Ministry Of Health

# Caring for the Child's Healthy growth and Development

## A training course for ECD Service providers

Participants Manual

2016

unicef
United Nations Children's Fund

World Health Organization

# 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 Health Workers (CHWs), therefore, play a major role in accelerating healthy communities, thereby moving toward the achievement of the vision of the Ministry of Health. Building CHWs 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 of the Caring for Child's Healthy Growth and Development manual for community health workers will bring about collective, comprehensive and integrated key issues that caregivers and families are expected to know in order to help their children reach the appropriate and expected developmental milestones.

Honourable Dr. Chitalu Chilufya - MP
MINISTER OF HEALTH

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# PARTICIPANT'S MANUAL CONTENTS

# INTRODUCTION

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

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.

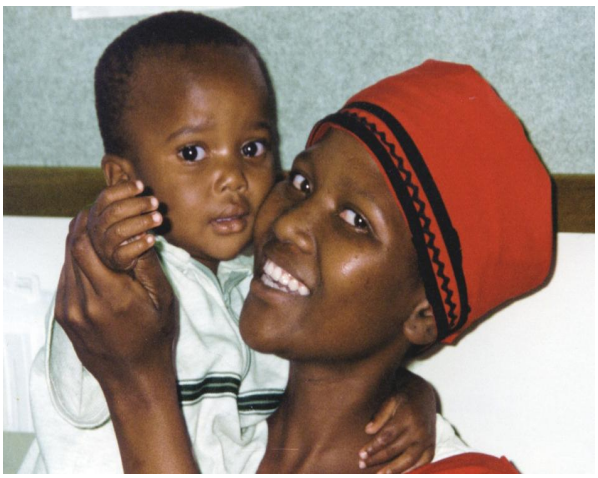
Children also need adults who give them love, affection, and appreciation. They need adults who spend time playing and communicating with them. Adults help children from birth to learn the skills that will make it possible for them, too, to become competent, happy, and caring adults.

Community health workers 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.

## *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)

Good nutrition before birth—through the mother's good health—and in the first years of life improves the child's growth and the child's ability to learn. 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 others:

- 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 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.

## *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 and child.* A close, loving relationship is a foundation for the mother's important caring role from the child's birth and as the child grows.

Through breastfeeding the mother 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 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, 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's ability to fight infection. The infant is less likely to develop pneumonia, diarrhoea, meningitis, and ear infections.

- **Breastfeeding protects a mother'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's risk of cancer.

- Breastfeeding helps a mother and her baby develop a close, loving relationship. Breastfeeding puts the infant in a position to look at the mother's eyes. The mother who

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

### *Activity 1: Review the importance of breastfeeding*

What are important reasons to breastfeed a child?

## *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 might 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 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 health worker helps the mother learn when and how often to breastfeed. Together they can solve common problems mothers face when breastfeeding. The support of the community health worker and the family helps the mother succeed in her goal to exclusively breastfeed.

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

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

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

A mother 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 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 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.

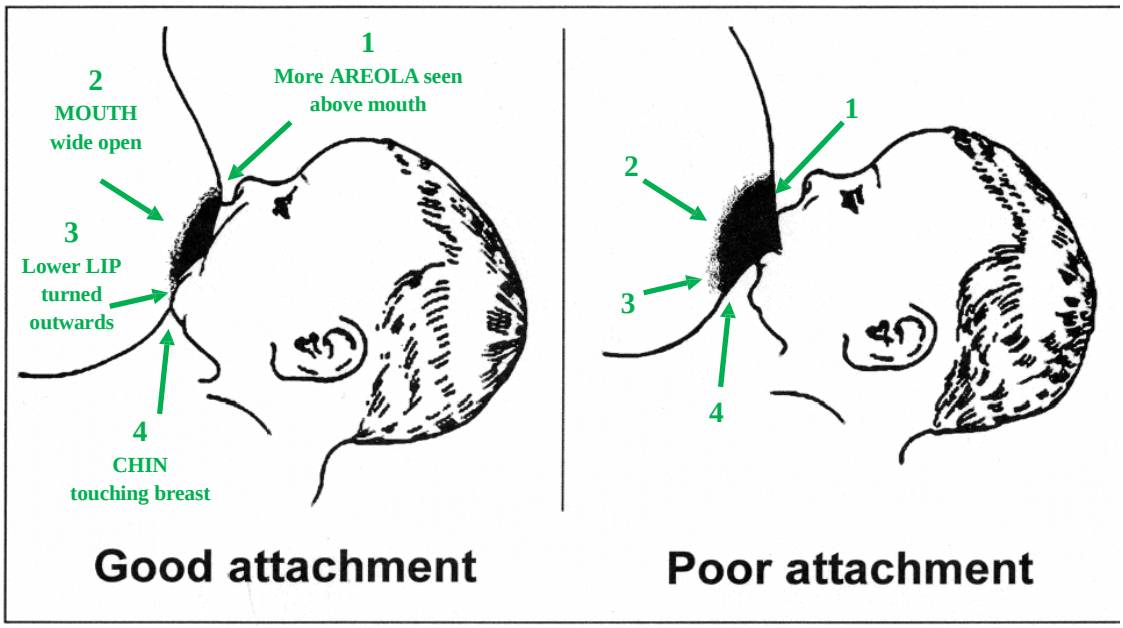
## *Activity 2: Assess attachment to the breast*

### Part 1. Identify the four points of attachment

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

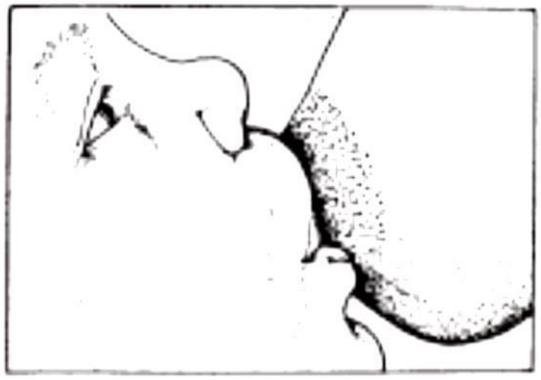
With the facilitator, identify the four points of good attachment in the picture on the left.

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.

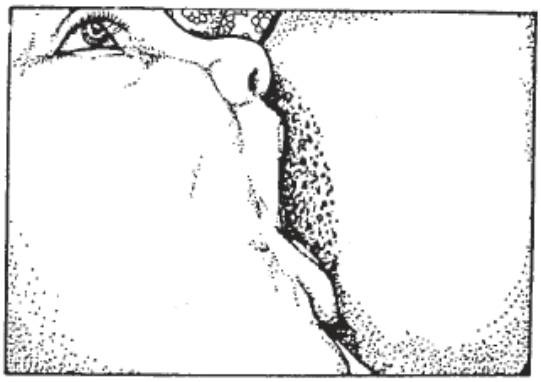


### Part 2. Assess attachment

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.



Child 1



**Child 2**

## Help the mother position the baby well

The community health worker can help the mother position her baby so that it is easier for the baby to attach to the breast and suckle effectively.

First, help the mother 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 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 position her newborn well.

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

The mother 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 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?

### Part 2. Role play practice

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

When the facilitator tells you, change roles until each participant has practised being the community health worker.

## *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 participants will answer questions.

## *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 nipple are more difficult to clean well than a cup.

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

## *Counsel the mother on breastfeeding*

To support the breastfeeding mother:

- Praise the mother for breastfeeding her baby.
- Ask how often she is feeding her baby.
- Ask how the mother 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 is having a breastfeeding problem or baby is not gaining weight. If needed, improve position and attachment.

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

| Difficulty | Action |
|---|---|
| Not feeding child on demand, or mother does not know how child communicates hunger. | Identify ways the child communicates hunger before crying, and encourage mother to feed whenever the baby is hungry. |
| Feeding less than 8 times in 24 hours. | Discuss how to increase feeds, including at night. |
| Mother concerned about not having enough milk and that baby always seems hungry. | Reassure mother that, with frequent feeding, the infant stimulates the breasts and the breasts produce more milk.<br>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 reduce other fluids and increase the frequency and duration of breastfeeding. |

## Discuss with the facilitator:

- What other breastfeeding difficulties might there be?
- What could the community health worker do for each?
- When should the worker refer the mother and child to the health facility?

You might not have the training or the medicine to help with some breastfeeding difficulties. For these difficulties, refer the mother and baby immediately to the health facility. For example, refer the mother 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 has open sores on her breast.

# THE FAMILY COUNSELLING CARDS

## *Introduction*

The facilitator will pass out a set of counselling cards to guide 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 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.

## *Objective*

Participants will use the counselling cards to counsel a mother 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 health worker 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 parents 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

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

The community health worker also assists mothers 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 health workers 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 health workers 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**

#### *Summary cards*

The charts on page iv 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 health worker uses the steps on page 2 as a reminder of what to talk about with the family

1. Read and discuss the first section on page 1: GREETINGS. The community health worker 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 and family, and LISTEN.
3. Read and discuss the story in the box.
4. Read and discuss: CHECK UNDERSTANDING and DISCUSS what the family will do.

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:

- 1 Feed the child
- 2 Play and communicate with the child
- 3 Prevent illness
- 4 Respond to illness

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

## *Activity 5: Demonstration and Practice - Counsel the mother 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.

### Part 2. Role play practice

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

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 health worker***—Use the counselling cards (pages 1 and 2) to guide you as you counsel the mother 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***—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 health worker counsels the mother and helps her breastfeed more effectively. At the end of the role play, give feedback to the community health worker.
    - How did the community health worker greet the mother?
    - How did the community health worker praise the mother?
    - How did the community health worker use the counselling cards? (Note positions of seating and cards.)
    - What difficulty did the mother have breastfeeding?
    - How did the community health worker help the mother?
    - What could the community health worker do differently?

Then, change roles until each participant has practised being the community health worker.

## *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?**

# 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.
- 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 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.

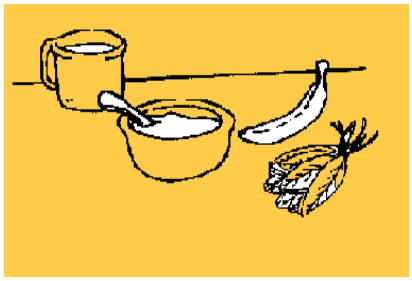
***Good complementary foods are nutrient-rich, energy-rich, and locally available.*** Help the family introduce and then increase the amount and variety of complementary foods to give a child. Foods should be safe and hygienically prepared. They should be prepared in a consistency that is nutritionally 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** | |
|---|---|
| **Iro** | Contributes to strong blood, rich in red blood cells.<br>Best sources for iron: animal meat and organ foods (for example, liver),  and fish. In lesser amounts: dark leafy green vegetables |
| **Zin** | Helps to prevent illness. Best sources for zinc: same as for |
| **Vitamin** | Contributes to healthy eyes and brain development, and prevents illness.<br>Best sources for vitamin A: fruit and dark green and orange |

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.

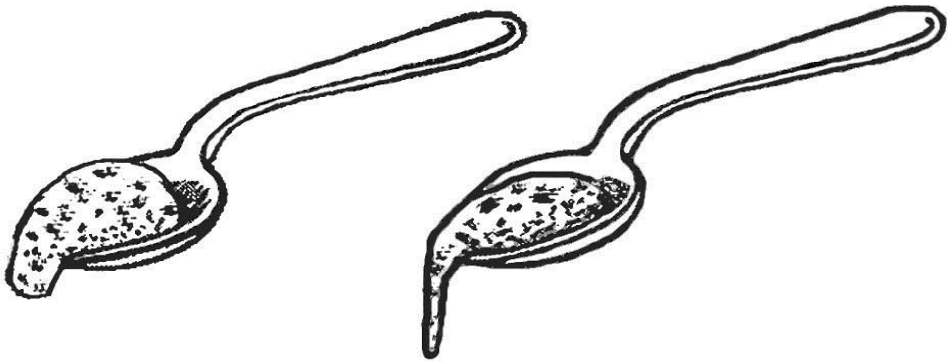


**For child, age 6 to 8 months**

**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, 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 stories on the counselling cards on *Feed the Child* summarize these messages for children age 6 months and older.

| 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)** |
| **Food** | 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 |
| **Quantity, how much at each meal** | Start with 2 to 3 tablespoons; increase to 1/2 cup of food. | 1/2 cup food | 3/4 cup | 1 cup |
| **Frequency, how often Meals** | 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 |
| **Consistency, how prepared for child to eat** | 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 facilitator: **What complementary foods are available locally?** List the local foods in the left column of the chart below.

Then, evaluate the foods. Tick [□] the characteristics that describe the food. Decide whether the food is a good complementary food for a growing child [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.

| 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) | |
|---|---|---|---|---|---|---|---|
| *Ground nuts* | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | 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).

½ cup

¾ cup

1 cup (250ml)

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

### Part 1. Demonstration

***Your facilitator will demonstrate the quantity of food a child needs.***

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

Work with a partner to practise helping a mother:

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 health worker***—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***—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.

## *Feed the child responsively*

Breastfeeding on "demand" requires the mother 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 parent 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 facilitator: What local games do parents use to encourage their children to eat?**

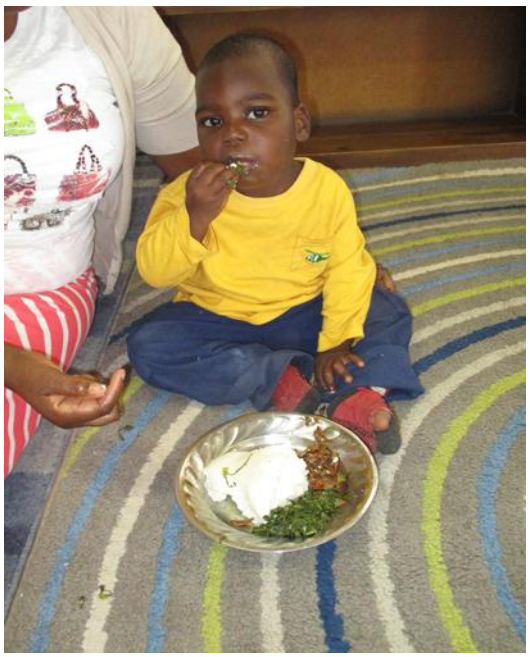
Threatening or showing anger at children who refuse to eat should be discouraged. These actions usually result in children eating less.

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 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.



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.

Health workers usually record the weight of the child on the Child's Health Card or in a small notebook. Community health workers should refer to the health facility or GMP point for weighing and plotting if the weight has not been done.

The community health worker can then help the family interpret the child's growth if the chart is fully plotted.

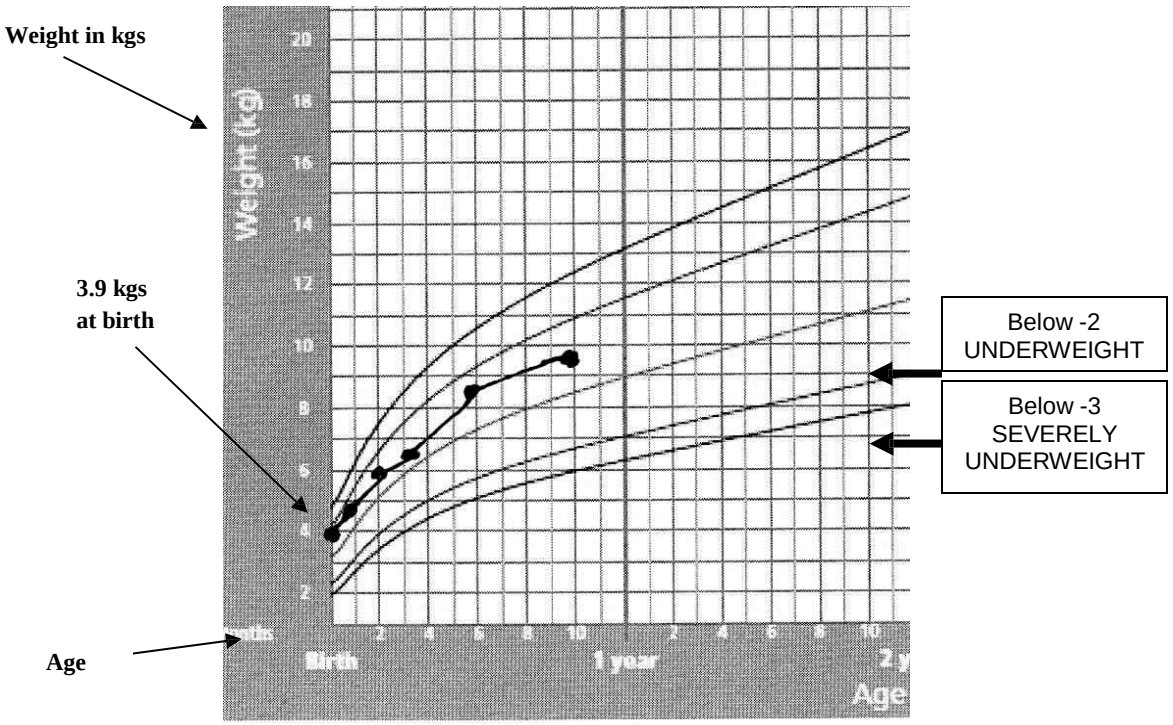
Because girls and boys grow at different rates, they have different growth charts. (See the blue chart for boys on page 63 of the counselling cards, and the pink chart for girls on page 64.)

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

**With the facilitator: 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* |




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 Mutinta's weight is **normal, too low (underweight), or too high (overweight),** compared to other children his age.

  For this information, you compare Mutinta's growth curve to the other curves on the chart. Mutinta's 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 mothers 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 facilitator:**

**In your area, what action—refer or counsel the mother—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 | *Flat* over 3 months but still normal weight for her age | | |
| Andrew, age 8 months | *Going down,* crossing into the area *below -2 underweight* | | |
| Tamara, age 18 months | *Going up,* crossing into the area above normal for her age | | |

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

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

## *Activity 8: Interpret a growth chart*

Usually community health workers 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 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).*
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

## *Introduction*

Early child development starts from conception: babies are able to perceive sound in the womb and babes 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**:

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

**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.

**Caregiver**: The caregiver is the 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.

**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

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

## *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 :

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

## *What is child development?*

Children become more capable as they grow older. They learn to talk, walk, and run. They 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 to their families and communities.

The recommendations in the counselling cards provide ideas for activities families can do to help their children learn. The play and communication activities are for all children. They describe what mothers 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.

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

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 mothers 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.

Poorly nourished, sick, and disabled children all have special needs for care.

Play and communication can also help caregivers. After giving birth, for example, some mothers 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.

Paying 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 and child pay close attention to each other. They respond with delight.**

## Activity 9: Video: Care for Child Development

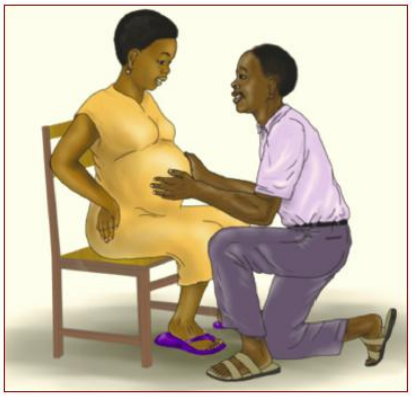
You will now watch a video. The video has many examples of play and communication activities that help a child learn. As you watch the video, make a list of learning activities you see.

## *How children learn*

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. Other household members should assist the woman with domestic chores. Parents should talk to the unborn child, 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



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.

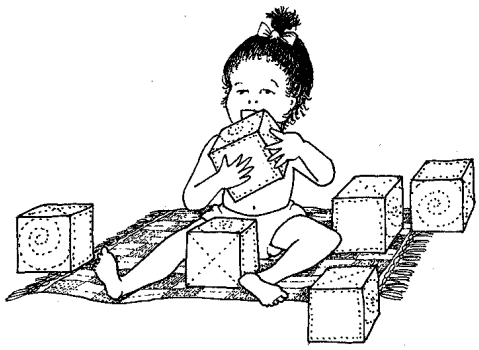
From birth ,babies can see and hear
The mother/caregivers face is the favourite thing the young baby wants to look at
The baby sees the mother/caregiver's face an loves to respond to her smiles and sound.
A mother/caregiver shpuld begin to talk to her child from birth and even before birth.

## Children need a safe environment as they learn

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 blanket or mat helps to keep playthings clean.

Play areas also need to be protected. Children should play in areas free from human and 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 one person

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.

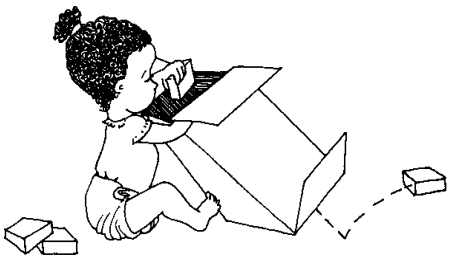
During breastfeeding, a baby and mother are very close. They communicate by responding to the slightest movement and sound, even smell, of the other person. This special responsiveness is like a dance. The baby becomes "attached" to the person who consistently responds to her, holds her, loves her, and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

Sometimes the mother and baby have difficulty developing this special connection. You can help mothers and other caregivers 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.

## 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.

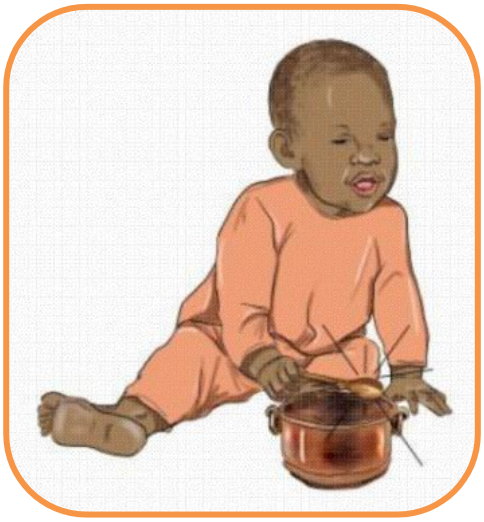


**Children learn by experimenting and solving problems.**

Play is children's "work". Play gives children many opportunities to think, test ideas,

and solve problems. Children are the first scientists.

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 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 learn language and other skills by copying.**

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

## *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.

## *What children learn from play and communication with others*

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

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

- Physical (or motor)—learning to reach and grab for an object, and to stand and walk.
- 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.

### Discuss with the facilitator:

**A mother 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

## *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:

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

# *Exercise: Making toys*

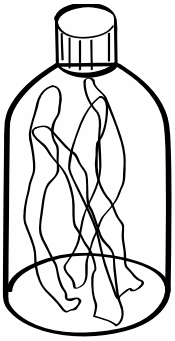
## Demonstration

The facilitator will show you some homemade toys and other household objects that children might play with. For each item, consider:

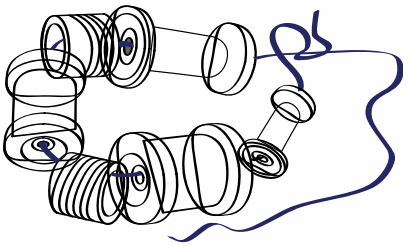
1. How attractive is it (colour, size, and sound) for a young child?
2. How easily could the young child hold it?
3. How does the size, and whether it is sharp or dull, or edible, affect its safety? How safe is it for children in different age groups? Refer to the age groups on the **Counselling Cards.**
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

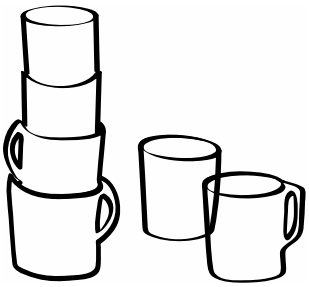
Use the materials on the table to make appropriate toys for different age groups. Here are some examples of simple toys made from items around the household.



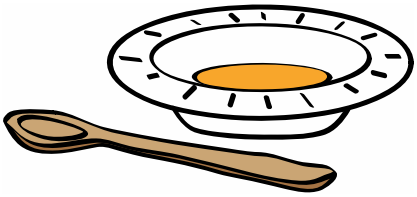
**Plastic strips in plastic bottle (to grab and hold, to shake)**



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

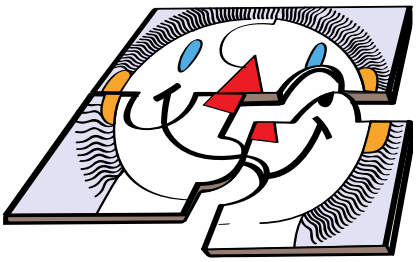


**Colourful cups (to grab and hold, to bang and drop, to stack)**



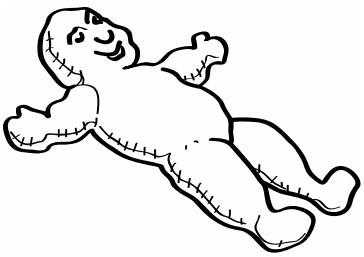
**Food tin and large wooden spoon (to bang and drop)**

**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)**

## *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 counselling 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 |
|---|---|---|
| **Young infant, age 1 to 2 months** | Provide ways for child to see, hear, feel, move freely, and touch you.<br>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.<br>Smile and laugh with the baby.<br>Get a conversation going by copying the baby's sounds and gestures. |
| **Child, age 3 to 4 months** | Move colourful objects slowly in front of the child's face, help child grab and hold objects.<br>Give child a shaker rattle or rings on a string. | Smile and laugh with child.<br>Get a conversation going by copying the child's sounds and gestures. |
| **Child, age 5 months** | Give child wooden spoon and other household objects to reach for, grab, and examine.<br>Play with ball, rolling the ball back and forth. | Talk softy to child.<br>Get a conversation going by copying the child's sounds and gestures. |
| **Child, age 6 to 8 months** | Give child clean, safe household things to handle, bang, and drop. | Respond to your child's sounds and interests.<br>Call child's name and see child respond. |
| **Child, age 9 to 11 months** | Hide a child's favourite toy under a cloth or box. See if the child can find it.<br>Play peek-a-boo. | Tell child the name of things and people.<br>Play hand games, like bye-bye. |
| **Child, age 1 year** | Give child things to stack up, and to put into containers and take out. | Ask child simple questions.<br>Respond to child's simple questions. Respond to child's attempts to talk. Show and talk about nature, pictures, and things. |

| | | |
|---|---|---|
| **Child age 2 years and older** | Help child count, name, and compare things.<br>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.<br>Teach your child stories, songs, and games.<br>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).

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

**Newborn, 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 newborn baby sees your face and hears your voice.

## For the newborn, 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 newborn tightly – swaddling – is common in some places. Newborns 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 newborn.

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 4mths)

**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 respond.

## 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 on 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 about nature, pictures and things.

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

***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.

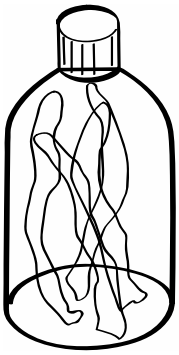
***Paul has learned a new game from his grandmother/caregiver. He puts clothes clips into bottles, dumps them out, and puts them in again – over and over again.***

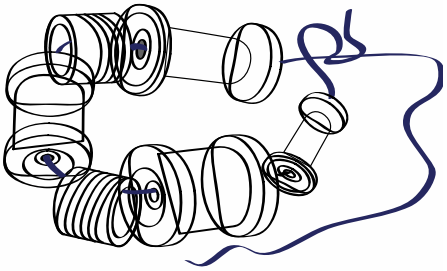
***Communicate:*** At this age, children learn to understand words and begin to speak. Mother/caregivers and fathers should use every opportunity to have conversations with the child, when feeding and bathing the child, and when working near the child.

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(2yrs 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.*

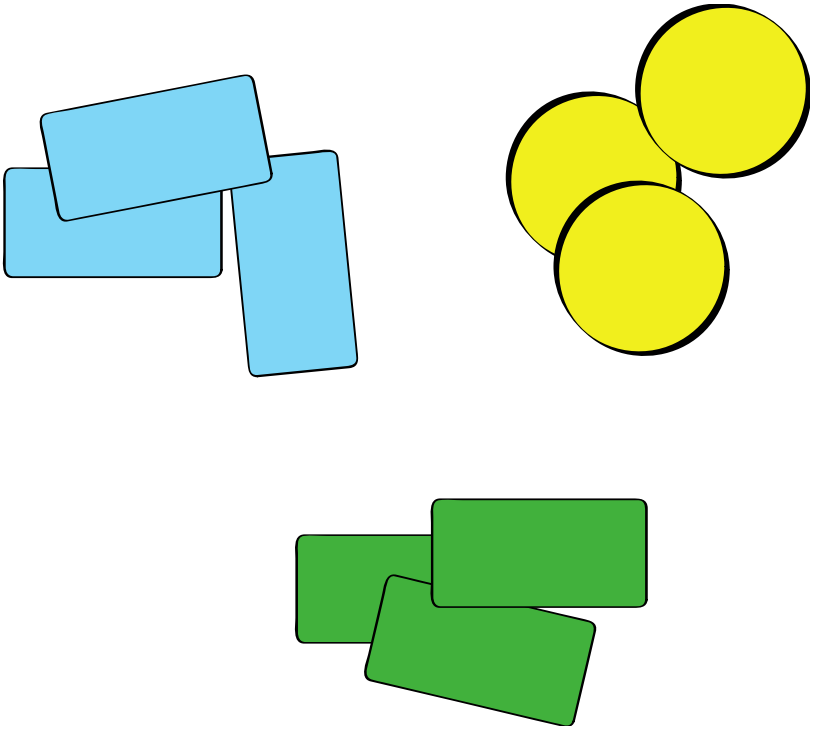
**COMMUNICATE** Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. *Sample toy: book with pictures*

## For the child, 2 years and older(2 yrs 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.***

## *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 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.

## *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 parents 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?"**

## 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 and a five week old child. It starts with the counsellor (a community childcare worker) asking the mother 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 say.

Observe the video. Be prepared to discuss:

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

## *Clinical Practice*

For the first clinical session, the group will be divided into two. One group will go to a hospital ward to practise 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 mothers expressing breast milk and feeding newborns with a cup. With their facilitators, participants will counsel mothers 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 practise 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/handsanitiser 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:

- 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

Others in the small group will observe. Facilitators 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. Then participants break into groups of two to:

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

If possible, you will observe a mother 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 mothers feeding their newborns.

1. What examples of effective breastfeeding did you see? What did they look like?

2. What difficulties breastfeeding did you see?
3. What helped improve the breastfeeding?

4. How did mothers express breastmilk and feed their babies? What difficulties, if any, did they have?
5. How do mothers and babies interact during feeding? How does the mother know the newborn is hungry? How does the mother respond to her baby's movements and sounds?

**Help the new mother 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. Your facilitator will discuss examples seen.
2. Prepare for the next clinical practice sessions.
3. **Review with the facilitator.** 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 does 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

From now on, participants will coach a mother 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 parent 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 parent, rather than with the child from the moment they greet the family.

## *Introduction to the counselling cards 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 health worker uses the steps on page 4 as a reminder of what to talk about with the family.

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 and family, and LISTEN.

   As with the card on Feed the young infant, you will ask the mother 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 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 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 counselling card suggests an activity. Help the mother do this activity if you saw any difficulty in the interaction between mother and child. (If you have

time, you may do the activity with any mother 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 health worker helps the mother look closely at what the child is doing and copy it. The community health worker can help the mother 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 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 65 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 practises*

### 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 behaviours 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."

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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

You will work with a partner. Facilitators will play the roles of mothers or fathers with children of different ages, and you will practise counselling them.

1. After you receive your assignment, with your partner, prepare for the session:
   - Set up your space for counselling the parent.
   - 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 or father.
3. Your 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 parent. This time your partner will play the community health worker.
5. When this activity is finished, the facilitators will prepare the group for the clinical practice session.

## *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 from birth to 5years.

***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 parent. Then participants break into groups of two to three to practise counselling parents. 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 parent.
   - 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, father, or other caregiver. (Complete the counselling process, for practice, even though you may not identify problems in feeding or play and communication.)
3. Your partner will observe. The partner and the facilitator will give feedback at the end of the session.
4. The participant 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 parent 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 health worker do differently?
5. What relationship, if any, did you observe between how the caregiver feeds the child, and how the caregiver plays and communications with the child?

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

**A mother 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 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

## 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.

### *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 bednet.
- Prevent injury.

### *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'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 health worker to support a breastfeeding mother 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.

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

Health workers who provide the vaccines tell parents when to bring their children for the next vaccine. To complete the vaccine schedule, parents 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 health worker 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.

| Age | Vaccine | | ➔ Advise caregiver, if needed: WHEN is the next vaccine to be given? WHERE? |
|---|---|---|---|
| Birth | □ ■ BCG if no scar after 12 weeks, repeat dose. Unless symptomatic HIV | ■ OPV-0 (at birth to 13 days) | |
| 6 weeks | □ ■ DPT- HepB - Hib 1 | □ ■ OPV-1 □ ■ PCV 1 □ ■ Rota 1 | |
| 10 weeks | □ ■ DPT- HepB - Hib 2 (at least 4 weeks after DPT-HepB-Hib1) | □ ■ OPV-2 □ ■ PCV 2 □ ■ Rota 2 (at least 4 weeks after OPV1,PCV1,ROTA 1) | |
| 14 weeks | □ ■ DPT- HepB - Hib 3 (at least 4 weeks after DPT-HepB-Hib2) | □ ■ OPV-3 □ ■ PCV 3 (at least 4 weeks after OPV2,PCV2) | |
| 9 months | □ ■ Measles (at 9 months, or soon after. Unless symptomatic HIV) | [Give OPV-4, at 9 months, only if OPV-0 was not given ] | |
| 18 months | □ ■ Measles (at 18 months,unless symptomatic HIV) | | |

Zambia immunization record

*Discuss with the Facilitator:*

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.**

## Wash hands

Diarrhoea, common colds, pneumonia, and other illnesses can pass from person to person by unclean hands. The community health worker 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 health workers 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.

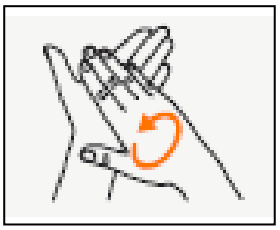
Even where water is accessible, families may not recognize the importance of washing hands. Water may be near the kitchen for drinking and cooking, while water is not close to latrines or toilets. The community health worker can assist the family in helping to identify a convenient place with soap to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

It is important for community health workers 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 health workers 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 health worker, 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:

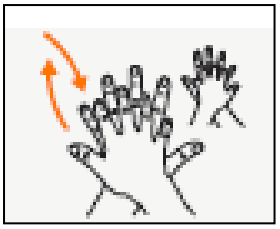


1. Wet hands with water.

2. Rub wet hands on soap, covering

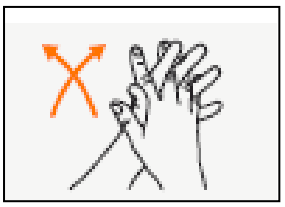
the hands with soap.

3. Rub palms together.

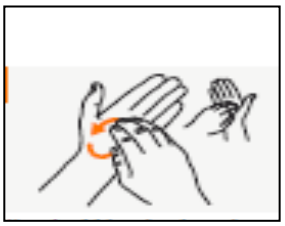


4. With interlaced fingers, rub the back of the hands, left and right, including the wrist

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

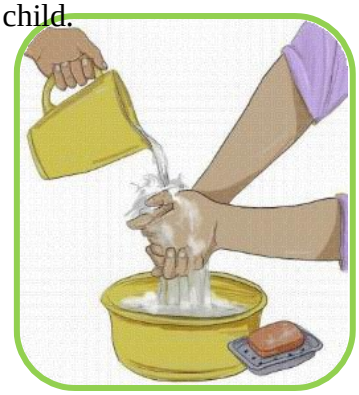
***Materials:*** *Soap, two wash pans with water, pouring cup, and towel*

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 health worker 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 health worker do differently?



4. Family members may be very uncomfortable when a community health worker 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.

## *Use an insecticide-treated bednet*

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 bednets, children will get malaria repeatedly. They are at great risk of dying. They should sleep under a bednet 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 facilitator:

**Do you have mosquitoes in your area? Does every family member sleep under an insecticide treated mosquitoe net? If you do not have malaria in your community, are there other reasons to sleep under an insecticide-treated bednet?**

**Children and pregnant mothers are at risk of getting and dying from malaria. In a malaria area, they need to sleep under an effective insecticide-treated bednet.**

### *Help families get a bednet*

Advise caregivers on using a bednet for their young children. If the family does not have a bednet, provide information on where to get a bednet. Often the national malaria programme distributes free bednets or bednets at a reduced cost.

### Discuss with the facilitator:

**How do families get a bednet in your community?** Some ways to get a bednet might be:

- From the health facility—the national programme may give a bednet 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 bednets at a reduced cost.
- From a buying club—some villages organize buying clubs to buy bednets at reduced prices for families who need them.

## *Advise families on how to use and maintain a bednet*

Unfortunately, many families who have a bednet 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 facilitator:***

**Types of insecticide-treated bednets (ITNs)**

- *A regular insecticide-treated bednet* 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

**Where do families learn how to use and maintain a bednet?**

Help families learn how to use a bednet, or refer families to the person in the community who is responsible for promoting the use of bednets. You can also invite someone from the health facility to speak at a community health about how to use a bednet.

How to maintain the effectiveness of a bednet depends on the type of net (see box).

## Prevent injury

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 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.

### Discuss with the facilitator:

**What are the common causes of childhood injury in your area? How can each be prevented?**

## Introduction to the counselling cards on prevent illness

With a partner in class or as homework:

1. Review the cards for each age: **Card 3 Prevent illness.**

2. Be prepared to use these cards to counsel families during the next clinical practice session.

# RESPOND TO ILLNESS

## 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 health worker has been trained to assess and treat signs of illness, families should bring their sick children to the community health worker 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.

## *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 health worker 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.

The community health worker 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 is not replacing the fluids he 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.

A common local terms for pneumonia is “Akalaso”

### 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 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.

Families may have local terms for a sign of pneumonia. Mothers in the Philippines, for example, describe chest indrawing, a sign of severe pneumonia, as “stomach rolling in waves”. Using a local name will help to communicate the need to watch for the sign and take the child urgently to the health facility.

### Feels hot or unusually cold

Mothers 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”.

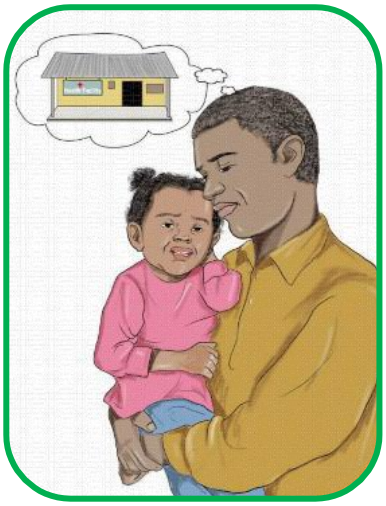
The community health worker needs to help families understand that a hot or a cold body requires action. The child needs to go to a health facility for further assessment and treatment. For example, a fever might be the sign that the child is suffering from malaria or another fever illness.

### 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 health worker 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 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 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 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'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 health worker, 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** |
|---|
| **Childs Name_____Age _____Parent's Name _____** |
| **Address_____** |
| Reason for referral (e.g danger sign or other sign of illness, breastfeeding difficulties, poor growth, or poor learning etc): |
| |
| **CHW's Name Position_____Date_____Time _____** |
| **Village/commuinity** |

## *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 drive know where to stop to meet the family.

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 commuinty 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.

**Difficulties in finding transportation add to the delay in getting children urgently to the health facility. The community health worker can organize transport.**

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.

| The caregiver does not want to take the child to the health facility because: | How to help and calm the caregiver's fears: |
|---|---|
| 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.

## *Introduction to the counselling cards on respond to illness*

With a partner in class or as homework:

1. Review the cards for each age: **Card 4 Respond to illness.**
2. Be prepared to use these cards to counsel families during the next clinical practice session.

## *Activity 15: Role Play Practice – Putting it all together in a counselling session*

**Materials: Doll, Counselling Cards, measuring cup or bowl, toy kit, water bowls, one cup water**

You will work with a partner. Facilitators will play the roles of mothers or fathers with children of different ages, and you will practise counselling them. This time you will practise 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 parent.
    - 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 practise 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 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.

## *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.

***Materials to 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 practise counselling parents. 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.

2. After you receive your assignment of a parent and child, with your partner, prepare for the session:

- Set up your space for counselling the parent.
- 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).

3. Use the counselling cards to counsel the mother or father. (Complete the counselling process, for practice, even though you do not identify problems.)
4. Your partner will observe. The partner and the facilitator will give feedback at the end of the session.
5. 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.
6. 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 parent and child respond?
3. Which activities produced a good result in counselling?
4. What could the community health worker do differently?

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

# REVIEW AND PRACTICE

Your facilitator will review what participants have learned about counselling families for the child's healthy growth and development. As time permits, additional review and practice will strengthen skills and confidence in preparation for making home visits in the community the next morning.

## *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 practise counselling parents. 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 parent and child, with your partner, prepare for the session:
    - Set up your space for counselling inside the home or in a comfortable place outdoors.
    - Organize your counselling materials (Counselling Cards, measuring cup or bowl, selected toy items, and soap).
2. Use the counselling cards to counsel the mother 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 counselling session. This will continue, as time allows, until everyone has counselled 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 counselling families.

1. What was difficult to do? What helped?
2. How did the parent and child respond?
3. Which activities produced a good result in counselling?
4. What could the community health worker 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 health worker? What difficulties do you expect?**

**What are possible solutions?**

**What are the next steps?**

Elizabeth Glaser
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