දුරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507 , 0112694033
Telephone) 0112675449 , 0112675280

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax)0112692913

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மின்னஞ்சல் முகவரி)
e-mail)

වෙබ්අඩවිය) www.health.gov.lk
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Ministry of Health and Indigenous Medical Services

General circular: 01 - 12 /2020

All Provincial Directors of Health Services
All Regional Directors of Health Services
Director, National Institute of Health Services
Chief MOH. Municipal Council, Colombo
All Medical Officers of Maternal & Child Health
All Medical Officers of Health

Guideline on Child Development Promotion and Development Screening for Primary Health Care (PHC) Workers

Child Care is an important component in the Reproductive, Maternal, New Born, Child and Youth Health (RMNCAYH) programme in Sri Lanka. All child health interventions delivered in the field settings are implemented by Medical Officers of Health (MOH) teams who work in Primary Health Care settings. Implementing them along with other primary health care interventions related to maternal care, family planning, school health etc... within limited person hours becomes a formidable challenge. Having explicit guidelines can be an immense help for MOH teams to properly organize their routine activities.

Therefore, Family Health Bureau (FHB) has taken steps to develop a guideline on Child Development Promotion and Development Screening for Primary Health Care (PHC) Workers. It is expected that such integrated guidance will help PHMs, Medical Officer of Health (MOHs) and other Primary Health Care Workers (PHC) to better organize their service routines and improve the quality of field childcare.

Please instruct all PHC workers in the MOH areas under your purview to strictly abide by the guidelines annexed below.

Dr. Anil Jasinghe
Director General of Health Services
Ministry of Health & Indigenous Medicine Services
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

Director General of Health Services

CC: Secretary / Ministry of Health and Indigenous Medical Services
Addl. Secretary / Ministry of Health and Indigenous Medical Services
DDG PHS 11
Director / MCH

General Circular :01-12-2020

Guideline on Child Development Promotion and Development Screening for Primary Health Care (PHC) Workers

1 Background

Gradual realization of the skills and abilities related to the physical, socio-emotional,language and cognitive aspects of life in an increasingly complex manner is probably the most important happening during early childhood (the first 5 years). This is called child development.

While children are naturally inclined to develop, Primary Health Care (PHC) workers, (Medical Officers of Health, Public Health Nursing Sisters, Supervising Public Health Midwives and Public Health Midwives) with the collaboration of parents and caregivers facilitate child development immensely.

Once development potential depends on his/her genetic background and the environmental influence, especially during early childhood. PHC workers can contribute to the modulation of environmental influence in a favorable manner. Three main interventional approaches can directly facilitate child development.

1. Psychosocial stimulation during childhood.
2. Regular monitoring of development progress- Development screening
3. Providing developmentally conducive environment at home, daycare, preschool and school

The first 2 types of interventions can be considered as direct child development interventions. A developmentally conducive environment means that the child is having adequate nutrition, prevented of being ill, have access to health care whenever necessary, lives in a comfortable risk-free, safe home and surrounding, the family is caring and free of violence, etc. Living in such an environment ensures that the child will develop optimally to reach his/her developmental potential without being hindered. This shows that all other child interventions in the child health program can be considered as the interventions that help to create a developmentally conducive environment.

Importance of promoting child development

Children are naturally inclined to develop by exploring their environment and perceiving the stimuli coming from it. They explore what they see, experience interactions that they have with others at home and the community, etc.

This natural process of development can be optimized by timely, appropriate and quality interventions given in the form of psychosocial stimulations provided by parents or caregivers. The impact o psychosocial stimulations are enhanced

when they are received in a developmentally supportive environment. A developmentally supportive environment means, the environment, where children have their basic development needs.

Following sections outlines the guidelines for the implementation of child development intrventions

2 Child Development Intervention Package

Child development interventions are to be implemented during the following service delivary points.

1. In the second “ECCD” mothers’ class
2. During home visits
3. In clinics
4. In the Development Clinic.

2.1 The second (ECCD) mothers’ class

Under the maternal care package, all mothers are supposed to be participating in 3 mothers’ classes (antenatal health educational sessions). The health education agenda for the second mothers’ class include Danger signs, Nutrition, Breast Feeding, and Ealry Child Care & Development (ECCD).

The aim of this class is to aware mothers on child development. The contents of this session should include information related to the following facts:

1. Meaning of child development including simple facts on brain maturation, age-specific milestones
2. Importance of appropriate development for the child and the society at large
3. The fact that the development can be promoted by parents and the importance of doing it during early child period
4. Introduction of age-appropriate developmental stimulation IEC materials and letting them know that these will be made available during post-natal visits.
5. The “Supeksha” video can be used during these sessions. (already provided to MOH offices by the Family Health Bureau and can be downloaded under the following link https://drive.google.com/file/d/1GJ6N6mWJQ3Mq_xOXLBpsUrTG0PME0xsr/view

The child developmental manual should be referred to get the relevant information.
https://www.fhb.health.gov.lk/images/FHB%20resources/Child%20Development%20&%20Specia%20needs/Child%20Development%20Mannualfinal-Sinhala%20.pdf - under publications or short URL - https://cutt.ly/HeMqTXi

2.2 Child developmental interventions during home visits

Child development interventions can be categorized into 2 main types.

1. Development promotion interventions
2. Developmental screening and special need care interventions

These child development interventions are best implemented during home visits due to the following reasons.

1. Relevant educational messages are complex and paretns may reqire detailed explanations to understand them. Therefore they can only be properly received by parents at home rather than in busy clinics, where it may be difficult to for parents to offer their focused attention.

2. Child development screening should be carried out in the child's familiar environment, so that the child is relaxed and not distracted or anxious. This helps unbiased assessment of developmental indicators.

According to existing guidelines PHMs are supposed to make home visits for the children under her care according to the following schedule. PHMS should ensure the implementation of the relevant child development interventions during these visits as appropriate in age-specific manner and tailor-made to the child's development context and mother's existing awareness and motivation.

The child development screenings should be carried out in 4th, 6th, 9th, 12th, 18th, 24th, 36th, and 48th home visits.

Table 1 Schedule of home visits for children by PHMS

Infants (First year)	Young Children (Toddlers- 2nd year)	Pre-Schoolers (3 to 5th years)
HOME visit- Day 1-5 (Combined with post-natal activities)	HOME visit – 14th month	HOME visit – 27th month
HOME visit- Day 6-10 (Combined with post-natal activities)	HOME visit – 16th month	HOME visit – 30th month
HOME visit – Day 15 (Combined with post-natal activities)	HOME visit – 18th month (+Development Screening)	HOME visit – 33rd month
HOME visit – Day 42 (Combined with post-natal activities)	HOME visit – 20th month	HOME visit – 36th month (+Development Screening)
HOME visit – 2nd month	HOME visit – 22th month	HOME visit – 39th month
HOME visit – 3rd month	HOME visit – 24th month (+Development	HOME visit – 42nd month

	Screening)	
HOME visit – 4th month (+Development Screening)		HOME visit – 45th month
HOME visit – 5th month		HOME visit – 48th month (+Development Screening)
HOME visit – 6th month (+Development Screening)		HOME visit – 51st month
HOME visit – 7th month		HOME visit – 53rd month
HOME visit – 8th month		HOME visit – 57th month
HOME visit – 9th month (+Development Screening)		HOME visit – 60th month (+Development Screening)
HOME visit – 10th month		
HOME visit – 11th month		
HOME visit – 12th month (+Development Screening)		

2.2.1 Development promotion Interventions

Development promotion means the active engagement in maximizing the realization of genetically defined development potentials among all children.

Development promotion interventions should be aimed at the following:

1. To ensure that parents understand:
    a. The process of development, and its importance to life
    b. Age-appropriate activities that a child can demonstrate at different ages (Milestones),
    c. That parents can actively help the child to better achieve their development skills by engaging in simple psychosocial stimulation activities.
2. To educate parents/caregivers on age-specific psychosocial stimulation methods and motivate them to apply them
3. To inform parents/ caregivers on how to ensure the home environment is conducive for child development

Essential information to be used when educating parents on child development

1. Gradual enhancement of a child's skills, abilities, behaviours and knowledge that occur with advancing age is identified as development
2. These development attributes are very important for the success of the children in school, work, and society throughout life.
3. Development is determined by genes and environment with almost equal contributions
4. The parent can help their children to maximize the development potentials that they bring to the world through their genes by engaging in simple activities and making adjustments to the environment of the child
5. Usual age-specific milestones and age-appropriate psychosocial stimulation techniques
6. The child developmental tools in the CHDR (screening indicators, and developmental promotion messages)

Milestones and age-specific psychosocial stimulation methods

A child achieving a milestone means that he or she is performing a certain task or action for the first time of life. For example, a child speaking a word for the first time in life or walking for the first time are milestones. Children as a group tend to achieve a milestone within a common time period of life. For example, a majority of children usually start walking around 12 months of age, with relatively fewer early starters and late starters. All the children start to walk form 8 o 24 months with few exceptions. This period is identified as a window of achievement for walking.

Milestones and windows of achievement exist for all types of skills among children.

All normal children usually achieve milestones specific for their ages within the window of achievement pertaining to these milestones. This process can be optimized by parents encouraging them to experience certain actions. This is called psychosocial stimulation.

The below table presents what most children (at least a half of them) at a particular age can do by that age and what parents and caregivers can do to promote child development.

Table 2

Milestones and age-specific psychosocial stimulation methods.

2 months of age

Age-Specific Milestones (What most children do/ can) at 2 months	**What parents can do to promote development from 2 to 4 months period**
Social-Emotional 1. Begins to smile at people 2. Can briefly calm himself (may bring hands to mouth and suck on hand) Communication 1. Tries to look at the parent 2. Coos, makes gurgling sounds 3. Turns head toward sounds Cognitive 1. Pays attention to faces 2. Begins to follow things with eyes and recognize people at a distance 3. Begins to act bored (cries, fussy) if an activity doesn't change Physical 1. Can hold head up and begins to push up when lying on tummy 2. Makes smoother movements with arms and legs	1. Cuddle, talk, and play with the baby during feeding, dressing, and bathing. 2. Help the baby learn to calm herself. It's okay for her to suck on her fingers. 3. Begin to help the baby get into a routine, such as sleeping at night more than in the day and have regular schedules. 4. Getting in tune with the baby's likes and dislikes can help you feel more comfortable and confident. 5. Act excited and smile when the baby makes sounds. 6. Copy the baby's sounds sometimes, but also use clear language. 7. Pay attention to the baby's different cries so that you learn to know what he wants. 8. Talk, read, and sing to the baby. 9. Play peek-a-boo. Help the baby play peek-a-boo, too. 10. Place a baby-safe mirror in the baby's crib so she can look at herself. 11. Look at pictures with the baby and talk about them. 12. Lay the baby on his/her tummy when he/she is awake and put toys near him. 13. Encourage the baby to lift his/her head by holding toys at eye level in front of him/her. 14. Hold a toy or rattle above the baby's head and encourage his/her to reach for it. 15. Hold the baby upright with his/her feet on the floor. Sing or talk to the baby as he/she is upright.

4 months of age

Age-Specific Milestones (What most children do/ can) at 4 months	What parents can do to promote development during 4 to 6 months period
Socio-Emotional 1. Smiles spontaneously, especially at people 2. Likes to play with people and might cry when playing stops 3. Copies some movements and facial expressions, like smiling or frowning Communication 1. Begins to babble 2. Babbles with expression and copies sounds he hears 3. Cries in different ways to show hunger, pain, or being tired Cognitive 1. Let's you know if she is happy or sad 2. Responds to affection 3. Reaches for toy with one hand 4. Uses hands and eyes together, such as seeing a toy and reaching for it 5. Follows moving things with eyes from side to side 6. Watches faces closely 7. Recognizes familiar people and things at a distance Physical 1. Holds head steady, unsupported 2. Pushes down on legs when feet are on a hard surface 3. May be able to roll over from tummy to back 4. Can hold a toy and shake it and swing at dangling toys 5. Brings hands to mouth 6. When lying on stomach, pushes up to elbows	1. Hold and talk to the baby; smile and be cheerful while you do. 2. Set steady routines for sleeping and feeding. 3. Pay close attention to what the baby likes and doesn't like; you will know how best to meet his needs and what you can do to make the baby happy. 4. Copy the baby's sounds. 5. Act excited and smile when the baby makes sounds. 6. Have quiet playtimes when you read or sing to the baby. 7. Give age-appropriate toys to play with, such as rattles or colorful pictures. 8. Play games such as peek-a-boo. 9. Provide safe opportunities for the baby to reach for toys and explore his surroundings. 10. Put toys near the baby so that she can reach for them or kick her feet. 11. Put toys or rattles in the baby's hand and help him to hold them. 12. Hold the baby upright with feet on the floor, and sing or talk to the baby as she "stands" with support

6 months of age

Age Specific Milestones (What most children do/ can) at 6 months	What parents can do to promote development during 6 to 9 months period
Socio-Emotional 1. Knows familiar faces and begins to know if someone is a stranger 2. Likes to play with others, especially parents 3. Responds to other people's emotions and often seems happy 4. Likes to look at self in a mirror *Communication* 1. Responds to sounds by making sounds 2. Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds 3. Responds to own name 4. Makes sounds to show joy and displeasure 5. Begins to say consonant sounds (jabbering with "m," "b") *Cognitive* 1. Looks around at things nearby 2. Brings things to mouth 3. Shows curiosity about things and tries to get things that are out of reach 4. Begins to pass things from one hand to the other *Physical* 1. Rolls over in both directions (front to back, back to front) 2. Begins to sit without support 3. When standing, supports weight on legs and might bounce 4. Rocks back and forth, sometimes crawling backward before moving forward	1. Play on the floor with the baby every day. 2. Learn to read the baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break and comfort the baby. 3. Show the baby how to comfort herself when she's upset. She may suck on her fingers to self soothe. 4. Use "reciprocal" play—when he smiles, you smile; when he makes sounds, you copy them. 5. Repeat the child's sounds and say simple words with those sounds. For example, if the child says "bah," say "bottle" or "book." 6. Read books to the child every day. Praise her when she babbles and "reads" too. 7. When the baby looks at something, point to it and talk about it. 8. When he drops a toy on the floor, pick it up and give it back. This game helps him learn cause and effect. 9. Read colorful picture books to the baby. 10. Point out new things to the baby and name them. 11. Show the baby bright pictures in a magazine and name them. 12. Hold the baby up while she sits or support her with pillows. Let her look around and give her toys to look at while she balances. 13. Put the baby on his tummy or back and put toys just out of reach. Encourage him to roll over to reach the toys.

9 months of age

Age-Specific Milestones (What most children do/ can) at 9 months	**What parents can do to promote development from 9 to 12 months period**
Socio-Emotional 1. May be afraid of strangers 2. May be clingy with familiar adults 3. Has favorite toys Communication 1. Understands “no” 2. Makes a lot of different sounds like “mamamama” and “babababababa” 3. Copies sounds and gestures of others 4. Uses fingers to point at things *Cognitive* - Watches the path of something as it falls - Looks for things he sees you hide - Plays peek-a-boo *Physical* - Puts things in her mouth - Moves things smoothly from one hand to the other - Picks up things like cereal o’s between thumb and index finger - Stands, holding on - Can get into sitting position - Sits without support - Pulls to stand - Crawls	1. Pay attention to the way he reacts to new situations and people; try to continue to do things that make the baby happy and comfortable. 2. As she moves around more, stay close so she knows that you are near. 3. Continue with routines; they are especially important now. 4. Play games with “my turn, your turn.” 5. Say what you think the baby is feeling. For example, say, “You are so sad, let’s see if we can make you feel better.” 6. Describe what the baby is looking at; for example, “red, round ball.” 7. Talk about what the baby wants when he points at something. 8. Copy the baby’s sounds and words. 9. Ask for behaviors that you want. For example, instead of saying “don’t stand,” say “time to sit.” 10. Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container. 11. Play peek-a-boo and hide-and-seek. 12. Read and talk to the baby. 13. Provide lots of room for the baby to move and explore in a safe area. 14. Put the baby close to things that she can pull up on safely.

12 months of age

Age Specific Milestones (What most children do/ can) at 12 months	What parents can do to promote development from 12 to 18 months period
Socio -Emotional - Is shy or nervous with strangers, Cries when mother or father leaves, Has favorite things and people, Shows fear in some situations - Hands you a book when he wants to hear a story - Repeats sounds or actions to get attention - Puts out arm or leg to help with dressing - Plays games such as “peek-a-boo” and “pat-a-cake” *Communication* - Responds to simple spoken requests - Uses simple gestures, like shaking head “no” or waving “bye-bye” - Makes sounds with changes in tone (sounds more like speech) - Says “mama” and “dada” and exclamations like “uh-oh!” - Tries to say words you say *Cognitive* - Explores things in different ways, like shaking, banging, throwing - Finds hidden things easily - Looks at the right picture or thing when it’s named - Copies gestures - Starts to use things correctly; for example, drinks from a cup, brushes hair *Physical* - Bangs two things together - Puts things in a container, takes things out of a container - Lets things go without help - Pokes with index (pointer) finger - Follows simple directions like “pick up the toy” - Gets to a sitting position without help - Pulls up to stand, walks holding on to furniture (“cruising”)	1. In response to unwanted behaviors, say “no” firmly. 2. Do not yell, spank, or give long explanations. A time out for 30 seconds to 1 minute might help redirect the child. 3. Give the child lots of hugs, kisses, and praise for good behavior. 4. Spend a lot more time encouraging wanted behaviors than punishing unwanted behaviors (4 times as much encouragement for wanted behaviors as redirection for unwanted behaviors). 5. Talk to the child about what you’re doing. For example, “Mommy is washing the hands with a washcloth.” 6. Read with the child every day. Have the child turn the pages. Take turns labeling pictures with the child. 7. Build on what the child says or tries to say, or what he points to. If he points to a truck and says “t” or “truck,” say, “Yes, that’s a big, blue truck.” 8. Give the child crayons and paper, and let the child draw freely. Show the child how to draw lines up and down and across the page. Praise the child when she tries to copy them. 9. Play with blocks, shape sorters, and other toys that encourage the child to use his hands. 10. Hide small toys and other things and have the child find them. 11. Ask the child to label body parts or things you see while driving in the car. 12. Sing songs with actions, like “The Itsy-Bitsy Spider” and “Wheels on the Bus.” Help the child do the actions with you. 13. Give the child pots and pans or a small musical instrument like a drum or cymbals. Encourage the child to make noise. 14. Provide lots of safe places for the toddler to explore. (Toddler-proof the home. Lock away products for cleaning, laundry, lawn care, and car care. Use a safety gate and lock doors to the outside and the basement.) 15. Give the child push toys like a wagon or “kiddie push car.”

- May take a few steps without holding on - May stand alone	

18 months of age

Age-Specific Milestones (What most children do/ can) at 18 months	What parents can do to promote development from 18 to 24 months period
Socio Emotional 1. Likes to hand things to others as play 2. May have temper tantrums 3. May be afraid of strangers 4. Shows affection to familiar people 5. Plays simple pretend, such as feeding a doll 6. May cling to caregivers in new situations 7. Points to show others something interesting 8. Explores alone but with parent close by *Communication* 1. Says several single words 2. Says and shakes head “no” 3. Points to show someone what he wants *Cognitive* 1. Knows what ordinary things are for; for example, telephone, brush, spoon 2. Points to get the attention of others 3. Shows interest in a doll or stuffed animal by pretending to feed 4. Points to one body part 5. Scribbles on his own 6. Can follow 1-step verbal commands without any gestures; for example, sits when you say “sit down” *Physical* 1. Walks alone 2. May walk up steps and run 3. Pulls toys while walking o Can help undress herself o	1. Provide a safe, loving environment. It’s important to be consistent and predictable. 2. Praise good behaviors more than you punish bad behaviors (use only very brief time outs). 3. Describe her emotions. For example, say, “You are happy when we read this book.” 4. Encourage pretend play. 5. Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child. 6. Read books and talk about the pictures using simple words. 7. Copy the child’s words. 8. Use words that describe feelings and emotions. 9. Use simple, clear phrases. 10. Ask simple questions. 11. Hide things under blankets and pillows and encourage him to find them. 12. Play with blocks, balls, puzzles, books, and toys that teach cause and effect and problem solving. 13. Name pictures in books and body parts. 14. Provide toys that encourage pretend play; for example, dolls, play telephones. 15. Provide safe areas for the child to walk and move around in. 16. Provide toys that she can push or pull safely. o Provide balls for her to kick, roll, and throw. 17. Encourage him to drink from his cup and use a spoon, no matter how messy. 18. Blow bubbles and let the child pop them.

Drinks from a cup 4. Eats with a spoon	

24 months of age

Age Specific Milestones (What most children do/ can) at 24 months	What parents can do to promote development during 24 to 36 months period
Socio -Emotional 1. Copies others, especially adults and older children 2. Gets excited when with other children 3. Shows more and more independence 4. Shows defiant behavior (doing what he has been told not to) 5. Plays mainly beside other children, but is beginning to include other children, such as in chase games *Communication* 1. Points to things or pictures when they are named o Knows names of familiar people and body parts o Says sentences with 2 to 4 words 2. Follows simple instructions 3. Repeats words overheard in conversation 4. Points to things in a book *Cognitive* 1. Finds things even when hidden under two or three covers 2. Begins to sort shapes and colors 3. Completes sentences and rhymes in familiar books 4. Plays simple make-believe games 5. Builds towers of 4 or more blocks 6. Might use one hand more than the other 7. Follows two-step instructions such as “Pick up the shoes and put them in the closet.” 8. Names items in a picture book such as a cat, bird, or dog - *Physical* 1. Stands on tiptoe 2. Kicks a ball 3. Begins to run	1. Encourage the child to say a word instead of pointing. If the child can’t say the whole word (“milk”), give her the first sound (“m”) to help. Over time, you can prompt the child to say the whole sentence — “I want milk.” 2. Hide the child’s toys around the room and let him find them. 3. Help the child do puzzles with shapes, colors, or farm animals. Name each piece when the child puts it in place. 4. Encourage the child to play with blocks. Take turns building towers and knocking them down. 5. Do art projects with the child using crayons, paint, and paper. Describe what the child makes and hang it on the wall or refrigerator. 6. Ask the child to help you open doors and drawers and turn pages in a book or magazine. 7. Once the child walks well, ask her to carry small things for you. 8. Kick a ball back and forth with the child. When the child is good at that, encourage him to run and kick. 9. Take the child to the park to run and climb on equipment or walk on nature trails. Watch the child closely.

4. Climbs onto and down from furniture without help 5. Walks up and down stairs holding on	

36 months of age

Age-Specific Milestones (What most children do/ can) at 36 months	**What parents can do to promote development during 36 to 48 months period**
Socio emotional 1. Copies adults and friends 2. Shows affection for friends without prompting 3. Takes turns in games 4. Shows concern for a crying friend 5. Understands the idea of “mine” and “his” or “hers” 6. Shows a wide range of emotions 7. Separates easily from mother and father 8. May get upset with major changes in routine 9. Dresses and undresses self Communication 1. Follows instructions with 2 or 3 steps 2. Can name most familiar things 3. Understands words like “in,” “on,” and “under” 4. Says first name, age, and sex 5. Names a friend 6. Says words like “I,” “me,” “we,” and “you” and some plurals (cars, dogs, cats) 7. Talks well enough for strangers to understand most of the time 8. Carries on a conversation using 2 to 3 sentences Cognitive (learning, thinking, problem-solving) 1. Can work toys with buttons, levers, and moving parts o Plays make-believe with dolls, animals, and people o Does puzzles with 3 or 4 pieces 2. Understands what “two” means 3. Copies a circle with pencil or crayon 4. Turns book pages one at a time 5. Builds towers of more than 6 blocks 6. Screws and unscrews jar lids or turns door handle	1. Go to play groups with the child or other places where there are other children, to encourage getting along with others. 2. Work with the child to solve the problem when he is upset. 3. Talk about the child’s emotions. For example, say, “I can tell you feel mad because you threw the puzzle piece.” 4. Encourage the child to identify feelings in books. 5. Set rules and limits for the child and stick to them. 6. If the child breaks a rule, give him a time out for 30 seconds to 1 minute in a chair or in his room. Praise the child for following the rules. 7. Give the child instructions with 2 or 3 steps. 8. For example, “Go to the room and get the shoes and coat.” 9. Read to the child every day. Ask the child to point to things in the pictures and repeat words after you. 10. Give the child an “activity box” with paper, crayons, and coloring books. Color and draw lines and shapes with the child. 11. Play matching games. Ask the child to find objects in books or around the house that are the same. 12. Play counting games. Count body parts, stairs, and other things you use or see every day. 13. Hold the child’s hand going up and down stairs. 14. When she can go up and down easily, encourage her to use the railing. 15. Play outside with the child. Go to the park or hiking trail. Allow the child to play freely and without structured activities.

Physical 1. Climbs well 2. Runs easily 3. Pedals a tricycle (3-wheel bike) 4. Walks up and down stairs, one foot on each step	

48 months of age

Age Specific Milestones (What most children do/ can) at 48months	**What parents can do to promote development during 48 to 60 months period**
Social/Emotional 1. Enjoys doing new things 2. Plays “Mom” and “Dad” 3. Is more and more creative with make-believe play o Would rather play with other children than by himself o Cooperates with other children 4. Often can’t tell what’s real and what’s make-believe 5. Talks about what she likes and what she is interested in *Language/Communication* 1. Knows some basic rules of grammar, such as correctly using “he” and “she” 2. Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus” 3. Tells stories 4. Can say first and last name *Cognitive (learning, thinking, problem-solving)* 1. Names some colors and some numbers 2. Understands the idea of counting 3. Starts to understand time 4. Remembers parts of a story 5. Understands the idea of “same” and “different” 6. Draws a person with 2 to 4 body parts 7. Uses scissors 8. Starts to copy some capital letters 9. Plays board or card games 10. Tells you what he thinks is going to happen next in a book *Movement/Physical Development* 1. Hops and stands on one foot up to 2 seconds 2. Catches a bounced ball most of the time 3. Pours, cuts with supervision, and mashes own food	1. Use good grammar when speaking to the child. 2. Instead of “Mommy wants you to come here,” say, “I want you to come here.” 3. Use words like “first,” “second,” and “finally” when talking about everyday activities. This will help the child learn about sequence of events. 4. Take time to answer the child’s “why” questions. 5. If you don’t know the answer, say “I don’t know,” or help the child find the answer in a book, on the Internet, or from another adult. 6. When you read with the child, ask him to tell you what happened in the story as you go. 7. Say colors in books, pictures, and things at home. 8. Count common items, like the number of snack crackers, stairs, or toy trains. 9. Teach the child to play outdoor games like tag, follow the leader, and duck, duck, goose. 10. Play the child’s favorite music and dance with the child. Take turns copying each other’s moves

60 months of age

Age Specific Milestones (What most children do/ can) at 60 months	What parents can do to promote development around 60 months period
Social/Emotional 1. Wants to please friends 2. Wants to be like friends 3. More likely to agree with rules o Likes to sing, dance, and act o Is aware of gender 4. Can tell what's real and what's make-believe 5. Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed]) 6. Is sometimes demanding and sometimes very cooperative *Language/Communication* 1. Speaks very clearly 2. Tells a simple story using full sentences 3. Uses future tense; for example, "Grandma will be here." 4. Says name and address *Cognitive (learning, thinking, problem-solving)* 1. Counts 10 or more things 2. Can draw a person with at least 6 body parts 3. Can print some letters or numbers 4. Copies a triangle and other geometric shapes 5. Knows about things used every day, like money and food *Movement/Physical Development* 1. Stands on one foot for 10 seconds or longer o Hops; may be able to skip 2. Can do a somersault 3. Uses a fork and spoon and sometimes a table knife 4. Can use the toilet on her own 5. Swings and climbs	1. Continue to arrange play dates, trips to the park, or play groups. Give the child more freedom to choose activities to play with friends, and let the child work out problems on her own. 2. Your child might start to talk back or use profanity (swear words) to feel independent. 3. Do not give a lot of attention to this talk, other than a brief time out. Instead, praise the child when 4. he asks for things nicely and calmly takes "no" for an answer. 5. This is a good time to talk to child about safe touch. No one should touch "private parts" except doctors or nurses during an exam or parents when they are trying to keep the child clean. 6. Teach the child her address and phone number. 7. When reading to the child, ask him to predict what will happen next in the story. 8. Encourage the child to "read" by looking at the pictures and telling the story. 9. Teach the child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday. Start teaching the days of the week. 10. Explore the child's interests in the community. 11. For example, if the child loves animals, visit the zoo or petting farm. Go to the library or look on the Internet to learn about these topics. 12. Keep a handy box of crayons, paper, paint, child scissors, and paste. Encourage the child to draw and make art projects with different supplies. 13. Play with toys that encourage the child to put things together. 14. Teach the child how to pump her legs back and forth on a swing. 15. Help the child climb on the monkey bars. 16. Go on walks with the child, do a scavenger hunt in the neighborhood or park, help him ride a bike with training wheels (wearing a helmet).

Developmentally Conducive Environment:

Many factors influence the development process. One main factor is the availability of psychosocial stimulation opportunities described above. In addition, parents should be informed that the child should receive the following types of care in order to ensure that the child realizes their developmental potentials.

1. Exclusive breastfeeding till the completion of first 6 months, followed by age-appropriate balanced diet with the continuation of breastfeeding for 2 years and beyond.
2. Good health status, protection from illnesses (immunization, food and water hygiene, proper disposal of excreta
3. Early health care when the child falls ill
4. Smoke-free (cooking, smoking), well-ventilated home
5. Accident proof home and the surrounding
6. Adequate opportunities to play
7. Early learning and exploration opportunities,
8. Adequate rest and sleep
9. Consistent tender loving care of one or more adults
10. Opportunities to develop self-identity, self-esteem (Parental tasks- be patient and sensitive, allow choices, give healthy freedom, talk in child friendly manner)
11. Parents who are role models, guides, and ready to inform the child's queries,
12. Protection from all forms of violence and abuse

2.2.2 Development screening intervention

Development screening means the assessment of a child's current status in relation to his/her specific abilities, behaviours and responses to certain stimuli based on pre-specified norm-referenced development indicators.

While most children are inclined to develop normally given they have reasonable learning opportunities, some will have development delays or development problems. These children should be identified as early as possible and intervened to help them have maximum development status.

Therefore, it is essential that every child is subjected to development screening to identify such conditions. As the appearance of developmental delays and problems can happen at different ages, development screening should be a serial function scheduled at specified age intervals.

PHMS are tasked with the following developmental screening interventions.

1. Conduct development screening of all children under her care at 4^{th}, 6^{th}, 9^{th}, 12^{th}, 18^{th}, 24^{th}, 36^{th}, 48^{th} month of ages and inform/explain mothers about the child's

2. Refer children with development problems to child development clinic. Counsel and reassure parents accordingly.

In order to ensure that all children under care receive development screening, on average around 40- 50 children have to be screened by the PHM every month.

If a child shows one or more of the given indicators at a specific age, the PHM should refer these children to the child development clinic to be seen by the MOH.

Development screening check lists

The following table presents a set of indicators which have been developed considering the skills that 75% or more children can show/ have by given age. This can be used to assess whether, the child has achieved the age appropriate milestones or the child has a possible developmental delay.

If a child shows any of the following indicators, the PHM should refer them for developmental clinic at the MOH office for further assessment.

The following age specific development screening check lists should be used in this process.

Table 3 Development screening check lists

Age of Screening	Development indicator
4th month	i. Doesn't watch things as they move ii. Doesn't smile with you responsively iii. Can't hold the head steady iv. Doesn't coo or make sounds v. Doesn't bring things to mouth vi. Doesn't push down with legs when feet are placed on a hard surface vii. Has trouble moving one or both eyes in all directions
6th month	i. Doesn't try to get things that are in reach ii. Shows no affection for caregivers iii. Doesn't respond to sounds around him iv. Has difficulty getting things to mouth v. Doesn't make vowel sounds ("ah", "eh", "oh") vi. Doesn't roll over in either direction vii. Doesn't laugh or make squealing sounds
9th month	i. Doesn't bear weight on legs with support ii. Doesn't sit with help iii. Doesn't babble ("mama", "baba", "dada") iv. Doesn't play any games involving back-and-forth play

Age of Screening	Development indicator
	v. Doesn't respond to own name vi. Doesn't seem to recognize familiar people vii. Doesn't look where you point viii. Doesn't transfer toys from one hand to the other
12th month	i. Doesn't have the ability to move from one place to another. e.g: crawl, bottom shuffle, commando crawl ii. Can't stand when supported iii. Doesn't search for things that she sees you hide. iv. Doesn't say single words like "mama" or "dada" v. Doesn't learn gestures like waving or shaking head vi. Doesn't point to things vii. Cannot pick small things using the thumb and the index finger. e.g. rice grains
18th month	i. Doesn't point to show things to others ii. Can't walk iii. Doesn't know what familiar things are for iv. Doesn't copy others v. Doesn't gain new words vi. Doesn't have at least 6 words vii. Doesn't notice or mind when a caregiver leaves or returns
24th month	i. Cannot walk alone ii. Doesn't use 2-word phrases (for example, "drink milk") iii. Doesn't know what to do with common things, like a brush, phone, fork, spoon iv. Doesn't copy actions and words v. Doesn't follow simple instructions vi. Doesn't walk steadily
36th month	i. Falls down a lot or has trouble with stairs ii. Drools or has very unclear speech iii. Can't work simple toys iv. Doesn't speak in sentences v. Doesn't understand simple instructions vi. Doesn't play pretend or make-believe e.g. feeding the doll, putting a grocery store vii. Doesn't want to play with other children or with toys
48th month	i. Can't jump in place ii. Cannot draw a straight line, circle iii. Shows no interest in interactive games or make-believe iv. Ignores other children or doesn't respond to people outside the family v. Resists dressing, sleeping, and using the toilet

Age of Screening	Development indicator
	vi. Cannot express toilet needs even during day time vii. Can't retell a favorite story viii. Doesn't follow 3-part commands ix. Doesn't understand "same" and "different" x. Doesn't use "me" and "you" correctly xi. Speaks unclearly
60th month	i. Doesn't show a wide range of emotions ii. Shows extreme behavior (unusually fearful, aggressive, shy or sad) iii. Unusually withdrawn and not active iv. Is easily distracted, has trouble focusing on one activity for more than 5 minutes v. Doesn't respond to people, or responds only superficially vi. Can't tell what's real and what's make-believe vii. Can't give first and last name viii. Doesn't use plurals or past tense properly ix. Doesn't talk about daily activities or experiences x. Doesn't draw pictures xi. Can't brush teeth, wash and dry hands, or get undressed without help

3 Referring Children to Development/Special need care

PHMs are supposed to conduct development screening for all children under her care at above age intervals. During this process, children with potential developmental issues will be identified.

If a child has been identified as having a problem according to the screening tool, the PHM is supposed to explain parents/caregivers that the development screening shows potential development concerns and the child should be further evaluated.

The child should be referred to the child development clinic at the MOH office. Referred children will be evaluated by the attending medical officer of health. The child development clinic is expected to be held twice a month at the MOH office (or a logistically suitable place).

Clinical guidelines for the child development clinic will be described in the child development clinic circular.

4 Monitoring and Evaluation of Child Development Activities

Two types of performance indicators related to child development are used in the evaluation framework of the national child health program.

They include,

1. General early childcare performance indicators

2. Child development specific performance indicators

All child-related interventions can be related to the overall development of the child, as good health is a prerequisite for optimal development. Hence the general early childcare related indicators are used to monitor the PHC workers' contribution to the development promotion.

General early childcare performance indicators:

1. Percentage of infants under care (for estimated births)
2. Percentage of toddlers (2nd years) under care (for estimated births)
3. Percentage preschoolers (3rd, 4th, and 5th years) under care (for estimated births)
4. Percentage of post-partum mothers who have visited by PHM within first 5 days after birth (with reference to childcare component) (for estimated and reported births)
5. Percentage of post-partum mothers who have visited by PHM within 6 to 10 days after birth (with reference to childcare component) (for estimated and reported births)
6. Percentage of post-partum mothers who have visited by PHM within 14 to 21 days after birth (with reference to childcare component) (for estimated and reported births)
7. Percentage of post-partum mothers who have visited by PHM around 42 after birth (with reference to childcare component) (for estimated and reported births)
8. The average number of home visits for young children (2nd yrs)
9. The average number of home visits for preschoolers (3-5 yrs.)
10. Percentage of infants attending 01 months well-baby clinic
11. The average number of subsequent clinic visits for Infants
12. The average number of subsequent clinic visits for 2nd years
13. The average number of subsequent clinic visits for Preschoolers (3-5 years)

Development specific performance indicators:

1. Percentage of pregnant women who have attended second (ECCD) mothers' class,
2. Percentage of children under the care of a PHM who have been screened for development problems at 4th, 6th, 9th, 12th, 18th, 24th and 36th, and 48th months
3. Percentage of 18th month who have been referred for specialized care for development problem
4. Percentage of children under 5 who have been referred for specialized care
5. Number of children with special needs under the care
6. Number of back referrals recorded