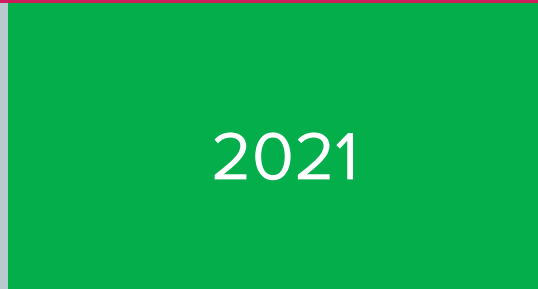


# Care for Child Development

An Adaptation Guide for East and Southern African Region



2021

# SUMMARY OF CARE FOR CHILD DEVELOPMENT ADAPTATION PROCESS

## STEP 1: Pre-adaptation

- Conduct a needs assessment
- Hold stakeholder consultations

## STEP 2: Adaptation

- Review content and materials
- Translate materials
- Pre-test materials
- Refine materials

## STEP 3: Post-adaptation

- Hold a validation workshop



## Acknowledgements

This Care for Child Development (CCD) Adaptation Guide was developed by the Aga Khan University's Institute for Human Development (AKU-IHD). We thank Dr. Dorcas Magai, Joyce Marangu, and Professor Amina Abubakar for conceptualising and developing the initial drafts, incorporating feedback from stakeholders, and finalising the guide. We thank the Technical Working Group of Dr. Anil Khamis (AKU IHD), Najma Rashid (independent consultant), Leonard Chumo (Udhabiti Africa), Oscar Kadenge (independent consultant), Dr. Caroline Mwangi (MOH), and Dr. Quek Chi (Aga Khan University Hospital) for their valuable input in the development of the guide. We also thank Millicent Makandi for her administrative support.

We are grateful for the generous support of LEGO Foundation, UNICEF, and Aga Khan Foundation-USA, which made the development of this guide possible.

## Table of Contents

SUMMARY OF CARE FOR CHILD DEVELOPMENT ADAPTATION PROCESS.....	ii
ACKNOWLEDGEMENT.....	iii
TABLE OF CONTENTS .....	iv
ACRONYMS AND ABBREVIATIONS .....	v
ABOUT THE CARE FOR CHILD DEVELOPMENT ADAPTATION GUIDE .....	vi
INTRODUCTION .....	1
CARE FOR CHILD DEVELOPMENT .....	1
ADAPTATION PROCESS.....	2
STEP 1: Pre-adaptation.....	2
a) Conduct a needs assessment .....	2
b) Conduct stakeholder consultations .....	3
STEP 2: Adaptation of the intervention.....	5
a) Review content and materials .....	5
b) Translate materials.....	6
c) Pre-test the CCD package .....	7
d) Refine materials.....	7
STEP 3: Validation .....	7
REFERENCES .....	8
ANNEX .....	9
GLOSSARY .....	9
NEEDS ASSESSMENT CHECKLIST .....	9
FOCUS GROUP DISCUSSION GUIDE .....	10
ADDITIONAL RESOURCES.....	11



## Acronyms and Abbreviations

- ECD    Early Childhood Development
- CCD    Care for Child Development
- WHO   World Health Organization
- UNICEF United Nations Children’s Fund
- NCF    Nurturing Care Framework

## About the Care for Child Development Adaptation Guide

### What is the Care for Child Development Adaptation guide?

This document describes the Care for Child Development (CCD) intervention and provides a step-by-step approach for adapting the CCD package to different contexts. The guide offers advice on building support for the CCD intervention, from designing materials for use to the testing and implementing phases. The guide shares the tools and suggestions for a successful CCD adaption process.

### Who is this guide for?

This guide targets all those who work with children and their caregivers. Specifically, it is intended for government officials involved in early childhood development, to help integrate the CCD approach into health, education, protection, and other relevant sectors. It is designed for use in the East and Southern African countries of Angola, Botswana, Burundi, Comoros, Democratic Republic of Congo, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Sao Tome & Principe, Somalia, South Africa, South Sudan, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.

### How to use this guide

Users of this guide should read it entirely before proceeding with the adaption process. It is also important to review it frequently when adaptation activities are under way. Some steps may be adjusted accordingly to accommodate the needs of the local context. However, it is crucial to complete all the adaptation phases to ensure a high-quality final product. Contextualization should be according to governance and administrative structures within the country of implementation. It is recommended that the reader refers to the CCD technical note, available in the CCD package, alongside this document.

# Introduction

It is estimated that about 250 million children in low-and-middle-income countries do not reach their developmental potential as they lack adequate stimulation and nutrition (Black & Lawn, 2018). The poor developmental outcomes are because these children do not have an opportunity for cognitive stimulation, are stunted, and affected by poverty (Lu et al., 2020). Early childhood development (ECD) interventions that enhance the ability of the caregivers to take care of themselves and their children can positively impact the child’s developmental outcomes. These interventions are based on the Nurturing Care Framework (NCF), which stipulates that for a child to survive and thrive, they need good health, adequate nutrition, safety and security, responsive care, and learning opportunities (Britto et al., 2017).

The first 1,000 days of life (conception to two years) are critical in child development. The foundations of a child’s physical, cognitive, socio-emotional, and behavioural development occur during the first two years of life, and their trajectory is established in this stage (Gilmore, Knickmeyer, & Gao, 2018). This period provides a unique window to support the development of a child and enhance their long-term outcomes. Researchers have shown that early childhood experiences in the first years of life affect the development of the brain (Pem, 2015). Children who receive stimulation and responsive care during these early years have better cognitive development (Aboud & Yousafzai, 2015). The positive outcome is realised because as the child’s brain receives information, it creates synaptic connections between the different parts of the brain (Ismail, Fatemi, & Johnston, 2017). These connections are responsible for language, vision, hearing, social, emotional, cognitive, and other developmental areas.

# Care for Child Development

The CCD package was developed by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to support caregivers and families with the aim of optimising the outcomes of children and maximising their potential (UNICEF, 2012). The CCD targets children from conception to three years. The package is delivered to the caregivers/ families through the different health providers and other ECD actors and should ideally be integrated into the existing systems. The CCD intervention provides guidance and skills necessary to help caregivers build better relationships with their children. The intervention is usually administered through ECD frontline workers such as health workers, ECD teachers, and community health volunteers.

The frontline workers are trained to help the caregivers to be responsive and stimulate their children, consequently building a solid relationship between the caregiver and the child. They ask parents how they play and

communicate with their children. The caregivers are then counselled on how best they can communicate and respond to the needs of their children. Since the intervention is based on the behaviour change model, the caregivers are expected to continue practising the activities at home with their children. At the same time, the subsequent counselling sessions help the caregiver gain confidence and encourage the positive parenting behaviours acquired.

The CCD intervention has been implemented in at least 23 sites in 19 countries (Lucas, Richter, & Daelmans, 2018). Significant better child outcomes among children under three years have been reported in two countries where the effectiveness of the intervention was assessed (UNICEF, 2012). The intervention has been found to increase the availability of learning materials at home, increase time spent with family in play and learning, improve caregivers’ mental health, and reduce harsh punishment from caregivers (Lucas et al., 2018).

# Adaptation Process

The following are the suggested steps in the adaptation of the CCD package.

## STEP 1: Pre-adaptation

### a) Conduct a needs assessment

A needs assessment identifies the behavioural determinants and other ECD components that are important to consider while rolling out the CCD intervention. A needs assessment will help identify actions needed to implement the interventions and the barriers and facilitators of implementation. The following are some of the areas for consideration during the needs assessment. Depending on the context, this list could be modified.

- i. Proportion of locally defined marginalised communities or children.
- ii. Caregiving practices, strengths, and gaps.
- iii. Capacity of ECD frontline personnel such as healthcare workers, social workers, and community health volunteers.
- iv. Resources available.
- v. ECD indicators such as health, nutrition, early learning opportunities, and responsive caregiving.
- vi. Existing ECD interventions in the community, organizations, and stakeholders in the context and their capacity to implement CCD.

### b) Conduct stakeholder consultations

Consultations are critical in determining whether CCD is the right approach to address the needs identified in the specific context. Consultations are also important for conducting an initial assessment of the kind of modifications needed in the CCD intervention. In addition, consultations help to evaluate the community’s reactions to the concepts in the CCD content and materials.

Consultations could be conducted through focus group discussions (FGDs) with the following groups:

- i. Household members (e.g. mothers, male caregivers, adolescents).
- ii. Government stakeholders from multiple sectors including health, education, social welfare and others (e.g. county officials, district or parish leaders, and national government administration officers).
- iii. Implementing organizations (e.g. CBOs, FBOs, NGOs).

All FGDs should be held in private spaces, e.g. classrooms, community halls, etc., where the participants feel safe and comfortable to air their views. The rooms should be quiet and offer a discussion environment.



STEP 1: Pre-adaptation

Activity 1: Hold focus group discussions with caregivers

It is important to hold FGDs with caregivers. Once you present the CCD content to the caregivers, it is important to listen to their ideas and thoughts on improving the materials. Some of the key issues to look out for include the acceptability of the content, cultural appropriateness of the processed tasks, and availability of the play materials. Additionally, these discussions should aim at identifying more examples, tasks, and local materials that can be used during CCD implementation.

Activity 2: Observe caregiver-child interaction in the community

It is recommended to observe how children play in a given community. This step is vital to understand the cultural perception of play in that specific community. Observing children playing in their natural environment without interference will give insights into types of locally available play materials. Observing caregivers interact with their children will also provide insights into how caregivers stimulate and respond to the needs of their children.

Activity 3: Hold FGDs with government stakeholders and implementing organizations

It is important to hold discussions with the ECD practitioners and government officials. The stakeholders could be identified using the NCF components, comprising:

- i. Health (healthcare providers, CHVs, nurses, doctors, nutritionists);
- ii. Nutrition (nutritionists, agricultural officers, healthcare providers);
- iii. Early learning and education (preschool teachers, county education officers);
- iv. Safety and security (social workers, case officers, chiefs, and local administrators);
- v. Responsive caregiving (officials working with caregivers and families), including other stakeholders such as religious leaders.

At least one person should be included in the FGD from each of these categories. FGDs typically last for about 60 to 90 minutes. It is essential to ensure both genders are equally represented, if possible.

Activity 4: Ask for expert input

While collecting the community’s views about the CCD content, it is also essential to collect experts’ views. The experts will include individuals who have experience in implementing CCD such as government officials, CCD Master Trainers, researchers, and other individuals who have ECD knowledge and experience. At this point, it is critical to involve a technical advisory committee.

- i. Convene a meeting with the technical team.
- ii. Introduce the CCD concepts.
- iii. Discuss the roles and expectations.
- iv. Allow reviewing of the original CCD content and materials and receive input and feedback on necessary changes to the toolkit and materials.
- v. Discuss and collate the feedback received from the community on the CCD content and material modifications in preparation for adaptation.

STEP 2: Adaptation of the intervention

a) Review content and materials

After collecting reviews from the caregivers, frontline workers, and other ECD stakeholders, the next task is to review the discussions and adapt the CCD content and materials. During this step, an adaptation workshop should be held for the adaptation team. This team should comprise community members, CCD Master Trainers, and other ECD experts with good knowledge and experience in the local context. The adaptation workshop is important because:

- It provides a platform to discuss the feedback and compare information received from the different ECD stakeholders.
- It is used to determine which changes are feasible to incorporate in the adapted package, taking into account the budget.
- It contributes to identifying the responsible person(s) for incorporating the recommended modifications into an adapted package.
- It provides an opportunity to draft the adapted package as needed.

During the adaptation, attention should be paid to the following key areas:

**Instructions:** The instructions for using the CCD package should be easy to understand. Ensure you clarify where necessary and provide verbatim instructions for the facilitators to read when precision is needed.

**Content:** Align the content to the communities’ experiences, considering the social and cultural norms involving parenting and play for children. Revise and update content regularly, including manuals and PowerPoints.

**Images:** The images should reflect the community’s way of life. Ensure that the photos are tailored to reflect local dressing and what is acceptable in the community

and imitate the physical environment.

**Language:** Ensure the words used are respectful and appropriate as per the community’s norms. Words affect how people will internalize and understand the content. If not well worded, the CCD package may be rejected by the community. Although it is important to use scientifically accurate words, it may be essential to adopt the local language to describe some objects or even adopt slang words which are easily understood as long as the main message is maintained.

**Modify characters:** Use characters with which the community can identify. Ensure that the characters have local names.

**Play materials:** The suggested materials for making play items should be locally available. Ensure that the materials recommended are well known to the community and are easily available. Also, consider use of low- or no-cost play materials.

**Graphic design:** After all the revisions have been finalized and the final adopted CCD package is ready, it is necessary to assign this to a competent graphic designer. Ensure that you have finalised the CCD package because any changes made after the design work can be expensive and time-consuming to incorporate. It would help if you shared ideas of how you want the material to look and feel. Suggest the colours you prefer and link them to the main theme.

**Printing:** After the graphic design is finalized, the materials are now ready for printing. Your timeline should consider the time for receiving quotes from different bidders, reviewing, and actual printing. Consider printing only a few copies for the validation workshop since some changes may still be suggested at that point.

STEP 2: Adaptation of the intervention

**b) Translate materials**

The CCD package needs to be translated to the preferred language of the catchment area for effective implementation. In this case, it is vital to engage a skilled translator who can translate the package to the preferred language. Forward and back translations are important to ensure that the original meaning of the content is retained. Contextual videos could be developed depending on availability of resources. Be sure to obtain informed consent from caregivers before recording any new videos.



**c) Pre-test the CCD package**

Once you have adapted the CCD guide based on input from all stakeholders, it is important to pre-test it. A pre-test with about ten individuals who comprise representatives of the different stakeholders in the community can be conducted during this phase. This step is important as it gauges the reaction of the target group to the material. The pre-test provides a platform to ensure the following:

- The CCD package is clear, relevant, and fit for purpose.
- The caregivers understand the language easily as the vocabulary used is straightforward and commonly used. The videos and images should be easy to comprehend.
- The content is acceptable, and the material is culturally appropriate and sensitive.
- The material is relevant, and the content captures the needs of the community.

**d) Refine materials**

If there are any issues identified during pre-testing, it is essential to take note of them and make modifications. To ensure quality and accuracy, a technical team should conduct the refinement, assess and finalize the adapted CCD package.

STEP 3: Validation

To ensure that the final package is suited to the community, evaluate its content critically and check for consistency, acceptability, quality, and applicability. Considering these aspects will provide the basis for an informed and transparent decision on what content and materials to keep in the adapted CCD package.

The adaptation team and the technical committee need to meet in a one-day workshop to complete this process. The team lead should ensure that there is adequate clinical and methodological expertise during this process. The final document should:

- Have materials that reflect the local context.
- Be understood easily.
- Align with the national and local priorities and approaches.
- Be feasible and in line with the budget.

The validation workshop provides a final opportunity for the adaptation team and the technical committee to give feedback on colours, design, layout, and overall product appearance.

The last step is to print the finalized CCD package. Consider bulk printing to save on costs. You may want to make small changes in the materials after the first round of implementation. Closely review all the materials before you approve them for printing.

Conclusion

Early childhood years are critical for human development. During this time, children need responsive care and stimulation to optimize their development. CCD provides these important aspects of caregiving. The CCD materials provide guidance and the skills necessary to help caregivers build better relationships with their children.

This document provides guidance for government officials and practitioners working in ECD related fields to adapt the CCD package to suit local health, education, social protection, and other ECD platforms. The guide describes important steps that help in adapting the package effectively, and shares the tools and suggestions for a successful CCD adaptation process.







References

Aboud, F. E., & Yousafzai, A. K. (2015). Global Health and Development in Early Childhood. *Annual Review of Psychology*, 66(1), 433-457. doi:10.1146/annurev-psych-010814-015128

Black, M. M., & Lawn, J. E. J. T. L. G. H. (2018). Early childhood developmental disabilities—data still needed. 6(10), e1050-e1051.

Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., . . . Fernald, L. C. J. T. L. (2017). Nurturing care: promoting early childhood development. 389(10064), 91-102.

Gilmore, J. H., Knickmeyer, R. C., & Gao, W. (2018). Imaging structural and functional brain development in early childhood. *Nature Reviews Neuroscience*, 19(3), 123-137. doi:10.1038/nrn.2018.1

Ismail, F. Y., Fatemi, A., & Johnston, M. V. (2017). Cerebral plasticity: Windows of opportunity in the developing brain. *Eur J Paediatr Neurol*, 21(1), 23-48. doi:10.1016/j.ejpn.2016.07.007

Lu, C., Cuartas, J., Fink, G., McCoy, D., Liu, K., Li, Z., . . . Richter, L. J. B. g. h. (2020). Inequalities in early childhood care and development in low/middle-income countries: 2010–2018. 5(2), e002314.

Lucas, J., Richter, L., & Daelmans, B. (2018). Care for Child Development: an intervention in support of responsive caregiving and early child development. 44(1), 41-49.

Pem, D. J. A. P. N. (2015). Factors affecting early childhood growth and development: Golden 1000 days. 1(101), 2573-0347.

UNICEF. (2012). *Care for Child Development*. Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/75149/9789241548403\\_eng\\_Technical\\_Note.pdf;sequence=21](https://apps.who.int/iris/bitstream/handle/10665/75149/9789241548403_eng_Technical_Note.pdf;sequence=21)

Annex

Glossary

**Caregiver:** The main person responsible for attending to the needs of a child. Primary caregivers include parents, other family members, and other people who are directly responsible for a child at home. They also include those outside the home, such as people working in day care centres.

**Care for Child Development (CCD):** An intervention to support caregivers and families with the aim of optimizing the outcomes of children and maximizing their potential. The CCD materials provide guidance and skills necessary to help caregivers build better relationships with their children.

**Nurturing care:** An environment created by caregivers to ensure children enjoy good health and nutrition, and protection from threats. It also gives them opportunities for early learning through emotionally supportive and responsive interactions.

**Child development:** The process by which children’s capacities emerge, including cognitive, language, social and emotional development, approaches to learning, and fine and gross motor development. This process of development is strongly influenced by nutrition, health, and the child’s environment.

**Early childhood:** The period from conception to eight years. In the CCD intervention, this period is limited to conception to three years.



Needs Assessment Checklist

Sample: This checklist may be modified to include critical measures in the context.

General information	
i. Location/site	
ii. Population profile	
iii. Proportion of locally-defined marginalized children	
iv. Languages	
Early childhood development	
v. Indicators for early child development in the context	
Health	
Nutrition	
Early learning opportunities	
Responsive caregiving	
Safety and security	
vi. Caregiving practices	
Strengths	
Gaps	
i. Capacity of healthcare providers and other ECD frontline workers to implement Care for Child Development.	
Proportion	
Training level/needs	
Duties and responsibilities	
ii. Resources available	
iii. Existing early childhood development interventions in the community.	
iv. ECD stakeholders in the community and their areas of operation.	

Focus Group Discussion Guide

Sample for consultations

Hello, my name is \_\_\_\_\_. I am interested in learning more about parenting practices in this community. We are interviewing various stakeholders in ECD service provision as part of information gathering process. Your knowledge will be valuable as we review the Care for Child Development (CCD) content to make it suitable for members of this community. The interview will be recorded to help us make accurate notes but will remain confidential. This interview should last for only 1 hour. Do you have any questions or concerns before we begin? [Answer participants' questions]

Introduction

1. Tell me more about the sector you work in and how long you have been in your sector.

2. What services do you provide for families, especially for women and children?

Care for Child Development Package

In the next few minutes, I will take you through a section of the CCD content (**short slides**). Please follow keenly and thereafter give us feedback.

a. Language

Is the language used the most appropriate (understood by most people in the context)?

b. Cultural appropriateness

Is the material culturally appropriate?

Probe:

- Do the videos show activities that are familiar and suitable to your context?
- Photos and illustrations
- Play items/materials

Which other locally available materials do you think should be included for use during training?

c. Acceptability of the content

Do you think caregivers would accept or not accept the content of this training?

i. If yes, what makes it acceptable?

ii. If no, what part of the CCD content do you think could be unacceptable and why?

d. Complexity

i. Were there any topics that were difficult to understand? If yes, which ones?

ii. How can they be improved?

iii. Which topics were easy to understand?

e. What other aspects need modification? Please explain.

f. How long should the training take for effective implementation?

Probe: Number of days for training, frequency of follow up, reflection meetings.

g. What impact do you think CCD training may have on your service delivery? Briefly explain.

h. What challenges do you face when executing your duties and how can the CCD training enable you address the challenges?

Thank you very much for your time.



# Additional Resources

- [Care for Child Development Manual](#)
- [Technical Note on Care for Child Development Framework for Monitoring and Evaluation](#)



THE AGA KHAN UNIVERSITY

**ECD**

WORKFORCE HUB



AGA KHAN FOUNDATION

The **LEGO** Foundation

**unicef** 