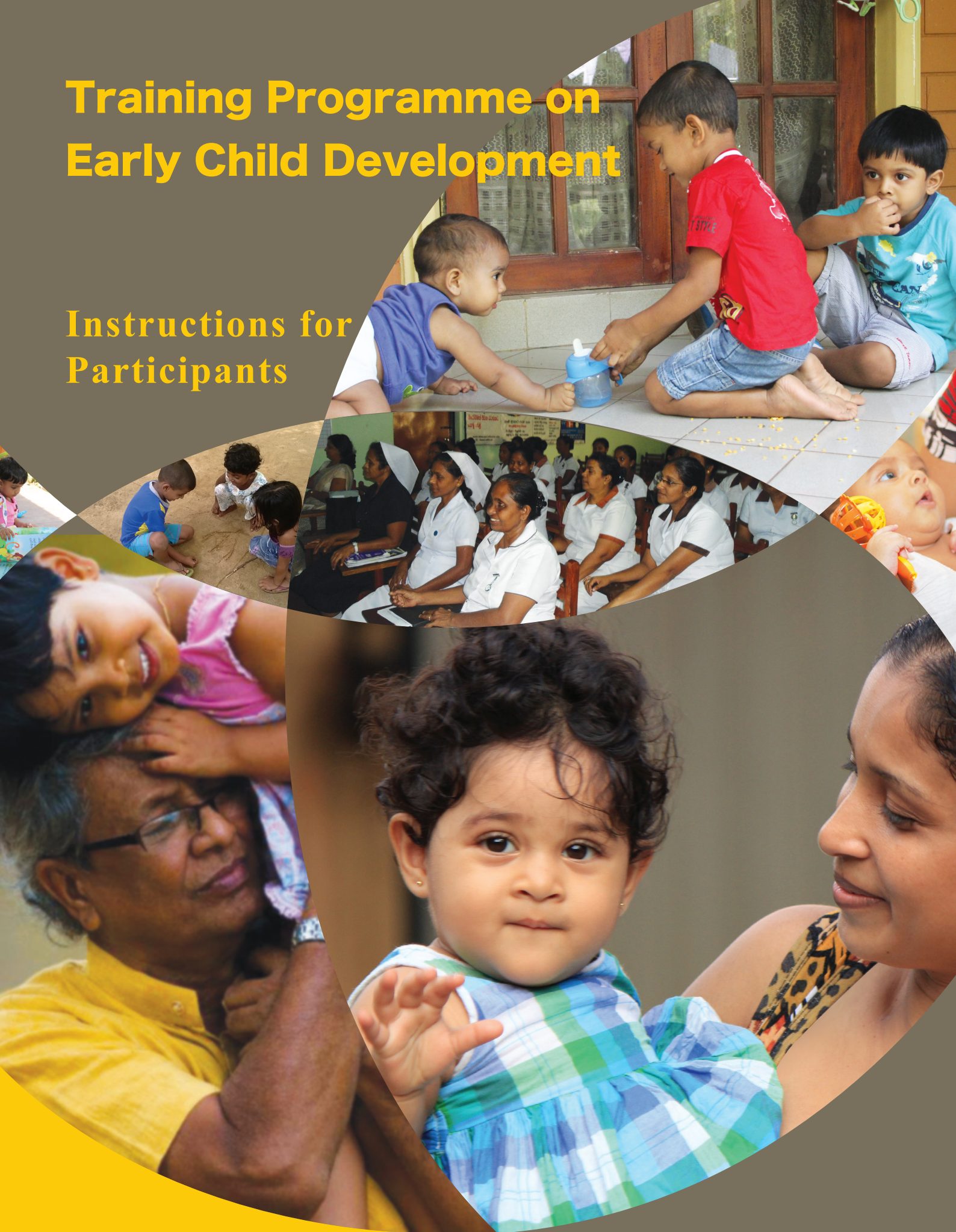


Training Programme on Early Child Development

Instructions for Participants



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2014

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2014

Contributors

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Contents

1	Training on Early Child Development	01
2	Getting Started	02
2.1	Learning Objectives	02
2.2	Activity 1: Introduce yourselves	02
2.3	Activity 2: Presentation on scope, objectives and expected outcomes of the training.....	03
3	Understanding Child Development	04
3.1	Learning Objectives	04
3.2	Activity 1: Taking the oath	04
3.3	Activity 2: Reading exercise on Child Development	05
3.4	Activity 3: Reading Exercise on Brain maturation and Child Development	08
3.5	Activity 4: Plenary presentation & videos on child development	12
4	Familiarizing with Development Patterns	13
4.1	Learning Objectives	13
4.2	Activity 1: Construct charts of age specific development patterns.....	13
4.3	Activity 2: Slide presentation on how different skills evolve with age	13
5	Reviewing the Factors Influencing Development	15
5.1	Learning Objectives	15
5.2	Activity 1: Plenary presentation on requirement for child development	15
5.3	Activity 2: Group work on opportunities in the current child health programmeto create an environment supportive of development promotion	16
6	Learning How to Promote Development	19
6.1	Learning Objective:	19
6.2	Activity 1 Browse the sections 5 to 7 in the child development manual	19
6.3	Activity 2: Presentation on development promotion & development screening	21

6.4	Activity 3: Group works on child development scenarios.....	22
6.4.1	Case scenario 01	22
6.4.2	Practicing a health education session	24
6.4.3	Evaluating a child's developmental environment.....	26
6.4.4	Case scenario 02	27
6.4.5	Case scenario 03	28
6.4.6	Case scenario 04	31
6.4.7	Case scenario 05	32
6.4.8	Case Scenario 06	33
6.4.9	Case Scenario 07	34
6.4.10	Case scenario 08	35
6.4.11	Case Scenario 09	36
6.4.12	Case scenario 10	37
6.4.13	Case scenario 11	38
6.4.14	Case scenario 12	39
6.4.15	Case scenario 13	40
6.4.16	Case scenario 14	41
6.4.17	Masseges for perents	42
7	Learning Development Delays and Problems	43
7.1	Learning objective	43
7.2	Activity 1 Reading exercise on child development delays and problems	43
7.3	Activity 2 Video exercise on child development problems	45
8	ECCD Work Planning Exercise	45
8.1	Learning objective	45
8.2	Activity 1 Presentation of new ECCD Programme strategies	45
8.3	Activity 2 Group work on Integration of ECCD activities to child health programme	46
9	Appendix	47
9.1	Proposed child development programme	47

01 - Training on Early Child Development

Early Child Development (ECD) package can be considered as a relatively new addition to the Sri Lankan National Child Health Programme. In order to engage in child development promotion activities in meaningful manner, Primary Health Care Workers (PHC) should be conversant on the technical aspects of child development and interventions. ECD, being a novel component of the child health programme, some of the technical matters relevant to the package are not yet been integrated in to the pre service training programmes of PHC workers. Therefore the ECD training programme has been developed as an in-service input that build the ECD related knowledge, attitudes and skills to PHC workers.

ECD training aims to improve the knowledge and skills of PHC workers on Early Child Development. The intended participants of the ECD training include: Medical Officers of Health (MOHs), Public Health Nursing Sisters (PHNS), Supervising Public Health Midwives (SPHMs) and Public Health Midwives (PHMs). Medical Officer of Maternal and Child Health (MOMCH) are also considered as participants of this training.

ECD training programme is structured to be principally a participant driven programme. A limited amount of didactic facilitator driven inputs were also included to cover the technically intensive themes. Hence, a number of participatory training techniques are integrated in to the ECD training programme. These include; self-reading exercises, group discussions, role plays, video based training, and clinical demonstrations. A limited number of plenary presentations are also included.

ECD training focusses the PHC workers' manual on "Child Development" as the main reference material. You are expected to refer to the various sections of this manual while performing training exercises. Additional instructions and facts required in the training programme are included in this booklet.

The training focusses 6 main themes:

1. Biological and psychosocial concepts related to child development
2. Patterns of child development
3. Factors affecting child development
4. Promotion of child development
5. Monitoring of child development & screening for problems
6. Child development delays & problems

02 - Getting Started

During this session, you will understand the aims and expected outcomes of the training workshop. You will also have time to interact with your colleagues and thereby to make a comfortable atmosphere necessary for participatory training. You are encouraged to learn thorough self-discovery, discussion and reflective thinking. Your facilitators will help you throughout the process.

2.1 Learning objectives

- i. To become acquainted with each other and establish a congenial atmosphere for active participation in the training.
- ii. To understand the purpose, scope, objectives and expectations of the training

2.2 Activity 1: Introduce yourselves (15 minutes)

You and your colleagues will spend the next 3 days undergoing this training. You may already know each other. However, it is always better to have more details about the people with whom you spend most of your time. It would help you make your associations healthier and happier. Hence, we are going to spend the next 15 minutes to know about your colleagues more closely.

Interview the person next to you and find out his or her:

- Full name, family details
- Work experience / trainings
- Special talents / hobbies
- Most liked / disliked things in life.

Then introduce your friend by informing the group about the things you have learned about him / her.

Now you may feel more relaxed and comfortable in your group. You will have more fun and knowledge over next activities.....

2.3 Activity 2: Presentation on scope, objectives and expected outcomes of the training (20 minutes)

During the next 10 minutes, your facilitator will present the scope, objectives and expected outcomes of the training. Concentrate carefully and note down any queries that may come to your mind.

After the presentation please write down your own expectations regarding the following points:

- What benefits you think this training would give you?
- What do you expect from the fellow participants during the training?

Write those on the cards provided to you.

Also write down:

1. What ground rules you would like to have during the training session

Now you should read out what you have written in the card and paste the card on the board. If you have a similar point mentioned by others do not paste your card but place a tally mark in the card already containing your idea. You should also try to comment on others expectations during this exercise. Your facilitator will help you to establish few important policies that ensure materializing of your expectations.

03 - Understanding Child Development

Several important theoretical concepts pertaining to child development will be perused in this section. It also help you to understand how brain maturation and its functions are related to child development.

3.1 Learning objectives

- i. To comprehend the term child development and understand the concept of development domains.
- ii. To define the terms milestones, windows of achievement and development standards.
- iii. To have an insight on the brain formation, maturation, and its relevance to child development.

3.2 Activity 1: Taking the oath (05 minutes)

Please get up and read aloud the following:

The oath:

Many ways exists for learning. However, none of the other methods of learning replace reading. Child development manual prepared for this training provides a comprehensive account on the knowledge that I should acquire to be an effective development promoter. I may not have enough time to read the manual completely during this course. Therefore I promise myself to read the manual several times after the training.

3.3 Activity 2: Reading exercise on child development

(30 minutes)

How much do you think you can remember after reading? As you know we cannot remember everything we read. Our level of retention is dependent on our attention, enthusiasm, subject, orientation on the format of the reading material and whether or not we know what are we trying to find out by reading.

Before starting read the sections mentioned below, browse through the pages, note the headings and subheadings and be familiar with the topics you are going to explore. The following are the list of questions, for which answers should be sought when reading the section1: (page 1-8) of the Child Development Manual. So please browse through the following questions?

1. What is meant by child development?

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2. What is a window of achievement?

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3. What are the qualities you expect from an optimally developed child?

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4. How do you name development domains?

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5. What are the skills involved with physical domain?

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6. What are the components of the physical domain?

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7. What are the basic principles of motor development?

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8. What are the skills involved with social and emotional domain?

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9. What is the meaning of sensory processing?

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10. What are the qualities gained by optimal social and emotional development?

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11. What is cognitive development?

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12. What is meant by intelligence?

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13. What are the skills that represent very early stages of language development?

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Now read through the section one of the child development manual: Child Development, pages (1 to 8). After reading the section again go through the above questions with your facilitator. You can ask any other questions also during this time.

3.4 Activity 3: Reading exercise on brain maturation and child development

(30 minutes)

Peruse the following pre reading questions and read the sections 2: Brain Maturation and Early Child Development of the child development manual (pages 11 to 18)

1. What are the 2 ways of presenting stimuli to the brain?

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2. What are the actions that take place after perception of a sensation by a brain center?

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3. What are the parts of a neuron?

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4. How do nerve cells in different parts of the brain communicate with each other?

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5. What is a synaptic association?

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6. Briefly describe the process of synaptic association formation.

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7. How can we improve the quality and efficiency of neural circuits?

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8. What is the age group within which, the most number of synaptic associations are formed in the brain?

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9. What is “neuronal pruning”?

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10. What are the ages during which pruning takes place usually?

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11. What is the use of pruning in reorganizing of neural circuits?

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12. Name the factors that the brain’s efficacy depends on.

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13. What factors determine the number of brain cells?

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14. What do you understand by neural/brain development?

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15. What is neuronal plasticity?

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16. What is the age span within which the brain development mainly takes place and what is the importance of knowing it?

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17. Briefly mention the steps of brain development during embryogenesis.

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In this section you are going to read in the group. One of the group members will read a paragraph aloud and another one summarizes the facts. After reading through the set of questions again and your facilitator will review the answers to above questions.

3.5 Activity 4: Plenary presentation & videos on child development (90 minutes)

In this section you will listen to a presentation on child development made by your facilitator. Several video presentations are also integrated in to this presentation. Please clarify your questions related to this section by asking questions.

[illegible]

04 - Familiarizing with Development Patterns

4.1 Learning objectives

- i. To have an insight on the age specific patterns of child development by different domains.

4.2 Activity 1: Construct charts of age specific development patterns (30 minutes)

Divide in to 8 groups. You can do so by counting serially in the group from 1 to 8 and consider the number cited by you as your group number. The groups 1 to 8 are allocated the ages less than 3 months, 3, 6, 9, 12, 18, 24, and 36 months respectively.

Read the section on patterns of development alone and note down the activities/skills that the children at the age allocated to your group usually acquire by that age. After reading, the group should prepare a list of skills the child of given age should have by different domains. One of the group members can describe the age specific development patterns for the age allocated to the group.

4.3 Activity 2: Slide presentation on how different skills evolve with age (15 minutes)

Your facilitator will present a slide presentation that indicates the age bound evolution of main development skills among children.

The section, “Patterns of Development” in the child development manual includes a comprehensive account of development patterns. You should complete the reading of this section after the training course and make use the section as a reference whenever such information is required for your training.

Presentation format:

[illegible]

05 - Reviewing the Factors Influencing Development

Development is influenced by many factors. It is important to be aware of these factors and make provisions to ensure that adverse factors are removed and promotive factors are enhanced.

5.1 Learning objectives

- i. To be aware of factors affecting development and recognize the ways in which to help parents to improve the child’s living environment to facilitate optimal environment.

5.2 Activity 1: Plenary presentation on requirement for child development (20 minutes)

Now you will have a plenary presentation on the various factors affecting child development. You can use the understanding you get during this session in the next section.

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5.3 Activity 2: Group work on opportunities in the current child health programme to create an environment supportive of development promotion (105 minutes)

During the previous presentation we have considered about the factors that influence the early child development. Let us now consider which of these factors are already addressed in the child health programme and how we can integrate new interventions to the child health programme so that we can further contribute to the creation of a supportive environment for developing children.

Discussion (20 minutes)

Divide into 5 groups. The groups are allocated the following themes. Themes:

Group 1:

- i. Child nutrition promotion activities
- ii. Interventions to prevent illness, accidents

Group 2:

- iii. Measures to provide loving caring relationships for children
- iv. Avoid mental stress

Group 3:

- v. Provide opportunities to learn

Group 4:

- vi. Provide security & protection
- vii. Establish conducive home environment for development

Group 5:

- viii. Attending to development problems
- ix. Ensure proper vision, hearing and physical actions

Discuss among your group members about the opportunities already existing or the ones that can be introduced to facilitate the optimal developmental atmospheres in households and community through the child health programme. Under each theme, first determine:

- What things or situations are required for having such developmentally simulating environments?
- How they can be accomplished?
- How health system can address these issues, what changes and additions are required, and what constraints are there?
- In each section you should consider requirements related to knowledge, attitudes, motivations, mitigating myths and obstacles, services, referrals, other resources. Please also find how you can integrate relevant interventions to existing child health activities and opportunities.

Presentation (15 x 5 (75) minutes)

18

06 - Learning How to Promote Development

The exercises and role modeling field scenarios (case studies) included in this section aim to improve your skills on child development promotion. To successfully conduct the exercises and role plays you need a comprehensive knowledge on child development and on the factors affecting child development. In past 5 sections, you had the opportunity to acquire the most of this information. In addition you have to know the instructions /guidelines on child development promotion and assessment techniques. You should also have some understanding on common development disorders. These instructions are given in the sections 5 to 7 of the child development manual.

Please note that development promotion instructions are presented according to age groups.

You are expected to read the sections that concern the age of the child or children included in the respective case studies.

Please also make sure that you thoroughly read these sections later.

6.1 Learning objective:

- i. To improve the skills of the PHC worker to assess the development background of children and recognize gaps.
- ii. To improve the capacity of the PHC worker on applying the knowledge & skills on child development to various field situation in tailor made manner

6.2 Activity 1: Browse the sections 5 to 7 in the child development manual (10 minutes)

Sections 5 to 7 in the child development manual cover development promotion techniques, development monitoring indicators and child development problems. Browse these

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

6.3 Activity 2: Presentation on development promotion & development screening

Now you will have brief presentation on the salient aspects of development promotion. This presentation refers to the section 5 of the child development manual.

[illegible]

6.4 Activity 3: Group works on child development scenarios (385 minutes)

Divide in to groups of 6 persons. Each group should have a unique number. In this section various exercises should be assigned to groups in a serial manner. When all the groups have a chance to perform an activity, the second cycle of activities will begin.

The exercises will be based on the case scenarios or field events. The group members can discuss the scenario assigned to them and make a presentation according the given instructions. Thereafter the facilitator will conduct a brain storming session with the whole group.

6.4.1 Case scenario 01

Nimali is a 24 year old mother. She has a 4 days old baby who was delivered by a normal vaginal delivery. This is her first baby and her husband is a clerk in a private company. When the area PHM visited her for the 2nd post natal home visit, Nimali was in the kitchen preparing meals. PHM heard the baby was crying in the house and no one was with the child.

Role play (30 minutes)

Group 1: Conduct a role play based on that story. The role play should demonstrate the appropriate actions and tasks of the PHM during this early post neonatal visit.

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Brain storming: (15 minutes)

Your facilitator will conduct a brain storming on what things PHM should do to ensure that Nimali’s child will start the life in a developmentally favorable environment.

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6.4.2 Practicing a health education session

Health education session: (30 minutes)

Group 2: Assume that a PHM has to conduct a health education session on child development during the second mothers’ class. The aim is to inform mothers about the child development and motivate them to get ready for ensuring that their child will have optimal opportunities to develop.

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Brain storming: (15 minutes)

In the whole group discuss the following. One of the facilitators should coordinate the session.

1. What things the mothers should know and understand so that they get motivated for development stimulation?
2. What are the attributes of a good health education session?
3. How should you get prepared for a health education session?
4. What kind of materials you need in this kind of a session?

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Presentation on conducting health education sessions (20 minutes)

Now your facilitator will talk to you about salient points on health education.

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6.4.3 Evaluating a child’s developmental environment
(30 minutes)

Group 3: Discuss in the group and enumerate different aspects in a house that a PHM should assess in relation to ECCD (psychological, physical, nutrition, knowledge , abuse, protection, hygiene water sanitation, hygienic behaviors- hand washing, toilet use, infection control)

One of the members should brief the whole group on the importance and implication of each of these areas.

This will be followed by a reflection of the salient points on optimal developmental environment

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6.4.4 Case scenario 02

Ruwani is a 30 year old working mother of 2 children. Her 1st child is 4 years old and attending a day care center. Six months old, 2nd baby, who was just started complementary feeding is looked after by a servant in the day time. When, Ruwani met the area PHM in a weighing center on a Saturday, she complained that this 6 months old baby was weak and poor in milestones.

Discussion: (30 minutes)

Group 4: Discuss in the group how should the PHM plan to address the potential conditions that affect this 6 months old baby. Enumerate, the aspects that the PHM should look in to while attending to this mother’s complaint. One of the group members should make presentation to the whole group on the discussion findings. After the presentation the facilitator will summarize the findings, add to them and invite other participants to comment.

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Role play: (30 minutes)

Group 5: Conduct a role play on how the PHM should explain to this mother on how she can improve the learning opportunities of her second child given her current engagements. Role play should be followed by a discussion on the salient points

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6.4.5 Case scenario 03

Kavindi is an 18 months old baby girl and she is the only child of the family. Both parents are working and she was looked after by her grandparents. All of them live together in a flat which is situated in an urban area. There are conflicts between Kavindi’s mother and in laws as well. Kavindi's father is a driver who comes home late in the night. When the PHM visited this house to remind the 18th month DPT vaccination, she noted that Kavindi is poor in social interactions.

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Discussion: (30 minutes)

Group 6: Discuss in the group and make a whole group presentation by one of the group members on the tasks that the PHM should perform to improve this situation. After the presentation the facilitator will summarize findings, add to them and invite other participants to comment.

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Role play: (30 minutes)

Group 7: Demonstrate how the PHM should interact with Kavindi’s mother when she visited her on a field visit

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6.4.6 Case scenario 04

Senura is a one year old baby boy and has two elder sisters of 5 and 7 years of age. His mother, Hasini is a housewife who is very keen about her children's health. Hasini takes care of all three children alone, while her husband goes to work. Senura still can't walk alone and Hasini was very anxious after watching a TV programme, in which they said that usually children walk by 12 months. She inquired the PHM regarding this issue at the immunization clinic and she also wants to know whether her child's overall development is good or poor. Discuss how you are going to help this mother.

Discussion: (30 minutes)

Group 8: Discuss in the group, the course of action/ management plan the PHM should implement in this scenario.

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6.4.7 Case scenario 05

Aruni is a 21 year old non-working mother of a 2 year old boy and is in her 15th week of POA of her 2nd pregnancy. When area PHM visited this mother in a morning, she heard Aruni's son was crying and shouting to get something from the mother. According to Aruni, he was shouting because she didn't allow him to play with the iron. When the PHM arrived the house, Aruni let his child play with what he wanted and also told the PHM that she usually gives what he requests to avoid this type of situations. As the PHM, how would you advice this mother?

Role play: (30 minutes)

Group 9: Conduct a role play to demonstrate how the PHM should counsel this mother.

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6.4.8 Case Scenario 06

The PHM is coming to address a mothers' group discussion. She overheard the talk between 3 mothers, Sujani, Deepika and Lalitha who have children around the age of 1 year and 3 months.

Sujani: Did you see the new family who has come from Colombo? Their children are not like ours, very pretty and very intelligent.

Deepika: They must be very rich. On the other hand they give special kind of formula milk powder which helps to grow the brain of the child. That is why they are so intelligent. I have seen some TV commercials of that milk powder as well.

Lalitha: How can we give such things to our children? I saw that children playing with some fantastic toys. There was a paper article saying that certain toys are there and they help to stimulate the children. We in these villages do not have such facilities.

Discussion: (30 minutes)

Group 10: Discuss in the group how a PHM should explain these mothers with view to dispel some myths and promote child development using available resources.

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6.4.9 Case scenario 07

PHM is visiting Thenuja's house. Thenuja is 3 years old. He is the only child in the family. As soon as Thenuja sees the PHM, he tries to come out from the house and welcome her. Suddenly Thenuja's mother comes running behind him shouting "Don't go out! Don't go out! There is dust and germs all around. You will fall and you will get sick" and carry the child and give him to grandfather. You enter the house and discuss about 3 year vaccine with the mother. Meanwhile grandfather is trying to feed 'mung-ata' to the child and you hear grandmother blaming grandfather, that he is trying to make the child sick by giving 'cold' food and Thenuja cannot eat 'mung-ata' alone as there is a risk of choking.

Role play (30 minutes)

Group 1: What do you think of this scenario? Discuss in the group how should a PHM advice the family on ECCD in this kind of a situation. And perform a role play on this scenario.

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6.4.10 Case scenario 08

You meet Nilupa on your way when you return from the field visit. Nilupa is fetching Nuhansi from the Sinhala tuition class. You see Nilupa scolding the child “this child has no brains. Still she can’t write words. Look at the other children, they can write very well. How are you going to pass the scholarship like this? Always playing, playing and playing” Nuhansi’s eyes are full of tears. She is slowly walking with the mother looking down. Nuhansi is just five years old. You remembered that she did not come for the five years vaccination as well.

Role play: (30 minutes)

Group 2: Discuss in the group how you would assess this situation and advice the mother. Conduct a role play to reflect the scenario.

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6.4.11 Case scenario 09

You are visiting Sanuka's house. Sanuka is a 3 years old boy living with his grandparents and father. He has two elder sisters. Mother is working in Middle East. When you enter, you see Sanuka is surrounded by the family members and his father is hitting him with a stick, while scolding him using abusive words. Some of the words you over hear "you are a donkey. Can't do anything correctly. I do not know why you were born. Your sisters never gave me such trouble". Nobody was helping the child. When you inquire the reason for the punishment you found out that Sanuka has drawn some beautiful pictures on some documents which are important to the father.

Role play: (30 minutes)

Group 3: Discuss in the group what are the implications involved in some of the adverse points in this kind of scenario. What difficulties PHMs would find in handling this kind of situation. Conduct a role play on this scenario.

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6.4.12 Case scenario 10

Piyusha is a 2 years old girl. You heard she is having Chickenpox and you thought to visit her, especially because you know that she is an underweight child. When you go home you see that Piyusha is kept in a room, no windows or proper ventilation. She is being fed by the grandmother with rice and kirihodi.

Role play: (30 minutes)

Group 4: How would you assess and advice in this kind of situation? Conduct a role play on the scenario

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6.4.13 Case scenario 11

Midwife visits the house of Vijitha and Rathnapala who has a baby nearing the 9th month, to remind about the vaccination. When she enters the house, the PHM finds that the house is in a considerable disarray and the baby is left alone in the living room with some toys. She is crying while the mother is in the kitchen cooking. She is yelling at the child and busy running from kitchen to the living room. The baby looks tired and wasted. Rathnapala is a manual laborer and out of the house full day and there is no extended family to help. They have three other children of the Ages 7 years, 5 years and 3 years.

Role play: (30 minutes)

Group 5: Discuss in the group about the potential problems in this house and how should the PHM plan to help this family. Conduct a role play.

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6.4.14 Case scenario 12

Amali delivered her first baby three months ago at the age of 20 years. Her husband Nuwan who is 25 years, works as a three wheel driver. They had been happy together since marriage .One day Nuwan meets the PHM on the road and complains that recently Amali has not been herself and is having problems with the baby , she is not sleeping at night even when the baby is sleeping and sometimes cry in the night with out any reason. She is not attending to the baby some times and always complains that there is something wrong with the baby. And unlike before, she has no self care at all and does not even dress well. Mid wife visits Amali at home and see a messy house and Amila looks depressed. Amila complains to the midwife that the there is some thing wrong with the baby and he has no head control. But the babies milestones appear to be age appropriate.

Discussion and presentation: (30 minutes)

Group 6: Discuss and identify the problems in this situation and also consider how the PHM should assess the Amali's mental state. Outline a plan of action. One of you should make presentation on how this situation should be handled.

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6.4.15 Case scenario 13

Midwife visits Mala and Gaminie's house as she heard that Supun their 2 ½ year old child had a fall and was in hospital for one day.

When she enters the house, Gamini was reading the paper while Mala was washing clothes. Supun was sitting on the ground playing. The TV was on and there were several wires attached to a power cord. While playing, the child was pulling the wires and trying to pull off the plugs. As Gamini was reading the paper he did not notice what the child was doing. A plug sparks as the child pulls the wires.

Discussion and brain storming role play: (30 minutes)

Group 7: Discuss in your group about potential situations where children get injured while at home and in the community, and how should care givers make sure these accidents and injuries are prevented. How accidents can affect children etc.

After discussion one of you can act as a PHM and other participants as mothers attending a clinic to conduct a awareness session on childhood accidents and injuries.

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6.4.16 Case scenario 14

While doing home visits, the area midwife visits the home of Kamala and Bandara. Today the 4 year old of the house, Tharindu had not gone to Pre School as he was having diarrhea. Bandara is getting ready to go to the paddy field and Kamala is at the back of the house. Midwife goes to the back of the house to see Tharindu coming out of the pit latrine followed by kamala who had gone to wash the child.

While greeting the midwife Kamala goes straight to the well and fills the bucket with water and carries the bucket to the kitchen.

Midwife notices that Kamala did not wash her hands with soap and water and after washing Tharindu and she used the same bucket to fill water to the bucket kept by the toilet.

Discussion and brain storming role play: (30 minutes)

Group 8: Discuss in the group about the importance of water and sanitation issues to child growth and development. Enumerate the strategies that can be implemented by PHMs to ensure water sanitation related health and development problems can be alleviated. One of you can conduct a brain storming session while considering other participants as parents attending a clinic.

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6.4.17 Messages for parents (90 minutes)

You have already learned that almost all aspects of child care influence the child development. For example, feeding, tender loving care, treating illness, preventing mental stress, psychosocial stimulation, are all important for proper child development.

Divide in to 6 groups. Each group is expected to enumerate main messages that parents should have when they rear their children during early childhood.

Groups are allocated (group 1) general messages, messages attributed to in and around child birth (group 2), first 6 months (group 3) , second 6 months (group 4), during the 2nd year (group 5) , 3 to 5 years (group 6).

Discuss in your groups and make A presentation to the whole group about the main messages that should be given to mothers and fathers having children in above mentioned life spans and in general, as primary health care workers.

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07 - Learning Child Development Delays and Problems

7.1 Learning objective:

1. To have understanding on common child development problems.

7.2 Activity 1 Reading exercise on child development delays and problems (60 minutes)

Section 7(pages 221-232) of the child development manual describes the common child development problems. You are expected to read this section and make a presentation on the following headings

Divide in to 5 groups. One of the following 5 topics are assigned to each group. Everyone in the group is expected to read the section assigned to you silently. After reading the facilitator will randomly select one of the group members to describe the condition learned by reading.

2. Autism Spectrum disorder
3. Attention deficit hyperactivity disorder
4. Cerebral palsy
5. Vision & hearing problems
6. Intellectual disability

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7.3 Activity 2: Video on child development problems (30 minutes)

Now you can observe some of the signs and symptoms of these disorders as video presentations.

08 - ECCD Work Planning Exercise

8.1 Learning objective

1. To understand the newly proposed ECCD strategy and prepare plans for integrating ECCD interventions into the child health programme

8.2 Activity 1: Presentation of new ECCD programme strategies

Now your facilitator will make a presentation on the newly proposed ECCD strategy. The appendix of this book provides a detailed description of this.

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8.3 Activity 2: Group work on integration of ECCD activities to the child development programme.

Divide in to 3 groups. Discuss how child development activities can be integrated in to the current child health programme. You are expected to focus on role of PHC workers (MOH, PHNS, SPHM, PHM) on the child development activities.

The deliberations should be focused on:

1. How to identify the target groups and extent of workload
2. What are the main tasks involved
 - a. Empowering care givers on child development promotion
 - b. Screening for child development problems
 - c. Referring and following up children with special needs
3. Mechanisms of reaching mothers (families)
4. Methods of empowering mothers
5. How and when to screen children for development
6. Integration of child development activities in to your routine work
7. Required knowledge and skills to perform child development promotion
8. How to plan for work
9. Self-evaluation of your child development work

One of you from each group can make a presentation on the conclusions arrived in the discussion.

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09 - Appendix

9.1 Proposed child development programme

Optimal child wellbeing rely on implementation of strategic interventions of several dimensions. They include:

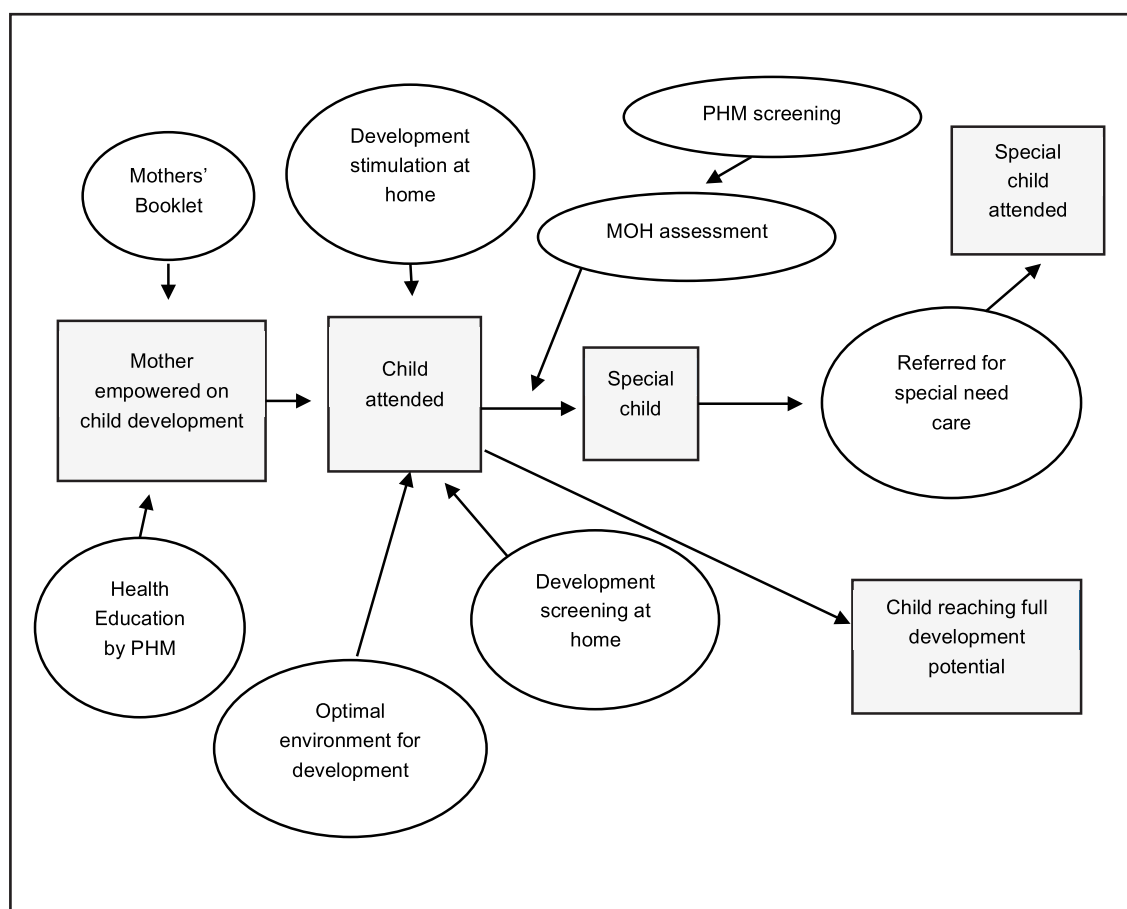
1. Ensuring safe and healthy pregnancy
2. Exclusive breast feeding
3. Growth monitoring and nutrition promotion of pregnant mothers and children
4. Immunization
5. Prompt attention to common illnesses such as diarrhea, respiratory tract illnesses
6. Prevention of accidents and injuries
7. Ensuring safe water and food supply and adequate sanitation facilities
8. Ensuring protection and preventing abuse
9. Increasing access to leaning opportunities through development stimulation
10. Giving attention to special needs
11. Empowering parents on the above by giving necessary information and building their skills and confidence

Of the above list the interventions related to development promotion and special need care are relatively new to the PHC system. Hence this training mainly focusses these 2 subject areas. As you already know by now child development is fastest and most effective during early years. Therefore all interventions should focus early childhood.

Three main tasks are involved in the child development and special need programme (figure 01). They include;

1. Empowering mothers on child development promotion,
2. Conducting systematic development screening
3. Providing and facilitating special need interventions.

Figure 1: Schematic presentation of child development actions



The most important requirement to ensure that every child gets the opportunity to realize their genetically determined development potential is improving of parents' knowledge, and skills on child development. Parents, especially the mother should be made aware of how to ensure that her child have an optimal physical and psychological environments that facilitate development, how to promote child development, how to assess and monitor the child's development and where to seek help when problems encountered.

In the proposed child development programme multiple approaches are adopted to educate mothers on the above matters. They include:

- a. Health education sessions conducted in antenatal mid trimester mothers' class, and in other child clinics.
- b. Giving a booklet on child development when mothers attending the antenatal mid trimester mothers' class. This book is newly developed and it contains all essential ECCD messages required for mothers. Each mother will receive such a book. The contents in the book are separated by the messages aimed at different age spans (e.g. messages for the first week, for the first 6 months, for the 2nd 6 months etc...) The mother is supposed to keep this book at home and refer it time to time during the early childhood of her child. PHMS are also supposed to be thorough with the contents of this book and use it to facilitate their attempts at educating mothers while doing home visits or at clinics.
- c. Use of multimedia and poster based messages to reinforce the above approaches.

Once mothers are knowledgeable and confident, they tend to provide optimal environment, provide adequate development opportunities, and monitor the development of their children. They may have better tendency to seek help, when they find problems.

The current child developmental indicators and messages included in the CHDR are also being updated and PHMs are expected to inform mothers about these indicators and messages. PHMs should also regularly check whether mothers follow development patterns of children using CHDR indicators.

In addition PHMs are expected to conduct a systematic development screening of all children under their care at 9th, 18th, 24th and 36th months. It is expected that each PHM will have to screen 20 children per month to fulfil this requirement. A locally adapted development screening tool and guidelines are being developed for this purpose.

PHMs are expected to refer the children, who they find as developmentally challenged in their areas to the MOH child development clinics. The child development clinic (CDC) is expected to be held twice a month by the MOH. In CDC's MOH is expected to clinically examine the children referred by PHMs for developmental delays and problems.

It is also expected to build secondary level child developmental center (SCDC) in each district for which MOHs of the district can refer children with development problems. These clinics are expected to be managed by a team of health personnel who include a community pediatrician, medical officers, speech and language therapists, occupational and physiotherapists. SCDC will act as a specialist care center for children with special needs.

Notes

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