____ Family _____ Age: __Years/ __Months Boy / Girl

Caregiver's name: _____ Relationship: Mother / Father / Other: _____

Address, Community: _____

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

Look		Praise the caregiver if caregiver:	Advise the caregiver and solve problems if caregiver:
All children	How does caregiver show he or she is aware of child's movements?	<input type="checkbox"/> Moves towards and with child, and talks to or makes sounds with child.	<input type="checkbox"/> Does not move with child, or controls child's movements: Ask caregiver to copy child's movements, to follow child's lead.
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	How do you talk to your baby?	<input type="checkbox"/> Looks into baby's eyes and talks softly to baby.	<input type="checkbox"/> Does not talk to baby: Ask caregiver to look into baby's eyes and talk to baby.
	How do you get your baby to smile?	<input type="checkbox"/> Responds to baby's sounds and gestures to get baby to smile.	<input type="checkbox"/> Tries to force smile or is not responsive to baby: Ask caregiver make large gestures and cooing sounds; copy baby's sounds and gestures, and see baby's response.
Child age 6 months and older	How do you play with your child?	<input type="checkbox"/> Plays word games or with toy objects, appropriate for age.	<input type="checkbox"/> Does not play with child: Ask caregiver to do play or communication activity, appropriate for age.
	How do you talk to your child?	<input type="checkbox"/> Looks into child's eyes and talks softly to child, asks questions.	
	How do you get your child to smile?	<input type="checkbox"/> Draws smile out from child.	<input type="checkbox"/> Does not talk to child, or talks harshly to child: Give caregiver and child an activity to do together. Help caregiver interpret what child is doing and thinking, and see child respond and smile.
	How do you think your child is learning?	<input type="checkbox"/> Says the child is learning well.	

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

Monday Tuesday Wednesday Thursday Friday Weekend

Checking the child's hearing and seeing

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

Ask the caregiver these questions:

Hearing

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

Seeing

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

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

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

Checking the child's hearing and seeing

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

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- Does your child show any reactions to strong or loud sounds?
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