Guiding Opportunities for Kids (GOKidz) is a play-informed and caregiver-focused early childhood development (ECD) intervention. Over the course of one year, caregivers and their children attend monthly sessions at the clinic where they learn about ECD and related activities that they can perform at home to encourage development. One of the key components of the programme is that each caregiver-child dyad is given a therapeutic take-home toolkit called a GOBox, which contains tools and toys designed to support the achievement of age-appropriate milestones.

GOKidz was modeled and tested at Groote Schuur Hospital in Cape Town, South Africa, and is being implemented across several clinics in the Western Cape Province where paediatric antiretroviral therapy (ART) is provided.

The GOKidz Programme was developed after Kidzpositive occupational therapists (OTs) noticed a need for therapy to address developmental, learning and play difficulties in children living with HIV. There was also a desire for a more comprehensive approach to service delivery, in order to address these needs in affected families. The GOKidz programme provides overburdened and resource-constrained paediatric ART clinics with support and increased capacity to respond to the clinical and psycho-social needs of these patients. GOBoxes were developed as a key tool of the broader GOKidz programme.

The central aims of the programme are to strengthen the paediatric patient and caregiver relationship, encourage stimulation and play to support achievement of developmental milestones, and promote regular clinic attendance.

BACKGROUND

In 2014, 2.6 million children were living with HIV. Children are a third less likely to receive treatment than adults, with less than one in three (32%) accessing antiretroviral therapy (ART) in 2014. Coverage is lowest in sub-Saharan Africa,
which accounts for 90% of the global paediatric need. Infants, children and young people living with HIV require specialized and multifaceted support from healthcare providers and communities to remain in care\(^3\). Overburdened health teams are often unable to offer the psychosocial support and child- and/or adolescent-friendly services that are needed to provide holistic, integrated and comprehensive care to young people living with HIV. It is essential to focus on implementing innovative best practices to ensure that quality care is delivered in a sustainable and holistic manner to children and adolescents living with HIV.

HIV-positive children and adolescents face various challenges including disclosure\(^4\), adherence\(^5\), cognitive and developmental delays and other clinical conditions. Even when access to treatment and adherence support is in place, complex social issues such as stigma, psychological distress and fear\(^6\), family conflict\(^7\) and caregiver challenges contribute negatively to the health of HIV-positive children and adolescents\(^8\). Compounding the learning struggles of many HIV-positive children, they may also face exclusion from attending ECD centres due to negative assumptions and misconceptions associated with HIV/AIDS\(^9\). Poverty and illness in households reduces the resilience of HIV-affected families to cope with livelihood stressors and disease burden.

It is suggested that a combination of interventions\(^10\), as well as a targeted approach\(^11\), should be used to effectively address HIV-positive children and adolescents’ unique needs. The positive effects of simultaneous interventions targeting various aspects of a young person’s life are cumulative\(^12\), and ART adherence is most improved when a variety of supportive factors are provided concurrently\(^13\).

‘Our kids are not school-ready and so we needed to do something about it or change the way we practice. Doctors struggle with parents having children not progressing in their grades, having learning problems, and not knowing when to refer them.’

- OT, Groote Schuur Hospital

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GOKidz pre-assessment session
“Play is essential to development because it contributes to the cognitive, physical, social and emotional well-being of children and youth”\(^{14}\) and is recognized as a basic right of every child.\(^{15}\) Caregivers of HIV-positive children are not always equipped to respond to developmental, learning and play needs that inevitably arise. Many caregivers in resource-limited settings have not received information on how to promote child development, and cannot afford to enrol their children in a stimulating early learning environment, purchase age-appropriate toys, or access resources that support play and stimulation. Children living with HIV often enter the formal schooling system ill-equipped to cope with educational demands. Over time, they may continue to fall behind when impoverished school systems are unable to provide them with the additional learning support they need.

Building family caring capacity is a key strategy towards supporting children living with HIV\(^{16}\) and may disrupt the consequences of illness, poverty and social stigma for families affected by HIV/AIDS. Children, caregivers and communities benefit when essential elements for stimulating numeracy and literacy are transferred to caregivers.

OBJECTIVES

The GOKidz programme in an ECD model that aims to:

- Empower caregivers to provide opportunities for their children to learn, develop and play at home;
- Enhance the relationships and connections between caregivers and children;
- Develop caregiver support networks; and
- Provide support and incentives for clinic attendance and retention in care.

The GOBox:

Toys are instrumental aids in helping children to learn through play. While the GOKidz programme emphasizes homemade toys, it also uses the GOBox as an additional tool, containing useful items to support child stimulation. At the first session, caregivers are provided a GOBox containing a single item. The GOBox is then augmented over the 10 sessions, with one or two items being introduced and explained at each session. Many items in the box (such as balls) are reused across multiple sessions.
IMPLEMENTATION STRATEGIES

- **Implementers**: OTs facilitate caregiver-child education and play sessions, with the support of other clinic staff (please refer to *lessons learnt* for application of the GOKidz model in settings with limited resources and staffing).
- **Eligibility**: Paediatric ART patients from birth to eight years of age are eligible to participate in the programme.
- **Recruitment**: Clinical staff identify children as potential programme participants, who are then invited to participate at the clinic.
- **Initiation**: A baseline child development assessment is conducted prior to entering the programme.
- **Group or standardized individual GOKidz sessions**: Over the course of one year, caregivers and their children attend ten sessions, with sessions occurring approximately once per month. The sessions are preferably attended on a group basis. Group sessions include up to five dyads, with children of the same age band grouped together. Group sessions are less resource-intensive and provide caregiver peer support. On occasion, when the need arises, a caregiver-child dyad will have an individual session with the OT.
- **Support and incentives**: Based on the resources at the programme site, logistical support is provided in the form of return transportation vouchers for GOKidz sessions, joint ART appointments and GOKidz sessions, session reminders, and provision for lunch.
- **Care and support**: Participants have access to a multidisciplinary treatment and care team, including OTs, counsellors, early childhood developmental practitioners and psychologists who work in collaboration with clinical staff. Home visits are conducted by community health workers where required.
- **Evaluation**: A simple, user-friendly and effective checklist from South to South\textsuperscript{17} is used to assess development in children up to the age of six years. In more complex cases, the OT assesses the child using various OT assessment tools specific to the child’s needs, including the Griffiths Mental Development Scales\textsuperscript{18}.

‘Now I know how to play with my child.’
- Caregiver
**GOKIDZ SESSIONS:**

Sessions aim to transfer knowledge to caregivers about how to stimulate their children, develop their motor and cognitive skills and support learning using play as a therapeutic medium. The focus is on age-appropriate child development including discovery, exploration and play, early numeracy and literacy, language, gross and fine motor skills, visual perception, problem-solving, self-care, and knowledge of basic concepts (colours, shapes). In each session, one or two GOBox items are introduced and used to demonstrate promotion of a specific developmental milestone or skill. Guidelines are provided to caregivers on how to gauge children's development and link daily household activities to achieving developmental milestones. Sessions are consultative and driven by and designed around the existing knowledge and lived experience of the caregivers present.

Sessions run for 1.5 hours and comprise two parts, each 45 minutes in length.

**Part one** is attended by the caregivers, while the children play separately in the same room or are cared for by a child minder if available. The facilitator begins with an activity to welcome the caregivers, and introduce the specific developmental skill that is the focus of the session. Topics of discussion include:

- What were the key successes and challenges in implementing the previous month's developmental skill?
- Why is it important for children to develop the skill?
- What is involved in acquiring and improving the developmental skill?
- What levels and milestones are expected at a child's particular age?
- Which activities enhance the development of the skill?
- How might the skills be developed and facilitated through play?

**Part two** is experiential, with both the caregivers and children participating and interacting. The OT leads the group through a number of activities that allow the caregivers to apply the learning emerging from the first part of the session. Activities are associated with the developmental skill that is the focus of the session and may use a specific GOBox tool or toy if applicable. Caregivers are also provided with information handouts to take away to support them to carry out the activities at home. Aims of the second part of the session include:

- Becoming aware of the child's strengths and challenges associated with the particular skill;
- OT modelling facilitation of the activities; and
- Tailoring activities to fit the child's specific needs and abilities.

Dyads going through the program individually with the OT follow the same template as the groups, although the sessions may be shorter in length.

**PROGRESS AND RESULTS**

GOKidz yielded promising results for HIV-positive paediatric patients, caregivers and clinic staff.

HIV-positive paediatric patients benefited from:

- Stimulation to support their developmental milestones;
- Focused attention from caregivers and clinic staff;
- Improved relationships with caregivers, which may positively impact disclosure outcomes;
- Age-appropriate and engaging activities, tools and toys;
- Caregivers who are better equipped to support their development;
- Improved retention in care; and
- Improved health and ECD outcomes.

“We are able to build the [caregiver-child] relationship and promote improved interactions and a stronger relationship. This makes things easier later as they navigate challenges such as disclosure.’

- OT, Groote Schuur Hospital

‘I just didn’t know what to do with him. He was just at home. Now I have different things to do with him.’

- Caregiver
Positive outcomes for caregivers included:

- Caregiver support networks;
- Activities, tools and toys to use when engaging with their children;
- New and improved knowledge, skills and capacity for supporting ECD;
- Improved relationships with their children; and
- Increased household resilience to cope with stressors.

Clinic staff benefited from:

- Increased efficiency due to task shifting. Many issues were addressed on site rather than referred upwards;
- Reduction of workload through the creation of caregiver support networks;
- More engaged caregivers, who contributed to improved retention in care and better ECD and health outcomes; and
- More resilient families and communities.

CHALLENGES

Despite the successes of GOKidz, implementers did encounter several challenges. These included:

- Scheduling GOKidz sessions has proven challenging as these should ideally be combined with ART appointments, not interrupt caregiver work schedules or children’s school times. Where GOKidz sessions are not able to align with ART appointments (e.g. where patients require ART appointments less frequently), it may be difficult to retain participants.
- Group GOKidz sessions are intended to include up to five dyads with the same child-caregiver pairs grouped together consistently across the year, however this may be challenged by varying attendance levels and hence the group may not remain consistent over time.
- The box in its current form costs approximately $20USD to produce, making it expensive and difficult to replicate in many settings.
- OTs are central to the delivery of the current GOKidz programme, making it expensive and difficult to replicate in all settings using that specific role.
- Many of the caregivers and children who participate in the programme are receiving tools and toys that they do not have at home. Despite intending to offer a different type of stimulation, using these items for assessment raises socio-economic and cultural considerations.
- Flexibility and scalability of the intervention are both important and must be balanced. Each clinic where GOKidz is implemented has different needs and resources. The programme has had to find a balance between flexibility to account for the capacity and needs of different facilities, while maintaining a structure to ensure that the intervention is standardized and measurable.

‘(GOKidz) is a monthly programme, but the participants don’t all have monthly doctor’s appointments. This can be challenging especially with distance travelled, expenses for travel and time commitments.’

- OT, Groote Schuur Hospital
• Retention in the programme has been challenging as children are often transferred out to different facilities and caregiver contact details may change without the clinics being notified.
• Without sufficient information, some caregivers have had expectations that occupational therapists within the GOKidz Programme can write prescriptions and diagnose health issues, which can lead to disappointment.

LESSONS LEARNT

• Retain programme participants.
  To facilitate follow-up for improved retention in care, it is important to keep up-to-date records of caregiver contact details and provide reminders (e.g. SMS) prior to sessions.
• Build relationships with caregivers and children.
  Take time to build relationships; providing too much information at once can be overwhelming.
• Caregiver participation and buy-in is crucial.
  Programme implementers must be clear that the intervention is experiential and that caregivers are actively involved in sessions, including playing and engaging with their children. In sessions, advice is given on how to incorporate play and learning into daily tasks as the time and work burden on caregivers is often high.

‘Different sites worked differently and oneouldn’t going to fit everywhere. For example, we don’t have room for a playroom here...it has been a bit more flexible, and not every site needs everything.’
  - OT, Groote Schuur Hospital
• Encourage caregivers and acknowledge their efforts.

‘You can’t just give them a magic pill and they start crawling, so when the child improves I reiterate to the caregiver, “This is all you. Well done. You took time at home and focused on your child”’
  - OT, Du Noon Clinic

Tips for implementing a similar programme in resource-constrained settings:

Develop a similar play-centred, caregiver-focused programme focused on basic developmental milestones by age group, using appropriate activities, tools and toys to support the setting and designated needs.

• Identify programme partners (such as clinics, hospitals, educational initiatives, community projects and faith-based organizations). This can be done through community consultations. Such an intervention could be integrated into existing caregiver support groups, community health and ECD initiatives.
• Develop ECD tools and toys using readily available resources such as recyclable goods and natural resources such as stones, sand and sticks.
• Involve community health workers, experienced caregivers or young people living with HIV in the programme, and invite them to support facilitation of the sessions.
• Identify a free or public space to use as a dedicated session area, either indoors and outdoors depending on your context.
• Use a free and user-friendly assessment tool to assess each child, and determine the needs of the group and intervention. The South to South development assessment tool19 and the Paediatric AIDS Treatment for Africa (PATA)20 community health worker toolkit provide simple evaluation tools for children up to the age of 6.

‘It’s difficult to assess a 3-year-old and what they do with a crayon if they have never touched a crayon before.’

- OT, Groote Schuur Hospital
• The programme is experiential; it isn’t just a box! Although the box is a fundamental component of the programme, it must be accompanied by a specific intervention. The tools and toys are complementary to the sessions, which focus on the development of skills. Tools and toys must be provided throughout the sessions to slowly build a full box as a motivator and incentive, and also not to overwhelm the recipients without the required training on how to use them.

• Provide psychosocial support to caregivers. The majority of children coming into the programme were perinatally infected with HIV. This has brought up caregiver issues of guilt, blame and challenges of disclosure. To provide support to caregivers, the programme involves an HIV counsellor or peer educator in all sessions. This has encouraged emerging conversations and facilitated peer-to-peer group support for caregivers.

• Promote the ECD benefits of the programme. Caregivers are more inclined to attend when they see benefits for their child, so the programme is promoted as an ECD initiative. However, the programme also offers great benefits to caregivers themselves through the development of caregiver support networks.

• Explaining developmental delay. Sometimes caregivers are unaware that their children are developmentally delayed. It is important to explain to caregivers any areas of delay, their consequences, and how directed play may assist the child to attain developmental milestones.

• Play is important. Communicate the value of play for ECD and debunk misconceptions that childhood play is frivolous or wasteful.

‘Play is often seen as being naughty, so it is important to reframe it as a means of exploring and learning. We joke that when we ask caregivers if their child has any problems, they respond, “He’s too naughty, he plays too much”...There is a perception that play is bad. The intervention aims to challenge this perception of play to rather introduce the benefits of play and that learning is fun and helps children grow and develop’.

- OT, Du Noon Clinic
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Promote the ECD benefits of the programme. Caregivers are more inclined to attend when they see benefits for their child, so the programme is promoted as an ECD initiative. However, the programme also offers great benefits to caregivers themselves through the development of caregiver support networks.

‘The items also need to be seen as a complementary thing because a lot of the activities we talk about related to: What can you do on the taxi, or in the queue when you don’t have a box or any of the items? Our main aim is to motivate caregiver-child interaction that supports child stimulation that is linked to attaining developmental milestones.’

- OT, Du Noon Clinic
CONCLUSION

GOKidz is a play-informed, caregiver-focused ECD intervention that has been successfully integrated into primary health care settings where paediatric ART is available. GOBoxes are fun therapeutic take-home toolkits that support the programme. This innovative model has demonstrated improved caregiver-child relationships, ECD and health outcomes and retention in care for children living with HIV. This intervention has the potential to be adjusted and replicated in more resource-limited settings.

Partners that support KidzPositive include: Trencon, DG Murray Trust, Sidaction, Walkers Attorneys/Conveyancers/Notaries, Grandslot Corporate Social Investment and Rebosis Property Fund.

Resources & links

- UNAIDS, Handbook on access to HIV/AIDS-related Treatment: A collection of information, tools and resources for NGOs, CBOs and PLLWHA groups, 2003
- International HIV/AIDS Alliance, Young Children and HIV: Strengthening family and community support, 2006
- Monitoring, Evaluation & Learning Initiative for Young Children Affected by HIV and AIDS (MELYCABA), various assessments and tools related to child development, www.melycaba.com
REFERENCES


2. Ibid


### APPENDIX: GOBox Contents

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Stimulating developmental areas/skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE 0-2 years</strong></td>
<td></td>
</tr>
<tr>
<td>Beanbag</td>
<td>GMC, lay</td>
</tr>
<tr>
<td>Bubbles</td>
<td>GMC, FMC, VP, Sensory</td>
</tr>
<tr>
<td>Material/stuffed/foam ball</td>
<td>GMC, Play</td>
</tr>
<tr>
<td>Push toy (car or anything with wheels, about palm size)</td>
<td>Play, FMC</td>
</tr>
<tr>
<td>Stubby wax crayons and blank page exercise book</td>
<td>FMC, VP, Concepts</td>
</tr>
<tr>
<td>Small/ hand mirror</td>
<td>ADLs, Lang/lit, Concepts (body)</td>
</tr>
<tr>
<td>Picture book (few words, preferably cardboard)</td>
<td>Lang/lit, FMC, Concepts</td>
</tr>
<tr>
<td>Round bath sponge</td>
<td>ADLs, FMC, Sensory</td>
</tr>
<tr>
<td>Hand-made felt puppet</td>
<td>Lang/lit, play, FMC</td>
</tr>
<tr>
<td>Wooden knob/form board puzzle</td>
<td>VP, Concepts, FMC</td>
</tr>
<tr>
<td>Stacking cups (about a tower of 5)</td>
<td>Play, VP, FMC, Concept (position)</td>
</tr>
<tr>
<td>Wooden building blocks</td>
<td>Play, VP, FMC, Concept (position)</td>
</tr>
<tr>
<td>Toothbrush</td>
<td>ADLs, Sensory, FMC</td>
</tr>
<tr>
<td>Water beads</td>
<td>Sensory, Play, FMC</td>
</tr>
<tr>
<td>Plastic box, material bag (grocery or similar)</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** At this age, a large focus is on gross motor development, and moving from one developmental stage to the next, i.e. sit-crawl-stand-walk, as well as encouraging a child to explore their environment as much as they can through their senses. Activities would include: animal walks (e.g. like a bear), or crawling after objects. Also making sure babies are spending time on their tummy and preparing for crawling, whilst playing with a toy or object in front of them.

Playing with water, using sponges and squeezing them (develops hand muscles and sensory play). Water beads create a lovely sensory experience.

A beanbag is easier to catch than a ball and will help to develop gross motor skills, so catching, crawling after and throwing are important skills at this age.

Mirrors are good at helping to develop body awareness in children, and encouraging them to copy facial expressions and actions (copying is an important foundational skill).
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Stimulating developmental areas/skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE 3-5</td>
<td></td>
</tr>
<tr>
<td>Big soft plastic ball</td>
<td>GMC, Play</td>
</tr>
<tr>
<td>Bubbles</td>
<td>GMC, FMC, Sensory, VP, Lang/lit</td>
</tr>
<tr>
<td>1m Ribbon</td>
<td>Play, GMC</td>
</tr>
<tr>
<td>Playdough</td>
<td>Sensory, FMC, Concepts, Play</td>
</tr>
<tr>
<td>Jumbo wax crayons and exercise book with blank pages</td>
<td>FMC, VP, Concepts</td>
</tr>
<tr>
<td>Ring-o-links</td>
<td>FMC, Concepts (colour and number), VP</td>
</tr>
<tr>
<td>Large plastic beads to thread and threading lace</td>
<td>FMC, Concepts (colour and number), VP</td>
</tr>
<tr>
<td>Book (simple story that incorporates basic concepts)</td>
<td>Lang/lit, FMC, Concepts</td>
</tr>
<tr>
<td>Building blocks</td>
<td>FMC, Concepts, VP, Play</td>
</tr>
<tr>
<td>Beanbag</td>
<td>GMC, Play, Concepts (position)</td>
</tr>
<tr>
<td>Puzzle (ranging from 4-8/10 pieces)</td>
<td>VP, FMC, Concepts</td>
</tr>
<tr>
<td>Colouring-in book (simple pictures)</td>
<td>FMC, Lang/lit, Concept (colour)</td>
</tr>
<tr>
<td>Glue stick</td>
<td>FMC, Concepts (shape)</td>
</tr>
<tr>
<td>Scissors</td>
<td>Concepts (body), VP</td>
</tr>
<tr>
<td>Body puzzle</td>
<td>Concepts (shape and colour), VP</td>
</tr>
<tr>
<td>Shape cut outs</td>
<td>VP, Concept (shape)</td>
</tr>
<tr>
<td>Match-up shape sticks</td>
<td></td>
</tr>
<tr>
<td>Plastic box, material bag (grocery or similar)</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** This age group continues to need gross as well as fine motor stimulation. It is also where basic concepts are developed. These are colours, shapes, size, etc. Drawing and colouring in activities are encouraged to develop dominance of the hands as well as correct pencil grip and fine motor control. (Encourage children to colour inside the lines as they get older.)

Copying of shapes, lines and objects is developed, on a 3D level (copying a block structure with blocks) and then 2D (copying a picture of a circle). Using playdough to form shapes, make snakes, or rolling balls using their three fingers (thumb, index and middle as these are your writing fingers), to develop and strengthen important muscles of the hand. Counting objects, and learning sequences are important for school, so learning songs, and counting are important games to play at this age.

‘Simon says’ (repeat after me) games are important for copying, and understanding prepositions and understanding one’s body in space.
### Item Description

<table>
<thead>
<tr>
<th>AGE 6-8</th>
<th>Stimulating developmental areas/skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scissors</td>
<td>FMC, Concept (shape)</td>
</tr>
<tr>
<td>Glue stick</td>
<td>FMC</td>
</tr>
<tr>
<td>Pencil crayons and exercise book with lined and blank pages</td>
<td>FMC, VP, Concepts</td>
</tr>
<tr>
<td>Disk counters (threadable) and threading lace</td>
<td>Concepts (Number and colour), FMC, VP, Concepts</td>
</tr>
<tr>
<td>Tennis ball</td>
<td>GMC, Play, Concept (position)</td>
</tr>
<tr>
<td>Colouring-in book</td>
<td>FMC, Concepts (colour), Lang/lit</td>
</tr>
<tr>
<td>Picture puzzle</td>
<td>VP, Concepts (position)</td>
</tr>
<tr>
<td>14-18 piece puzzle</td>
<td>VP, Concepts (position)</td>
</tr>
<tr>
<td>Book (story with pictures, if possible, language-specific)</td>
<td>Lang/lit, Concepts (letter)</td>
</tr>
<tr>
<td>Homemade book (blank pages)</td>
<td>Play, Lang/lit, Concepts (letter), FMC</td>
</tr>
<tr>
<td>Pencil, sharpener and eraser</td>
<td>FMC, Concepts</td>
</tr>
<tr>
<td>UNO cards</td>
<td>Concepts (number and colour), Play</td>
</tr>
<tr>
<td>Number grid</td>
<td>Concepts (number), VP</td>
</tr>
<tr>
<td>Dice (dots)</td>
<td>Concepts (number), VP, Play</td>
</tr>
<tr>
<td>Dice (numerals)</td>
<td>Concepts (number), VP, Play</td>
</tr>
<tr>
<td>Maths flashcards (addition and subtraction)</td>
<td>Concepts (number), Play</td>
</tr>
<tr>
<td>Sum matching cards</td>
<td>Concepts (letter), VP</td>
</tr>
<tr>
<td>Lines and curls</td>
<td>Concepts (letter), VP, Play</td>
</tr>
<tr>
<td>Alphabet cards</td>
<td>Concepts (letter), VP</td>
</tr>
<tr>
<td>Alphabet sheet</td>
<td>FMC, VP, Concepts, Play</td>
</tr>
<tr>
<td>Fishing rod with magnet, laminated fish and paper clips</td>
<td>GMC, Play</td>
</tr>
<tr>
<td>1m Ribbon</td>
<td>FMC, Concepts</td>
</tr>
<tr>
<td>White board marker</td>
<td>Concepts (letter), FMC, Play</td>
</tr>
<tr>
<td>Blank bingo card</td>
<td>Concepts (letter), Play</td>
</tr>
<tr>
<td>Literacy dominoes cards</td>
<td>Concepts (letter)</td>
</tr>
<tr>
<td>Word prefix and suffix cards</td>
<td>FMC, GMC, Play</td>
</tr>
<tr>
<td>Chalk</td>
<td>Concepts (number and size), FMC</td>
</tr>
<tr>
<td>Ruler</td>
<td>Concepts (number), play</td>
</tr>
<tr>
<td>Dice war grid</td>
<td>FMC, Concepts, Play, Sensory</td>
</tr>
<tr>
<td>Plasticine</td>
<td></td>
</tr>
<tr>
<td>Plastic box, material bag (grocery or similar)</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** At this developmental stage, a lot of focus is on developing the skills a child needs to cope with the demands of school. These include core strength so that they can sit in a chair and concentrate for a prolonged period of time, as well as important foundational concepts for reading and writing.

Obstacle courses are helpful for developing motor planning skills, problem-solving skills and core strength. Cutting and colouring in activities prime the muscles of the hands for writing, as well as threading and using play dough to strengthen hand muscles. Writing activities and teaching correct letter formations will assist with writing development at school.

Visual perceptual skills also need to be developed at this age, as these skills promote reading and writing, so puzzles develop spatial awareness and positioning, as well as visual closure etc.
For more information:

Paediatric AIDS Treatment in Africa
Telephone: +27 21 447 9566
Email: info@teampata.org
www.teampata.org

KidzPositive
Telephone: +27 21 4472455
Email: info@kidzpositive.org
www.kidzpositive.org

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