

Child Protection Recognition and Response Training Manual: Facilitator's Guide



Nepal Paediatric Society
(NEPAS)

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Nepal Paediatric Society
(NEPAS)

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Disclaimer

The information in this book is true and complete to the best of our knowledge as it is garnered with recommendation, discussion and review of available literature and organizations within Nepal. Recommendations are made without guarantee on the part of NEPAS. Few pictures are cited from child protection companion RCPCH. The author and publisher disclaim any liability in connection with the use of this information.

Message from President

Nepal Paediatric Society (NEPAS) is committed to strive for overall development of the children of Nepal and has been a major advocate for the rights of the child.

I feel happy to share with all readers that NEPAS has played a pivotal role in different forums on child rights and feel pride in being a party to raising this awareness and promulgation of child friendly acts and regulations for child protection and mitigation of abuse and neglect in the country.

The impact of child maltreatment can be profound. Research shows that child maltreatment is associated with adverse physical and mental health outcomes in children and families, and those negative effects can last a lifetime. In societal perspective, child abuse and neglect can affect various government systems, including healthcare delivery, law enforcement, judicial and public social services agencies in addition to non governmental agencies as they respond to the incident and support the victims. Many of our fellow colleagues and other allied health workers on rights may not be aware but child right is a fundamental right according to Nepal's new constitution. It is therefore imperative that majority of these stakeholders receive appropriate training and education on child rights issues.

In this regard, I am delighted to know that a team of members from NEPAS and international experts have prepared manual and training materials to educate all these stakeholders on "Child protection recognition and response". I would like to thank everyone involved in preparation of this material and organization of the training.

I hope that all stakeholders will benefit immensely from this manual. I hope that this will help improve the detection of child maltreatment, enhance the capacity to deal with the child protection issues, familiarize the legal aspects and consequences of child protection issues among all stakeholders.



Dr. Krishna P. Bista

President

Nepal Paediatric Society (NEPAS)



Foreword

This training manual is developed by the professionals involved in the recognition of child maltreatment. It focuses on the rights of children, identifying the signs of child abuse, legal aspects in context of Nepal and the holistic approach of management to it.

There is an entailed description of the status of child protection, issues related to recognition and response towards it.

Every individual should come forward in enhancing the voice of those children to make a better place for them to live.

Nepal Paediatric Society (NEPAS)

Acknowledgement

We would like to thank NEPAS Executive Committee for taking initiatives on developing this manual. The initiative from Dr. Chris Hobbs, Dr. Jean Price, Senior Consultant Community Paediatrician with interest in Child Protection from UK and Advanced Life Support Group UK deserve special thanks for the training of Nepalese pediatricians and nurses in child protection. Many of the contents in this manual have been adapted from the ALSG manual. Dr. Chris Hobbs, Dr. Diana Jellinek, Dr. Jean Price, Dr. Neela Shabde, Dr. Ronald Smith, Dr. Deepak Upadhyaya, Dr. Jamuna Acharya, Dr. Sabina Shah Pahari, Joanne Lott and Sheila Moore, Specialist Child Protection nurses, Dr. Kate Denning, educator and the whole team from United Kingdom deserve special mention in all the efforts they have put in giving momentum to child protection activities in Nepal. We thank So The Child May Live (STCML) and Health Exchange Nepal (HeXan) for contribution. We also thank stakeholders from Nepal including Central Child Welfare Committee, Women and Children Directorate of Nepal Police, UNICEF Nepal and various news media whose feedback have been very useful in development of this manual. We thank Children Rescue and Co-ordination Center, Bhrikutimandap and CWIN child helpline Thankot for letting us visit the site and providing us with the information on the procedures of their work. We finally would like to thank Kanti Children's Hospital for allowing us to use its venue for meetings, consultations and pretesting of this manual.

Editorial Committee

Abbreviation

CPRR	Child Protection Recognition and Response
NAHI	Non Accidental Head Injury
FII	Fabricated /Induced Illness
UNCRC	United Nations Convention on rights of Child
SDG	Sustainable Development Goal
STI	Sexually Transmitted Infection
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CCWB	Central Child Welfare Board
DCWB	District Child Welfare Board
CEDAW	Convention to End all forms of Discrimination Against Women
CERD	Convention to End all forms of Racial Discrimination
UNCRPD	United Nation Convention on the Rights of Person with Disability
CAT	Convention Against Torture
ITP	Idiopathic Thrombocytopenic Purpura
NAI	Non Accidental Injury
RTA	Road Traffic Accident
FY	Fiscal Year

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Course Introduction

TARGET AUDIENCE

This manual is specially targeted to pediatrician, pediatric nurses and other health personnel who are involved in the management and care of children. This manual will be helpful to those who are involved with the overall care of children like school, daycare center, social welfare areas, etc.

OBJECTIVE

The objectives of this manual are:

1. To increase the case detection rates regarding child protection in health facilities.
2. To enhance the capacity to deal with the child protection issues.
3. To know about the legal status, stakeholders involved and the consequences associated with child protection issues.

FACILITATING THE TRAINING

Training Outline

Introduction	Time 15 mins	1. Welcome 2. Housekeeping 3. Overview of training 4. Expectations	
Introduction to child protection	60 mins	1. What is child protection? 2. Why is it necessary? 3. What is the status? 4. Definition 5. Indicators of abuse	Participants will: 1. Elaborate the history of child right. 2. Define child right, child protection recognition and response 3. Understand the situation of Nepal regarding CPRR
Legislation	60 mins	1. Understanding child protection 2. Prevalence of child abuse in Nepal 3. Nepal's governance 4. Child protection mechanisms and their role 5. Role of health practitioners	Participants will: 1. Explain the child protection and its prevalence 2. Define the role of health practitioners 3. How to address the issues legally?

How do you feel?	45 mins	1. How an individual's feelings and attitudes might affect their response to child protection work?	Participants will: 1. Understand how social class, culture, race, religion and gender issues might influence their response to child abuse 2. Recognise the need for emotional support and supervision and know where to go for help 3. Acknowledge that a difference of opinion and conflict may arise within child protection work and know where to go for help
Physical abuse	60 mins	1. How to recognise child abuse and neglect 2. What they need to learn to be able to recognise child abuse and neglect. 3. When they should call a senior colleague?	Participants will: 1. Know and recognise the indicators of possible abuse or neglect, such as patterns of injury 2. delay in presentation and inconsistencies in the history
Non physical abuse	60 mins	1) Creating awareness in recognizing child abuse and neglect. 2) Help in evaluating the feature that enables the candidate to recognize child abuse and neglect.	Participants will: 1) What are the different forms of child abuse? 2) Define Emotional abuse, neglect and sexual abuse. 3) What are the risk factors for child abuse? 4) What are the common presenting features of child abuse?
Cases	60 mins	1. Case studies 2. Disclosure from child	Participants will: 1. Analyze the various contact points. 2. Basic components of responding to such issues.
Multidisciplinary approach	60 mins	1. Identification and approach to management	Participants will: 1. Logistic approach of managing the cases.
Training closure	30 mins	1. Review and summary. 2. Training evaluation	

Preparing for the training

Things to consider:

1. Is the venue suitable for the training?
2. Has accommodation been arranged?
3. Has sufficient stationary been organized?
4. Is any additional equipment required?

Beginning the training

1. Introduction
2. Explain the purpose of training
3. Establishing ground rules
4. Participant's expectations
5. Training schedules

Good Facilitation

1. Non –verbal communication
 - Eye contact
 - Standing in front of the group
 - Reacting to what participants are saying
 - Avoid addressing from a place where you cannot be easily seen.
2. Verbal communication
 - Ask open ended questions
 - Speak slowly and clearly
 - Encourage participants to speak
 - Watch out for disagreements and draw conclusions.

Equipment and resources

1. Copies of the handout
2. Attendance register
3. Flip chart stand
4. Flip chart paper
5. Flip chart pens
6. Glue
7. Sheets of blank paper
8. Colored pens
9. Name tags

Participatory Methodologies

1. Working in groups- small groups
2. Techniques- Brainstorm, index cards, role play, story circle, debate

Energizers and Ice breakers

1. **SWEETS:** Put 4 or 5 different types of sweets in a bag. Ask participants to choose a piece of candy and get into the groups based upon the type of candy they have.
2. **LINING UP:** Ask participants to form a line. Then, count off in groups as many as you need. All the ones form a group, all the twos for a group and so on until all groups are formed.
3. **ALPHABETICAL:** Assign people to groups based on the initial of their first or last name.

Ending the Training

Evaluating the workshop

The feedback given through the evaluation form should be collected and the facilitator should review the suggestions raised.

Facilitating the Training

Aim

- Brief introduction to the training day

EQUIPMENT AND MATERIALS REQUIRED

Equipment

- Computer, data projector and screen

Materials

- Power point slides – (1) Introduction

Timing

15 minutes

ENVIRONMENT

This session is carried out in the main lecture room. The room should be set up in such a way that the candidates can see the slides.

PLAN

Set

“In this session, I am going to give you a brief introduction to the training day and then you will be introduced to the faculty and your fellow candidates.”

Slide 1	Child protection :Recognition and Response Introduction	
Slide 2	Welcome/ Housekeeping <ul style="list-style-type: none">• Mobiles• Tea/ Lunch breaks	
Slide 3	What we expect? <ul style="list-style-type: none">• Attend all the sessions• Engage in all the sessions• Complete the assessment task	

Slide 4	<p>Overview</p> <ul style="list-style-type: none"> • Introduction • Legislation • How do you feel? • Physical Abuse • Non physical Abuse • Multidisciplinary approach • Role play <p>Outcome</p>	
Slide 5	<p>Ground Rules</p> <ul style="list-style-type: none"> • Respect your fellow candidates and faculty • Give each other time to speak • Treat all discussions confidentially 	
Slide 6	Introduction	<p>The trainers – ask the trainers to introduce themselves including the exposure / experience in the area of child protection. Candidates should then introduce themselves – giving name, hospital and specialty area.</p>

Closure

All candidates must be given a formal opportunity to ask questions about this session at this point. Once these have been answered to the candidate's satisfaction, the session can be summarised and terminated.

Chapter I

Introduction of Child Protection Recognition and Response

Aim

- To provide a background and context to Child Protection

Objectives

After completion of this chapter, candidates will be able to

1. Elaborate the history of Child right
2. Define Child Right, Child protection Recognition and Response
3. Understand the Situation of Nepal regarding CPRR

EQUIPMENT AND MATERIALS REQUIRED

Equipment

- Computer, data projector and screen

Materials

- Power point slides

Timing

60 minutes

ENVIRONMENT

This session is carried out in the main lecture room. The room should be set up in such a way that the candidates can see the slides.

PLAN

Set

“In this session, I am going to review with you the key areas related to your role in Child Protection practice”

Slide 1	Child Protection Recognition and Response Introduction	
Slide 2	Child Protection and its necessity	
Slide 3	Responsibility of paediatrician	
Slide 4	Status	
Slide 5	Definition	
Slide 6	Indicators of abuse	

Closure

All candidates must be given a formal opportunity to ask questions at this point. Once these have been answered to the candidate's satisfaction, the session can be summarised and terminated.

Chapter II

Legal Arrangements on Child Protection Norms and Mechanisms in Nepal

Aim

- To provide the Knowledge about legal perspective in context to Child Protection

Objectives

After completion of this chapter, candidates will be able to:

1. Elaborate the political structure of Nepal
2. Enumerate the legislation existing in Nepal
3. Understand the CPRR situation of Nepal in legal background

EQUIPMENT AND MATERIALS REQUIRED

Equipment

- Computer, data projector and screen

Materials

- Power point slides –

Timing

60 minutes

ENVIRONMENT

This session is carried out in the main lecture room. The room should be set up in such a way that the candidates can see the slides.

PLAN

Set

“In this session, I am going to review with you the key areas related to legal perspective in Child Protection practice”

Slide 1	Child Protection Recognition and Response: Legislation
Slide 2	Prevalence of child abuse in Nepal
Slide 3	Nepal's governance system
Slide 4	Child protection Mechanisms and their role
Slide 5	Role of Health practitioners

Closure

All candidates must be given a formal opportunity to ask questions at this point. Once these have been answered to the candidate's satisfaction, the session can be summarised and terminated.

Chapter III

How Do You Feel?

Aims

- To begin to understand how an individual's feelings and attitudes might affect their response to child protection work.

Learning Objectives

By the end of this training candidates will be able to:

- Understand the ways in which their values, beliefs, experience and attitudes might affect their personal feelings and professional response to child protection work
- Understand how social class, culture, race, religion and gender issues might influence their response to child abuse
- Recognise the need for emotional support and supervision and know where to go for help
- Acknowledge that a difference of opinion and conflict may arise within child protection work and know where to go for help

EQUIPMENT AND MATERIALS REQUIRED

Equipment

Data Projector, Laptop and Screen OR Overhead Projector & Screen, A1 Flip Chart and Pens

Materials

Slide Set OR Acetates

Attitudes and Beliefs Matrix x number of candidates

Timing

45 minutes

ENVIRONMENT

This exercise is carried out in small groups (up to 6 candidates). The room should be set-up in such a way that the candidates can all see the screen and flipchart, but can also have the flexibility to move chairs to work on their own and then in their small groups.

PLAN

In this session I am going to provide you with an overview of the objectives, then I am going to ask you individually to consider a series of five statements from a personal viewpoint and then we will discuss each of the statements from a societal and professional viewpoint and consider why feelings and attitudes are important in child protection work.”

1. Explain to the participants that they will complete a short exercise as preparation for the Child Protection training.
2. Handout 1 in their workbooks
3. Explain that they must read each statement and score the statement 1-5, depending on how acceptable they think the situation is.
 - a. 1 represents behavior that is completely acceptable to you
 - b. 5 represents behavior that you see as totally unacceptable.
4. The groups must complete the activity individually
5. When each person has completed the hand-out:
 - a. Discuss their answers
 - b. Identify statements where there was a great deal of variation in how acceptable people felt the situation was
 - c. Discuss why there are these different perceptions of acceptability
6. Give 15 – 20 minutes for this activity
7. When the group is finished, facilitate a general discussion that highlights the learning the participants gained from the activity:
 - a. What do these different perceptions, values, attitudes and beliefs mean for protecting children?
 - b. If an organisation has conflicting values, attitudes and beliefs about what is acceptable and unacceptable amongst the staff, how will this affect the extent to which that organisation can keep children safe?

Score 1 to 5 for each item (eg. 1 being the most acceptable- 5 for the least)	Personal view Acceptable/Not acceptable 1 2 3 4 5
8 year old who is hit by her mother	
Baby whose parents ask for him to be circumcised for cultural reasons	
11 year old girl with cerebral palsy whose father allows her to cuddle up to him in bed when she is upset	
A 6 year old who witnesses his father slapping his mother after an argument	
A toddler whose father usually drinks a bottle of alcohol before noon	

How do you feel?

Situation Ranking 1 to 5

1. 8 year old who is hit by her mother
2. Baby whose parents ask for him to be circumcised for cultural reasons
3. 11 year old girl with cerebral palsy whose father allows her to cuddle up to him in bed when she is upset
4. A 6 year old who witnesses his father slapping his mother after an argument
5. A toddler whose father usually drinks a bottle of alcohol before noon

Chapter IV

Recognising Patterns of Injury: Physical Abuse

Aims

- To raise the candidates awareness of how to recognise child abuse and neglect
- To highlight for the candidate what they need to learn to be able to recognise child abuse and neglect.
- To highlight for the candidate when they should call a senior colleague.

Learning Objectives

By the end of the training the candidates will be able to:

1. Know and recognize the indicators of possible abuse or neglect.
2. Begin to recognize signs and symptoms of the range of abuse in children of all ages.
3. Know what knowledge and skills doctors need in order to recognize child abuse

EQUIPMENT AND MATERIALS

Equipment

A1 Flip Chart and pens
Computer, data projector and screen

Materials

Powerpoint slides –Recognising Patterns of Injury

Timing

60 minutes

ENVIRONMENT

The small group teaching room should be set up with a computer and data projector in such a way that candidates can be seated and all see the projection screen.

PLAN

Set

“In this session, we are going to consider cases and in doing so review the work that you have completed .

Case 1

Ram Bahadur, one year old child presented in emergency at 11pm with the history of falling out of the bed. He is examined and managed further by the on duty doctor and team.

Groups are required to discuss and present under following topics:

History

Presentation

Examination

Child

Family

(History - how and what time the injury occurred, who was present with baby at that time, when is child brought to hospital etc. Presentation-condition of the child ,how the child is groomed. condition-developmental and nutritional status of child. Family-type ,members, source of illness, substance abuse, mental illness)

On Examination



On further history taking, father told that baby fell down from bed while he was asleep 4 days back. Six year old elder sibling told that father had bitten baby four days back when he was drunk. In separate conversation with nurse mother told it happened when baby fell down from stairs.

On examination by duty doctor he was found to have more than 15 patterned bruises at different sites.

Points to be noted

- Inconsistent history by different family members
- Patterned bruise

Case 2

8 years old female child, Sarita, presented to ER with the history of scalding burn of mouth and face. Duty doctor and team proceeds with further examination and treatment.

The groups are required to discuss and present under topics as mentioned above.

On Examination



On examination scald burn spread inside the mouth.

When child was asked separately she revealed that mother forcibly asked her to drink hot dal.

Key points

Take history separately whenever possible

Careful inspection of injury

Closure

All candidates must be given a formal opportunity to ask questions at this point. Once these have been answered to the candidate's satisfaction, this session can be summarised and terminated.

Chapter V

Recognising Patterns of Injury: Non Physical Abuse

Aims

- To raise the candidates awareness of how to recognise child abuse and neglect
- To highlight for the candidate what they need to learn to be able to recognise child abuse and neglect.
- To highlight for the candidate when they should call a senior colleague.

Learning Objectives

By the end of this training, candidates will be able to:

- Define emotional abuse, neglect and sexual abuse.
- Recognize signs and symptoms of the range of abuse in children of all ages.

EQUIPMENT AND MATERIALS

Equipment

A1 Flip Chart and pens
Computer, data projector and screen

Materials

Powerpoint slides –Recognising: Patterns of Injury

Timing

60 minutes

ENVIRONMENT

The small group teaching room should be set up with a computer and data projector in such a way that candidates can be seated and all see the projection screen.

PLAN

Set

“In this session, we are going to consider cases and in doing so review the work that you have completed .

Case 1

Ramesh, a 9 year old boy had long history of soiling. On further questioning, it was found that he had poor attendance in his school, suspended twice because of his behavior and mother also says that he is evil.

Groups are required to discuss and present under following topics:

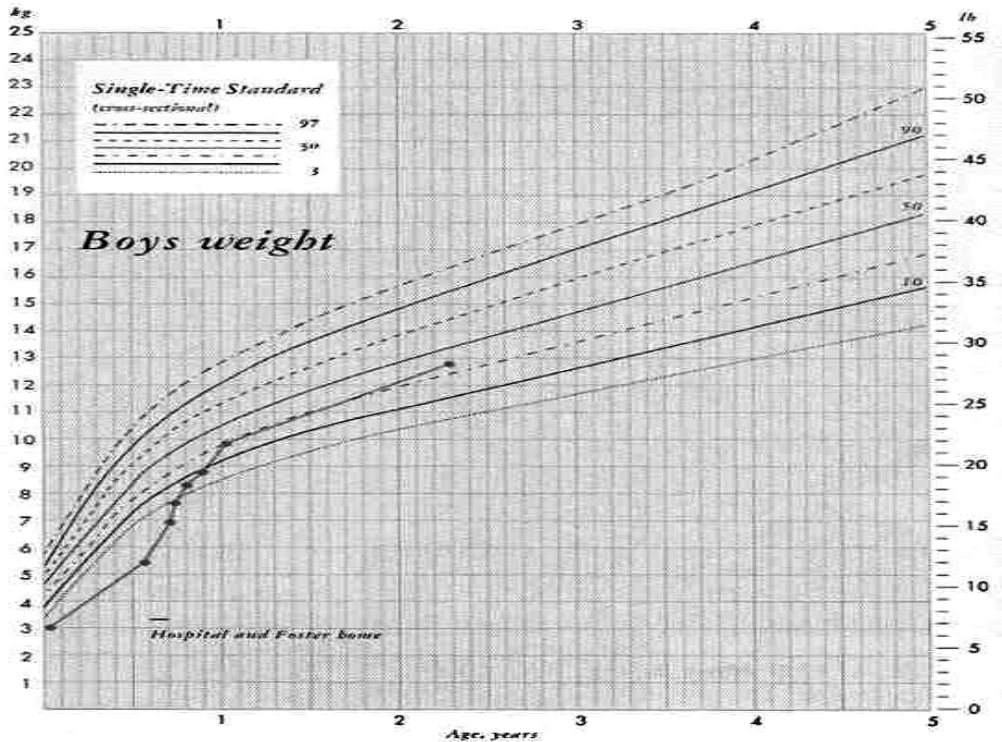
- History
- Presentation
- Examination
- Child
- Family

(History- behavioral problems, developmental delay, Irritable, depression, Examination- poor growth, Child- unwanted, wrong sex, disabilities, Family- mental health problems, marital problems, domestic violence)

Interpretation: Emotional Abuse

Case 2

Babu Shrestha, 27 months old boy was referred to the hospital by Primary health center. A growth chart is provided which is to be evaluated and interpretation is to be done.



The growth chart shows falling away across the centiles during infancy, followed by dramatic weight gain in hospital stay.

Interpretation: Non organic failure to thrive

(History- Behavioral problems, developmental delay, domestic violence, Presentation- frequent visits to hospital , left unattended, not meeting health needs, Examination- Growth, hunger , cleanliness, anemia, Child- unplanned child, Family- Mental health problems, Unemployment. Domestic violence)

Interpretation: Neglect

Case 3

Nirmala, a 12 year old girl was seen by an ENT surgeon for not being able to speak for 2 weeks.

Groups are required to discuss and present under following topics:

History

Presentation

Examination

Child

Family

On further questioning, she had been staying with her mother and step father, elder sister and brother. She refuses to talk about her family. However, on gaining confidence with the nurse, she tried to open up with her.

(History- Emotional/ behavioral problems, Self harm, vaginal discharge, Recurrent UTI, Masturbation, Examination- vaginal/ rectal bleeding, foreign body, STI, pregnancy, Child- other forms of abuse, behavior problems, Family- chronic ill health, unemployment, poor housing, intra familial violence)

Interpretation- Sexual Abuse

Closure

All candidates must be given a formal opportunity to ask questions at this point. Once these have been answered to the candidate's satisfaction, this session can be summarised and terminated.

Chapter VI

Multidisciplinary Approach

Aims

- To correctly identify an appropriate multi-agency response using a problem based approach
- To start to develop an understanding of interagency communication.

Learning Objectives

By the end of this training candidates will be able to:

- Be familiar with national and local Child Protection procedures and protocols
- Understand the roles and responsibilities of different professional groups and agencies involved with the child and family
- Be able to describe the steps that need to be taken once a referral has been made and the role of different agencies in decisions that have to be taken

EQUIPMENT AND MATERIALS REQUIRED

Equipment

A1 Flip Charts x3 (i.e. 1 per room)

Pens x 3 (i.e. 1 per room)

Materials

- Balls of string or wool x 3
- Role play preparation documents – for string exercise
- Badges – for roles in string exercise

ENVIRONMENT

You should arrange a circle of chairs

PLAN

Set

Safeguarding children/Protecting children requires a multi-agency approach and depends upon effective joint working between agencies and professionals that have different roles and expertise.

This exercise will demonstrate how those roles and responsibilities may enable the professionals involved to protect a baby at risk of significant harm.

“This session contains an exercise that will help you understand the roles and responsibilities of all professional groups involved in child protection.

Exercise:

Primary Physician

You come across an 18 months child with left periorbital hematoma. He also has an old bruise on right ear. Mother seems concerned and father says after he fell from bed while he was playing with the child. The father is a truck driver and has to go on long trips frequently. While at home he drinks for most of the day. The father is under the influence of alcohol at the moment as well.

Role to perform

Brief the case for the audience and say that you suspect child abuse and wish to consult a senior colleague with experience in child protection. Then handover the string ball to the senior colleague.

You have followed up the child many times in your OPD. In a second child protection meeting, inform that the child is well thriving and no medical issues at that point of time.

Senior/Experienced physician

You hear the briefing from primary physician about an 18 months child with left periorbital hematoma. He also has an old bruise on right ear. Mother seems concerned and father says after he fell from bed while he was playing with the child. The father is a truck driver and has to go on long trips frequently. While at home he drinks for most of the day. The father is under the influence of alcohol at the moment as well. You have been consulted for expert opinion.

Role to play

Express your agreement with the suspicion of primary physician. And since the father is under the influence make a decision to have presence of police before proceeding further. Advise the primary physician to get an X ray of skull and speak with the parents that you are waiting for reports.

After the reports and inquiry by the child protection officer, provide opinion that the child does not require immediate admission in the hospital and can be followed up.

Mention that you have called the number 104 and handover the string to the police officer.

In a second child protection meeting, express your agreement for family reintegration and regular follow up and counselling for the parents.

Police Officer

You get a call from a hospital regarding an 18 months child with bruise in left eye. He also has an old bruise on right ear. Mother seems concerned and father says after he fell from bed while he was playing with the child. The father is a truck driver and has to go on long

trips frequently. While at home he drinks for most of the day. The father is under the influence of alcohol at the moment as well. The doctors suspect child abuse and need your help in investigating further.

Role to play

Thank the hospital team for the call. Express your decision to take the father into custody in view of potential physical harm to the mother, child and hospital staff.

Call an NGO working in area of child protection for immediate logistic management.

Call the child protection officer for further proceedings.

When asked for by child protection officer express your agreement for collection of evidences and further investigation into the father's character record and other facts as required.

In a second child protection meeting, provide the information that as per your intelligence reporting, the father has had significant change in his behavior after punishment from the court. He has stopped drinking and has developed a good reputation in the neighborhood.

NGO personnel

You have been called by the police officer regarding an 18 months child with bruise in left eye. He also has an old bruise on right ear. Mother seems concerned and father says after he fell from bed while he was playing with the child. The father is a truck driver and has to go on long trips frequently. While at home he drinks for most of the day. The father is under the influence of alcohol at the moment as well. Doctors have suspected child abuse and the police has taken the father into custody. The police officer wants your help in managing the immediate logistic needs.

Role to play

Express your agreement for management of immediate logistic needs including medicines, food and any other finances.

When asked for help by child protection officer for shelter, express your agreement in that you have enough room in your center to host the mother and child and that you can provide shelter for up to 15 days, and if needs be for longer duration, they will have to be shifted to your organization's rehabilitation center elsewhere and that will be done in coordination with the child protection office.

In the second meeting, inform that the mother has been trained on running a small vegetable retail shop and is capable of earning livelihood. And after hearing about the behavior changes in husband, she wishes to go back home.

Child protection officer

You have been called by the police officer regarding an 18 months child with bruise in left eye. He also has an old bruise on right ear. Mother seems concerned and father says after he fell from bed while he was playing with the child. The father is a truck driver and has to go on long trips frequently. While at home he drinks for most of the day. The father is under the

influence of alcohol at the moment as well. Doctors have suspected child abuse; police have taken father into custody and a local NGO has managed immediate logistic needs.

Role to play

Express your agreement with possible child abuse. Express your decision to prosecute the father.

Inquire with the senior physician regarding the nature of medical care needed.

Ask the police officer for collecting evidences to build a case for prosecution of the father.

Ask the NGO personnel if they have space for shelter of the mother and child and when s/he agrees for, request for the same.

Call a second child protection meeting a few months later.

Inform the recent developments that in the court the father pleaded guilty and was punished. He feels sorry for the way he dealt with his family. He says he has given up drinking and regularly visits you in your office. He wants his wife and child back to his home.

Ask for everyone's opinion on planned reintegration of family and after everyone's agreement make a decision for the same.

Closure

All candidates must be given a formal opportunity to ask questions at this point. Once these have been answered to the candidate's satisfaction, the session can be summarised and terminated.

Course Evaluation Form

Child Protection Recognition and Response Training Course Evaluation

You are kindly requested to answer the following questions. Please comment on the statements by using the tick (✓) in the appropriate column as follows:

1 = strongly disagree
2 = disagree

3 = neutral option
5 = strongly agree

4 = agree

No.	Statements	1	2	3	4	5
1.	The training was useful for my routine practice as a health professional.					
2.	The objectives of the training were clear.					
3.	The topics/contents were relevant					
4.	The methods of teaching were relevant.					
5.	The subject matter was understandable.					
6.	The time allocation for different section was sufficient.					
7.	My queries were adequately addressed.					
8.	Facilitators had good facilitating skill.					
9.	Please list 3 things that you liked about this training. 1. 2. 3.					
13.	Please list 3 things that you would like to recommend for the improvement about this training. 1. 2. 3.					
14.	How can you implement the concepts/methods emphasized in the training?					

Training Closure

Aims

- To encourage the candidates to summarise what they have learnt so far and to match that to what they identified in the pre-course needs assessment.

Learning Objectives

- No new objectives

EQUIPMENT AND MATERIALS

Equipment

Data Projector and laptop

Materials

Each candidate will need his or her completed needs assessment.

Powerpoint slide set – What did you learn and where do you go from here

Environment

This session takes place in the main lecture room. The room should be arranged so that all the candidates can see the projection screen.

PLAN

Set

“This session will provide you with an opportunity to review the training day and what you have learnt from it and think about where you go from here”.

Closure

All candidates should be given the opportunity to ask questions at this point. Once these have been answered to the candidate’s satisfaction, the session can be summarised and terminated. Thank the candidates for their attendance.



Nepal Paediatric Society

Child Protection Recognition and Response Training Module Finalization Workshop

Kanti Children's Hospital, Maharajgunj, Kathmandu
Chaitra 5, 2075 (March 19, 2019), Tuesday

Expert Participant

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