

# THE ESSENTIAL PACKAGE



**Holistically Addressing the Needs of  
Young Vulnerable Children and Their  
Caregivers Affected by HIV and AIDS**





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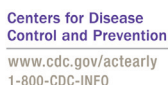
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# Definitions

**OVC (Orphans and Vulnerable Children)** – Orphans are children who have lost one or both parents and vulnerable children are those who are more exposed to multiple risks than their peers. These children are more likely to experience negative outcomes due to their inability to access education, health care and protection services. These children may live on the street, live in households headed by elderly or incapacitated caregivers or other children. They may also suffer social isolation due to stigma and discrimination.

**Children Affected by HIV and AIDS (CABA)** – “The term Children affected by HIV and AIDS refers to children living with HIV, as well as those whose well-being or development is threatened by HIV because they live in HIV affected households and communities.” (UNICEF)

**Early Childhood** — covers from the prenatal stage through the transition from home or ECCD centre into the early primary grades (prenatal – 8 years of age).

**Early Childhood Development (ECD)** – sometimes known as Early Childhood Care and Development (ECCD) – focuses on supporting young children’s development.

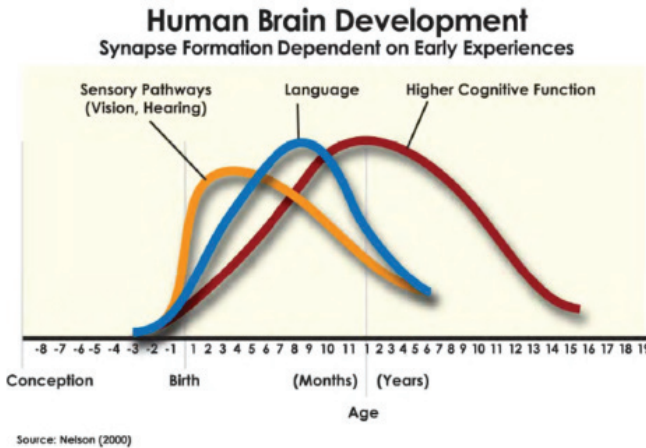
ECD links the young child’s cognitive, social, emotional, and physical processes with the care (by families, communities, and the nation) required for supporting their development.

ECD is interdisciplinary. It includes health, nutrition, education, social science, economics, child protection, and social welfare and social protection.

The ECCD field strives to ensure young children’s overall well-being during the early years, thereby providing the foundation for the development of adults who are healthy, socially and environmentally responsible, intellectually competent, and economically productive.

Consultative Group on Early Childhood Care and Development. (2010)

# Introduction: The Issue

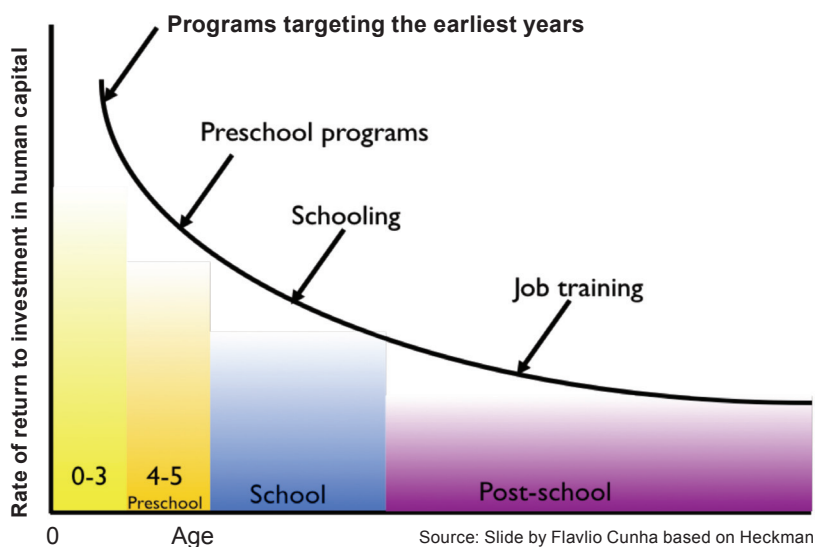


The United Nations Convention on the Rights of the Child advocates for the provision of programs and services that will promote early health, development and well-being of children and their caregivers. This is particularly important given that current statistics indicate that “a quarter of the world’s youngest children suffer one or more forms of severe deprivation and risk, such as poverty, disease, disability and exposure to violence.”<sup>1</sup> Children infected or affected by AIDS are at a distinct disadvantage, especially with regards to education, nutrition, health, safety, and development. As these children are less likely to have their basic needs met, they are more likely to be sick or malnourished, suffer psychological trauma, endure abuse, and become HIV positive. Furthermore, young children are especially vulnerable to the effects of HIV and AIDS, given the critical importance

1 Early Childhood Development Programs in Global Contexts: Improving Quality Society for Research in Child Development (SRCD) Volume 25, number 2, 2011

of the first five years of life in brain development and in providing the foundations for lifelong development. Ultimately, children affected by HIV and AIDS (CABA) are less able to reach their potential as productive members of society than other children and are more likely to perpetuate the cycle of illness and poverty. Moreover, as the HIV pandemic puts great strains on the existing community based safety net responses, it is essential to build family resiliency through approaches that boost household ability to recover from shocks (e.g. illness, loss of income, etc), improve ability to cope even in the event of shocks and support, thereby strengthening the first line of response in order to build a safe and nurturing home environment. Although most countries with a high prevalence of HIV and AIDS have national strategies in place to support CABA, there are few programs designed specifically to meet the special needs of children under five. Therefore, as researchers and program implementers uncover more evidence of the long term consequences of HIV/AIDS on children, new approaches are urgently needed.

# Why an Essential Package for Young Vulnerable Children and their Caregivers Affected by HIV and AIDS



There is overwhelming evidence in today's literature on the importance of investing in integrated early childhood programs that address both the biological and psychosocial risk factors that keep children from developing to their full potential. For instance, investing in early childhood development (ECD) is a critical component for breaking the cycle of poverty and inequality, particularly among the most vulnerable populations such as those affected by HIV.<sup>2,3</sup> Additionally, the evidence also shows that the

2 Walker SP, et al. 2011. Inequality in early childhood: risk and protective factors for early childhood development. The Lancet; Published online September 23, 2011.

3 Engle P, et al. 2011. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. The Lancet; Published online September 23, 2011.

return on investment is the highest in the early years with regards to human capital than at any another age. Therefore, not addressing the needs of these children during the early years can lead to lifelong deficiencies not only in brain development, but in other areas such as nutrition, health and well-being. For instance, a recent technical report from the American Academy of Pediatrics states that “a vital and productive society with a prosperous and sustainable future is built on a foundation of healthy child development. Health in the earliest years—beginning with the future mother’s well-being before she becomes pregnant—lays the groundwork for a lifetime of the physical and mental vitality that is necessary for a strong workforce and responsible participation in community life. When developing biological systems are strengthened by positive early experiences, children are more likely to thrive and grow up to be healthy, contributing adults. Sound health in early childhood provides the foundation for the construction of sturdy brain architecture and the achievement of a broad range of skills and learning capacities.”<sup>4</sup>

## **The Impact of HIV/AIDS on Young Children<sup>5</sup>**

HIV has added another layer of difficulty for millions of children across Africa born into poverty and conflict. The current statistics indicate that 2.3 million children in Africa, age 0 to 14, are infected with the disease itself.<sup>6</sup> For young children infected with HIV, the virus can cause early illness and death if there is no available treatment. Additionally, despite the increases in coverage of Prevention of Parent to Child Transmission (PPTCT) and of pediatric

4 Shonkoff, Jack, MD, et al. Technical Report: The Lifelong Effects of Early Childhood Adversity and Toxic Stress. American Academy of Paediatrics. 2012 page e242

5 All references in this section have been identified in the literature review commissioned as part of this Essential Package: Sherr, L. (2011) op cit.

6 UNICEF (2010) State of the World’s Children 2011. New York: UNICEF

HIV treatment, in 2009 only half of HIV-positive women in Eastern and Southern Africa received PPTCT drugs and only 32% of eligible children (0-15 years) received antiretroviral treatment (ART).<sup>7</sup>

HIV infection has also been associated with premature delivery and low birth weight. This in turn has been linked to a number of developmental challenges as well as possible disruptions in parenting if the child or mother needs urgent medical care. The literature review undertaken as part of the Essential Package (EP) found that out of 56 studies that examined cognitive development in children aged 8 years or under, 91% reported cognitive delays in children living with HIV. Further clarity is needed on the mechanisms underlying this delay and whether this is a direct effect of the virus itself or related to other parenting and environmental factors.

The evidence also indicates that HIV impacts the development of young children who have an HIV-positive mother but are HIV-negative themselves. In areas of high HIV concentration, the rate of parental death and illness is high and thus leads directly to child vulnerability. This vulnerability is increased for younger children as the illness in a caregiver or other family member is likely to have a negative impact on the caregiving environment. For instance, a study in Botswana<sup>8</sup> showed that orphaned children under five years of age were 49% more likely to be underweight than non-orphans and were more likely to live in poorer households, despite the fact that Botswana is a country with early access to HIV treatment for both children and parents. Other studies, however, have shown that HIV infection in the household is not a consistent indicator of

7 Source: UNICEF East and Southern Africa website [www.unicef.org/esaro](http://www.unicef.org/esaro). Accessed 1 June 2011

8 Miller CM, Gruskin S, Subramanian SV, Heymann J. (2007) Emerging health disparities in Botswana: examining the situation of orphans during the AIDS epidemic. *Soc Sci Med.* 2007 Jun;64(12):2476-86. Epub 2007 Apr 17

malnutrition.<sup>9</sup>

The response to HIV has always been, and remains, initiated and implemented by individuals and groups living within communities. Although these families and communities are already under stress from poverty and food insecurity, the vast majority of families continue to provide love, care and affection for vulnerable children. In addition, many community initiatives provide a range of care and services for children often supported by local community-based organizations (CBOs) or non-government organizations (NGOs). However, despite the excellent work that these groups do, recent reviews of programs targeting vulnerable children in HIV contexts have found that even though pre-school age children are the largest group of vulnerable children, they are usually the smallest proportion of beneficiaries within the program.

*A review of OVC support programs in Kenya, Namibia, Zambia and Uganda found that only 3% of the children reached were aged 0-2 years and only 8% were aged 2-4 years. Forty five percent were of primary school age (5-11 years) and 44% were aged 12-17 years.<sup>10</sup>*

The literature review also looked for evidence-based programs for vulnerable and HIV-affected children ('CABA programs') and found very few that identified children under the age of 8 years. Of those that were evaluated, 85% related to nutrition, infant feeding and HIV testing or health outcomes. The few that did address social or economic issues did show positive outcomes for children, such as reduced housework for boys, less water carrying for girls in Kenya

9 UNICEF (2008) No worse than their peers? Orphans' nutritional status in 5 Eastern and Southern African countries.

10 AIDSTAR-One. (2011) Early Childhood Development for Orphans and Vulnerable Children: Key Considerations. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

and reduced wasting for young children.

HIV also brings additional emotional challenges such as stigma and discrimination. Children may face the trauma of seeing a parent, sibling or other family member become very sick and may have to take on additional responsibilities (e.g. caring for the sick, household chores, etc.). Moreover, stigma and discrimination have been shown to have long lasting and profound effects on children; more research is needed on how children cope with such issues.

## **Rationale for a Holistic Approach to Programming for Young, Vulnerable Children**

When caring for young children the approach must be holistic – that is combining improved nutrition and health for infants and young children with social, physical and cognitive stimulation, and addressing issues of child protection. Integrated programming has been shown to enhance health, development, school performance, and ultimately, employment and earning potential.<sup>11</sup> Furthermore, for all children, a rich and stimulating environment with safe, stable and nurturing relationships in childhood has shown to contribute to improved developmental outcomes, thus increasing the likelihood of an individual breaking the cycle of poverty. These benefits, which begin at home, are enhanced and consolidated with integrated multi-sectoral support that can provide support across the physical and social aspects for child and family.<sup>12</sup> Therefore, in light of this, the International Child Development Steering Group defined the characteristics of a successful early child development intervention as follows: (1) integration of health, nutrition, education, social, and

11 Grantham-McGregor et al. (2007) op cit., Jolly, R. (2007). Early childhood development: the global challenge. The Lancet, 369 (Jan), 8-9.

12 Engle, P., Black, et al. (2007). Child development in developing countries 3 Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. Lancet, 369 (9557), pp229-242.



economic development; (2) collaboration between government and civil society; (3) a focus on disadvantaged young children; (4) engagement of parents and families along with teachers and other caregivers; (5) blending traditional practices with evidence-based approaches; and (6) programming with sufficient intensity, duration, and quality.<sup>13</sup> Hence, it is important that HIV programs seek to reach young children and that these programs benefit from the experience of existing ECD interventions in order to provide a response that is based on evidence about developmentally-appropriate interventions for young children, with a good understanding of the challenges faced by households, communities and service providers in heavily HIV-affected programs. Additionally, beyond science, programs, governments, and communities must take into consideration that a child has specific rights<sup>14</sup> to a safe and nurturing environment so that he/she is able to survive and thrive and reach their full developmental potential. Thus, these rights need to be understood by all stakeholders along with local and national governments enacting and properly funding policies so that an enabling environment can be achieved.

13 Grantham McGregor et al. (2007) op cit.

14 UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <http://www.unhcr.org/refworld/docid/3ae6b38f0.html> [accessed 20 January 2012]

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# What is the Essential Package?

The EP is a comprehensive set of tools and guides for policy makers, program managers and service providers to address the unique needs and competencies of young children, particularly those affected or infected by HIV/AIDS, in an integrated and holistic way. Initial efforts to develop the Essential Package (EP) were led by the Inter-Agency Task Force on ECD and AIDS (IATF) within the Consultative Group and co-chaired by CARE and Save the Children. Materials have been developed based on a comprehensive literature review of the effects of HIV and AIDS on young children and caregivers and a review of current programs and materials addressing the needs of vulnerable children, and specifically in relation to ECD. In designing the package, several key resources have been instrumental, including Orphans and Vulnerable Children: A Facilitator's Guide to Establishing Service Standards<sup>1</sup>, Speak for the Child (AED), CARE's 5 x 5 model, The 4 Cornerstones (CG), Care for Development (UNICEF and WHO), MICS Indicators (UNICEF), Child Status Index (Office of the Global AIDS Coordinator/PEPFAR), CDC Milestone Moments, General Comment 7 Indicators (UN Convention on Rights of the Child), Home Inventory (Caldwell, & Bradley, 1984), and Ages and Stages Questionnaire (Brookes Publishing).

The specific components of the EP have been developed so that they can be easily integrated into existing CABA and ECD programs in different contexts, currently focusing on vulnerable children affected by HIV, or facing other challenges such as chronic poverty, displacement, or conflict. It is important to note, that the EP was NOT designed to be a standalone program. However, it can provide important guidance in the

1 DiPrete Brown L. 2008. Quality Programs for Orphans and Vulnerable Children: A Facilitator's Guide to Establishing Service Standards. Published by Pact Inc. and University Research Co., LLC for the United States Agency for International Development.

development of new programs to improve the quality of care provided to CABA and other vulnerable populations. Moreover, the various components of the EP can be used independently, depending on the needs of implementing agencies. The work that has been conducted to date encourages service providers to consider the holistic needs of children according to their ages and stage of development as well as cultural context and resources available within their community.

The EP builds on existing evidence from ECD practice and uses this evidence to ensure that interventions respond to young children's physical, cognitive, communication and social/emotional developmental needs. It has been adapted for contexts in which families and young children face threats to their development which include:

- The direct developmental impacts of HIV on a child living with the virus;
- The challenges that a caregiver faces who is HIV positive or has another chronic and stigmatizing illness, including economic distress exacerbated by healthcare demands and lessened ability to farm or earn an income;
- The emotional distress that is being faced by the family unit and how that impacts the caregiving environment, due to chronic illness, multiple bereavement or other form of social disruption; and
- The lack of available resources in the health, nutrition, child protection and education fields that are exacerbated in communities with extreme poverty.

Furthermore, the EP recognizes the need based on evidence for an integrated approach across multiple sectors to provide the support above (e.g. care and development, health, nutrition, psychosocial support, rights and protection, and economic strengthening). It also recognizes that young children are primarily cared for at home and that caregivers are frequently depressed and under stress, and at times are frail or very

young, and that there is a need for further support to ensure that they become the trusted adults they need to be for the young children under their care. Therefore, the goal of the EP is to empower volunteers, home based care providers and other community-based workers to offer a comprehensive range of services that will enable young children to reach their developmental potential.

The EP while helping service providers at the point of service delivery is also meant to empower caregivers to become the frontline providers of care and support for their children. It assumes the existence of good traditional community-based child rearing practices by incorporating and building on these practices so that caregivers feel more confident and empowered in their caregiving role. As a result, by focusing on essential actions that address the needs of young children, prenatal to age 8, and recommending key interventions that encourage optimal growth and development, the EP aspires to promote optimal health and developmental outcomes while mitigating the negative impact of HIV/AIDS for young children affected by HIV and AIDS.

## Components of the Essential Package

- 1. An in-depth literature review** that provides the rationale for mainstreaming ECD into programming for children affected by HIV/AIDS;
- 2. Frameworks** that highlight the critical needs of young children and their caregivers in the context of HIV/AIDS, poverty, and social isolation, with recommended actions to meet these needs in the areas of care and development, health, nutrition, child rights/protection, and family livelihoods; and
- 3. A tool kit** to support the integration of ECD programming for CABA, including an online clearinghouse for articles, volunteer and program staff guides, evaluation tools and other pertinent information for program design and implementation.

## ESSENTIAL PACKAGE TOOL KIT COMPONENTS:

**Situational Analysis** provides guidance on how to map the local resources and services that are currently available within a community as well as identify gaps and potential solutions.

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**Community Mobilization Guide** describes the step by step process to inform key stakeholders on the new activities of addressing young children's needs and their caregivers within an HIV/AIDS context.

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**Training Manual for Volunteers on ECD** to be used by a qualified trainer to facilitate a 5-day training with volunteers on the importance of ECD, the tools being used, and how to effectively incorporate ECD into home based care.

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**Frameworks** highlight the critical needs of young children and their caregivers within an HIV/AIDS context and the essential actions at the volunteer level to address these needs.

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**Visual Guide** is a pictorial guide to be used by paraprofessionals to provide key messages to the caregivers on the critical needs of young children and their caregivers and suggested actions for addressing these needs. The guide also provides reflection questions to assist the home visitor in identifying the key needs within the household and probes to better understand the household situation. The guide is accompanied by Guidance Notes provided to program managers to further explain why these areas are critical to promoting optimal child development. A Visual Guide template is provided that can be easily adapted based on the community context.

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## ESSENTIAL PACKAGE TOOL KIT COMPONENTS:

**Program Manager Implementation Guide** outlines roles and responsibilities of the program manager and community agents as well as guidance around monthly reflection meetings in order to gather data and monitor the volunteers and how well they are effectively using the tools.

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**Monitoring and Evaluation Framework** highlights the inputs, activities, outputs, indicators and outcomes at the levels of child, caregiver and caregiving environment.

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**Comprehensive Checklist** is used for Baseline and Endline data collection in order to track changes over time. The checklist identifies barriers, opportunities and assets that are available in a household and captures data on socioeconomic status, caregiving status, child status, and the caregiving environment.

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**Policy Brief** provides information on why addressing ECD in HIV and AIDS contexts matters, what the research says, policy implications, and examples of strategies for advocacy.

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**Online Clearing House for Materials Related to ECD & HIV and AIDS** provides a centralized location where any articles, reports, materials and other documents pertaining to ECD in HIV contexts will be housed and easily accessed by program managers, organizations, policy makers and others interested in addressing this issue.

# THE ESSENTIAL PACKAGE

Eliminate  
BARRIERS  
to Care &  
SUPPORT

Foster Positive  
Caregiver-  
CHILD  
Interaction

Support Links  
to Broad Systems  
of Integrated  
CARE

Employ a  
Developmentally  
Appropriate  
APPROACH

HEALTH • FOOD & NUTRITION • CARE & DEVELOPMENT  
• RIGHTS & PROTECTION • ECONOMIC STRENGTHENING



## **What are the Building Blocks of the Essential Package?**

The EP provides a framework for action to support those at the point of service delivery in ensuring that young vulnerable children receive support across a variety of areas (i.e., stimulation and opportunities for learning, health, nutrition, rights and protection) appropriate to their age and developmental stage in a way that enables them to



reach their full developmental potential. Materials within the current version of the EP have been developed for use at the household level, yet acknowledge the importance of addressing key issues at the household, community and policy levels. In focusing on the household level, the EP concentrates on three critical domains: child status, caregiver status, and caregiving environment. By doing this, the EP promotes resilience within the targeted families and reduces the level of caregiver stress through proposed linkages with social networks and interaction with service providers such as the home based care worker. The package strengthens existing capacities in the household utilizing a comprehensive assessment of household status and links families to services identified through participatory community mapping. An important element of the package is use of home visitors who interface with families who may be socially isolated, marginalized and stigmatized in their community. These families are generally not accessing care due to a host of factors including shame, inability to pay for services or lack of knowledge of existing services. The EP therefore enables families to meet their needs through increased social interaction and knowledge which leads to empowered action.

The Essential Package was developed to provide those at the point of service delivery the tools necessary to address four key underlying building blocks deemed necessary for successful programming for vulnerable young children. The frameworks and the supporting tools all work together to enhance the following four important areas.



## **BUILDING BLOCK 1: Foster positive caregiver-child interaction**

Children's future wellbeing depends as much on having a supportive caregiver and a stimulating environment as it does on receiving food, health care and shelter.<sup>15</sup> There is a common proverb across Africa — 'umuntu ngumuntu ngabantu' in Zulu — a person is not a person without other people. This emphasizes the importance of relationships for a person's development from birth and this strong cultural tradition is backed up by global evidence.<sup>16</sup> Caregivers, and other family members, set the rules for how a child is fed, disciplined and make decisions about the child's development — whether he or she goes to school, is talked to and involved in decision making for example. When a child and caregiver have a strong and supportive relationship, the child is more likely to be "physically, intellectually and socially healthy, and more resilient to the damaging effects of poverty and violence".<sup>17</sup> A child that receives loving care feels that he or she is loved and behaves with others as someone deserving of care and attention. A child that has been neglected at a young age, such as being left to cry or ignored when he or she is distressed, is less likely to expect kindness from others and will often be aggressive or defensive. These behavior patterns affect how the child behaves in later years.<sup>18</sup>

The EP fosters positive caregiver-child interaction in two ways. First, through the frameworks, the Visual Guide, and accompanying guidance notes, the EP provides age appropriate suggested actions

15 Richter, L. (2004) The importance of caregiver-child interactions for the survival and healthy development of young children: a review. Geneva: World Health Organization; Department of Child and Adolescent Health.

16 Richter, L. (2004) op cit.

17 Richter, L. (2004) op cit

18 Richter, L. (2004) op cit

for ways in which caregivers can interact positively with their children to provide needed care and stimulation for physical, cognitive/ language and socioemotional development, and for addressing the health, nutrition and protection needs of their children. These materials provide key messages as to why these actions are important, how they can help their children, and specific reflection questions that a home visitor can ask caregivers to help identify key needs within the household and probe around specific barriers and potential solutions. Home visitors are encouraged to practice some of these suggested actions with the caregivers and to follow up during subsequent visits. In addition, home visitors are trained to identify positive caregiving behaviors already occurring in the household and to positively reinforce these behaviors.

The second way in which the EP fosters positive caregiver-child interaction is by providing support and ways in which caregivers can address their own needs. In areas affected by HIV and AIDS, children are often cared for by various types of caregivers, including grandparents, siblings or child-headed households, extended family or foster parents, in addition to mothers and fathers. Caregivers must be able to meet their own needs in order to be able to best care for and interact with their children. Studies are showing the impact of maternal depression on the health and wellbeing of the child. Self reported stress should be taken seriously by programs as this may indicate larger problems at the household level. Similarly if the caregiver is in poor health, disabled or elderly, he or she may need additional support in order to provide adequate care for their children. Ongoing lack of access to services, poor environmental conditions, social instability, and overworked and demoralized caregivers can combine to have negative impacts on a child's development. Through the frameworks and the Visual Guide, the EP provides

suggested actions for ways in which caregivers can address some of their own needs in the areas of care and support, health, nutrition, rights and protection and family livelihoods. Similar to above, these materials provide key messages as to why these actions are important and specific reflection questions that a home visitor can ask caregivers to help identify key needs within the household and probe around specific barriers and potential solutions. By working with the caregivers to address their own needs, as well as specific suggestions for age appropriate ways in which caregivers can foster their children's development, the EP provides on the ground support for fostering positive caregiver-child interaction.



## **BUILDING BLOCK 2: Employ a developmentally appropriate approach to enhancing children's health and development**

As individuals we all develop at different stages; development is continuous and begins prenatally. Although every child is different, there are some common 'milestones' that most children can do by a certain age. The prenatal months and the first eight years of life are full of significant developmental milestones. In addition, children at each of these stages have unique needs that need to be addressed for optimal development to occur. Each stage is an important entry point for preventing potential problems and for identifying and responding to emerging concerns.

The EP seeks to address the need to support a child's holistic development and look out for key milestones across all the different developmental domains (i.e., physical, cognitive/language, socio-emotional). By focusing on age specific needs, one can more easily prevent or provide early support when a child appears to need additional support. In addition to focusing on supporting key developmental milestones, the EP provides guidance on addressing age specific needs in areas critical for

the optimal health and development of the child including health, nutrition, and rights and protection. General messages and suggested actions relevant for all children (e.g., sleeping under an insecticide treated net; hygiene practices) , as well as age-specific needs and suggested actions are provided both in the frameworks and in the Visual Guide that is used by those at the point of service delivery. The EP also works with caregivers to identify the positive caregiving practices they are already employing in their household, providing positive reinforcement for these behaviors, and helping caregivers to understand why paying attention to children's developmental stages and domains is important.

### **BUILDING BLOCK 3: Support linkages to broader systems of integrated care**

For all children, learning begins in the home or the community in which they are raised. A rich and stimulating environment, with safe, stable and nurturing relationships, in childhood contributes to improved developmental outcomes, increasing the likelihood of an individual breaking the cycle of poverty. These benefits, which begin at home, are enhanced and consolidated with integrated multi-sectoral support that can provide support across the physical and social aspects for child and family.<sup>19</sup> Economic development (e.g., micro-lending and small business management training) provides financial and material stability to households that, in part, will enable them to access ECD interventions. A multi-sectoral response to the needs of children must be implemented with each actor playing their role to support families and communities meet the long term developmental needs of children. Interventions addressing the needs of young vulnerable children must look across multiple systems and levels from the child and family to the local community to the national policy level.

19 Engle , P., Black, et al.(2007). Child development in developing countries 3 Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. Lancet, 369 (9557), pp229-242.

The EP realizes that families reside within a broader system of care and support, access to which is critical in order to realize the outcome of improved child development. The six-month validation exercise revealed that many families are poor, affected by HIV and AIDS and generally lack access to high value social networks through which needs can be met. In essence, the families most in need are socially isolated whether due to stigma and discrimination or other causes. The EP provides an entry into the households which may be socially isolated by allowing for regular and consistent interaction between a caregiver and a home visitor. In countries where para social workers are being employed, these workers may also serve this role. Once families are made aware of the services available and are assisted to access the services, then isolation decreases making way for pressing needs to be met. The key to reducing this isolation is to engage broader community systems including community groups, village savings and loans groups, public sector services (health, education, social welfare) and the private sector.

It is also important that policies specifically address young children, rather than assuming that a health or education policy, or even a policy for vulnerable children, will automatically benefit young children. Although there has been substantial progress in recognizing and protecting children globally, progress for younger children in practice lags further behind that of older children in most fields. For example, children below the age of eight years are receiving far fewer benefits from programs targeting vulnerable children in HIV contexts than primary school age children.<sup>20</sup> Pediatric treatment coverage is still lower than adult coverage; even though PPTCT programs are increasing rapidly, and ongoing follow up to HIV-exposed infants lags behind identification of older children.<sup>21</sup>

20 Engle, P. (2008) National plans of action for orphans and vulnerable children in sub-Saharan Africa: Where are the youngest children? Working Paper No. 50. The Hague: Bernard van Leer Foundation.

21 UNICEF. (2010). Children and AIDS: Fifth Stocktaking Report 2010. New York: UNICEF

## **Building Block 4: Eliminate barriers to care and support**

Families and communities often face significant hurdles to accessing support. These hurdles are not only related to potential stigma and discrimination but can include issues of distance to services, lack of sustainable livelihoods, and other policy related matters. The EP recognizes the importance of investment in early childhood education in order to stop the cycle of poverty, HIV and AIDS, and other corresponding ills faced by families. However, the actions which are proposed in the EP may not be realized unless attention is paid to livelihoods and rights. These two issues are critical foundations to the EP and any program working in ECD must ensure that families can continue to serve as frontline providers of care and support.

For very vulnerable families, access to high value social networks is a critical component. Such networks include village savings and loans groups which can provide caregivers with access to cash and provides an entry point to knowledge sharing on a number of issues. For elderly caregivers and child headed households, appropriate responses are needed and must involve a country's social welfare systems. This will ensure that children can continue to participate in educational activities without being pulled out of school to work and can ensure that elderly grandparents are not pulled into activities which may weaken their ability to love and care for children. The corresponding issue of rights and the families' ability to attain their rights is also critical. In many countries land access for women as well as other gender issues including gender based violence must be addressed. The EP provides critical advocacy messages which must be part of any advocacy platform for ECD.



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## How and Where Should the Essential Package be Used?

The EP was originally developed for use in sub-Saharan Africa in communities with a high burden of HIV/AIDS due to the known impacts that HIV has on the development of young children. While it has been designed to address the needs of young vulnerable children and caregivers in areas of high HIV-prevalence, the EP is HIV sensitive



rather than HIV exclusive. Therefore, since the EP is grounded in science, it can be adapted to various countries and contexts where children affected by other types of vulnerabilities brought on by poverty, conflict, and emergencies can also benefit from its use.

As the EP is intended to be integrated into existing CABA and ECD programs, end-users have the flexibility to pick and choose which tools supplement their individual programs, customizing it to their local culture, language, and customs. Moreover, with its focus on the household level, several of the EP tools are intended to be utilized by community volunteers (home visitors, community health promoters, home based care volunteers, and para social workers) interfacing with children and their caregivers directly in the home. For instance, the Visual Guide, one of the EP foundational tools, is a pictorial guide that addresses the needs of children and caregivers and provides key messages and suggested actions that can be adapted to the community context. In addition, the materials can be adapted for many different entry points such as child care centers, health centers, PPTCT programs, etc. Likewise, the Program Manager Implementation Guide which outlines the roles and responsibilities of the program manager and community agents can also be used in multiple settings. The EP also provides a policy brief with important information on why addressing ECD within HIV contexts is essential. The policy brief provides potential advocacy strategies at multiple levels (global, regional, national, local government and community) to help program managers and policy makers develop programs that are age and developmentally appropriate for highly vulnerable children and their caregivers.

To most effectively use the EP materials within a community setting, there are five key steps described below that will enable those at the point of service delivery to adapt and contextualize the materials and

provide ongoing monitoring and evaluation of the program.

## Step 1: Formative Research

- The Situational Analysis and Community Mobilization Guides can be used to gather evidence with regards to what is available within the community as well as begin the discussion on the importance of addressing the needs of young vulnerable children and their caregivers within the community. During these meetings, field staff gathers evidence on what services are available in the community, what the barriers are to accessing the services, the cultural beliefs around ECD/CABA, and other pertinent information to inform the program. Additionally, this phase allows programs to form the necessary partnerships with local governments, community based organizations, and the community itself to help build trust and ownership for long-term sustainability. Programs can use information gathered from this phase to adapt and contextualize the materials to their community context as well.

## Step 2: Training

- Training should occur at two levels, one for field staff and government officials and one at the service provider level. The training should focus on an overview of ECD/CABA, the use of the EP tools and implementation within existing programs, and the importance of monitoring and gathering evidence on the impact of the program. Additional trainings should occur over the course of the program to help service providers with regards to problem solving at the household level, issues of abuse, nutrition, and economic strengthening. A training manual will be available in the near future.

### Step 3: Baseline

- A baseline should be conducted using the Comprehensive Checklist that focuses on socioeconomic status, child status, caregiver status and the caregiving environment. Additional measures of relevant child and caregiver outcomes can also be used. This information can be used in evaluation of the program and can also inform program managers and staff about the key needs and positive practices occurring in the community, preparing them for the implementation phase.

### Step 4: Implementation and Ongoing Supervision and Monitoring

- The Volunteer Visual Guide was developed to be used by service providers to provide key messages and suggested actions on care and development, nutrition, health, protection and economic strengthening to caregivers and children at the household level. The guide promotes dialogue between caregivers and the home visitor on the key needs, positive practices and possible barriers and solutions for addressing needs in these important areas; reflection questions are provided to assist home visitors in this dialogue. The guide is sensitive to the issues that children affected by HIV and AIDS and their caregivers might face. A template has been provided with many key messages, reflection questions and suggested actions. This template can be adapted according to the community context based on information gathered during the formative phase (e.g., decreasing text and adding more country specific pictures; contextualizing some of the suggested actions so they are culturally appropriate, etc).

- The Household Monitoring tool allows field staff to monitor and provide support to volunteers during their home visits. Monthly reflection meetings with service providers should be held and documented to monitor progress and to share best practices as well as challenges.

### **Step 5: Endline**

- An endline should be conducted to measure the changes over time. The data can be collected using the Comprehensive Checklist. As with the baseline, additional measures can be used as well.



## What are the Key Outcomes?

The ultimate goal of the EP is to provide an essential package of holistic services to improve the health, development and wellbeing of young vulnerable children and their caregivers. To reach this goal, the EP provides the tools, training, supervision and monitoring needed for program managers to build the capacity of volunteers, home-based care providers and other paraprofessionals at the point of service delivery to implement a comprehensive range of tools which will enable them to effectively assess, refer and follow up on young children under their care so that they can reach their full developmental potential. By placing a special emphasis on the wellbeing of the caregiver, the EP also aims to improve caregiver status and behavior, thus improving the caregiving environment to achieve optimal child development.

From a programmatic standpoint, the EP puts forth an age and developmentally appropriate model for holistic programming for young children and caregivers that will enable program managers and policy makers to make appropriate resource allocations and link the necessary services so that young children can survive and thrive. Furthermore, the model itself is transferable to other vulnerable contexts and provides a roadmap to develop age and developmentally guidelines across the age continuum, especially for adolescents, another known gap in CABA programming.



### **Three Critical Domains: Child Status, Caregiver Status, & Caregiving Environment**

- 1. CHILD STATUS:** By assessing child status, programs will be able to identify critical red flags which may indicate a problem in need of intervention. This could include a child's lack of a consistent caregiver, lack of birth registration, failure to thrive and general poor health.
- 2. CAREGIVER STATUS:** Studies are showing the impact of maternal depression which can severely impact the wellbeing of the child. Self reported stress should be taken seriously by programs as this may indicate larger problems at the household level. Similarly if the caregiver is in poor health, disabled or elderly, he or she may need additional support in order to provide adequate care for their children.
- 3. CAREGIVING ENVIRONMENT:** HIV and poverty often coincide, creating conditions that may pose serious threats to young children. An assessment of the physical and social environment in which the child lives and an understanding of potential protection threats, as well as sources of support for child and family, is absolutely essential when developing programs for this group. The caregiving environment can often provide clues on areas for improvement and available resources (for example, other family members or neighbors) at the household level that support healthy growth and development of children.

The EP is concerned with three levels of impact: Child Status, Caregiver Status and Caregiving Environment. Interventions targeted at these three levels are intended to lead to measurable changes in wellbeing of children while also improving the environment in which children grow, learn and develop. Indicators across all the domains give program managers an opportunity to better understand the impact their programs are having on children and their caregivers. The Comprehensive Checklist should be utilized to gather this information at critical points during program implementation.

<b>Child Status</b>	<ul style="list-style-type: none"> <li>■ % of children who are able to reach their developmental milestones that are appropriate for their age</li> <li>■ % of children who have been active and healthy in the last month</li> <li>■ % of children who have all age-appropriate immunizations</li> <li>■ % of children who receive the necessary health services when ill</li> <li>■ % of children who are registered/birth card</li> <li>■ % of children who have adequate food that is appropriate for their age</li> <li>■ % of children demonstrating attachment with primary caregiver</li> <li>■ % of children who are enrolled in an education program appropriate for their age</li> </ul>
<b>Caregiver Status</b>	<ul style="list-style-type: none"> <li>■ % of caregivers reporting good health</li> <li>■ % of caregivers who feel down, depressed or hopeless</li> <li>■ % of caregivers who have access to a support system</li> <li>■ % of caregivers who have access to a viable livelihood</li> </ul>
<b>Caregiving Environment</b>	<ul style="list-style-type: none"> <li>■ % of children who have at least one consistent adult caregiver who is responsive to their needs</li> <li>■ % of children who live in a safe and hazard free environment</li> <li>■ % of caregivers who provide their children with play materials</li> <li>■ % of community support systems for vulnerable families</li> </ul>

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Visit **[www.OVCsupport.net](http://www.OVCsupport.net)** and  
**[http://ecdgroup.com/HIV\\_AIDS.asp](http://ecdgroup.com/HIV_AIDS.asp)**  
to download Essential Package materials.



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FOUNDATION

# THE ESSENTIAL PACKAGE



The Framework





# FRAMEWORK ONE: Building Blocks

Building Blocks	Definitions	How the EP is Addressing the Building Blocks
<b>Foster Positive Caregiver-Child Interaction &amp; Support</b>	Caregivers, and other family members, set the rules for how a child is fed, disciplined and take decisions about the child’s development. When a child and caregiver have a strong and supportive relationship, the child is more likely to be healthy physically, emotionally and more resilient.	The EP provides age appropriate suggested actions for ways in which caregivers can interact positively with their children to provide needed care and stimulation for physical, cognitive/language & socio-emotional development, and for addressing their health, nutrition & protection needs.
<b>Employ Developmentally Appropriate Approach to Health &amp; Development</b>	In the early years, children experience rapid growth and development. With adequate support they are able to meet their developmental milestones. At each stage of development, children have unique needs that need to be addressed for optimal development to occur. Each stage is an important entry point for preventing potential problems and for identifying and responding to emerging concerns.	The Essential Package seeks to address the need to support a child’s holistic development and look out for key milestones across all the different developmental domains by focusing on age specific needs, one can more easily prevent or provide early support when a child appears to need additional support.
<b>Support Linkages to Broader Systems of Integrated Care</b>	Children and families live in communities and rely on services being available to meet their needs. Families impacted by HIV and related stigma and discrimination and poverty may be socially isolated and therefore not accessing services even if they are available.	The Essential Package provides an entry into the households which may be socially isolated by allowing for regular and consistent interaction between a caregiver and a home visitor. These home visitors serve as intermediaries between the caregiver and the services they may need.
<b>Eliminate Barriers to Care And Support</b>	Families and communities often face significant hurdles to accessing support. These hurdles are not only related to potential stigma and discrimination but can include issues of distance to services, lack of sustainable livelihoods, and other policy related matters.	The EP recognizes the critical importance of economic strengthening and protection as foundational elements of support to families. It highlights the role that social welfare plays in meeting the needs of vulnerable children and families and suggests appropriate linkages for families to meet their needs and attain their rights.



# FRAMEWORK TWO: Holistically Addressing the Needs of Young Vulnerable Children

## Overall Goal:

All children have access to essential supports and services needed to meet their full developmental potential across the physical, socio-emotional, cognitive/intellectual, and spiritual domains.

## Outcomes at Three Levels:

**Child Status:** Child is able to reach their full developmental potential

**Caregivers Status:** Caregiver is healthy and able to respond effectively to child’s needs

**Caregiving Environment:** Child lives in a safe, stable and consistent caregiving environment

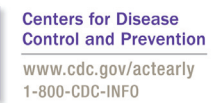
Prenatal to Birth		Birth to < 3		3 to < 6		6 to 8	
Critical Needs		Essential Actions		Critical Needs		Essential Actions	
Critical Needs and Essential Actions per Age and Stage	1. Supportive interventions for maternal depression	1. Observe caregiver for signs of mental distress and link to social networks	1. Consistent caregiver(s) who can form attachments and respond to children’s signals	1. Encourage caregiver to observe when baby is hungry, tired, or scared and to respond in a kind and sensitive way as well as model behaviors for caregivers to understand positive caregiver and child interaction	1. Consistent caregiver(s) who can form attachments and respond to children’s signals including recognition of children who are grieving or distressed	1. Encourage caregiver to show empathy and understanding of children’s feelings and engage child during home visits to understand their needs	1. Caregiver(s) who respond to the growing complexity of child’s needs with encouragement and motivation
	2. Broader household engagement in supporting women during and after pregnancy	2. Link mother to community support group and/or appropriate services within a health facility if available	2. Responsive caregiver(s) who practice appropriate breastfeeding and complementary feeding while showing affection to children	2. Encourage caregiver to exclusively breastfeed up to 6 months and then begin complementary feeding	2. Caregiver(s) who support child’s learning, development of new skills and communication	2. Encourage caregiver to actively participate in child’s learning and development (e.g. teaching child stories, rhymes, songs, offering choices to children so they can learn to make decisions, and involving children in home chores and praising their good work)	2. Integration and acceptance into peer group, creating relationships outside the home
	3. Access to adequate prenatal and post-natal care for mothers	3. Link mother to health facility, an MCH program if available, and if HIV positive, ensure that mother is accessing PMTCT	3. Language stimulation	3. Encourage caregivers to interact with child through telling stories, singing songs, and answering questions	3. Increased exposure to language	3. Encourage caregivers to provide books and read to their child	3. Opportunities to practice reading, writing and language
	4. Attendance of a skills professional at birth	4. Provide information on danger signs for maternal and neonatal morbidity and mortality including HIV risk and the importance of births attended by skilled professionals	4. Opportunities are needed to develop motor skills (i.e. crawling, sitting, etc.), explore and play with a variety of objects in a clean, safe, and stable environment and with peers, and to develop independence and simple self care	4. Encourage and explain to caregivers the need for children to have the opportunities to play, explore, have a safe environment and develop	4. Age appropriate entry into a safe, non-discriminatory early learning program, especially for girls (including opportunities to interact with peers — e.g. play)	4. Link children to a community based preschool if available	4. Age appropriate entry into non-stigmatizing/non-discriminatory basic education, especially for girls
	5. Adequate nutritious foods during pregnancy, especially if mother is on ART	5. Link mother to community available nutrition programs to receive supplementation and micronutrients (Vitamin A, iron and iodine)	5. Child receives medical treatment within 3 days of illness	5. Refer child to health facility for immunizations and when ill	5. Child receives medical treatment within 3 days of illness	5. Refer child to health facility when ill	5. Child receives medical treatment within 3 days of illness
	6. Women have a right to routine medical care during and after pregnancy	6. Help to ensure women have access to health care	6. Access to adequate and nutritious food	6. Link child to community to available nutrition programs to receive supplementation and micronutrients including CMAM	6. Access to adequate and nutritious food and medical care	6. Link households with community nutrition programs when available	6. Child has access to adequate and nutritious food
	7. Pregnant women have the right to be safe from harm, violence and abuse and to seek help if they are experiencing this	7. Support and link women in suspected case of abuse with community-based mechanisms and government authorities					
Cross-Cutting All Age Groups:		HIV Affected:		Those with Disabilities:			
Critical Needs		Essential Actions		Critical Needs		Essential Actions	
1. Age-appropriate psychosocial support (i.e. bereavement counseling)		1. Link child with age-appropriate psychosocial care and support		1. Age-appropriate HIV prevention, testing, and treatment if necessary		1. Encourage caregiver to test their children who show symptoms of the virus	
2. Clean water/sanitation facilities		2. Support access to clean water and latrine		2. Adequate care for HIV-infected children		2. Encourage caregiver to take child to health clinic immediately when ill	
3. Insecticide treated mosquito net		3. Support access and encourage the use of insecticide treated mosquito net		3. Children have the right to know their status		3. Support age-appropriate disclosure	
4. Children need to live in a safe environment, free from harm, violence and abuse (verbal, physical, and sexual) where they are treated with equal importance by their caregivers		4. Support and link children in suspected cases of child abuse and neglect with community-based mechanisms and government authorities					
5. Recognition that child is a citizen of the state e.g. birth registration		5. Encourage parents/caregivers to register their child so he/she has access to health, education and protection services					
6. All children, boys and girls, have a right to education		6. Ensure all children, boys and girls, have access to education					



# FRAMEWORK THREE: Key Actions for Caregivers of Young Vulnerable Children

Why are These Services Important for Caregivers?		
<p><b>Psychosocial Support:</b> Caregivers taking care of sick family members or who are HIV+ may be stressed and worried about the future. When caregivers are depressed or stressed, they may not be able to show the needed love and affection to their children or provide for their basic needs.</p> <p><b>Healthcare:</b> If caregivers are ill, it can compromise how they are able to care for their children. Thus, it is important that they also seek medical attention not only for their children but also for themselves.</p>	<p><b>Food and Nutrition:</b> Everyone in the family needs a balanced diet and protein-rich foods such as eggs and meats as nutritious foods helps adults to stay healthy and carry out daily activities and helps children to grow and learn.</p> <p><b>Legal Protection:</b> Caregivers need support to know their rights and the importance of registration to access services. When male caregivers die, children and women may not inherit their house and land. With no one to protect them, young caregivers, especially girls, may be exploited and/or abused.</p>	<p><b>Economic Strengthening:</b> When the primary caregiver becomes ill or dies, the household loses its income to support the family's basic needs. Caregivers, especially young caregivers, should have the opportunity to learn new skills to earn an income to provide for their family's needs. Also, some caregivers may no longer be able to work but need income to provide for their children's health, nutrition, and education needs. Thus, they need support to access government grant programs that will help them (e.g. welfare grants, pension funds, poverty certificates, etc).</p>
Key Actions to Support All Caregivers	Key Actions to Support Specific Types of Caregivers	
<p><b>Psychosocial Support</b></p> <ul style="list-style-type: none"><li>Identify and link caregivers to community support including respite care, support groups, and bereavement counseling to help stressed or depressed caregivers</li><li>Sensitize community how on to best support caregivers</li></ul> <p><b>Healthcare</b></p> <ul style="list-style-type: none"><li>Encourage caregiver to go to the nearest health clinic if he/she shows signs of diarrhea, fevers, cold chills or vomiting for treatment and medicine</li><li>If the caregiver is on ART, the volunteer should encourage him/her to take their medicine as directed</li><li>Encourage caregivers who believe that they may be HIV+ to get tested</li><li>Support caregivers who are HIV+ to seek appropriate treatment</li></ul> <p><b>Food and Nutrition</b></p> <ul style="list-style-type: none"><li>Encourage caregivers to eat a balanced diet</li><li>For households who do not have access to nutritious food, identify and link them to counseling and feeding programs within the community</li><li>Sensitize communities to help caregivers meet their nutrition needs, such as by working in their garden</li></ul> <p><b>Legal Protection</b></p> <ul style="list-style-type: none"><li>Encourage caregivers to register the births and deaths of household members</li><li>Identify link households to community available legal support for poor labor practices, abuse charges, and inheritance issues</li></ul> <p><b>Economic Strengthening</b></p> <ul style="list-style-type: none"><li>Identify and link caregivers to livelihoods training and life skills education that promotes reading, writing and math skills</li></ul>	<p><b>Mother</b></p> <ul style="list-style-type: none"><li>For pregnant mothers, ensure access to antenatal care, prevention of mother to child transmission and postnatal care</li><li>Ensure access to respite care, especially for those caring for sick family members</li><li>Refer mothers to social support services including economic strengthening, protection from abuse, and mothers groups</li></ul>	
	<p><b>Father</b></p> <ul style="list-style-type: none"><li>Encourage fathers to form a bond with children as soon as they are born</li><li>Engage fathers in the care and development of the children as well as encourage support for the nutrition and health needs of mothers and children</li><li>Link to social support networks for income generation, knowledge sharing, and all male groups</li><li>Use model fathers to reinforce positive behaviors such as proper discipline</li></ul>	
	<p><b>Grandparent</b></p> <ul style="list-style-type: none"><li>Build on strengths of grandparents to ensure the cross-generational transfer of culture, values, and wisdom occurs</li><li>Link grandparents to social support networks and government safety nets such as pension funds and grants</li><li>Create opportunities for grandparents and children to communicate positively</li></ul>	
	<p><b>Sibling/Child Headed Household</b></p> <ul style="list-style-type: none"><li>Provide opportunities for child caregivers, especially girls, to continue school even while supporting needs of family</li><li>Ensure child caregivers are protected from abuse and refer them to appropriate and child friendly systems for care</li><li>Counsel child caregivers to combat depression, prevent HIV and provide opportunities to interact with peers</li><li>Ensure access to social networks and counseling (e.g. bereavement counseling, youth groups, play groups, church groups, etc)</li></ul>	
	<p><b>Other Extended Family/Foster Family</b></p> <ul style="list-style-type: none"><li>Link caregivers to foster care grants</li><li>Engage social welfare system to follow up on these children at the community level</li><li>Guard against sibling dispersion through community engagement</li><li>Sensitize community about child rights to prevent abuse and exploitation</li><li>Reinforce the need for caregivers to provide love and attention and to support children's growth and learning</li><li>Encourage caregiver to treat all children in household the same</li></ul>	

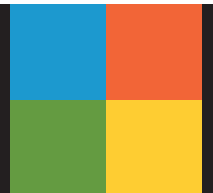




# THE ESSENTIAL PACKAGE



**Situational Analysis**



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# Introduction



A situational analysis helps program managers to better understand the cultural beliefs, concerns, and needs of a community with regards to early childhood development and orphans and vulnerable children before they begin to implement their programs. It helps to build mutual trust and understanding between program staff and community members. The questions and steps below will help guide the formative phase of your program.

Programming for young vulnerable children and their caregivers requires understanding of the

types of services and referral mechanisms that are available in the surrounding community as well as where the gaps exist. Service mapping is a part of this formative phase that will inform how to best implement your program. Therefore, program staff should use the table (provided on pages 6 and 7) as a guide for the different services needed per age and stage (prenatal to 8) to find out what is available and add to the services, when necessary.

Programs can also use this information to adapt the Essential Package materials (e.g., Visual

Guide) to best meet the needs of their community context.

### **Steps To Conduct Your Situational Analysis**

Step 1: Review and select questions from the categories below that are relevant to your program.

Step 2: Gather information from multiple sources to inform your formative research (e.g. focus group discussions, key informant interviews, reports, etc.).

Step 3: Analyze all the data that you have collected through the different sources and determine what the findings mean with regards to the needs and services available within a community.

**Use the following questions to guide your formative research with regards to programming for young vulnerable children and their caregivers.**

### **OVERARCHING QUESTIONS**

- ☐ How do communities/caregivers define early childhood development?
- ☐ How do communities/caregivers define a vulnerable child?
- ☐ How do communities/caregivers define quality of service delivery?
- ☐ What are the existing positive parenting practices and how can the program build off of them?
- ☐ What are the major barriers preventing households from accessing needed services?
- ☐ Which structures exist to address the needs of vulnerable children and households?
- ☐ How is the health of local children? What are their specific health needs?
- ☐ What is the malnutrition and/or morbidity rate among 0 – 8 year olds?
- ☐ What is the percentage of children (0-8) who are orphaned? Live in child headed households? Living on the street?

### **Questions for Communities and Caregivers**

#### **Community Knowledge/Perceptions of OVC and ECD**

- ☐ How is childhood defined in the community?
- ☐ How does the community define vulnerability?
- ☐ What types of play are children involved in? Who plays with them? What are local perceptions of play?
- ☐ How do young children spend their days? Are they left alone for long periods? Why? How safe is the environment in which children spend most of their time?
- ☐ What concerns do community members have for their children's physical, social and intellectual development?

- ☐ How do people tell whether the child is developing normally or not? What are considered to be the reasons for any delays or disabilities?
- ☐ What are the community attitudes towards children with disabilities? Towards children who have lost one or both parents?

#### **Household Knowledge of OVC and ECD (collect information on household knowledge and perceptions of the needs of young children, probe for understanding on whether gender disparities exist)**

- ☐ How do caregivers rank the needs of their 0–8 year old children? Where do nutrition, growth, and intellectual and social development fall on their list of priorities?
- ☐ What are the caregivers' hopes, expectations and worries about their children? What qualities do they want to encourage? Why? For girls? For boys? For children with disabilities?
- ☐ What opportunities do parents/caregivers want for their children? What are the basic things they want to provide for their children? What are the important things for children to learn — boys and girls?
- ☐ What are the caregivers' common child-rearing beliefs, attitudes and practices for 0–8 year old children? Are there differences for boys and girls? For children with disabilities? For orphans?
- ☐ Who cares for children? From what age are children (boys/girls) left to care for themselves? From what age are children (girls/boys) considered competent to care for younger children?
- ☐ Are there clearly defined gender roles? What are the broad differences in roles of men and women, boys and girls, groups in the community?
- ☐ How are protection issues addressed in the community?

**Access to Services** (e.g. Healthcare, Legal Protection, Food and Nutrition, Psychosocial Support, Education and Learning Opportunities, Shelter, and Economic Strengthening)

- ☐ In the areas of learning opportunities and positive caregiver-child interaction/early childhood education, psychosocial support, health, food and nutrition, legal protection and livelihoods, what are the various services available in the community to address families' needs?
- ☐ Who provides these services within the community (government, NGO, CBO, other community groups, etc)?
- ☐ Where are the services located in relation to the community?
- ☐ How many women/children typically get seen per month?
- ☐ Who is reached by these services (e.g. pregnant women, children 0-59 months, etc)
- ☐ What type of income generating activities (IGAs ) are available for families affected by HIV and AIDS?
- ☐ Do OVC receive free services in the community? If so what kind of services? Are social welfare services available for families? Are ECD services, either home-based or center-based, readily available for families?
- ☐ Do caregivers have a safe place to leave their children to engage in income generating activities?
- ☐ What are the barriers to accessing services? How are vulnerable families identified/reached in the program area?
- ☐ How can your program ensure that the most vulnerable children have access to ECD services?

**Quality of Services Delivery** (collect information on the quality of existing services and barriers)

- ☐ What is the quality of services for children 0-8?
- ☐ Of the services that exist do people go? Why or why not?
- ☐ What referral mechanisms exist? Do they function well? If yes, why? If no, why not?




**Questions for Program Staff**


**Policy** (collect information on policies at community, provincial, and national level)

- ☐ Is there a National Plan of Action for OVC? Is it well funded? Does it place a specific emphasis on young children 0 to 8?
- ☐ Is there a National ECD Policy Framework that may be used to guide local decision-making including issues relating to provision, management, accountability, and monitoring of outcomes?
- ☐ Which Ministries are involved in OVC issues? ECD issues? Do officials in these Ministries demonstrate awareness of OVC/ECD issues? What kind of support do they provide for OVC/ECD? Are OVC/ECD programs included in their investment plans or budgets? What were the priority areas identified by each Ministry relative to OVC/ECD?
- ☐ What are existing policies (national/regional/local levels) relative to OVC/ECD? Are there policies in place to protect children? If so what are these policies at the national, district and community levels?
- ☐ How open are local or national governments (depending on a centralized or decentralized structure) to formal and non-formal ECD alternatives? To NGO interventions/ collaboration?
- ☐ Are there policy barriers (national/regional/local levels) preventing successful OVC/ECD activities and programs (e.g. labor laws accommodating parents/caregivers, health standards of 0 – 8 year olds etc.)? If yes, what are these barriers?

The information gathered in your situational analysis may be complemented by a service map in which communities identify the key service points available for children (0-8) and their caregivers. Adequate attention should be paid to the availability of health and social services and may be broken up as suggested in the table below. Categories are listed as examples and should be tailored according to the program being implemented.



Category	List Services available in the community (i.e. all services for children, families)	Access to Services (note whether families are accessing services and indicators that reflect this)	Critical Barriers (note any critical barriers to access and receipt of services)
<b>Health</b> 	<input type="checkbox"/> Antenatal Care /PMTCT <input type="checkbox"/> Health clinic/ immunizations <input type="checkbox"/> Support group for psychosocial support <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> Families have access to health facilities <input type="checkbox"/> Families have access to safe water and sanitation <input type="checkbox"/> Testing/ Counseling services available <input type="checkbox"/> Family knowledgeable about HIV and services <input type="checkbox"/> Family Planning/ Reproductive Health services available <input type="checkbox"/> Mental health services available in the community or nearby <input type="checkbox"/> Rates of immunization high	
<b>Food &amp; Nutrition</b> 	<input type="checkbox"/> Counseling & feeding programs (replacement feeding) <input type="checkbox"/> IYCF <input type="checkbox"/> Growth Monitoring <input type="checkbox"/> Community therapeutic care for nutritional rehabilitation <input type="checkbox"/> Food distribution (i.e. World Food Program) <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> Households have sustainable access to food (i.e. backyard garden; food distribution program) <input type="checkbox"/> Households have access to counseling & feeding programs <input type="checkbox"/> Households have access to growth monitoring <input type="checkbox"/> Households have access to community therapeutic care for nutrition <input type="checkbox"/> Children 0-6 months are exclusively breastfed <input type="checkbox"/> HH members eat at least 1 meal a day	
<b>Care &amp; Development</b> <i>(includes Caregiving Behavior)</i> 	<input type="checkbox"/> Parenting support group/ training <input type="checkbox"/> Home-based ECD (learning opportunities, stimulation, positive caregiving practices) <input type="checkbox"/> ECD center or other play group <input type="checkbox"/> Social support networks/ counseling <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> Children have opportunities to play/learn <input type="checkbox"/> Households have access to ECD center or play group <input type="checkbox"/> Households have access to home-based ECD services <input type="checkbox"/> Households have access to psychosocial support <input type="checkbox"/> High levels of participation in parenting programs <input type="checkbox"/> Caregivers understand children's physical and emotional needs <input type="checkbox"/> Caregivers value and use praise to encourage children <input type="checkbox"/> Caregivers have support for childcare	

<p><b>Economic Strengthening</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Livelihoods training, income generating activities and life skills training</li> <li><input type="checkbox"/> Social services or community support</li> <li><input type="checkbox"/> Social Welfare Services for cash transfer, foster care grants, pensions</li> <li><input type="checkbox"/> Other</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> HH have access to livelihoods or life skills training</li> <li><input type="checkbox"/> HH know how to access social welfare and other government services</li> <li><input type="checkbox"/> HH generally engaged in income generating activities or have other source of income (cash transfers/ remittances)</li> </ul>	
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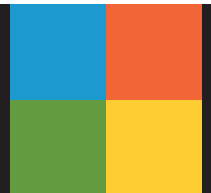
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# THE ESSENTIAL PACKAGE



**Mobilization Meetings around Essential Package  
for Home-based Care (HBC) Volunteers**



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## Overview

The activities being proposed in the Essential Package will be for HBC volunteers to assess the needs of young children and their caregivers, who have been infected or affected by HIV/AIDS, at the household level as well as to empower caregivers by increasing their knowledge to care for their children. These activities have grown out of years of research done by organizations like Save the Children and communities who have studied the needs of these children and the types of services that are required to address their needs. However, the evidence has also shown that the needs of young children (0 to 8) are not being met due to current service delivery mechanisms e.g. mostly through primary school. Thus, new job aides have been developed to provide HBC volunteers and caregivers a user friendly way to address the needs of younger children, not yet in primary school, while at the same time assessing the overall wellbeing of their caregivers.

The participants for these mobilization meetings should include OVC committees, community leaders, local government officials and caregivers. The information provided will be presented in a transparent way so that participants are clear as to how the proposed activities will be carried out by the HBC volunteers.

### Overall Objective

The overall objective of these meetings will be to establish agreement on why it is critical to assess and provide services for young children and their caregivers who are affected by HIV/AIDS.

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# First Meeting

**Specific Objective:** The purpose of the first meeting is to create consensus on why it is necessary to work with caregivers to meet the essential needs of children 0-8 in households affected by HIV/AIDS. The discussion will provide key messages about how children are affected by the disease, specific activities that can help caregivers meet their children's needs and a clear timeframe for partnership with the organization in order to carry out these activities.

## Description

### Participants will:

- Identify how children are affected by HIV/AIDS
- Agree on a list of activities and their desired commitment
- Be motivated to participate in these activities or identify what they will do to support these activities
- Establish a time frame for carrying out the activities

**Time:** 2 hours

**Materials:** Picture from Parenting Essential Package

Flipchart Paper and Markers or Chalkboard and Chalk, if possible

**Participants:** Home-based care volunteers (OVC Committee Member and Community Leaders, depending on your project)

**Facilitator:** Local NGO staff member

### Steps:

1. Welcome the participants and thank them for their presence at this meeting. Next, explain that this community was selected to participate in this activity due to the current work being done by the HBC volunteers who are assessing the needs of young children who are living in a household affected by HIV/AIDS.
2. Discuss/clarify the objectives of the meeting with participants.
3. Tell participants that to ease the discussion, you are going to start by showing them a picture and you will thereafter continue the discussion based on what they have seen.
4. Show participants the picture, give them one or two minutes to have a look and debrief with them

using the following questions:

- What do you see in this picture?
  - What do you notice about the adult?
  - What do you notice about the children?
  - Have you seen this in the households where you visit?
5. Invite participants to share examples based on their experiences.
  6. Ask participants what they think are the needs of young children (0-8) living in homes affected by HIV/AIDS in order for them to be happy, learn and grow?
  7. Have participants share their ideas and note all the ideas on the flipchart/chalk board.
  8. Summarize all the ideas noted on the flipchart/chalk board and share any of the key messages not already mentioned in the discussion. For example:
    - Children need access to education, protection, health and nutrition services as well as support groups in the community.
    - Children need the presence of a caring adult to provide affection and attention to their needs so that they can learn and grow.
    - There are many types of caregivers for these children: siblings, grandparents, extended family members and others. These different caregivers also need support to provide care to young children.

**Tools that will be used during this activity:**

9. The facilitator explains that the organization has studied the needs of children and caregivers in households affected by HIV/AIDS and has created two tools that may help the HBC volunteer to better assess the needs of young children and their caregivers which have been discussed above.
10. Next present the tools and discuss with participants the purpose and the idea behind each tool by following the steps below:
  - Tell participants that when the HBC volunteers visit the households, they would use simple tools that would guide them to observe children as well as work with the caregivers to highlight children's health, hygiene, protection and learning needs. The HBC volunteers would then share their feedback on each household and how they liked using the tools with each other and the organization's staff during monthly meetings.
  - Next, discuss with the participants what they hope happens in these households? After participants share their ideas, explain that the goal of these activities is to increase caregiver

knowledge to care for their young children and to hopefully adopt new practices as well as increased access to needed services within the community.

- The facilitator should then ask the HBC volunteers what they need in order to participate in this activity and to be able to use the tools? Use the participant's feedback about what they need from the organization to fill in the left side of the table.

### Example

Organization	HBC Volunteers
Foundation training on the tools	Participation in training
Provide tools for volunteer to use in each household	Prepare and use tools during household visits
Provide mentoring and coaching on household visits and monthly reflection meetings	Share feedback on households and tools during monthly reflection meetings
Other*-includes other meetings or in-service training	Other-includes feedback with OVC committees and local health officials

\*If the organization is planning to provide incentives, that information should not be shared at this time. This will help to ensure that participation is driven by interest and not by compensation.

### Timeframe

11. The facilitator gives details on the length of the proposed activity, (e.g. from January until August 2011), explaining that they would receive the training they would need during this time to continue to use the tools afterwards.
12. The facilitator asks if the participants have any questions about what they have discussed and what they think about these activities.

### Next Meeting

13. If participants are interested, the group should plan a time to meet again in 7-10 days.
14. They should bring their notebooks or any other information (e.g. household register forms, etc.) on the number and ages of adults and children in each household.
15. During the next week, please use what we discussed today to observe children during your household visits. Do you see children like the ones in the picture? Can you observe children who may be malnourished or ill? Do you see other emotional, health or nutrition needs that are not being met? We will share our observations at the next meeting.

## Follow Up Meeting for HBC Volunteers to

# Participate in the Activity (Sign-Up)

**Objective:** The purpose of this meeting is to reflect on the need to focus on children 0-8 and their caregivers based on last conversation and what home-based care volunteers have observed during their visits in order to confirm their participation in Essential Package activities.

## Description

### Participants will:

- Review what they discussed during the last meeting
- Share what they have observed about children's needs over the past week
- Confirm their interest and participation in the new activities
- Sign a commitment letter
- Receive information about upcoming training activities

**Time:** 30-45 minutes

**Materials:** Commitment Letters, Consent Letters for Household Activities (see samples below), volunteer notebooks and pens

**Participants:** Home based care volunteers

**Facilitator:** Local NGO staff member

### Steps:

1. Welcome the participants and thank them for their presence at this meeting.
2. Warm-up: Facilitator asks if a participant can lead group in head, shoulders, knees and toes song or another song with movement.
3. Review key messages from last meeting: Why is it important that we work with caregivers to ensure that children have opportunities to learn and grow?
4. What did you observe since the last meeting? Participants share their observations about young children's needs made during their home visits.
5. Review commitment: What would the organization provide and what would volunteers do in addition to their regular responsibilities?
6. Now that you have had time to think about the needs of young children living in homes affected by HIV/AIDS, I hope that you will decide to participate in these new activities to work together

with parents and caregivers to improve the lives of these children. If you would like to make a commitment to work together with (organization), please stay after the meeting.

7. Thank all the participants for their time.

### **Post-meeting**

- Commitment Letter: Those who are interested should sign commitment letter (sample below)
- Announcement: Facilitator negotiates dates of foundation training with participants.
- Household Caregivers Consent: Before the volunteers participate in the training, they should ask the primary caregivers in the households they serve if they also consent to participating in the new activity in order to learn more about how to meet their needs and the needs of their children. Volunteers should first create interest by sharing some of the ideas discussed in the steps above during the first meeting. In their conversation with the primary caregivers, volunteers should make sure that they explain the time involved to participate in the new activity in addition to other people involved in household visits (Comprehensive Checklist enumerator and NGO staff member) before the caregivers give their consent:
  - There will be someone visiting the primary caregivers (share the dates of the baseline) in their home to find out more about their needs and how the new information that that volunteer has can be useful to them. This survey should take approximately two hours of their time.
  - Each visit, in addition to the existing home-based care activities, the volunteer will ask additional questions and share information about ways to help caregivers assist their children to learn and grow.
  - Sometimes, there will be another person accompanying the volunteer (the NGO staff member) during these home visits. This is the volunteer mentor. His/her role will be to observe and learn how the tools are being used so that the NGO can work with the volunteer to improve the tools.
  - If the primary caregiver agrees to participating in the above activities, Consent Letter (sample on page 9.)
- Household Information: The facilitator collects the information from the volunteers about the number and ages of adults and children in the household. This will aid the program staff in constructing the sample for the comprehensive checklist interviews (baseline) in each community. If volunteers do not have this information, the facilitator should help them to collect the information by making the following table in their notebook or on the back of the consent letter:



Household Name:		
Adults	Name	Age
1.		
2.		
3.		
4.		
Children		
1.		
2.		
3.		
4.		
5.		
6.		

---

# Sample Commitment Letter

Community Name \_\_\_\_\_

I, \_\_\_\_\_, hereby commit to the following responsibilities:

- Participate in training on child and caregiver needs
- Prepare and use tools from training during household visits
- Share feedback on households and tools during monthly reflection meetings

from \_\_\_\_\_(date)\_\_\_\_\_ to \_\_\_\_\_(date)\_\_\_\_\_.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

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# Consent Letter for Household Activities

Community Name \_\_\_\_\_

I, \_\_\_\_\_, as the primary caregiver of this household, hereby consent to participating in the following activities:

- Answer questions that will help to find out more about my needs and the needs of my children.  
This survey should take approximately two hours and will occur every 3-6 months.
- Work with the volunteer during his/her home visits to answer questions and learn new information about ways to help my children to learn and grow.
- Allow other person(s) to accompany the volunteer in my home during these home visits to observe and learn how the tools are being used.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_



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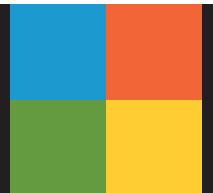
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# THE ESSENTIAL PACKAGE



**Implementation Guide for Program Managers**



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# Overview

**After the Essential Package Foundation Training**, both the program staff as well as the home-based care volunteers will need continuous mentoring and coaching in order to utilize the package tools to help caregivers better address their own and their child's essential needs. This guide provides an overview of how program staff will mentor the volunteers and document the successes and challenges at the caregiver and volunteer levels as well as how the program managers will analyze the information collected from the field and mentor their staff to effectively build the volunteers' capacity.

## List of Tools Referenced in Guide

### For Home-based Care (HBC) Volunteers

Per Visit Assessment Tool

Visual Reference Guide

### For Program Staff

Home Visit Monitoring Tool                      Annex A)

Reflection Meeting Reporting Tool              (Annex B)

Notes for Reflection Meeting Facilitator        (Annex C)

Sample Reflection Meeting Guide                (Annex D)

## I. Program Staff Responsibilities

### A. Mentoring Home Visits with Volunteers and Feedback Session

- 1. Timing:** At first, the staff should plan more intensive monitoring, optimally at least twice a month with each volunteer to two different households, up to three times a month if there are fewer volunteers. It is important that the staff prepare for their mentoring visits by reviewing the visual reference guide and per-visit tool because staff will not be using the tools everyday as the volunteers do in their home visits.
- 2. Instrument:** Home Visit Monitoring Tool (Annex A),
- 3. Description of Visit:** At the beginning of the first visit to each household, the staff member should introduce him/herself and explain that he/she is there to: learn about how the caregiver is caring for their needs and their children's needs and how he/she can help the volunteer to use the tools. It is important to not appear as a supervisor to ensure that the volunteer and caregiver feel comfortable to share their questions and concerns with each other. The staff member should fill in his/her monitoring tool during the visit so that he/she can utilize it to guide the feedback session with the volunteer.

- 4. Feedback Session:** After the monitoring visit, the staff member will hold a feedback session with the volunteer. At the beginning of the first feedback session, the staff member should create a positive environment so that the volunteer feels at ease to ask questions and share his/her experiences and challenges. He/she should explain that the purpose of the monitoring visits is to observe how the volunteer is able to use the tools to interact with the caregiver and share important messages about services and positive caregiving practices. The staff member should stress that his/her role is to mentor and not to supervise. The staff member should then share the mentoring tool with the volunteer to explain what kind of notes he/she was taking during the home visit.

On subsequent visits, the meeting can begin immediately with the feedback session. The volunteer will first answer each question and then the staff member will give his/her constructive feedback using evidence from the visit as examples. Staff should use the second part of the monitoring tool to guide the session. In this format, the volunteer first shares successes and receives positive feedback and afterwards reflects upon and receives constructive feedback to address challenges. The staff member should frame their feedback in the following way:

BITs	Description	Example
Behavior:	The action that you see	"I liked the way you followed up on the last visit to make sure that the sick child went to the health clinic."
Impact:	Why it is important	"This is very important to ensure that children in the household receive medical attention when they are ill."
Time:	What you would like to see in the future	"Please continue this excellent practice and always follow-up on your recommendations and referrals."

This is called the B.I.T.s approach<sup>1</sup> and it will assist staff members in highlighting the importance of the volunteers' actions to provide both positive and constructive feedback. At the end of the session, the staff member should always take the opportunity to motivate the volunteer by praising their dedication and good work in helping others in the community.

## **B. Facilitation of Reflection Meeting Sessions Among Volunteers**

- 1. Timing:** As the volunteers have many other activities, the staff member should consult them for a time that is convenient for everyone to meet. The ideal time for the reflection meetings are either at the beginning or end of each month.
- 2. Instruments:** Reflection Meeting Reporting Tool, Notes for Facilitator and Reflection Meeting Sample Guide (Annexes B, C, D)
- 3. Description:** At the meeting, the staff member will use the guide and the reflection meeting reporting tool to document volunteer feedback. This tool should be completed immediately following the meeting so that the program can capture the progress and challenges that the volunteers have

<sup>1</sup> Adapted from the BET approach, Save the Children.



shared. This meeting will be described in greater detail in the program manager section below.

### **C. Turn in Completed Monitoring tools to Program Manager in a Timely Manner**

The program manager should develop clear deadlines for the program staff to turn in the reflection meeting and monitoring visit tools. These tools give insight to the positive changes and challenges at the caregiver and volunteer levels and should be used to address the volunteers' capacity building needs. Please see the program manager section below for more information.

### **D. Participation in Monthly Planning Meetings among Program Staff**

These meetings provide an opportunity for staff members to reflect on their work with the volunteers over the last month, the successes and challenges at the caregiver, volunteer and program staff level. Staff members should prepare for these meetings by reflecting on:

- Their activities and highlighting the changes they have seen in their work, the volunteer's work and the caregiver practices; and
- Areas where they and the volunteers need more guidance and challenges for caregivers in meeting their children's needs.

This meeting will be described in greater detail in the program manager responsibilities section below.

## **II. Program Manager Activities and Responsibilities**

The program manager has a critical role in building the capacity of his or her team to mentor and document the volunteer's activities. At the office, the program manager does this by holding a monthly meeting to prepare for the reflection meetings with volunteers as well as a planning meeting that reflects on the field activities to incorporate lessons learned into the following month's activities. In the field, the program manager should monitor the activities of each staff member to ensure that they have the necessary skills to effectively mentor the home based care volunteers. Analyze the information collected in the two staff tools to reevaluate the staff and volunteers' capacity building needs.

### **A. Preparation for First Monitoring Home Visits with Volunteers**

1. **Timing:** Before the staff begins monitoring visits
2. **Instruments:** Home Visit Monitoring Tool, Per Visit Assessment Tool, Visual Reference Guide
3. **Description:** The program manager should hold a preparation session to build staff capacity to implement the monitoring tool, effectively observe the volunteers and hold a feedback session. This session should include the following components:
  - **Monitoring Visit Overview:** Program manager describes what the staff will do during the monitoring visit (Observe, fill out tool, carry out feedback session) using the description in the

Staff Responsibilities section above.

- **Review monitoring tool:** The program team reviews each question in the program tool and practices how to provide specific examples in the Evidence column. The team should also discuss the importance of the tool in documenting what is happening in the home. The program manager should explain how he/she will use the information collected to improve the quality of the tools and develop strategies to address challenges that will be shared in the reflection and monthly planning meetings.
- **Review volunteer's tasks and staff's actions during visit:** Discuss the volunteer's role during a home visit as it was practiced in the Essential Package Foundation Training. What are the tools that he/she will use? How should the volunteer interact with the caregiver and share messages? Highlight the importance of observing the caregiving environment with a critical eye to see areas to address that the volunteer may not see. Next, discuss the role of the staff during the monitoring visit. How will she/he observe the visit in a way that will not make the volunteer or caregiver uncomfortable? How will the staff member guide the volunteer if she/he is having difficulty using the tool? As a group, simulate the right way as well as the wrong way and discuss. It is important that the staff member's presence not undermine the volunteer's authority as a mentor for the caregiver.
- **Practice feedback session:** Staff should prepare a mini-script about how they will introduce themselves and explain the purpose of these visits. The team should role play the feedback session while using the monitoring tool as a guide. They should practice using the B.I.T.s. approach to share positive as well as constructive feedback.

## **B. Preparation for Reflection Meeting with Volunteers**

The reflection session provides an opportunity for the volunteers to share their successes and challenges as professionals as well as the changes and challenges that they find in their interactions with the caregivers at the household level. It is important that the staff prepare for these meetings so that the sessions are dynamic and useful for the volunteers' in their roles as home based care mentors. A sample guide can be found in Annex D. The program manager should utilize this guide to finalize the activities and simulate the meeting with his/her team before each meeting with the volunteers. The following section provides more guidance on which sections of the meeting will change each month and how the team can prepare to promote problem-solving and peer-to-peer learning among the volunteers.

### Activity 1: Greetings

The team should practice a song or game to start the meeting in case the volunteers do not have their own example.

### Activity 2: Reflection

During each reflection session, follow up on the challenges from the last session to find out if it was possible to overcome this challenge from the previous month. If there is a challenge for which the volunteers are unable to develop a strategy, the staff member should highlight this in the reflection meeting reporting tool so that the program manager and staff can strategize as a team.

### Activity 3: Practice with the Volunteer Tools

This activity will change each month depending on the volunteer needs. At first, ask which parts of the tools are causing difficulty. Use the feedback from the monitoring tools to anticipate which parts of the tools are more difficult than others and practice them as a team during the preparation meeting. Once the volunteers feel more comfortable with the tools, the team can review the activities on two visual reference cards at each session.

### Activity 4: Closing

Highlight the importance of the volunteers in each community to plan time to come together and reflect on their experiences each month in addition to the reflection meeting. This practice will not only facilitate peer-to-peer learning for the sustainability of these activities but will improve the quality of the volunteers' interactions with caregivers.

## C. Analysis of Successes and Challenges

1. **Timing:** Before and during the monthly planning meeting
2. **Instruments:** Home Visit Monitoring Tool and Reflection Meeting Reporting Tool
3. **Approach:** The home based care monitoring visit tool; reflection meeting reporting tools; and staff reflections at the monthly planning meeting provide rich information about how the volunteers are able to use the tools; how the caregivers are applying the messages to their practices; and how the program team is providing mentoring and coaching to the volunteers to improve their interactions with caregivers. The program manager should use this information to analyze positive changes and existing challenges for caregivers to meet their needs and the needs of their children as well as staff and volunteer capacity building needs. After the program manager evaluates these successes and challenges, he/she should develop strategies to address these challenges that can be discussed during the monthly planning meetings with staff to guide their work with volunteers at the reflection meetings and during monitoring visits. The program manager should look for opportunities to share successes as well because this positive feedback will motivate staff and volunteers to continue their effective work.

#### D. Monthly Planning Meeting with Program Staff

1. **Timing:** At the end of each month. The duration of the meeting will be determined by the size of the team and the number of volunteers that they mentor.
2. **Purpose:** These meetings are an important way to build the team's support system. The program manager should guide the meeting but should incorporate opportunities for team members to work together and also to share their successes as individuals. The following section provides guidance on the components of this meeting:

#### 3. Agenda for Monthly Planning Meeting

- **Reflection:** Each staff member takes a few minutes to share what they are proud of this month in their own practice, or what they have observed with the volunteers and caregivers as well as what areas they see for improvement in their own practice for volunteers or caregivers.
- **Program Manager synthesizes successes and challenges:** The program manager summarizes what the staff members have said and includes examples from his/her own field visits, information in the tools to support these successes and challenges.
- **Staff member shares successful strategy:** Each month, a different staff member will have the opportunity to share a strategy or approach that they have found to be effective.
- **Team develops strategy to address challenge in following month's activities:** Of the challenges that the staff and program manager previously mentioned, the team will select the most pressing challenge and will brainstorm strategies to overcome this challenge.
- **Team plans activities for following month:** The team prioritizes their activities for the following month. During their planning, they should also decide how they can incorporate the positive feedback and strategy to address the immediate challenge in their interactions with volunteers.
- **Individual meetings:** Immediately following the meeting or soon after, the program manager should schedule one-on-one meetings with each staff member. These meetings provide an opportunity to share specific feedback on the quality of the completed tools, address challenges and review professional goals to motivate staff members in their work. The program manager should also allow time for each staff member to give him/her feedback about how they are doing in preparing and motivating staff to carry out their responsibilities.

#### E. Mentoring Program Staff in the Field

Program managers should observe the work of their staff during home monitoring visits and reflection meetings to evaluate how they are able to mentor the volunteers. These monitoring visits should be intensive at the beginning of the program to ensure that the staff has the skills to guide the volunteers' work. After the visit or meeting, the program manager should hold a feedback session with the staff

member. Using the B.I.T.s approach, the staff member should first receive guidance on what she/he is doing well and together, they should develop clear strategies to improve the staff member's practice. If the team has the time, they can also work in pairs to mentor each other during field activities.

# Annex A

## Home Visit Monitoring Tool

Name of Community:		Name of Primary Caregiver:	
Name of Volunteer:		Name of Staff Member:	
Date of Visit:		Date of Last Visit:	
<b>PART A: During the Visit</b>			
	Question	Yes	No
1.	Did the volunteer follow up from the last visit?		
2.	Did the volunteer follow the per-visit assessment?		
3.	Did the volunteer refer the caregiver to available services if needed?		N/A
4.	Did the volunteer praise the caregiver's positive practices?		
5.	Did the volunteer use messages from the Visual Guide?		
6.	Was the caregiver receptive to messages? (e.g., seemed interested in the volunteer's recommendations, asked questions, etc.)		
<b>PART B: After the visit- Feedback Session with the Volunteer</b>			
	Question	Response	
7.	How is the volunteer meeting the specific needs of the caregiver in this household?		
8.	What positive changes has the volunteer seen in this household?		
9.	What are the challenges of using the per visit assessment and visual guide?		
10.	What support does this caregiver need to meet the needs of his/her children?		
Comments:			

# Annex B

## Reflection Meeting Reporting Tool

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Facilitator: \_\_\_\_\_ No of Participants Men: \_\_\_\_\_ Women: \_\_\_\_\_

**Note:** When writing response, include volunteers' names. For example, if Michael shares that three caregivers in the households he visits are now playing with their children, write Michael: 3 caregivers playing with children.

	Question	Response
Activity 1		
1	What is something the volunteers learned about ECD this month?	
Activity 2		
2	What positive changes has the volunteer seen in their home visits with caregivers and their children?	
3	What are they proud of in their own work?	
4.	What are the challenges for caregivers to care for their children?	
5	What are the challenges for volunteers to carry out their work?	
6	Which challenge did the group prioritize?	
7.	What is the strategy to overcome this challenge?	
Activity 3		
8.	What are the challenges of using the per-visit assessment or visual guide?	
9.	Is there anything that the volunteers would like to learn more about?	
Activity 4		
10.	What is the date and time of the next meeting?	
Comments:		

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# Annex C

## Notes to Reflection Meeting Facilitator

**Prepare:** Practice the activities discussed in the preparation meeting and review the visual reference guide and per-visit assessment before the meeting.

- **Create a Positive Environment:** Remind volunteers of the rules they created at the training so that everyone is encouraged to ask questions and give their opinion (One person speaks at a time, No laughing at others, Cell phones on silent, etc.) Make eye contact with participants and smile.
  - **Make Sure that Everyone can See Each Other:** The group should sit in a circle so that everyone can see each other. The facilitator should sit at the level of the participants.
  - **Promote Dialogue:** Ask open-ended questions beginning with why and how. Give time for volunteers to think before they share their opinion. Respond to their questions and explain doubts. Encourage volunteers to share their experiences with each other by asking:
    - “What do the others think about that?”
    - “Have you handled this in a different way?”
    - “Do you want her/him to explain more about why she did that and how?”
  - **Keep track of Time:** Use the guide to keep track of time so that the group has time to practice all of the activities and the volunteers do not become bored. Remember that the volunteers are very busy.
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# Annex D

## Reflection Meeting Sample Guide<sup>2</sup>

**Background:** Every month, the volunteers from each community gather to reflect on their practice and experiences with the caregivers during home visits. A program staff member facilitates the session. This presents an opportunity to document successes and lessons learned while encouraging information sharing and peer-to-peer learning.

**Time:** 1.5 hours

### Materials:

#### For Volunteers

Visual Reference Guide

Completed Per-Visit Assessment Tools from previous month

#### For Facilitator

Meeting Guide

Visual Reference Guide

Per-Visit Assessment Tool

Reflection Meeting Reporting Tool

Chalkboard and chalk or Flip chart paper and markers

**Other possible materials:** household items with pictures (books, magazines, rice sacks), bottle caps, rocks, seeds to practice actions from child cards

### Activity 1: Welcome

**Time:** 10 minutes

#### Steps:

##### 1. Welcome activities (2-3 minutes)

The facilitator leads participants in song or plays a game that volunteers can show caregivers to play with their children

##### 2. Take attendance (2 minutes)

##### 3. Share Learning: Can you share something you've learned about how children learn and grow this month (areas of development, child health, nutrition, hygiene, etc.)?

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<sup>2</sup> Kelly, M. & Llewellyn, D. (2009). **Learning Circle Facilitation Guides**. Mozambique ECD Program. Save the Children: Maputo, Mozambique.

## Activity 2: Reflection

**Time:** 45 minutes

**Introduction:** The facilitator explains that we are going to reflect on this month's activities. Before we start, let's remember the rules that we made during the training (respect one another, do not laugh at others, cell phones on silent, etc.).

### Steps:

1. **Review goals from Foundation Training:** Why are we here? What do we hope to change in our community?
2. **Share Professional Accomplishment related to the goals.** Each volunteer briefly describes something they feel proud of that they did in the past month, related to helping caregivers meet the needs of their children. Others listen but do not interrupt, comment or question.
3. **Identify and describe a problem or challenge in the work related to the goal:** Next, each volunteer has 3-4 minutes to describe one problem they have identified. Others listen and do not comment. This helps volunteers develop listening skills and allows the speaker to reflect, as s/he speaks, without interruption. This also allows the sharing process to move quickly.
  - **Note:** Focus this section on barriers to services or challenges of sharing messages with caregivers. There is more time in Activity 3 to focus on the volunteer tools.
  - After the first meeting, follow-up on a challenge from last time: have the volunteers overcome this challenge? Did they use the strategy we discussed as a group or did some volunteers develop another strategy?
4. **Problem Analysis:** The facilitator selects one problem to analyze. Group members ask information-seeking questions, pushing for clarification about the problem, but do not offer advice.
5. **Problem–Solutions and Action:** The group then brainstorms possible solutions and assists the volunteer in developing an initial plan of action. At the next meeting the volunteer reports on the success of the plan.
6. **Sharing: Building New Knowledge & Skills – Presentation:** The session concludes with a short presentation (5 minutes) by one of the members. S/he teaches a skill to the group, explains an effective strategy, or shares something recently learned. In the first meeting, the facilitator should have a short presentation prepared from the reflection preparation meeting. Selection for the next month's presentation often arises from the "Round About" in #2. There will be something that the group wants to learn more about. This provides a forum for volunteers to be recognized and develop leadership.

### Activity 3: Review Volunteer Tools

**Time:** 30 minutes

This should be an interactive activity where the group:

1. Decides which parts of the volunteer tools are most challenging
2. Discusses how to overcome these challenges
3. Practices using the tools in small groups through role plays or games.

### Activity 4: Closing

**Time:** 5 minutes

1. Decide date and time of next session.
2. Review the strategy to overcome the challenge developed in Activity 2.
3. Encourage the volunteers to meet before the next reflection meeting to reflect and plan together.
4. Thank the participants warmly for their participation and enthusiasm.

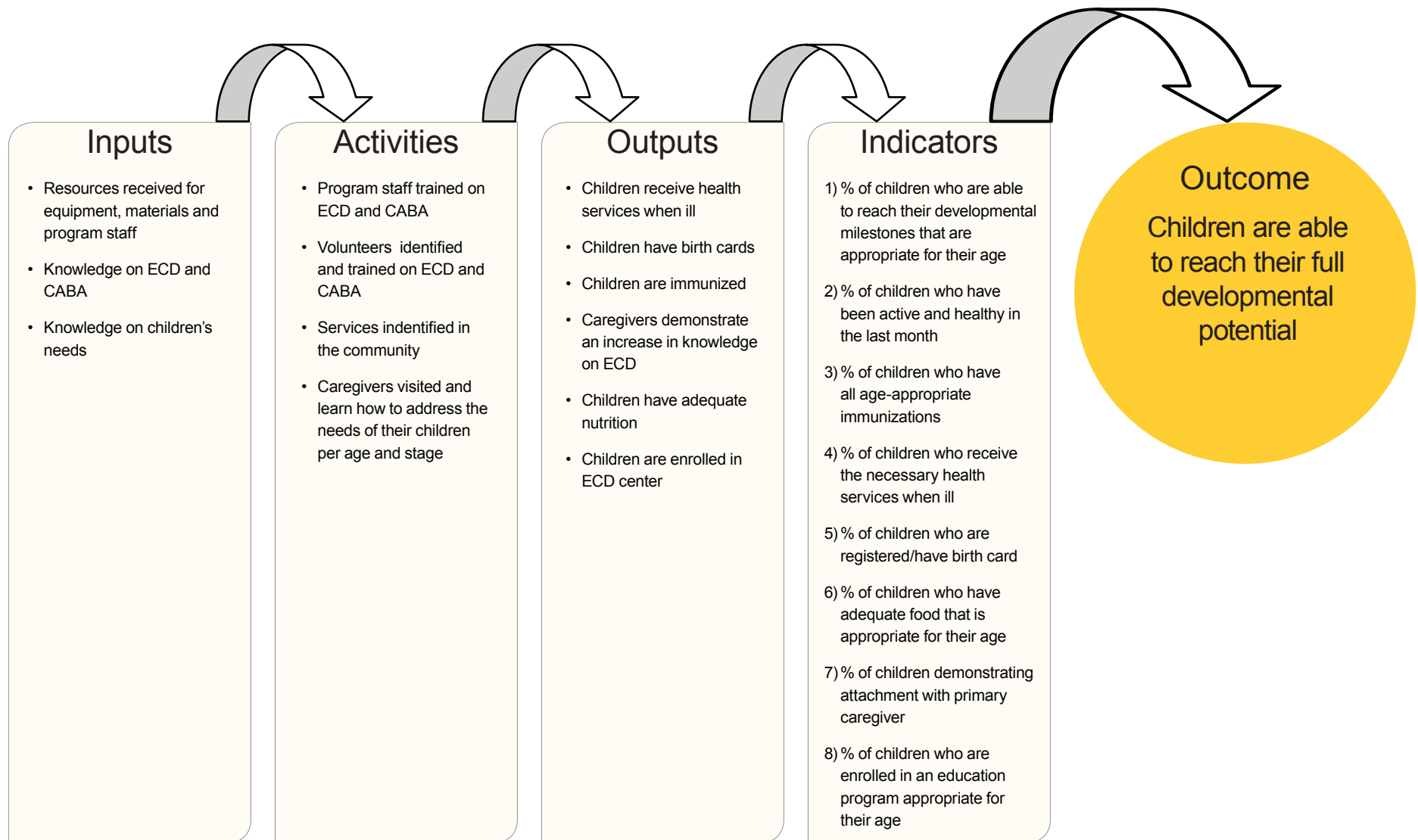
# THE ESSENTIAL PACKAGE



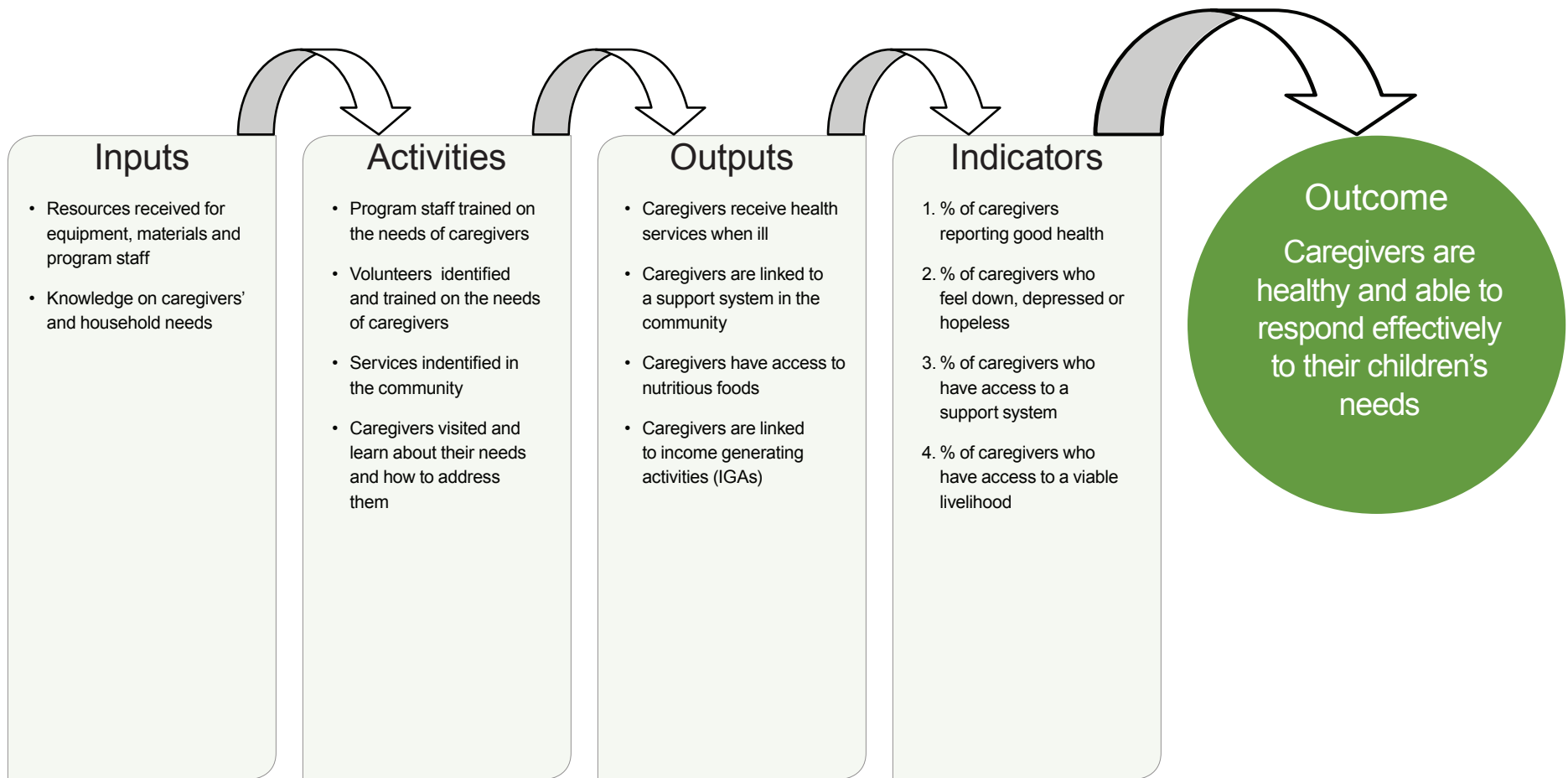
**Monitoring and Evaluation Framework  
at Three Levels**  
(Child Status, Caregiver Status, and Caregiving Environment)



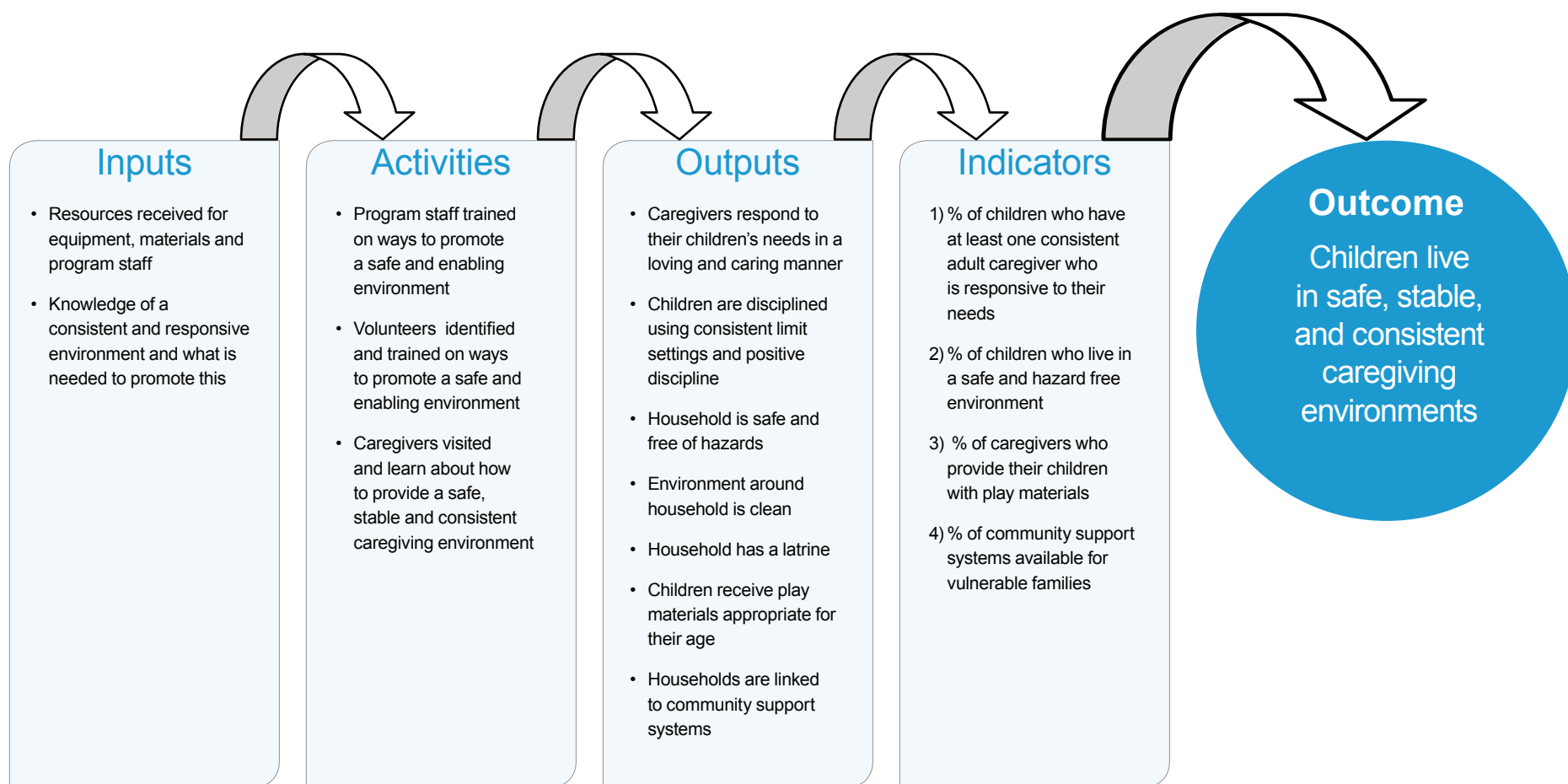
# Child Status



# Caregiver Status



# Caregiving Environment





**Save the Children®**



THE CONSULTATIVE GROUP  
ON EARLY CHILDHOOD  
CARE AND DEVELOPMENT

**ChildFund®**  
International



Centers for Disease  
Control and Prevention  
[www.cdc.gov/actearly](http://www.cdc.gov/actearly)  
1-800-CDC-INFO

**Conrad N. Hilton**  
FOUNDATION



# THE ESSENTIAL PACKAGE



**Comprehensive Checklist for The Essential Package**



**COMPREHENSIVE CHECKLIST FOR THE ESSENTIAL PACKAGE**

Name of Household \_\_\_\_\_

Code of Household: \_\_\_\_\_

Community \_\_\_\_\_

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Interview Began: \_\_\_\_\_

Time Interview Ended: \_\_\_\_\_

Enumerator \_\_\_\_\_

☐ Baseline☐ Follow-up**Introduction:**

**Interviewer:** *We are so glad that you have agreed to work with your Child Health Promoter on certain activities that can help to improve your well-being and the well-being of your young children. As part of this process, I would like to spend some time with you today, learning more about you, your children, and your household, what resources you have available and what challenges you might face. This information will then be shared with your Child Health Promoter and her supervisor so that they can best work with you and your children. The interview should take no more than 2 hours of your time and we will be focusing on all of the children in your household under the age of 8 that you are primarily responsible for. If there are any questions that you don't feel comfortable answering, just let us know and we will skip these. Do you have any questions?*

**Do you agree to participate in this interview?** ☐ Yes ☐ No

IF PARTICIPANT AGREES, PLEASE HAVE THEM SIGN OR MARK AN "X" BELOW:

\_\_\_\_\_  
PARTICIPANT\_\_\_\_\_  
WITNESS

If participant does not agree to participate, thank them for their time and end the interview.

**Interviewer: To start, I am going to ask you some general questions about you and your family, and your living environment.**

Household Register	1.	<b>FOR MID/END POINTS:</b> Any change in the household in the last six months? <input type="checkbox"/> No (Skip to Q.2) <input type="checkbox"/> Yes (If yes, check all that apply):	<input type="checkbox"/> Moved <input type="checkbox"/> Child died: _____	<input type="checkbox"/> Primary caregiver ill <input type="checkbox"/> Parent/guardian died: _____	<input type="checkbox"/> Primary caregiver bedridden <input type="checkbox"/> Other: _____	
	2.	Total number of adults living in household (over age 18 years)? _____ (#)	Gender	Birth date	Relationship to Children	
			1.	1.	1.	
			2.	2.	2.	
			3.	3.	3.	
			4.	4.	4.	
			5.	5.	5.	
	3.	Who is the primary caregiver?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended family <input type="checkbox"/> Foster parent <input type="checkbox"/> Older sibling <input type="checkbox"/> Child-headed household (no adult supervision) <input type="checkbox"/> Other _____ <b>*NOTE: (The primary caregiver is the person primarily responsible for physically taking care of child's needs (e.g., dressing, bathing, feeding, getting to school, etc.); not necessarily the breadwinner.</b>			
	3a.	Has the primary caregiver changed in the past six months?	<input type="checkbox"/> No (Skip to Q.4) <input type="checkbox"/> Yes (Go to Q.3b)			
	3b.	Who is now the primary caregiver?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended family <input type="checkbox"/> Foster parent <input type="checkbox"/> Older sibling <input type="checkbox"/> Child-headed household (no adult supervision) <input type="checkbox"/> Other _____			
3c.	When did this change occur?	<input type="checkbox"/> 5 months ago (Feb) <input type="checkbox"/> 4 months ago (March) <input type="checkbox"/> 3 months ago (April) <input type="checkbox"/> 2 months ago (May) <input type="checkbox"/> Last month (June) <input type="checkbox"/> This month (July) <input type="checkbox"/> Don't Know				
4.	Are there others in the household who provide care for the child? If no: Skip to Q5 If yes: Check all that apply	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended family <input type="checkbox"/> Foster parent <input type="checkbox"/> Older sibling <input type="checkbox"/> Child-headed household (no adult supervision) <input type="checkbox"/> Other _____				
	Total number of children age 9-18	Name (please only record)	Gender (please only record)	Birth date (please only record)	Relationship to Primary Caregiver	

## Comprehensive Checklist for the Essential Package

Code of Household \_\_\_\_\_

☐ Baseline☐ Follow-up

	5.	living in household? _____ (#)	children 0-8)	children 0-8)	children 0-8)	(please only record children 0-8)
		Total number of children 0-8 living in household? _____ (#)	1.	1.	1.	1.
			2.	2.	2.	2.
			3.	3.	3.	3.
			4.	4.	4.	4.
			5.	5.	5.	5.
			6.	6.	6.	6.
Household Register (cont.)	5a.	Have any children joined the household in the last six months— after the last time this survey was conducted?	<input type="checkbox"/> No (Skip to Q.6) <input type="checkbox"/> Yes (Go to Q.5b)			
	5b.	Which children are new?	(Please circle the names of new children above and <b>do not</b> collect further data on them. Only collect data on children who were included at baseline. If new children are age 9-18 and are not listed above record note it in the space below).			
			<b>QUESTIONS 5c-I TO BE COMPLETED POST INTERVIEW. Numbers only to include children measured at baseline and endline. Do not include new children who have joined household since baseline.</b>			
	5c.	How many children in this household are male				
	5d.	How many children in this household are female				
	5e.	Males 0-8				
	5f.	Females 0-8				
	5g.	How many children in this household are age 0<6 months				
	5h.	How many children in this household are age 6-<12 months				
	5i.	How many children in this household are age 12-<24 months				
	5j.	How many children in this household are age 24-<36 months				
	5k.	How many children in this household are age 3-6 years				
	5l.	How many children in this household are age 6-8 years				

## Comprehensive Checklist for the Essential Package

Code of Household \_\_\_\_\_

☐ Baseline☐ Follow-up

	6.	Level of education of primary caregiver (e.g. grade 4 = 04)	
	7.	What type of material is the house made of?	<input type="checkbox"/> Traditional construction (mud or thatch) with packed dirt floor <input type="checkbox"/> Improved (cement floor or asbestos roof) <input type="checkbox"/> Brick or cement with cement floor
	8.	Does the household have a source of income? IF NO: SKIP TO Q.10	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9.	If yes, what kind of income?	<input type="checkbox"/> Average Monthly expenditure: _____ <input type="checkbox"/> In-kind services/goods Specify: _____ <input type="checkbox"/> No income

**Interviewer:** *Now, I am going to ask you some questions about your own health and well-being.*

Caregiver Status & Support	10	In the past month, has the primary caregiver suffered from any acute or chronic illness (e.g., flu, malaria, asthma, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	11	Does the primary caregiver have access to health care services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12	Does the primary caregiver know how to access HIV testing and treatment, including PMTCT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	13	Is anyone in your household expecting to have a child soon?  [RECORD TO RECORD WHETHER OR NOT RESPONDENT IS PREGNANT, IF RESPONDENT SHARES THIS INFORMATION]  IF NO, DK, or missing: SKIP TO Q. 15 IF YES: GO TO Q. 14	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	14	If pregnant, did she receive antenatal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	15	Does the primary caregiver have access to a variety of nutritious foods (e.g., fruits, vegetables, meats, eggs, milk, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	16	Does the primary caregiver feel down, depressed or hopeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	17	Is it common for women in the caregiver's community to experience violence from their husbands? IF CAREGIVER MALE SKIP TO 19	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	18	Has the caregiver experienced this type of violence in the past from her husband?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	19	Does the primary caregiver have people who provide him/her with emotional and social support (e.g., family members, friends, support group, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, please specify _____
	20	Has the primary caregiver been bedridden recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	<b>NUMBER 21 OBSERVE ONLY:</b> Does caregiver have any physical challenges or disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Interviewer:** *Now we are going to focus on the children in your household who are under the age of 8 years old. For each of the children in the household in this age group, please tell me their name, gender, how old they are, and their relationship to you. (If more*

Comprehensive Checklist for the Essential Package

Code of Household \_\_\_\_\_

☐ Baseline

☐ Follow-up

than 3 children in the household from birth to 8 years, continue using another Comprehensive Checklist form. Only collect data on children that were included in the baseline survey).

		<ul style="list-style-type: none"> <li>Code child's age in months (e.g., if child is 15 months old, code as « 12 to 24 months ».</li> <li>Record child's name.</li> <li>Record child's sex.</li> <li>Record child's relationship to Primary Caregiver (e.g., biological son or daughter ; foster son or daughter ; niece or nephew ; grandson or granddaughter ; etc.)</li> <li>For below questions, try to verify with child's growth monitoring card if possible.</li> </ul>	<b>CHILD 1</b> <input type="checkbox"/> 0 to < 6 months <input type="checkbox"/> 6 to < 12 months <input type="checkbox"/> 12 to < 24 months <input type="checkbox"/> 24 to < 36 months <input type="checkbox"/> 3 years to < 6 years <input type="checkbox"/> 6 years to 8 years  Name _____ Sex: _____  Relationship to Caregiver _____	<b>CHILD 2</b> <input type="checkbox"/> 0 to < 6 months <input type="checkbox"/> 6 to < 12 months <input type="checkbox"/> 12 to < 24 months <input type="checkbox"/> 24 to < 36 months <input type="checkbox"/> 3 years to < 6 years <input type="checkbox"/> 6 years to 8 years  Name _____ Sex: _____  Relationship to Caregiver _____	<b>CHILD 3</b> <input type="checkbox"/> 0 to < 6 months <input type="checkbox"/> 6 to < 12 months <input type="checkbox"/> 12 to < 24 months <input type="checkbox"/> 24 to < 36 months <input type="checkbox"/> 3 years to < 6 years <input type="checkbox"/> 6 years to 8 years  Name _____ Sex: _____  Relationship to Caregiver _____
Child Status (Health, Nutrition, & Protection)	22	Does child have a birth record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	23	Does child have an under-five card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	24	CONSULT UNDER-FIVE CARD IF AVAILABLE Has child received all age appropriate immunizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	25	CONSULT UNDER-FIVE CARD IF AVAILABLE Does child receive regular growth monitoring (e.g., weight once per month if under age 5)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	26	<sup>1</sup> Is child growing well compared to others his/her age in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	27	<sup>1</sup> Does child have adequate food that is appropriate for his/her age (includes breastfeeding, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	28	<sup>1</sup> In the past month, has the child been healthy and active (e.g., with no fever, diarrhea or other illnesses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	29	<sup>3</sup> Compared with other children, does child have difficulty seeing, either in the daytime or at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	30	<sup>3</sup> Does child appear to have difficulty hearing? (uses hearing aid, hears with difficulty, completely deaf?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	31	<sup>1</sup> Does child receive necessary health care services, including medical treatment when ill & preventive care (e.g., health education, immunizations, & HIV testing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>	
C 32	(Note for data entry: flip to page 9 for Q.32)				

Comprehensive Checklist for the Essential Package		Code of Household _____	<input type="checkbox"/> Baseline	<input type="checkbox"/> Follow-up
33	Is the child's biological mother alive? IF NO: SKIP TO Q. 35	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
34	Does the child's biological mother live in the same house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Is the child's biological father alive? IF NO: SKIP TO Q 37	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
36	Does the child's biological father live in the same house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	<sup>1</sup> Does child have at least one adult (age 18 or over) who provides consistent care, attention and support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	Does child bathe regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	Does child sleep regularly under treated mosquito net?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	<sup>1</sup> Does child live in a safe shelter, free of hazards (e.g., open pit fire, dangerous pit latrines, stagnant water pools)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	<sup>2</sup> How many children's books or picture books does the child have?	<input type="checkbox"/> None <input type="checkbox"/> 1-<10 (__) <input type="checkbox"/> 10 or more	<input type="checkbox"/> None <input type="checkbox"/> 1-<10 (__) <input type="checkbox"/> 10 or more	<input type="checkbox"/> None <input type="checkbox"/> 1-<10 (__) <input type="checkbox"/> 10 or more
42	<sup>5</sup> Does the primary caregiver provide play materials for the child (e.g., toys, bowls, pots, sticks, rocks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
43	<sup>2</sup> In the past 3 days, did the primary caregiver or any household member over 15 years of age engage in any of the following activities with child?  <b>IF YES, ASK:</b> Who engaged in this activity with child? (Check all that apply) <b>IF NO:</b> CHECK N (No one)	PC=Primary Caregiver O=Other N=No one  <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	PC=Primary Caregiver O=Other N=No one  <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N	PC=Primary Caregiver O=Other N=No one  <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> N



			CHILD 1	CHILD 2	CHILD 3
Caregiving Environment	44	Does the primary caregiver understand and respond to the child's needs (e.g., knows when hungry and feeds; knows when wants to be held and picks up)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	32	When your child misbehaves, how do you discipline him or her? [RECORD WHETHER OR NOT CAREGIVER USES CORPORAL PUNISHMENT (PHYSICALLY BEATS CHILD)]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	45	Does the primary caregiver provide consistent rules and limit setting (e.g., stay away from the cooking fire)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	46	Does anyone hurt this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	47	<sup>5</sup> Does primary caregiver teach child skills/chores/ proper behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	48	Does the primary caregiver encourage the child to play with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	49	<b>THROUGH OBSERVATION ONLY:</b> <sup>6</sup> Does the primary caregiver caress, kiss, or cuddle the child during the visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opportunity to observe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opportunity to observe
	50	<b>FOR AGES 3-6 YEARS ONLY:</b> Is child enrolled in preschool, nursery school, or community Early Childhood Development centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	51	<b>FOR AGES 7-8 YEARS ONLY:</b> Is child enrolled in primary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

		CHILD 1	CHILD 2	CHILD 3	
Child Status (Development & Behavior)	<sup>2</sup> <i>I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of your child's development. *NOTE: There are 4 questions per age group plus an additional 6 questions for ages 2-8 years.</i>				
	<b>(a)FOR CHILDREN BIRTH TO &lt; 6 MONTHS:</b>				
	52(a) Phys	<sup>4</sup> Does child try to roll over (front to back or back to front)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(a) Cog	<sup>4</sup> Does child show curiosity about things and try to get things that are out of reach?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	54(a) Lang	<sup>4</sup> Does child coo ("ooo" or "aaa") when you talk to him?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	55(a) SE	<sup>4</sup> Can child briefly calm him/herself down (e.g., bring hands to mouth and suck on hand)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	<b>(b)FOR CHILDREN 6 MONTHS TO &lt; 12 MONTHS:</b>				
	52(b) Phys	<sup>4</sup> Does child stand with or without support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(b) Cog	<sup>4</sup> Does child follow simple directions like "pick up the toy"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	54(b) Lang	<sup>4</sup> Does child make a lot of different sounds (babababa)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
55(b) SE	<sup>4</sup> Does child recognize family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	

		<b>(c) FOR CHILDREN 12 MONTHS - &lt; 24 MONTHS:</b>	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
<b>Child Status (Development &amp; Behavior)</b>	52(c) Phys	<sup>4</sup> Is child walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(c) Cog	<sup>4</sup> Does child point to show things to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	54(c) Lang	<sup>4</sup> Does child say several single words?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	55(c) SE	<sup>4</sup> Does child show when he is happy or sad?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
		<b>(d) FOR CHILDREN 24 MONTHS - &lt; 36 MONTHS:</b>			
	52(d) Phys	<sup>4</sup> Does child run easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(d) Cog	<sup>7</sup> Does child put things away where they belong?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	54(d) Lang	<sup>3</sup> Can child name at least one object (for example, a toy, a cup)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	55(d) SE	<sup>4</sup> Does child get excited when with other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
		<b>(e) FOR CHILDREN 3 TO &lt;6 YEARS:</b>			
	52(e) Phys	<sup>4</sup> Does child get dressed by him/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(e) Cog	<sup>4</sup> Can child count to 10? (Ask caregiver to have child count to 10 if present).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	54(e) Lang	<sup>4</sup> Can child sing a song from memory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	55(e) SE	<sup>4</sup> Does child like to play creatively (e.g., make-believe play; singing; dancing; acting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A

		CHILD 1	CHILD 2	CHILD 3
Child Status (Development & Behavior) (cont.)		<b>(f) FOR CHILDREN 6 TO 8 YEARS:</b>		
	52(f) Phys	Can child hop on one foot or skip?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	53(f) Cog	Does child describe daily experiences with you (e.g., tell you about what happened at school, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	54(f) Lang	<sup>2</sup> Can child read at least four simple words?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	55(f) SE	<sup>4</sup> Does child show concern and sympathy for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
		<b>FOR ALL CHILDREN AGES 2-8 YEARS:</b>		
	56	<sup>2</sup> Is child sometimes too sick to play?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	57	<sup>5</sup> Is child inactive/withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	58	<sup>2,5</sup> Is child disobedient or aggressive (e.g., kick, bite or hit other children or adults)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	59	<sup>1</sup> Does child seem happy, hopeful, and content (smiling, shows affection, laughs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
	60	<sup>3</sup> Does child learn to do things like other children his/her age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A
61	<sup>2</sup> Does child get along well with other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A	
62	Does the primary caregiver have any other concerns about the way his/her child is developing? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:

<sup>1</sup>Questions adapted from Child Status Index (CSI); <sup>2</sup>Questions adapted from MICS 4 Survey (July 2009, v1.0); <sup>3</sup>Questions adapted from MICS 3 Survey; <sup>4</sup>Questions adapted from Milestone Moments (CDC); <sup>5</sup>Speak for the Child materials; <sup>6</sup>HOME Inventory; <sup>7</sup>ASQ-3

Observations:

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CARE AND DEVELOPMENT

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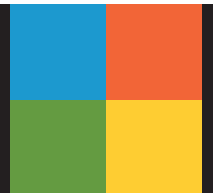
Learn the Signs.  
Act Early.  
Centers for Disease  
Control and Prevention  
[www.cdc.gov/actearly](http://www.cdc.gov/actearly)  
1-800-CDC-INFO

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# THE ESSENTIAL PACKAGE



**Policy Brief**



# Policy Brief

## Early Childhood Development in the Context of HIV and AIDS: Addressing the Age Specific Health and Developmental Needs of Young Children Affected by AIDS and their Caregivers

### Why Does This Matter?

Children, especially young children, are at particular risk as a result of the HIV epidemic, often experiencing a series of shocks (i.e., adverse experiences) in their early life related to HIV. Such shocks can become sustained, cumulative, and divert children from reaching their potential. Emerging data from studies on the impact of HIV on infected and affected children show detrimental effects on mortality, health, cognitive development and emotional adjustment. The evidence base for investment in early childhood development (ECD) is growing, particularly for children made vulnerable by poverty, natural disasters, and pandemics such as HIV. Our first years of life are the years in which we most rapidly develop – our bodies and our brains, how we learn skills and how we develop our emotions. Early childhood affects our abilities, our relationships, and our health for the rest of our lives. Having a consistent, responsive caregiver and a safe, stable environment during this time is a critical factor in promoting optimal health and development. A child in the early years is particularly sensitive to adverse effects, making this a very important period in which to address the critical needs of vulnerable children and their caregivers.



### What the Research Says

- Young children are especially vulnerable to the effects of HIV and AIDS, given that the first five years of life provide the foundations for lifelong development. A recent study in Pediatrics revealed staggering developmental delays among young children infected and affected by HIV.<sup>1</sup>

	Percentage of HIV Infected children 18-36 months with delays	Percentage of HIV Affected Children 18-36 months with delays
Cognitive functioning	60%	40%
Motor skills	29%	14%
Language expression	85%	47%

<sup>1</sup> Van Rei A, Mupuala A, Dow A. Impact of the HIV/AIDS epidemic on the neurodevelopment of pre-school aged children in Kinshasa, Democratic Republic of Congo. *Pediatrics*; 2008; 122; e123-e128.

- **Toxic stress occurs when** a child experiences strong, frequent, and/or prolonged adversity (e.g., physical or emotional abuse, chronic neglect, caregiver mental illness, accumulated burdens of family economic hardship) without adequate adult support. This prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, increasing the risk for stress-related disease and cognitive impairment even into adulthood. Research indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress.<sup>2</sup>
- Increased investment is needed in the programs that support the development of young children—quality parenting education and support, home visiting, play groups, quality child care and high quality early learning centers for high risk children. These services need to be better integrated into existing community-based programs across a broad range of sectors, including health, nutrition, education, water and sanitation, and protection, and be intentionally coordinated at the local and national levels. Programs should include outreach to families through a home-based component to meet the most vulnerable children and caregivers where they reside, and must also focus on parents' and caregivers' wellbeing, particularly economic wellbeing.<sup>3,4</sup>
- Effective investments in early child development (physical, cognitive, language, socio-emotional) have the potential to reduce inequalities perpetuated by poverty, poor nutrition, and restricted learning opportunities.<sup>5</sup>

## Policy Implications

There is a huge opportunity to meet the needs of young vulnerable children, through the many community-based groups supporting vulnerable children and the basic services that are reaching vulnerable communities. However, despite the wide range of responses to vulnerable children, there is still insufficient information about an age and developmentally appropriate approach for meeting the needs of vulnerable children, particularly among young children. Young children have specific needs and may often be overshadowed in initiatives that collapse children across the ages. The importance of caregivers who are able to give the support and stimulation that young children need is often underestimated and the varying needs of non-traditional caregivers, such as child caregivers, is insufficiently recognized in existing programs aimed at younger children. These include HIV-specific needs, such as the caregiver's need for HIV treatment and psychosocial support, and other issues such as frailty due to age, inadequate social support, and other challenges that can make it particularly hard for a caregiver or other family members to carry out the essential actions that a child needs, or to

<sup>2</sup> Center for the Developing Child, Harvard University. Toxic stress: The facts. [http://developingchild.harvard.edu/topics/science\\_of\\_early\\_childhood/toxic\\_stress\\_response/](http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/)

<sup>3</sup> Lake A. Early childhood development—global action is overdue. *Lancet*. Published online September 23, 2011.

<sup>4</sup> SRCD. Social Policy Report Brief: Early Childhood Development Programs in Global Contexts: Improving Quality. [www.srcd.org](http://www.srcd.org).

<sup>5</sup> Engle P et al. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *Lancet*. Published online September 23, 2011.



access external support in a coordinated fashion. The developmental needs of a young child are multiple, covering physical health, nutrition, protection, stimulation and responsive caregiving, and economic strengthening. Consequently, an effective response will also need to include these key entry points.

To support the growth and development of young vulnerable children, national governments, development agencies, nongovernmental organizations, foundations, and private for-profit organizations should work together to:

- Ensure that an ECD policy advocating for coordinated, holistic care for very young, vulnerable children is in place, implemented, fully funded, and actively monitored and evaluated. This requires true integration and collaboration among various ministries (e.g., Health, Education, Social Welfare), service providers and donors.
- Strengthen capacity at all levels (national, local government, community) to provide quality and equitable ECD services through ongoing training and established funding, particularly in communities affected by HIV.
- Enable young vulnerable children to stay within their families and have a stable, consistent relationship with a primary caregiver. This will entail looking at the economic and social pressures on caregivers, especially elderly, sick or young caregivers, reinforcing existing strengths within the household, and providing any additional support needed for caregivers to continue to serve as the frontline providers of care and support to their children.

### **Advocacy Strategies: What to do when you care...**

Advocacy for quality integrated ECD services must occur at all levels—global, regional, national, local government and community. Examples of potential strategies may include:

- Generate and share evidence on the impact of quality ECD programs and on effective implementation strategies for young vulnerable children, especially those infected and affected by HIV and AIDS —creating space for groups to come together and share knowledge, experiences, and data used for decision-making, creating communities of practice. Particular attention should be paid to better understanding the return on ECD investment for these populations in terms of poverty reduction, better educational outcomes, and better health and nutrition outcomes, including reductions in HIV prevalence.
- Develop the infrastructure for and employ an ongoing monitoring and evaluation system for ECD that reaches across several levels, from the community to the national and regional levels, working within existing community structures.
- Conduct a national assessment of the current ECD capacity, particularly in communities affected by HIV, and develop a strategic plan for building capacity and understanding of the importance of ECD for communities affected by HIV among the various national ministries (Health, Education, Social

Welfare), local leaders and community members.

- Promote ECD programming that takes into account the multiple domains that influence children's optimal development (e.g., stimulation and learning, health, nutrition, rights and protection, caregiver wellbeing and economic needs), and the multiple systems (e.g., government, CBOs, NGOs) and settings (e.g., homes, child care centers, clinics, PMTCT programs) involved.
- Support families' economic and social well-being by providing opportunities for caregivers to earn a livelihood or meet their needs through participation in high value social networks (VSLA or other support group) and linkages to effective social welfare systems, advocating for the role of economic strengthening and social support in promoting optimal child development.
- Develop campaigns that increase families' awareness on their rights and responsibilities with regards to ECD, thereby increasing demand for services.
- Map out the current resources and needs within communities to support the demand for ECD services.



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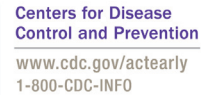
# THE ESSENTIAL PACKAGE



Improving Outcomes for Young  
Children and Caregivers Affected  
by HIV and AIDS



## **Part II: Critical Needs and Actions for Caregivers of Young Children** *A Visual Reference Guide for Home Visitors*



**Note:** Many illustrations in this guide were created for Save the Children's Visual Package for Parenting Discussion Group Modules on Early Childhood Development (ECD), designed and tested in Mozambique. Several illustrations and key messages were also used with permission from the Child Health Information, Education and Communication Cards (IEC), produced by John Snow, Inc., Health Communication Partnership, USAID and the Ministry of Health in Mozambique. The Visual Reference Guide was developed with generous funding from the Conrad N. Hilton Foundation.

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Extended Family/Foster Care 3 A & B

Extended Family/Foster Care 4 A & B

Extended Family/Foster Care 5 A & B

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# Introduction

The Visual Reference Guide for Home Visitors on Child and Caregiver Needs has key questions, messages and suggested actions for caregivers on how to promote optimal health and development for their children and care for their own needs. The Home Visitor will use this guide to first evaluate what is happening in the caregiving environment; encourage positive practices; share ways to improve the household's health and nutrition and to stimulate children's development; and make referrals to support child and caregiver needs.

Part I focuses on ways to promote optimal development, health, nutrition, rights and protection for children, prenatal through age 8, in the context of HIV and AIDS. The guide provides key questions, messages and suggested actions relevant for each developmental stage. Part II provides key messages and suggested actions for addressing caregivers' own needs as we know that for caregivers to best support their children's healthy development, they must be able to meet their own health, social, emotional and material needs. As many children have lost one or both parents, the guide includes different types of caregivers.

The current guide is to be used as a template and reference guide, including information on the critical needs and essential actions to promote optimal child development. Based on the situational analysis of the context in which it will be used, pictures, suggested actions, and language in the guide can be adapted as needed to best fit the context (e.g., making the guide more pictorial with less text; using country specific pictures, etc.).

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## Notes for the Home Visitor

**Prepare:** Review the cards before the home visit. Use the cards that match the age of the child(ren) and the type of primary caregiver in the home. Cards include general messages relevant to all children and caregivers, as well as messages relevant for specific ages and types of caregivers.

**Create a Positive Environment:** Listen and make eye contact. Encourage caregiver to share his/her opinion and ask questions.

**Initiate an open conversation about what is happening in the household.** During the conversation:

- Observe the home environment as well as interactions between caregiver and children for questions on abuse, hygiene, social behavior, etc.
- Address questions in the guide within the conversation, probing to understand what is happening, why and how you might be able to work with the caregiver to make some positive changes. Focus on issues the caregiver identifies as important and those of biggest concern within the household.

- Identify positive behaviors occurring in the household and reinforce the caregiver for what he/she is doing well.
- Describe the appropriate actions from the Visual Guide and explain why they are important. Look for examples of good practices in the community.
- Refer to key services (PMTCT, Antenatal Care, Nutrition Counseling, Preschool, Early Learning Center).

**Follow-up:** Is the caregiver practicing the actions you recommended in the last visit? Praise the caregiver for caring for their children. Encourage caregiver to continue positive practices. If the caregiver is not able to perform these actions, who else in the community can help to care for children and meet their needs?

**Ask for Assistance:** If you encounter a difficult situation, tell the caregiver that you will bring information and share during the next visit. Ask other Home Visitors and supervisors for the correct information or strategy to address the situation.



# Needs of Primary Caregivers



# Mothers



## Care and Support



### Key Messages:

- Mothers may be stressed and worried about the future.
- Mothers are at risk of depression- especially right after childbirth.
- Mothers under stress or depressed may not easily show affection or care for their own or others' needs.
- Mothers need respite from the stress of caring for the sick.
- Support from friends, family, and community can help mothers feel better and care for others more.

## Care and Support

### Reflection Questions:

- What do you see happening in the picture?
- How does this apply to you?
- Do you feel tired, sad, hopeless, or worried about the future?
- Do you have people around you who can provide care and support to you? If not, why?
- Let's talk about why having care and support is important and what you can do.

### Suggested Actions:

- Identify community support including respite care, support groups, church or faith-based groups, women's groups (sewing, cooking) and bereavement counseling.
- Form a group with other mothers to provide respite, care and support.
- If you think you are depressed, look for resources in your area and ask for help.



## Health



### Key Messages:

- Being ill makes caring for others harder. It's important to seek medical help.
- If you are pregnant, you need care before and after giving birth, and to prevent transmission of HIV to your unborn child.
- If your spouse has HIV, you are at risk. You need to know how you can prevent HIV, get tested and receive treatment if infected.
- Cleanliness of water, storing food, and waste disposal prevents many diseases.
- You should boil water from open wells or streams to get rid of germs.
- Sleeping under mosquito nets will protect you from malaria.
- Mothers should support the health needs of children and others in their household.



# Health

## Reflection Questions:

- What do you see happening in the picture?
- How does this apply to you?
- Do you seek medical care when you are sick? If not, why?
- If pregnant, do you seek care before and after giving birth, and to prevent transmission of HIV to your unborn child? If not, why?
- Is there a nearby source of safe water?
- Let's talk about why these things are important and some things you can do to support your health.

## Suggested Actions:

- Go to the nearest health facility if you are ill (e.g. malaria, diarrhea, chills).
- If you think you may be infected with HIV, get tested.
- If you are HIV+, seek treatment and take medication as directed.
- If pregnant, seek care before and after giving birth, and to prevent transmission of HIV to your unborn child.
- Wash your hands with soap/ash after using the bathroom and before preparing and eating food.
- Bathe regularly.
- Boil or treat water with chlorine before drinking.
- Store water safely using covered plastic containers with a narrow mouth.
- Sleep under a mosquito net to prevent malaria.



## Nutrition



### Key Messages:

- Nutritious food helps you and your children stay healthy.
- A mixed diet including protein such as eggs and meat is important.
- Eating proteins, fruits and vegetables is important during pregnancy- especially for women with HIV as the illness affects how your body uses food.
- Mothers are important in making sure that everyone in the family, especially children, get enough food and have a balanced diet.

# Nutrition

## Reflection Questions:

- What do you see happening in this picture?
- Does this happen in your home? Do you have adequate food and nutrition?  
If not, why?
- Are there any counseling and feeding programs nearby?
- Do you have a backyard vegetable garden?
- If you do not have adequate nutritious food, let us talk about why having a balanced diet is important for you and some things you can do.

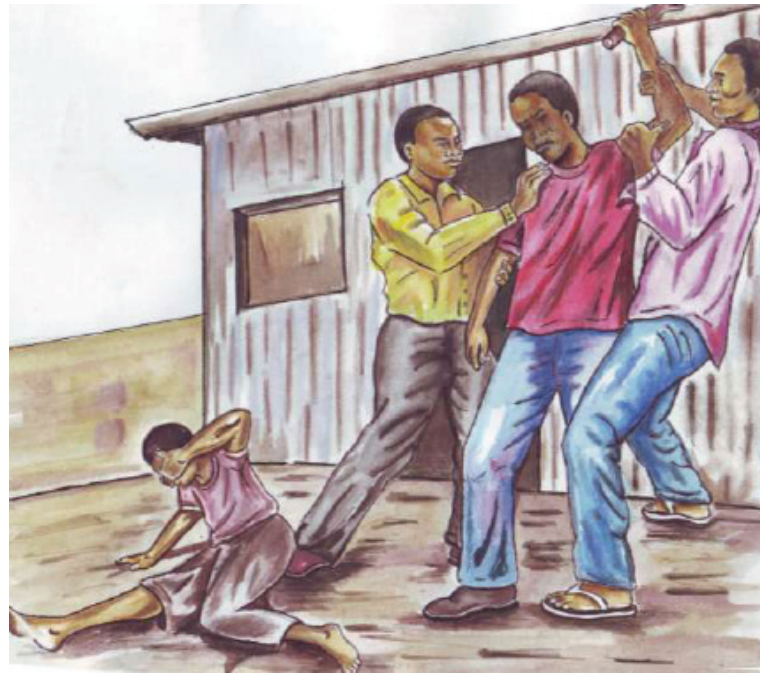
## Suggested Actions:

- Eat a mixed diet full of fruits, vegetables, dairy (milk and cheese) and protein (meat, beans, nuts).
- If you don't have nutritious food, ask about counseling or feeding programs.
- Establish a vegetable garden in your backyard.
- Wash food before cooking.
- Eat meals together as a family.
- If you are pregnant, refer to the Prenatal cards (Prenatal 1-4 in Child Cards).





## Rights and Protection



### Key Messages:

- You should know your rights, documentation is important for getting services.
- You may need legal services to inherit your home or land if your spouse or other family member dies.
- You should understand the difference between child labor and child work.
- Everyone in your family—you, your spouse/partner and your children-- should be protected from abuse, violence and harm.

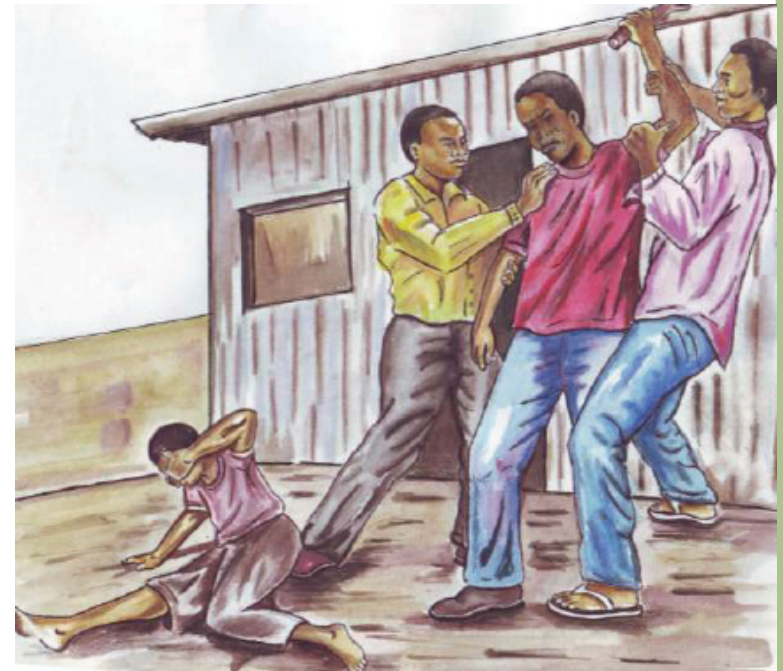
## Rights and Protection

### Reflection Questions:

- What do you see happening in the picture?
- Does this happen in your home? Is your household safe, free from harm, violence and abuse?
- If not, why?
- Let us talk about the importance of having a household that is safe, free from violence and abuse and what you can do if you have concerns about this.

### Suggested Actions:

- Report cases of abuse.
- Seek legal support to help you protect your assets.
- If someone took your property, report them to the authorities.
- Seek government support for services you or your children have rights to.



## Economic Strengthening



### Key Messages:

- When a mother or father dies, there is less money to support family needs.
- Mothers should be able to learn skills to earn a better income.
- Registering your household with the social welfare system can help you provide for your family.

## Economic Strengthening

### Reflection Questions:

- What do you see happening in the picture?
- Does this happen in your home? Are you able to meet your household basic needs?
- If not, why?
- Let's talk about why it's important for you to think about this and some things you can do to help you provide for your family.

### Suggested Actions:

- If you are able to work, find training, support for income activities and life skills education.
- Look for government help to support your household (e.g., social welfare programs).
- Talk with other mothers about how to gain income.

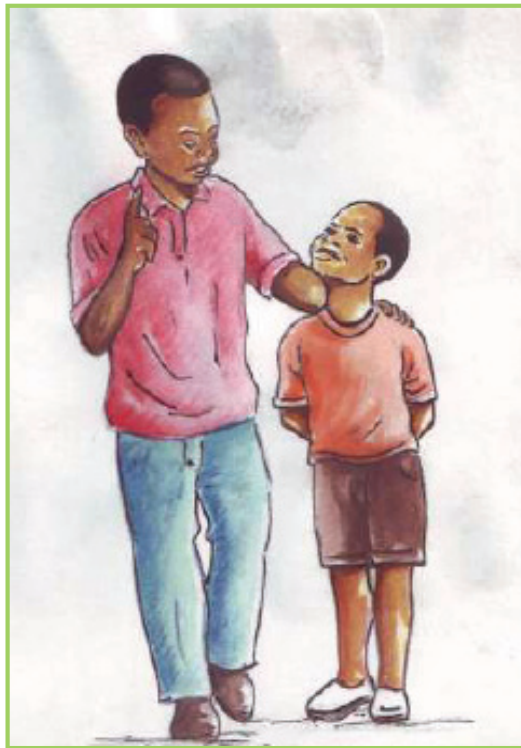


# Fathers





## Care and Development



### Key Messages:

- Fathers play a critical role in their child's development, and should pay attention to and interact with their children as soon as they are born.
- Fathers also play a key role in supporting mothers and others in their family.
- Fathers may be stressed and worried about the future.
- Fathers under stress or depressed may not easily show affection or care for their own or others' needs.
- Support from friends, family, and community can help fathers feel better and care for others more.

## Care and Development

### Reflection Questions:

- What do you see happening in the picture?
- How does this apply to you?
- Are you able to spend time playing with your children? If not, why?
- Do you feel tired, sad, hopeless, or worried about the future?
- Do you have people around you who can provide care and support to you? If not, why?
- Let's talk about why having care and support is important and some things you can do

### Suggested Actions:

- Seek community support including respite care, support groups, church or faith-based groups, and bereavement counseling.
- If you think you are depressed, look for resources in your area and ask for help.
- Form a group with other fathers to provide respite, care and support.
- Take time to play with your children from the time they are born.
- Set examples for other fathers you know by being involved in your children's lives.



# Health



## Key Messages:

- Being ill makes caring for others harder. It's important to seek medical help.
- If your spouse has HIV, you are at risk. You need to know how you can prevent HIV, get tested and receive treatment if infected.
- Cleanliness of water, storing food, and waste disposal prevents many diseases.
- You should boil water from open wells or streams to get rid of germs.
- Sleeping under mosquito nets will protect you from malaria.
- Fathers should support the health needs of mothers and children in their household.



# Health

## Reflection Questions:

- What do you see happening in the picture?
- How does this apply to you?
- Is there a nearby source of safe water?
- Do you seek medical care when you are sick? If not, why?
- Are you able to support your spouse and children's health needs? If not, why?
- Let's talk about why these things are important and some things you can do to support your and your family's health.

## Suggested Actions:

- Go to the nearest health facility if you are ill (e.g. malaria, diarrhea, chills).
- If you think you may be infected with HIV, get tested.
- If you are HIV+, seek treatment and take medication as directed.
- Wash your hands with soap/ash after using the bathroom and before preparing and eating food.
- Bathe regularly.
- Boil or treat water with chlorine before drinking.
- Store water safely using covered plastic containers with a narrow mouth.
- Sleep under a mosquito net to prevent malaria.
- Support your partner/spouse during and after pregnancy.



## Nutrition



### Key Messages:

- Nutritious food helps you and your children stay healthy.
- A mixed diet including protein such as eggs and meat is important.
- Eating proteins, fruits and vegetables is important - especially if you have HIV as the illness affects how your body uses food.
- Fathers are important in making sure that everyone in the family, especially pregnant women and children, get enough food and have a balanced diet.

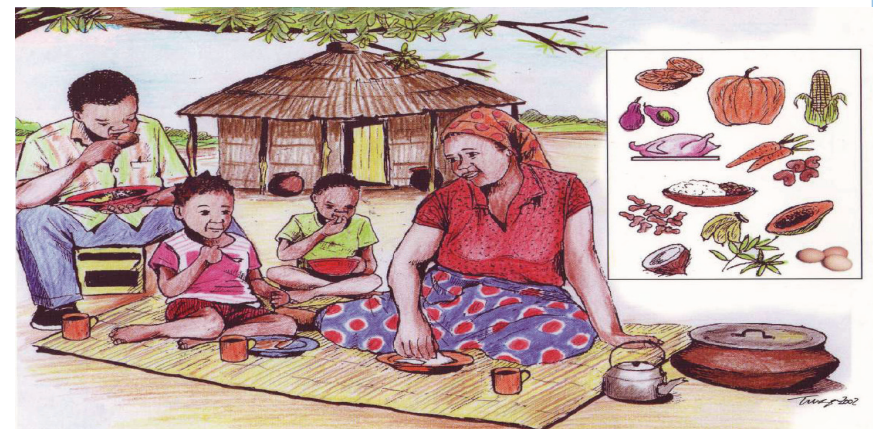
# Nutrition

## Reflection Questions:

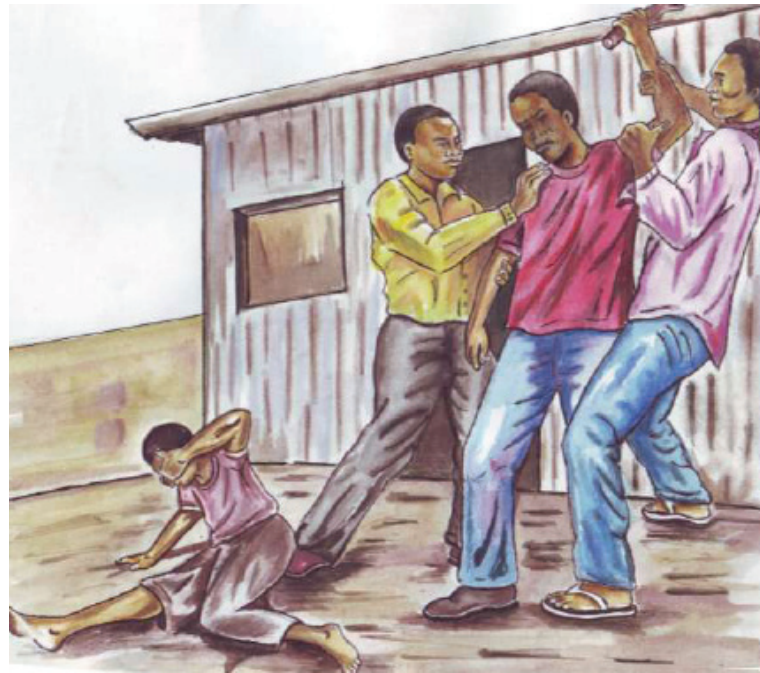
- What do you see happening in this picture?
- Does this happen in your home? Do you and your family have adequate food and nutrition? If not, why?
- Are there any counseling and feeding programs nearby?
- Do you have a backyard vegetable garden?
- If you do not have enough nutritious food, let us talk about why having a balanced diet is important for you and some things you can do.

## Suggested Actions:

- Eat a mixed diet full of fruits, vegetables, dairy (milk and cheese) and protein (meat, beans, nuts).
- If you don't have nutritious food, ask about counseling or feeding programs.
- Establish a vegetable garden in your backyard.
- Wash food before cooking.
- Support your children and their mother to eat nutritious food.
- Eat meals together as a family.



## Rights and Protection



### Key Messages:

- You should know your rights, documentation is important for getting services.
- You may need legal support for poor labor practices, abuse charges, and inheritance issues.
- You should understand the difference between child labor and child work.
- Everyone in your family—you, your spouse/partner and your children-- should be protected from abuse, violence and harm.



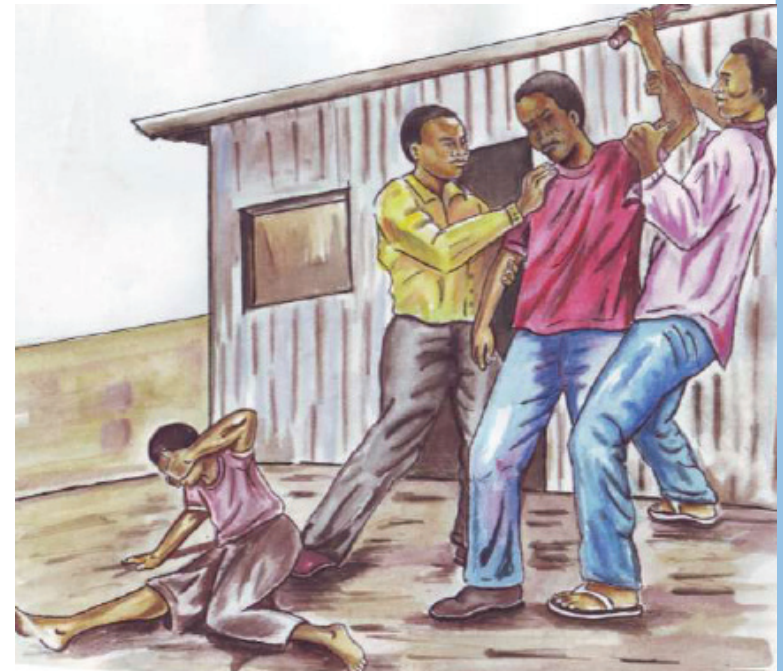
## Rights and Protection

### Reflection Questions:

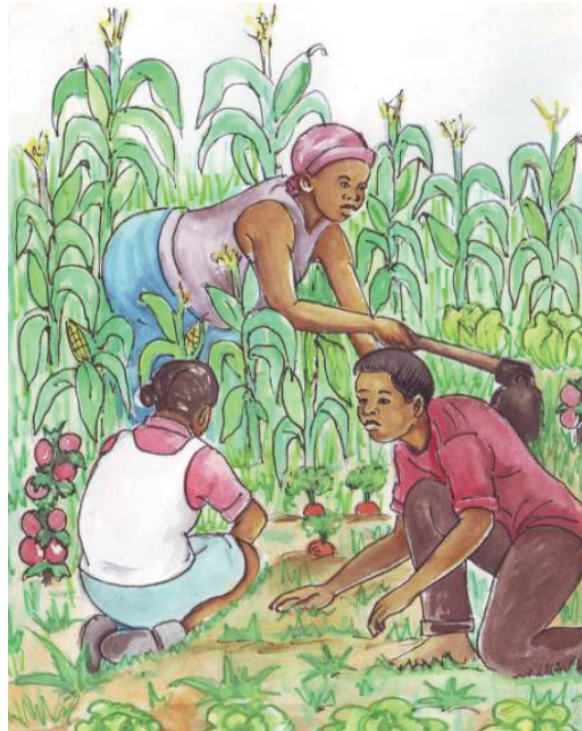
- What do you see happening in the picture?
- Does this happen in your home? Is your household safe, free from harm, violence and abuse?  
If not, why?
- Let us talk about the importance of having a household that is safe, free from violence and abuse.

### Suggested Actions:

- Report cases of abuse and protect all members of your family from harm.
- Seek legal support to help you protect your assets.
- If someone took your property, report them to the authorities.
- Seek government support for services you or your children have rights to.



## Economic Strengthening



### Key Messages:

- When a mother or father dies, there is less money to support family needs.
- Fathers should be able to learn skills to earn a better income.
- Registering your household with the social welfare system can help you provide for your family.

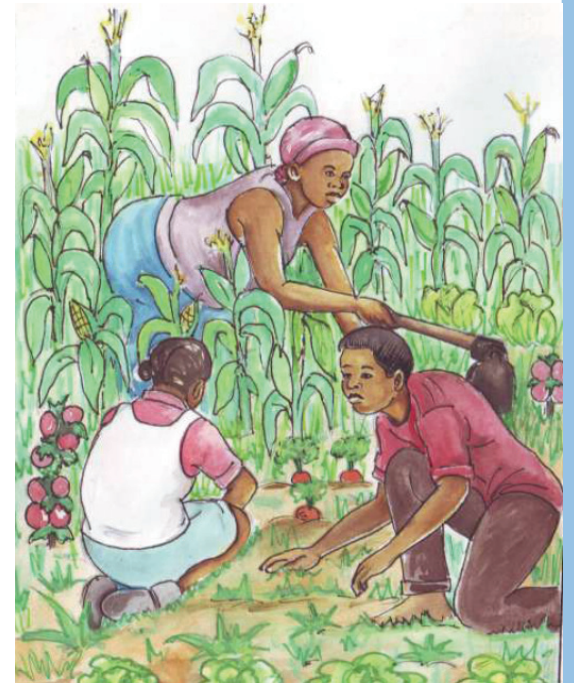
## Economic Strengthening

### Reflection Questions:

- What do you see happening in the picture?
- Does this happen in your home? Are you able to meet your household basic needs? If not, why?
- Let's talk about why this is important and some things you can do to help you provide for your family.

### Suggested Actions:

- If you are able to work, find training, support for income activities and life skills education.
- Look for government help to support your household (e.g., social welfare programs).
- Talk with other fathers about how to gain income.



# Grandparents





## Care and Development



### Key Messages:

- Grandparents share culture, values, wisdom and provide love and care to children.
- Grandparents may be stressed, worried about the future and depressed.
- Grandparents under stress or depressed may not easily show affection or care for their own or others' needs.
- Grandparents need respite from the stress of caring for the sick.
- Grandparents need support from friends, family and community to help to meet their and young children's needs.

# Care and Development

### Reflection Questions:

- What do you see happening in this picture?
- Does this happen in your home? If not, why?
- Are you communicating openly with the grandchildren?
- Do you have the necessary resources to care for your grandchildren?
- Do you have supportive care to adequately care for your grandchildren?
- Let's talk about why having care and support and talking openly with your grandchildren are important and some things you can do.

### Suggested Actions:

- Identify community support including respite care, support groups, church or faith-based groups, women's groups (sewing, cooking) and bereavement counseling.
- Form a group with other grandparents to provide respite, care and support.
- Seek supportive care, especially if you are caring for sick or multiple family members
- If you think you are depressed, look for resources in your area and ask for help.
- Tell stories to your grandchildren about your culture; share wisdom & values.
- Help your grandchildren remember their parents if they have died and seek support for disclosure if child is HIV+.



## Health



### Key Messages:

- Being ill makes caring for others harder. It's important to seek medical help.
- If a family member has HIV, you are at risk. You need to know how you can prevent HIV, get tested and receive treatment if infected.
- Cleanliness of water, storing food, and waste disposal prevents many diseases.
- You should boil water from open wells or streams to get rid of germs.
- Sleeping under mosquito nets will protect you from malaria.

# Health

## Reflection Questions:

- What do you see happening in the picture?
- How does this apply to you?
- Do you seek medical care when you are sick? If not, why?
- Is there a nearby source of safe water?
- Do you have a mosquito net to sleep under?
- Let's talk about why this is important and what you can do to support your health.

## Suggested Actions:

- Go to the nearest health facility if you are ill (e.g. malaria, diarrhea, chills).
- If you think you may be infected with HIV, get tested.
- If you are HIV+, seek treatment and take medication as directed.
- Wash your hands with soap/ash after using the bathroom and before preparing and eating food.
- Bathe regularly.
- Boil or treat water with chlorine before drinking.
- Store water safely using covered plastic containers with a narrow mouth.
- Sleep under a mosquito net to prevent malaria.



## Nutrition



### Key Messages:

- Nutritious food gives you energy and helps you and your grandchildren stay healthy.
- A mixed diet including protein such as eggs and meat is important.
- Eating proteins, fruits and vegetables is important – especially as you get older or if you have HIV as the illness affects how your body uses food.

# Nutrition

## Reflection Questions:

- What do you see in this picture?
- Do you and your family have enough nutritious food?  
If not, why?
- Are there any counseling and feeding programs nearby?
- Do you have a backyard vegetable garden?
- If you do not have enough nutritious food, let us talk about why having a balanced diet is important for you and some things you can do.

## Suggested Actions:

- Eat a mixed diet full of fruits, vegetables, dairy (milk and cheese) and protein (meat, beans, nuts).
- If you don't have nutritious food, ask about counseling or feeding programs.
- Establish a vegetable garden in your backyard.
- Support your grandchildren to eat nutritious food.
- Eat meals together as a family.
- Wash food before cooking.





## Rights and Protection



### Key Messages:

- You should know your rights, documentation is important for getting services.
- You may need legal support for poor labor practices, abuse charges, and inheritance issues.
- You should understand the difference between child labor and child work.
- Everyone in your family—you, your spouse/partner, your children and grandchildren-- should be protected from abuse, violence and harm.

## Rights and Protection

### Reflection Questions:

- What do you see happening in the picture?
- Do you have documentation for your family to receive necessary services? If not, why?
- Is your household safe, free from harm, violence and abuse? If not, why?
- Let us talk about why documentation is important and the importance of having a household that is safe, free from violence and abuse.

### Suggested Actions:

- Report cases of abuse and protect all members of your family from harm.
- Seek legal support to help you protect your assets.
- If someone took your property, report them to the authorities.
- Seek government support for services you or your grandchildren have rights to.





## Economic Strengthening



### Key Messages:

- Grandparents are likely to live in poverty because they may no longer be able to work.
- When someone in the family dies, there is less money to support family needs.
- Registering your household with the social welfare system can help you provide for your family.

## Economic Strengthening

### Reflection Questions:

- What do you see happening in this picture?
- Are you and/or your spouse able to work?
- Are you able to meet your household basic needs? If not, why?
- Let's talk about some things you can do to help you provide for your family.

### Suggested Actions:

- Look for government help to support your household (e.g., social welfare programs, cash transfers, elderly pensions, foster care grants); ask for help if you need to.
- If you are able to work, find training, support for income activities and life skills education.
- Talk with other grandparents about how to gain income.



# Siblings or Children Heading Households



## Care and Development



### Key Messages:

- Support from adults can help you to care for young children.
- Child caregivers, especially girls, often have to quit school to work to support family.
- Playing with friends, taking care of yourself and staying in school when possible is important.
- Losing a loved one and the stress of supporting your family may cause you to feel depressed; counseling can help you.



## Care and Development

### Reflection Questions:

- What do you see happening in these pictures? Does this happen in your home? If not, why?
- Do you have support from adults to help you care for the young children in your home and to support you emotionally?
- Are you able to take care of yourself, and have opportunities to play and learn? Are you in school? If not, why?
- Let's talk about the importance of having support, time for yourself and staying in school.

### Suggested Actions:

- Seek extended family and community support (respite care, support groups, church or faith-based groups) to help you take care of your brothers and sisters.
- Seek community support to remain in school, even while supporting the needs of your family (important especially for girls).
- Join a youth club or explore opportunities to play and interact with your peers and learn life skills including information on HIV/AIDS prevention.
- If you are sad or depressed, ask for help.



## Health



### Key Messages:

- Being ill makes caring for others harder. It's important to seek medical help.
- If a family member has HIV, you are at risk. You need to know how you can prevent HIV, get tested and receive treatment if infected.
- Cleanliness of water, storing food, and waste disposal prevents many diseases.
- You should boil water from open wells or streams to get rid of germs.
- Sleeping under mosquito nets will protect you from malaria.

# Health

## Reflection Questions:

- What do you see happening in the picture? How does this apply to you?
- Do you seek medical care when you are sick? If not, why?
- Is there a nearby source of safe water?
- Do you have a mosquito net to sleep under?
- Let's talk about why these are important and what you can do to support your health.

## Suggested Actions:

- Go to the nearest health facility if you are ill (e.g. malaria, diarrhea, chills).
- If you think you may be infected with HIV, get tested.
- If you are HIV+, seek treatment and take medication as directed.
- Wash your hands with soap/ash after using the bathroom and before preparing and eating food.
- Bathe regularly.
- Boil or treat water with chlorine before drinking.
- Store water safely using covered plastic containers with a narrow mouth.
- Sleep under a mosquito net to prevent malaria.



## Nutrition



### Key Messages:

- Nutritious food gives you energy and helps you and your siblings stay healthy.
- A mixed diet including protein such as eggs and meat is important.
- Eating proteins, fruits and vegetables is important – especially if you have HIV as the illness affects how your body uses food.
- Washing food before cooking will help keep away certain diseases.
- Eating three to five times a day will help you to get enough food.
- Some children need vitamin supplementation if they don't get vitamins in their food.
- Eating before going to school will help you learn.



# Nutrition

## Reflection Questions:

- What do you see in this picture?
- Do you and your family have enough nutritious food?  
If not, why?
- Are there any counseling and feeding programs nearby?
- Do you have a backyard vegetable garden?
- If you do not have enough nutritious food, let us talk about why having a balanced diet is important for you and some things you can do.

## Suggested Actions:

- Eat a mixed diet full of fruits, vegetables, dairy (milk and cheese) and protein (meat, beans, nuts).
- If you don't have nutritious food, ask about counseling or feeding programs.
- Establish a vegetable garden in your backyard.
- Wash food before cooking.
- Eat meals together as a family.
- Eat breakfast before going to school.



## Rights and Protection



### Key Messages:

- All children have the right to citizenship and should be registered to make sure their rights are protected.
- Children need to be in a safe environment, free from harm, violence and abuse (verbal, physical, sexual).
- There is a difference between child labor and child work.
- Child caregivers need protection from abuse and other threats like child labor.
- All children, girls and boys, have a right to education.

## Rights and Protection

### Reflection Questions:

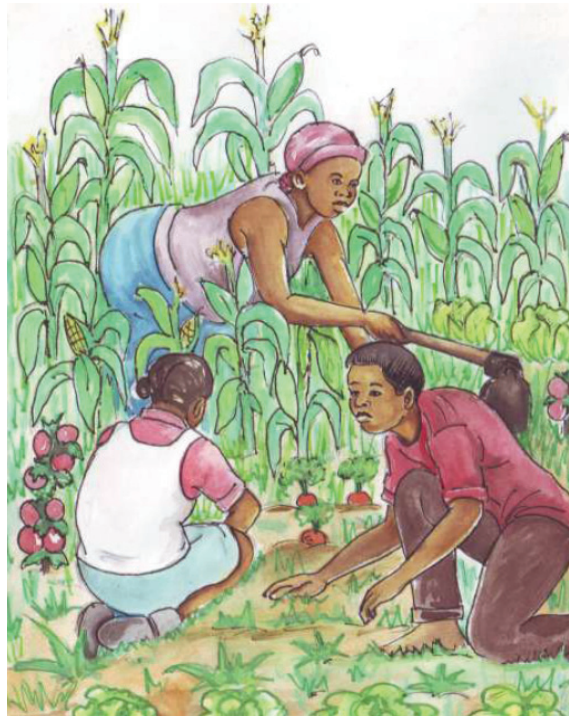
- What do you see happening in the picture?
- Does this happen in your home? Are you or your siblings working so many hours that you don't have time for play, school or to take care of yourselves?
- Is your household safe, free from harm, violence and abuse? If not, why?
- Let us talk about the importance of having a household that is safe, free from violence and abuse and what you can do if you have concerns about this.

### Suggested Actions:

- Ask for help to access child friendly legal support (e.g. birth documentation, inheritance) when necessary.
- Seek government support for services you and your siblings have rights to.
- Talk to trusted adults if you are experiencing any type of abuse (physical, verbal, sexual) or child labor.
- If someone took your property, report them to the authorities.
- Seek community support to remain in school, even while supporting the needs of your family (important especially for girls).



## Economic Strengthening



### Key Messages:

- When a mother or father dies, there is less money to support family needs.
- Extended family and community members can help support you in meeting your family's basic needs.
- Registering your household with the social welfare system can help you provide for your family.

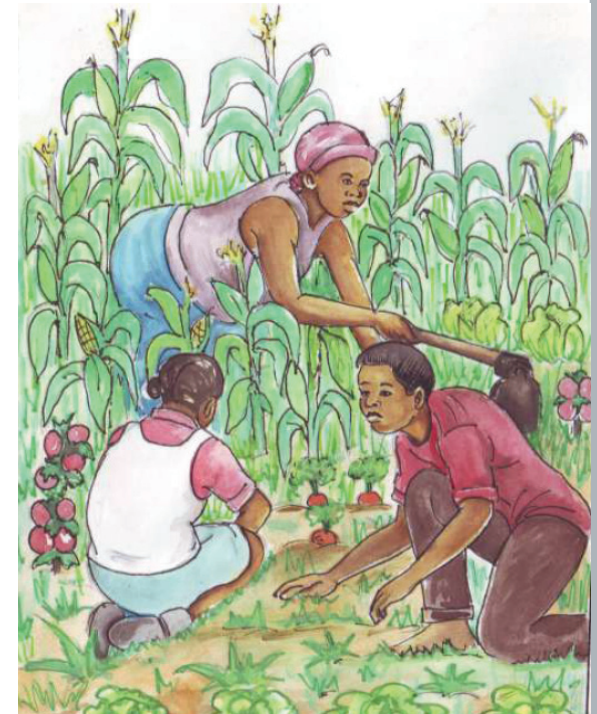
## Economic Strengthening

### Reflection Questions:

- What do you see happening in this picture?
- Do you have the necessary resources to care for your siblings?
- Let's talk about some things you can do to help you provide for your family.

### Suggested Actions:

- Look for government help to support your household (e.g., social welfare programs, cash transfers); ask for help if you need to.
- If you are able to work, find training, support for income activities and life skills education. Try to stay in school at the same time.
- Talk with other extended family and community members about how to gain income and support your family.





## Extended Family/Foster Care



## Care and Development



### Key Messages:

- Extended family members (aunts, uncles, in-laws, step parents) care for children in the family who have lost their parents but often might not have the time or means to do so.
- Due to lack of resources, extended families may not treat these new children the same as their biological children. Special care should be taken to ensure children are protected.
- Foster care could be temporary and children should have a permanent home.
- Extended or foster family may be stressed, worried about the future and depressed.
- When under stress or depressed, they may not show affection or care for their own or others' needs.
- Extended/foster family need respite from the stress of caring for the sick and multiple children. They need support from friends, family and community to help to meet their and young children's needs.

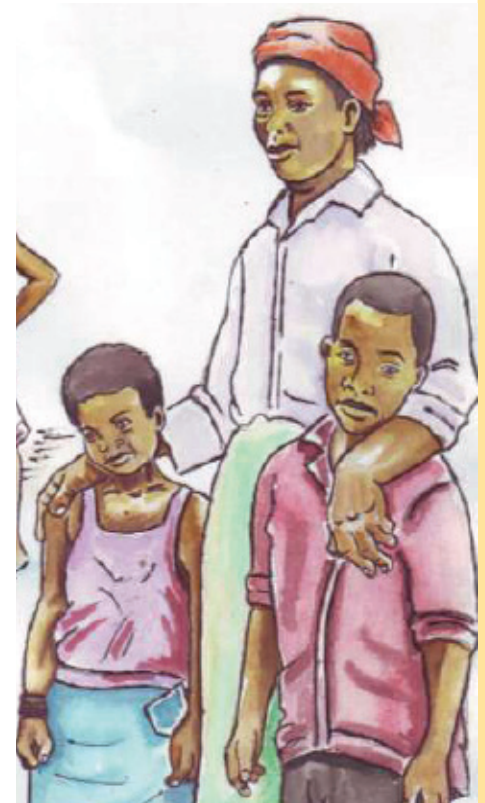
## Care and Development

### Reflection Questions:

- What do you see happening in the picture? Does this happen in your home?
- Do you have the necessary support to care for the children in your household?
- Are all the siblings together?
- Are the community members aware of these children and offering support?
- Let us talk about ways that can help you provide care and support to these children.

### Suggested Actions:

- Work with the social welfare system to provide you with the services and support that you need (foster care grants; respite care).
- Form a group with other parents to provide respite, care and support.
- Seek supportive care, especially if you are caring for sick or multiple family members.
- If you think you are depressed, look for resources in your area and ask for help.
- Keep siblings together when possible or maintain contact between siblings.
- Create and maintain a stable, loving environment.
- Make sure all children in the household are treated the same.





## Health



### Key Messages:

- Being ill makes caring for others harder. It's important to seek medical help.
- If you are pregnant, you need care before and after giving birth, and to prevent transmission of HIV to your unborn child.
- If a family member has HIV, you are at risk. You need to know how you can prevent HIV, get tested and receive treatment if infected.
- Cleanliness of water, storing food, and waste disposal prevents many diseases.
- You should boil water from open wells or streams to get rid of germs.
- Sleeping under mosquito nets will protect you from malaria.

# Health

## Reflection Questions:

- What do you see happening in the picture? How does this apply to you?
- Do you seek medical care when you are sick? If not, why?
- If pregnant, do you seek care before and after giving birth, and to prevent transmission of HIV to your unborn child? If not, why?
- Is there a nearby source of safe water?
- Let's talk about why this is important and what you can do to support your health.

## Suggested Actions:

- Go to the nearest health facility if you are ill (e.g. malaria, diarrhea, chills).
- If you think you may be infected with HIV, get tested.
- If you are HIV+, seek treatment and take medication as directed.
- If pregnant, seek care before and after giving birth, and to prevent transmission of HIV to your unborn child.
- Wash your hands with soap/ash after using the bathroom and before preparing and eating food.
- Boil or treat water with chlorine before drinking.
- Store water safely using covered plastic containers with a narrow mouth.
- Sleep under a mosquito net to prevent malaria.



## Nutrition



### Key Messages:

- Nutritious food helps you and your children stay healthy.
- A mixed diet including protein such as eggs and meat is important.
- Eating proteins, fruits and vegetables is important- especially for those with HIV as the illness affects how your body uses food.
- All children in your household should have enough nutritious food.

# Nutrition

## Reflection Questions:

- What do you see happening in this picture?
- Does this happen in your home? Do you have enough nutritious food? If not, why?
- Are there any counseling and feeding programs nearby?
- Do you have a backyard vegetable garden?
- If you do not have enough nutritious food, let us talk about why having a balanced diet is important for you and your family and some things you can do.

## Suggested Actions:

- Eat a mixed diet full of fruits, vegetables, dairy (milk and cheese) and protein (meat, beans, nuts).
- If you don't have nutritious food, ask about counseling or feeding programs.
- Establish a vegetable garden in your backyard.
- Wash food before cooking.
- If you are pregnant, refer to the Prenatal cards (Prenatal 1-4 in Child Cards).
- Make sure that food is distributed appropriately among the children in your household.





## Rights and Protection



### Key Messages:

- You should know your rights, documentation is important for getting services.
- You may need legal support for poor labor practices, abuse charges, and inheritance issues.
- You should understand the difference between child labor and child work.
- Everyone in your family—you, your spouse/partner, your biological and foster children-- should be protected from abuse, violence and harm.

## Rights and Protection

### Reflection Questions:

- What do you see happening in the picture?
- Does this happen in your home? Is your household safe, free from harm, violence and abuse? If not, why?
- Let us talk about the importance of having a household that is safe, free from violence and abuse and what you can do if you have concerns about this.

### Suggested Actions:

- Report cases of abuse.
- Seek legal support to help you protect your assets.
- If someone took your property, report them to the authorities.
- Seek government support for services you or your children have rights to.
- Make sure all children in the household are treated the same.



## Economic Strengthening



### Key Messages:

- When someone in the family dies, there is less money to support family needs.
- Extended family members (aunts, uncles, in-laws, step parents) care for children in the family who have lost their parents but often might not have the means to do so.
- Registering your household with the social welfare system can help you provide for your family.

## Economic Strengthening

### Reflection Questions:

- What do you see happening in this picture?
- Are you able to meet your household basic needs? If not, why?
- Let's talk about some things you can do to help you provide for your family.

### Suggested Actions:

- Work with the social welfare system to provide you with the services and support that you need (foster care grants; respite care).
- If you are able to work, find training, support for income activities and life skills education.
- Talk with other families about how to gain income.





# THE ESSENTIAL PACKAGE



Improving Outcomes for Young  
Children and Caregivers Affected  
by HIV and AIDS



## **Part I: Critical Needs and Actions for Young Children Prenatal–8 Years** *A Visual Reference Guide for Home Visitors*



**Note:** Many illustrations in this guide were created for Save the Children's Visual Package for Parenting Discussion Group Modules on Early Childhood Development (ECD), designed and tested in Mozambique. Several illustrations and key messages were also used with permission from the Child Health Information, Education and Communication Cards (IEC), produced by John Snow, Inc., Health Communication Partnership, USAID and the Ministry of Health in Mozambique. The Visual Reference Guide was developed with generous funding from the Conrad N. Hilton Foundation.

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# Introduction

The Visual Reference Guide for Home Visitors on Child and Caregiver Needs has key questions, messages and suggested actions for caregivers on how to promote optimal health and development for their children and care for their own needs. The Home Visitor will use this guide to first evaluate what is happening in the caregiving environment; encourage positive practices; share ways to improve the household's health and nutrition and to stimulate children's development; and make referrals to support child and caregiver needs.

Part I focuses on ways to promote optimal development, health, nutrition, rights and protection for children, prenatal through age 8, in the context of HIV and AIDS. The guide provides key questions, messages and suggested actions relevant for each developmental stage. Part II provides key messages and

suggested actions for addressing caregivers' own needs as we know that for caregivers to best support their children's healthy development, they must be able to meet their own health, social, emotional and material needs. As many children have lost one or both parents, the guide includes different types of caregivers.

The current guide is to be used as a template and reference guide, including information on the critical needs and essential actions to promote optimal child development. Based on the situational analysis of the context in which it will be used, pictures, suggested actions, and language in the guide can be adapted as needed to best fit the context (e.g., making the guide more pictorial with less text; using country specific pictures, etc.).

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## Notes for the Home Visitor

**Prepare:** Review the cards before the home visit. Use the cards that match the age of the child(ren) and the type of primary caregiver in the home. Cards include general messages relevant to all children and caregivers, as well as messages relevant for specific ages and types of caregivers.

**Create a Positive Environment:** Listen and make eye contact. Encourage caregiver to share his/her opinion and ask questions.

**Initiate an open conversation about what is happening in the household.** During the conversation:

- Observe the home environment as well as interactions between caregiver and children for questions on abuse, hygiene, social behavior, etc.
- Address questions in the guide within the conversation, probing to understand what is happening, why and how you might be able to work with the caregiver to make some positive changes. Focus on issues the caregiver identifies as important and those of biggest concern within the household.

- Identify positive behaviors occurring in the household and reinforce the caregiver for what he/she is doing well.
- Describe the appropriate actions from the Visual Guide and explain why they are important. Look for examples of good practices in the community.
- Refer to key services (PMTCT, Antenatal Care, Nutrition Counseling, Preschool, Early Learning Center).

**Follow-up:** Is the caregiver practicing the actions you recommended in the last visit? Praise the caregiver for caring for their children. Encourage caregiver to continue positive practices. If the caregiver is not able to perform these actions, who else in the community can help to care for children and meet their needs?

**Ask for Assistance:** If you encounter a difficult situation, tell the caregiver that you will bring information and share during the next visit. Ask other Home Visitors and supervisors for the correct information or strategy to address the situation.



- Care & Support
- Prenatal Care
- Good Nutrition



- Home to Early Learning Environment
- Family Interactions
- Immunizations
- Infant and Child Feeding



- Pre-School to Primary School
- Interactions with Peers
- Regular Health Care
- Eating with Family



## *Child's Growth and Development*

Prenatal

Birth - < 3

Ages 3 - <6

Ages 6 - 8

## Prenatal to Birth





## Care and Support



### Key Messages:

- Women should have support from other family members to rest during and after pregnancy. This reduces stress that can negatively affect the health of the mother and the child.
- Lack of needed rest can affect a mother's ability to take care of herself and her child.
- Pregnant women need love, affection and emotional support from family members.
- Pregnant women, especially those who are HIV+ or who have lost a spouse, need emotional support and advice to help them care for themselves and their children.



## Care and Support

### Reflection Questions:

- What do you see happening in this picture?
- Do you have the support that you need to rest and take care of yourself? If not, let's talk about how you might find some support.
- Are you feeling down or under stress?
- Let's talk about why this is important and what you can do to take care of yourself.

### Suggested Actions:

- Encourage family members to help with chores and childcare so you can rest and seek regular medical care.
- Seek social and emotional support if you are feeling down or under stress.
- Seek information on women's groups or other available resources for advice and support on ways to take care of yourself and preparing for the birth of your child.



# Health



## Key Messages:

- Prenatal and postnatal care watches the health of mother and child. This increases the chances that the child will be healthy.
- Mothers are at risk for depression which can affect their ability to care for themselves and their child. It is important to let your doctor know if you think you are depressed.
- HIV+ women can pass the virus on to their child during pregnancy and delivery. All pregnant women need medical attention to get tested and receive treatment and counseling if they are HIV+ to keep themselves healthy and to protect their children.

# Health

## Reflection Questions:

- What do you see happening in this picture? Are you attending prenatal care regularly? If not, why not? How can I help you get this important medical care?
- Have you been tested for HIV? If positive, are you taking the necessary treatment?
- Let's talk about why this is important and some things you can do to stay healthy.

## Suggested Actions:

- Go to the nearest health facility regularly.
- Deliver your child at the hospital or health facility whenever possible.
- You and your partner should get tested for HIV and get counseling if needed.
- If HIV+, take ART as directed.
- If on other medication, take as directed.
- Attend women's groups that provide advice to pregnant women on caring for themselves and their unborn child.



## Nutrition



### Key Messages:

- Pregnant mothers need a balanced diet of proteins, fruits, and vegetables that provide the nutrients that they and their children need to stay healthy.
- Multivitamins can also help pregnant women to get the nutrition they need for their child to grow well.
- Pregnant women should receive counseling on breastfeeding.
- HIV+ women can pass the virus on to their child during breastfeeding, so they should receive counseling on how to best feed their child.

# Nutrition

## Reflection Questions:

- What do you see happening in this picture?
- Are you eating nutritious foods and taking vitamins regularly?
- Let's talk about why this is important and some things you can do to make sure you are getting the nutrition you need.

## Suggested Actions:

- Eat dark green, yellow and orange vegetables or fruits, butter, cheese, fish and red meats, liver, nuts and eggs.
- Take multivitamins with folic acid.
- Eat a mixed diet 3-4 times a day.
- Seek counseling on breastfeeding your child, particularly if you are HIV+.





## Rights and Protection



### Key Messages:

- Women have a right to routine medical care during pregnancy and after.
- Sometimes pregnant women are victims of violence and abuse. You have a right to be safe from harm, violence and abuse and to seek help if you are experiencing this.

## Rights and Protection

### Reflection Questions:

- What do you see happening in this picture?
- Are you able to seek routine medical care during pregnancy?
- Are you in a safe environment, free from harm, violence and abuse?
- If not, let's talk about why this is important and what you can do to stay healthy and safe.

### Suggested Actions:

- Seek support from family members to regularly attend prenatal visits.
- Protect yourself from verbal, physical, and sexual abuse.
- Seek help if you are being harmed in any way.



# Immunization Schedule Key Messages

## Primary Vaccinations

It is important that young children are immunized to be protected from illnesses. Each vaccination protects the child from a different type of illness. All children should complete the following vaccinations before 1 year of age:

**At birth:** BCG (Tuberculosis) and Polio

**At 6 weeks:** DPT (Diphtheria, Whooping Cough, Tetanus), Polio, and Hepatitis B

**At 10 weeks:** DPT (Diphtheria, Whooping Cough, Tetanus), Polio, and Hepatitis B

**At 14 weeks:** DPT (Diphtheria, Whooping Cough, Tetanus), Polio, and Hepatitis B

**At nine months:** Measles

If an immunization is unavailable, health professionals should advise the caregiver on when to return so that the child can receive the scheduled vaccination.

If children are above one year and have not received their full immunizations, caregivers should take them to receive them or participate in community-based immunization days.

The caregiver should always take their child's Health Card with them to record their child's immunizations as well as height and weight.

## Additional Immunizations

After the child receives the above immunizations in the first year, there may be additional vaccinations that he/she should receive. These additional immunizations help to continue to protect the child from serious illness.



## Immunization 1B



1. At Birth



Polio

BCG



2. At 2 Months



Polio

DPT + Hepatitis B



3. At 3 Months



Polio

DPT + Hepatitis B



4. At 4 Months



Polio

DPT + Hepatitis B



5. At 9 Months



Measles

*Chichuva 2003*

## Developmental Milestones 1A

### Child Development Chart – Birth to 8 Years

	Gross Motor	Fine Motor	Communication and Language	Social/Emotional/ Self Help	Cognitive	
<b>6 to 8 Years</b>	<ul style="list-style-type: none"> <li>Child can hop multiple times on one foot without pausing in between</li> <li>Child can throw a small ball and hit a somewhat large target</li> </ul>	<ul style="list-style-type: none"> <li>Child can write alphabet if in a program where this is taught</li> <li>Child can trace shapes such as diamonds, rectangles, or triangles well.</li> </ul>	<ul style="list-style-type: none"> <li>Child reads at least four simple words</li> <li>Child can tell a complex story with a clear beginning, middle and end from imagination rather than telling about an experience</li> </ul>	<ul style="list-style-type: none"> <li>Child shows concern and sympathy for others in situations he has not experienced</li> <li>Child has a sense of right and wrong and can describe why something is right or wrong</li> </ul>	<ul style="list-style-type: none"> <li>Child describes daily experiences with you in detail without being asked questions about each factor (e.g., tell you about what happened at school, how she felt about it, etc)?</li> <li>Child can predict what might happen in a situation he has not experienced (e.g. a child steals a fruit from someone's house, what might happen to him?)</li> </ul>	<b>6 to 8 Years</b>
<b>3 to 6 Years</b>	<ul style="list-style-type: none"> <li>Stands on one foot without aid</li> <li>Throws a small ball overhand</li> <li>Hops 3 times on one foot</li> </ul>	<ul style="list-style-type: none"> <li>Touches thumb to the tips of each finger of one hand</li> <li>Draws circle and cross well</li> <li>Tosses small object up and catches it with one hand</li> </ul>	<ul style="list-style-type: none"> <li>Uses at least two possessive pronouns- mine, hers, his</li> <li>Tells stories</li> <li>Describes a picture showing an activity</li> </ul>	<ul style="list-style-type: none"> <li>Undresses and dresses self without help</li> <li>Participates in group games with rules</li> <li>Shows concern that playmates are not hurt in games</li> </ul>	<ul style="list-style-type: none"> <li>Understands concept of two</li> <li>Knows the meaning of on top and under, in front of and in back of</li> <li>Knows at least one song or simple rhyme</li> </ul>	<b>3 to 6 Years</b>
<b>24 to &lt;36 Months</b>	<ul style="list-style-type: none"> <li>Walks in straight line alternating feet</li> <li>Walks barefoot on tiptoes</li> <li>Can imitate movements with both arms</li> </ul>	<ul style="list-style-type: none"> <li>Screws and unscrews the lid of a container</li> <li>Makes little balls of clay or similar material</li> <li>Draws horizontal and vertical lines and an imperfect circle</li> </ul>	<ul style="list-style-type: none"> <li>Repeats simple songs or rhymes</li> <li>Names at least five commonly used objects</li> <li>Uses phrases of three or more words</li> </ul>	<ul style="list-style-type: none"> <li>Tells whether she is a girl or he is a boy</li> <li>Has special friends and knows their names</li> <li>Can play cooperatively with another child in games that represent real life experiences such as house</li> </ul>	<ul style="list-style-type: none"> <li>Separates and groups objects by one characteristic such as color</li> <li>Matches identical pictures or photographs</li> <li>Builds bridge with blocks</li> </ul>	<b>24 to &lt;36 Months</b>
<b>12 to &lt;24 Months</b>	<ul style="list-style-type: none"> <li>Walks unaided</li> <li>Squats, picks up object and stands up</li> <li>Runs fairly well</li> </ul>	<ul style="list-style-type: none"> <li>Puts object into a similar size opening of a container</li> <li>Opens a round container or canister and closes it</li> <li>Strings at least three beads</li> </ul>	<ul style="list-style-type: none"> <li>Names one object</li> <li>Expresses what she/he wants verbally and asks for at least three familiar things</li> <li>Uses phrases of two or three words</li> </ul>	<ul style="list-style-type: none"> <li>Is able to feed self without help</li> <li>Plays by himself/herself next to another child</li> <li>Helps with simple household tasks</li> </ul>	<ul style="list-style-type: none"> <li>Gets a familiar object that is out of sight when asked or wants it</li> <li>Imitates an everyday activity such as sweeping</li> <li>Recognizes at least 3 objects in drawing/picture when named</li> </ul>	<b>12 to &lt;24 Months</b>
<b>6 to &lt;12 Months</b>	<ul style="list-style-type: none"> <li>Rolls over completely</li> <li>Changes position by himself from lying down to sitting up</li> <li>Stands with support and takes steps sideways while holding something</li> </ul>	<ul style="list-style-type: none"> <li>Transfers objects from one hand to the other</li> <li>Picks up small objects with thumb and index finger</li> <li>Puts objects into a container</li> </ul>	<ul style="list-style-type: none"> <li>Expresses wants or greetings by action or gestures</li> <li>Makes expressions or gestures to say "no"</li> <li>Understands simple instructions</li> </ul>	<ul style="list-style-type: none"> <li>Begins to show anxiety over separation from parent or main caregiver</li> <li>Expresses feelings of affection</li> <li>Tries to feed self without help</li> </ul>	<ul style="list-style-type: none"> <li>Tries to get an out-of-reach object</li> <li>Plays game of hiding a person's face (Peek-a- Boo)</li> <li>Imitates changes in gestures or movements such as clapping to patting</li> </ul>	<b>6 to &lt;12 Months</b>
<b>Birth to &lt; 6 Months</b>	<ul style="list-style-type: none"> <li>Lifts upper body and supports self with forearms</li> <li>Tries to pull up if held by the hands</li> <li>Rolls over partially</li> </ul>	<ul style="list-style-type: none"> <li>Plays with fingers at midline</li> <li>Tries to pick up nearby objects with hands</li> <li>Grasps an object given to the baby in each hand</li> </ul>	<ul style="list-style-type: none"> <li>Pays attention to conversation</li> <li>Imitates sounds like "aaa", "ooo", "uuu"</li> <li>Talks (babbles) by repeating sounds – ba ba ba, pa pa pa, da da da</li> </ul>	<ul style="list-style-type: none"> <li>Makes eye contact</li> <li>Looks at and touches the face of someone that moves in close to baby's reach</li> <li>Smiles or laughs in response to tickling</li> </ul>	<ul style="list-style-type: none"> <li>Looks at own hands</li> <li>Explores object through looking, feeling, tasting</li> <li>Reacts to the disappearance of a moving object</li> </ul>	<b>Birth to &lt; 6 Months</b>

Citation: adapted from Child Development Scale, © Christian Children's Fund (now ChildFund International), April, 2006

## Birth to Children < 6 Months



## Care and Development



Physical



Thinking  
and Communication



Social and Emotional

### Key Messages:

- Your child needs to know that he/she is loved and can always depend on you to meet his/her needs.
- Even at this young age, your child is learning.
- Children need to develop motor skills such as sitting, rolling, and reaching for things.
- Singing and talking to your baby will help him learn to talk.

# Care and Development

## Reflection Questions:

- What do you see happening in these pictures? (under each domain)
- Have you seen your child doing these activities? What can you do to help your child develop physically, socially, emotionally and to think and communicate?
- Let's talk about why this is important and some things you can do to help your child develop.

## Suggested Actions:

### Physical



- Give child a spoon, your fingers or other objects to grasp
- Support child to sit up for short periods of time

### Thinking and Communication



- Copy your child's sounds
- Sing to child and tell them stories
- Place objects 30 cm away from child's face for them to look at
- Sing softly to the child often

### Social and Emotional



- Engage in regular mother-child contact (hug, hold, and caress child)
- Smile and make eye contact
- Notice and respond to your child's need in a caring way
- Help child to soothe herself
- Encourage men in the family to hold child



## Health



### Key Messages:

- Completing your child's immunizations will keep him from getting certain diseases. Keeping a record by using a health card will help you remember.
- Make sure your children are sleeping under mosquito nets.
- Bathing regularly and washing hands will help keep your child healthy.
- Testing your child for HIV and providing necessary treatment if positive will increase his chance of survival and allow your child to grow.

# Health

## Reflection Questions:

- What do you see happening in this picture? Do you take your child for health services? If yes, when? If not, why not?
- Is your child receiving immunizations? What do you need to make sure this happens?
- Let's talk about why this is important and some things you can do to keep your child healthy.

## Suggested Actions:

- Take child to receive immunizations.
- Bring health card to record immunizations.
- Take child to nearest health facility if shows signs of illness.
- Test your child for HIV and if infected, make sure she gets treatment.
- Sleep under a mosquito net.
- Wash hands with soap or ash before eating and after using the bathroom.
- Bathe child regularly.
- Boil or treat drinking water.





## Nutrition



### Key Messages:

- Growth monitoring, medical and nutrition services will help your child stay healthy.
- Breastfeeding is good for your child's health and development.

## Nutrition

### Reflection Questions:

- What do you see happening in this picture?
- Are you feeding your child only by breastfeeding? If not, why?
- Is your baby getting needed vitamins, such as vitamin A? If not, why?
- Is your child receiving regular growth monitoring? What do you need to do to make sure this happens?
- Let's talk about why this is important and some things you can do so your child has the nutrition he/she needs.

### Suggested Actions:

- Give child only breast milk for first 6 months-no other liquid (water, juice, teas, or porridge).
- If you are HIV + and/or cannot breastfeed, go for nutrition counseling.
- Notice when your child is hungry and feed her when she wants to eat.
- Take child to monitor weight, bringing health card to track growth.
- Ask health staff to explain growth chart on child's health card.



## Rights and Protection



### Key Messages:

- All children have the right to citizenship.
- Document your child's birth so their rights to health care, education, protection services and inheritance are protected.
- Children need to be safe from harm, violence and abuse.
- When you treat all of your children the same you are showing them you love and care for them equally.

## Rights and Protection

### Reflection Questions:

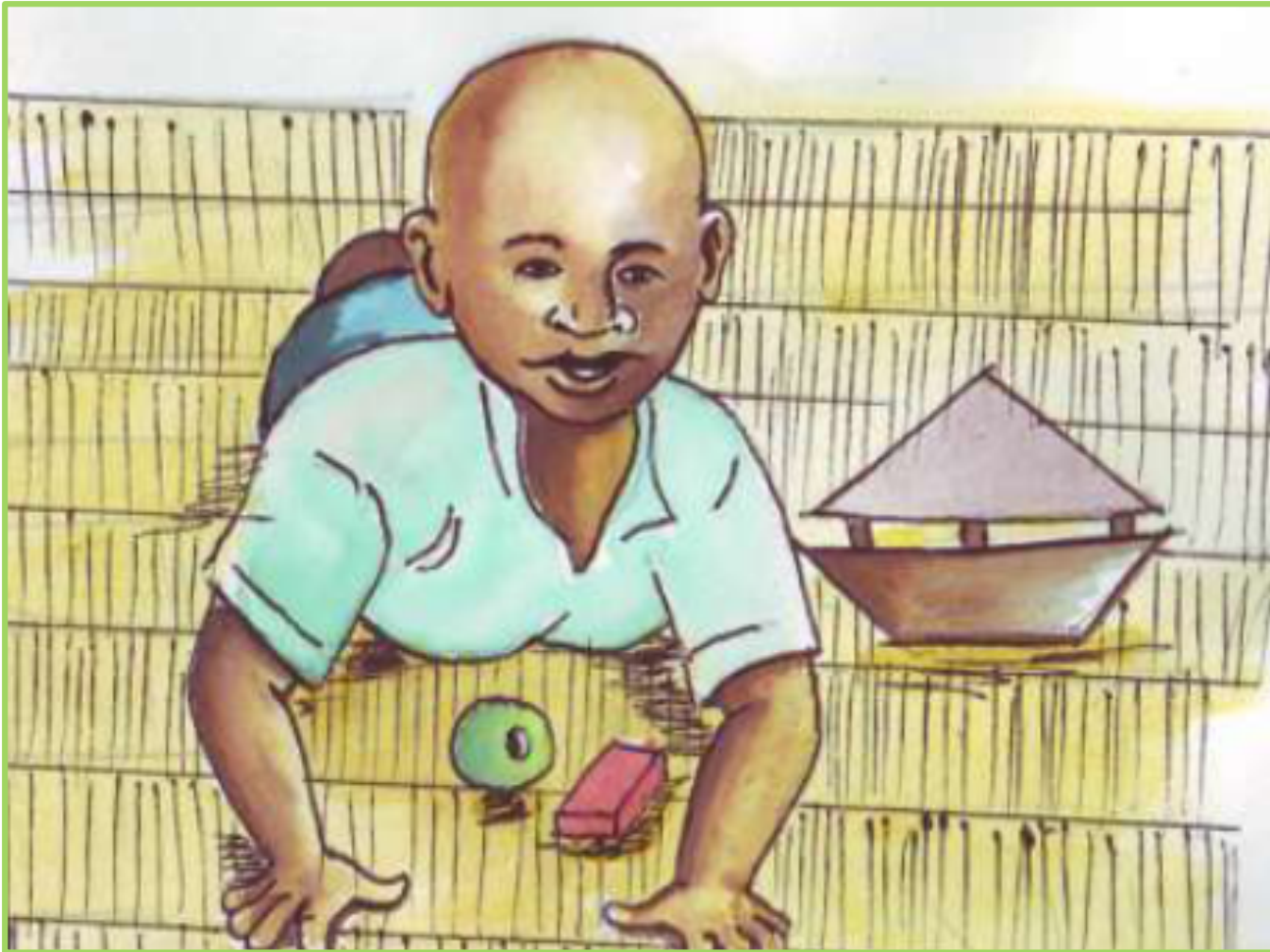
- What do you see happening in this picture? Have you done this for your child? If not, why not?
- Is your child in a safe environment, free from harm, violence and abuse?
- Is your child registered and/or has birth documentation?

### Suggested Actions:

- Register your child or make sure he/she has birth documentation.
- Obtain birth documentation within 21 days of birth.
- If your child is born at home, bring him or her within 24 hours for birth record .
- Protect your child from verbal, physical, and sexual abuse.
- Treat all your children the same.



## Children 6 to < 12 Months





## Care and Development



Physical



Thinking  
and Communication



Social and Emotional

### Key Messages:

- Providing a safe, stable, and stimulating place to play will keep your child safe and help her brain grow.
- Children learn by moving and playing with objects so they need room to move around and explore.
- Singing and talking to your child will help him develop language skills.
- Showing affection and being responsive will help your child's brain grow so that she can learn new things and be happy.
- Children learn by doing and interacting with others.
- Children with disabilities should be included in activities with other children.

## Care and Development

### Reflection Questions:

- What do you see happening in these pictures (under each domain)? Have you seen your child doing these things?
- Tell me about what your child is doing physically? Is she/he sitting up? Crawling? Pulling to stand, reaching and playing with toys?
- Tell me about what kinds of sounds your child is making.
- Does he/she smile and enjoy you playing with her/him?
- Do you have any concerns about how your child is developing?
- Let's talk about why this is important and what you can do to help your child develop.



### Physical

- Help child practice standing while holding onto her with support
- Lay your baby on his tummy and put toys near him
- Make sure that children have a safe space to explore



### Thinking and Communication

- When your child looks at something, point to it and talk about it
- Ask child questions about the people and things around them. For example, "Where is Mommy?"



### Social and Emotional

- Hug, talk to, and care for child using a warm tone of voice
- Notice child's needs (hungry, tired, sad) and respond in a kind and caring way



## Health



### Key Messages:

- Receiving routine medical care and deworming, if necessary, will keep your child healthy.
- Completing your child's immunizations will keep him from getting certain diseases. Keeping a record by using a health card will help you remember.
- Sleeping under a mosquito net will protect your child from malaria.
- Your child needs to drink clean and safe water.
- Bathing regularly and washing hands will keep your child healthy.
- Testing your child for HIV and providing necessary treatment if positive will increase his chance of survival.

# Health

## Reflection Questions:

- What do you see happening in this picture?
- Does your child go the clinic for regular care and when he/she is sick? Has your child had his immunizations?
- Is your child sleeping under a net and drinking clean water?
- Are you keeping your child clean by bathing and washing hands?
- Let's talk about why this is important and some things you can do to keep your child healthy.

## Suggested Actions:

- Take child to receive immunizations, bringing card to record them.
- Take child to nearest health facility if shows signs of illness.
- Test your child for HIV and if infected, make sure she gets treatment.
- Sleep under a mosquito net.
- Wash hands with soap and ash before eating and after using the bathroom.
- Bathe child regularly.
- Boil or treat drinking water.



## Nutrition



### Key Messages:

- Being attentive to your child as she eats will encourage her to eat more and be healthy.
- Your child needs a mixed, nutritious diet with adequate amounts of vitamins and minerals to grow and develop.
- If your child does not receive sufficient amounts of vitamins and minerals, provide him with vitamin and mineral supplementation.
- Regular growth monitoring will help make sure your child is growing well.

# Nutrition

## Reflection Questions:

- What do you see happening in this picture?
- Have you started introducing nutritious foods to your child? If so, what are you giving?
- Do you know what types of foods are healthy for your child?
- Is your child getting needed vitamins, such as Vitamin A? If not, why?
- Is your child receiving regular growth monitoring? What do you need to do to make sure this happens?
- Let's talk about why this is important and what you can do so your child gets the food he/she needs.

## Suggested Actions:

- Continue to breastfeed.
- Introduce solid foods, such as corn porridge or another cereal mixed with leafy green vegetables, oil, milk, coconut milk, or egg yolk.
- Feed child 3 times a day if breastfeeding, 5 times a day if not.
- If there is a shortage of food in your household, try to reserve some food for your child.
- Take child to monitor weight, bringing health card to track growth.
- Ask health staff to explain growth chart on child's health card.



## Rights and Protection



### Key Messages:

- All children have the right to citizenship and should be registered to make sure their rights are protected.
- Shaking your child or hurting him/her is very harmful for your child.
- Children in your household should be treated equally.
- Children need to be in a safe environment, free from harm, violence and abuse (verbal, physical, sexual).
- When you treat all of your children the same you are showing them you love and care for them equally.



## Rights and Protection

### Reflection Questions:

- What do you see happening in this picture? Have you done this for your child? If not, why not?
- Did you get your child registered?
- Is your child in a safe environment, free from harm, violence and abuse?
- Do you use positive discipline (e.g., limit setting, routines, praise) with your child instead of yelling or being too harsh?
- Let's talk about why this is important for your child.

### Suggested Actions:

- Register your child and make sure he/she has birth documentation.
- Protect your child from verbal, physical and sexual abuse.
- Refrain from disciplining your child too harshly, and spend more time encouraging wanted behaviors.
- Seek help if you or someone in your family is too harsh with your child.
- Treat all your children the same.



## Children 12 to < 24 Months





## Care and Development



Physical



Thinking  
and Communication



Social and Emotional

### Key Messages:

- Providing a safe, stable, and stimulating place to play will keep your child safe and help her brain grow.
- Your child needs a safe place to move around, walk and play with toys and objects.
- Singing, talking and reading to your child will help him develop language skills.
- Showing affection, being encouraging, being responsive and nurturing helps your child's brain grow so that he/she can learn new things and be happy.
- When you provide consistent rules with clear limits, you help your child know what they can and can't do.
- Children with disabilities should be included in activities with other children.

# Care and Development

## Reflection Questions:

- What do you see happening in this picture (under each domain)?
- Have you seen your child doing these activities? What can you do to help your child develop physically, socially, emotionally and to think and communicate?
- Let's talk about why this is important and some things you can do to help your child develop

## Suggested Actions:



### Physical

- Hold child's hands to help her walk
- Provide safe areas for your child to walk and move around in, away from knives or boiling pots, sharp stones, sticks, slippery surfaces and other known hazards



### Thinking and Communication

- Sing with child
- Read to child or tell stories
- Provide safe materials to play with
- Ask child questions about what they are doing



### Social and Emotional

- Praise child for his accomplishments
- Show affection
- Encourage child to play with family members and other children

## Health



### Key Messages:

- Receiving routine medical care and deworming, if necessary, will keep your child healthy.
- Sleeping under a mosquito net will protect your child from malaria.
- Bathing regularly and washing hands will keep your child healthy.
- Completing your child's immunizations will keep him from getting certain diseases. Keeping a record by using a health card will help you remember.
- Your child needs to drink clean and safe water.
- Testing your child for HIV and providing necessary treatment if positive will increase his chance of survival.

# Health

## Reflection Questions:

- What do you see happening in this picture?
- Does your child go the clinic for regular care and when he/she is sick? Has your child had his immunizations?
- Is your child sleeping under a mosquito net and drinking clean water?
- Are you keeping your child clean by bathing and washing hands?
- Let's talk about why this is important and some things you can do to keep your child healthy.

## Suggested Actions:

- Take child to receive immunizations, bringing card to record them.
- Take child to nearest health facility if shows signs of illness.
- Test your child for HIV and if infected, make sure she gets treatment.
- Take your child to receive deworming medicine.
- Sleep under a mosquito net.
- Wash hands with soap or ash before eating and after using the bathroom.
- Bathe child regularly.
- Boil or treat drinking water.



## Nutrition



### Key Messages:

- Being attentive to your child as she eats will encourage her to eat more and be healthy.
- Washing food before cooking will help keep away certain diseases.
- Eating a mixed diet including vegetables, fruit and meat is important for your child.
- Feeding your child three to five times a day will help ensure he/she gets enough food.
- If your child is ill she may need to eat smaller amounts of food more frequently to keep up her strength and replace lost nutrients.
- Vitamins and minerals are important to prevent malnutrition and later learning problems.
- Regular growth monitoring will help make sure your child is growing well.



# Nutrition

## Reflection Questions:

- What do you see happening in this picture?
- What foods does your child eat on a daily basis and how often during the day?
- Do you know what types of foods are healthy for your child?
- Has someone told you that your child needs vitamin supplementation such as Vitamin A? If so, is your child getting it? If not, why not?
- Let's talk about why this is important and some things you can do so your child has the nutrition he/she needs.

## Suggested Actions:

- Add pieces of meat or fish to child's diet.
- Feed child 3 times a day if breastfeeding, 5 times a day if not.
- Give child fruit (e.g., mangos, guavas, amabungo, avocado), yucca, or sweet potato as a snack twice a day in between meals.
- Take child to monitor growth, bringing under 5 card to track.
- If there is a shortage of food in your household, try to reserve some food for your child.
- If your child is not receiving enough vitamins and minerals, take him for vitamin and mineral supplementation.



## Rights and Protection



### Key Messages:

- All children have the right to citizenship and should be registered to make sure their rights are protected.
- Hitting your child or hurting in any way is very harmful for your child.
- Children in your household should be treated with equal importance.
- Children need to be in a safe environment, free from harm, violence and abuse (verbal, physical, sexual).
- When you treat all of your children the same you are showing them you love and care for them equally.



## Rights and Protection

### Reflection Questions:

- What do you see happening in this picture? Have you registered your child? If not, why not?
- Is your child in a safe environment, free from harm, violence and abuse?
- Do you use positive discipline (e.g., limit setting, routines, praise) instead of being too harsh?
- Let's talk about why this is important for your child.

### Suggested Actions:

- Register your child and make sure he/she has birth documentation.
- Protect your child from verbal, physical and sexual abuse – don't harm or let anyone else harm your child.
- Treat all your children the same.
- Refrain from disciplining your child too harshly, and spend more time encouraging wanted behaviors.
- Seek help if you or someone in your family is too harsh with your child.



## Children 24 < 36 Months



## Care and Development



Physical



Thinking  
and Communication



Social and Emotional

### Key Messages:

- Your child needs a safe, stable, and stimulating place to play to help his brain grow and keep him from getting hurt. He will be walking, running and playing actively now.
- You can help your child develop language skills by singing, talking and reading to her.
- Encouraging your child to play with other children will help her learn to share, express feelings and care for others.
- Children with disabilities should be included in activities with other children.
- When you provide consistent rules with clear limits, your child will know what they can and can't do.
- Giving your child opportunities to make choices will help them learn to think about and make decisions.

# Care and Development

## Reflection Questions:

- What do you see happening in these pictures? Have you seen your child doing these activities? What can you do to help your child develop physically, socially, emotionally and to think and communicate?
- Let's talk about why this is important and some things you can do to help your child develop.

## Suggested Actions:



### Physical

- Help child draw in sand or dirt with stick
- Provide opportunities to run, jump, dance and kick



### Thinking and Communication

- Read to children or use pictures on household items to tell stories together
- Sing songs together
- Play games to identify names and functions of body parts and other objects
- Encourage children to play with others



### Social and Emotional

- Ask child to help you carry out simple activities
- Praise child for accomplishments
- Show affection to the child
- Provide consistent limits and redirect/divert child's attention when behavior is not appropriate

## Health



### Key Messages:

- Receiving routine medical care and deworming, if necessary, will keep your child healthy.
- Sleeping under a mosquito net will protect your child from malaria.
- Bathing regularly and washing hands will keep your child healthy.
- Completing your child's immunizations will keep him from getting certain diseases. Keeping a record by using a health card will help you remember.
- Your child needs to drink clean and safe water.
- Testing your child for HIV and providing necessary treatment if positive will increase his chance of survival.



# Health

## Reflection Questions:

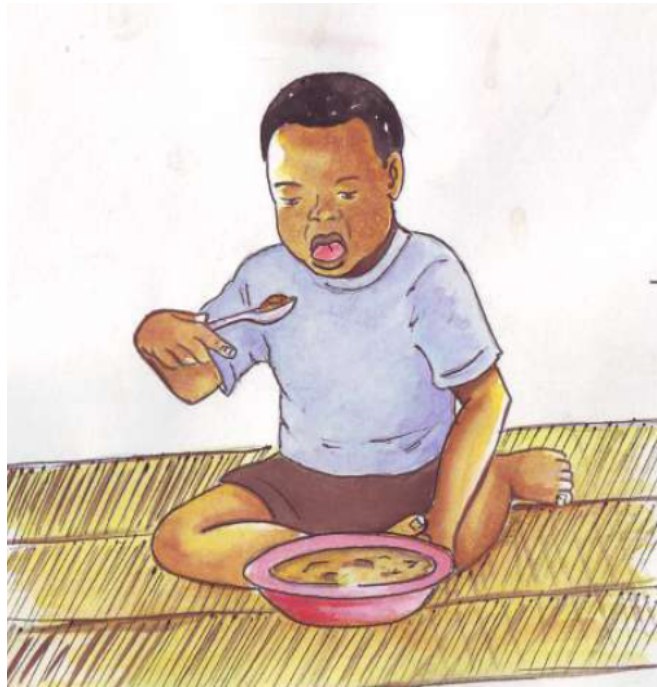
- What do you see happening in this picture?
- Does your child go for regular health care and when he/she is sick? Has your child had his immunizations? Do you consider your child healthy?
- Is your child sleeping under a mosquito net and drinking clean water?
- Are you keeping your child clean by bathing and washing hands?
- Let's talk about why this is important and some things you can do to keep your child healthy.

## Suggested Actions:

- Take child to nearest health facility if shows signs of illness.
- If child needs any additional immunizations, take him to the nearest health facility and bring health card to record them.
- Take your child to receive deworming medicine.
- Test your child for HIV and if infected, make sure she gets treatment.
- Sleep under a mosquito net.
- Wash hands with soap or ash before eating and after using the bathroom.
- Bathe child regularly.
- Boil or treat drinking water.



## Nutrition



### Key Messages:

- Being attentive to your child as she eats will encourage her to eat more and be healthy.
- Your child needs to eat a variety of foods including vegetables, fruit and meat to get the vitamins and nutrients he needs to grow up healthy.
- Washing food before cooking will help keep away certain diseases.
- Feeding your child three to five times a day will help ensure he/she gets enough food.
- If your child is ill she may need to eat smaller amounts of food more frequently to keep up her strength and replace lost nutrients.
- Vitamins and minerals are important to prevent malnutrition and later learning problems. Some children need vitamin and mineral supplementation if they don't get these in their food.
- Regular growth monitoring will help make sure your child is growing well.



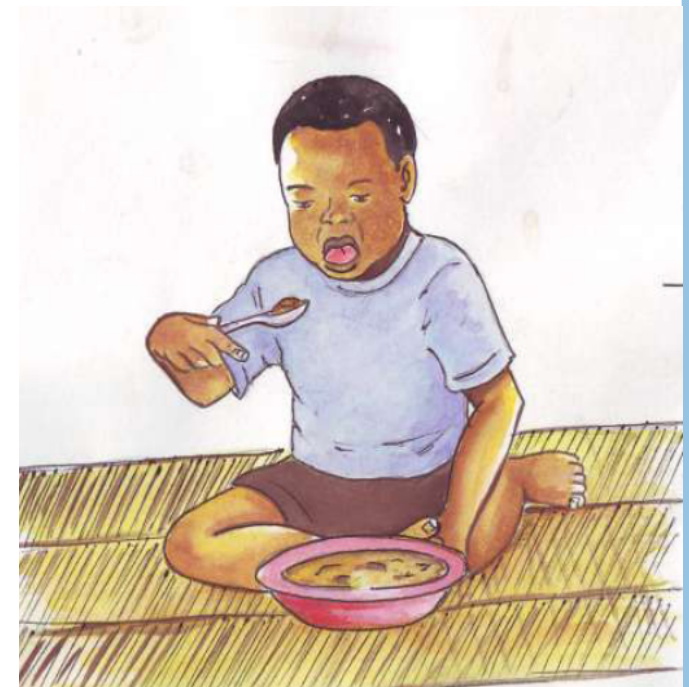
# Nutrition

## Reflection Questions:

- What do you see happening in this picture?
- What foods does your child eat on a daily basis and how often during the day?
- Do you know what types of foods are healthy for your child?
- Has someone told you that your child needs vitamin supplementation such as Vitamin A? If so, is your child getting it? If not, why not?
- Let's talk about why this is important and some things you can do so your child has the nutrition he/she needs.

## Suggested Actions:

- If there is a shortage of food in your household, try to reserve some food for your child.
- You can continue to breastfeed but you should wean your child little by little.
- Give your child family food.
- Take your child to monitor his/her growth every month, bringing health card to track.
- If your child is not receiving enough vitamins or minerals, take him to the nearest health facility for vitamin and mineral supplementation.



## Rights and Protection



### Key Messages:

- All children have the right to citizenship and should be registered to make sure their rights are protected.
- Hitting your child or hurting him/her in any way is very harmful for your child.
- Children need to be in a safe environment, free from harm, violence and abuse (verbal, physical, sexual).
- Children in your household should be treated with equal importance. When you treat all of your children the same you are showing them you love and care for them equally.
- Your child needs to start being more independent and engaging in self-help activities. This will help build confidence in what he can do.

## Rights and Protection

### Reflection Questions:

- What do you see happening in this picture? Did you get your child registered? If not, why not?
- Is your child in a safe environment, free from harm, violence and abuse?
- Do you use positive discipline (e.g., limit setting, routines, praise) instead of being too harsh?
- Does your child wash her own hands and face and begin to do things for herself?
- Let's talk about why this is important for your child.

### Suggested Actions:

- Register your child and make sure he/she has birth documentation.
- Protect your child from verbal, physical and sexual abuse – don't harm or let anyone else harm your child.
- Treat all your children the same.
- Encourage your child to do some things on his own – choose his own clothes and dress himself, wash hands and face.
- Refrain from disciplining your child too harshly, and spend more time encouraging wanted behaviors.
- Seek help if you or someone in your family is too harsh with your child.



## Children 3 to < 6 Years



## Care and Development



Physical



Social and Emotional

### Key Messages:

- A safe and stimulating place to play will help your child's brain grow and keep him from getting hurt.
- Singing, talking, reading and playing with your child can help them learn, develop language skills and get ready for school.
- Encouraging your child to play with other children will help her learn to share, express her feelings and care for others.
- Children with disabilities should be included in activities with other children.
- Entry into an early learning program can give your child opportunities to interact with other children and learn.
- Providing consistent rules and clear limits helps your child know what they can and can't do.
- Giving your child opportunities to make choices will help them learn to think about and make decisions.



# Care and Development

## Reflection Questions:

- What do you see happening in this picture?
- Have you seen your child doing these activities? What can you do to help your child develop physically, socially, emotionally and to think and communicate?
- Is your child enrolled in a preschool or early learning program? If yes, how is it going? If not, why and can I help you get him/her enrolled?
- Let's talk about why this is important and what you can do to help your child develop.

## Suggested Actions:



### Physical

- Encourage child to draw in the dirt/sand or on paper
- Encourage child to play sports, games and dance with other children



- Read/tell stories to child and have child tell stories
- Provide child with picture books
- Provide a play bag of materials (stones, bottle caps, small sticks seeds for stacking and making designs in the sand)



### Social and Emotional

- Include child in community activities such as church, festivals, and other activities
- Show affection to the child
- Express feelings through drawing or play, especially if your child has lost a loved one
- Encourage child to play with siblings and other children

## Health



### Key Messages:

- Receiving routine medical care and deworming, if necessary, will keep your child healthy.
- Sleeping under a mosquito net will protect your child from malaria.
- Bathing regularly and washing hands will keep your child healthy.
- Completing your child's immunizations will keep him from getting certain diseases. Keeping a record by using a health card will help you remember.
- Your child needs to drink clean and safe water.
- Testing your child for HIV and providing necessary treatment if positive will increase his chance of survival.



# Health

## Reflection Questions:

- What do you see happening in this picture?
- Are you keeping your child clean by bathing and washing hands?
- Is your child drinking clean water and sleeping under a mosquito net?
- Does your child go for regular health care and when he/she is sick? Has your child had his immunizations? Do you consider your child healthy?
- Let's talk about why this is important and some things you can do to keep your child healthy.

## Suggested Actions:

- Practice correctly washing hands before eating and after using latrine/bathroom.
- Bathe child regularly.
- Boil or treat drinking water.
- Take child to receive any other immunizations.
- Take child to nearest health facility if shows signs of illness.
- Test your child for HIV and if infected, make sure she gets treatment.
- Sleep under a mosquito net.



## Nutrition



### Key Messages:

- Being attentive to your child as she eats will encourage her to eat more and be healthy.
- Your child needs to eat a variety of foods including vegetables, fruit and meat to get the vitamins and nutrients he needs to grow up healthy.
- If your child is ill she may need to eat smaller amounts of food more frequently to keep up her strength and replace lost nutrients.
- Washing food before cooking will help keep away certain diseases.
- Feeding your child three to five times a day will help ensure he/she gets enough food.
- Some children need vitamin supplementation if they don't get vitamins in their food.
- Regular growth monitoring will help make sure your child is growing well.

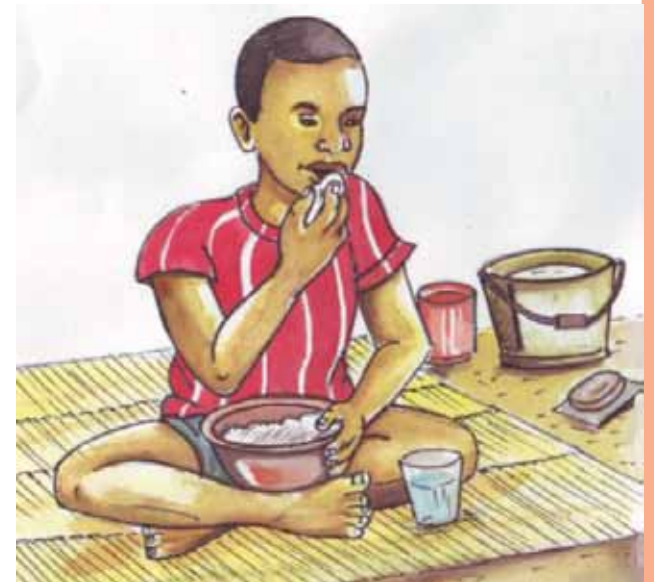
# Nutrition

## Reflection Questions:

- What do you see happening in this picture?
- What foods does your child eat on a daily basis and how often during the day?
- Do you know what types of foods are healthy for your child?
- Does your child eat with other members of his family so they enjoy eating together?
- Has someone told you that your child needs vitamin supplementation such as Vitamin A? If so, is he/she getting it? If not, why not?
- Let's talk about why this is important and what you can do so your child has the nutrition he/she needs.

## Suggested Actions:

- Encourage and provide your child with a mixed diet including vegetables, fruit and meat whenever possible.
- Eat meals with family 3 to 5 times a day.
- If there is a shortage of food in your household, try to reserve some food for your child.
- Provide breakfast before preschool for your child.



## Rights and Protection



### Key Messages:

- All children have the right to citizenship and should be registered to make sure their rights are protected.
- Hitting your child or hurting him/her in any way is very harmful for your child.
- Children need to be in a safe environment, free from harm, violence and abuse (verbal, physical, sexual).
- Children in your household should be treated with equal importance. When you treat all of your children the same you are showing them you love and care for them equally.
- Your child needs to start being more independent and feeding, dressing and washing himself. This will help build confidence in what he can do.

## Rights and Protection

### Reflection Questions:

- What do you see happening in this picture? Is your child enrolled in a preschool or early learning program? If not, why not?
- Does your child have the opportunity to make choices? To engage in recreational, cultural and spiritual activities? If not, why?
- Is your child in a safe environment, free from harm, violence and abuse?
- Did you get your child's birth registered?
- Do you use positive discipline (e.g., limit setting, routines, praise) instead of being too harsh?
- Let's talk about why this is important for your child.

### Suggested Actions:

- Register your child or make sure he/she has birth documentation.
- Protect your child from verbal, physical and sexual abuse – don't harm or let anyone else harm your child.
- Treat all your children the same.
- Encourage your child to be involved in things and let them make some choices.
- Refrain from disciplining your child too harshly, and spend more time encouraging wanted behaviors.
- Seek help if you or someone in your family is too harsh with your child.
- Enroll your child in a preschool or early learning program if possible.



## Children 6 to 8 Years





## Care and Development



Physical



Thinking  
and Communication



Social and Emotional

### Key Messages:

- Showing an interest in your child makes him feel accepted and builds self confidence.
- Your child should be in school to get an education and experiences that will help her be successful in life.
- Giving your child lots of time at home to read, write and talk will help them love to learn and will lead to success in school and life.
- Children still need time to play each day – this encourages them to use their imagination, problem solving skills and apply what they are learning in school.
- Children who have suffered illness or loss of a loved one need time for play and to talk with someone about their feelings.
- Children with disabilities should be included in activities with other children.



# Care and Development

## Reflection Questions:

- What do you see happening in this picture (under each domain)?
- Have you seen your child doing these activities? What can you do to help your child develop physically, socially, emotionally and to think and communicate?
- Is your child enrolled in the local primary school? If yes, how is it going? Does she attend regularly? If not, why not and can I help you get him/her enrolled??
- Does your child have time for free play each day?
- Let's talk about why this is important and what you can do to help your child develop.

## Suggested Actions:



### Physical

- Provide time for children to play with others
- Encourage children to play active games and sports



### Thinking and Communication

- Show interest in child's reading and ask her to read aloud
- Provide materials that children can use to sort, build and make pictures
- Promote interaction with siblings and other children to build cooperation



### Social and Emotional

- Ask how child's day was/how they are feeling
- Take an interest in child's work from school
- Praise child for helping others with chores
- Encourage child to express feelings through drawing or play

## Health



### Key Messages:

- Receiving routine medical care, needed medications, and deworming, if necessary, will keep your child healthy.
- Sleeping under a mosquito net will protect your child from malaria.
- Bathing regularly and washing hands will keep your child healthy.
- Your child needs to drink clean and safe water.
- Testing your child for HIV and providing necessary treatment if positive will increase his chance of survival.

# Health

## Reflection Questions:

- What do you see happening in this picture?
- Are you keeping your child clean by bathing and washing hands?
- Is your child drinking clean water and sleeping under a mosquito net?
- Do you have a regular source of health care? If not, why not?
- Is your child taking needed medications?
- Does your child go the clinic for regular care and when he/she is sick? Has your child had all of his immunizations? Do you consider your child healthy?
- Let's talk about why this is important and what you can do to keep your child healthy.

## Suggested Actions:

- Have child bathe regularly and help to wash clothes.
- Have child wash hands before meals and after using the latrine/bathroom.
- Boil or treat drinking water.
- Take child to nearest health facility if shows signs of illness.
- Test your child for HIV and if infected, make sure she gets treatment.
- Sleep under a mosquito net.



## Nutrition



### Key Messages:

- Being attentive to your child as she eats will encourage her to eat more and be healthy.
- Your child needs to eat a variety of nutritious foods including vegetables, fruit and meat to get the vitamins and nutrients he needs to grow up healthy.
- If your child is ill she may need to eat smaller amounts of food more frequently to keep up her strength and replace lost nutrients.
- Washing food before cooking will help keep away certain diseases.
- Feeding your child three to five times a day will help ensure he/she gets enough food.
- Some children need vitamin supplementation if they don't get vitamins in their food.
- Making sure your child eats before going to school will help him learn.

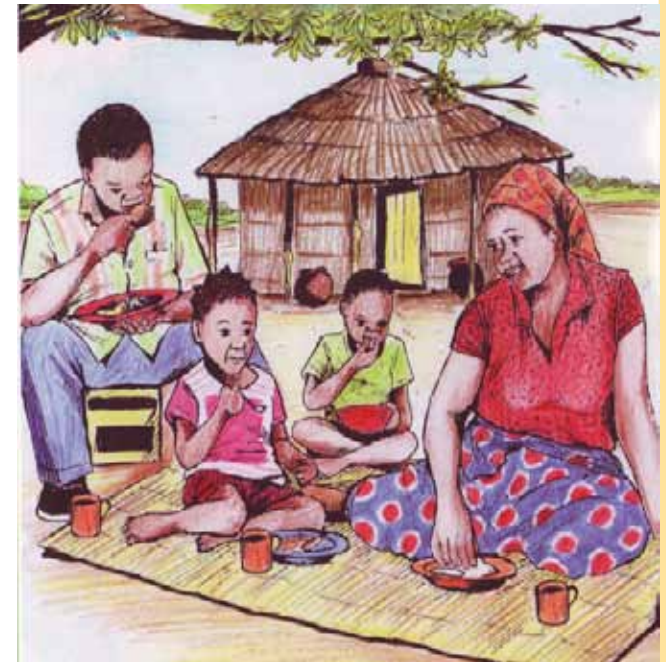
# Nutrition

## Reflection Questions:

- What do you see happening in this picture?
- What foods does your child eat on a daily basis and how often during the day? Do you let him/her help with meal preparation?
- Does your child eat before going to school?
- Do you know what types of foods are healthy for your child?
- Does your child eat with other members of his family to enjoy eating together?
- Has anyone told you that your child needs vitamin supplementation such as Vitamin A? If so, is she getting it? If not, why not?
- Let's talk about why this is important and what you can do so your child has the nutrition he/she needs.

## Suggested Actions:

- Encourage and provide your child with a mixed diet including vegetables, fruit and meat whenever possible.
- Have your child eat meals together with the family.
- If there is a shortage of food in your household, try to reserve some food for your child.
- Provide breakfast for your child before school.





## Rights and Protection



### Key Messages:

- All children have the right to citizenship and should be registered to make sure their rights are protected.
- Hitting your child or hurting him/her in any way is very harmful for your child.
- Children need to be in a safe environment, free from harm, violence and abuse (verbal, physical, sexual).
- Children in your household should be treated with equal importance. When you treat all of your children the same you are showing them you love and care for them equally.
- Your child is becoming more independent and can help around the house, but she also needs time for fun and play and to be part of outside activities. This will help her build confidence in what she can do. Be sure to understand the difference between child labor and child work.
- All children, girls and boys, have a right to education.

# Rights and Protection

## Reflection Questions:

- What do you see happening in these pictures?
- Does your child have the opportunity to make choices? To engage in recreational, cultural and spiritual activities? If not, why?
- What is the difference between child labor and child work?
- Is your child enrolled in school? If not, why not?
- Is your child in a safe environment, free from harm, violence and abuse?
- Do you use positive discipline (e.g., limit setting, praise) instead of being too harsh?
- Let's talk about why this is important for your child.



## Suggested Actions:

- Register your child or make sure he/she has birth documentation.
- Protect your child from verbal, physical and sexual abuse – don't harm or let anyone else harm your child.
- Treat all your children the same.
- Encourage your child to be involved in things and let them make some choices.
- Refrain from disciplining your child too harshly, and spend more time encouraging wanted behaviors.
- Seek help if you or someone in your family is too harsh with your child.
- Enroll your child in school and help her to attend regularly.