



# Care for Child Development

A Framework for  
Monitoring and Evaluating  
the WHO/UNICEF  
Intervention



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# Care for Child Development

## A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention



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# A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention on Care for Child Development

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7.6 million children under the age of 5 worldwide die each year. More than 25 times that number – over 200 million children – survive, but do not reach their full potential. As a result, their countries have an estimated 20 percent loss in adult productivity. To address these challenges, health services, day care programmes, and other community services have an important role in promoting the development of young children, especially those in the poorest and most marginalized communities.

Research on child development and on the interventions that improve the quality of care in families contributed to the design of the WHO/UNICEF intervention on **Care for Child Development**. The intervention recommends play and communication activities for families to stimulate the learning of their children. Also, through play and communication adults learn how to be sensitive to the needs of children and respond appropriately to meet their needs. These basic caregiving skills contribute to the survival, as well as the healthy growth and development of children.

## The need for a framework

Research will continue to answer questions for the global community on the effectiveness of the Care intervention in improving child development and healthy growth, and its impact on families in different settings. This framework, on the other hand, is for persons who coordinate the incorporation of **Care for Child Development** into services for children and their families, with partners in the health system, local NGOs, and others who work with families of young children.

The framework assumes that a Situational Analysis, prior to the implementation of the intervention, identified a need to improve child development and family care practices. For example, children in the area to be served have demonstrated poor performance on developmental measures, tend to have stunted growth, which is related to poor performance, do not access educational services as they grow older, or are inadequately prepared for school. The situational analysis helps to identify the children who are the poorest, where access to family services is limited, and where families are marginalized due to ethnic background, poverty, natural and political emergencies, or other challenging conditions. The situational analysis would also determine whether the conditions exist to effectively deliver the intervention. It would identify whether there is a cadre of providers, with sufficient basic training and supervision, and the system has the capacity to support them in reaching and serving families.

Once there is a decision to implement the intervention, this framework then proposes a way to decide how to monitor it and evaluate its results. The framework identifies what can be done,

with limited resources, to answer critical questions about the intervention, how well service providers implement the activities, and whether the intervention achieves the desired changes in family practices. It identifies priority indicators that give a snapshot view of a programme and contribute to a global overview of the implementation efforts (Table 1).<sup>1</sup>

## Principles

The framework attempts to balance the need for feedback on programmes against the resources required to address the large problem of poor child development in impoverished areas. Two principles guide our choices:

- **To identify a minimal set of indicators to monitor progress and evaluate quality.**

Each method for collecting and analyzing data requires a system of procedures, staff, and training to ensure quality and reliability. Therefore, the number of **CORE INDICATORS** and proposed methods for measuring them are few and are relatively simple. Trained staff, who do not need to be child development specialists, can collect the information for the indicators. The framework also identifies **RECOMMENDED INDICATORS** and **OPTIONAL INDICATORS** for use where more resources are available.

- **To use proxy measures and sampling techniques to gather useful information at lower cost.**

The framework assumes that a few proxy measures can represent the quality of inputs and expected results. For example, the number of hours spent counselling families is one proxy of the quality of training providers receive. In addition, more detailed information can be collected from a sample of service providers and recipients. It is expected, for example, that counselling parents will increase the time they spend playing and communicating with their children. Asking a sample of parents before and after receiving counselling about a few concrete activities they have done with their child in the last three days can provide information to evaluate whether the counselling increased positive interactions between parents and their child around play.

## The framework

The framework, outlined in Table 1, meets two purposes: to monitor implementation and to evaluate impact. To monitor programme *implementation*, programme managers and others delivering the intervention maintain and share records on a continuing basis as they roll out the Care for Child Development intervention. They provide information on:

- What is the *status* of the implementation of the Care for Child Development intervention?
- What is the *quality* of inputs to the intervention (training and supervision)?
- How well does the intervention address *equity*, to reach the most marginalized children?

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<sup>1</sup> Based on experience implementing the Care for Child Development intervention, WHO and UNICEF will also produce a Programme Manager's Guide to support planning, adaptation, training, monitoring, and evaluation tasks.

To evaluate the *impact* of the intervention, course facilitators and field supervisors observe providers as they counsel families during clinical training and on the job. Supervisors or other surveyors can also interview caregivers to identify practices in the home. Periodic observations and interviews (before and following the intervention) provide information on:

- What is the impact of the intervention on the quality of counselling by *service providers*?
- What is the impact of the intervention on *caregiver practices*?

**Table 1. Proposed framework for monitoring and evaluating the intervention**

Task	WHAT questions to answer	WHEN to gather the information	WHO to gather the information	Sample indicators (see full list of proposed indicators in sections that follow and sample tools in the Annex)
To monitor programme implementation	What is the <b>status of implementation</b> of the Care for Child Development intervention?	Continuous	Programme manager/coordinator	<ul style="list-style-type: none"> <li>• Policies conducive to promote early childhood development being implemented</li> <li>• Training courses completed</li> </ul> <i>See Annex A</i>
	What is the <b>quality of inputs</b> to the intervention (training and supervision)?	Continuous	Programme manager/coordinator	<ul style="list-style-type: none"> <li>• Course duration</li> <li>• Hours in clinical practice</li> <li>• Facilitator/participant ratio</li> <li>• Intensity of supervision (hours, frequency)</li> </ul> <i>See Annex A</i>
	How well does the intervention address <b>equity</b> , to reach the most marginalized children?	During the Situational Analysis, to identify children of greatest need	Programme manager/coordinator	<ul style="list-style-type: none"> <li>• Disaggregated data (e.g. by region, district, income, and/or ethnicity, and gender)</li> <li>• Proportion of the most marginalized communities and/or families receiving intervention who were targeted for it</li> </ul> <i>See Annex A</i>
To evaluate the impact of the intervention	What is the impact of training and supervision on counselling by <b>service providers</b> ?	Periodic (no training, at the end of training, one month after training, three months later)	Facilitators/supervisors	<ul style="list-style-type: none"> <li>• Caregiver-child interactions assessed by provider</li> <li>• Recommendations for play and/or communication given</li> </ul> <i>See Annex B</i>
	What improvements were seen in <b>caregiver practices</b> ?	Periodic (no caregiver counselling, after counselling)	Facilitators/supervisors or household surveyors	<ul style="list-style-type: none"> <li>• Support for learning in the home: playthings</li> <li>• Support for learning in the home: adult play and communication activities with child</li> </ul> <i>See Annex B</i>

Finally, where resources are available to conduct an evaluation in greater depth, there are options for assessing additional operational issues. For these options, links are provided to items and tools available in the **WHO/UNICEF Care for Child Development Monitoring and Evaluation Guide** and the *Multiple Indicator Cluster Survey (MICS)*.

Measuring the impact of the intervention on *child development* is not recommended in routine evaluations. It is costly to do. It requires specially trained assessors of child development and large samples to have sufficient power to identify changes. Experience in field research suggests that assessing development requires more resources of time, staff, tools, and training than are usually available for implementing the intervention. (For information on the impact on child development, we will soon have results from several research projects that are testing the Care for Child Development intervention. See also Ertem, I.O., et al. 2008, for a tool to monitor child development, currently being tested.)

## Questions to monitor programme implementation

### What is the *status of implementation* of the Care for Child Development intervention?

The foundation of the Care for Child Development intervention is a set of counselling skills for persons who work with families. It is not a discreet programme, but an approach for incorporating the counselling skills in the health system and a variety of other service settings.

Indicators on the status of implementation serve as an internal management tool. They are markers for WHO and UNICEF Country Offices and partners to identify progress in its implementation and make plans for rolling out the intervention to achieve wider coverage of services in additional areas. They will also help WHO and UNICEF Regional and Headquarters offices to monitor progress in order to respond to needs for technical and other assistance to support national activities.

Following is a list of proposed programme indicators. (Note that denominators contributing to percentage indicators may need to be estimated, e.g. total number of providers and caregivers targeted.)

**CORE INDICATORS to monitor the status of implementation** of the Care for Child Development Intervention (see [Annex A. Tools to monitor programme implementation](#) for the monitoring tool)

YES/NO indicators (to create a timeline)

- **Policy** conducive to promote early childhood development, especially for children from birth to 3 years old, is being implemented
- **Orientation workshop** for policy makers conducted
- **Plan** to strengthen existing interventions with **Care for Child Development** prepared and costed
- **Adaptation** of Care for Child Development intervention and materials completed (to fit local conditions)
- **Training** of master trainers and initial course completed
- **Baseline evaluation** conducted in two target districts

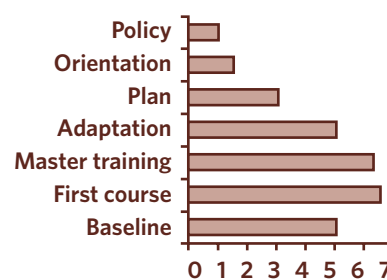


Figure 1: Status of implementation (months since start)



- **Final evaluation** conducted in two target districts completed after 80% training coverage

*Number and/or percentage indicators*

- **Progress of implementation** (*number of districts covered/number of districts targeted*)
- **Training courses** completed (*number of courses completed/total number of courses planned*)
- **Training coverage** of providers in targeted districts (*number of providers trained/total number of providers in targeted districts*)
- **Caregivers covered** by the intervention in targeted districts (*number of caregivers counselled/total number of caregivers in targeted districts*)

*Narrative description of adapted intervention, as planned*

- **Type** (e.g. home visit, play group, maternity programme)
- **Provider** (e.g. health worker, community health worker, day care worker)
- **Intensity** (*number and duration of intervention contacts*)

### **What is the quality of inputs to the intervention (training and supervision)?**

Key to the quality of the delivery of family counselling in the Care for Child Development intervention is the training and supervision of service providers. The minimal conditions for training have been set in the training materials, and the extent to which these conditions are met needs to be monitored for basic quality assurance. On the other hand, while supervision is essential, there is no similar consensus on the nature of supervisory contacts and their frequency.<sup>2</sup>

**CORE INDICATORS to monitor the quality of training and supervision** that meet minimum and recommended conditions (see [Annex A. Tools to monitor programme implementation](#) for the monitoring tool)

*YES/NO indicators*

- **Course duration (classroom and clinic) for introductory training** (*3 ½ days or 29 hours recommended; 2 ½ days or 21 hours minimum*)
- **Clinical practice during introductory training** (*7 hours minimum; minimum of 5 caregivers with children per participant counselled; 10 hours recommended*)
- **Facilitator to participant ratio** (*1 clinical instructor for each 12 participants recommended; 1 clinical instructor for each 24 participants minimum; 1 facilitator for each 6 participants minimum*)
- **Course duration for facilitator training** (*5 days minimum or 40 hours; extra clinical practice until 20 caregivers with children per facilitator counselled*)

<sup>2</sup> In the near future, we may have guidance from current field research on the intervention that will allow us to set supervisory standards. Until then, we propose a minimum standard for a supervisory session – individual or group – of 4 hours per month, which includes a clinical observation (counselling of caregiver with child).

- **Supervision** (4 hours minimum per month, group or individual, including clinical observation)
- **Duration of orientation workshop** for policy makers (3 hours of interactive training)
- **Refresher training** (1 day or 8 hours every six months with clinical practice)

*Narrative description of supervision, as planned*

- **Type** (e.g. group meeting, supervised home visit, supervised clinic work)
- **Supervisor** (e.g. employee's supervisor, designated supervisor for Care, facilitator)
- **Intensity** (e.g. hours per week, month, twice a year)

### **How well does the intervention address equity, to reach the most marginalized children?**

A focus on equity prioritizes the poorest and most disadvantaged children to receive the Care for Child Development intervention. Guided by the Situational Analysis, choices about the delivery system, the location of priority sites, and activities that are acceptable in marginalized communities affect the ability to reach children and their families who could most benefit from the family counselling. Monitoring equity does not require the collection of new information but adds the task of disaggregating data gathered on the coverage of the intervention to ensure that the intervention is reaching the children targeted for it. Data might be disaggregated, for example, by geographical region, income, ethnic group, and gender, depending on the categories that best identify locally marginalized children.

#### **CORE INDICATORS to monitor how well the intervention addresses equity, to reach the most marginalized children**

- **Disaggregated data on coverage** (e.g. by region, district, income, and/or ethnicity, and gender)
- Proportion of the locally-defined **marginalized communities or children receiving the intervention**

## **Questions to evaluate the impact of the intervention**

### **What is the impact of training and supervision on the counselling by service providers?**

A structured observation of the counselling process permits a direct assessment of provider skills. The first observation can be completed before training. The same observation tool can then be used to assess learning during training, as well as the retention and use of skills in the field up to three months post training (or longer). These assessments of the impact of the intervention on service providers can be done with relatively minimal resources, as they can be completed by facilitators during supervised clinical training exercises and by supervisors during home visits or other supervisory meetings post training. (For research purposes, specially trained evaluators could use the observation tool for more objective ratings.)

**CORE INDICATORS to evaluate the quality of provider performance** (see [Annex B. Tools to evaluate the impact of the intervention](#) for the Observation of Provider's Counselling Skills)

YES/NO indicators (Observed during counselling of caregivers before training, at the end of training, and three months later)

- **Appropriate general communication**  
(greetings, interaction with the caregiver)
- **Asked about caregiver-child interactions** (asks assessment questions)
- **Advised about play and communication activities**  
(age or problem appropriate, use of demonstration items)
- **Problem solved on home activities**  
(sets practice time at home, helps to identify and solve problem)

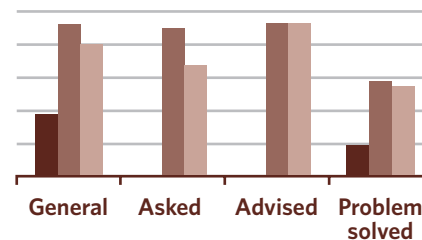


Figure 2. Provider performances on counselling tasks (before, during, 3 months after training)

### What improvements were seen in caregiver practices?

The caregiver shapes the child's home environment and stimulates the child's development. Increasing the time with the child in play and communication activities is one way, promoted by the Care for Child Development intervention, through which the caregiver stimulates the child's learning of motor, cognitive, social, and affective skills. While observations of caregiver practices in the home are helpful, they require highly trained observers. They are demanding of scarce human, logistical, and financial resources. For these reasons, they are normally reserved for research studies, rather than evaluations.

Caregiver interviews, however, are less expensive than observations of practices and can provide useful information. Whenever possible, therefore, programmes are encouraged to conduct interviews in a sample of households receiving the intervention. Household surveys contribute to highly **RECOMMENDED INDICATORS**.

The Multiple Indicator Cluster Survey (MICS) includes proxy indicators of family practices and other conditions in the home that support learning and development, as well as other indicators of child health, nutrition, protection, and education. The availability of supportive conditions, including the availability of objects for learning and the time caregivers spend productively with their children, are related to a child's competence and later achievement in school. Over time the MICS can identify changes in the home and caregiver practices across a sample of surveyed communities. Unfortunately, the scheduling and sampling of households, done independently for the MICS, will coincide neither with the timing (before and after an intervention) nor with the households targeted.

Special household surveys using the MICS items that are most directly related to the intervention, however, can be conducted with caregivers who are targeted for the Care for Child Development intervention. Thus, by using the MICS items and survey procedures, the surveyors can sample families who have not yet received the counselling services and compare them to a sample of families who have received the services. (See [Annex B. Tools to evaluate the impact of the intervention](#) for the MICS items on the Supportive Environment at Home.)

#### **RECOMMENDED INDICATORS of the impact of the intervention on caregivers and the home**

Number and/or percentage indicators

- **Support for learning: Children's books in the home** (number of children who have three or more children's books/total number of target children of caregivers surveyed)

- **Support for learning: Playthings** (number of children with two or more playthings/total number of target children of caregivers surveyed)
- **Support for learning: Play and communication activities** (number of children with whom an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days/total number of target children of caregivers surveyed)
- **Father's support for learning: Play and communication activities** (number of children under age 5 whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days/total number of target children of caregivers surveyed)

For an additional **RECOMMENDED INDICATOR**, surveys that have asked about **Time the adult spent playing with the child** have demonstrated improvements after counselling on **Care for Child Development**. A question that might, therefore, be added to the survey is: How much time did you spend playing with your child in the last three days?

## Additional information for monitoring and evaluating the programme

Some evaluation questions may be useful. Answering them, however, requires more resources than are usually available for the monitoring and evaluation component of a local programme. Below are examples of optional questions and indicators (Table 2). UNICEF and WHO have prepared guides with tools for gathering information to answer these and other questions. For more information, see the *WHO/UNICEF Care for Child Development Monitoring and Evaluation Guide* (M & E Guide), December 2010; and the *Multiple Indicator Cluster Survey* tool (MICS).

Table 2. Sample optional questions

Task	WHAT questions to answer	WHEN to gather the information	WHO to gather the information	Sample optional indicators
<b>To do a pre-assessment of the programme context</b>	How can Care for Child Development be integrated into the work of existing providers and services?	Before implementation	Programme planners	<ul style="list-style-type: none"> <li>• Situational analysis</li> <li>• Cost and financing opportunities</li> </ul> <i>See M &amp; E Guide</i>
<b>To evaluate the impact of the intervention</b>	What do providers know about child development?	Periodic (no training, at the end of training)	Self report of providers and caregiver reports	<ul style="list-style-type: none"> <li>• Provider's knowledge of child development</li> <li>• Provider's perceived confidence</li> <li>• Caregiver's report on provider's competencies</li> </ul> <i>See M &amp; E Guide</i>
	What is the effect on the child's health and growth?	Periodic (no implementation, two and three years later)	Household surveyors	<ul style="list-style-type: none"> <li>• Childhood morbidity (e.g. diarrhoea, acute respiratory illness episodes)</li> <li>• Childhood mortality</li> <li>• Child growth (prevalence of stunting or wasting)</li> </ul> <i>See MICS</i>

## Planning next steps

- UNICEF and WHO Country Offices reach consensus on core indicators, and identify who will be responsible for monitoring programme implementation. UNICEF and WHO headquarters initiate data collection and synthesize the information in global reports.
- UNICEF and WHO provide a means to share data collection tools, procedures, and evaluation results to inform the network of persons who are making decisions on programmes that affect child development, including implementing **Care for Child Development**.

## Resources

Ertem, I.O. et al. (2008). A Guide for Monitoring Child Development in Low-and Middle-Income Countries. *Pediatrics* 121:e581-589.

This article proposes a method, tested by physicians in Turkey, to assess a child's development through a brief, six-item interview of his or her caregiver.

UNICEF. (2010). Multiple Indicator Cluster Survey (MICS), New York: UNICEF Statistics and Monitoring.

<http://www.childinfo.org> ; [http://www.unicef.org/statistics/index\\_24302.html](http://www.unicef.org/statistics/index_24302.html)

UNICEF assists countries in collecting and analyzing data in order to fill gaps for monitoring the situation of children and women through its international household survey initiative, the Multiple Indicator Cluster Survey (MICS). Since the mid-1990s, the MICS has enabled many countries to produce statistically sound and internationally comparable estimates of a range of indicators in the areas of health, education, child protection, and HIV/AIDS.

WHO/UNICEF. (2011). **Care for Child Development: Monitoring and Evaluation Guide**.

Geneva: World Health Organization. Ilgı Ertem (Ankara University School of Medicine), Patrice Engle (Cal Poly State University at San Obispo, CA), Oliver Petrovic (UNICEF New York), and others have contributed to a set of tools for monitoring and evaluating **Care for Child Development** and other interventions to support community-based interventions for children.

# Annex A.

## Tools to monitor programme implementation

### STATUS OF PROGRAMME IMPLEMENTATION

Tool to monitor the proposed CORE INDICATORS on the status of the implementation of the Care for Child Development intervention.

Programme Indicator	Area Covered (e.g. National, District)	Achieved and Date	Information Collected
<b>YES/NO indicators (for a timeline)</b>			
<b>Policy</b> conducive to promote early childhood development, especially for children from birth to 3 years old, being implemented	National		Indications that the country is ready to examine Care for Child Development as a possible approach
<b>Orientation workshop</b> for policy makers conducted	National		When workshop was conducted, as an indication of the start of the implementation process
<b>Plan</b> to strengthen existing intervention with Care for Child Development prepared and costed	National		What type of intervention, who delivers, who trains, who supervises, starting sites, implementation timeline, cost
<b>Adaptation</b> of Care for Child Development intervention and materials completed, if needed to fit local conditions	National		Adapted draft
<b>Training</b> of master trainers and initial course completed	National		<ul style="list-style-type: none"> <li>Number of master trainers</li> <li>Number of early participants trained</li> </ul>
<b>Baseline evaluation</b> conducted in two target districts	District		<ul style="list-style-type: none"> <li>Reported results of baseline evaluation (see the section on Evaluation, below)</li> </ul>
<b>Final evaluation</b> in two target districts completed after 80% training coverage	District		<ul style="list-style-type: none"> <li>Reported results of final evaluation (see the section on Evaluation, below)</li> </ul>
<b>Number and/or percentage indicators</b>			
<b>Progress of implementation</b> (districts covered)	National	Number and/or percentage by date	<ul style="list-style-type: none"> <li>Number of districts covered out of total number of targeted districts</li> </ul>
<b>Training courses</b> conducted	National or district		<ul style="list-style-type: none"> <li>Number of courses conducted</li> </ul>
<b>Training coverage</b> of providers in target districts	District		<ul style="list-style-type: none"> <li>Number of providers trained out of total number of target providers</li> <li>Number of trainers prepared</li> <li>Optional, if system collects:                             <ul style="list-style-type: none"> <li>Number of supervisory sessions per target provider</li> </ul> </li> </ul>
<b>Caregivers covered</b> by the intervention	District		<ul style="list-style-type: none"> <li>Number of caregivers counselled out of total number of caregivers in target district (estimate based on service coverage)</li> </ul>

<b><i>Narrative description of adapted intervention, as planned</i></b>		
<b>Type</b> (e.g. home visit, play group, maternity programme, target groups)	National	
<b>Provider</b> (e.g. health worker, community health worker, day care worker)	National	
<b>Intensity</b> (number and duration of planned intervention contacts with families, e.g. hours per week or month until child's age limit)	National	

## QUALITY OF PROGRAMME INPUTS

Tool to monitor the proposed CORE INDICATORS on the *quality* of the implementation of the Care for Child Development intervention (training and supervision).

Programme indicator	Standard		Reported actual	Minimum standard met ✓	
	Recommended standard	Minimum standard		YES	NO
<b>Course duration</b> (classroom and clinic) for introductory training	3 ½ days or 29 hours	2 ½ days or 21 hours			
<b>Clinical practice</b> during introductory training	10 hours	7 hours (5 caregivers with children counselled per participant)			
<b>Facilitator to participant ratio</b>	1 facilitator to 6 participants 1 clinical instructor to 12 participants	1 facilitator to 6 participants 1 clinical instructor to 24 participants			
<b>Course duration for facilitator training</b>		5 days or 40 hours (extra clinical practice until 20 caregivers with children counselled per facilitator)			
<b>Supervision</b>		4 hours per month, group or individual, including clinical observation			
<b>Duration of orientation workshop</b> for policy makers		3 hours of interactive training			
<b>Refresher training</b>		1 day or 8 hours every six months, with clinical practice			
<b>Narrative description of supervision, as planned</b>					
<b>Type of supervision</b> (e.g. group meeting, supervised home visit, supervised clinic work)					
<b>Supervisor</b> (e.g. employee's supervisor, designated supervisor for Care, facilitator)					
<b>Intensity of supervision</b> (e.g. hours per week, month, twice a year)					



## Annex B.

# Tools to evaluate the impact of the intervention

### OBSERVATION OF PROVIDER'S COUNSELLING SKILLS (Checklist)

Tool to evaluate the proposed CORE INDICATORS on the impact of training and supervision on the counselling by service providers. Observer: Tick [✓] YES or NO to indicate whether the behaviour was observed.

Provider's name:	YES	NO
1. Greets the mother or other caregiver cordially at beginning of the visit.		
2. Looks at the caregiver during the visit.		
3. Encourages the caregiver to talk by asking her or him questions.		
4. Uses positive non-verbal communication and body language throughout the visit.		
5. Uses objects or drawings to assist explanations at least once.		
6. Encourages the caregiver to ask questions at least once throughout the visit.		
<b>Appropriate general communication</b> (4 of above 6 are YES)		
1. Asks how the caregiver plays with the child.		
2. Asks how the caregiver talks to the child.		
3. Asks how the caregiver gets child to smile.		
4. Asks the caregiver if caregiver has any concerns about how the child is learning (child age 6 months and older).		
<b>Asked about caregiver-child interactions</b> (2 of above 4 are YES)		
1. Suggests appropriate play activity from counselling card.		
2. Suggests appropriate communication activity from counselling card.		
3. Praises caregiver for play or communication with child at least once.		
4. Asks caregiver to demonstrate play or communication activity with child, and checks for understanding.		
5. Uses appropriate objects or toys for caregiver's demonstration.		
<b>Advised about play and communication activities</b> (3 of above 5 are YES)		
1. Asks the caregiver what play activities he or she plans to do at home and when.		
2. Asks about problems caregiver may face in carrying out play and communication activities.		
3. Discusses how caregiver will solve the problems in carrying out these recommendations.		
4. Praises caregiver for plan.		
<b>Problem solved on home activities</b> (3 of above 4 are YES)		

**SUPPORTIVE ENVIRONMENT IN THE HOME (MICS items)**

Tool to evaluate the RECOMMENDED INDICATORS on the impact on caregiver practices.

<p>EC1. How many children's books or picture books do you have for <i>(name)</i>?</p>	<p>None _____ 00                  Number of children's books _____ 0__                  Ten or more books _____ 10</p>					
<p>EC2. I am interested in learning about the things that <i>(name)</i> plays with when he/she is at home.</p> <p>Does he/she play with</p> <p>[A] homemade toys (such as dolls, cars, or other toys made at home)?</p> <p>[B] toys from a shop or manufactured toys?</p> <p>[C] household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<p style="text-align: center;">Y N DK</p> <p>Homemade toys _____ 1 2 8</p> <p>Toys from a shop _____ 1 2 8</p> <p>Household objects or outside objects 1 2 8</p>					
<p>EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.</p> <p>On how many days in the past week was <i>(name)</i>:</p> <p>[A] left alone for more than an hour?</p> <p>[B] left in the care of another child (that is, someone less than 10 years old) for more than an hour?</p> <p><i>If 'none' enter '00'. If 'don't know' enter '98'</i></p>	<p>Number of days left alone for more than an hour _____ --</p> <p>Number of days left with other child for more than an hour _____ --</p>					
<p>EC4. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with <i>(name)</i>:</p> <p><i>If yes, ask:                  who engaged in this activity with <i>(name)</i>?                  Circle all that apply.</i></p>		Mother	Father	Other	No one	
<p>[A] Read books to or looked at picture books with <i>(name)</i>?</p>	Read books	A	B	X	Y	
<p>[B] Told stories to <i>(name)</i>?</p>	Told stories	A	B	X	Y	
<p>[C] Sang songs to <i>(name)</i> or with <i>(name)</i>, including lullabys?</p>	Sang songs	A	B	X	Y	
<p>[D] Took <i>(name)</i> outside the home, compound, yard or enclosure?</p>	Took outside	A	B	X	Y	
<p>[E] Played with <i>(name)</i>?</p>	Played with	A	B	X	Y	
<p>[F] Named, counted, or drew things to or with <i>(name)</i>?</p>	Named/counted	A	B	X	Y	



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