



3

Supporting families through existing services: what can service providers do?

3

Supporting families through existing services: what can service providers do?

Section 1 of the *Guide* outlined the five components of nurturing care that are essential for a child's healthy development (see **Fig. 1**). It focused on the importance of strengthening three components through maternal, newborn and health and nutrition services – responsive caregiving, opportunities for early learning, and safety and security. It emphasized the need to better support caregivers to care for their children. From this overview, **Section 2** identified what managers can do to prepare facilities and services to shift to focus on enabling families to fulfil their caregiving roles.

Section 3 looks at practical examples of what providers can do during their contacts with caregivers and children to better support caregivers, hear and address their concerns, and strengthen caregivers' practices to care for their children. These practices give young children a strong foundation for health, development and well-being throughout their lives. They affect their productivity, the quality of their relationships with others, their health and their well-being throughout adulthood, and have a positive impact on the next generation.

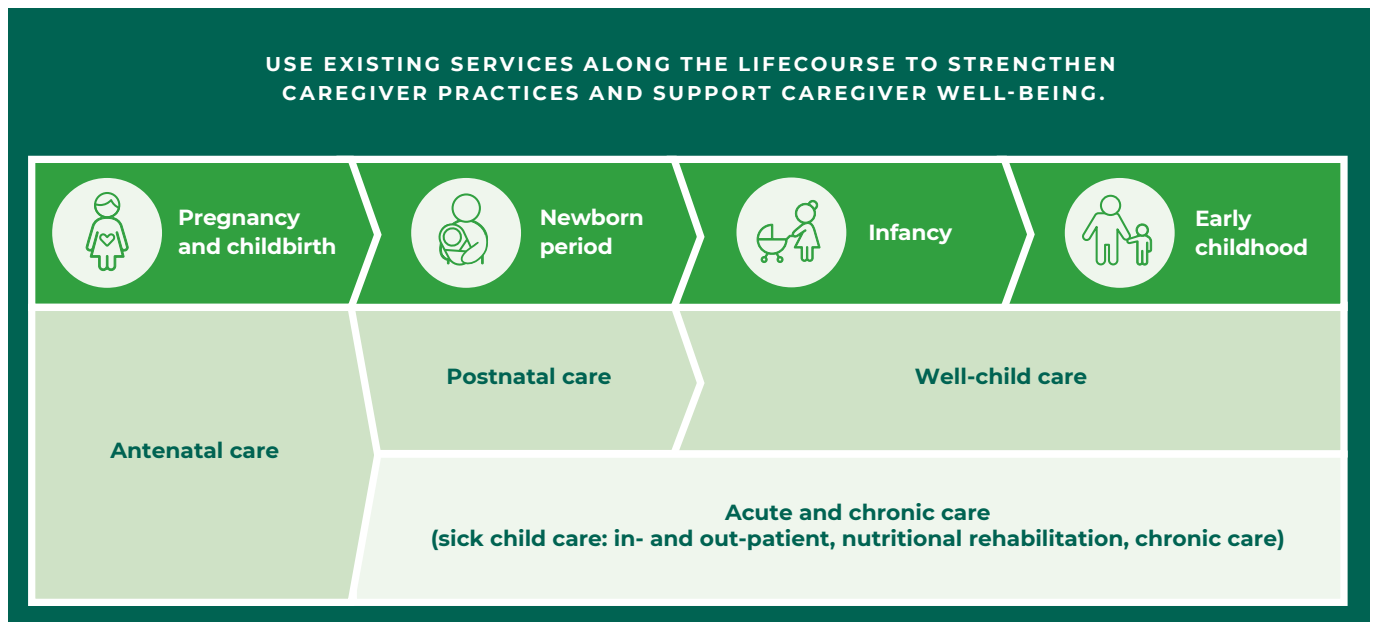
Opportunities to strengthen caregiver practices and support caregiver well-being

Parents and other primary caregivers are closest to the young child from pregnancy to age 3 years and are the best and most consistent providers of nurturing care. Illustrative caregiver practices supporting early child development, introduced in **Table 2.1** in **Section 2**, serve as examples for what providers can strengthen during their many contacts with caregivers and their children. By introducing and reinforcing these practices, providers can help caregivers be more responsive, better recognize daily opportunities to help their children develop and learn, and provide a safe environment.

Maternal, newborn and child health and nutrition services, through regular contacts during pregnancy and the child's first 3 years, offer opportunities to strengthen caregivers' capacity to provide nurturing care, and to support caregiver well-being (see **Fig. 3**).

This section is for providers of maternal, newborn and child health and nutrition services and their **managers** preparing for the implementation or strengthening of support for nurturing care.

Fig. 3. Services where providers can support caregivers to provide nurturing care and support caregiver well-being



Providers of these services have many opportunities to strengthen caregivers' practices for nurturing care. Providers also have opportunities to reinforce the efforts of caregivers and praise positive and effective caregiving practices. In these encounters, providers should be able to recognize and support caregivers who need help.

What providers do in these services can be adapted for delivery in humanitarian settings and during health crises. In the parts of this section that follow, service providers can find examples of what can be implemented at each service to strengthen responsive caregiving, expand opportunities for early learning, improve the safety and security of the home and community, and support caregiver well-being. Not all of the suggested provider interventions need to happen at each interaction with a family but can be incorporated at opportune moments.

The tables in this section contain suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being in each type of service. Providers may start by focusing on certain services or certain interventions to be strengthened, learn from the experience and then focus on others.

Tick the ideas that you find are important and feasible in your context.

3.1. Antenatal care: starting before the baby is born

The anticipation of a baby's arrival can bring much joy and excitement for mothers- and fathers-to-be. However, for some, especially first-time and young mothers, the arrival of a child can be overwhelming. Antenatal visits are an opportunity to ensure all mothers and fathers can express their feelings about the baby's arrival, bond with the unborn child, prepare the home environment for the baby's arrival, and develop skills to prepare them for their parenting journey.

One in four women show signs of depression or anxiety during pregnancy and in the early months after the baby's birth (27).

Antenatal visits are times to ask a mother and father how they feel about having this baby and discuss their concerns. Listening to these concerns may be enough to help them feel less anxious. The provider also can discuss with the parents and broader family how they will need to help with household responsibilities, give the mother time to rest, and make sure she eats well. The caregiver can identify what she can do to relax and care for herself.

During antenatal visits, caregivers can begin to develop and practise the skills to be responsive, play and communicate. For example, the provider can coach the pregnant mother and the child's father to recognize and respond joyfully to the unborn baby's movements. Engaging both the father and mother in speaking to and feeling the baby strengthens their bonding with the child. It prepares them to be ready to be aware of the child's signals from birth.

When there is an ultrasound visit, the mother and father can see the unborn baby's responses to their voices and touch. If the father is not available, the provider can encourage the mother to bring another adult caregiver who will be able to add support during pregnancy and the early days of the infant (44).



Photo credit: World Vision International

Communicate early and often, starting even before your baby is born, to help you build a warm and loving relationship.

During antenatal visits, caregivers can become aware of the safety and security issues that affect their children. Asking families how they will prepare for the birth of the child is a good beginning for planning to find sources of safe water, good hygiene practices, and a safe place for the baby to sleep. Early in the pregnancy, discussions should begin on the damaging effects of second-hand smoke and the need to protect the pregnant mother, the fetus and the young child from it. These additions to the antenatal visit complement discussions on preparing for the birth of the baby and on the mother's nutritional and other needs for a healthy pregnancy and childbirth.

Table 3.1 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during an antenatal visit.

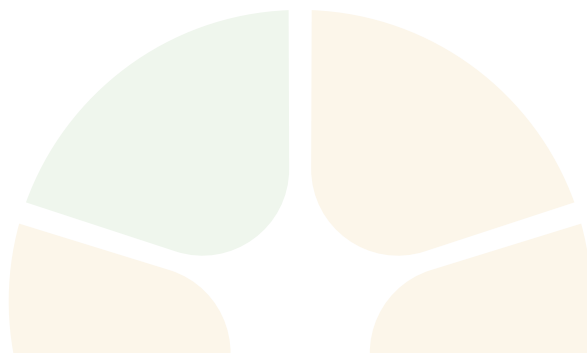


Table 3.1. Supporting caregivers during antenatal visits




| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|--|---|---|
| <p>Responsive caregiving</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Be aware of the child’s signals. <input type="checkbox"/> Respond appropriately in a timely way. | <ul style="list-style-type: none"> <input type="checkbox"/> Ask Does your baby move and kick? How do you respond? What do you feel? How does the unborn baby respond to you when you touch it? Has the baby’s father felt the baby move? <input type="checkbox"/> Ask (during an ultrasound test) What do you see? How does the baby respond to your movements and touch? How do you know your baby hears you? |
| <p>Opportunities for early learning</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Talk with your child, starting before birth. | <ul style="list-style-type: none"> <input type="checkbox"/> Ask How do you talk with your baby? What do you say? Do you think your baby can hear you? <input type="checkbox"/> Ask How does the father or other caregiver talk with the baby? <input type="checkbox"/> Discuss Talking to the baby before birth helps caregivers bond with the baby and vice versa. It will also help the baby recognize your voices at birth. |
| <p>Safety and security</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Make a safe home environment. <input type="checkbox"/> Protect the child from harmful substances. | <ul style="list-style-type: none"> <input type="checkbox"/> Discuss How can you prepare your home to be safe for the baby? Is there clean air in the house and a safe cookstove? <input type="checkbox"/> Discuss How will you get clean water for washing your hands and bathing your baby? Do you have soap? When should you wash your hands (often: before touching the baby, after using the toilet, before preparing and eating food)? <input type="checkbox"/> Ask Is there any member in the household who smokes or uses alcohol or another substance? <input type="checkbox"/> Discuss Tobacco and alcohol use are harmful for the growing fetus. The mother’s exposure to second-hand smoke can lead to birth defects, premature birth, stillbirths and infant deaths. What support is needed to help stop this habit and avoid second-hand exposure of the baby? |



Table 3.1. Continued

SUPPORTING CAREGIVER WELL-BEING

EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO

Supporting caregiver well-being



- Identify your feelings about having a baby – joys and concerns.
- Discuss your concerns and the help needed from your family.
- Maintain daily relaxing routines.

- **Ask** How do you feel about having this baby? What concerns do you have? Is there someone you feel able to speak to about your feelings, fears, concerns?
- **Discuss** What help do you need, for example, to lighten household work? Care for others in the family? Have enough sleep?
- **Ask** What types of food are you eating?
- **Ask** How are you sleeping? How do you feel about this baby?
- **Ask** What do you do to rest and relax, for example, have a cup of tea? Talk with a friend? Take a walk?
- **Discuss** Your nutritional status and emotional state directly affect your baby's health and development. The healthier you are – physically and emotionally – the healthier your baby will be at birth. What support do you need to ensure you are able to eat well, rest and avoid stress?



3.2. Postnatal care: forming a relationship for supporting nurturing care

From the moment of birth, caregivers form a relationship that affects the care of the child during the vulnerable postnatal period and throughout childhood. Infants depend on their caregivers to respond on demand to their hunger, keep them close and warm, and recognize and address any discomfort. More specialized services for small and at-risk newborns are beginning to promote the participation of mothers in this early care, in partnership with staff who are responsible for intensive medical interventions.

Giving newborns breast milk contributes to their survival, and breastfeeding has important benefits for both mothers and babies. It can be a moment to bond and help mothers recognize how their infant reaches out to them and how they can respond. Difficulties in early breastfeeding are barriers to the mother bonding well with the child and forming a satisfying relationship. Infants with disabilities, even when not yet recognized, may have difficulties expressing their hunger and feeding. Effective breastfeeding counselling is critical for preventing a mother from rejecting a child while gaining the capacity and confidence to respond to meet the child's nutritional and other needs.

Rapid learning occurs in the first few weeks. Caregivers are usually delighted to see that their child can see and hear from birth and react to them. They help their children learn by talking and playing with them. Asking caregivers to do a simple task, such as massaging the newborn and making cooing sounds, demonstrates what play looks like with a young infant. Seeing the infant stretch and react happily during this practice activity encourages caregivers to interact frequently with the child at home (see **Box 6**).

BOX 6. A MOTHER AND FATHER ARE RESPONSIVE TO THEIR SMALL NEWBORN

Mothers and fathers learn to be sensitive to their newborn by looking closely into the baby's eyes and talking. Even this small, premature baby gives signs of reaching out to her parents for an affectionate response.

Sensitive parents help their newborn develop fully, physically and intellectually, by recognizing and responding to the infant's signs of hunger, discomfort and need for affection.



Photo credit: American University of Beirut, Beirut, Lebanon/Lama Charafeddine



If the infant does not look at a caregiver, it may be because the caregiver does not know how to be responsive. Responding to the child engages the child and develops attachment to the caregiver. The provider may need time to help the caregiver respond when the child reaches out. These activities might reveal concerns that an infant does not appear to hear or see the caregiver. Using a prepared list of hospital and local services, the provider can refer the child for early screening if necessary.

Given that maternal depression is common during this period, the provider should ask the mother how she feels about having the baby and what her concerns are. This is a time when many mothers are particularly stressed, have difficulty sleeping or are overwhelmed by their responsibilities in the home. Especially if the child is weak or has a disability, mothers may fear that they will hurt the child. They may be concerned about not being able to stop the child crying, feed or sleep well. These difficulties disrupt others and may create tension in the household. A provider can help the mother find solutions to her concerns and introduce ways to calm the child, overcome feeding difficulties and request the help she needs from her family.

Observing that a mother has little joy in responding to her baby may indicate a need for specialized counselling services. A provider should review the conditions that affect the safety of the young child and mother by looking for any signs of physical or psychological abuse.

Table 3.2 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during postnatal visits.




Table 3.2. Supporting caregivers during postnatal visits

| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|--|---|---|
| <p>Responsive caregiving</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Look closely at your child. <input type="checkbox"/> Be aware of your child's signals (e.g. hunger, discomfort, attempts to communicate, joy and need for attention). | <ul style="list-style-type: none"> <input type="checkbox"/> Counsel During an observation of breastfeeding, coach the mother – Look into your baby's eyes. Your baby is so beautiful. Talk softly to your baby. Sing to your baby. Touch your baby's fingers. See how your baby is wanting to reach for you and grab your finger. <input type="checkbox"/> Ask Will both mother and father attend the early postnatal visits together, if possible? <input type="checkbox"/> Counsel Coach the father on how to hold the baby – Support your baby's head and look closely into your baby's eyes. What can you say to your child? See how your baby is wanting to reach for you. <input type="checkbox"/> Discuss How does your baby tell you that she is hungry, even before crying? Discuss feeding on demand. Recognize the signs that the baby is hungry and respond by breastfeeding. <input type="checkbox"/> Counsel With a game, help the father and mother be more responsive to their baby - Look closely at your baby. Whatever sound or movement your baby makes, copy it. Get a conversation going by copying the baby's sounds and gestures. This helps you and your baby respond to each other. <input type="checkbox"/> Discuss Healthy babies see and hear from birth. Show me how you know your baby can see and hear. Show me how you could help your baby learn to smile. <input type="checkbox"/> Ask How well is your baby sleeping? What do you do when your baby does not sleep well? <input type="checkbox"/> Discuss Leaving your baby to cry is not a good way to calm the baby. Calm yourself first. Then hold your baby close with a firm hand on his back. What other strategies could you try to calm yourself and your baby? |
| <p>Opportunities for early learning</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Talk with your child. | <ul style="list-style-type: none"> <input type="checkbox"/> Ask How do you talk with your baby? What do you talk about? How does your baby respond to your voice? During your daily household tasks, when can you talk to your baby? <input type="checkbox"/> Ask How does the baby's father or other family member talk to the baby? <input type="checkbox"/> Discuss Your baby is learning language long before being able to speak. Your baby can show you she understands even if she is not able to respond verbally. What non-verbal cues have you observed that show understanding or an intent to communicate something? |

Table 3.2. Continued

SUPPORTING CAREGIVER WELL-BEING

EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO

| | | |
|---|---|--|
| <p>Supporting caregiver well-being</p>  | <ul style="list-style-type: none"> □ Build their capacity to care for themselves. □ Problem-solve and organize support from family members. □ Follow the protocol if there are mental health concerns. | <ul style="list-style-type: none"> □ Ask Do you still have any pain or discomfort after the birth? If so, let's take care of it. □ Ask How do you feel about having this baby? What is difficult for you? □ Ask What do you do to relax? □ Ask How are you sleeping? I know you must be exhausted. What help do you need to get more sleep? How can your family take on additional childcare and other household tasks? □ Discuss Where can you go for help if you need it? Do you have a friend, a neighbour, an older family member or a religious leader you could talk with? □ Refer If there are mental health or safety concerns, refer the mother and baby to specialized services. |
|---|---|--|



3.3. Well-child care: keeping the child healthy and developing well

Many opportunities exist to strengthen caregiver practices and support caregiver well-being when mothers, fathers or other caregivers bring their young children to a health facility for regular check-ups. Within a welcoming facility, service providers model responsive interactions with caregivers by listening to their concerns, answering questions and addressing them respectfully as they move through the steps of the check-up.

Caregivers may have concerns from their earlier visits. As the child grows new ones may appear. Feeding problems may turn into a child refusing to eat new foods. Upsets may become tantrums. Caregivers may not share difficulties unless providers ask them questions that invite them to share their concerns. The visit offers opportunities to introduce caregiving practices. For example, when children are upset at being weighed, examined or receiving an injection, service providers can demonstrate responsive practices with calming sounds, gestures and ways to distract children to lessen their fears. They can engage caregivers to continue the methods that were demonstrated and coach them on ways to calm the child (see **Box 7**).

When providers weigh the child and discuss how the child is growing, they can also ask about the child's development. They can discuss the child's progress since the last visit and what the caregiver thinks about how the child is learning.

At each visit, the provider can remind the caregiver of the importance of playing and talking with the child. The child's home-based health card or other record may recommend activities for play and communication appropriate for the child's age.

Setting up playboxes or a corner with toys and books encourages caregivers to play together with their children while they are waiting to see a provider (see **Section 2.1**, and **Box 4**). For example, a facility staff member or volunteer can maintain the supply of toy items, clean each item after a child has used it, and facilitate play activities with families during their well-child visits. Caregivers who have scarce resources may think that they have nothing for the child to play with. The contents of the playbox demonstrate how children can learn with common household items (45).

BOX 7. CALMING AN UPSET CHILD

This father is calming his child. He takes a few deep breaths to calm himself first. Then he holds his child closely on his chest. He firmly presses his palm on the child's back while cooing softly to him. The child is circled by protecting arms and incorporates the father's steady level of calm.

The father is learning not to further stimulate his child by slapping his back, shaking or bouncing him.



Photo credit: Jane Lucas



Toy items must be safe for all ages. Small pieces that could be swallowed, stuffed toys that are not easily washable, sharp edges and long sticks should all be avoided. Videos in waiting areas can introduce, for example, the importance of responsive care to the developing brain of a child, and playing and talking with children.

During home visits, community health workers have many opportunities to support caregiver practices and caregiver well-being. Counselling the caregiver on feeding is more appropriate when a health visitor knows what food is available in the home and how it can be prepared for the young child.

Similarly, helping caregivers learn to play and talk with their young child is more practical when the health worker uses what is available in the home. There may be a scarf for playing peek-a-boo or hide and seek; cups and bowls to stack; spoons, potatoes or stones to count; magazines or calendars with pictures to discuss; and many interesting items to name. Observing the child's use of television and mobile phones is an opportunity to discuss how to control screen time and increase more active play.

The home visitor can also help caregivers protect children by removing hazards from: toxins; small objects that could be swallowed; cooking smoke or unprotected fires; or second-hand smoke. When home visitors meet with caregivers, they may see hardships and other conditions to understand better the concerns of caregivers and the help they need.



Photo credit: © UNICEF/UN0152973/Schermbrucker

Holding and playing, frequent eye contact, talking and singing – these help a child to learn, be happy and thrive.

Table 3.3 contains suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during well-child care and home visits.

Table 3.3. Supporting caregivers during well-child care and home visits


| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|---|---|---|
| <p>Responsive caregiving</p>  | <ul style="list-style-type: none"> □ Look closely at your child. □ Be aware of the child's signals (e.g. hunger, discomfort, attempts to communicate, joy and attention). | <ul style="list-style-type: none"> □ Discuss When are you able to spend one-on-one time with your child? What do you like to do together? How do you know what your child likes to do with you? □ Ask (when weighing and monitoring the child's growth) How often do you feed your child? How does your child tell you that she is hungry, even before crying? How do you know when your child has finished eating? And when your child wants to start again? □ Counsel Encourage the caregiver to look closely, gently touch, talk and sing softly to the child. Encourage the caregiver to respond to the child's attempts to reach, touch, talk or play. |

Table 3.3. Continued



| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|--|--|---|
| <p>Responsive caregiving</p>  | <ul style="list-style-type: none"> □ Respond appropriately and in a timely way to the child’s signals and needs, which differ when the child is well or sick, or has special needs. | <ul style="list-style-type: none"> □ Observe Does the child look at the caregiver? How does the caregiver get the child’s attention? Comfort the child? Encourage the child to smile? □ If the caregiver has difficulty getting the child’s attention and encouraging the child to smile, offer a game to help, e.g. look closely at your child’s face. Whatever sound or movement your child makes, copy it. Get a conversation going by copying your child’s sounds and gestures and talking to your child. With an older child, play peek-a-boo, hiding behind your shawl or scarf. □ Model: Responsively engage as you approach to weigh or immunize the child. Encourage the caregiver to assist in engaging the child in a similar way. |
| <p>Opportunities for early learning</p>  | <ul style="list-style-type: none"> □ Talk with your child. <hr/> <ul style="list-style-type: none"> □ Play with your child. □ Follow your child’s lead and assist the child’s interest in exploration and learning. | <ul style="list-style-type: none"> □ Ask What has your child learned to do since the last visit? Is there anything your child cannot do now that she was able to do before? What concerns, if any, do you have about how your child is learning? □ Ask How do you and other family members talk with your child? What do you talk about? When you are feeding your child, do you talk to your child? Your child is learning language long before being able to speak. How do you know your child understands you? □ Discuss Frequently talking and communicating by touch with an underweight or otherwise at-risk child is especially helpful. It stimulates the brain and body to develop during this important time of rapid growth. □ Discuss For your child to learn well, your child needs time communicating with you and actively playing. How can you reduce the time your child watches television or plays on the mobile phone? <hr/> <ul style="list-style-type: none"> □ Observe How does the caregiver play with the child? Does the caregiver follow the child’s lead? How does the child use play items, books, etc., that you have available? □ Ask How can you find some time to play with your child each day? When and how long can you play with your child? If you are busy, how could you talk and play with your child as you do your daily tasks, e.g. bathing, feeding, changing the child’s nappies? □ Discuss What do you have to use to play with your child? Cups to hold and stack? Vegetables to count? A scarf to play peek-a-boo? |

Table 3.3. Continued

| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|---|---|---|
| <p>Safety and security</p>  | <ul style="list-style-type: none"> □ Build your child's trust through a warm, responsive presence. | <ul style="list-style-type: none"> □ Discuss Your child knows you care. When your child is hungry, you feed him. When your child fusses, you pick him up and give comfort. How do you show your child that he can trust you? □ Discuss When you are tense, your child is tense. When you relax, your child relaxes with you. Your child will interpret the world through your reactions to it. What have you observed about how your child responds to your emotional state or the emotional state of other family members? |
| | <ul style="list-style-type: none"> □ Make a safe home environment for exploration and increasing independence. | <ul style="list-style-type: none"> □ Discuss Help your child explore different objects, and make sure that the objects are clean and safe. □ Discuss Does your child put things in her mouth? Children do this because they are learning about objects through the mouth (warm, cold, rough, smooth, hard, soft). Help your child explore different objects, and make sure that the objects are clean and safe (bigger than the baby's fist, to prevent choking). □ Discuss What dangers might exist for the child in or near your home as he learns to crawl and walk? In the household, are there dangerous chemicals or cleaning materials, medicines, sharp objects within reach, firearms? Outdoors, are there waterholes, open fires, animal droppings? How can you protect your child from drowning, injury or other harm? □ Ask When you are not available, who takes care of your child? |
| | <ul style="list-style-type: none"> □ Protect your child from harsh discipline and abuse. | <ul style="list-style-type: none"> □ Observe How does the caregiver comfort and calm an upset child? How does the caregiver correct the child? □ Ask Are you sometimes afraid that others in your home might hurt you or your child? □ Observe Are there any physical signs that the caregiver or child experiences abuse? Are there other signs, such as a fear of talking with you? □ Refer If there are signs of abuse, follow the protocol to refer the caregiver and child to social or child protection services. |



Table 3.3. Continued

| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|---|--|--|
| <p>Safety and security</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Protect the child from harmful substances <hr/> <input type="checkbox"/> Establish routines for eating and sleeping. | <ul style="list-style-type: none"> <input type="checkbox"/> Ask Do you or any other member of the family smoke, use alcohol or another substance in the house? <input type="checkbox"/> Discuss Second-hand smoke is harmful for the child's healthy growth and development. It increases the child's risk for respiratory disease including asthma and may even lead to sudden infant death. How can you minimize your child's risk of second-hand exposure? <hr/> <input type="checkbox"/> Ask What difficulties are you having getting the child to eat? To sleep? <input type="checkbox"/> Discuss Routines can help with good eating and sleeping habits. Do you have a regular time for feeding? For sleeping? |
| <p>Supporting caregiver well-being</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Build their capacity to care for themselves. <input type="checkbox"/> Problem-solve and organize support from family members. <input type="checkbox"/> Identify community services. | <p>EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ask What difficulties are you having with the demands of taking care of your child? What makes it easier for you? Who can you ask to help with household tasks? How do you relax? <input type="checkbox"/> Observe What is the caregiver's mood? <input type="checkbox"/> Ask When you are having a difficult day, who can you talk with? Who can lend you a hand watching your child/children or help with tasks? <input type="checkbox"/> Refer If you observe signs of poor mental health and failure to cope, consider referral to specialized mental health or other services, if needed. |



3.4. Sick-child care and follow-up: managing childhood illness responsively

When a child is sick, managing the child's illness is the priority for service providers. It is also the priority for caregivers, and they need skills to do it well. Caregivers need to notice how the child feels, recognize signs of illness, and respond quickly when the child requires medical attention. Being responsive enables the caregiver to seek timely medical care, give a child medicine, and comfort the child in pain and discomfort. However, time is limited to help families improve their caregiving practices when the child is sick. Strengthening caregiver practices must be accomplished within the priority of learning how to care for the sick child.

Managing the sick child: treating the child in the outpatient clinic and preparing for home care

A sick child seen in a clinic who is not referred to hospital may need a caregiver at home to give effective treatment, provide responsive and supportive care and nurture the child to health. For example, caregivers should learn how to prepare and feed a child who refuses to eat. They need to know how to give the child medicine, and to troubleshoot

common problems if the child spits it out. The WHO and UNICEF *Integrated management of childhood illness protocols* (46) for managing the sick child in a first-level health facility and in the community stress that the caregiver needs to practise preparing and giving medication correctly. This is an opportunity to help the caregiver learn how to be aware of and respond to the difficulties the child may have.

Children with cognitive, physical or behavioural difficulties may have particular complications with eating and receiving the medical care they need. They may be lethargic, withdraw and reject physical touch. The provider can demonstrate to a caregiver how to draw the child's interest, activate swallowing and prevent choking and other problems.

In a follow-up visit, if the child has improved, there is more time to strengthen other caregiver practices. Some practices, including responsive play, can help the child catch up if there has been a delay of growth and development during the illness.

Caregivers may face additional challenges and stress to care for a sick child while having to manage work, household chores and take care of other children. They might require support.

Table 3.4.1 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during outpatient sick-child visits.

Table 3.4.1. Supporting caregivers during outpatient sick-child care


| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|---|---|---|
| <p>Responsive caregiving</p>  | <ul style="list-style-type: none"> □ Look closely at your child. □ Be aware of the child's signals (e.g. hunger, discomfort, attempts to communicate, joy and attention). | <ul style="list-style-type: none"> □ Discuss How did you know your child was sick? How is your child acting differently today? You did well to notice that your child was sick and to bring your child to see me. Let's see what we can do together to help your child get better. □ Discuss Your child needs to eat well, even when he is sick. What difficulties are you having? What can you prepare that he might be interested in? You might need to offer food more often, in smaller bits. Follow his signals that he is ready to take another bite. Give advice on how to ensure a sick child continues to drink and eat. □ Discuss Continue frequent feeding when the child gets better so he will catch up his growth. Follow his signals that show you he is ready to eat. How does your child signal to you he is ready to eat? □ Observe a breastfeed to see if the child is feeding well (as recommended in <i>Integrated management of newborn and childhood illness</i>). If needed, assist the mother to position the child well for effective feeding. Encourage the mother to look closely, gently touch and talk softly to the child, and respond to the child's attempts to reach and touch her. |

Table 3.4.1. Continued

| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|--|--|--|
| <p>Responsive caregiving</p>  | <ul style="list-style-type: none"> □ Respond appropriately and in a timely way to the signals and the child’s needs, which differ when the child is well or sick, or has special needs. | <ul style="list-style-type: none"> □ Demonstrate Responsively engage and talk to the child as you approach to examine or treat her, e.g. when you give the child an injection. Explain what you are doing. Encourage the caregiver to assist in engaging the child in a similar way. □ Counsel Coach the caregiver to practise some of the tasks for home care: take the child’s temperature or feel for fever, identify fast breathing or other signs of severe illness, and give the child the first dose of medicine if required. □ Observe If the child is fussing, observe how the caregiver calms the child. How do you calm your child? □ Discuss Your child will find it easier to calm down if you are calm also. Take a few deep breaths. Then, try holding your child close to you with your hand, still and firmly, on your child’s back until your child is calm. |
| <p>Opportunities for early learning</p>  | <ul style="list-style-type: none"> □ Talk with your child. | <ul style="list-style-type: none"> □ Demonstrate Talk to the child softly, explaining as you go through the steps of the visit. Engage the child, rather than force the child’s response. For example, hold your hand out and ask the child to give you her hand. Tell the child that you will take her temperature. □ Discuss Even though the child is sick, he will learn if you talk to him about what is around you, what he is doing, or try to articulate how he might be feeling. |
| <p>Safety and security</p>  | <ul style="list-style-type: none"> □ Make a safe environment. | <ul style="list-style-type: none"> □ Discuss How do you store your medicines at home? Discuss how to keep medicines dry and safe, and away from children. □ Discuss Who will care for the sick child if you are unable to? Identify an adult who will stay with your child. |
| SUPPORTING CAREGIVER WELL-BEING | | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
| <p>Supporting caregiver well-being</p>  | <ul style="list-style-type: none"> □ Build caregivers’ capacity to care for themselves. □ Problem-solve and organize support from family members. | <ul style="list-style-type: none"> □ Discuss Caring for a child who is sick can be difficult and tiring. What can you do to relax, even for 10 minutes at a time? □ Ask What extra help do you need from your family, so you can spend more time with your child and care for yourself? Who could you ask for help? □ Ask What difficulty might you have in returning for a follow-up visit? |

Inpatient paediatric care: maintaining the child's development in hospital

Children may spend long periods in hospital for treatment of severe illness, surgery and/or rehabilitation. Hospital practices are moving from policies for total rest to policies that encourage gentle activation of the child, appropriate to the child's condition. Movement and interaction contribute to a better appetite and healing, while their absence may contribute to delay in the child's development.

Stays in hospital are stressful for children and their caregivers, and hospitals should make every effort not to separate them. During hospitalization, the cognitive and social skills of children may deteriorate. When caregivers are present, they can address the decline by stretching limbs, talking to the child, and giving the child items to touch, grab, stack or bang; naming people, things, colours and feelings; and activating the child's response by rubbing the skin with different textures and temperatures. Furnishing a corner of the paediatric ward with books and toys encourages caregivers to interact with their children at an appropriate level as their condition improves. Colourful posters can provide ideas for what caregivers can do.



Photo credit: © UNICEF Perú/Tamayo E

Your child will enjoy the time with you. Ask a nurse where you can find books and toys to play with your child.



Photo credit: © UNICEF Perú/Hildebrandt C

Play with your child. It helps your child continue to learn while in hospital.

Involving caregivers in their child's care helps them learn to recognize when their child has pain, where it is located and what comforts the child. They can observe how medical staff complete routine procedures in a responsive manner and can better address the needs of their child during rehabilitation feeding.

Caregivers also need attention and support. Staying in the hospital, they need a clean place to sleep, food, access to clean toilets and a place to relax with other caregivers. They may experience disruptions in their families and worry about the family at home. They appreciate staff who show an interest and help them consider possible solutions to their worries.



Suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during inpatient paediatric care are in **Table 3.4.2**.



Table 3.4.2. Supporting caregivers during inpatient paediatric care

| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|--|---|--|
| <p>Responsive caregiving</p>  | <ul style="list-style-type: none"> □ Be aware of the child’s signals (e.g. hunger, discomfort, attempts to communicate, joy and attention). □ Respond appropriately and in a timely way to the signals of the child’s needs, which differ when the child is well or sick, or has special needs. | <ul style="list-style-type: none"> □ Discuss How did you know your child was sick? You did well to notice that your child was sick and to bring your child here. Let’s see what we can do together to help your child get better. □ Discuss How is your child today? Does he have any pain? How do you know? What comforts him? □ Counsel Coach the caregiver to assist by, for example, taking the child’s temperature, feeling for fever and identifying fast breathing or other signs. Help the caregiver recognize these signs of illness. □ Discuss Caregivers should be sensitive to the needs of the child during feeding for rehabilitation during and after illness. □ Demonstrate Children in hospital might be fearful of providers who give them injections and other treatments. Engage and speak to the child as you approach her. Encourage the caregiver to assist in engaging the child in a similar way, explaining what is happening and distracting the child, for example, with a song. □ Counsel If the child is fussing, say – Take a few deep breaths. Try holding your child close to you with your hand still and firmly on the child’s back until the child is calm. If the child cannot be held, then ask the caregiver to put a hand firmly on the child’s back or stomach. A calm approach is more effective than bouncing the child, especially when the child is sick. |
| <p>Opportunities for early learning</p>  | <ul style="list-style-type: none"> □ Talk with your child. □ Play with your child. | <ul style="list-style-type: none"> □ Discuss Your child will have different levels of interest and energy for play. Follow what your child shows an interest in. Put clean items for play where he can reach them. □ Ask Do you talk to your child when she is sick? She is still able to learn from you. Talk to your child softly. Describe her body, the pain, and the happy things around her. □ Ask What do you have that he could play with while he is here? Do you have a cup for him to hold? How does he explore your hand? Could you use your scarf to play peek-a-boo with him? We have some books here. Would you like to show him a book? □ Ask (at discharge) What activity would you like to do at home? When can you do it? Your child needs to learn new skills, even while recovering. |

Table 3.4.2. Supporting caregivers during inpatient paediatric care

| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|---|---|---|
| <p>Safety and security</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Make a safe environment. | <ul style="list-style-type: none"> <input type="checkbox"/> Discuss Your child loves to put things in her mouth. With her mouth, she learns shapes, textures, temperatures. What items are safe for her to put in her mouth? Where can you wash the items she touches and puts in her mouth? <input type="checkbox"/> Ask How will you store the child's medicine at home? <input type="checkbox"/> Ask If you are not available, who can take care of your child? Will they be able to give the child medicine at the right time and dose? |
| <p>SUPPORTING CAREGIVER WELL-BEING</p> | | <p>EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO</p> |
| <p>Supporting caregiver well-being</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Build their capacity to care for themselves. <input type="checkbox"/> Problem solve and organize support. | <ul style="list-style-type: none"> <input type="checkbox"/> Ask How are you feeling? It must be difficult for you now. Is there anything I can do for you? Who can you talk to or ask for help at home? <input type="checkbox"/> Ask Do you know any of the other fathers or mothers here? It might help you to talk to some of them, you should try. <input type="checkbox"/> Discuss If you feel overwhelmed, would you like the social worker to visit? The social worker can be helpful. <input type="checkbox"/> Discuss (at discharge) Are you ready to take your child home? What are you concerned about? |



3.5. Nutritional rehabilitation: recovering from poor growth and development

Poor nutrition puts children’s health at risk of more frequent and severe infections, and slower recovery from illness. Stunted growth (low height compared to other children the same age) is related to subsequent developmental delays, poor social and emotional skills, and poor performance in school. Based on measures of stunted growth and poverty, 43% of children – 250 million children under 5 – are at great risk of not reaching their developmental potential (47).

Providers in health and nutrition services – including many community programmes – weigh children, take their height, and monitor their growth to identify children who are undernourished or stunted. They may measure the mid-upper arm circumference to identify children with severe wasting. Children found to be stunted or severely malnourished need referral for nutritional rehabilitation.

Nutritional services range from community-based ones that aim to improve infant and young child nutrition practices and behaviours, monitor growth and identify wasting, to hospitalization for the treatment of complicated severe wasting. Children with moderate or severe wasting are usually treated with therapeutic supplements depending on the severity of their condition. Given that increasingly severely wasted children are treated at home with ready-to-use therapeutic food, their caregivers play a critical role to ensure their children actually consume this food to gain back their strength. Community health workers have a role to play to support caregivers to feed responsively and patiently to help their child accept the ration.



Nutritional rehabilitation services in hospitals and communities often include play activities. Play stimulates growth and addresses related delays in development. Increasing the level of activity of poorly-nourished children helps to improve their appetite and acceptance of food. Since 1999, WHO guidelines on the hospital management of severe wasting have included recommendations on play (48).

Adding responsive care and early learning activities to community-based nutrition services increases their attractiveness to caregivers, as well as their effectiveness. Where caregivers meet in groups, they may also enjoy the time with other families, which helps to sustain their efforts (see the example in **Box 8**).

BOX 8. INDIA: PLAY AND COMMUNICATION ACTIVITIES INTRODUCED INTO COMMUNITY NUTRITION PLATFORMS

Mother-child groups – led by Anganwadi Workers and Accredited Social Health Activists in India – distribute food supplements and help mothers improve their feeding practices. Responsive play and communication activities, which caregivers practise with their children during the group meetings, have been added. Including popular play and communication activities helps undernourished children grow and develop. It also helps to increase and sustain the participation of families in community-based nutrition services (49).





Photo credit: Jane Lucas

Table 3.5 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being in nutritional rehabilitation and support services.

Table 3.5. Supporting caregivers during nutritional rehabilitation and support services

| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|--|--|---|
| <p>Responsive caregiving</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Look closely at your child. <hr/> <input type="checkbox"/> Be aware of your child's signals (e.g. hunger, discomfort, attempts to communicate, joy, attention). | <ul style="list-style-type: none"> <input type="checkbox"/> Observe a breastfeed Correct positioning and address attachment difficulties, if necessary. Help the mother see and feel how the baby responds to changes in position, reaches for her and continues to feed. <hr/> <input type="checkbox"/> Ask How often do you feed your child? How do you know when your child is hungry? When you are feeding, how do you know she is full or wants to take a rest? What does your child do when she wants to start eating again? <input type="checkbox"/> Discuss Help the caregiver responsively breastfeed, give complementary foods or therapeutic feeding. Help the caregiver recognize when the child wants to rest or is full. |
| <p>Opportunities for early learning</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Talk with your child. <hr/> <input type="checkbox"/> Play with your child. <hr/> <input type="checkbox"/> Follow your child's lead and assist the child's interest in exploration and learning. | <ul style="list-style-type: none"> <input type="checkbox"/> Discuss While the child is eating, frequently talking about the good food and communicating by touch is helpful. It helps the child pay attention and continue eating. It also stimulates the brain and body to develop during this important time of rapid growth. <input type="checkbox"/> Discuss Meal time is an opportunity for helping the child to learn: talk about the food, colours, tastes, what the child likes to eat, how the child can feed himself. <hr/> <input type="checkbox"/> Discuss Frequently playing with your child throughout the day will help your child develop an appetite. It will be easier to feed her. <input type="checkbox"/> Counsel If your child does not want to eat, try a game to engage the child's interest, e.g. "Open your mouth wide. Let the food truck go inside." <hr/> <input type="checkbox"/> Counsel Look for signs that your child is ready to take the breast or food. Does he reach for the breast or spoon? Or open his mouth wide and reach with his tongue? Do not force food, but follow the child's lead. <input type="checkbox"/> Ask What happens when you try to give a new food to your child? If you have difficulty, introduce the food when the child is hungry. Let the child explore the new food by picking it up, and let her taste it by licking her fingers. Breastfeed after, not before, the child has tried a new complementary or therapeutic food. |

Table 3.5. Continued

| COMPONENT OF NURTURING CARE | CAREGIVER PRACTICES | EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO |
|---|---|--|
| <p>Safety and security</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Make a safe home environment. | <ul style="list-style-type: none"> <input type="checkbox"/> Discuss How do you prepare your child's food? Discuss how to make the texture, temperature and size of morsels appropriate for the age of your child, to interest your child, and to prevent choking. <input type="checkbox"/> Ask How do you position your child? Supporting the child to sit upright when eating helps to prevent choking. <input type="checkbox"/> Ask Do you have water and soap near you to wash your hands before preparing the food and feeding the child? <input type="checkbox"/> Ask Do you have access to enough food for the family every day? <input type="checkbox"/> Ask (when and where appropriate) Are you enrolled in social services that provide extra financial or food support? |
| <p>SUPPORTING CAREGIVER WELL-BEING</p> | | <p>EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO</p> |
| <p>Supporting caregiver well-being</p>  | <ul style="list-style-type: none"> <input type="checkbox"/> Build capacity to care for themselves. <input type="checkbox"/> Problem-solve and organize support from family members. | <ul style="list-style-type: none"> <input type="checkbox"/> Ask How are you feeling? <input type="checkbox"/> Ask What difficulties do you have feeding your child? I know you want your child to enjoy eating and to eat well. What help do you need? <input type="checkbox"/> Ask (If in the hospital) How are you getting the food you need while you are here? What family member or friend could bring you food? How else can your family or friends help you right now? |



Conclusion

This *Guide* has been developed to help those managing and providing maternal, newborn and child health and nutrition services to introduce or expand elements of nurturing care – strengthening caregiver practices for responsive caregiving, early learning, safety and security, and supporting caregiver well-being - into their routine work and existing service delivery contacts. The examples contained may not be practical for all circumstances, but are intended to give ideas on what can be done without major changes in service provision.

Decision-makers, planners and other stakeholders can help support the proposed actions by managers and service providers by:

- familiarizing themselves with the key messages related to nurturing care;

- creating an enabling environment that supports family-centred care and supports caregivers to provide nurturing care;
- providing support to managers and providers in implementing new and modified practices or services;
- sourcing funding, where necessary, to provide managers with resources for these modifications;
- reviewing training curricula, including in pre-service training, to incorporate nurturing care concepts and key provider interpersonal skills.

Recognizing the importance of support for early child development and enabling maternal, newborn and child health and nutrition services to provide this support will contribute to children reaching their full potential.



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