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4Children Coordinating Comprehensive Care for Children

Information and Job Aids for Early Childhood Care, Stimulation and Education

# RESOURCE COMPENDIUM FOR INTEGRATION OF EARLY CHILDHOOD DEVELOPMENT INTO PROGRAMS

## FOR CHILDREN ORPHANED OR MADE VULNERABLE BY HIV (OVC)

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## Acronyms

| | |
|---|---|
| **4Children** | Coordinating Comprehensive Care for Children |
| **ART** | Anti-retroviral therapy |
| **CCD** | Care for Child Development |
| **CRS** | Catholic Relief Services |
| **ECD** | Early childhood development |
| **EDI** | Early development intervention |
| **HIV** | Human immunodeficiency virus |
| **HEU** | HIV-exposed uninfected |
| **LMIC** | Low- and middle-income country |
| **OVC** | Orphans and vulnerable children |
| **PEPFAR** | U.S. President's Emergency Plan for AIDS Relief |
| **PMTCT** | Prevention of mother-to-child transmission |
| **RCT** | Randomized controlled trial |
| **UNICEF** | United Nations International Children's Emergency Fund |
| **USAID** | United States Agency for International Development |
| **WHO** | World Health Organization |

## Introduction and purpose

With support from the United States Agency for International Development (USAID), the Coordinating Comprehensive Care for Children Project (4Children) was tasked with reviewing and documenting opportunities to integrate early childhood development (ECD) into HIV programming. This was done with the goal of reviewing evidence, as well as determining ways that 4Children could better support USAID and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) orphans and vulnerable children (OVC) implementing partners in improving pediatric HIV case identification and treatment and children's developmental outcomes through integration of ECD into clinical care encounters. This work resulted in the *Background Paper on Integrating Early Childhood Development Interventions into HIV Clinical Care Encounters,* and an accompanying webinar available on www.ovcsupport.org. In order to support OVC practitioners beyond the documentation, 4Children has developed a user-friendly compendium of current resources, information and job aids for early childhood care, stimulation and education. The content included has been identified through a desk review and in consultation with ECD experts and field practitioners.

The compilation that follows is intended to supplement two other resources published by USAID in 2017. The focus of these two resources is developmental testing and monitoring, while the present compendium introduces resources to support ECD care, stimulation and education that may be utilized by OVC program practitioners:

- Child Development Testing Review: A Comprehensive Reader to Inform Field Utilization, by Prof. Lorraine Sherr and Kathryn Roberts; and
- Selecting a Child Development Monitoring Tool: Technical Guidance Note, by Linda Biersteker, Prof. Lorraine Sherr and Amanda Watermeyer.

This compendium also complements work by Catholic Relief Services (CRS) that has been recently brought together in an ECD depository at

https://www.crs.org/our-work-overseas/program-areas/health/early-childhood-development

Lastly, this compendium should be used together and in alignment with host country governments' early childhood guidance. Many countries have policies, strategies and programs related to improving early childhood care, development and outcomes. These should provide a basis for strengthening integration of ECD in OVC programs and building the capacity of various workers and families to provide quality care, stimulation and education to young children.

### AUDIENCE

This compendium's primary audience is USAID and PEPFAR implementing partners, with a focus on OVC practitioners. In addition, it is hoped that the resources and job aids contained within will be useful to service providers and field-level health and social service workers more generally. The compendium is targeted specifically to partners, agencies and workers in OVC programs.

### CONTENTS

The compendium begins with a brief overview of the importance of the early childhood period generally, and more specifically, its importance for HIV-impacted infants, children and families. Following this overview, there is discussion about ECD job aids, that is, various tools, visuals, tips and suggestions, and how they can be applied via platforms and entry points such as clinical health care, family case management and home visits, early childhood education and parenting programs. The compendium presents ideas on 1) how to select the right job aid(s) for your program, 2) how to integrate job aids into programming, and 3) contextualizing content for your program, country and other considerations. The compendium is then divided into sections that may be used separately or viewed together as needed:

**ECD job aids for quality care, stimulation and education** of young children include specific examples of tools, visuals and tips that workers can use within programming with caregivers of young children.

**Key ECD messages** are short examples of key messages that workers can give to caregivers regarding the care, stimulation and education of young children.

**Key ECD resources** are links to existing information on early childhood care, stimulation and education that may be referred to when developing or strengthening ECD integration in an OVC program.

## Early childhood development

### THE IMPORTANCE OF EARLY CHILDHOOD

Early childhood development refers to the physical, cognitive, linguistic and socio-emotional development of a child from the prenatal stage up to age eight years.[1] The critical importance of the early years in child development has been well documented. Research shows that the foundation of the brain's network and pathways is established by the age of six years.[2] Yet, 43 percent of children under 5 years of age – an estimated 250 million – in low- and middle-income countries (LMICs) are failing to reach their developmental potential.[3] The impacts, even prenatally, of poverty, undernutrition, adverse experiences, trauma, illness and other factors on children's physical, cognitive, linguistic, and social emotional development carry implications for children's later education, physical and mental health, and ability to be productive in adulthood, with a livelihood that enables the achievement of health and stability.[4, 5] Evidence is clear on the importance of early investment in the biological and psychosocial well-being of young children in order for them to reach their full potential.[6, ,7 8, 9, 10]

Investment in early childhood development can:[11]

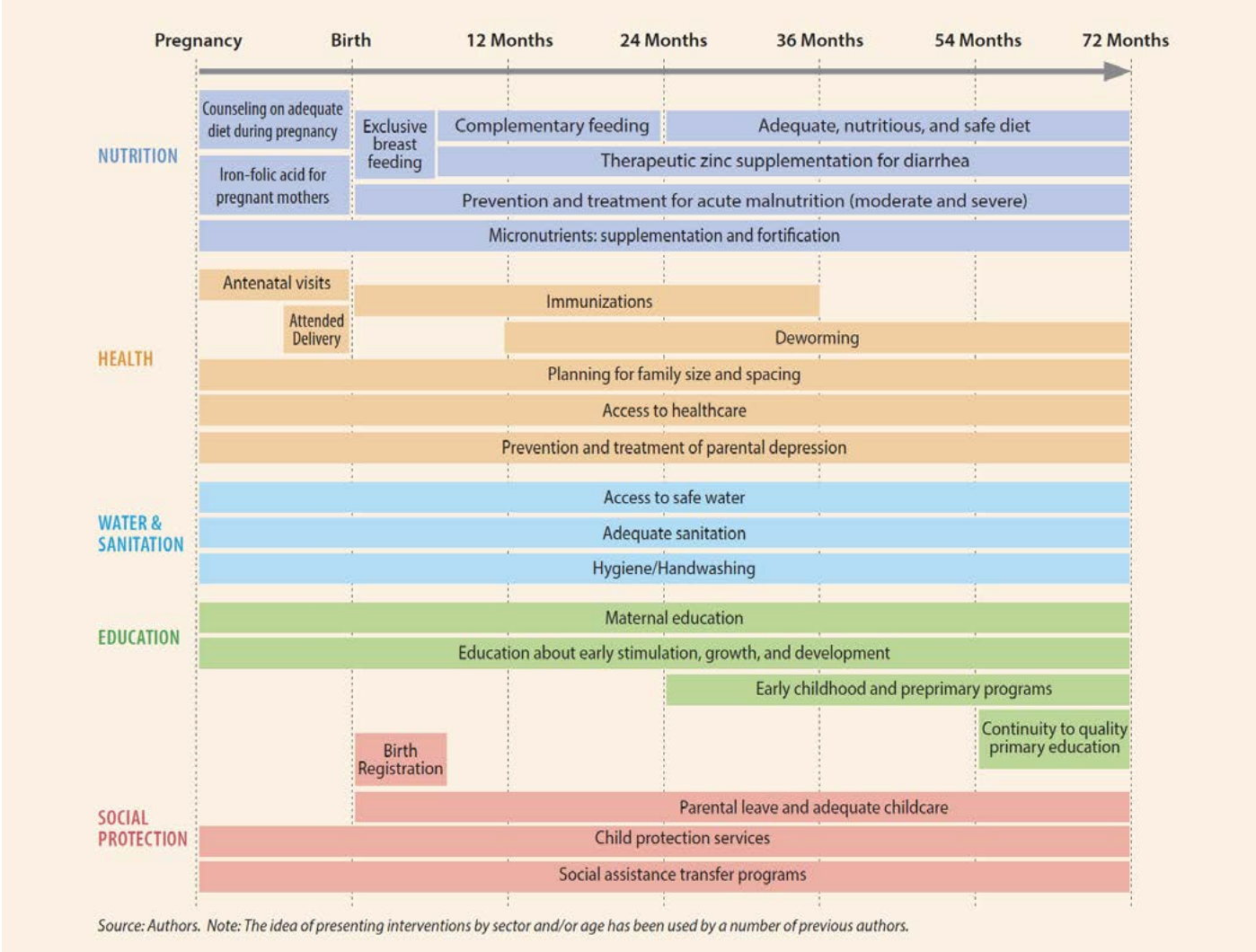
- Enhance health and growth outcomes later in childhood and into adulthood;

- Improve school performance, learning readiness and overall educational attainment;
- Break intergenerational cycles of poverty, gender inequity and violence;
- Develop human capital and catalyze economic growth;
- Save public funds in health, education and welfare.

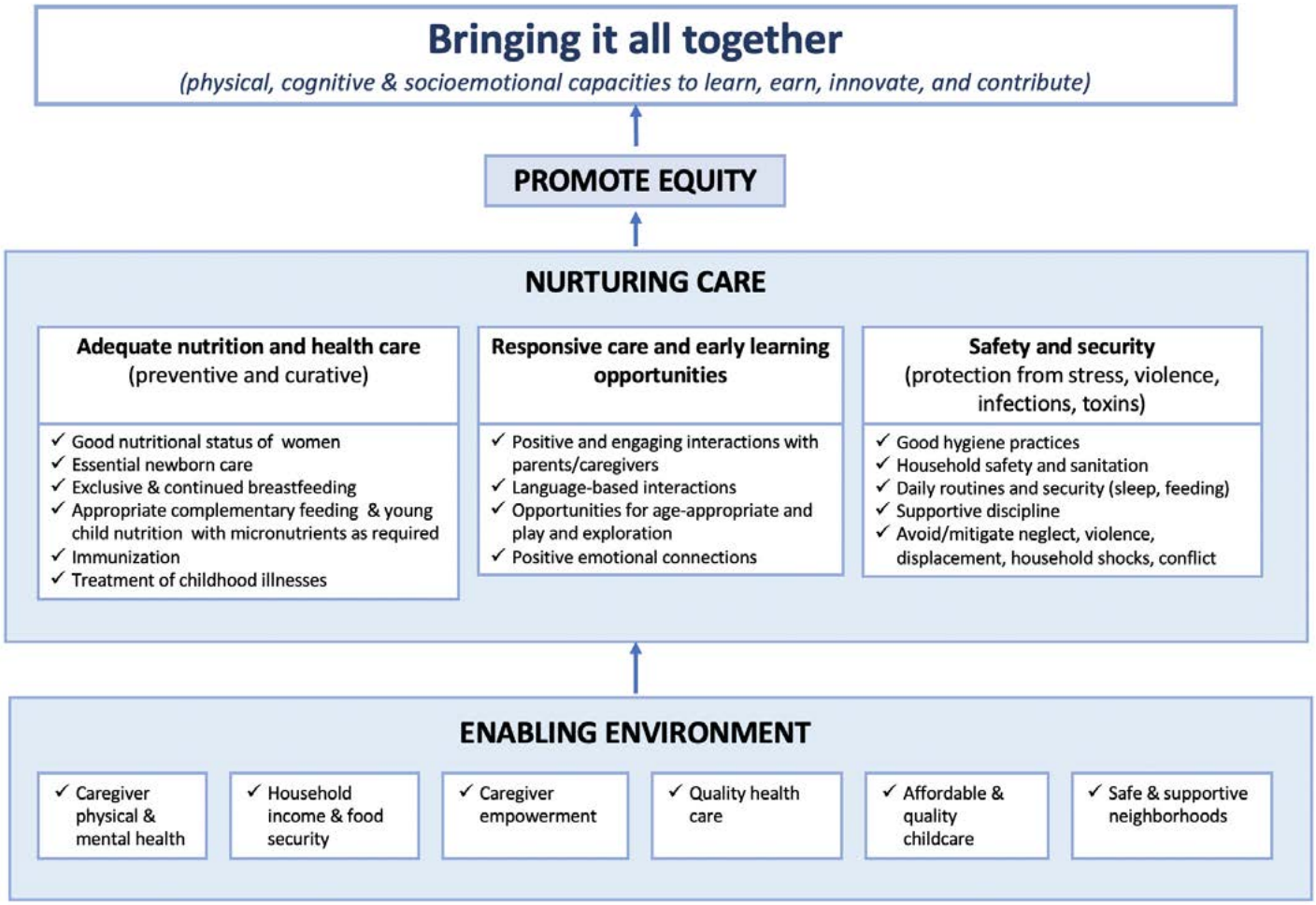
Poverty and adverse childhood experiences can have long-term effects on brain development. For example, exposure of expectant mothers to highly stressful environments can influence the birth weight of their babies.[12] Exposure of young children to family violence can lead to sustained increases in cortisol levels (a critical hormone that regulates various body functions, including immune reactions) and a physical hypervigilant focus on safety that takes energy from an infant's or child's focus on growing and developing.[13]

Imperative to a good start are physical health (such as immunization completion, micronutrient supplementation, treatment of childhood illness, early diagnosis and treatment of HIV, etc.), nutrition (including exclusive breastfeeding and complementary feeding), safe water and hygiene, appropriate and safe shelter and home environment, stable and responsive relationships, and early stimulation, learning opportunities

and play.[14] The Nurturing Care Framework, developed and launched in 2018 by the World Health Organization, UNICEF, the World Bank, Partnership for Maternal, Newborn and Child Health, the Early Childhood Development Action Network and many other partners, focuses on five interrelated components




*Source: Authors. Note: The idea of presenting interventions by sector and/or age has been used by a number of previous authors.*




of care: health, nutrition, caregiving, learning and safety and security.[15] These are exemplified in the visual shown here. **Stable and responsive relationships** provide young children with consistent, nurturing, and protective interactions with adults.[16] Appropriate caregiver–child interactions and attachment[17] can contribute to developmental potential,[18] while basic caregiving, opportunities for stimulation and play, and responsive communication enhance the survival, healthy growth and development of children.[19] The table on the previous page shows 25 key interventions for young children and their families across sectors.[20]

While early childhood development, care, stimulation and education are all embedded within the idea of early investment for later health and economic return, they also need to be framed within an enabling environment beginning with caregiver physical and mental health, empowerment and capacity to parent or give care, household income and food security, ECD supportive policies, a capacitated workforce and accessible and affordable ECD services. This framework is shown above.[21]

### EARLY CHILDHOOD AND HIV

The extra importance of ECD interventions for HIV-exposed children and those living with HIV is paramount. For these children affected by HIV, the risks of developmental delays and challenges are even greater. Infants living with HIV have been found to suffer significant cognitive, memory, language and motor delays during the first two years of life, as compared to their non-HIV affected peers.[22, 23, 24, 25, 26] As in non-HIV impacted children, these delays, without intervention, are likely to become more severe as the children get older and over their lifespan.[27] Neurological and developmental delays and/or loss of development can be indications of HIV infection in infants before any other signs.[28, 29] Timely testing and early treatment initiation are vital. Starting treatment early is very effective and the best way to keep children healthy and leading normal lives.[30]

HIV-exposed uninfected (HEU) children are also found to have poorer developmental outcomes and more cognitive and motor delays than nonexposed children.[31, 32] Regardless of their own HIV status, children who are affected by HIV in their families face increased exposure to risks such as poverty, disrupted caregiving and loss of parental care, malnourishment, abuse, psychological trauma and abandonment.[33] The increased stress of living with and managing chronic illness has an often serious impact on families and children.

## ECD job aids

### SELECTING AND INTEGRATING JOB AIDS

ECD job aids are a variety of tools, visuals, tips and suggestions that can help the health worker, case manager

or case worker, home health visitor, parenting facilitator and others in their work with caregivers of young children. Integrating simple job aids into programming can make work easier, make interventions more standard across a program, improve program quality, facilitate ECD knowledge and skills-building among caregivers, and help caregivers to remember important messages and follow-ups around their child's care, stimulation and education. Job aids can be integrated into clinical health care, family case management and home visits, early childhood education and parenting programs, for example. Ideally, job aids should integrate easily into the daily work that is already being done – they are, after all, intended to help, not add tasks or burden.

Program managers may work together with field workers (such as those mentioned above) to determine where job aids are needed and to select appropriate job aids to fill the need. Other factors, such as costs to roll out use and ease of contextualization, are important considerations when deciding if a certain job aid will be useful to your program. Considerations should include:

1. How will the job aid help the worker?
2. How will the job aid benefit the family and child?
3. Is this job aid relevant to the context? (See also Contextualizing content and other considerations.)
    a. Has it been tested or validated in the country or program where it will be used?
    b. Is there evidence of its usefulness with the target population with whom you want to use it?
    c. Does it address the needs of the target population of children (e.g., ages, care and development gaps/needs)
4. Is this job aid adaptable to the context?
    a. Does it need to be translated into another/local language for effective usage?
5. What training is needed to introduce this job aid?
    a. Is it easy to use and understand by the cadre of worker for whom it is intended?
6. What supportive supervision may be needed to ensure appropriate application of the job aid?
7. What financial costs or other resources will be needed to integrate this job aid and monitor its use?

## CONTEXTUALIZING CONTENT AND OTHER CONSIDERATIONS

Most of the resources and job aids that are shared in this compendium have been developed and/or used in the LMIC context, but that does not mean they will not require some adaptation to be appropriate for your context and program. OVC programs operate, most often, in settings involving a complexity of issues related to economic and social deprivations, including illness, poor health care and service access, malnutrition, household insecurity, etc., which greatly impact child development and family well-being. In these same settings, health, education and social services are also often very resource constrained (both financially and in terms of human resources). We have made all efforts to present resources and job aids that have low resource requirements to contextualize and integrate.

Considerations for making content of job aids appropriate within country contexts and program specificities include:

**Language** – Will the tool need to be translated in order to be useful and accessible to workers and caregivers? Job aids should be written and presented in the language most accessible to workers – this includes the average literacy rate. Most job aids should be simply presented in order to work for a range of literacy abilities, with special attention to low-literacy frontline workers.

**Visuals** – Will visuals need to be "translated" or adapted in order to be contextually relevant for workers and caregivers? If the job aid includes visuals, these need to be adapted to the familiar context of the worker and the family or caregiver with whom the job aid will be used.

**Policy alignment –** Are there key policy messages or strategies that should be included in the job aid? And does the job aid conflict with any key agency and/or host country government messages? Job aids should align with any messages, restrictions or strategies of a country's national policy framework and/or program guidelines, as well as with the organizational or agency policies within which the program operates.

**Cultural relevance –** Is the message of the job aid relevant to the culture you work in/the various cultural groups you work with? Consider such things as the ways that young children are looked after, the access to and acceptability of services, family structures, etc. For example:

- A job aid that helps families to access employee-sponsored childcare may not be relevant for rural agricultural farming families.
- Job aids that talk only about "mother and father" will need to be adapted where grandparents or other kin are primary caregivers.
- A child development job aid that shows visuals of North African families will not "speak" to caregivers living in eastern and southern African communities.

Lastly, attention should be paid to issues of copyright – if a resource page suggests that information, content, visuals and job aids are copyrighted, the author must be contacted for permission to use.

| | TITLE | EXAMPLES OF PRIMARY USERS |
|---|---|---|
| **Job aids for clinical care workers and other professionals** | | |
| **Job Aid 1** | Assessing ECD Vulnerability | Clinic workers, early childhood teachers and case managers |
| **Job Aid 2** | Sample Referral Form | Clinical care workers and case managers |
| **Job Aid 3** | Care for Child Development | Clinic workers, case managers and supervisors, community health workers |
| **Job Aid 4** | The Essential Package | Program managers, case managers and supervisors |
| **Job aids for community care workers and other community-level workers** | | |
| **Job Aid 5** | Your Child's Development | Community care workers and caregivers |
| **Job Aid 6** | Better Parenting Nigeria, ECD Parenting Modules | Community care workers and parenting facilitators |
| **Job Aid 7** | Activities to Stimulate Development | Community care workers, early childhood teachers and caregivers |
| **Job aids for community workers and families/caregivers** | | |
| **Job Aid 8** | Early Learning and Stimulation through Play | Community care workers and caregivers |
| **Job Aid 9** | Early Learning Poster for Caregivers | Community care workers and caregivers |
| **Job Aid 10** | Engaging Fathers in Nutrition and Feeding | Community care workers and caregivers |

## ECD job aids for care, stimulation and education of young children

This section provides information on tools, visual discussion cards and other job aids for use with caregivers of young children. Each job aid includes a description, sample and link to the full resource. Each job aid describes who might use the tool, how it can be used, and also provides a link to the source of the tool. A summary of the job aids is shown above.

### JOB AIDS FOR CLINICAL CARE WORKERS AND OTHER PROFESSIONALS

#### JOB AID 1: Assessing ECD Vulnerability

**Who?** This job aid helps those who work in health clinics, early childhood teachers, case managers and other workers to determine ECD high risk factors.

**What?** An ECD vulnerability framework looks at the different types and number of risks that a family and child are facing, and helps workers to consider all risks, prioritize service delivery and support, and strengthen family capacity for optimal child development.

**How?** Use the vulnerability framework to look at the range of risk factors that young children face. Can be integrated into existing child, family, and/or household vulnerability assessments.

**Source: mothers2mothers (m2m)** is a non-governmental organization "bolstering African healthcare systems, while delivering empowerment opportunities for women." The m2m organization employs, trains and helps to empower HIV-positive women as community health workers. These "mentor mothers" work in local communities and at understaffed health facilities to ensure that women and their families get the health advice and medications they need, are linked to the right clinical services, and are supported on their treatment journey. The m2m ECD program uses mentor mothers to identify and serve mothers with HIV and young children. The following framework for assessing ECD vulnerability and need for intervention was shared during the webinar.

For more information: http://ovcsupport.org/events/integrating-early-childhood-development-interventions-into-hiv-clinical-care-interventions/

## JOB AID 2: Sample Referral Form

**Who?** This job aid is for case workers, case managers, home visitors, ECD teachers and others to make referrals when children and families require services that the agency or organization does not provide directly.

**What?** Service provision and referrals represent the process for ensuring that children and families receive the services that they require, based on individual needs assessments. Depending on the OVC program, services may be provided by the case worker. This is called "direct service provision." Examples of services that a case worker may provide include information and counseling on nutrition, health and hygiene, child development or parenting. Some services might be available through other program staff and OVC interventions, such as positive parenting, ECD groups, developmental assessment or services, childcare, ECD programs, etc. Because OVC programs do not typically have the resources or expertise to provide all the services that families may require – and should coordinate with and link families to local services wherever possible – a case worker may refer a family to other government and civil society organization service providers (e.g., for social grants/ cash assistance, HIV testing and treatment or other health care, and food supplementation). In these situations, a system for tracking and monitoring referrals is necessary to ensure that referrals are effective and efficient, and that children and families are receiving the services they need to meet their goals.

**How?** The following page shows a sample referral form that can be used to refer children and caregivers to services.

**For more information**:

Save the Children. Case Management Practice within Save the Children Child Protection Programmes.

http://www.socialserviceworkforce.org/system/files/resource/files/Case%20Management%20Practice_0.pdf

Global Protection Cluster Child Protection, European Commission Humanitarian Aid, USAID. Inter-Agency Guidelines for Case Management & Children Protection. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

### General Service Referral Form

***Instructions:*** The purpose of this form is to provide and track referrals made to other service providers. Sections A and B should be completed by the worker making the referral. Section C should be completed by the service provider receiving the referral.

#### SECTION A

Date when referral is made: _____

Name of referring organization: _____

Name of worker: _____

Phone number/email of worker: _____

Organization receiving referral: _____

(Please be specific, i.e., health center, ECD center, HIV testing services, ART clinic, peer support group, government institution: child protection office, legal office, birth registration, etc.)

How urgent is this referral? Emergency _____ Urgent_____ Routine/Follow-up____

Reason for referral: _____

_____

#### SECTION B

Name of person being referred: _____

Age: _____ years Sex: M/F Unique identifier code: _____

Address: _____

Phone number: _____

_____ _____

Signature of person referring Signature or thumbprint of caregiver

#### SECTION C

Service received: _____

Service provider contact information: _____

Comments: _____

_____

**Example of a service checklist to include on a referral form**

*Lists such as the following can be added to a referral form to suggest services needed and referral locations.* This list comes from the Government of Tanzania, Department of Social Welfare (MVC Referral Form No. 6).

| Service list | Referral site |
|---|---|
| **Health** | **Health** |
| ○ HIV related services | ○ Health facilities |
| ○ HIV counseling and testing | ○ VCT centers |
| ○ HIV care and treatment | ○ Drop-in centers |
| ○ ART adherence education | ○ RCH |
| ○ HIV prevention education | ○ Maternity home/labor and delivery |
| ○ TB/HIV screening | ○ Immunization sites |
| ○ PMTCT services | ○ Youth group/teen's club/children's club |
| ○ STI treatment services | ○ Community health workers, CBOs/FBOs |
| ○ Opportunistic infections treatment (OIs) | |
| ○ RCH Services | |
| ○ Antenatal care services (ANC) | |
| ○ Labor and delivery | |
| ○ Postnatal services | |
| ○ Family planning (FP) | |
| ○ Immunization | |
| ○ Integrated management of childhood illness (IMCI) | |
| ○ Deworming | |
| ○ Other health services | |
| ○ Malaria prevention | |
| ○ Diarrhea treatment | |
| **Nutrition** | **Nutrition** |
| ○ Nutrition status assessment, counseling and support | ○ District nutrition officer |
| ○ General food support | ○ CSOs, FBOs and CBOs |
| ○ Supplemental feeding services | ○ Agriculture extension officer |
| ○ Therapeutic feeding services | ○ Health facility |
| | ○ Village and ward executive office |
| | ○ Health officer |
| **Education** | **Education** |
| ○ Early childhood development | ○ ECD Center |
| ○ Education subsidies for children | ○ School |
| ○ Life skills education | ○ Vocational training center |
| | ○ Youth group/teen's club/children's club |
| | ○ Peer education group |
| | ○ Other |
| **Child protection** | **Child protection** |
| ○ Birth registration/certificate | ○ Legal aid center |
| ○ Support for street children | ○ School |
| ○ Support for exploited children | ○ DAS/district council |
| ○ Legal aid and other support | ○ Health facility/RCH |
| ○ Child protection case investigation | ○ Police/gender or children's desk |
| ○ Parenting education | ○ Village/WED office |
| | ○ CSOs |
| | ○ Fit person/foster parent |
| | ○ District social welfare |
| | ○ Institutional care |
| | ○ Community development officer |
| | ○ Parenting group |
| | ○ MVCC/Child protection team |
| **Psychosocial care and support** | **Psychosocial care and support** |
| ○ Counseling | ○ Social welfare office |
| ○ Social participation | ○ Counseling center |
| ○ Child welfare education | ○ Health center |
| ○ Cultural and spiritual support services | ○ Children's club/peer group |
| | ○ School |
| | ○ Religious institution |
| **Economic strengthening** | **Economic strengthening** |
| ○ Cash transfer (TASAF) | ○ TASAF/CBO/FBO/NGO |
| ○ IGA, small business/enterprise support | ○ Saving and lending group |
| ○ Vocational skills support | ○ VETA/FDC/VTC |
| ○ Agricultural and extension service support | ○ Extension office |

## JOB AID 3: Care for Child Development

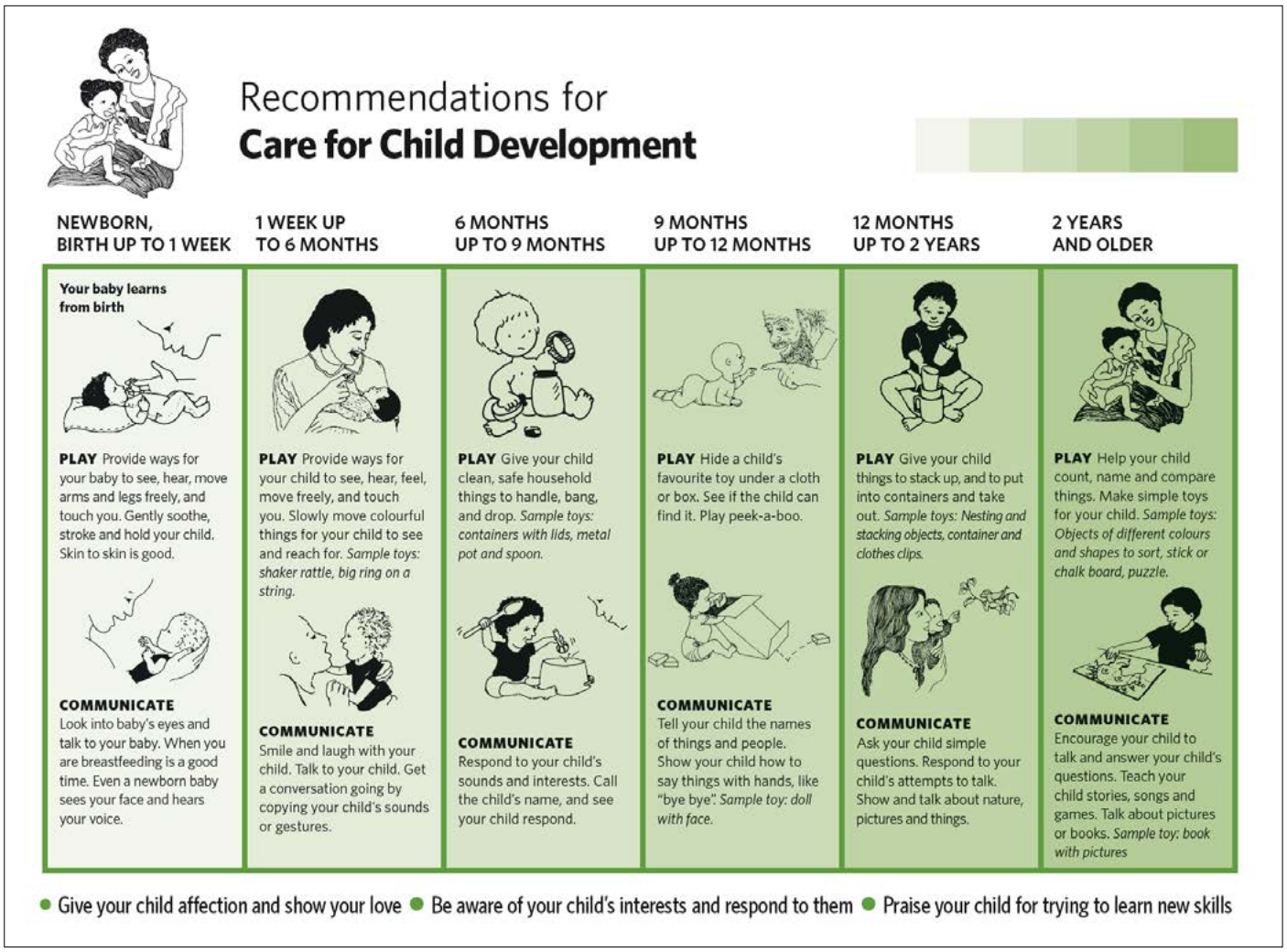
**Who?** The CCD package guides health workers and other counselors as they help families build stronger relationships with their children and solve problems in caring for their children at home.

**What?** CCD recommends age-appropriate play and communication activities for families to stimulate children's learning. Through play and communication, adults learn how to be sensitive to the needs of children and respond appropriately to meet these needs. These basic caregiving skills contribute to the survival and healthy growth and development of young children.

**How?** Clinical care and other professional workers can use the CCD package to provide information to clients on ECD. CCD can also be used as a tool for training of various workers, both professional and paraprofessional.

The package includes a participant manual, counseling cards, facilitator notes and a guide for clinical practice, available in English and French. The sample page below shows the recommendations for child development counseling care.

For more information: [https://www.unicef.org/earlychildhood/index_68195.html](https://www.unicef.org/earlychildhood/index_68195.html)



## JOB AID 4: The Essential Package

**Who?** The Essential Package is a comprehensive set of tools and guides for program managers and service providers that enables programs to address the unique needs and competencies of young children, particularly those living with HIV and those affected by HIV/AIDS, in an integrated and holistic way.

**What?** The components of the package have been developed so that they can be easily integrated into existing OVC and ECD programs in different contexts, currently focusing on vulnerable children affected by HIV or facing other challenges such as chronic poverty, disruption or conflict. Within the package there are five key interlinking areas in which key actions for both the child and caregiver are provided: health, nutrition, care and development, rights and protection, and economic strengthening.

**How?** This package can be used to train community care workers, provide resources for families, and to assess the level of integration of ECD into a program.

Resources include a Reference Guide for Home Visitors and Visual Guide with Key Messages. The Visual Guide with Key Messages contains job aids for working with families of young children (prenatal to age 8 years). See sample that follows.

The Developmental Milestones 1A/Child Development (birth-8 years) one-page chart that follows is a useful tool for considering developmental milestone monitoring and education in programming.

**The Essential Package**: **Holistically Addressing the Needs of Young Children and Their Caregivers Affected by HIV and AIDS**

For more information: https://resourcecentre.savethechildren.net/library/essential-package-holistically-addressing-needs-young-vulnerable-children-and-their

**Developmental Milestones 1A**

### Child Development Chart – Birth to 8 Years

| | Gross Motor | Fine Motor | Communication and Language | Social/Emotional/ Self Help | Cognitive | |
|---|---|---|---|---|---|---|
| **6 to 8 Years** | • Child can hop multiple times on one foot without pausing in between<br>• Child can throw a small ball and hit a somewhat large target | • Child can write alphabet if in a program where this is taught<br>• Child can trace shapes such as diamonds, rectangles, or triangles well. | • Child reads at least four simple words<br>• Child can tell a complex story with a clear beginning, middle and end from imagination rather than telling about an experience | • Child shows concern and sympathy for others in situations he has not experienced<br>• Child has a sense of right and wrong and can describe why something is right or wrong | • 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)?<br>• 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?) | **6 to 8 Years** |
| **3 to 6 Years** | • Stands on one foot without aid<br>• Throws a small ball overhand<br>• Hops 3 times on one foot | • Touches thumb to the tips of each finger of one hand<br>• Draws circle and cross well<br>• Tosses small object up and catches it with one hand | • Uses at least two possessive pronouns- mine, hers, his<br>• Tells stories<br>• Describes a picture showing an activity | • Undresses and dresses self without help<br>• Participates in group games with rules<br>• Shows concern that playmates are not hurt in games | • Understands concept of two<br>• Knows the meaning of on top and under, in front of and in back of<br>• Knows at least one song or simple rhyme | **3 to 6 Years** |
| **24 to <36 Months** | • Walks in straight line alternating feet<br>• Walks barefoot on tiptoes<br>• Can imitate movements with both arms | • Screws and unscrews the lid of a container<br>• Makes little balls of clay or similar material<br>• Draws horizontal and vertical lines and an imperfect circle | • Repeats simple songs or rhymes<br>• Names at least five commonly used objects<br>• Uses phrases of three or more words | • Tells whether she is a girl or he is a boy<br>• Has special friends and knows their names<br>• Can play cooperatively with another child in games that represent real life experiences such as house | • Separates and groups objects by one characteristic such as color<br>• Matches identical pictures or photographs<br>• Builds bridge with blocks | **24 to <36 Months** |
| **12 to <24 Months** | • Walks unaided<br>• Squats, picks up object and stands up<br>• Runs fairly well | • Puts object into a similar size opening of a container<br>• Opens a round container or canister and closes it<br>• Strings at least three beads | • Names one object<br>• Expresses what she/he wants verbally and asks for at least three familiar things<br>• Uses phrases of two or three words | • Is able to feed self without help<br>• Plays by himself/herself next to another child<br>• Helps with simple household tasks | • Gets a familiar object that is out of sight when asked or wants it<br>• Imitates an everyday activity such as sweeping<br>• Recognizes at least 3 objects in drawing/picture when named | **12 to <24 Months** |
| **6 to <12 Months** | • Rolls over completely<br>• Changes position by himself from lying down to sitting up<br>• Stands with support and takes steps sideways while holding something | • Transfers objects from one hand to the other<br>• Picks up small objects with thumb and index finger<br>• Puts objects into a container | • Expresses wants or greetings by action or gestures<br>• Makes expressions or gestures to say "no"<br>• Understands simple instructions | • Begins to show anxiety over separation from parent or main caregiver<br>• Expresses feelings of affection<br>• Tries to feed self without help | • Tries to get an out-of-reach object<br>• Plays game of hiding a person's face (Peek-a- Boo)<br>• Imitates changes in gestures or movements such as clapping to patting | **6 to <12 Months** |
| **Birth to < 6 Months** | • Lifts upper body and supports self with forearms<br>• Tries to pull up if held by the hands<br>• Rolls over partially | • Plays with fingers at midline<br>• Tries to pick up nearby objects with hands<br>• Grasps an object given to the baby in each hand | • Pays attention to conversation<br>• Imitates sounds like "aaa", "ooo", "uuu"<br>• Talks (babbles) by repeating sounds – ba ba ba, pa pa pa, da da da | • Makes eye contact<br>• Looks at and touches the face of someone that moves in close to baby's reach<br>• Smiles or laughs in response to tickling | • Looks at own hands<br>• Explores object through looking, feeling, tasting<br>• Reacts to the disappearance of a moving object | **Birth to < 6 Months** |

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

## 24 to <36 Months 1A

# 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.

## 24 to <36 Months 1B

# 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

## JOB AID 5: Your Child's Development

**Who?** These age-based tips for child development are designed for parents and other caregivers. They will also provide basic child development information useful to those who work with parents and caregivers.

**What?** This set of age-based handouts includes a "what to expect" chart for each age range (birth to 3 years), frequently asked questions, a research summary and information about common parenting challenges for each age and stage. Available in English and Spanish, the set of nine, age-based handouts includes a chart on what to expect developmentally and how to help children learn at each stage, frequently asked questions and answers, a spotlight section that goes into greater depth on a common issue or challenge for each age, and a research summary specific to each stage of development, and what these stages mean for parents.

**How?** These handouts can be used by community care workers when they work with parents of young children.

A sample of the "what to expect" handout follows.

**Source:** Zero to Three works to ensure that babies and young children benefit from family and community connections critical to their well-being and development. Zero to Three transforms the science of early childhood into helpful resources, practical tools and responsive policies.

Note: Zero to Three is written from a United States context.

https://www.zerotothree.org/resources/series/your-child-s-development-age-based-tips-from-birth-to-36-months

Birth to 3 Months

# Your Baby's Development

**The first 3 months are all about babies learning to feel comfortable, safe, and secure in the world. By responding to their signals and providing lots of love and comfort, you help them form a trusting bond with you.**

***How are you helping your baby learn to feel safe and secure?***

| What Your Baby Can Do | What You Can Do |
|---|---|
| **I am getting to know you and the other people who love and care for me.**<br>• I recognize your faces, voices, and smells.<br>• I respond to your smile and touch with pleasure. | **Talk and sing to your baby.** This makes him feel loved and helps him bond with you.<br>**Hold your baby.** Enjoy some skin-to-skin cuddle time with your little one. |
| **I am learning how to "tell" you what I need.**<br>• I can use my sounds, facial expressions, and body movements to tell you how I'm feeling—sleepy, hungry, happy, or uncomfortable.<br>• I can show you when I want to play and when I need a break. | **Watch your baby to learn her signals.** Does she have a "hunger" cry? Does she rub her eyes or look away from you when she is tired? Smiles are easy to figure out.<br>**Respond to your baby's signals.** When her eyes are bright and she is awake and alert, it is time to play. Slow things down when she cries, turns away, or arches her back. |
| **I am beginning to use my body to make things happen.**<br>• I can grip your finger or a toy you put in my hand.<br>• When I am hungry, I might move my head toward my mother's breast or the bottle. | **Give your baby something to reach for and hold onto—a finger or toy.** Let him touch objects with different textures and shapes. Hold a toy within your child's reach so he can swat it with his hands or feet.<br>**Watch to see how your baby is "discovering" his body.** Does he look at his hands, suck on his feet, or try to roll? |
| **We are becoming closer and closer every day.**<br>• I am learning to trust that you will read and respond to my signals.<br>• I rely on you to comfort me. This helps me learn to comfort myself. | **Comfort your baby whenever she cries.** You can't spoil a baby. Soothing makes her feel safe, secure, and loved.<br>**Help your baby calm herself** by guiding her fingers to her mouth, giving her a pacifier, or offering her a blanket or soft object that is special to her. |

ZERO TO THREE

As you use this resource, remember that your child may develop skills faster or slower than indicated here and still be growing just fine. Talk with your child's health care provider or other trusted professional if you have questions.

Your family's cultural beliefs and values are also important factors that shape your child's development.

For more information on parenting and child development, go to: **www.zerotothree.org**.

## Spotlight on Crying

- Crying, as hard as it is to hear, is a normal way babies communicate hunger, discomfort, distress, or a need for your attention.
- Most newborns reach a crying peak at about 6 weeks. Then their crying starts to decrease. By 3 months they typically cry for about an hour a day.[2]
- Being with a crying baby who is hard to soothe can be exhausting, stressful, and frustrating. But keep in mind that just by being there—holding and comforting your baby—you are teaching him that he is not alone and that you will stick by him through thick and thin.
- While all babies cry, some babies cry much more than others. This is known as colic and it's defined as crying that:
  - ✓begins and ends for no obvious reason
  - ✓lasts at least 3 hours a day
  - ✓happens at least 3 days a week
  - ✓continues for 3 weeks to 3 months[3]

### What You Can Do

**Talk with your health care provider.** Crying may have a medical cause—a food sensitivity, heartburn, or other physical condition.

**Try holding your baby more.** Some babies cry less when they are held more.[4] Wrap your baby snugly in a blanket—called "swaddling"—and rock her gently.

**Use soothing sounds.** Talk or sing softly to your baby. Try running a fan or humidifier in your baby's room. Sometimes babies are soothed by this background noise.

**Reduce stimulation—lights, sights, sounds, and textures—for your baby.** Sometimes less stimulation leads to less crying for babies with colic.[5]

**Reach out for support.** Extended families and friends may be able to step in to give you a needed break. Everyone needs support, and nobody needs it more than the parents of a crying baby.

**Stay calm.** When you're calm, it helps your baby calm down. If you find yourself feeling frustrated, put your baby on his back in a safe place—like the crib—and take a short break. Crying won't hurt your baby, and taking a break will let you soothe another very important person…you!

**Don't give up.** Soothing your baby is a trial-and-error process. If one strategy doesn't work, try another. Hang in there, and remember that the crying will get better.

***What are some things you can do to soothe yourself after a tough day?***

**really important that you take good care of yourself.** Ask trusted friends and family members for help when you need a break. Make time to do things that make you feel good. And be sure to talk to a trusted health care provider if you are feeling down or depressed.

ZERO TO THREE

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**www.zerotothree.org**

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1 - Wurmser, H., et al., 2005.
2 - Neuspiel, D. in www.healthology.com
3 - Wessel, M., Cobb, J., & Jackson, E., et al., 1954.
4 - Monfort, G. in www.americanbaby.com
5 - Garrison, M. M., & Christakis, D. A., 2000.

Photo credit: Digital Vision/Parents and Babies/Getty Images

## JOB AID 6: Better Parenting Nigeria, ECD Parenting Modules

**Who?** The Better Parenting Nigeria curriculum is to be used by parenting facilitators who are trained to provide caregivers with parenting support and skills training.

**What?** Better Parenting Nigeria is a parenting education curriculum with a goal to build caregiver protective factors so that parents can provide better support to children. Better Parenting Nigeria has four basic parts: two core sections – Cross-Cutting and Other Family Issues, and two supplemental sections – Early Childhood Development and Parenting Adolescents.

**How?** Using the Better Parenting Nigeria Community Discussion Guide, discussions can take place in homes, in Better Parenting groups or through other meetings/gatherings of caregivers such as savings groups. Each session of the Better Parenting curriculum takes approximately one hour to facilitate, and can be conducted with groups of 12-25 participants or individually in homes during routine visits.

The discussion page for ECD Session 1 follows.

The full curriculum can be accessed here: http://ovcsupport.org/resource/better-parenting-nigeria-community-discussion-guide/

### ECD-1: BONDING, ATTACHMENT AND CAREGIVER WELL-BEING

**OBJECTIVE:** To help caregivers build healthy and close relationships with their children from the start.

- Children need good care from the moment they are born – even before they are born!
- To feel safe, young children need to have a special relationship with at least one person who can give them love and attention.
- The sense that they belong to a family will help children get along well with others. It will also give them confidence to learn.
- Children's survival depends on adults who can meet their needs, keep them safe, love them, and provide learning opportunities.
- Children become especially close to the caregivers who feed them, spend time communicating with them, and give them love and affection.
- Adults – mothers and fathers! – are very, very important to children being healthy and safe!
- Care for babies and young children includes feeding and nutrition, and also stimulation and learning. All are equally important! A strong relationship or bond between the young child and caregiver is the base for all future parenting.
- During breastfeeding, a baby and mother are very close. They communicate by responding to the slightest movement and sound, even smell, of the other person. This special responsiveness is like a dance.
- Caregivers need to take good care of themselves in order to take good care of baby!

Good care of children includes developing a caring, nurturing, trusting and loving relationship – this process is called **bonding** and the relationship that forms is called **attachment.** Bonding starts before baby is born. *How do you bond with baby before he or she is born?*

The baby becomes 'attached' to the person who consistently holds her, loves her, and helps her feel safe. This connection or bond lasts a lifetime.

Early bonding and a healthy attachment help the brain to develop and provide a foundation for healthy relationships as the child grows. Young children who have secure relationships are better able to explore their world and learn from new experiences.

Preparing to be a parent and parenting or caregiving in the early weeks after a child is born and into the early years can be a rewarding and amazing experience. However, it can also present unique challenges and incredible stress for parents and caregivers.

*How can you take good care of yourself?*

**START: Discussion questions**

- What do you think is going on in the picture?
- How do you know when baby is hungry? Tired? Bored?
- Can you tell who baby prefers to be with? How?
- What are some things about parenting a baby that are difficult?
- How do you feel when baby smiles at you, runs to you, or holds his/her arms out to you?

**WHAT DOES ATTACHMENT LOOK LIKE:**

- Knowing baby's different cries.
- Comforting baby.
- Making time to be with baby.
- Showing joy at being with baby.
- Responding to smiles and sounds.
- Baby preferring to be with you to strangers.
- Crawling baby looks back to know where you are.
- Walking baby comes to 'check in' often.

**END: Review questions.**

- **Even if your baby is very young, you can play together. What is your favourite game to play with baby?**
- **How can you tell that your child wants to be with you?**
- **Parents who care for themselves are better caregivers to their babies. Share two things that you can do to take care of yourself.**

## JOB AID 7: Activities to Stimulate Development

**Who?** The UNICEF Early Childhood Development Kit is for caregivers of young children, ECD centers or other providers of care for young children. Home visitors and others whose work is to support caregivers of young children can also use it. The kit contains materials to help caregivers create a safe learning environment for up to 50 young children ages 0-8.

**What?** The UNICEF Early Childhood Development Kit was created to strengthen the response for young children caught in conflict or emergencies. To complement basic services related to young children's hygiene and sanitation, health and nutrition, protection and education, the kit offers young children access to play, stimulation and early learning opportunities, and permits them to retrieve a sense of normalcy. Through this process, young children are in a protective and developmental environment for physical and mental health, optimal growth, lifelong learning, social and emotional competencies and productivity.

Each item was carefully selected to help develop skills for thinking, speaking, sharing feelings and interacting with others. Contents include puzzles and games, counting circle and boxes to stack and sort, board books and puppets for storytelling, art supplies, and soaps and water containers for promoting hygiene.

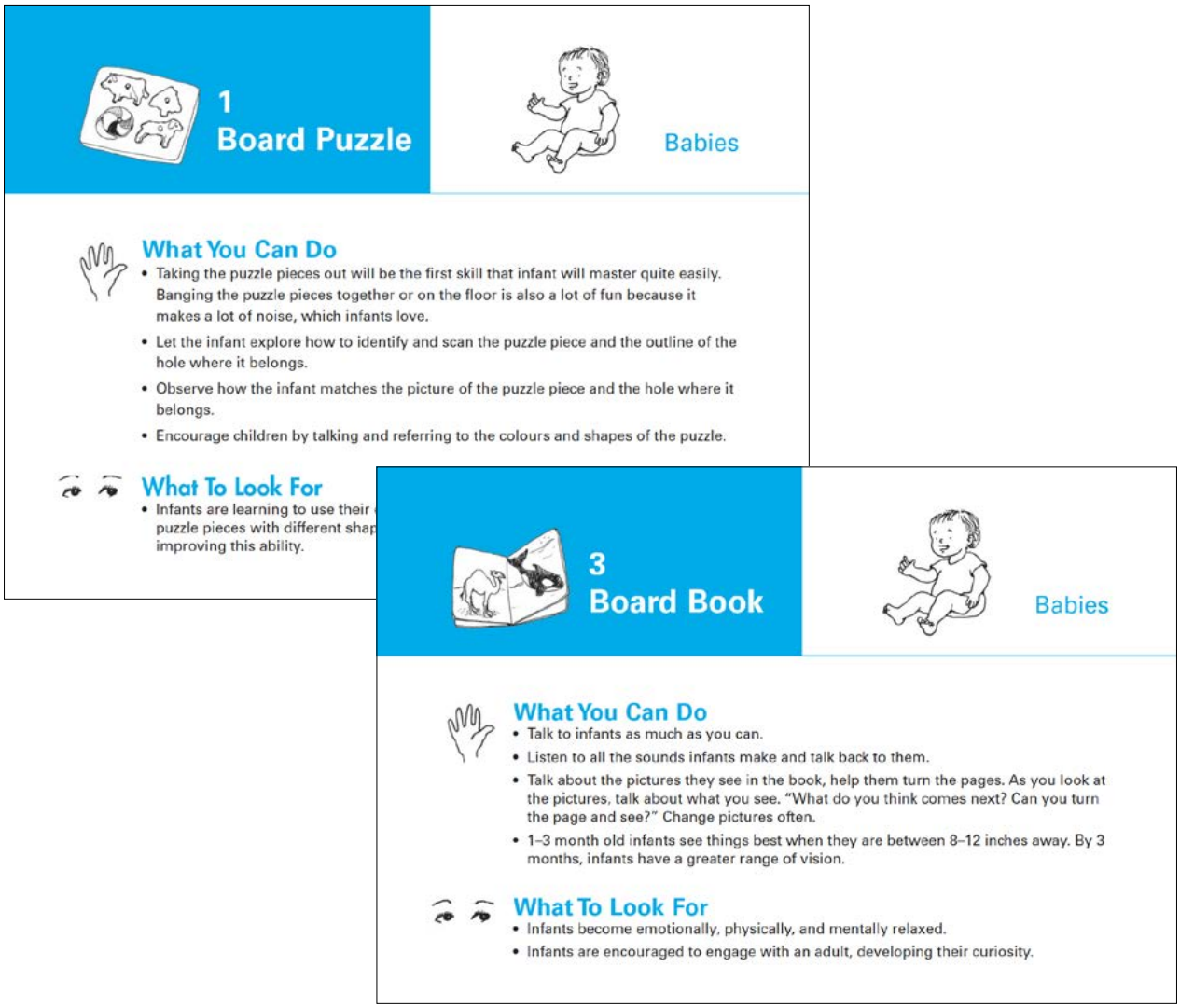
Inside the kit, caregivers will also find an easy-to-use activity guide filled with suggestions on how to use each item based on children's ages and interest.

**How?** Programs can use the activity guides during training of community care workers and others, who can then utilize the activity guides with families they work with. Additional web-based supportive materials include a Trainer's Guide and a Coordinator's Guide. Together these resources provide programmers with detailed guidance on all aspects of planning, implementing and evaluating the ECD Kit.

**Source:** Early Childhood Development Kit: A Treasure Box of Activities, UNICEF

https://www.unicef.org/videoaudio/PDFs/Activity_Guide_EnglishFINAL.pdf

Available in English, French and Portuguese.



## JOB AIDS FOR COMMUNITY WORKERS AND CAREGIVERS

### JOB AID 8: ECD Learning and Stimulation Through Play

**Who?** This job aid is for caregivers of young children at home and in ECD centers or other locations catering to young children. Home visitors and others whose work is to support caregivers of young children can also use this job aid.

**What?** This manual helps you understand the relationship between toys and a child's developmental milestones. The manual guides the caregiver in stimulating children with age-appropriate activities and in making toys with locally available materials.

**How?** Pages of the manual can be copied and provided to parents along with the toy-making materials.

A sample toy-making activity follows, and the full resource is below.

**Using Play for Growing Smart Children:** Things you can do and toys you can make, Catholic Relief Services at:https://www.crs.org/our-work-overseas/research-publications/using-play-growing-smart-children

## SHAPE SORTERS

**Materials:**
Small box, glue, knife/scissors/ razor blade

**Instructions:**

- Cut shapes of any size into the sides of a small box.
- Optional: colour or paint the box and the shapes.
- Have the child put the shapes into their correct slots on the cube; help the child remove them from the box to repeat the activity.

**Benefits:**
A shape sorter toy challenges children because they need to use logical thinking, problem solving, and cognitive skills to figure out where each shape goes. The shape sorter also helps them develop fine motor skills for placing and removing the shapes from the box. Older children will be able to name the shapes they are sorting.

BETTY CHIDUO/CRS

ELLYSIA OVERTON FOR CRS

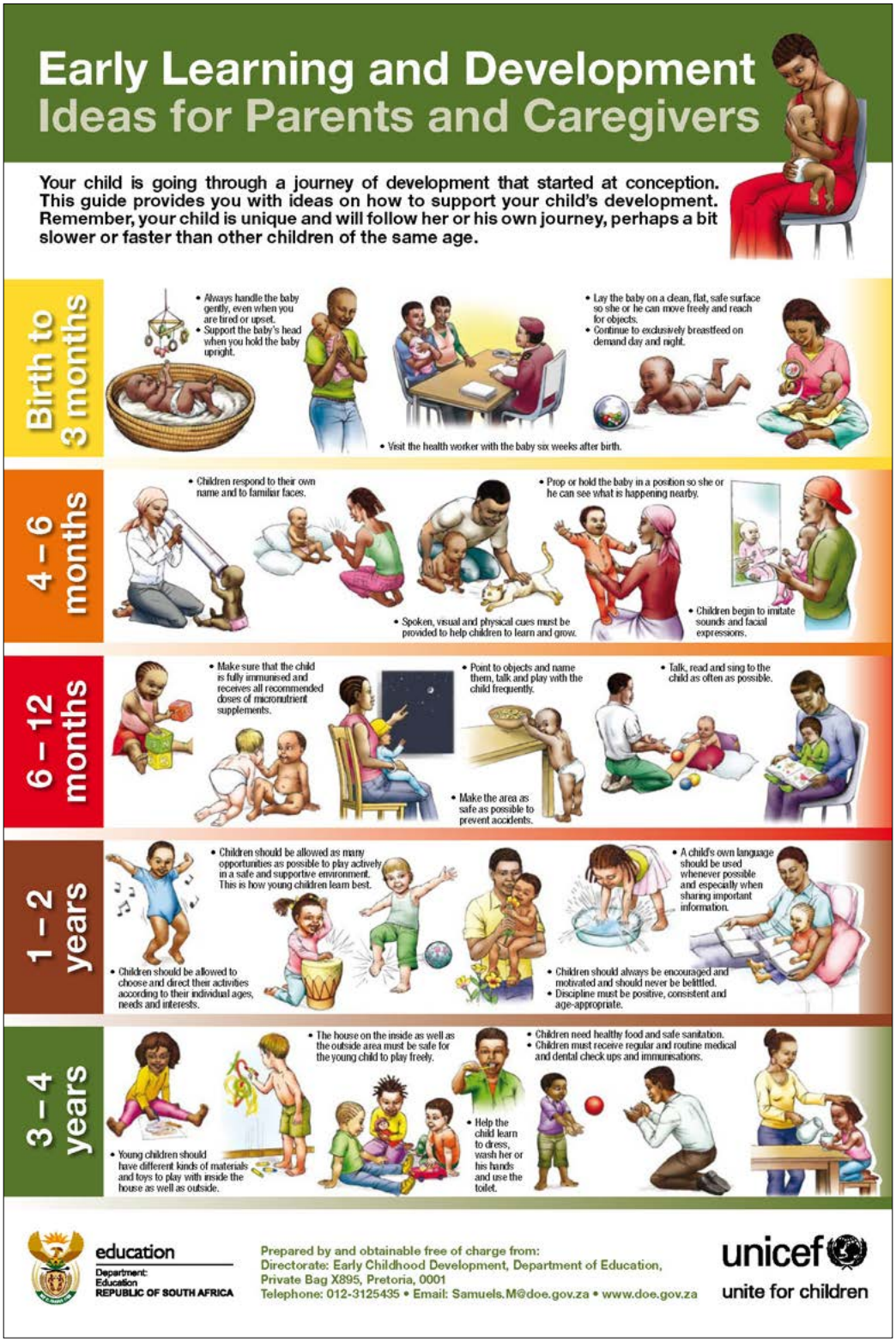
## JOB AID 9: Early Learning Poster for Caregivers

**Who?** Caregivers of young children are the target audience for this poster. As a job aid it can be used by clinic health workers, home visitors, parenting group facilitators and others to show caregivers examples of child development stages, and how learning, growth and healthy development of young children can be best supported.

**What?** The Government of South Africa and UNICEF designed this poster. It can be used with caregivers to guide discussion on ECD, or it can be posted at service venues where caregivers of young children come, such as health clinics, schools, community centers, etc.

**How?** This poster can be used and displayed at clinics, social welfare offices, schools and other community locations to facilitate ECD knowledge building among parents.

**Source:** https://www.earlylearningtoolkit.org/content/responsive-stimulating-caregiving



## JOB AID 10: Engaging Fathers in Early Nutrition and Feeding

**Who?** This job aid helps program managers and staff to better engage fathers in best early nutrition practices and feeding.

**What?** The first page of Alive & Thrive's *Engaging Fathers in Feeding* job aid, follows. The job aid describes the importance of father or male caregiver engagement, strategies for increasing engagement, and examples.

**How?** This job aid can be used by home visitors, case managers and parents to encourage effective engagement of fathers.

**Source:** Alive & Thrive strives to create an enabling environment for building and supporting knowledge and capacity for excellence and innovation in social behavior change, policy advocacy, delivery of quality maternal, infant and young child nutrition services, and the strategic use of data. The Alive & Thrive website contains a range of job aids for health workers. Resources and job aids for early childhood nutrition and feeding are available at: https://www.aliveandthrive.org/what-we-do/

Spotlight on Innovation

Issue 1 October 2012

# Dads can do that!

## Strategies to involve fathers in child feeding

People have long argued that in most countries, feeding a child is not an individual mother's "behavior." The words and actions of many family and community members all determine how a child is fed.

How does knowing that translate into program decisions, in practical terms? Alive & Thrive (A&T) offers a look at how interventions can shape the role a father plays in determining breast-feeding and complementary feeding practices.

This innovation brief guides you through the case study kit on A&T's experiences with challenging traditional gender roles and engaging fathers in child feeding. The brief:

- Offers a way to determine if a focus on fathers is right for your program
- Introduces 6 strategies you can use to ensure your fathers' program is more likely to change behaviors
- Provides examples from Alive & Thrive interventions that engage fathers in child feeding
- Links you to tested program activities and materials that you may tailor for your own setting

### What's inside?


How to decide to focus on fathers
PAGE 2

6 strategies that work
PAGE 3
- Grab their attention with emotion
- Ease the way by busting stereotypes
- Find fathers where they already are
- Provide "crystal-clear direction" for actions fathers can take
- Give fathers practice
- Show fathers a benefit that they care about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## JOB AID 11: Early Learning Flip Book

**Who?** This book is intended for parents and caregivers of young children

**What?** This flipbook is a tool for bringing children and caregivers together in a fun and interactive way. It contains simple, child-friendly messages and strategies for parents and family caregivers that are easy to implement at home. This resource is part of a set of training materials developed to support CRS' Integrated Early Childhood Care and Development project, *Ngoana eo ke oa mang? Whose Child Is This?* in Lesotho.

**How?** Community workers can use the images and messages to counsel parents on the importance of early childhood development and share ideas for what they can do to stimulate growth and healthy development. The flip book can be printed and left with/distributed to caregivers.

**Source:** More information about the flip book can be found at: https://www.crs.org/sites/default/files/tools-research/ngoana-eo-ke-oa-mang-flipbook.pdf

Make your baby feel safe and loved.

### Why this is important

- When you take care of your baby's needs quickly he will feel safe and secure. Building trust is the most important thing you can do to meet the needs of your baby.
- When your baby feels safe he will feel confident to explore his world and the people in it.

### What you can do

- Respond quickly to your baby's needs:
  - To be fed
  - To have her nappy changed
  - To be played with
- You do not spoil babies when you meet their needs on demand (when they cry).
- Give your baby lots of attention – talk and sing to him, cuddle and pat her, play with her.

## Key ECD messages

There are a number of important ECD messages that support healthy early development. These messages were developed to aid the workers who interact with caregivers of young children, including community health workers, case managers, parenting educators and others. They should be adapted for language depending on context and level of understanding of the caregiver. They may also be adapted depending on the type of worker. Once adapted, the messages can be printed on cards as reminders for case workers and others having routine contact with families.

### HEALTH MESSAGES

#### Basic health and immunizations for children

*There are a few things that all children and caregivers can do to stay healthy.*

**Practice good hygiene:** "Practicing good hygiene will help you and your child avoid illnesses. One of the best ways to do this is by washing your hands with soap and water. Be sure to wash your hands with soap and water before preparing foods and feeding your baby and after using the toilet or cleaning a child's bottom."[34]

**Use clean water:** "Use clean water to take medications, drink and prepare food. Ensuring that water is clean may require boiling the water or treating with chlorine. Containers used to store water should have tight lids to prevent insects or other animals from contaminating the water. The containers used to store water should regularly be washed with soap and water inside and out."[35]

*There are also a few things that caregivers should know about keeping their children healthy.*

**Growth monitoring and immunizations:** "During the first year of life, enjoy watching your child grow and remember to attend monthly growth monitoring and promotion sessions. During these sessions you can ask questions about your child's growth, health and nutrition, and also learn about when your child should begin receiving immunizations. Immunizations protect babies against many diseases."[36]

**Care during childhood illness:** "It is important to also know when your child is sick and should be taken to the health facility. If your child refuses to eat and is weak, is vomiting, breathing fast or appears malnourished, or has diarrhea or a fever, you should immediately take your child to a health facility."[37]

#### Infant health and preventing mother-to-child transmission (PMTCT)

**For women who are living with HIV and are pregnant:** "While it is possible for a woman living with HIV to pass the disease to the baby during pregnancy, labor, delivery or through breastfeeding, this does not mean that all babies born to HIV-positive mothers will also have the disease. There are things that you can do to minimize this risk. First, it's critical that you receive antenatal care at your health facility while you are pregnant."[38]

**For women who have not seen a doctor:** "While at the health facility you will learn about the importance of taking your antiretroviral treatment during pregnancy and breastfeeding. Taking your medication as directed by the doctor will weaken the disease in your body and make it less likely that HIV will pass to your child. Also, while you are at the clinic you will learn about how to breastfeed your baby. Exclusively breastfeeding your baby for at least the first six months will help your baby become strong and reduces the risk that the child will become sick due to illnesses such as diarrhea, pneumonia or HIV."[39]

**For women who have seen a doctor:** "This is a good thing that you have done for your family. When you visited the clinic, did you discuss with the doctor the importance of taking your antiretroviral treatment during pregnancy and breastfeeding? This will reduce the likelihood that you will pass HIV to your child. Did you also discuss breastfeeding for at least the first six months? Exclusively breastfeeding your baby for at least the first six months will help your baby become strong and reduces the risk that the child will become sick due to illnesses such as diarrhea, pneumonia or HIV."[40]

**For women living with HIV who have an infant less than six months old:** "It is important to visit the health clinic, even if your baby looks healthy, to check that HIV has not been passed to the child.[41] To prevent passing HIV to your baby, it is important that you continue to take your antiretroviral treatment as directed by your doctor and that you practice exclusive breastfeeding. Breastfeeding is best for babies because it helps them become strong and reduces the likelihood that they will become sick due to illnesses such as diarrhea, pneumonia or HIV."[42]

"Tests should first be done when the child is six weeks old. Knowing the child's HIV status will allow doctors to provide the necessary treatment that will help the child grow up healthy and strong. Something that you can do now to help your child be strong is to continue to take your antiretroviral treatment and to practice exclusive breastfeeding for at least the first six months. Exclusive breastfeeding reduces the risk that the child will become sick due to illnesses such as diarrhea, pneumonia or HIV."[43]

"Until the child is 18 months old, doctors will need to check the child's HIV status. As your baby grows, it's important to exclusively breastfeed for at least the first six months to help the child be strong and reduce the risk that she/he will become sick due to illnesses such as diarrhea, pneumonia or HIV."[44]

## NUTRITION MESSAGES

In order for children to develop to their full potential, good nutrition is required to ensure adequate growth and psychological functioning in the first two years of life.[45]

**For all household members:** "Good nutrition is important for everyone, but especially pregnant and lactating women, children under five years old and people living with HIV and TB. Good nutrition helps the body stay strong, develop, grow and fight infection. You can maintain good nutrition by eating a variety of foods from different food groups in the correct amounts. This gives the body the energy and nutrients it needs for good health."[46]

"Good hygiene and sanitation are also important for the health of all family members. One of the most important things everyone in the family should do is wash their hands with soap or ash regularly. There are five critical times for handwashing, these are before eating, before cooking, after using the latrine, after cleaning a baby or an adult's bottom or cleaning the latrine/potty, before and after taking care of a sick person."[47]

"It is also important to make sure that the food and water you consume are safe. You can do this by preparing, cooking and storing food properly and by using water that is clean and has been boiled, filtered or treated with chlorine. It is also important for everyone in the household to be dewormed regularly."[48]

**For pregnant women/adolescent girls:** "Congratulations on your pregnancy! To make sure that you stay healthy and that your baby grows and develops properly, it is important to eat the right amounts and right kinds of foods. It is also important for women to supplement their diets with iron and folic acid. During your pregnancy it is important to go to the health facility at least four times, receive a tetanus toxoid vaccination, and to deliver there with a trained birth attendant. During your visit the nurse or midwife [adapt names based on local context] will check to make sure you and the baby are healthy. They will also provide counseling on the right kinds and amounts of food to eat as well as the importance of taking iron and folic acid supplements, vitamin A supplementation, sleeping under a mosquito net and being treated for malaria quickly. Have you visited the health facility yet for this pregnancy?"[49]

**For pregnant women/adolescent girls who have not visited a health clinic:** "Visiting the health facility during pregnancy is very important for your health and the health of the baby. Why haven't you been able to go? [Note to case worker: Listen for barriers such as money for transport, consultation, taking care of children, permission from husband, etc.] What do you think we can do to address this problem?"

**For pregnant women/adolescent girls who have visited a health clinic:** "I am glad to hear you went to the health facility. Did the health facility staff provide you with nutrition counseling?" [Note: Listen for increased intake of energy and protein foods, receipt of iron and folic acid tablets.[50]] Say: "You can also get nutrition information from the community health worker or by attending an infant and young child feeding support group. They can give you more information about nutrition for pregnant women, your newborn baby and the first 24 months of your child's life."

**"While you were at the health facility, did you get an HIV test and receive the results?"**

**If no, provide a referral to the health facility for HIV testing.**

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**For lactating women/adolescent girls and children <6 months:** "Congratulations on the birth of your new baby! What is his/her name? How old is he/she? For the health of the mother and baby, it is important to give only breastmilk to the baby until he/she is six months old. When I say only breastmilk, I mean no water, tea or any other food. If the infant gets sick, it is still important to feed him/her with only breastmilk. I know giving breastmilk only can sometimes be difficult. Are you having any difficulties that prevent you from giving only breastmilk to the baby?"[51]

**If yes, provide a referral to the community health worker and infant and young child feeding support group and say:** "I know, breastfeeding can be very difficult. I am going to refer you to the community health worker for assistance. I would also recommend that you join the infant and young child feeding support group where you can learn more about the nutrition and other needs of your baby."

**If no, provide a referral to the infant and young feeding support group and say:** "It is good for your health and the baby's that you are only giving breastmilk; that is not easy. I'm going to refer you to the infant and young child feeding support group where you can start to learn what your baby will need as he/she gets older and needs to be weaned."

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**For caregivers of all children 7–59 months:** "At seven months, it is important to introduce new foods to your baby. It is also important to take your baby for regular growth monitoring and ensure that they are getting immunized on time. Do you attend an infant and young child feeding support group?"

**If yes, say:** "It is good that you attend the support group. Are there any behaviors they have discussed that you are having difficulty with?" If yes, ask: "How do you think we can address that challenge?

**If no, provide a referral to an infant and young child feeding support group and/or community health worker and say:** "To help you learn how to prepare the right kinds of food for your child, I'd like to refer you to the IYCF support group and/or the community health worker."

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**"Do you have a growth monitoring card for [insert name of children under 59 months]? May I see it please?"**

**If most recent mark is in the green zone, say:** "It looks like [insert name] is growing well. You are doing a good job. Just remember if [insert name] becomes malnourished, experiences a fever, fast breathing, convulsions, diarrhea or vomiting, or will not eat, you need to go to the health facility immediately."[52]

**If most recent mark is in the yellow or red zone, ask:** "Since having this measurement have you visited the health facility?"

**If yes, say:** "What did they recommend?" [Listen for recommended food products, receipt of ready-to-use therapeutic foods] Ask: "Are you able to follow their recommendations? When is your next follow-up visit?" If yes, say: "I'm glad to hear you are following their recommendations." For those who may have received ready-to-use therapeutic food as a treatment for undernutrition, remind the caregiver not to share the therapeutic food with other family members.

**If no, say:** "What recommendations are you having difficulty with?" [Listen to client and if insufficient food is available, provide a referral to social protection, household economic strengthening, food security or food support services.]

**For case workers trained to conduct nutritional screening using mid-upper arm circumference tape for children 6–59 months and below, say:** "I would like to use this tape to measure [insert name of child] arm." If child's measurements indicate overweight or Moderate Acute Malnutrition (in yellow zone of the tape) or Severe Acute Malnutrition (in red zone): "Based on my measurement, [insert name of child] is malnourished. I would like to provide him/her with a referral to the health facility for treatment and Nutritional Assessment Counseling and Support."[53]

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## PSYCHOSOCIAL SUPPORT & HEALTHY RELATIONSHIP MESSAGES

### Psychosocial support for children and caregivers

"Having someone that you can confide in or talk to, someone that you trust, is very important. That can be a friend, neighbor, or priest/imam or relative."[54]

"A support system allows you to share your worries and relieve stress. Remember, you are not alone; there are people in your community, workplace, church or health facility who can help and support you.[55] It is very important for you and your children to have people that you trust and that can help you in times of difficulty."

"In many situations, having someone you can talk to, someone that you trust and turn to in difficult times, has been shown to help families get through difficult times and stay together."[56, 57]

Parents who feel that they have support (a friend, a neighbor, extended family or a faith community) are better able to deal with stress and parent their children in a positive manner.[58]

*Note to case worker: if it becomes apparent that the caregiver does not have external support, please make a referral to an HIV support group, a parenting class, a community women's group and/or a faith-based organization that might be able to provide psychosocial support.

### Promoting parent-child, parent-adolescent relationships, improving parenting skills and increasing parent problem-solving

"A positive relationship with your children and the way that you parent impacts their development , health, behaviors, emotions and relationships with others for their whole lives."[59]

"When you are involved in your child's life, interacting with your child in ways that support her/him (for example, listening to your child, asking about your child's day at school, etc.) and heading off problems before they arise helps the child to be strong and able to handle difficulties in life."[60]

"When adults, including parents, ignore children's needs, yell, hit or use other physical punishment, push children away (physically and emotionally), or try to control every situation, children can have poor health, development and relationships throughout life."[61]

*Note to case worker: if there appears to be abuse in the household, please mention that you can tell someone whose job it is to help. Ask the caregiver if she/he would like to talk to you or to share information. If the caregiver does want to talk or share information, provide a referral to the appropriate service, i.e., health and legal (the health facility, police and/or child protection service). Follow all agency instructions for reporting abuse and safeguarding children.

"Good communication with your child helps her/him to solve problems and be strong when she/he faces challenges; good communication can also help your child to stay healthy and avoid HIV and other risks.[62] Good communication can also lead to a more peaceful home."[63]

"Knowing about your child's development (i.e., what your child is able to do or not do at a certain age or stage of life) helps you to better understand how to protect him/her from challenges and risks he/she might run into,[64] and will make you feel more confident about raising your child."[65]

"Parenting programs and information about positive parenting can help you build a stronger relationship, have better communication with your child, and discipline in positive ways. Parenting programs also help you to practice new skills."[66]

*Note: Refer for parenting skills program if available.

## EARLY LEARNING MESSAGES

**Parents can provide simple activities and materials for their children, which, along with talking to their children and responding to children's communication, promotes children's healthy development and skills acquisition.[67] This also helps children to be healthy, strong and ready for school as they get older.**

"Even babies and very young children are learning. They learn through play and exploring. Supporting development is equally important as antenatal care, breastfeeding, growth monitoring and immunizations."[68]

*Note – Babies of adolescent mothers are more vulnerable to poor development outcomes, messages and practicing playing with baby can help a young mother be more confident and able to support her baby's development.

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**Some babies are more at risk of having challenges with their development and learning. This includes young children affected by HIV.[69] They are at higher risk for mental and physical development problems during the first two years of life.[70]** "You can help by paying attention, knowing about child development, and visiting clinic when you have questions. Be sure to tell me (case worker or home visitor, etc.) when you have questions."

**Questions or problems with baby's and young children's development need to be understood and addressed as soon as they are noticed. If not, they can become more severe as children get older.[71]** "You (the parent) know your baby and child best – better than anyone else! What you notice about your child is important in identifying early childhood development problems."[72, 73]

*Note: Refer for childcare, early childhood education and development interventions if necessary.

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# Key ECD resources

## RESOURCES ON TESTING AND MONITORING CHILD DEVELOPMENT

Child Development Testing Review: A Comprehensive Reader to Inform Field Utilization, by Prof. Lorraine Sherr and Kathryn Roberts

Selecting a Child Development Monitoring Tool: Technical Guidance Note, by Linda Biersteker and Prof. Lorraine Sherr and Amanda Watermeyer

## DEPOSITORIES OF ECD INFORMATION

CRS ECD depository includes links to the latest research, program information, curricula, videos and webinars on early childhood care, stimulation and education.

https://www.crs.org/our-work-overseas/program-areas/health/early-childhood-development

Save the Children has been developing and supporting early childhood development programs for over 20 years and advocating and influencing national education policies that benefit young children and their families. Save the Children's education and child protection resources can be found in their resource library.

https://www.savethechildren.org/us/about-us/resource-library/education-library

ChildFund's goals for ECD programs are to help the youngest children develop to their potential, enjoy good physical and mental health, live in supportive communities, and be part of stable households that interact in nonviolent ways.

https://www.childfund.org/early-childhood-development/

Plan International focuses on the multiple barriers that prevent children, particularly girls, from enjoying a positive start in life and being able to thrive. Their programs look at inequalities, gender bias and vulnerable and excluded children.

https://plan-international.org/early-childhood

The World Bank ECD resources are included on the following site. This resource bank includes links to research on long-term benefits of investment in early childhood.

http://www.worldbank.org/en/topic/earlychildhooddevelopment

The Center on the Developing Child at Harvard University website includes all of the Center's research on brain development, adverse experiences, toxic stress and other childhood research. There are also webinars and videos.

http://www.developingchild.harvard.edu

Children and AIDS is a website maintained by UNICEF hosting a range of resources, research and information on OVC, including a section dedicated to early childhood.

https://www.childrenandaids.org/ecd

The Lancet Series on Advancing Early Childhood Development from Science to Scale includes research on multisectoral ECD interventions, the latest brain science, investment case, child rights and promoting ECD.

https://www.thelancet.com/series/ECD2016

Zero to Three is an organization working to ensure that all children have a strong start. Resources include books, articles, videos and resources for caregivers in several languages.

https://www.zerotothree.org

## RESOURCES ON EARLY BRAIN DEVELOPMENT

The Center on the Developing Child at Harvard University resources, including research articles, briefings and videos on brain development, are user-friendly and designed to be accessible. The website includes tools and resources for workers and caregivers. https://developingchild.harvard.edu/science/key-concepts/brain-architecture/

UNICEF's Building Better Brains includes Key Facts About Developing Brains, along with general, programming and advocacy messages. https://www.childrenandaids.org/sites/default/files/2017-04/Building%20Better%20Brains.pdf

## FRAMEWORKS FOR ECD

The Nurturing Care for Early Childhood Development is a framework for helping all children to survive and thrive, and provides information, resources, videos and tools.

http://nurturing-care.org

Care for Child Development is a framework of UNICEF and WHO. It is meant to guide health workers and other counselors as they help families build stronger relationships with their children and solve problems in caring for their children at home. It includes guidance for program managers and a monitoring and evaluation framework.

https://www.unicef.org/earlychildhood/index_68195.html

The Catholic Relief Services framework for integrating health, nutrition and early development is A Guiding Framework for Integrating Child Health, Nutrition and Early Childhood Development.

https://www.crs.org/our-work-overseas/research-publications/guiding-framework-integrating-child-health-nutrition-and

## ECD AND HIV

**The Essential Package: Holistically Addressing the Needs of Young Children and Their Caregivers Affected by HIV and AIDS** was developed by Care International, Save the Children and Centers for Disease Control and Prevention. The components of the package have been developed so that they can be easily integrated into existing OVC and ECD programs in different contexts, currently focusing on vulnerable children affected by HIV or facing other challenges, such as chronic poverty, disruption or conflict. Includes a Program Manager Implementation Guide, Monitoring and Evaluation Framework and a training manual. See also Job Aid 4.

https://resourcecentre.savethechildren.net/library/essential-package-holistically-addressing-needs-young-vulnerable-children-and-their

**The Improving Retention, Adherence and Psychosocial Support within PMTCT** Services: A Toolkit for Health Workers is a resource developed to aid multidisciplinary care teams in providing women, families and babies with increased support for retention, adherence, and psychosocial well-being throughout the continuum of PMTCT care. The materials are intended to improve the knowledge, skills and confidence of a range of professional and lay health workers within PMTCT programs. All of the materials included in the Toolkit are generic in form, and thus allow Ministries of Health, provincial and district authorities, health facilities and health workers, and implementing partners to adapt the content to suit specific programmatic and policy contexts.

https://icap.columbia.edu/wp-content/uploads/ToolkitCoversheets.pdf

**The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Survive and Thrive Program** aims to support children under five years in high-density, high-HIV-prevalence areas so that they can realize their full cognitive, social, emotional and physical potentials. The project works to improve the knowledge and skills of parents and caregivers, as well as to facilitate high-quality, integrated, community- based services to ensure that children under five have improved support for reaching key developmental milestones. The objectives include increasing knowledge and skills of parents, caregivers and others to actively support the developmental needs of their children, especially children exposed to HIV in utero; increase clinic capacity to assess and respond to the developmental needs of HIV-exposed, HIV-positive, and HIV-vulnerable children under age five; and promote early childhood development knowledge and skills.

http://www.pedaids.org/resource-library/?fwp_type_of_resources=program-tools&fwp_paged=2

## OTHER RESOURCES AND NETWORKS

Center for Education Innovations: There is emerging evidence on the effectiveness of certain interventions to improve the quality of ECD programs and primary learning in developing countries. However, there is a need to make this knowledge accessible to practitioners like program managers and educators. ECD and primary education practitioners in the developing world often lack places from which to draw practical tools. The Early Learning Toolkit bridges this gap by serving as a hub where practitioners can find actionable tools and knowledge to support implementation and awareness of evidence-based strategies for improving quality in early childhood programs and learning at the primary level. Employing evidence-based approaches to improving early childhood development and student learning in the developing world, the Early Learning Toolkit contains practical resources to support work in early childhood settings, schools and communities. This is a very user-friendly searchable online toolkit.

https://www.earlylearningtoolkit.org

The Africa Early Childhood Network (AfECN) is an independent professional network that brings together civil society, academia, private entrepreneurs and individuals at national and regional levels to promote holistic child development. AfECN serves as a platform for the promotion of excellence and collaboration in protecting children's rights and influencing policy and practice through advocacy, strengthened partnership and sharing of experience and knowledge.

https://africaecnetwork.org

Engaging Men to Improve Maternal and Newborn Health: Facilitator's Guide, Catholic Relief Services. Because of their roles as decision makers and heads of household, men play an important role in improving maternal and child health care in their communities. This facilitator's guide focuses on training male volunteers to become "counselors" who encourage fathers to change practices or adopt new behaviors that will help improve the health of their wives and children.

https://www.crs.org/our-work-overseas/research-publications/engaging-men-improve-maternal-and-newborn-health

UNICEF hosts a website dedicated to ECD and disability with resources on young children with disabilities, including discussion papers.

https://www.unicef.org/disabilities/index_65317.html

The INSPIRE: Seven strategies for ending violence against children package (World Health Organization and partners) identifies a select group of strategies that have shown success in reducing violence against children. They are implementation and enforcement of laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services and education and life skills.

http://www.who.int/violence_injury_prevention/violence/inspire/en/

## ENDNOTES


1 World Bank (2010). Fact page on early childhood development. Retrieved from: http://siteresources.worldbank.org/EXTAFRREGTOPEDUCATION/Resources/444707-1291071725351/ECCD-factsheet-final.pdf

2 UNICEF (2014). *Building Better Brains: New Frontiers in Early Childhood Development.*

3 The Lancet (2016). *Advancing Early Childhood Development: From Science to Scale.* Retrieved from: https://www.thelancet.com/series/ECD2016

4 Black, M., Walker, S., Fernald, L., Andersen, C., et al. (2017). *Early childhood development coming of age: science through the life-course. Lancet,* 389: 77-90.

5 Shonkoff, JP and Garner, AS. (2012). *The lifelong effects of early childhood adversity and toxic stress. Pediatrics 129*, 232–46.

6 Black, M., Walker, S., Fernald, L., Andersen, C., et al. (2017) and UNICEF (2014)

7 Center on the Developing Child at Harvard University (2010). *The Foundations of Life Long Health Are Built in Early Childhood.*

8 Bernard van Leer Foundation (2015). *A Good Start: Advances in Early Childhood Development.* In Early Childhood Matters 2015/124.

9 World Bank (2016). *Report on Human Capital Summit: Investing in the early years for growth and productivity.* Retrieved from: http://live.worldbank.org/human-capital-summit

10 Richter, L., Daelmans, B., Lombardi, J., et al. (2017). *Investing in the foundation of sustainable development: Pathways to scale up for early childhood development. Lancet, 389*(10064).

11 Center on the Developing Child at Harvard University and Bernard van Leer Foundation.

12 *Ibid.*

13 *Ibid.*

14 Black, M., Walker, S., Fernald, L., Andersen, C., et al. (2017). *Early childhood development coming of age: science through the life-course. Lancet,* 389: 77-90.

15 More on Nurturing Care for Early Childhood Development, the five components and resources at: http://nurturing-care.org

16 USAID (2011). *Early Childhood Development for Orphans and Vulnerable Children: Key Considerations.*

17 Attachment is the emotional bond between child and primary caregiver that begins even before baby is born.

18 Walker, S., Wachs, T., Grantham-McGregor, S, et. al. (2011). *Inequality in Early Childhood: Risk and Protective Factors for Early Child Development.* In The Lancet 378: 1325–38.

19 World Health Organization (2012). *Care for Childhood Development: A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention.*

20 Denboba, A.D, Elder, L. K., Lombardi, J., Rawlings, L. B., Sayre, R.K., Wodon, Q. T. (2014). *Stepping up early childhood development: investing in young children for high returns.* Retrieved from: http://documents.worldbank.org/curated/en/868571468321240018/Stepping-up-early-childhood-development-investing-in-young-children-for-high-returns

21 Adapted from framework presented by Dr. Lucie Cluver (2018) in the webinar, *Integrating early childhood development interventions into HIV clinical care interventions.* Retrieved from: http://ovcsupport.org/events/integrating-early-childhood-development-interventions-into-hiv-clinical-care-interventions/

22 Potterton, J. (2008). *A longitudinal study of neurodevelopmental delay in HIV infected children.* Retrieved from http://wiredspace.wits.ac.za/handle/10539/5055

23 Baillieu, N., and Potterton, J. (2008). *The extent of delay of language, motor, and cognitive development in HIV-positive infants.* Journal of Neurologic Physical Therapy. Retrieved from http://journals.lww.com/jnpt/Abstract/2008/09000/The_Extent_of_Delay_of_Language,_Motor,_and.3.aspx

24 Sherr, L., Croome, N., Parra, C.K., Bradshaw, K. (2014). *A systematic review of psychological functioning of children exposed to HIV: Using evidence to plan for tomorrow's HIV needs.* AIDS Behav, 18(11), 2059-74.

25 Le Doare, K., Bland, R., Newell, M. (2012). *Neurodevelopment in Children Born to HIV-Infected Mothers by Infection and Treatment Status.* Pediatrics, doi:10.1542/peds.2012-0405.

26 Phillips, N., Amos, T., Kuo, C., et al. (2016). *HIV-associated cognitive impairment in perinatally infected children: A meta-analysis.* Pediatrics, 138(5).

27 Blanchette, N., Lou, M., Fernandes-Penney, A. (2001). *Cognitive and motor development in children with vertically transmitted HIV infection.* Brain and Cognition. Retrieved from: http://www.sciencedirect.com/science/article/pii/S0278262601800324

28 Bisiacchi, P., Suppiej, A., Laverda, A. (1999). *Neuropsychological evaluation of neurologically asymptomatic HIV-infected children.* Brain and Cognition. Retrieved from: http://europepmc.org/abstract/med/10857661

29 Udgirkar, V., & Tullu, M. (2003). *Neurological manifestations of HIV infection.* Indian Pediatrics. Retrieved from http://indianpediatrics.net/mar2003/mar-230-234.htm

30 Thurman, T. R., Luckett, B., Taylor, T., Carnay, M. (2016). *Promoting uptake of child HIV testing: an evaluation of the role of a home visiting program for orphans and vulnerable children in South Africa.* AIDS Care, 28(sup2), 7–13.

31 Van Rie, A., Harrington, P.R., Dow, A., Robertson, K. (2007). *Neurologic and neurodevelopmental manifestations of pediatric HIV/AIDS: a global perspective.* European Journal Pediatric Neurology; 11: 1–9.

32 Le Doare, K., Bland, R., & Newell, M. (2012). *Neurodevelopment in Children Born to HIV-Infected Mothers by Infection and Treatment Status.* Pediatrics, doi:10.1542/peds.2012-0405.

33 UNICEF (2016*). For Every Child, End AIDS.* Seventh stocktaking report on children and AIDS. Retrieved from: https://data.unicef.org/resources/every-child-end-aids-seventh-stocktaking-report-2016/

34 Spring Nutrition (n.d.). Community infant and young child feeding counseling package: Key messages booklet (Nigeria). Retrieved from: https://www.spring-nutrition.org/sites/default/files/training_materials/files/c-iycf_key_messages_nigeria.pdf

35 Republic of Zambia Ministry of Health (2017). Nutrition care and support for people with HIV: Training manual for community volunteers. Retrieved from: https://www.fantaproject.org/sites/default/files/resources/Zambia-Community-NACS-Training-FACILITATOR-Guide-2017.pdf

36 *Ibid.*

37 *Ibid.*

38 UNICEF (2012). The Community Infant and Young Child Feeding Counselling Package. Retrieved from: https://www.unicef.org/nutrition/files/Key_Message_Booklet_2012_small.pdf

39 World Health Organization (2018). Infant feeding for the prevention of mother-to-child transmission of HIV. Retrieved from: http://www.who.int/elena/titles/hiv_infant_feeding/en/

40 *Ibid.*

41 World Health Organization (2018b). Care of the HIV-exposed or infected newborn. Retrieved from: http://www.who.int/maternal_child_adolescent/newborns/care_of_hiv_exposed/en/

42 *Ibid.*

43 *Ibid.*

44 *Ibid.*

45 Daniels, M.C., Adair, L.S. (2004). *Growth in young Filipino children predicts schooling trajectories through high school.* J Nutr. 2004; 134:1439–46; Grantham-McGregor, S., Cheung, Y.B., Cueto, S., Glewwe, P., Richter, L., Strupp, B., International Child Development Steering Group. *Developmental potential in the first 5 years for children in developing countries.* Lancet. 2007; 369(9555):60–70; Walker, S.P., Chang, S.M., Powell, C.A. Simonoff, E., Grantham-McGregor, S.M. (2007). *Early Childhood Stunting Is Associated with Poor Psychological Functioning in Late Adolescence and Effects Are Reduced by Psychosocial Stimulation.* American Society for Nutrition J. Nutr. 137:2464-2469, November 2007.

46 Zambia Ministry of Health, National Food and Nutrition Commission and Food and Nutrition Technical Assistance III Project (FANTA) (2017). Nutrition Assessment, Counselling and Support (NACS) Training Manual for Community Volunteers: Facilitators' Guide. Lusaka, Zambia: National Food and Nutrition Comission.

47 http://hip.fhi360.org/file/27033/CC1%20-%20Critical%20Times%20for%20Handwashing.pdf

48 Nutrition Assessment, Counselling, and Support (NACS) Slides for training Facility-Based Service Providers.

49 World Health Organization (2016). *WHO Recommendation on antenatal care for positive pregnancy experience. WHO Recommendation on Antenatal care for positive pregnancy experience*. Geneva: World Health Organization.

50 Guyon, A. and Quinn, V. (2011). *Booklet on Key Essential Nutrition Action Messages.* Washington, D.C.: Core Group.

51 *Ibid.*

52 Federal Ministry of Health of Nigeria, UNICEF, WHO, USAID. (2012). *The Community Infant and Young Child Feeding Counselling Package: Key Messages Booklet.* Abuja, Nigeria.

53 Zambia Ministry of Health, National Food and Nutrition Commission and Food and Nutrition Technical Assistance III Project (FANTA) (2017). Nutrition Assessment, Counselling and Support (NACS) Training Manual for Community Volunteers: Facilitators' Guide. Lusaka, Zambia: National Food and Nutrition Comission.

54 Skovdal, M. and Ogutu, V.O. (2012). *Coping with hardship through friendship: the importance of peer social capital among children affected by HIV in Kenya.* African Journal *of AIDS Research 11(3:241-50.*

55 *Ibid.*

56 Betancourt, T., Meyers-Ohki, S., Stulac, S., Barrera, A. E., Mushashi, C., Beardslee, W.R. (2011). *Nothing can defeat combined hands (Abashize hamwe ntakibananira): Protective processes and resilience in Rwandan children and families affected by HIV/AIDS.* Social Science & Medicine 73, 693-701

57 Cluver, L., Bowes, L., Gardner, F. (2010). *Risk and protective factors for bullying victimization among AIDS-affected and vulnerable children in South Africa*. Child Abuse & Neglect 34:793–803

58 *Ibid.*

59 Collins, W., Maccoby, E., Steinberg, L., Hetherington, E., Bornstein, M. (2000). *Contempory research on parenting: The case for nature and nurture.* American Psychologist, 55, 218-232.

60 Center for Disease Control (2013). *Preventing Maltreatment through the Promotion of Safe, Stable and Nurturing Relationships Between Children and Caregivers.* Atlanta, Georgia: Center for Disease Control.

61 Al-Hassan, S., and Lansford, J. (2010). Evaluation of the Better Parenting Programme in Jordan. *Early Child Development and Care*, 1-12; O'Connor, T., and Scott, S. (2007). Parenting and Outcomes for Children. In D. Utting, *Parenting and the Different Ways it Can Affect Children's Lives.* York: Joseph Rountree Foundation.

62 Oates, J. (2010). *Early Childhood in Focus: Parenting .* Londond, UK: Open University and Fundudis, T. (1997). *Single Parents: Risk or resilience?* Child Psychiatry and Psychology Review, Vol 2, 2- 14.

63 A review of published literature on supporting and strengthening child-caregiver relationships (parenting). Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1

64 *Ibid.*

65 *Ibid.*

66 Richter, L.M., and Naicker, S. (2017). *Evaluation of the Conrad N. Hilton Foundation's initiative on young children affected by HIV and AIDS: Final report.* http://www.hsrc.ac.za/en/research-data/view/8616

67 Tamis-LeMonda, C., Bornstein, M., Baumwell, L. (2003). *Maternal responsiveness and children's achievement of language milestones.* Child Development.Retrieved from: http://onlinelibrary.wiley.com/doi/10.1111/1467-8624.00313/full and Aboud, F., and Yousafzai, A. (2015*). Global health and development in early childhood.* Annual Review of Psychology. Retrieved from: http://www.annualreviews.org/doi/abs/10.1146/annurev-psych-010814-015128

68 Slemming, W., Saloojee, H., Berry, L. (2013). *Beyond survival: The role of health care in promoting ECD*. *South African Child* …. Retrieved from http://ci.org.za/depts/ci/pubs/pdf/general/gauge2013/Gauge2013HealthServices.pdf

69 Boivin, M., Bangirana, P., Nakasujja, N. (2013). *A year-long caregiver training program improves cognition in preschool Ugandan children with human immunodeficiency virus.* The Journal of …. Retrieved from http://www.sciencedirect.com/science/article/pii/S0022347613008147 and Aboud, F., and Yousafzai, A. (2015). *Global health and development in early childhood.* Annual Review of Psychology. Retrieved from http://www.annualreviews.org/doi/abs/10.1146/annurev-psych-010814-015128

70 Potterton, J. (2008) and Baillieu, N., and Potterton, J. (2008). *The extent of delay of language, motor, and cognitive development in HIV-positive infants.* Journal of Neurologic Physical Therapy. Retrieved from http://journals.lww.com/jnpt/Abstract/2008/09000/The_Extent_of_Delay_of_Language,_Motor,_and.3.aspx

71 Blanchette, N., Lou, M., Fernandes-Penney, A. (2001). *Cognitive and motor development in children with vertically transmitted HIV infection.* Brain and Cognition. Retrieved from: http://www.sciencedirect.com/science/article/pii/S0278262601800324

72 Regalado, M. and Halfon, N. (2001). *Primary care services promoting optimal child development from birth to age 3 years: review of the literature.* Archives of Pediatrics & …. Retrieved from http://archopht.jamanetwork.com/article.aspx?articleid=191309

*Coordinating Comprehensive Care for Children (4Children) is a five-year (2014-2019), USAID-funded project to improve health and well-being outcomes for Orphans and Vulnerable Children (OVC) affected by HIV and AIDS and other adversities. The project aims to assist OVC by building technical and organizational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services (CRS) with partners IntraHealth International, Pact, Plan International USA, Maestral International, and Westat.*