Building Global Capacity for the Implementation of the WHO/UNICEF Intervention

Care for Child Development

REPORT on the Interagency Workshop

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Recommendations for caring for your child's development

Call your child's name, and see your child respond.

Show your child how to say "bye bye".

Talk about pictures or books.

Play peek-a-boo

Care for Child Development Intervention

UNICEF, the World Health Organization (WHO), together with a wide range of partners, have developed the Care for Child Development (CCD) Intervention to support families in promoting the development of young children. The intervention is designed to prepare service providers, community workers and other persons who work with families of young children to promote the healthy growth and psychosocial development of children. Based on the best available evidence, CCD introduces families to play and communication activities to help their children learn. These activities also provide opportunities to help adults learn to be more responsive to their children—to see and interpret what children need and are attempting to do, to follow their lead, and to respond appropriately to reinforce learning. Responsiveness is a basic skill in effective care for breastfeeding on demand, feeding the young child, recognizing signs of illness and caring for the sick child, taking quick action when the child is in danger, as well as for helping a child learn new skills.

The **Care for Child Development** intervention recommends new play and communication activities. Introducing a new activity, such as the copying game (get a conversation going by copying your child's sounds or gestures) results in changes in the interactions of caregivers and their children, and their resulting feelings about each other. Over time, the bonds between caregiver and child are also strengthened, as parent and child enjoy the new activities together. The positive responses help to sustain learning activities and the new behaviours.

Several studies (Jamaica 1991; China; Bangladesh) confirmed the effectiveness of the intervention. The latest (conducted between 2009-2012) is the Pakistan Early Development and Stimulation (PEDS) trial that tested the effects of the intervention in southern rural Pakistan, and found that the intervention is effective in:

- Improving cognitive, language and motor development outcomes at 12 and 24 months of age; Increased support for maternal psychosocial wellbeing.
- Providing better quality of the home environment for child rearing.
- Higher-quality mother-child interaction.
- Increased knowledge and practices pertaining to care for health, feeding and development.

Rolling out this intervention globally will benefit many more children who are at risk of missing out on the opportunities to learn the skills they need for a good start in life. It is another tool, also, to reduce the cycle of poor education, low productivity, and poverty which passes from one generation to another in their communities.

Meeting to prepare for the roll-out of Care for Child Development

Meeting to prepare for the roll-out
Participating in the Ankara Workshop (24-29 June 2013) were implementation consultants and representatives of:

UNICEF (HQ New York, CEECIS and WCARO regional offices, and UNICEF China)
WHO (HQ Geneva, Kazakhstan)
Aga Khan Development Network
Aga Khan University (Karachi)
American University of Beirut
Ankara University *(host)*
Bernard Van Leer Foundation (planning workshop only)
Hacettepe University *(host)*
International Pediatric Association
International Step by Step Association
National Centre for Women and Children's Health (China)
Plan International Asia (Bangkok and Hanoi)
Research and Training Centre for Community Development (Bangkok)
Save the Children
University of Liverpool
University of Monash (Australia)
World Vision International

To prepare for the roll-out of the Care for Child Development intervention, UNICEF, the World Health Organization, and their implementing partners met in Ankara, Turkey, for a six-day workshop from the 24th to the 29th of June 2013.

The workshop was designed to build global, regional, and country capacities to implement the intervention as one approach to improving early childhood development. With support and participation of faculty and staff from Hacettepe University and the Ankara University School of Medicine in Turkey, the workshop focused on the establishment of an expert team (Part 1, a basic course on the CCD intervention), followed by Part 2, an inter-agency consultation on planning and implementing the intervention at the regional and country levels.

Introducing the intervention: The basic course (Part I)

The basic course was designed to orient participants with the concepts and skills presented in the **Care for Child Development** training package. The main objective of the course was to orient a global team of experts on the intervention, to create a global pool of experts that can support in-country implementation of CCD. Twenty trainees participated in the basic course, all of them experts in child development, many of them experienced in implementing ECD programmes, including participants from UNICEF, WHO, the International Pediatric Association, academic centres, and non-governmental organizations. Most had been introduced to the intervention in previous field experiences or conferences. Jane Lucas (consultant) and Aisha Yousafzai (Aga Khan University Karachi) facilitated the course. A fifteen member team from Ankara University also participated in the basic course to facilitate counselling practice, interpret between English and Turkish speakers, and take videos of the counselling sessions. (See Annex for the participant list.)

The expected learning outcomes included: (i) acquiring in-depth knowledge on the intervention and the rationale behind it – knowledge that will hopefully be used to further promote the intervention; (ii) acquiring basic counselling skills – skills that will help understand what it takes to deliver the

intervention to direct beneficiaries (families with young children); and skills that can be used in providing the training to service providers directly implementing the intervention.

Course delivery methods included:

i. ***Technical seminars*** on the evidence, theoretical foundations, and evaluations of the intervention.
ii. ***Classroom activities*** (reading from the Participant Manual, practice exercises and role plays, and the use of videos).
iii. **Practice** play and communication activities with sick children and practice counselling families with their children.

I. Technical seminars

During technical seminars, participants learned about the scientific and theoretical foundations for the **Care for Child Development** intervention.

As an introduction, the challenges that young children in developing countries are facing today were described. Today, especially in LAMI countries, Early Childhood Development (ECD) interventions are not reaching the majority of children, particularly the most marginalized. This shortfall is due to several bottlenecks: the policy and programming environment is not supportive of ECD; access to Early Childhood Care and Education (ECCE) programmes is limited (attendance in ECCE programmes is 10% or less in a third of the countries surveyed); and a non-optimal family / home environment. Many of these children have: few or no children's books in the home; moderate support for early learning by caregivers. On the other hand, risk factors are widespread: violent discipline is common; young children are often left home alone or in the care of another child. All these factors combined have a detrimental effect on child development and lead to inequities in early child development that undermine educational attainment and adult productivity, thereby perpetuating the cycle of poverty.

The technical seminars continued with the latest evidence on brain development. Genes and experiences interact in a mutually reciprocal fashion to shape the architecture of the developing brain. Genetics determines when specific brain circuits are laid down, and experiences shape their formation. This process is influenced by the concept of contingent reciprocity, which refers to the "serve and return" nature of children's relationships with the important people in their lives. This "interactive dance" between infants and their caregivers is fuelled by a self-initiated, inborn drive toward competence that depends on appropriate sensory input and developmentally appropriate responsiveness from the social environment.

Stimulation of the brain triggers four responses:

- *Neurogenesis (*the process of the formation of new neuron cells - these cells communicate signals along the nervous system).
- *Synaptogenesis (*the process of creating connections or paths between cells).
- *Long-term potentiation* (when the synaptic path is used, responses are repeatedly reinforced, and "learning" occurs through the resulting strengthening of the pathway).

- *Pruning (*the process by which paths disappear from lack of simulation, use, and reinforcement).

Neurogenesis and synaptogenesis occur throughout development but are most intense during the first days of life. As a result, stimulation of and response to the development of these processes is most critical for the youngest children. Delayed interventions are missing opportunities to modify the structures that are critical to the child's development and potential in adulthood

The subsequent set of presentations addressed the issue related to the required skills to build among caregivers to ensure optimal support to young children. Parents and other caregivers play a critical role in determining children's chances for survival and development. To perform the role, caregivers need basic skills that are described as:

- ***Sensitivity*** – the caregiver is aware of the infant and her or his acts
- ***Responsiveness***– the caregiver responds appropriately to the infant's signals
- ***Bonding*** – the caregiver is forming a relationship with the new infant

A lack of these basic caregiver skills may lead to confusion of the child ("lost in a strange country without an interpreter"); behavioral problems (e.g., poor peer relations, lack of trust, low self-esteem, increasing rage or depression); and higher risk of child abuse, poor health, delinquency, poor school performance and retention and substance abuse. In summary, these emotional foundations can help determine whether a child will survive and thrive.

The infant is reacting to the caregiver by forming a relationship with his or her caregiver, called ***attachment.*** A healthy, or secure, attachment is a foundation for the child's perception of a safe learning environment. The child looks to the caregiver for reassurance and safety, while gaining confidence to explore and try-out new skills beyond her circle of protection and comfort. Attachment forms the basis for learning trust, positive social behaviours, and strong relationships into adulthood. Over time, a child becomes attached to the social relationships that are *sensitive and responsive*.

Finally, the technical seminars concluded with the rationale / the latest evidence on the design of the intervention. Cognitive behaviour theory highlights the need for parents to try-out recommended new activities, gain confidence, set goals to begin the new activities immediately, and solve problems that may be barriers to continuing the new behaviours at home.

II. Classroom activities

Readings and exercises in the *Participant Manual* introduced the content of the course. Participants learned to observe mothers and children through video exercises and group discussions and to answer: 1) what is the child doing, 2) what is the mother/caregiver doing, and 3) describe the interaction. Role plays helped participants become comfortable with using the *Counselling Cards* to select appropriate activities for counselling parents and children. Participants also reviewed videos to highlight key concepts and skills introduced in the course. Classroom activities were structured in a way that allowed for a review of the previous days in-class sessions and an opportunity to discuss some lessons learned. Comments and issues highlighted at the end of each debriefing session were used to inform the following days sessions and to enhance the counselling sessions with children and families. Participants found especially beneficial the opportunity to watch recorded counselling videos of their fellow trainees as a way to learn some key tips and areas of improvements.

III. Clinical session – practising play and communication activities

Three clinic sessions gave participants a chance to practise skills promoted in the **Care for Child Development** intervention. In the first clinic, participants practised the recommended play and communication activities directly with sick children in the AU hospital paediatrics ward and in the clinic of the Developmental Paediatrics Division. They selected recommended activities based on the child's age, ability, and health condition. As they worked with children, participants could see how different techniques can be used to approach sick children, stimulate their learning, and increase their activation levels as an element of their treatment. The second and third clinical sessions were conducted in the outpatient clinic of the Developmental Paediatrics Division. During these sessions, participants worked with the families, rather than interacting directly with the children. They counselled parents on the importance of playing with their children and how to use household items, including readily available metal and plastic cups, wooden spoons, clothes clips, and cloths, as "toys", to help their children learn new skills. They assessed caregiver-child interactions and assisted families in being more responsive, if needed, during the play and communication activities.

In debriefing sessions following each clinic, participants discussed what they had learned and what was difficult or easy to do. They described their counselling sessions to review what they observed.

Sample of clinical practice

Exploring household objects. This child, for example, explored how to grab and move a cup (motor skills). She put the cup into her mouth to identify its taste, texture, and temperature (cognitive skills). She focused her attention and persisted in her task (affective skills). Engaged with her mother, she learned basic interactions (social skills). Her mother also practiced basic skills for more sensitive and responsive caregiving. For example, she recognized the child's intense interest, followed the child's lead, praised the child, and encouraged her to continue exploring the cup.

Copying the child's sounds and gestures is a simple and enjoyable activity, for example, during which a parent can practice recognizing and responding to the child's cues. *Passing a ball* and *playing peek-a-boo* can trigger responsive interactions between parent and child. Play also helps parents learn how to follow the child's lead and show pleasure in the child's accomplishments at the same time as their child is learning new skill

Play peek-a-boo: covering an object or face helps the child learn "object permanence" and triggers and appropriate interaction.

In this example, playing **peek-a-boo** produced delightful responses from the child, a mutual pleasure for both the child and the adult.

The clinical sessions were very exciting for the participants – they found that particular activities helped parents become more responsive in interacting with their children.

Summary and Next Steps

The basic course prepared a group of potential leaders oriented to the content and training methods used in the **Care for Child Development** intervention. Based on results of the evaluation of the course, participants are well on their way to achieving Master training status, and to support further roll out and implementation of CCD in their respective regions. They will work on teams of implementation consultants to provide technical assistance in planning, adaptation, monitoring, and/or evaluating the implementation of the intervention. It is expected that participants preparing to be classroom facilitators and clinical instructors will receive additional training, practice, and supervision during the rollout of planned activities, in order to further develop their training skills. The interactive methods gave participants a chance to share their knowledge and experience, as well as to learn new skills.

Basic Course Participants and Organizers

Implementation of CCD at the country level: The Planning Meeting (Part II)

The second part of the workshop focused on elements of a plan for the wider implementation of **Care for Child Development** within existing health, nutrition, and other family support systems. A total of 35 participants with representation from UNICEF, WHO, SCF, WVI, AKF, PI, IPA, BVL, academia and the hosting universities took part in the two and half days meeting.

The objectives were:

- To agree on the key tasks, roles, and responsibilities for each agency in the implementation of **Care for Child Development**:
- Planning for and adapting the intervention to the local context;
- Identifying appropriate delivery channels;
- Collaborating with national stakeholders and policy makers;
- Providing technical support in the development of a monitoring and evaluation plan.
- To plan the systematic roll-out of the intervention and identify possible technical and financial resources to support its implementation.
- To agree on a monitoring, evaluation, and research plan

The meeting started with mapping the activities related to CCD implementation, and was followed by more in-depth discussions on how to support in-country implementation of CCD.

Mapping Exercise

- **Implementation of CCD Intervention by UNICEF**

BACKGROUND

UNICEF in cooperation with WHO, AKU and the WB translated over ten years of experience in CCD implementation and revised and printed the CCD training package. The CCD Package was launched globally and in all UNICEF regions, sensitizing UNICEF ECD staff and focal points, including health, nutrition, education and child protection specialist, on the effectiveness of the intervention in improving child development. In 2012, as part of CCD promotional activities, UNICEF HQ in cooperation with regional offices for Western and Central Africa, and Latin America and the Caribbean, ran orientation training on CCD for over 60 representatives from 20 countries. The training materials have been translated into French, Spanish, Turkish, Portuguese and Hindi. With initial support from UNICEF and WHO, the implementation of CCD is on-going in Kazakhstan, Tajikistan, Kyrgyzstan (a formal evaluation of the implementation for three countries completed, please find link in the Annex), Moldova, Pakistan and Mali.

In building new evidence on effectiveness of CCD, the PEDS Trial in Pakistan, implemented by AKU, was supported. The Trial confirmed the effectiveness of CCD in improving a young child's development, and many other positive impacts on parents, home environment and service providers. Importantly, the intervention is cost-effective, and is benefiting the most deprived young children and their families.

CURRENT SITUATION

The current priority activities are establishment of global / regional expert team to support in-country implementation, with the main objective to scale-up CCD Intervention to the most deprived young children / families. The new countries to start application of CCD will be selected in collaboration with UNICEF Health and Nutrition sections and country offices. Some of the potential candidate countries are: Peru, Brazil, Tanzania, Zimbabwe, South Africa, Mali, Sierra Leone, Vietnam and Bangladesh.

NEXT STEPS

In the spirit of innovation, UNICEF is looking to create a mobile version of the CCD package. With a group called M health alliance the vision is to create a technology that models the CCD package with a focus on the demand-side – mothers with young children sharing their experiences through mobile network.

Another innovation is a CCD e-book, with preparation of the e-book led by the WB. Aside from its function as a global repository of materials from different parts of the globe (e-book contains video, graphs, tables and other materials collected in over 10 years of CCD implementation globally), the e-book will be used for distance learning.

- **Implementation of CCD Intervention by WHO**

BACKGROUND

In linking child survival and child development, WHO is strengthening ECD in public health programming with the aim to improve the integration of interventions to promote ECD in health across the life course, with particular emphasis on the first three years of life. Combined interventions to improve physical growth and development have an even greater impact on disadvantaged populations at risk. Critical interventions (in addition to health and nutrition) are: stimulation; responsive care; protection from harm; mental health of caregivers (mothers). Special emphasis is on screening and support for children with disabilities or high risk (e.g. exposure to HIV). The main challenges in scaling-up of integrated interventions are inadequate information on effective implementation at scale, poor coordination across sectors, lack of monitoring indicators, no agreement on definitions on ECD. The tools currently available are the **Care for Child Development** training package, designed as a "stand-alone" tool to enhance skills of health care professionals and CHWs to support care for child development and **Caring for the Child's Healthy Growth and Development**, designed as a comprehensive tool to build skills of community health workers to support integrated child care (health, feeding and development). Community health workers are a key resource to counsel on healthy growth and development (feed your child; play and communicate with your child; prevent illness; respond to illness) – they are a key resource –28 out of 47 countries in Africa and Asia have CHWs making home visits to new-born babies.

NEXT STEPS

Further related developments are:

- Investment in additional resources (E Book, Guidelines for adaptation, guidelines for monitoring and evaluation); development of guidance on the role of the health sector in promoting ECD.

- **Aga Khan Development Network**

CURRENT SITUATION

AKDN and its sister agencies have had great expertise in use, training and implementation of the CCD. After learning about the evidence for a strong association between early childhood stimulation, particularly for the child from birth to three years old, and the child's improved growth and psychosocial development, the organization made the decision to bring the WHO/UNICEF course Counsel the Family on Care for Child Development to 21 AKF community workers in agriculture, health, nutrition, and educationin Pemba, Cabo Delgado- Mozambique. The training held In July 2012 lasted four days and involved orienting participants on the basic concepts of CCD and training of trainer skills. An evaluation of the course showed that almost all participants achieved the course objectives at a high level of quality, with only a few requiring additional training.

In June 2013, AKF ran a two week intense ToT on CCD in Nairobi, Kenya. The course was divided into two parts with the first part –a full TOT session lasting 3.5 days where participants learned the concepts of the CCD, a day and half of counselling families. The second part of the training had participants facilitating the training of others (CHWs and health care workers) to utilize their new training skills while being observed by master trainers and their peers.

NEXT STEPS

AKDN and AKF plan to continue to run trainings and capacity building initiatives on CCD and also invest in operational and formative research to support further implementation. The agencies will continue to work closely with UNICEF and WHO in the effort to expand CCD.

- **Save the Children**

CURRENT SITUATION

Save the children has a strong commitment and focus on 0-3 programming globally, and has utilized components of the CCD package in different contexts. Most notably is the program in Mehepur Sadar district of Bangladesh, which adapted the CCD and Caring for the child's healthy growth packages in its intervention. The intervention integrates nutrition, hygiene and communication/play into one card with the card provided to moms/caregivers. The package provides 6 key messages on: Love and Praise; Play and Games; Communication; Dietary Diversity and Nutritious Food; Responsive feeding and Self Feeding; and Hand washing. The agency compared two approaches to service delivery – the use of community-based groups run by volunteers, and home visits conducted by government service providers. Both models significantly improved children's cognitive development with large effect sizes of *d*= 1.52 and 1.34 respectively. There was also notable improvement in children's receptive and expressive language skills, as well as a significant decrease in maternal depression symptoms in the community model. A study focusing on fathers' involvement in caregiving found that on average the intervention focusing on fathers had a positive, statistically significant effect on overall cognitive and social development of children, approximately 0.7-0.8 of a standard deviation.

NEXT STEPS

Save the Children plans to: (i) test the effectiveness of the models at a larger scale; (ii) ensure Father's engagement; (iii) explore technology *i.e.* cell phone, audio-visual tools and (iv) measure the cost-effectiveness of the interventions.

- **World Vision International**

World Vision has not used the CCD intervention, but has carried out training and implementation of integrated ECD programs using its own (contextualized) ECCD materials borrowing from the CCD concept in a few countries: Laos, Honduras, Albania, Mexico, and the Pacific Islands. The sample of adaptation is in Peru, where World Vision utilized the CCD concept (collaboratively with UNICEF and the Ministry of Health) to support semi-literate Mother Advisers using Community Health Workers system. World Vision is gearing up to engage in joint training and implementation using UNICEF/WHO CCD training materials.

- **Plan International**

Plan International has not directly utilized the CCD package in any of their interventions, but sees a value add in using components of the package to build on successful existing models to enhance programmes such as the Baby corner concept in Sri Lanka; Parenting education in Indonesia and Vietnam; Growing Great Kids curriculum in the Philippines; Parent to child early stimulation curriculum in Nepal and Parenting education around 12 key family practices in Cambodia.

- **The International Step by Step Association**

As a professional association, ISSA's members unite around a common mission to promote equal access to quality care and education for every young child. The ISSA has not directly used CCD in any of its programme interventions, but through its ECD advocacy platform for Europe and Central Asia, and its home visiting project in partnership with UNICEF, the agency plans to utilize concepts from CCD on its capacity building initiative - including development of gold standards for the home visiting role and home visiting professional practice, as well as visit schedule and content; training package for face to face and online training as well as ToT; dissemination through the advocacy platform (for children 0 to 3).

- **The Bernard van Leer Foundation**

The organization is now building up arguments and evidence to scale up preschool education and pre-scale learning during the first years. The organization has yet to use CCD in any of its programming but finds the concepts useful for an in-country implementation of similar ECD programmes.

The partners from academia gave substantial contribution to the discussion, and are excellent partners in rolling-out the intervention, in at least two critical fields: capacity development and operational research.

- **The American University of Beirut:**

CURRENT SITUATION

The American University of Beirut plays a pivotal role as a leader in the region in health services and education. The Department of Pediatrics and Adolescent Medicine at the University is involved in outreach programs in order to raise the standard of care throughout the country. In rolling-out the CCD intervention nationally, the package was introduced to AUB students, as well as community pediatricians. In partnership with The United Nations Relief and Works Agency (UNRWA), who

provides services to registered Palestinian refugees in Lebanon, the Care for Child Development intervention will be implemented in the main health care center in Beirut as part of their mother and child program.

NEXT STEPS

The University plans to: (i) train health care workers and start piloting different implantation models to test feasibility and monitor success of implementation and intervention; (ii) develop a curriculum for medical students, nurses and residents on Care for Child Development and (iii) conduct implementation research. The University also plans to extend the scope of activities to the sub-region of Arabic speaking countries.

- **International Paediatric Association (IPA)**

CURRENT SITUATION

The IPA vision is that every child will be accorded the right to the highest attainable standard of health, and the opportunity to grow, develop, and fulfill to his or her human potential. Since the introduction of the intervention to over 300 pediatricians at the IPA Conference in Johannesburg, South Africa in 2010, an extensive literature review study on Clinical Economic and Ethical Rationale was conducted and published and a Cost-Benefit Analysis Study is currently being prepared.

NEXT STEPS

The CCD will be presented at the pre-congress workshop at the IPA conference in Melbourne, Australia, scheduled for August 2013.

The IPA drafted a resolution on ECD, recommending that the Care for Child Development be incorporated in the training of community health care workers, physicians and pediatricians and advocating to Governments to mainstream the intervention into policies and relevant services.

- **Aga Khan University**

CURRENT SITUATION

The PEDS Trial study, funded by UNICEF, evaluated the effectiveness, feasibility and cost of integrating CCD in a community health programme. Outcomes on development, growth and health were collected over the first 2 years of life. Follow up of the PEDS Trial cohort continues, funded by Grand Challenges Canada, to examine whether at age 4 years the children exposed to CCD can make successful transitions from home to school. Preliminary data is expected in 2014.

NEXT STEPS

AKU intends to expand research portfolio using CCD in different contexts (e.g. in Nairobi, Kenya as part of day care centres for low income families and in Karachi, Pakistan with sick children in hospital care).

- **Liverpool University**

CURRENT SITUATION

The University of Liverpool embarked on a feasibility study in Malawi on Care for Child Development with the aim to understand views/perceptions of carers, health care workers and stakeholders regarding care, nutrition and stimulation of children < 2 yrs. in community settings in Malawi. At present, they are piloting CCD with health care workers in two communities in Malawi (one urban and one rural) to look at the feasibility of using the intervention by health care workers in the community.

The university completed some qualitative work which so far indicates that in Malawi, while combined interventions that improve nutrition; mother-child interactions; stimulate psychosocial development and improve health are highly effective, there is a need to think carefully about inclusion of whole communities in implementing this intervention (men and siblings are really important in making sure the intervention is successful). Gender roles within the intervention need to be considered as well as when working with communities as a whole. Findings show that "play" as a concept is seen differently in communities in Malawi and this issue needs to be addressed and factored in when introducing interventions such as CCD.

NEXT STEPS

The University plans to re-pilot the intervention in Malawi using "task shifting" techniques to look at whether other members of the community may be able to use CCD with supervision from the local health workers.

- **Ankara University School of Medicine**

CURRENT SITUATION

Ankara University School of Medicine and the Developmental Paediatrics Association have had a 13-year history of use, research, training, and implementation of CCDwithin primary and tertiary health care systems with partnerships with MoH, MoFSP, universities and other NGOs. The package was translated into Turkish and materials adapted to the local context. The dedicated team has to date utilized the CCD package to run in-service training programs for primary care professionals. So far, the training has been implemented in the 5 most populated cities in Turkey. The small-scale evalution revealed that the training can improve primary health providers' knowledge, perceived competence and skills related to child development.

NEXT STEPS

The university is currently working on implementation in developmental monitoring and support program in the online system of MoH. The university plans to continue its work on expanding CCD implementation through the various training programs and partnerships with national and international bodies.

- **Monash University**

Monash University has a special focus and dedication to maternal mental health and early childhood development. The university has yet to utilize the CCD in any of its research or programming, but wants to incorporate CCD into a new intervention to improve maternal health and infant development in rural Vietnam. Using some seed funding from Canadian Grand Challenges "Saving Brains" and in collaboration with RTCCD, the university plans to develop a model intervention and pilot test it in Vietnam.

- **RTCCD Vietnam**

CURRENT SITUATION

In December 2011, RTCCD in collaboration with the Governmental Administration of Child Care and Protection organized a workshop on Early Intervention for Child Development in Hanoi, with technical support from WHO Geneva and UNICEF Vietnam office. In 2012, RTCCD formed a multi-disciplinary CCD trainers Team. This Team in collaboration with Monash University is implementing the two-year Saving Brains Project with seed funds from Grand Challenges Canada. This project aims

to develop an evidence-informed structured psycho-educational program in Vietnamese for community women which addresses the following topics: maternal mental health, macro and micro nutrition, poverty reduction, sensitive and responsive care giving, domestic violence and gender empowerment. The UNICEF-WHO CCD training packages, domestic violence training documents and some other international programs on healthy thinking and maternal mental disorders are used as the key resource documents.

NEXT STEPS

RTCCD plans to adapt the WHO-UNICEF CCD training package and implement it through the approach of setting up Learning Clubs for Women and Infants at the primary health care level. The RTCCD will be seeking support from WHO and UNICEF Vietnam to train CCD Trainer Team. Together with Vietnam Association of Intellectual Women and other INGOs and NGOs, they will form a coalition for advocacy on CCD in Vietnam. The agency plans to participate actively in all of the Interagency Working Groups run by UNICEF-WHO CCD initiative.

A very important country perspective of the CCD implementation was provided from China.

- **CCD Intervention in China**

CURRENT SITUATION

UNICEF China, in partnership with the government of China, has adapted the CCD package to be implemented in 160 communities of rural China. The adaptation includes development of national guidelines, training package for community health workers, counselling cards for parents, etc. The essence of the adaptation was preparation of relevant play and communication activities; habits training that are adjusted to cultural / traditional Chinese context, and developed to support critical milestones of young child's fine and gross motor skills, language, and social domains.

NEXT STEPS

The training of community health workers as well as operational research is the planned next steps. However, technical assistance to support the process is still required.

The "mapping" exercise described above is followed by discussion on the implementation of the intervention at the country level.

CCD Implementation at Country Level

- **Mainstreaming CCD into national delivery systems**

The critical steps for in country implementation are:

- Translation and adaptation;
- Identification of Effective Entry Points to Support CCD Delivery;
- Developing partnerships;
- Developing capacity for implementation
- Monitoring and evaluation.

Translation and adaptation

The package needs to be adapted to the local context – including aligning with national standards, ensuring the videos; pictures, text etc. are locally relevant. It is important to start with the adaptation process by studying the local needs and practices, testing of graphics and pictures, organizing focus group discussions with parents / community representatives, etc. The end users should be involved in the adaptation process. Another consideration is the specific service providers and entry points that will be used to deliver the package in each country. While doing the adaptation the key questions to consider are: What skill sets do these providers already have? What additional topics need to be added in the training? What adaptations are needed in terms of the level of service providers? How to adapt the package to meet the needs of different levels of service providers – front line workers, supervisors, managers etc.? The package will also need to be adapted in terms of the methodology used to deliver the content. Depending on the context it might be appropriate to start small (working in a few districts) or to capitalize on momentum and start a bit bigger.

Identification of Effective Entry Point to Support CCD Delivery& Institutionalization

In order to start the implementation process, main stakeholders at the country level - ministries, universities, and key implementing partners - should be identified and oriented on the intervention. Leadership varies in different contexts, from officials from ministries of health, education, social service and planning, finance to leaderships from universities, medical schools and nongovernmental organizations (NGO). For each country, mapping should be done to identify the most appropriate and efficient delivery channels for the intervention - entry points could be primary health clinics, social services referral centres, child protection centres, day care centres, mobile clinics or other. One of the critical criteria in selecting entry points is to identify the service providers that can reach the most deprived children and their families. The most successful delivery channels/models are ones that have a great alliance with governments as well as with strong support from international organizations. Having several entry points for implementation is an added benefit. Another essential factor in achieving sustainability of the initiative is institutionalization. The strategy for institutionalization of the initiative needs to be considered / discussed with the main stakeholders from the beginning. Incorporation of the CCD in the relevant policy documents, that are accompanied with adequate budget allocation; incorporation of the training package into the curriculum of paediatricians / community health workers and others are some of the strategies proven to be effective in ensuring sustainability of the intervention.

Developing Partnerships

Once major leadership is identified, developing partnerships is essential to increase awareness and disseminate the CCD program. Coordination among different partnerships falls into the responsibility of the major leadership.

Important alliances are the professional associations', for example: International Paediatric Association, Family Physicians Association, local officials and NGOs, CBOs, including FBOs, parents associations, special needs associations, Social media and other. To increase partnership potentials allying with universities to introduce CCD education into faculty curriculums becomes crucial.

Capacity for Implementations

A current challenge hampering expansion efforts is the limited number of master trainers available to facilitate ToTs and implementation activities; therefore, it is of critical importance to build a team of master trainers to support in-country implementation. The master trainer needs to have critical knowledge on the CCD concept, including the newest evidence, excellent communication, presentation and facilitation skills, as well as other skills like counselling, coaching, observation, empathy, and creative teaching.

After the initial orientation training, like the one held in Ankara, potential master trainers need to go through the following steps to become certified master trainers:

- Self-Training Process (practice counselling; practice coaching; training in small groups)
- Training of trainers (coaching, organizational skills, leading discussion, summarizing)
- Co –Teaching with another Trainee
- Continuing education (webinars, e-mail groups, sharing knowledge and paper, sharing videos through video-library)
- Face to face meeting / annual meetings.

Trainees must complete as a minimum steps 4 out of five steps listed above in order to become a certified master trainer.

Monitoring and Evaluation of CCD intervention

Monitoring is essential, and it is important to find a proper balance between the need for feedback on programmes against the resources required to address the larger problem of poor child development in impoverished areas. Two principles guide the choices: (i) to identify a minimal set of indicators to monitor progress and evaluate quality and (ii) to use proxy measures and sampling techniques to gather useful information at lower cost.

To monitor programme *implementation*, programme managers and others as minimum need information on:

- The *status* of the implementation of the Care for Child Development intervention (i.e. status of the training; funding status; operational plan including governance / coordination, etc.);
- The *quality* of inputs to the intervention (duration and fidelity of the training and supervision, providers skills; change in practices, etc.) and
- How well does the intervention reach the most marginalized children and their families?

Measuring the impact of the intervention on *child development* is costly and it requires specially trained assessors of child development and large samples to have sufficient power to identify changes and therefore it is not recommended as routine practice. However, measuring the impact of the intervention is extremely important in understanding the effectiveness of the intervention and process that lead to desired (or un-desired) results. Some of the key considerations when preparing / conducting evaluation are:

- How often is feasible (in low resource settings in particular)
- Evaluate outcomes the intervention is intended to change.
- Evaluate process to understand how change was achieved.
- Evaluation should not take more effort than the intervention.
- Select tools that are reliable and valid.
- Consider feasibility: time, tester, space, sustainability, and adaptability for a range of settings.

A good monitoring and evaluation can only be undertaken if there is an environment of trust and mutual respect. To support the process, WHO and UNICEF developed a framework for Monitoring and Evaluating the CCD Intervention.

Planned Next Steps

The priority next steps for expanding CCD interventions globally are highlighted below:

- **Establishment of Interagency Working Groups:**

  Five working groups are established to work on the following priority topics:
  1. Accreditation/Quality assurance of CCD;
  2. Operational research guidelines;
  3. Adaptation guidance for in-country implementation;
  4. Capacity development for in-country implementation of CCD. This group will (i) map various training initiatives / opportunities to conduct training; (ii) design guidance on training for master trainers, and (iii) take the lead on putting together a structured plan on training guided by the current Master trainer.
  5. In-country monitoring framework.

Registration for the working groups was conducted at the workshop, with UNICEF agreeing to take a leadership role in initially managing and coordinating the working groups and convening the initial meetings for each group. The initial meetings will spur the discussion on identifying key objectives in each groups' TOR, and modality within which each group can continue to work and set timelines for deliverables.

Establishment of CCD Interagency global monitoring database

A roadmap matrix to map a calendar of events and planned CCD activities over the next two years was shared with participants with the aim of having interagency consensus on what the key CCD priorities are, who will be responsible for them and setting a timeline to deliver on these priorities. The aim is to track available funding sources, trainings, capacity development activities, adaption, implementation and research on CCD that have happened, are currently happening and are planned. This database will be designed by UNICEF with inputs sourced from the larger interagency group and put on a public website (yet to be determined) for agency representatives to update. To monitor the implementation of CCD at inter-agency level, the common set of core indicators is proposed to inform stakeholders on (i) Status of implementation – a rolling update of country implementation including planned activities and status of scale-up; (ii) How CCD is being implemented (Delivery channels); (iii) Who is being reached; (iv) Funding plan; (v) governance structure (including linkage with policy / sustainability) and (vi) Research. It is envisaged that joint inter-agency monitoring and reporting will help in "making a case" and putting CCD higher on global agenda.

Launching Interagency Resolution on CCD

The interagency resolution on Care for Child Development was drafted with the aim to formalize inter-agency commitments in rolling-out CCD intervention, define priority activities and raise awareness and political commitment on CCD. All participating agencies and institutions signed the Resolution.

Participants drafted a joint resolution to support the implementation of the intervention on **Care for Child Development.** They returned to their organizations to seek formal endorsement on the joint resolution above.

Wrap up

In closing, the group committed to another interagency meeting between July and September of 2014, tentatively set in Beirut Lebanon with the aim to review the progress in the systematic roll out of the Care for Child Development intervention.

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List of Acronyms

Acronym	Definition
AKDN	Aga Khan Development Network
AKF	Aga Khan Foundation
AKU	Aga Khan University
AU	Ankara University
AUB	American University of Beirut
BVLF	Bernard van leer Foundation
CBOs	Community Based Organizations
CCD	Care for Child Development
NCWCH-China CDC	National Centre for Women and Children's Health- China CDC
CHW	Community Health Workers
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education
FBOs	Family Based Organizations
HU	Hacettepe University
HIV	Human Immunodeficiency Virus
INGO	International Non-governmental Organization
IPA	International Paediatric Association
ISSA	International Step by Step Association
LAMI	Low and Middle Income
MoFSP	Ministry of Family and Social Protection
MoH	Ministry of Health
NGO	Non-governmental Organization
PEDS Trial	Pakistan Early Development Scale-up Trial
PI	Plan International
RTCCD	Research and Training Centre for Community Development
SCF	Save the Children Foundation
ToR	Terms of Reference
ToT	Training of Trainers
UN	United Nations
UNICEF	United Nations Education Fund
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organization
WVI	World Vision International

Annex I: Agenda For Basic Course

Day 3: Wednesday 26th June Venue: **Ankara University Medical School**

Time	Content & Methodology	Expected results	Facilitation
09:00-10:00	Preparation for clinical practice (organization and counselling process)	Participants are prepared to counsel families	Jane / Aisha
10:00-11:00	Counsel the family (clinical practice; outpatient ECD clinic)	Participants can counsel families on playing and communicating with their children, and help them solve problems	Jane / Aisha / AU faculty
11:00-11:15	*Coffee break (or later)*		
11:15-12:00	Counsel the family (clinical practice; outpatient ECD clinic)	See above	Jane / Aisha / AU faculty
12:00-13:00	*Lunch break*		
13:00-14:30	Counsel the family (debriefing; discussion; video and pictures)	Participants can interpret observations of caregiver-child interactions and identify the effects of counselling activities	Jane
14:30-15:00	Follow up the caregiver and child (reading; video)	Participants are able to identify when families need follow-up and how to provide it	Jane / Aisha
15:00-15:15	*Coffee break*		
15:15-17:00	Technical Seminar: Caregiver-child interactions (power-point presentation; discussion, wrap-up)	Participants can describe caregiver-child interactions and apply attachment and other theories to their observations in the clinic	Jane

Day 4: Thursday 27th June Venue: **Ankara University Medical School**

Time	Content & Methodology	Expected results	Facilitation
09:00-11:00	Counsel the family and help solve problems (clinical practice; outpatient ECD clinic)	Participants are prepared to counsel families	Jane / Aisha / AU faculty
11:00-11:15	*Coffee break*		
11:15-11:45	Counsel the family and help solve problems (final debriefing; discussion; video and pictures)	Participants can interpret observations of caregiver-child interactions, and interpret effects of counselling and problem solving	Jane
11:45-12:00	Closing (evaluation; next steps)	Feedback received with participant plans for workshop session and further skill development	Oliver / Jane / Aisha
12:00-13:00	*Lunch break*		

Annex II: Agenda Planning & Implementation Workshop

UNICEF, WHO and the World Bank Interagency Workshop to Build Capacity on the

Care for Child Development Intervention

Ankara, Turkey, 27-29 June 2013

AGENDA FOR PLANNING AND IMPLEMENTATION WORKSHOP

The second part of the workshop will focus on elements of a plan for the wider systematic implementation of Care for Child Development within existing health, nutrition, and other family support systems. The objectives are:

- To agree on the key tasks roles and responsibilities for each agency in the implementation of Care for Child Development:
  - planning for and adapting the intervention to the local context;
  - identifying appropriate delivery channels;
  - collaborating with national stakeholders and policy makers;
  - providing technical support in the development of monitoring and evaluation plan.
- To plan the systematic roll out of the Care for Child Development intervention and identify possible technical and financial resources to support its implementation.
- To agree on the joint monitoring / evaluation / research plan.

The main expected outcome of the second part of the workshop is to reach interagency consensus on at least a two-year plan for rolling out the intervention globally and to agree on interagency roles and responsibilities.

Pre-conference preparation

Given the focus of part 2 of the workshop is on the systematic roll out, implementation, monitoring and evaluation CCD, the following preparation is requested

- Which countries do you anticipate you will roll out CCD and what is the timeline?
- Who are the staff that will need to trained, how many and are their training workshops meetings that your agency is organize that could be used for the CCD training
- Are there current monitoring and evaluation metrics that your agency uses for your programs, if so which of those would you recommend that the CCD intervention can use
- What are the technology platforms available through your agency that could be used to facilitate the training, implemention, monitoring and evaluation of CCD in particular for document sharing, trouble-shooting, peer-review of issues and challenges, lessons learned and new learning
- Who are the technical partners that your organization currently works with who might be able to assist in the training, monitoring and evaluation of CCE
- Who are identified funders to whom we could submit a joint inter-agency proposal for the roll out of CCD.

For further information, please contact Oliver Petrovic opetrovic@unicef.org

Day 1: Thursday 27th June

Venue: **Ankara University**

Time	Content & Methodology	Expected results	Facilitation
13:30-14:00	Welcome & Outline of the meeting		Pia Britto
14:00-17:00	**Update on CCD intervention**		**Moderator: Oliver Petrovic**
14:00-15:15	Implementation of CCD Intervention by UNICEF (presentation and Q&A)	Participants updated on the outcome of the first part of the meeting	Oliver Petrovic
15:15-16:00	Implementation of CCD Intervention by WHO (presentation and Q&A)	The current implementation of CCD intervention mapped out	Bernadette Daelmans
16:00-17:00	Implementation of CCD Intervention in Malawi (presentation and Q&A)	Main lessons learned for in-country implementation of CCD intervention shared	Melissa Gladstone
17:00-17:15	Wrap-up	Main points / learning from the sessions emphasized	Oliver Petrovic

Day 2: Friday 28th Venue: **Doubletree Hilton Hotel**

Time	Content & Methodology	Expected results	Facilitation
09:00-13:00	**What we learned from in-country implementation of CCD intervention?**		**Moderator: Oliver Petrovic**
09:00-09:15	CCD Intervention in Turkey – lessons learned (presentation & Q&A)	The current implementation of CCD intervention mapped out	Ilgi Ertem
09:15-09:30	Implementation of CCD intervention by Bernard Leer Foundation (presentation and Q&A)		Leonardo Yanez
09:30-09:45	Implementation of CCD intervention by World Vision International (presentation and Q&A)		Fe Garcia
09:45-10:00	Implementation of CCD intervention by Save the Children (presentation and Q&A)		Ivelina Borisova
10:00-10:15	Implementation of CCD intervention by Plan International (presentation and Q&A)		Divya Lata
10:15-10:30	Implementation of CCD intervention by Step by Step Organization (presentation and Q&A)		Zorica Trikic
10:30-10:45	Implementation of CCD intervention by International Pediatric Association (presentation and Q&A)		Mohamed Mikati
10:45-11:00	Implementation of CCD intervention in Lebanon (presentation and Q&A)		Durriyah Sinno
11:00-11:15	Implementation of CCD intervention by Aga Khan Development Framework (presentation and Q&A)		Sheila Manji
11:15-11:30	Research on Maternal Depression and ECD (presentation and Q&A)		Jane Fisher
11:30-11:45	*Coffee break*		
11:45-12:00	CCD Intervention in China – lessons learned (presentation & Q&A)	Main lessons learned from in-country implementation of CCD intervention grasped by the participants	Guo Sufang
12:00-12:30	CCD Intervention in Pakistan – lessons learned (presentation & Q&A)		Aisha Yousafzai
12:30-13:00	Lessons learned from in-country implementation (discussion)		
13:00-14:00	*Lunch break*		
14:00-15:30	Mainstreaming CCD into national delivery systems (group work)	Participants identify the critical steps for in country implementation, including the entry points, customization of the material, partnership, and capacity development	
15:30-15:45	*Coffee break*		
15:45-17:15	Mainstreaming CCD into national delivery systems (plenary)		
17:15-17:30	Wrap-up	Main points / learning from the sessions emphasized	Oliver Petrovic

Day 3: Saturday 29th June Venue: **Doubletree Hilton Hotel**

Time	Content & Methodology	Expected results	Facilitation
08:30-08:45	Conclusions & Follow-ups from Day 2		Oliver Petrovic
08:45-11:00	**Tracking and evaluating CCD Interventions**		**Moderator: Oliver Petrovic**
08:45-09:15	PEDS Trial (presentation & Q&A)	Participants learn about the effectiveness of the CCD intervention in Pakistan; participants acquainted with existing WHO / UNICEF monitoring and evaluation guide	Aisha Yousafzai
09:15-09:30	WHO / UNICEF M&E Guide (presentation & Q&A)		Jane Lucas
09:30-10:30	M&E to support in-country implementation of CCD intervention (group work)	The main principles of operational research and in-country monitoring of CCDI agreed on; the way forward with inter-agency monitoring of CCDI agreed	
10:30-11:00	M&E to support in-country implementation of CCD intervention (plenary)		
11:00-11:15	*Coffee break*		
11:15-12:30	Next steps	The next steps in rolling-out the package and supporting in-country implementation of the CCDI agreed upon	Pia Britto
12:30-13:00	Closure		Bernadette Daelmans / Oliver Petrovic
13:00-14:00	*Lunch*		

Annex III: List of Participants Basic Course

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Interagency Workshop on the

Care for Child Development Intervention

Ankara, Turkey, 24-27 June 2013

PART 1: **THE BASIC COURSE IN CARE FOR CHILD DEVELOPMENT**

LIST OF PARTICIPANTS

TRAINEES

	Name	Organization
1	Charafeddine, Lama	American University of Beirut
2	Thorne, Claire	Aga Khan Development Network
3	Van, Dung Thi Mai	Research and Training Center for Community Development Viet Nam
4	Fisher, Jane	University of Monash, Australia
5	Fe Garcia	World Vision International
6	Abuova, Gaukhar	(WHO Euro, Kazakhstan
7	Gladstone, Melissa	University of Liverpool
8	Guo, Sufang	UNICEF China
9	Al Haj Hussain, Mona	Consultant
10	Borisova, Ivelina	Save the Children
11	Manno, Fabio	Consultant
12	Mikati, Mohamad	International Pediatric Association
13	Petrovic, Oliver	UNICEF NYHQ
14	Sinno, Durriyah	American University of Beirut
15	Lata, Divya	Plan International Asia (Bangkok)
16	Ata, Seda	Hacettepe University
17	Taylor, Helenlouise	Plan International Asia (Hanoi)
18	Trikic, Zorica	International Step by Step Asociation
19	Huang, Xiaona	National Center for Women and Children's Health, China
20	Zambruni Monica	Consultant Saint Martin De Rebeuss- Dakar, Senegal

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21	Lucas, Jane E.	UNICEF consultant
22	Ertem, İlgi	Ankara University
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25	Ulkuer, Nurper	Haceteppe University
26	Pekcici, Bahar Bingöler	Ankara University
27	Atay, Gülsüm	Ankara University
28	Eras, Zeynep	Ankara University
29	Tekgüç, Doğa Ceren	Ankara University
30	Özveren, Burcu	Ankara University
31	Çoban, Şebnem Kurt	Ankara University
32	Kıvılcım, Meltem	Ankara University
33	Bayhan, Asuman	Ankara University
34	Çelik, Pelin	Ankara University
35	Karaaslan, Tugba	Ankara University
36	Gül Gök, Canan	Ankara University
37	Gülümser, Özlem	Ankara University

Annex IV: List of Participants Planning Workshop

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Interagency Workshop on the

Care for Child Development Intervention

Ankara, Turkey, 27-29 June 2013

PART 2: PLANNING AND IMPLEMENTATION WORKSHOP

LIST OF PARTICIPANTS

ORGANIZERS/FACILITATORS

	Name	Organization
1	Britto, Pia	UNICEF NYHQ
2	Petrovic, Oliver	UNICEF NYHQ
3	Daelmans, Bernadette	WHO
4	Gaye, Maimuna	UNICEF NYHQ consultant
5	Lucas, Jane E.	UNICEF consultant
6	Yousafzai, Aisha	Aga Khan University, Karachi

PARTICIPANTS

	Name	Organization
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8	Schwartz, Helene	UNICEF WCARO
9	Manji, Sheila	Aga Khan Development Network
10	Thorne, Claire	Aga Khan Development Network
11	Yanez, Leonardo	Bernard Leer Foundation
12	Mikati, Mohamad	International Pediatric Association
13	Borisova, Ivelina	Save the Children
14	Lata, Divya	Plan International Asia (Bangkok)
15	Taylor, Helenlouise	Plan International Asia (Hanoi)
16	Garcia, Fe	World Vision International
17	Guo, Sufang	UNICEF China
18	Huang, Xiaona	National Center for Women and Children's Health, China
19	Charafeddine, Lama,	American University of Beirut
20	Sinno, Durriyah	American University of Beirut
21	Trikic, Zorica	International Step by Step Association
22	Ulkuer, Nurper	Haceteppe University
23	Ertem, Ilgi	Ankara University
24	Pekcici, Bahar Bingöler	Ankara University
25	Eras, Zeynep	Ankara University
26	Tekgüç, Doğa Ceren	Ankara University
27	Özveren, Burcu	Ankara University
28	Çoban, Şebnem Kurt	Ankara University
29	Bayhan, Asuman	Ankara University
30	Çelik, Pelin	Ankara University
31	Karaaslan, Tugba	Ankara University
32	Gülümser, Özlem	Ankara University
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Other Workshop Documents

For all other Workshop documents including course materials, presentations and group discussions, please click here.