MINISTRY OF HEALTH

PATH

CONRAD N. Hilton FOUNDATION

PROMOTING CARE FOR CHILD DEVELOPMENT IN HEALTH FACILITIES

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Technical Note:

This training manual is inspired by the Care for Child Development (UNICEF, WHO, 2012) package. It builds on extensive piloting in Kenya and Mozambique, where the package was modified to be suitable for implementation in the health facility context and its services. Trainers in original Care for Child Development package will need an orientation on this adapted manual, especially on how to conduct developmental monitoring and how to adjust counseling to specific health facility services.

Pilot edition: October 2020

Photos: PATH, UNICEF, Kulani.

OBJECTIVES OF THE TRAINING

To provide health facility providers with skills to:

1. Monitor the development of children since birth, recognize risk factors for poor development from pregnancy to 5 years, and take appropriate action.

2. Prioritize and counsel caregivers on responsive care and early learning activities (for example, playing and talking with children appropriately) to promote child development.

3. Share messages on care for child development at preventive services starting in pregnancy and promote playbox sessions in health facility waiting rooms and pediatric wards.

TRAINING TARGET GROUPS

Trainers:

- Health system and partner staff that were trained in Care for Child Development and received a minimum 2 day orientation on the adapted manual (see Appendix 1)

Participants:

- Health providers delivering MNCH and Nutrition services at health facilities
- Peer educators, counselors delivering educational activities in waiting rooms
- Specialists working in or with targeted health facilities: Neonatologists, Pediatricians, Psychologists, Physical therapists
- Supervisors of service providers
- Health records and information officers

STEPS TO TAKE PRIOR TO THE TRAINING

1. Identify trainers and conduct trainer orientation (Appendix 1).

2. Decide on the most appropriate training format: 4-5 day training or 8-10 afternoon sessions at health facilities. Nearby health facilities can do the training together.

3. Identify relevant training participants at each health facility that work MNCH-N touchpoints, pediatric wards and waiting rooms. Note that you may only be able to train a few participants at a time, so that not to interrupt routine servisse provision.

4. Prepare all the needed materials 1-2 weeks prior to the training. Print & distribute job aids for all selected touchpoints in targeted HFs (see list of job aids in Appendix 2).

> IN THE COVID-19 CONTEXT...
> Note that during COVID-19 pandemic health facilities can also do training fully or partially via virtual sessions. In this case it is important that each participating health facility receives a kit of materials for the group activities as well as for individual providers prior to the virtual sessions. At least 3 providers should join a virtual session from the same location, to allow for joint exercises. Practice sessions should still be carried at the health facilities following all preventive measures stipulated by MOH.

PROPOSED TRAINING AGENDA FOR HEALTH PROVIDERS

NOTE: This training can also be delivered at the health facility, over 8-10 afternoons.

BY THE END OF THE TRAINING, THE HEALTH FACILITY PROVIDERS WILL LEARN TO:

1. Monitor the development of children, recognize risk factors for poor development and take appropriate action.
2. Prioritize and counsel caregivers on responsive care and early learning activities (such as playing and talking with children appropriately) to promote child development.
3. Share messages on child development at preventive services starting in pregnancy, and promote playbox sessions in health facility waiting rooms and pediatric wards.

TIME	SESSION	METHOD
DAY 1		
8:00–9:00	(1) Registration and introductions. Pretest. Training objectives and structure.	-
9:00–10:00	(2) Nurturing Care for all children and its importance. What is **responsive caregiving** and **early learning?**	Brainstorming with photos Presentation & videos Discussion
10:00–11:00	(3) Common risks for child development Why play is especially important for malnourished and sick children	Reflection Presentation
11:00-11:15	Short coffee break	
11:15–11:45	(4) How MNCH and nutrition services already promote child development; what is missing	Brainstorming Reviewing FMOH guidelines
11:45–12:45	(5) How the child's brain develops What caregivers can do to help child develop and learn	Presentation Game
12:45–13:30	Lunch	
13:30 – 15:00	(6) Four domains of child development Appropriate play materials	Exercises
15:00–15:45	(7) Explaining to caregivers about the importance of responsive care and early learning Provider as a role model	Brainstorming Role play
15:45–17:00	(8) Steps of effective counseling	Brainstorming Video & first practice
17:00	Coffee and departure (Homework: Preparing play materials)	
DAY 2		
8:00–8:30	(1) Recap of Day 1	Q&A game

TIME	SESSION	METHOD
8:30–9:00	(2) Review of play materials made by participants.	Exposition
9:00–10:00	(3) Developmental monitoring: Introduction	Brainstorming Presentation
10:00–11:00	(4) Developmental monitoring of newborns	Demonstration Small group practice
11:00-11:15	Short coffee Break	
11:15-13:00	(5) Developmental monitoring of older children	Demonstration Small group practice
13:00–14:00	Lunch	
14:00-15:00	(6) Developmental monitoring: Problem-solving Recording developmental delays Following up on children identified with developmental delays	Group work Presentations
15:00-17:00	(7) Promoting child development in different touchpoints	Group work
17:00	Coffee and departure	
DAY 3		
7:00–8:00	Meet at training venue and travel to practice site(s) [to be adjusted]	
8:00-8:45	(1) Review of practice activities: • Developmental monitoring, messaging & counseling	Review
8:45–11:00	(2) Practice of developmental monitoring & sharing messages or counseling: • ANC, Maternity ward, PNC • Growth Monitoring • Sick-child consultation /Under 5 clinic/ Pediatric ward	Practice
11:30–12:00	Return & coffee break	
12:00-13:00	(3) Reflection on practice	Reflection
13:00–14:00	Lunch	
14:00-15:00	(4) Reinforcing counseling: Role play	Roleplay
15:00-16:00	(5) Supporting caregivers to become more responsive	Study and role play
16:00-17:00	(6) Promoting child development through playbox sessions	Brainstorming Demonstration Role play
17:00	Coffee and departure (Homework: Preparing playboxes)	

TIME	SESSION	METHOD
DAY 4		
7:00–8:00	Meet at training venue and travel to practice site(s) (to be adjusted)	
8:00-8:00	(1) Playbox materials Review of practice activities: Playbox session	Review
9:00–10:00	(2) Practice: • Playbox session in waiting room/s, pediatric ward	Practice
10:00–11:00	(3) Reflection on practice / return to training venue	Reflection
11:00-11:30	Coffee Break	
11:30-12:30	(4) Problem-solving around playbox Recording playbox activities and keeping inventory	Discussion of scenarios
12:30–13:30	Lunch	
13:30-15:00	(5) Recording, reporting & analyzing child development	Tool study & practice
15:00–15:30	(6) Post-training mentoring & supervision	Study of documents
15:30-16:30	(7) Implementation plans	Group work by HF
16:30–17:00	(8) Post-test. Certificates. Final comments.	-
17:00	Coffee and departure	

MATERIALS NEEDED

Material	Quantity	Comments
MATERIALS TO DISTRIBUTE TO PARTICIPANTS (IN A PLASTIC FOLDER)		
1. Training objectives and agenda	1 / participant	
2. Pre-test and post-test	2 / participant	Appendix 3
3. Benefits of responsive care & play (visual)	1 / participant	Appendix 5
4. List of job aids recommended for HF touchpoints	1/ participant	Appendix 2
5. Developmental monitoring steps / kit of items	1 / participant	Appendix 7 (2 pages)
6. Referral pathways for delays in child development	1/ participant	Appendix 9
7. Playbox session guide; plus Appendix 12	1 / participant	Appendix 11 (2 pages), Appendix 12
8. Child Development monthly report form (clean & filled)	1/ participant	Appendix 13 (2 pages)
9. Notebook (A4 or A5)	1 / participant	
10. Pencil and pen, rubber, sharpender, ruler	1 / participant	Plus a few additional pencils and pens
MATERIALS TO USE DURING TRAINING SESSIONS		
11. Job aids (posters): • Developmental milestones poster (A2) • Care for Child Development poster (A3)	1 / pair of participants	These will then be distributed to the HFs (estimate total amounts needed based on Appendix 2).
12. Registers & summaries: • Delivery Register • PNC Register • Growth Monitoring Register • Under 5 Register • Child Development monthly report form	1 copy of a full page /pair of participants 2 copies (clean & filled in) / participant Folder with 50 clean copies to each HF	Appendix 13
13. Samples of the MOH materials with ECD content: • Mother Child Health Booklet • ECD Counseling Cards • IMNCI Booklet (2018) • IMAM	1-2 of each material	
14. Mentoring & supervision tools: • ECD mentoring Tools • Program specific and Integrated supervision guides (if available)	1/ pair or table of participants 1 set of 10 mentoring guides for each supervisor	Appendix 14

Material	Quantity	Comments
15. Exercise sheets • Child abilities in four domains • Counselling steps • Monitor child development (scenarios) • Scenarios for sharing messages & counseling • Situations to role play (caregiver as a model) • Playbox steps • Care for Child Development planning guide	 1 (cut in strips) 1 / pair of participants *(cut in strips)* 1 / pair of participants 1/ pair of participants 1 copy 1 copy (cut up) 1/ Health Facility	 Appendix 4 Appendix 6 Appendix 8 Appendix 10 Copy from Section 7, Day 1 Appendix 11 Appendix 15

16. Audio-visual materials:
• Presentation 1
• Videos:
  • Responsive care
  • Children exploring & interacting
  • Father and toddler "sports talk"
• Photo kit:
  • Kit 1: Child needs
  • Kit 2: Playthings in consultation rooms
  • Kit 3: Playboxes in Kenya & Mozambique
• A3 cards with 4 domains of child development
	1 of each	Cards and vídeos are on training flash stick

17. Other forms: • Daily training participant register • Group consent form for photos & videos of participants • Individual consent form for photos/videos of caregivers & children at HF	 4 1 100	
18. Certificates	1 / participant	To be prepared with FMOH
STATIONERY & TRAINING SUPPORT MATERIALS		
19. Flipchart paper	4 sets	
20. Thick permanent markers (different colors)	15	
21. Scissors	1	
22. Sticky tape (to paste paper on the walls)	2 packages	
23. Dolls (baby size) for practice	1 per 4 participants (best to have 8)	Simple but realistic dolls. If no dolls available, one can tie towels shaped as dolls.
24. Measuring tape (to measure head circumference)	1 per 4 participants	
25. Computer, TV or projector, extension cord	1	
26. Kit of items for developmental monitoring	2 kits	See list & illustrations on App. 7

Material	Quantity	Comments
27. Hard cover notebooks for health education activities	1 per HF (waiting rooms) 1 per pediatric ward	To register playbox sessions & other health education activities
28. Playbox with homemade play materials	1 kit of at least 2 playthings of each type	Follow Playbox guide for the list of toys to make or collect. Glue or draw colorful pictures on the box.

TRAINING ROOM PREPARATION

1. Organize 5-6 tables for work in groups (5-6 people in each group). Note: During COVID-19, organize chairs so that there is 1.5 meters between the participants, ensure regular handwashing and the use of masks by all the participants and trainers.
2. Distribute envelopes with material kits for every participant.
3. Write “Welcome” and the title of the training, on the flipchart.
4. Hang sample job aids around the room. Position developmental monitorig kit prominently,
5. Arrange the playbox kit in a visible manner, so that everyone can see the homemade toys /household items and the box.
6. Organize on one table all the registers, sample materials, activity sheets (cut up if needed) and audiovisual materials you will need during the training.

DAY 1, SESSION 1	8:00-9:00
SESSION: Registration and introductions. Pretest Training objectives & structure	MATERIALS: • Training agendas & pretests for all providers • Flipchart, sticky tape, colored markers
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Become comfortable with each other. • Do pre-test. • Describe what they will learn and do in the training.	

SESSION STEPS:

1. Greet each participant warmly upon entering. Ask participants to sit next to people they do not know well or do not usually work together with.

2. Circulate the sign-in sheet and photo/video consent sheet.

3. Introduce the training and ask the local or health facility (HF) authorities to do the opening.

4. Ask each person to introduce themselves and to say what they like most in their day-to-day work as a health provider. What motivates them to come to work? Appreciate the sharing done by the participants.

5. Familiarize the participants with the materials in their personal kit. Ask them to find the pretest.

6. Explain the purpose of the pre-test: to understand whether the training was done well. Explain how to mark the answers on the pretest (e.g., where one should circle only one answer and where one can circle more than one answer). Give up to 20 min to complete the pretest.

7. Ask 3-4 volunteers to share an expectation about the training. Then read together through the training objectives (on top of the agenda). Show how the training will respond to the expectations shared.

8. Provide a brief overview of the program, including of 2 practice sessions at the HF.

9. **Logistics:** Clarify administrative matters, for example:
   - Schedule (when the day begins and ends, breaks, etc.)
   - Facilities (bathroom, dining room, etc.)
   - Expected presence (all days, from ... to ...)
   - Reimbursement of travel expenses and other expenses, if relevant.

DAY 1, SESSION 2	9:00-10:00
SESSION: Nurturing Care for all children & its importance What is Responsive Care and Early Learning	MATERIALS: • Photo kit 1: Child needs • Presentation 1: Child development & Nurturing Care • Videos on responsive care • Projector or computer (if watched in small group)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Name 5 components of Nurturing Care for Early Childhood Development • Explain what **Responsive Care** is and how it helps children develop • Give examples of **Early Learning** activities.	

SESSION STEPS:

1. Ask all the participants to stand in a circle.

2. Ask: "What does a child need to grow well, to become a good person and a productive, healthy adult?"

3. As people respond, place the relevant photo cards on the floor in the middle of the circle. (Note: you may want to place a sheet of paper or a newspaper on the floor first). Always ask: "Does the child need anything else?"

4. If no one mentions ECD (e.g., the child needs to be loved, to have someone to play with and talk to etc.), show these images one by one, and discuss what needs each of these photos show. Add these photos to the ones on the floor.

5. At the end, ask someone to summarize the needs of a child, looking at the photos on the floor.

6. Ask which of the child's needs we will address in this training (*Answer: to be loved and stimulated*).

7. Present a few slides on Nurturing Care for Early Childhood Development (Presentation 1; Part 1), summarizing what the group has just reviewed.

8. To consolidate, call on the participants randomly to give examples of some **early learning** activities for a newborn, a 1 year old, and a 3 year old. Praise the participants.

9. Ask the participants to think how they can notice if caregiver is providing **responsive care** to the child. What will they look for? *Yes, they will look for caregiver observing and responding to child's sounds, gestures, attempts to talk or to pay…. Or they will look for a "conversation" between caregiver and the child.*

10. Show 2-3 videos on responsive care. Before and after each video, ask the participants 1) what were some of the child signals they observed; 2) how and whether the caregiver responded to these child's signals.

11. In the end, ask why responsive care is so important. Why do we, as health professionals, care if the mother /caregiver is responsive to the child or not? Let the group brainstorm and write the ideas on the flipchart. Then add anything missing, from the list below:

    - *A caregiver who is responsive to the child will quickly notice signs of illness, malnutrition or other problem in the child, and will intervene early before the child becomes too weak or sick.*

    - *A caregiver who is responsive to the child's signals will notice what interests the child and will be able to better stimulate the child's development.*

      For example, in the waiting room, the child may be attracted to a poster of a baby getting a vaccine. What will a responsive caregiver do?

    - *A child that has a good responsive relationship with her or his caregiver will learn to relate well with others (without aggression etc.).*

12. Conclude: We should observe carefully how the caregivers interact with their children. This is especially important in cases when the child is suffering from malnutrition or other chronic condition. If we help these caregivers interact and respond to their children's signals, the children will have a better chance of recovering.

Ask everyone to stand up. Do a quick physical activity that will get everyone moving. For example, "pick the fruits" from different trees (stretch up and jump), and then pick the sweet potatoes and groundnuts (bend and pull).

DAY 1, SESSION 3	10:00-11:00
SESSION: Common risks for child development in Kenya Why play is especially important for malnourished & sick children	MATERIALS: • Brainstorm • Presentation 1, Part 2 & 3: Child Development in Kenya; Importance of play for malnourished & sick children • Projector or computer (if watched in a small group)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Mention at least 3 common risk factors for child development in Kenya • Explain how play and responsive care can help children who are malnourished or sick.	

SESSION STEPS:

1. Introduce the topic: Some children may have challenges developing well, and may need more responsive care and early learning activities than others. Who are some of these children? And why are they likely to have challenges to develop well?

2. Brainstorm, and make a list.

3. Next, share a brief presentation on common risk factors for developmental delays and problems in young children, on common parenting practices, and on prevalence of delays and disabilities in Kenya. (Presentation 1, Part 2).

4. Debrief the participants: What did the presentation confirm that you already knew? And what were some new facts for you?

5. Summarize that the providers should be always on lookout for such risk factors for child development as:
    - *Situations of poverty (and stress it produces)*
    - *Malnutrition*
    - *Adolescent births*
    - *Premature /LBW children*
    - *Children with disabilities*
    - *Parents with low responsive care and early learning practices*

6. Ask the participants: Can play and responsive care make a difference for malnourished or sick children? How? Listen to the ideas.

7. Add: Children who are malnourished, premature or sick, can recover faster and overcome potential developmental delays if caregivers play and talk to them daily.

8. Share slides in the Presentation that showcase research on importance of stimulation for malnourished and low birth weight children, among others (Presentation 1, Part 3).

9. Ask if there was anything that was new to the participants, in these slides. Do they see any changes that should happen at the health facility, to help these sick or at-risk children develop better? Is there anything providers can do? Discuss and appreciate the ideas shared.

Take a short, 15-minute coffee and restroom break! If people are not finished after 15 minutes, encourage them to bring their coffee in with them.

DAY 1, SESSION 4	11:15-11:45
SESSION: How MNCH and nutrition services already promote child development What is missing	MATERIALS: • Flipchart paper, sticky tape, colorful markers • IMNCI 2016; IMCI insert on developmental monitoring; IMAM • Mother Child Health Booklet
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Describe what health service guidelines already exist about monitoring and promoting child development in Kenya.	

SESSION STEPS:

1. Brainstorm on what the providers are already doing in their routine services to promote good development of the child.

2. Write down the touchpoints on the flipchart:
   - ANC
   - Maternity ward and PNC
   - GM & EPI
   - Sick child /Under 5 consultation
   - Nutrition services
   - Pediatric ward
   - And…. health education in the waiting rooms
3. Ask the participants to look at the flipchart and remember if they are doing anything else, in these services, to either check on or to promote child development. Write it down.
4. Complete what the participants have not mentioned, by using the table below, and discuss if any of these activities or guidelines are new to the participants:

   - **ANC:** *Monitoring for risk factors such as malnutrition, HIV, stress and violence.*
   - **Maternity ward & PNC:** *Monitoring for risk factors such as sepsis, asphyxia, jaundice, LBW and malformations (IMNCI)*
   - **Growth Monitoring & EPI:** *Monitoring for risk factors such as malnutrition*
   - **Under 5 clinic:** *Monitoring developmental milestones (IMNCI draft)*
   - **Nutrition services:** *Stimulating activities as part of nutritional rehabilitation (IMAM)*
   - **Pediatric ward:** *Stimulating activities as part of nutritional rehabilitation (IMAM)*

   Demonstrate relevant IMNCI and IMAM sections to the participants, in the materials you prepared.

5. Share that in Kenya like in many countries child development is also promoted in Mother Child Health Booklet. There are usually some milestones for parents to track, and some examples of play activities to do with children.

Ask everyone to stand up. Do a quick physical activity that will get everyone moving. For example, imagine you all are holding 3-month-old babies. Call on 3-5 different people to show what physical game they can play while holding the baby, and everyone should copy them! Examples: dancing with the baby; lifting the baby up and down; riding the baby on your knee; running with a baby on the back…

DAY 1, SESSION 5	11:45 - 12:45
SESSION: How the child's brain develops What caregivers can do to help child develop and learn	MATERIALS: • Flipchart and markers • Presentation 1, Part 4, When child's brain develops fastest • Drawing of bushes (prepared in advance) • Videos of small children exploring and interacting (flash) • Baby size doll • Homemade car, homemade drum
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Explain how the child develops and learns • Give examples of how caregivers can help their children develop, through exploring, interacting and daily routines.	

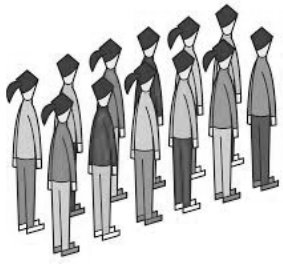
SESSION STEPS:

HOW THE CHILD'S BRAIN DEVELOPS

1. Remind the participants: In the same way the child needs good nutrition and health, she/he needs to have someone who loves her/him, and talk and play with her/him. This helps her/his brain develop.

2. Ask: **When do you think in the person's life the brain develops fastest**? Listen to the answers and then share the slide of Presentation 1, Part 4.

3. Inform: Let's play a game to see **what helps** the child's brain develop ...



   1) Participants are invited to stay in 2-3 rows standing up, not moving, touching or speaking, for about 3-4 minutes.

   2) Then, when the facilitator claps, participants start speaking, moving and touching people around them.

   3) They perform step 1 and 2 a couple of times.

4. Explain that the first situation (not moving) is how the child's brain is when she/he is kept on the mother's back all the time or is asked to sit still on a mat. The second situation is how the child's brain is when she/he is talking or playing with someone.

5. Ask: In which situation you think the child learns and develops more? Why?

6. Yes, in the second situation, because that is when the brain is more active. The **child's brain develops more when the child can touch things and people around him and interact and talk.**

7. Ask someone to draw a **stretch of land full of bushes or trees**, on the flipchart paper, in advance of this session. Add a few paths through the bushes.

8. Explain the following:

    - *Early experiences help develop a child's brain. Imagine that the brain at birth is like a plot of land full of bushes.*
    - *When people begin walking through the bushes, they create paths. When people walk a lot, the paths become wider and no new bushes grow over them. When people do not walk through the bush a lot, the paths disappear.*
    - *In the same way, every time parents respond to the baby's babbles or actions, point and name things around him, answer his questions, or talk and play with him, they create and widen "paths" in his brain. The "paths" in the brain are connections between brain cells. There more connections there are, the more child learns and develops.*
    - *So, the more parents and families respond to, play and talk with their child, the more the child learns and develops. And on the contrary, when parents ignore the child's interests, attempts to talk and invitations to play together, or even scold the child for being too active or too noisy, there are fewer "paths" made in*

the child's brain, and that child is not learning or developing as much as he could.

9. Show 2-3 short videos of a young child exploring some objects or interacting with the caregiver. Ask the participants: How is the child learning, in each case?

10. Reinforce: At this age, children learn best in two ways:

    - **By using their senses**: by looking, listening, touching, banging, opening /closing, filling and emptying, or putting in the mouth. So, children need things to look at, touch, bang, empty etc.

    - **By interacting with other people**: playing or doing something together, observing and copying other people, having conversations together, etc.

    The more you engage with your child or let them explore things around, the more connections are formed in the brain and the more the child learns and develops.

11. Say: **Let's learn more about children using their senses.** Ask participants to stand up, close their eyes, and walk around, touching things (and people) and describing them (fluffy, hard, cold, warm, round...). At the end, ask how they felt. Explain them that when children are born they do not know many things, and they should be allowed to explore learn how things are, and what they are for... Even when small children put things in their mouth, this helps them learn!

HOW CAREGIVERS CAN HELP THE CHILD DEVELOP AND LEARN

1. Ask: Do we have much time to play and talk with our young children? Do most parents we see at the health center, have enough time? If not, what can we do? Brainstorm.

2. Explain: We can help our children learn and develop **through everyday activities** we have with them in the morning, evenings, or whenever we are home.

3. Quickly brainstorm and make a list of daily situations where you can be doing something together with your young child (including bath time, meals, changing the child's diapers/clothes, cleaning the house, cooking, working in the field, putting the child to bed, etc. ...).

4. Then ask the participants to pick one or two of these situations and brainstorm how they can promote their child's language, problem-solving, and other skills, during this daily activity.

5. Ask participants to imagine a mother or a father bathing a one-month-old child. Is there anything they can do to help the child learn and develop, during bath time?

6. Ask a participant to demonstrate how s/he would interact with the child at bath time, using a doll to represent a child. The participant should respond to the child and engage in play with her.

7. After the demonstration ask the participants: Was the parent playing with the child? How (please describe what you observed)? Was the parent being responsive to the child? How (please describe what you observed)?

Summarize: We do not need to wait for free time, to help our children learn and develop. We can use daily routines and activities to observe our children, see what interests them, and respond and play with them following their lead and interest.

LUNCH (45 MIN) / PROVIDE SCENARIOS FROM SESSION 7 FOR 2 PAIRS OF PARTICIPANTS TO PREPARE

DAY 1, SESSION 6	**13:30-15:00**
SESSION: Four domains of child development Appropriate play materials	MATERIALS: • A3 cards with 4 domains of child development (on the walls) • Appendix 4 cut up in strips, sticky tape • Playthings from playbox kit • Photo kit 2: Playthings in consultation rooms
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Name 4 domains of child development and give examples of skills under each domain • Identify if play materials are safe, attractive, and age appropriate	

SESSION STEPS:

4 DOMAINS OF CHILD DEVELOPMENT

1. Inform: As the child grows, she develops skills in four domains: Physical or motor, Language (or talking), Thinking, and Social / Emotional (controlling emotions and relating to others). Point to the 4 cards hanging on the walls of the room.

2. Show some actions and ask the participants to guess which of the four domains is being developed with such action. Examples of action:
   - Jumping (physical)
   - Drawing, erasing, drawing again (thinking/focusing; physical – fine motor skills)
   - Talking (language and thinking)
   - Comforting someone sad (emotional)
   - Stacking cups, doing it again if they fall (thinking; socioemotional- persistence; fine motor movements)

3. Distribute 3-4 strips of papers with various children's abilities (with sticky tape glued behind) to each group of participants (cut from Appendix 4 and mix). Participants should review the papers and decide which developmental domain they belong to. They must look for the card with the corresponding developmental domain on the wall, and go and hang their strips of paper under that card.

4. Ask someone to read slowly and loudly, the cards appearing below the PHYSICAL domain. Do all agree? If not, ask them to make the changes. Use the same procedure for other domains of child development.

5. Select some play materials and make demonstrations (with the support of participants) of some activities, and ask participants to answer in each case,
   1) what domains in children are being stimulated, and
   2) how could they change the activity to also stimulate other domains:
      - Stack up cups in a tower
      - Play ball (kick, throw, roll) describing your actions
      - Look through a book with "the child" and ask the child to name the drawings
      - Cover your face with a scarf and ask "the child" to "find" you

6. Summarize: When we advise caregivers on how to help their children learn and develop, we should mention **the four domains of child development**, and show how the caregiver can promote all four areas through the same activity.

APPROPRIATE PLAY MATERIALS

1. Take a quick poll of the ages of the children or grandchildren of the participants (or other children they are always in contact with). Write the results down on the flipchart grouping them by age (0-3 months, 3-6 months, 6-12 months, 1-2 years, 2-3 years).

2. Ask someone in room with regard to each age group: What kinds of things does your/this child like to play most? These do not need to be toys, but anything that catches your child's interest and attention, at this age. List the responses on the flipchart next to the children's age group.

3. Ask the participants to review the list together: What kinds of things do you see here? Are most of these toys from the shop? Household objects? Recycled things? What does this tell you about the best playthings for your children?

   Summarize: The best things for children to play and learn with are often not the toys we buy in the store but things we have or can make at home.

4. Write up criteria for "good play materials":
   - Safe (cannot be swallowed, cannot poke, has no sharp edges)
   - Attractive (bright colors, sounds etc.)
   - Makes child active (i.e., child can do some actions with it – open and close, stretch and squeeze, put in and take out etc.)

- Age appropriate

5. Ask: Do you usually have any playthings on your table in your consultation room, at Growth Monitoring or at Under 5 clinic? If not, what would be the advantage of having some things like that, on your table?

6. Listen to the answers, and then add the following:
   - Parents can see examples of playthings they can use at home and learn how to use these to help their children learn
   - Children will be less likely to cry during consultations, as they will be busy playing
   - Making the consultation a more pleasant experience may motivate the caregiver to bring the child back for follow up services
   - You will be able to observe if the child is developing well or whether she has some delay, by seeing how she plays.

7. Ask: What would be the best playthings for your consultation room, considering that many children are likely to touch them? (playthings that can be washed or wiped easily, such as plastic shakers, plates or cups, cars made with tins, ball etc.). Circulate some relevant **pictures of playthings in consultation rooms (Photo kit 2**). What do you see?

8. Ask: Is the consultation room the only place where children could find toys, when coming to the health facility? If not, where else it would be really good for children to be in touch with playthings, at the health facility? Discuss:
   - Waiting room spaces
   - Pediatric wards (inpatient treatment).

9. Introduce the concept of playbox sessions, by pointing to the playbox in the room. Explain that later in the training we will learn how to set up and manage playbox sessions in the waiting rooms

and pediatric wards, as a way to help both healthy and sick children to develop and learn.

Ask everyone to stand up. Do a quick physical activity that will get everyone moving. For example, find many different ways of clapping (above your head, behind your back, under your knees, clapping while making a full circle with your arms, clapping and jumping etc.)

DAY 1, SESSION 7	15:00-15:45
SESSION: Explaining to caregivers about the importance of responsive care and early learning Provider as a role model	MATERIALS: • Benefits of responsive care and early learning (Appendix 5) • Child-sized doll • 2 scenarios, copied and given at lunch time to the 2 pairs of participants to practice and prepare
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Identify 2 or 3 good reasons they can give to parents to explain to them the importance of responding to and playing with their children • Become aware of how their own interactions with the child serve as a model for the caregiver.	

SESSION STEPS:

EXPLAINING TO THE CAREGIVER ABOUT THE IMPORTANCE OF RESPONSIVE CARE AND PLAY

1. Say: By now, you have learned a lot about how the child develops and learns, and how caregivers can help their children's brain development. But how can we explain this to the parents that come to our health center? What type of reasons and examples will make most sense to the parents?

   Imagine that a caregiver brings their child for the 9th month vaccination. How would you talk to this caregiver about their child's development and their role in helping their child to develop well?

2. Ask the participants to brainstorm in pairs for 2 minutes, and then share their ideas. Write down key suggestions.

3. Ask the participants to find in their packs the visual on the benefits of responsive care and play (Appendix 5). Ask them to review the visual and explain to each other what they see.

4. Ask: Are there any additional good reasons here that you could use, when talking with caregivers, after reviewing this visual? What are these?

5. If time allows, invite one pair to simulate a caregiver coming with the child to the health center for immunization, and a provider talking to the caregiver about child development, using the ideas just shared. In the end, the caregiver should provide feedback on whether s/he was convinced by the arguments or not. Thank the participants.

PROVIDER AS A ROLE MODEL

1. Ask: Besides giving families such good reasons to play and talk with their young children, what other tools do you have, to help caregivers learn about responsive care and play?

2. Ask the participants to think **how they as providers interact with young children** coming to their consultation rooms.

3. Invite 2 volunteers (prepared in advance) to demonstrate an approach that is not child-friendly, during the consultation or treatment:

> **SITUATION 1:** The volunteers should demonstrate a routine growth monitoring visit, where one is a caregiver, a doll is a child, and the other one is a provider:
>
> - Provider has no eye contact or direct interaction with the child
> - Provider does not check the child's name or gender, and just tell the mother to do this or that with the child
> - Provider handles the child a bit roughly during a blood sample taking (HIV test)
> - When the child babbles something, provider does not respond.

4. Now invite another pair of volunteers, also prepared in advance, to demonstrate a very different approach:

> **SITUATION 2:** The volunteers should demonstrate a routine well baby visit, where one is a caregiver, a doll is a child, and the other one is a provider:
>
> - Provider looks at the child and asks for the child name
> - Provider handles the child gently during a blood sample taking (HIV test), explains to the child and the mother what she is about to do, and says comforting words to the child afterwards
> - When the child babbles something and stretches his hand to the provider, provider responds and say: Oh, I seem you like my earrings! Yes, they are round and shiny!

5. **Ask the participants to compare the two situations:** What could be the result of such interaction on the caregiver? How about:
    - *Caregiver may follow the example of the provider in interacting with the child*
    - *Caregiver may be less or more likely to come to the next consultation*
    - *Caregiver will be less or more likely to ask the questions s/he has about the child…*

6. Ask the participants to close their eyes for a moment and imagine a caregiver and a child coming into their consultation room. How will they interact with that child? What will they do differently today? After one minute of silent reflection, thank the providers.

DAY 1, SESSION 8	15:45-17:00
SESSION: Steps of effective counseling	MATERIALS: • Appendix 6 (Steps of effective counseling), copied for pairs and steps cut up in separate strips
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Name steps of effective counselling.	

SESSION STEPS:

1. Ask: Do you remember which children may be at risk of poor development? Review the list quickly, by summarizing on the flipchart paper:
   - Children suffering from malnutrition
   - Children born prematurely or with LBW
   - Children with a disability
   - Children of adolescent mothers
   - Children of caregivers who are not responsive or show inadequate parenting practices
   - Children whose parents are stressed due to poverty or related factors.

2. Explain: For these children and caregivers, it may not be enough to be a good role model and to encourage them to play with their children in daily routines. They may need more support.

3. Brainstorm: How can we support these children and caregivers? Yes, through **counseling**. In this training, we will strengthen our skills to offer quality counseling to the caregivers with young children at risk of poor development.

4. Ask: When you counsel, what is your objective? *(Answer: Help the person understand the importance of certain practices, and adopt them/ change behavior.)*

5. Ask: Is it easy to change behavior or adopt new habits or practices? Can you share a personal experience of changing your behavior or adopting a new practice? Invite 2 participants to share.

6. Then ask: What has helped you to adopt these new habits or practices (e.g., start eating more healthily, taking your meds regularly, exercising regularly)? Note down.

7. Ask: So **what should happen during counseling in your consultation, that will help the mother and the father to start playing and responding to their child**? Ask participants

to brainstorm in small groups for 5 minutes, then invite the groups to share and write down the ideas on the flip chart paper.

Summarize: Caregivers are more likely to adopt new behaviors when they:

- Feel listened to and supported (i.e., when the provider is responsive to the caregiver needs)
- Feel confident about oneself
- Have a chance to observe new practice and see how the child responds to it
- Have a chance to practice a new behavior and to receive positive feedback
- Have a chance to problem-solve how to make this a part of their daily routine
- Have some reminders for themselves.

8. Explain: If we counsel well, we can help caregivers with some of these things during counseling.

9. Distribute the sets of paper with recommended counseling steps (cut from Appendix 5) for each table, and ask participants to decide on what the right sequence of steps should be, according to their ideas and experiences.

10. Ask a group to share their work in plenary. The others may suggest changes, if any. They should eventually arrive at the following order:

1. GREET the caregiver with a friendly face. Look her in the eyes
2. ASK: Can you show me how you play and talk with the child?
3. OBSERVE: Is the caregiver responsive to the child's signals?
4. PRAISE caregiver for any responsive action: "I noticed that you …".
5. Help caregiver TRY a new play activity with the child. Praise the caregiver
6. EXPLAIN how responding and playing help the child develop
7. Help caregiver SOLVE PROBLEMS and make a PLAN for home

11. Invite two participants to be a mother and a 12 month-old-child, and demonstrate the steps of counseling, in a short simulation. Ask the participants to mark the steps as they observe them.

TIPS FOR SIMULATION:

- When praising, mention specific things you notice caregiver do, for example: "I noticed how you looked your child in the eyes and responded to his sounds. Well done!"
- When inviting caregiver to try a new activity, use COUNSEL FOR CARE FOR CHILD DEVELOPMENT poster, find the age of the child, and let the caregiver choose one activity s/he would like to try in your presence. If the caregiver is shy, you may demonstrate to her first and then let her continue.
- When helping solve problems and make a plan, ask the caregiver: "Do you think you can also play and talk with your child like this at home? What would be the best time during the day for you to do that? What can you use as things to play with, that you have at your home?"

12. Ask the participants if they were able to observe all the steps on the list. Then check:

    - Why was it important to mention what the mother did well, instead of just saying " Good job?" *(Because then the mother knows what action she did well, and she is more likely to continue it at home.)*

    - Why was it important to ask the mother to try an activity, there and then? *(To build the mother's confidence in her skills, and to make it easier to do the same activity at home.)*

    - Why did I ask all those questions in the end? *(To help the mother think through how to make playing with and responding to the child a part of her daily routine.)*

13. Hang the flipchart with the counseling steps on the wall, to be visible during the rest of the training.

END-OF-DAY REFLECTION
Distribute small papers to each participant and ask them to write down on one side something new that they learned today. On the other side, ask them to write a question / comment (if they have any).

HOMEWORK:
Ask each participant to bring next day one household item that children like to pay with, and make and bring one homemade plaything (a homemade toy, some recycled containers to stack, a homemade puzzle or a picture book etc.). The items should be safe and attractive. The providers should come prepared to describe for what age these items are best suitable, and what the children can do and learn with these.

REMIND THAT WE WILL BE STARTING PROMPTLY AT 8 TOMORROW!

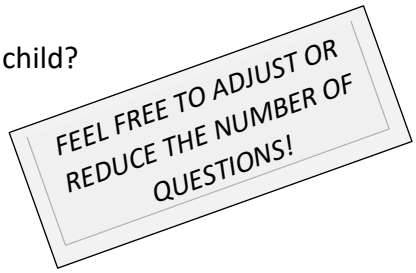
DAY 2, SESSION 1	8:00-8:30
SESSION: Recap of Day 1	MATERIALS: • Ball made of paper
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Remember key concepts learned in Day 1.	

SESSION STEPS:

1. Make a ball out of paper (it should be light). Ask everyone to stand in a circle. Explain that we will now quickly review what we learned yesterday. If you get a ball, you need to answer the question! If you are not sure how to answer, you can pass the ball to someone else to help you!

2. Throw the ball to different participants, one at a time, and ask them the following questions:

    1) At what age is the child's brain developing fastest?
    2) What are four domains of child development?
    3) What are some risk factors for child development in Kenya?
    4) What are some good times during the day to play with the child?
    5) What can we use as playthings?
    6) How will you know if a parent is responsive to her child?
    7) Why should **a provider** interact and be responsive to the child?
    8) Name first 2 steps of good counseling!
    9) Name the next 2 steps of good counselling!
    10) Name the next 2 steps of good counselling!
    11) Name the last step of good counseling!
    12) What is one reason you can give to parents that might convince them to play and talk with their children?



3. Thank everyone. Then go through the evaluation from yesterday, noting what the participants shared was new to them, and answering some of the questions raised. Note: Let the participants be the first to come up with an answer. Then add to the answer if still necessary.

DAY 2, SESSION 2	8:30-9:00
SESSION: Review of play materials made by participants.	MATERIALS: • Papers with child ages • Play materials brought /made by the participants
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Have a clear idea of what play materials are safe and appropriate for young children.	

SESSION STEPS:

1. Put colored papers on the floor with the following age groups: 0-6 months, 6-12 months, 1-2 years and 2-3 years. Leave 3-4 meters between the papers.

2. Invite the participants to put the household objects and homemade toys they brought in the respective age groups on the floor.

3. Stop as a group by the toys for each age group, examine them together and discuss:

   - Are all the playthings here safe? (any sharp parts sticking? Any small parts that can be swallowed?)
   - Are all the playthings here appropriate for this age?
   - What can the child do with … (select 1 household object, and then one homemade toy, and ask some participants to demonstrate). Any other ideas? What do you think the child learning when s/he plays in this way?
   - Which of these toys could be used in your consultation room? Why? (washable, no small parts etc…)

4. Conclude by saying that both household objects and homemade toys are great for helping children develop and learn.

DAY 2, SESSION 3	9:00-10:00
SESSION: Developmental monitoring: Introduction	MATERIALS: • Steps for developmental monitoring (Appendix 7) • Developmental Milestones poster for each pair • PNC Cards for each pair of participants
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Explain why developmental monitoring is important • Describe key steps in developmental monitoring.	

SESSION STEPS:

1. Explain that **one important way to promote child development, is to monitor all children for any developmental delays**. Brainstorm around the following question:

   What is the purpose of monitoring child development?

2. Listen to the answers, and summarize the following key points:

   - Developmental monitoring allows us to detect and address many problems in child development early on;
   - The earlier developmental problems are addressed, the greater are the chances to reduce or even to overcome them;
   - Developmental monitoring should go hand in hand with growth monitoring, both at health center and in the community. This will allow to check many children and to identify those who need help.

3. Ask the providers to share if they already do developmental monitoring. If so, ask to share how they do it, and what tools they use.

4. Explain that the Federal Ministry of Health is now introducing developmental monitoring to be part of Growth Monitoring/EPI and Sick Child /Under 5 consultation, and this training is part of the pilot to see how monitoring can be done in these services.

5. Ask the participants to find the Developmental Monitoring Steps in their pack, and distribute the Milestones poster to each pair of participants. Lead the study of these tools in the following manner:

    1) Ask the participants to read the steps and look at the poster in pairs, and to explain to each other what they understood.

    2) Ask the participants to describe Step 1 in their own words. Check if this step is clear for everyone. Then ask: Why is this step important? (Move briskly.)

    3) Continue in the same way with the other steps.

    4) Ask the participants to raise any points that were unclear. Invite other participants to answer first, and then add if needed.

> *NOTE REGARDING STEP 2: Explain that asking the caregiver if she or he noticed something about the child's development is very important, as caregivers spend a lot of time with their children and are usually the first to notice that something is not right. However, they sometimes may be too shy to share this with the provider on their own.*

6. Ask the participants for ideas: How frequently should child development be monitored, at Growth Monitoring and EPI, and Under 5 clinic? Then explain:

    - Federal Ministry of Health recommends that ALL CHILDREN be monitored at 2, 4, 6, 9, 12, 15, 18, 24 months, and at 3, 4, and 5 years. Monitoring should be done as children come for routine vaccination, Vitamin A supplementation or growth monitoring.

    - If there are risk factors or parental concerns, children younger or older that these ages should be monitored as well;

    - Since many children do not come to Growth Monitoring and EPI clinic after the vaccines are done, Under 5 consultation is an important touchpoint to monitor development in children aged 24 months and older.

7. Ask: And what do you think about the newborns? Is there anything about their development that we need to monitor right after birth and in the first month (in Maternity ward and in PNC consultation)? Brainstorm.

8. Summarize that certain aspects such as reflexes, posture, hearing, should be checked immediately after birth and during the first month, to ensure timely intervention.

9. Distribute the PNC Poster to each pair of participants and ask them to review the top part of the poster. Ask which of these reflexes and signs the providers already monitor regularly in newborns. And which are less commonly checked?

10. Explain that we will practice to do developmental monitoring using the tools we reviewed, in the next session.

Ask everyone to stand up. Do a quick physical activity that will get everyone moving. For example, imitate different animals (jump like monkeys, walk like elephants, fly like birds, run like antelopes…). Explain that this and all the other activities we are doing are great to do with children!

DAY 2, SESSION 4	10:00-11:00
SESSION: Developmental monitoring of newborns	MATERIALS: • PNC Poster • IMNCI Flipchart as a reference (3-4) • Baby size dolls (4-5) • Measuring tape (to check head circumference) • Delivery register and PNC register page for each pair
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be able to monitor key developmental milestones in a newborn.	

SESSION STEPS:

NEWBORN MONITORING

1. Explain that we will now spend some time practicing how to use the developmental monitoring tools we just reviewed. We will start with the newborns.

2. Start with the demonstration: Invite the nurse who usually works in Maternity or PNC, to demonstrate with the doll how she would evaluate, one by one:

   - Newborn's posture (arms and legs flexed, hands in fists, head to the side)
   - Newborn's reflexes such as sucking & rooting, palmar grasp, Moro.
   - Hearing and vision
   - Head circumference (>33 and <37cm)
   - Jaundice (check where and when jaundice is most dangerous)
   - Some typical malformations (Note: decide if needed or if sufficiently covered in other trainings).

Note: If the training is delivered virtually, the demonstrations can be replaced by videos demonstrating how to evaluate each reflex.

3. As the nurse demonstrates, reflect together on **the importance of each evaluation**. Ask the participants first and then add what may be missing, using the table below:

Assessment of reflexes is especially important in high risk newborns, such as those born premature or with low birth weight, or those who suffered asphyxia. Absent or weak reflexes may indicate damage to the nervous system.

Sucking & rooting reflexes (birth to 4 months): These reflexes help the baby find the breast and suck. The sucking reflex is not fully developed until 36 weeks and so premature babies may have difficulties breastfeeding.

Palmar grasp (birth to 5-6 months): This reflex lays the foundation for the child's later grasping ability. However, if the reflex is weak or persists after 5-6 months, it may suggest damage to the nervous system.

Moro (startle) reflex (birth to 2 months): This is a protective body response again sudden changes in body balance or posture. Absence of Moro reflex can be a sign of birth asphyxia, brain malformation, or intercranial hemorrhage, among others.

Basic responses to sounds and sights: Newborn is able to respond to a sound such as clapping, by blinking, startling or turning. This suggests that baby's hearing is functioning. Baby is also able to focus on the bright object placed in front of him/her and follows it for at least a few seconds. This suggests that the baby is able to see (although only at short distance at this point).

Head circumference: Head circumference below 33 cm or above 37 cm at birth can indicate either microcephaly or macrocephaly (most often, hydrocephaly). In the case of hydrocephaly, a surgery will be needed as soon as possible.

Jaundice: Most dangerous jaundice is the one that appears in the first 24 hours or 2 weeks after birth, and is seen not only in the eyes and skin but also on the palms and soles of the newborn. If left untreated, jaundice can cause cerebral lesions and lead to disability.

Typical malformations: Examine baby for any malformations of the brain and spine, face, stomach, spine, genitals and hands and feet. Look for facial anomalies, protrusions, extra fingers or toes, club foot, closed anus, etc.

4. Divide the participants into small groups, each with a baby-sized doll. Distribute the PNC poster to each group. In the group, **each participant should practice** checking for basic reflexes, observing NB hearing, checking head circumference and examining for jaundice and any malformations. The other participants should observe and correct if needed. Circle and support.

Explain that some other conditions, such as sepsis ar
developmental problems. However, since these cond
Kenyan IMNCI, they are not discussed in this training

5. Ask: Besides observing the newborn, is there anything we should observe in the mother, as it can affect the child's development? Brainstorm. Ask the participants to remember the presentation on risk factors they saw yesterday.

6. Reinforce the importance of checking mother for signs of depression or for lack of interaction with the baby. List jointly some of the things to check for:

   - Is the mother attentive to NB's movements and needs?
   - Does she try to comfort the NB?
   - Is the mother sad or apathetic?
   - Does she have problems sleeping or eating?
   - Does she have negative thoughts?

7. Brainstorm: What can you do, if you come across a mother with any such symptoms? Reinforce the need for counseling. Encourage the psychologist to come and talk to the mother, where such services exist.

HOW TO RECORD AND FOLLOW UP DEVELOPMENTAL DELAYS AT DELIVERY & IN PNC

1. Distribute copies of Delivery and PNC register to every pair of participants.

2. Ask the participants to identify where they would record developmental monitoring results:
   - Congenital malformations (column 41 in Delivery Register; column 26 in PNC register)
   - Absent reflex (column 43 in Delivery Register; column 28 in PNC register)
   - Jaundice (same as above)
   - Suspected hearing problems (same as above)
   - HC <33 or > 37 cm (same as above).

3. Ask what would be next step, if the child is identified with some developmental problem. Where should the child go? And who will follow up on this child? Discuss.

4. Agree that the referrals will be registered in **the Remarks column**, in both registers, to be able to follow up on the child if/as needed.

5. Discuss what referral information should appear here (for example, name of HF where there child is referred, or type of service the child is referred to, if referral is in the same health facility).

6. Finally, discuss what providers at Maternity Ward and PNC can do to find out whether the child has received the needed follow up. Stress the importance of holding monthly meetings at the HF, to review the cases referred at Delivery and PNC and what has happened with the child in each of these cases.

Take a short, 15-minute coffee and restroom break! If people are not finished after 15 minutes, encourage them to bring their coffee in with them.

DAY 2, SESSION 5	11:15-13:00
SESSION: Developmental monitoring of older children	MATERIALS: • Milestones poster, Developmental monitoring steps • IMNCI Flipchart as a reference • Baby size dolls (4-5) • Items for developmental monitoring, in a shoe or paper box (see list in Appendix 7) • Scenarios for developmental monitoring (Appendix 8)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be able to monitor key developmental milestones in children between 2 months and 5 years.	

SESSION STEPS:

DEVELOPMENTAL MONITORING OF OLDER CHILDREN

1. Explain that now we will practice doing developmental monitoring with older children.

2. Remind that there are suggested ages for developmental monitoring which coincide with vaccination and Vitamin A supplementation schedule in Kenya, but children may be evaluated before or after if there are risk factors or if parents present concerns about child's development.

3. Ask a volunteer to summarize the steps of developmental monitoring. If anything was missing or incorrect, ask another participant to complete the summary.

4. Verify with the participants **how the milestones should be checked**. Emphasize that **direct observation is always best**, however, if the child is sleeping, too sick or too shy to do the activity, we can ask the caregiver if the child normally does this activity at home.

5. Ask the participants in pairs to look closely at developmental milestones poster. Explain that for each age group, **only key milestones were selected**.

   Show that the milestones are organized in columns. Can they see why? (Each column largely contains milestones from one skill area – cognitive or thinking, language, fine motor, and gross motor.)

   Stress that many of these milestones may be achieved earlier than the poster suggests, however, children that have some developmental delay may have a problem achieving some of these milestones.

6. Explain that each provider should have **some items in his or her consultation room to help with developmental monitoring**. What are these items? Ask the participants to work in pairs and to list the items, based on the Milestones poster. They should also think what they can use instead if they do not have that exact item.

7. Invite one pair to share their list. Then invite other pairs to add or to suggest alternatives to the items. In the end, ask the providers to compare their list with the items illustrated on the back of Appendix 7. Any new ideas, based on these pictures?

8. Demonstrate a **simple shoe box or paper box** with all these items, and pass it around. Explain that every GM/EPI and sick child consultation room will need to put together a box like that, to use in developmental monitoring.

9. Now, invite the volunteer to demonstrate how s/he will monitor the milestones in a child that reached 2 and then 4 months, with the help of a doll and the Milestones Poster.

   After the demonstration of monitoring milestones in a 2-month-old, stop and ask the others if they have anything to add or correct. Then ask the volunteer to continue with the monitoring of milestones in a 4-month-old child.

SHARE THE FOLLOWING, REGARDING 2 and 4 MONTHS MILESTONES:

- These milestones confirm basic checks done in Maternity ward & postnatal care. If hearing and vision problems are identified at this stage, they can still often be treated effectively.

- A 2-month check is also helpful to detect any birth-related developmental problems such as those caused by asphyxia or jaundice. A child not able to support his or her neck at this age can be a sign of damage to the nervous system.

10. Ask the participants to work in small groups with the dolls and to practice checking the milestones in a 6-month-old and then a 9-month-old child. Circle and support the groups. At the end, check if anything was not clear or challenging, and share key messages below.

SHARE REGARDING 6 MONTHS MILESTONES:

- At 6 months, essential milestones are grasping objects and bringing them to mouth. These milestones indicate good hand-eye coordination, important for later skills such as writing.
- Babbling **vowels** *(ahahah, eheheh)* is an important milestone, which indicates that child's language skills are developing normally.
- Early language development is very much related to language exposure, i.e., how often caregivers talk, sing, or read to the baby. These are critical experiences to help children learn to talk.

SHARE REGARDING 9 MONTHS MILESTONES:

- Key motor milestone to check at 9 months is if the child is sitting without support. If the child has not yet reached this milestone, s/he can have problems walking.
- Babbling **in syllables** (babababa, nenene) at 9 months is a sign that child's language is developing normally.
- Pick-a-boo game is a quick and easy way to check on child's cognitive development or reasoning. To play, one player hides their face, pops back into the view of the other, and says "Peek-a-boo!", sometimes followed by "I see you!". This game helps to check the object permanence, which is an important stage of cognitive development for infants.

11. Now ask the participants to continue working in small groups with the dolls to practice checking the milestones in a 12-month-old and a 15-month-old child. Circle and support the groups. At the end, check if anything was not clear or challenging, and share the key messages.

SHARE THE FOLLOWING, REGARDING 12 MONTHS MILESTONES:

- Key motor milestone to check at 12 months is the child standing with support, as this will serve as a basis for walking.
- Important language milestone at 12 months is the child saying first words and copying common gestures. Communication takes off!
- Finally, the child should have a more developed hand, allowing him to pick small objects with 2 fingers. This skill is a basis for many manual tasks and for

SHARE THE FOLLOWING, REGARDING 15 MONTHS MILESTONES:

- Key motor milestone to check at 15 months is the child walking with support, as this will serve as a basis for walking alone by 18 months.
- The child is becoming better at communicating what she/he wants and is starting to build a bigger vocabulary!
- Finally, the child can already put things in and out of containers. She can spend hours doing this, and is building her eye-hand coordination in the process!

12. Next, ask the participants in small groups to practice checking the milestones in a 18-month-old child and a 24-month-old child by using the dolls. Circle and support the groups. At the end, check if anything was not clear or was challenging.

SHARE THE FOLLOWING, REGARDING 18 MONTHS MILESTONES:

- Key motor milestone to check at 18 months is the child walking without support.
- In terms of language, the child should be able to say more words and respond to simple requests such as pointing to body parts.
- The child should also start developing some self-care skills such as drinking from a cup.

SHARE THE FOLLOWING, REGARDING 24 MONTHS MILESTONES:

All skill areas improve at 24 months: the child can not only walk but also kick the ball, not only drink from a cup bit also feed himself etc., and not only say words but also short phrases. The child should be becoming more independent at this age.

13. Finally, ask the participants to work in small groups with some participants taking on the role of children, to practice checking the milestones in a 3-, 4- and 5-year-old child. Circle and support the groups. At the end, check if anything was not clear or was challenging.

SHARE THE FOLLOWING, REGARDING 3-, 4- AND 5-YEAR MILESTONES:

- All skill areas improve at between 3 and 5 years: children gradually become more coordinated in their movements; are gradually able to say longer sentences, to sing and to tell short stories; and they start to copy and make drawings others can recognize. These are all important skills to check for, before starting school, as they indicate their growing independence and readiness to learn.
- Important milestone to achieve in this period is playing with other children. Difficulty to play with others can be a sign of autism, among other things.

14. Now provide each group with a list of scenarios in Appendix 8 and let them work and decide how the child should be classified in each case (no delay, suspected delay, delayed child development) based on Steps for developmental monitoring, and what action should be taken.

In the end, review the scenarios together and discuss cases where the participants gave different answers. Use the table below as a resource. Thank the participants.

SCENARIO	CLASSIFY AND DECIDE ON ACTION
1. A child aged 1 year and a half (18 months) does not walk alone. The child lives in a village and was born 1.5 months premature.	Could be classified as SUSPECTED DELAY, but since the child was prematurely born, this may not yet be a delay. Counsel how to stimulate the child to walk. If the child does not improve, refer to the next level.
2. A three-month-old child does not grasp objects with his hand.	NO DELAY
3 . A six-month-old child does not support his/her head. The child's mother had a difficult delivery.	DELAY IN CHILD DEVELOPMENT Register as delay, refer and counsel. Note: the child may have had asphyxia, jaundice, birth trauma, etc.
4. A 12-month-old child has achieved all the milestones for a 9-month-old but did not achieve one milestone at 12 months (standing with support). The child is diagnosed with acute malnutrition.	SUSPECTED DELAY Register as suspected delay and counsel; ask to come back in 30 days. Malnutrition is the likely risk factor for the suspected delay, and should be addressed jointly with child development.
5. An 18 month old child cannot point to his body parts, upon request. The child is orphan, lives with his grandmother, and spends a lot of time playing alone in the yard. The grandmother does not engage the child much.	SUSPECTED DELAY Register as suspected delay, counsel the grandmother on how to play and talk with the child, and ask her to come back in 30 days for follow up.
6. A 2 years old child says papa and mama only but can point at pictures the provider names.	DELAY IN CHILD DEVELOPMENT Register as delay, refer both for developmental delay and counsel. Note: The child seems to understand words but has difficulty producing them.
7. A 9-month-old cannot find his mother's face behind a scarf. The child was born weighing 1700 grams.	SUSPECTED DELAY Register as delay, counsel the caregiver on how to play and talk with the child, and ask her to come back in 30 days for follow up. Note: Low birth weight may be a factor behind delayed milestone.
8.A 6-month-old child takes any object he finds, to his mouth.	NO DELAY: This is an age-appropriate behavior.

LUNCH

DAY 2, SESSION 6	**14:00-15:00**
SESSION: Developmental monitoring: Problem-solving Recording developmental delays Following up on children identified with developmental delays	MATERIALS: • Registers for CWC/GM and Under 5, for each pair of participants
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be clear how to conduct developmental monitoring in different situations • Be able to record, refer and follow up on cases of developmental delays.	

PROBLEM-SOLVING ON MONITORING CHILD DEVELOPMENT

1. Discuss whether the participants now feel comfortable monitoring child development of the newborns and later in GM/EPI and Under 5 consultation.

2. To check for understanding, present the following situations one by one to the participants, ask them to discuss in pairs for 30 seconds, then invite to share and correct as needed:

   - **You see two 9-month-old children at GM/EPI. One of the children has a delayed milestone at his current age (9 months) and the other also has a delayed milestone from an earlier age (6 months). Which of these children you will record as having a delay? And which of these children will you refer?**
     Response: Both of these children should be recorded as having developmental delays (the first one as suspected delay and the second as delay in child development). However, only the child with a delayed milestone from an earlier age will be referred.

   - **If the child presents with malnutrition AND developmental delays, which of these conditions should be used to counsel and refer the child?**
     Response: Both conditions, as this child needs supplements as well as developmental assessment and stimulation.

   - **If the child is 9 months but has no risk factors and the mother does not share any concern, should I still monitor his development?**
     Response: Yes, because in Kenya all children aged 9 months should be monitored for their development.

   - **If you get a child who is 10 or 11 month old and who did not receive developmental monitoring at 9 months, what should you do?**
     Response: You should conduct developmental monitoring for this child.

- **The child is 5 months old, and there are no milestones for this age at the Milestones Poster. What should you do?**
  Response: You should evaluate the milestones for the earlier age group (for 4-month olds).

- **The child is 12 months old but was born at 34 weeks (1 month premature). Which milestones will you use to monitor this child's development?**
  Response: The milestones for 9 month-old as the child is actually 11 month old.

RECORDING DEVELOPMENTAL DELAYS

1. Distribute a copy of Growth Monitoring/Child Welfare Clinic register and a Under 5 register to each pair of participants.

2. Explain that Recording of developmental monitoring results would be done on the existing MOH primary registers accordingly or on the **Remarks** column where the indicator is missing.

3. Ask: How can we record the results? Explain that we need to record **both cases with delays and with no delays**. This will help us evaluate whether monitoring is happening.

4. Suggest the following system for recording developmental monitoring results, based on IMCI colors used in Developmental Monitoring Steps:

   - If the child has no delay (GREEN), this will be recorded as NO DELAYS (ND).

   - If the child has a suspected delay (delay in milestone at current age) (YELLOW), recorded as Suspected Delay (SD), and if a child has a delay in development (delayed milestone from previous age or loss of previous skills) (RED), Developmental delay (DD),

5. Remind that all children coming for vaccinations and Vitamin A supplementation should be monitored for their development, according to the ages presented at the Milestones Poster.

6. Ask participants to work in pairs and record the following 2 cases in respective registers:

*Baby Jane is a 18 month old girl coming to the **Under 5 clinic**. She has been monitored for development and the provider found that she still does not walk without support. However, she has reached all the milestones for a 15 month old. How will you register this result in Under 5 clinic register?*
(SD in Other problems column)

*Baby Dickens is a 10 month old boy coming to **Growth Monitoring & EPI**. He did not have his development checked at 9 months so the provider decided to check his development, especially because the mother said that Bezuhan stopped responding when the mother calls him. Provider monitors Bezuhan's development and discovers that the boy has also stopped babbling even with vowels (a 6months milestone). How should the provider register Bezuhan's development in Growth Monitoring Register?*
(DD in Remarks column)

REFERRING CHILDREN WITH DEVELOPMENTAL DELAYS

1. Ask: Once you recorded that a child has a developmental delay in one of these registers, what should be your next step? Let the participants discuss.

2. Reinforce that children with a milestone delayed at a current age (classified as YELLOW) just need to receive counseling and support. However, children with a delayed milestone from an earlier age group or children who seem to be losing their skills (classified as RED), need to be both counselled and referred.

3. Agree that it is also important to register the referral done for the child, to be able to follow up:

   - All referals should be documented on te Remarks column of the register in use.

REFERRAL PATHWAYS FOR THE CHILD WITH DELAYED DEVELOPMENT

In case of delay in child development (RED classification), the child should be referred to a **medical doctor or pediatrician**, who will confirm the delay and evaluate any other health conditions the child may have.

The medical doctor or pediatrician will then decide if the child needs to start some type of therapy, such as **physiotherapy, speech therapy or cognitive stimulation** therapy, or if the child should receive **treatment for the underlying condition** such as malnutrition and receive counseling for responsive care and stimulation by the family at home.

The family can also be linked to **a local disability organization**, especially if the organization provides community-based rehabilitation for children with developmental delays or disabilities. It is therefore important that each HF is connected to such organizations existing in their area.

Additionally, medical doctors should evaluate the need to refer the child to other services, such as **social protection or child protection services**, if they observe family-level issues that are affecting child's health and development.

4. Finally, discuss what providers at CWC/EPI and Under 5 services can do to find out whether the child has received the needed follow up. For example, discuss the importance of holding monthly performance reviews with CHAs and CHVs to review all the cases referred to the next level and what has happened with the child in each of these cases, including cases of developmental delays.

This follow up is important as some families may choose not to continue with treatment, or may have transport and other challenges to come to the HF often. Links with community health extension workers can help locate and support the family to continue with needed therapy or treatment.

Ask everyone to stand up. Do a quick physical activity that will get everyone moving. For example, one person shows the movements of a certain occupation or trade (that requires you to move) and everyone should imitate and guess what the occupation is. Examples are: fisher, builder, professional football player, ballet dancer etc.

DAY 2, SESSION 7	15:00-17:00
SESSION: Promoting child development in different touchpoints: • ANC, Maternity & PNC • Growth Monitoring & EPI consultation • Under 5 clinic • Pediatric ward	MATERIALS: • Counseling posters – ANC, PNC, Care for Child Development – 1 per pair • Video: Father and toddler talking
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Identify key messages on child development to be shared with caregivers at ANC, Maternity and PNC, Growth Monitoring, Under 5 clinic and services for children with malnutrition.	

SESSION STEPS:

PROMOTING CHILD DEVELOPMENT IN ANC (15 MIN)

1. Ask the providers: "What do you normally counsel mothers and their partners on, during an antenatal consultation?" You may write this down on a flipchart.

2. Distribute the ANC poster to the pairs, and ask them to review and share what they see. Is there anything on the poster that is new to them?

3. Reinforce that development begins in pregnancy, and **we can already talk with our children from 6 months onwards, because they can hear us and recognize our voices**.

4. Reinforce the importance to check for **signs of stress and domestic violence** in women. Recognize that it is not easy to detect these signs; ask the participants to share the strategies they use and what seems to work best. Appreciate the suggestions shared

Share the experience from Mozambique, with the participants:

Experience from Mozambique: "An MCH nurse in Mozambique shared the following two practices that help her check the women for possible domestic violence. The first one is creating a warm and trusting relationship with women, which helps them talk openly to the nurse. The second one involves asking the woman a series of questions: *How do you usually solve problems in your family? And what happens if you don't agree with your husband? Do you get angry and beat him sometimes?*

The last question always surprises the women but also helps them open up. They may answer that, no, they do not beat the husband, but yes, the husband sometimes beats them…"

Shared by Felismina Alberto , MCH nurse, PATH Mozambique.

5. Ask: How can what you learned in this session change your ANC services? What do you think you will be doing differently? Listen to and acknowledge the participants' ideas.

PROMOTING CHILD DEVELOPMENT IN MATERNITY WARD AND PNC (20 MIN)

1. Ask: "What do you normally counsel the mothers on, in the maternity ward, and in PNC?" Write down key responses.

2. Ask: Do you talk to each mother individually or as a group? When do you talk to them? Before discharge? If you observe any issues?

3. Distribute the PNC Poster to the pairs, and ask them to review and share what they see on the Poster (especially in the middle and on the bottom of the Poster). Is there anything on the Poster that they usually do not counsel on?

4. Invite one of the providers to demonstrate steps to the "caregiver" how to do **baby massage** (with the doll), and to explain the benefits of the massage, using the PNC Poster. Provide feedback.

5. Ask: What else could the provider have done, in this counseling session, to make it more powerful for the mother? Listen to the ideas and then add, if relevant:

   - S/he could ask the mother to actually practice massaging the baby (as opposed to just showing her how to do it)
   - S/he could praise the mother, to give her confidence.
   - She could add talking to the baby during massage, to reinforce another domain (language).

PROMOTING CHILD DEVELOPMENT DURING GM, EPI AND UNDER 5 CLINIC (15 MIN)

1. Ask: What are some things about child development that we probably want to share **with all caregivers**, with or without risk factors, when we see them during Growth monitoring, EPI or in Under 5 clinic? Think about what we learned on Day 1. Give the participants 5 minutes to work in pairs and to remember key ideas.

2. Listen to the participants, and add what is missing. Key messages may include:

KEY MESSAGES TO SHARE WITH ALL CAREGIVERS

- *Children's brains develop fastest in the first 3 years of life. Letting children explore things around them and talking to them daily is what helps their brains develop.*
- *Observe your children, try to understand them and respond to their signals, needs and interests. When your child does something /makes some gestures or sounds, respond to him/her, and as your child does something again you respond again. This is called **responsive care**, and is key to helping our children develop.*
- *When we play and talk with children, we can help them develop their bodies, their language, their thinking, and build their relationships with others. Think how to make every moment count!*
- *Daily routines and chores such as taking a bath, cooking, eating, washing and going to bed are great for playing and talking with young children.*

3. Reinforce again that these are the messages we want all parents to know, even those whose children do not show any risk factors or delays. We should not let any caregiver leave our consultation room without having shared some of these messages with them.

COUNSELING CAREGIVERS WHO NEED MORE SUPPORT (40 MIN)

1. Ask: "Do you remember that some caregivers may need additional support and counseling? Who are they?" Review:
    - Caregivers of children with risk factors (LBW, malnutrition, depressed caregiver, adolescent caregiver)
    - Caregivers of children showing delayed milestones or delayed child development.

2. Explain: "You may meet some of these caregivers in PNC, during Growth monitoring, and some in Under 5 clinic. Regardless where you meet them, you should take a few minutes to provide them with additional support as you counsel them on care for child development."

3. Demonstrate Care for Child Development Counseling Poster (give a copy to each pair of participants).

4. Discuss in large group:
    - What can you see on this poster?
    - How is this poster organized?
    - Which of these activities you have done with your own children or grandchildren?
    - And which you have never tried?
    - Which of these activities show playing and talking in daily routines?
    - And which show caregivers being responsive to what the child is doing or looking at?
    - Are these the only activities we can counsel caregiver on? (No, providers can suggest other activities they know, such as traditional games and songs!)

5. Explain**: You can counsel caregivers and children during consultations by using this poster.** The counseling steps are added on the bottom, to help you remember them!

6. Ask the participants to divide into groups of 3 (caregiver, child of a specific age mentioned on the poster, and provider) and practice counseling using the steps and the poster, in the next 15-20 minutes. Walk among groups and support with steps such as praising, trying the activity, and problem solving.

RESPONSIVE CARE, PLAY AND COMMUNICATION WITH SICK CHILDREN (30 MIN)

1. Ask the participants: What do you think about counseling parents on child development in **the pediatric ward**? Is it important? Why? Listen to the answers and add the following, if needed:
   - *Play and interaction are even more important for sick children, as illness and malnutrition often cause delays or loss in previous abilities*
   - *Playing can make the child gain appetite, which is important for his/her recovery*
   - *Playing can make the child less stressed and fearful of medical procedures.*

2. Ask: What about children who are so weak that they cannot even move from their bed? Should they be encouraged to play? *(Yes, absolutely, but the play activities should be gentle and adapted to their condition.)*

3. Ask the participants to work in pairs and come up with 3 activities suitable for sick children who are weak and in bed. The participants can use the posters as well as their own ideas.

4. Invite the participants to share their ideas. In the end and if still needed, suggest the following activities for sick and bed-ridden children:
   - *Singing songs and telling stories to the children*
   - *Massaging the child gently*
   - *Handling colorful objects for the child to try to reach and touch*
   - *Giving the child a doll to hold and talk to.*

5. Remind that the child who is in the pediatric ward, usually has **many procedures** done to him, such as taking blood, measuring temperature, weighing, giving injections or pills. What do you think the child is feeling or thinking, every time he /she sees a doctor?

6. Think about importance of **responsive care** during these procedures. What could the provider do, do make the child less stressed or afraid? How could he put the child at ease? Listen to the suggestions and add the following if still needed:

- Provider can first talk and play with the child a bit before the procedure
- Provider can call the child by his or her name
- Provider can tell to the child what s/he will do (even when the child does not understand, he/she can respond to the provider's tone of voice!)
- Provider can give some choice to the child (for example, which arm to use for the injection)
- Provider can praise the child when the procedure is done.

7. Invite a volunteer to demonstrate responsive care with a child during procedures in a pediatric ward. At the end, ask the others to comment what the provider did very well and what could be improved.

END-OF-DAY REFLECTION

Distribute small papers to each participant and ask them to write down on one side something new that they learned today. On the other side, ask them to write a question /

PREPARATION FOR TOMORROW's PRACTICE

Inform the participants that tomorrow we will go to the health facility (NAME) to practice developmental monitoring, sharing of key messages and a bit of counseling.

Put participants in pairs for tomorrow's practice. Join "weaker" participants with "stronger" ones, to benefit from peer support. (NOTE: The list should be done by facilitators during lunch time)

Assign the participants to the following HF touchpoints, following to the extent possible the normal allocation of providers to these touch points (ex., MCH nurse in Maternity Ward etc.) and the number of participants:

- ANC (1 or 2 pairs; 1 pair at a time in ANC; the other pair counsels pregnant women in the waiting room). NOTE: These pairs should later move to GM/EPI or Under 5 clinic, to practice monitoring & counseling.
- Delivery (2 pairs, but adjust the number based on the number of mothers and newborns)
- PNC (2 pairs; 1 pair at a time in PNC; the other pair counsels PNC women in the waiting room)
- GM/ EPI (3-4 pairs; 1 pair at a time in GM/EPI; the others monitor and counsel in the waiting room)
- Under 5 clinic (3-4 pairs; 1 pair at a time in U5 clinic; the others monitor and counsel in the waiting room)
- Pediatric ward (2-3 pairs, depending on number of children and caregivers)

Ask each pair to bring with them:

- Developmental Milestones Poster and Monitoring steps (for sites in GM/EPI, Under 5 and Pediatric ward)
- Care for Child Development Poster (for sites in GM/EPI, Under 5 and Pediatric wards)
- ANC posters (for ANC site)

DAY 3, SESSION 1	8:00-8:45
SESSION: Review of practice activities: • Developmental monitoring, messaging & counseling	MATERIALS: • ANC, PNC, Developmental milestones and Care for Child Development posters for respective pairs • Play item samples (brought by each pair) • 2 developmental monitoring kits • Developmental monitoring steps (each pair at GM and U5)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be prepared to engage in monitoring development and counseling on care for child development at the HF.	

SESSION STEPS:

Meet at the Health Facility (practice site) and:

1. Ask the participants to join into their **respective pairs**. Explain that in each pair, one person will conduct developmental monitoring and counseling, and the other will observe. At the end of practice, they need to give feedback to each other.

   Participants should use developmental monitoring and counseling steps as a basis for feedback.

2. Remind what the practice sites are and which pair will go to which site, and explain that **each pair should work with at least 4 different caregivers and children**.

3. Assign **a facilitator** to 1-2 sectors, if possible, and explain that the facilitator will be observing their practice and providing them with feedback during or in the end.

4. Review briefly **developmental monitoring steps** together, by asking participants questions regarding what they will do at each step, and calling on some trainees to demonstrate or give examples of some challenging practices.

5. Review **NB monitoring in Maternity Ward and PNC**, in the same way.

   Explain that if participants identify a case of developmental delay, they should register it according to the procedures learned, and take a picture of the record made.

6. Review criteria for deciding to **share messages or counsel**. Check what are key messages, and what are key counseling steps. Remind of the importance to be a **role model**.

7. Ensure all the pairs have all the materials they need. Leave developmental kits in GM and Under 5 clinic.

8. Note that the facilitators should ensure that agreed on COVID-19 related procedures are being followed during practice session.

DAY 3, SESSION 2	**8:45-11:00**
SESSION: Practice of developmental monitoring & sharing messages or counseling: • ANC, Delivery Ward, PNC • Growth Monitoring & EPI • Under 5 consultation • Pediatric ward • Waiting room	MATERIALS: • Same as above
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Have had experience monitoring development, sharing messages and counseling at least two caregivers (or caregiver child pairs)	

SESSION STEPS:

1. Facilitators should accompany the participants to their respective touchpoints.

2. Whenever possible, the facilitators in respective sectors should first demonstrate monitoring and counseling and receive feedback from the participants.

   It is especially important to demonstrate good counseling, with practice, plan for home etc., as participants did not yet have sufficient practice with this.

3. The participant pairs then work in the assigned practice sites, while the facilitators observe and support the participants, and take notes and photos for the reflection session.

4. Each pair should monitor development and counsel at least 4 caregivers (2 per participant). To the extent possible, try to provide the participants with experience in different touchpoints (but in line with their routine sectors).

   Whenever you want to take a photo (or a video), ask caregiver and the provider for permission. In the end, ask the caregiver to sign the consent form.

   Do not take photos or film if you do not have caregiver permission.

RETURN & COFFEE BREAK (11:00 -12:00)

DAY 3, SESSION 3	12:00-13:00
SESSION: Reflection on practice session	MATERIALS: • TV, computer or projector, connected to the phone or camera that has photos or videos from the practice • Flipchart and markers
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Reflect on what went well in the practice session and what skills still need to be improved.	

SESSION STEPS:

1. If possible, play photo or video footage from the practice.

2. Reflect together with the participants on the following questions, on the flipchart (Write 2 questions per page, in advance of the section, with space between questions):

1) How did the **developmental monitoring** go in Delivery and PNC? What was easy and difficult?

2) How was it to do **developmental monitoring** in GM & EPI consultation? And in Under 5 clinic? What was easy and difficult?

3) Any cases of **suspected delays**? Please share what you recorded and did.

4) Any cases of **delays in child development** that required referral? Please share what you recorded and did.

5) Have you observed any caregivers who were **responsive** to their children? Please share.

6) And have you observed any caregivers who were **not responsive** to their children? What did you notice?

7) In what way did you try to be a **model** to the caregiver? How did **you** interact with the child?

8) What were some of the things you **praised** the caregivers for? (Examples)

9) Was it easy or difficult to ask the caregivers to **try** the activity with the child? What helped?

10) What kinds of **problems** did you help caregivers solve? Please share.

11) Comments, concerns or questions?

3. Review and jointly answer the questions from the end of day evaluation yesterday.

LUNCH

DAY 3, SESSION 4	**14:00-15:00**
SESSION: Reinforcing counseling: Role play	MATERIALS: • Posters for ANC and PNC • Poster on Care for Child Development • Baby sized dolls • Counseling scenarios (Appendix 10)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Share messages with caregiver ou counsel caregiver effectively.	

SESSION STEPS:

1. Explain that we will now take a bit more time to practice our counseling skills.

2. Invite the volunteers to come up one by one, each naming one counseling step:

1. GREET the caregiver with a friendly face. Look her in the eyes
2. ASK: Can you show me how you play and talk with the child?
3. OBSERVE: Is the caregiver responsive to the child's signals?
4. PRAISE caregiver for any responsive action: "I noticed that you …".
5. Help caregiver TRY a new play activity with the child. Praise the caregiver
6. EXPLAIN how responding and playing help the child develop
7. Help caregiver SOLVE PROBLEMS and make a PLAN for home

There should be 7 participants in the front, representing 7 counseling steps.

3. Ask: Did you notice that some of these counseling steps were marked in one color, on the poster, and some – in another color, on the poster? Ask the 7 participants to observe the Care for Child Development poster, and then make two groups based on the color of their steps.

4. Ask: Which steps appear in the first group? And which appear in the second? Why do you think the steps were grouped this way? Listen to the answers and reinforce, if needed:

> We cannot start counseling AT ONCE. There are steps we first need to take, to learn about the caregiver, whether she or he is responsive and whether she or he normally plays and talks with the child.
>
> ONLY AFTER we understand a bit about the caregiver, can we offer counseling to him or her (by teaching a new activity, explaining its importance etc.) This is similar to us treating a sick person – we FIRST identify and observe the symptoms and only THEN prescribe the treatment.

5. Hang the poster with the 7 steps in a visible place in the room. Divide the participants in groups of 3, and give each group Appendix 10, scenarios 1 to 4.

6. Explain that the groups should role play each scenario, by taking turns to be provider, caregiver and a child. Each scenario should not take longer than 5-6 minutes (the time they are likely to have for counseling in a typical consultation!).

   a. In each scenario, the group first should decide if they will just share messages or counsel.

   b. At the end of each role play the "caregiver" should share with the "provider" what s/he felt worked best during counseling and if anything could be improved.

7. Circle and support the groups in 1) deciding when to share messages and when to counsel, and 2) in counseling effectively.

8. In the end, review how the role play went:

- In which situations the sharing of messages would be sufficient (1 and 4), and which required counseling (2 and 3) and why?
- Did you take enough time to ask and observe the caregiver, before counseling? What did you see when you observed? What did you praise the caregiver for?
- How did you encourage the caregiver to try a new activity?
- And what problems did you help caregivers to solve, and how?

Ask everyone to stand up. Do a quick physical activity that will get everyone moving. For example, form a circle and throw several balls to each other. Then kick the balls. Then turn with your backs to the circle and bend down, and try to throw the balls to each other through your legs!

DAY 3, SESSION 5	15:00-16:00
SESSION: Helping caregivers become more responsive	MATERIALS: • Some playthings • Counseling steps • Video: Responsive care (bathing)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be able to help caregiver increase their responsiveness • Protect children of parents showing harsh discipline, abuse or neglectful parenting.	

SESSION STEPS:

HELPING CAREGIVERS BECOME MORE RESPONSIVE

1. Ask the participants to recall any examples of responsive caregivers they saw this morning. What did you see caregivers do?

2. Then ask the participants to remember examples of non-responsive caregivers that they saw during the practice session. Ask to describe what they saw. Add that we will sometime see the following, in our work:
   - Caregivers who ignore and do not respond to child's signals
   - Caregivers who become angry with the child
   - Caregivers whose children look neglected (unwashed, hungry etc.)

3. Add: These negative practices can be caused by maternal depression, partner conflict, or other challenges in caregiver life. We may not be able to always address these bigger challenges, but we can improve the way caregiver relates to the child.

4. Let the group brainstorm: What can we do to help this caregiver become more responsive to her child?

   Ensure that the following points come through, during sharing:

   - Provider should be **a role model** for the caregiver. The more **we are responsive** to caregivers and their children, the more we will be able to help parents be responsive to their children.

   - Provider can **teach caregiver to be more responsive**.

5. Explain that one very effective way of teaching caregiver to become more responsive is by:
   - **observing** how caregiver and child interact and noticing any child signals;
   - **praising** caregiver when she or he responds to child's signals, and
   - helping caregiver notice any "**missed opportunities**" to be responsive.

6. Watch together a video of mother bathing the baby (see video on the flash). Ask the participants to notice the following:
   - What signals the baby is showing?
   - In what cases the mother responds to the signals and in what cases she does not?

7. Discuss the video together, following two questions above. Then ask the participants to praise the mother in the video, for occasions when she was responsive to the baby.

   Ask one or two volunteers to demonstrate. What can we say? Be specific! Start with: "I noticed that, when your baby did …., you did… . This is really great, because… "

   Practice praising the mother in the video for responsive care, at least two times, with two different participants.

8. Then, ask another participant to demonstrate, how they could help the mother become more responsive, by drawing her attention to the "missed opportunities".

   For example: "I noticed that your baby did …. . How could you respond next time, to help your baby learn?"

Practice helping the mother in the video become more responsive, at least two times, with two different participants.

9. Invite two volunteers (a nurse and a caregiver with the child) to demonstrate the situation which can happen during the MCH consultation, when the nurse notices that the caregiver is not very responsive. What can the nurse do?

(You may want to use the steps in the box below to support the volunteers as needed.)

HELPING CAREGIVER BECOME MORE RESPONSIVE:

1. **Have some playthings (like a homemade car) ready in front of you, on the nurse's table.**

2. **Ask the mother if the child would like to play with the toy. Encourage the mother to play with the child for a bit.**

3. **Observe the mother and the child for a short while. Watch for 1) child signals, 2) moments when the mother responds to child's signals and 2) moments when the mother misses or ignores child's signals.**

4. **Praise the mother for being responsive. For example: *"I noticed that when the child showed the car to you, you named the car. That showed you were attentive to the child. This will surely help your child learn."***

5. **Mention one "missed opportunity" to the mother. For example: *"I noticed your child made a car sound. How could you respond next time your child makes a car sound? "* (Praise the mother, or help her come with appropriate response.)**

6. **Conclude: Your child is so eager to learn. When you respond to your child, you are helping him learn!**

Note: Adapted from a teaching resource developed by Dr. Frances Aboud, McGill University (Personal communication, July 2020).

10. Discuss: "What did the provider praise the mother for? What did she say, exactly? Do you think it was effective for the mother to hear this?"

    And how did the provider help the mother become more responsive? What did she say? If you were that mother, how would you react to such feedback?

11. Conclude that "catching caregiver in the moment" is a powerful way to help him or her to become more responsive.

OPTIONAL (IF TIME ALLOWS)
Ask the participants to divide in groups of 3 ("the not-so-responsive caregiver", "the baby" and “the provider”), to select some playthings, and to role-play counseling caregivers on becoming more responsive, using the steps above (write these up in summary form on the flipchart). Discuss experiences.

12. Note that **teaching caregivers to be responsive can be easily done during counseling**. We just need to add coaching on “missed opportunities”, to step 4! So the steps would be the following:

1. GREET the caregiver with a friendly face. Look her in the eyes
2. ASK: Can you show me how you play and talk with the child?
3. OBSERVE: Is the caregiver responsive to the child’s signals?
4. PRAISE caregiver for any responsive action: “I noticed that you …”. **Mention any missed opportunities: “I noticed your child … How could you respond next time when…?”**
5. Help caregiver TRY a new play activity with the child. Praise the caregiver
6. EXPLAIN how responding and playing help the child develop
7. Help caregiver SOLVE PROBLEMS and make a PLAN for home

OPTIONAL SESSION (IF TIME ALLOWS) (45 MIN)

PROTECTING CHILDREN FROM ABUSE AND NEGLECT

1. Ask the participants: Can you tell if the child is being treated harshly, abused or neglected? What are some red flags?

Red flags can include:

- Child that is not tidy or clean
- Child that does not seem to be happy, has some fears, does not want to be touched
- Child regressing in some ways (starting to pee in bed again, or stopping to talk, for example)
- Stains, wounds or tears on the child that are hard to explain (that is why doing physical examination is very important)
- Caregiver scolding the child in front of the provider

2. Ask: What is our role as providers, in such cases? Brainstorm the following:
    - What should be done to protect the child, if there is a suspicion of abuse or neglect?
    - What should be done, if caregiver seem to be using harsh punishment or scolding?
    - How to follow up on the child's situation later on?

3. Discuss if the providers already collaborate with a social worker or a psychologist based in their or in nearby health facility. Ask them to share experiences. What else can be done, for you to better collaborate with these specialists and to be able to protect the child?

4. Brainstorm on the alternatives to harsh punishment or scolding that you could discuss with the caregiver. Add the following, if needed:
    - If the child is young (under 2), try distracting the child with a different object or activity.
    - If the child broke something, help him fix it.
    - If the child hurt someone, explain why this is wrong, and help him apologize.
    - For older child, have a few rules, and explain what will happen if the child does not follow the rules. For example, if the child does not wash hands, he cannot have a meal. If the child stays late at the friend's house, he cannot go out tomorrow, etc. (Ask the participants to think of a few more examples of rules for young children.)
    - Do not call the child bad names or laugh at the child, as this will make the child think that he is bad.
    - Always notice and acknowledge when the child is behaving well.

5. If time allows, invite some volunteers to role play a situation in which a caregiver shows inadequate discipline (such as harsh punishment) and how the providers can respond.

DAY 3, SESSION 6	16:00-17:00
SESSION: Promoting child development through playbox sessions	MATERIALS: • Playbox kit • Playbox guide for every participant • Cut up playbox session steps (copy a playbox guide and cut up the steps) • Photo Kit 3: Playboxes in Kenya & Mozambique
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be able to conduct a playbox session effectively.	

SESSION STEPS:

LEARNING ABOUT PLAYBOX

1. Ask the participants who did their practice in the waiting room and in the pediatric ward, if they thought the waiting area or the pediatric ward was child-friendly. What makes them say that? Did they see any parents playing with their children?

2. Explain that, unlike during consultation, many children and caregivers are together in the waiting room and in pediatric ward. How could these spaces be made more child-friendly and more supportive of child development? Brainstorm.

3. Explain that in the waiting rooms and pediatric wards we can engage with children and their caregivers and the children **as a group.**

4. Explain that **a playbox** is a group activity that is carried out in waiting rooms and pediatric wards, and that engages both children and adults. It can be given instead of or as a part of a health education session on that day.

5. Demonstrate quickly a playbox session (or show a video, if available), following the steps on the playbox guide (Appendix 11).

Prepare well! Do a short demonstration, lasting about 10 min.

6. Ask the participants what steps they noticed, in the demonstration. Write these down.

7. Ask the participants to find a playbox session guide in their pack, and to read through the steps of the playbox session, in pairs. Ask if any steps are not clear, and discuss those.

8. Ask 7 participants to stand in the semi-circle, in front of the group. Randomly distribute cut up steps of a playbox session, to the participants.

9. Ask the 7 participants to line themselves up in the order of the steps, and announce their steps. The other participants can review and comment.

10. Ask the person with the first step **to role play** it. Help as needed. Then ask: And what happens if we skip this step? Continue in the same way with the other steps.

11. In the end, reinforce the following points:

- It is very important to explain the **rules of the playbox** to the caregivers, especially that the toys need to be returned to the box.
- **The talk** about importance of play **should be short!**! Questions and answers are best!
- Some parents may need help selecting playthings and engaging with their children. Some never read a book to the child before or built a tower with the child, for example. **Spend some time helping the parents!**
- **Finding and calling on model caregivers** is very important. This will give encouragement to parents and help parents learn from each other.

12. Ask: After you have learned about what playbox is, what value do you think it has for children or caregivers? Why? Listen to the ideas.

13. Explain that playbox activities were already evaluated in Mozambique, and the study showed that participation in playbox sessions…
    - Improves caregiver and child adherence to health services (more caregivers come)
    - Improves the quality of waiting time in the health facility
    - Helps caregivers learn how to play & communicate with their children, & how to make toys
    - Helps caregivers detect if their child has a development problem

14. Discuss whether we would be interested to see some of such results in Kenya as well. Which ones?

15. Circulate pictures of playboxes from Kenya and Mozambique, for participants to observe and comment, and to get inspired before making their own playboxes for the practice tomorrow.

END-OF-DAY REFLECTION

Distribute small papers to each participant and ask them to write down on one side something new that they learned today. On the other side, ask them to write a question / comment (if they have any). Thank the participants for working so hard today!

PREPARATION FOR TOMORROW'S PRACTICE

Alert the participants that tomorrow they will practice conducting playbox sessions in the waiting rooms and pediatric ward.

Put participants in groups for tomorrow's practice. Join participants into 2 or three groups depending on the number of different waiting rooms with children plus the pediatric ward in the health center. (NOTE: The list should be done by facilitators during lunch time)

Ask each group of participants to talk among themselves quickly to prepare for tomorrow:

- Divide responsibilities for different playbox steps
- Review the back side of the playbox guide and decide who will bring what materials for the playbox (they should have at least 1 play material of each type)
- Prepare a box or other container, ideally decorated.

The participants are welcome to stay and work on their playboxes after the training is over.

Bring about 50 consent forms, in case of taking photos or videos.

Agree on the time and place of meeting tomorrow.

DAY 4, SESSION 1	8:00-9:00
SESSION: Playbox materials Review of practice activities: Playbox session.	MATERIALS: • Playbox guides, kits and registers for each group of participants • Playbox materials prepared by the participants
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be prepared for the practice on playbox session.	

SESSION STEPS:

PLAYBOX MATERIALS (45 MIN)

1. Meet at the Health Facility (practice site). Explain that we will complete one more session on playboxes now, before we go and practice.

2. Explain that in a large HF, the playbox should be mobile, and should be placed where there are more caregivers and children on that day. Usually this will be a GM/EPI and/or an U5 area. Additionally, a pediatric ward should have its own playbox, for the children that are interned there. **Any type of box works, as long it is colorful and attractive to children!**

3. Ask the participants to review the back page of the playbox guide for a couple of minutes: What types of playthings were selected for the playbox, you think, and why?

Reinforce that the playbox should consist of…

- Playthings that parents can easily find or make at home (which the playbox may inspire them to do)
- Playthings that are easy to clean and disinfect (especially during COVID-19)
- Playthings that are easy to keep track of as they do not have too many pieces. (*The exception is a set of bottle caps for counting and sorting. These should be kept in a container with a lit or in a little cloth sack).*
- Playthings that can be used ***in many different ways***.

4. Ask each group of participants to demonstrate the playbox they prepared for today's session. They need to show and explain:
   - What **home items** they included; how some of these can be used by children (select 2)
   - What **playthings they made**; how some of these can be used by children (select 2)
   - What container they prepared and how they decorated it to make it attractive

5. Pick on a few items in each playbox and challenge the participants to think **what else can these items be used for / what other play activities are possible**. Praise the participants for any creative ideas, especially those that encourage children to talk and interact!

6. Show that in their pack they also have Appendix 12 that gives some more ideas in which these playthings can be used.

Explain that sometimes parents may be out of ideas as to what to do with a particular item with the child. We should be ready with many ideas to suggest to the parents!

7. Finally, discuss how the playbox activities may need to be adjusted during COVID-19. Listen to the participants' ideas and then share the following:

PLAYBOX IN COVID-19 PERIOD

During COVID-19 pandemic each health facility will need to decide whether and how to implement playbox sessions safely. Safe implementation would require:

- Disinfecting playthings after each playbox session (which may mean that only washable and sturdy playthings are included)
- Ensuring that all caregivers and children wash or disinfect their hands before and after playing
- Ideally having a mat or some other cover on the floor, so that the toys do not touch the ground
- Encouraging caregivers to play with their children and to keep 1.5 meter distance from other families (for now).

Alternative activities that HF may consider include broadcasting children's songs or programs on the radio or TV in the waiting rooms, and encouraging caregivers and children to participate by singing or responding.

PRACTICE PREPARATION (15 MIN)

1. Assign a facilitator and a practice site (waiting room, pediatric ward) to each group.

2. Ensure that each group has planned how they would do the playbox session.

3. Review **playbox guide** together, by asking participants questions regarding what they will do at each step, and calling on some trainees to demonstrate or give examples of some challenging practices.

4. Explain that the practice session will be shorter today, and we will be meeting at around 10:00 to head back.

DAY 4, SESSION 2	**9:00-10:00**
SESSION: Practice: • Playbox session in waiting room/s and pediatric ward	MATERIALS: • Playboxes and playbox guides
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be comfortable conducting a playbox session.	

SESSION STEPS:

1. Facilitators should accompany the participants to their respective playbox session areas.

2. The participant groups then deliver a playbox session in the assigned practice sites, while the facilitators observe and support the participants, and take notes and photos for the reflection session.

3. Note that the facilitators should ensure that agreed on COVID-19 related procedures are being followed during practice session.

Whenever you want to take a photo (or a video), ask caregiver and the provider for permission. In the end, ask the caregiver to sign the consent form.

Do not take photos or film if you do not have caregiver permission.

DAY 4, SESSION 3	10:00-11:00
SESSION: Reflection on playbox practice	MATERIALS: • TV, computer or projector, connected to the phone or camera that has photos or videos from the practice • Flipchart and markers
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Identify what went well and what could be improved, in the playbox session practice.	

SESSION STEPS:

1. If possible, conduct this reflection at the practice site, to give it sufficient time. You may play photos or video footage from the practice, if you have made these.

2. Reflect together with the participants on the following questions, on the flipchart (2 questions per page):

    1) How did the children and the caregivers react to the playbox? What did you observe and hear?

    2) Were you able to conduct the playbox session according to the steps you learned?

    3) If not, what were some of the unanticipated challenges?

    4) And how did you adress these challenges?

    5) How did you identify model caregivers?

    6) And were the model caregivers able to share and explain to the other parents, how they play?

    7) What were the responses from the other parents?

    8) Comments, concerns or questions?

3. Review and jointly answer the questions from the end-of-day evaluation yesterday.

COFFEE BREAK (Travel to the training site and take "working coffee" during the next session.)

DAY 4, SESSION 4	**11:30-12:30**
SESSION: Problem-solving around playbox Recording playbox activities and keeping inventory	MATERIALS: • Hard cover notebooks for every HF to record educational activities in waiting rooms and pediatric ward, including playbox sessions
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be able to solve problems that might arise when implementing playbox sessions • Record playbox sessions and conduct playbox inventory	

SESSION STEPS:

PROBLEM-SOLVING ABOUT PLAYBOX

1. Explain that many challenges may happen once we start implementing the playbox sessions in the waiting rooms and pediatric wards. Let's try to think through some of them before we are faced with these!

2. Give the following scenarios to the participants, ask them to discuss in pairs and then in a group. Clap hands for the best solutions!

    1) **You notice that toys are starting to disappear from the playbox, after a couple of weeks. What can you do?**
    Possible answers: Reinforce the rules; Engage caregivers in making toys for the health center or for their homes (so that they do not need to take the toys).

    2) **You observe that some toys, such as homemade books, are rarely selected by the children and parents. What can you do?**
    Possible answers: Help some parents select these toys, and then demonstrate what could be done with it. Show a lot of enthusiasm, and praise the child and the caregiver, to generate interest!

    3) **You only have a narrow corridor for a waiting space, and the caregivers refuse to accompany and play with their children in a spacious area a bit further away as they are afraid of losing their place in line. What can you do?**

Possible answers: Let the children and caregivers play where they are. Keep the toys in a compact box or two – maybe put each both at two ends of the corridor, to make access easier.

4) **You notice that some homemade balls and dolls start falling apart after a few play sessions. What can you do?**
Possible answers: Examine with the providers how the toys are made, and if stronger materials or better stitching other techniques should be used.

5) **You notice that your colleague never records the playbox session or checks the play materials at the end of the session. What can you do?**
Possible answers: Find out why s/he is not recording. Teach him/her how to do these tasks and explain why these are important.

6) **Model caregivers (especially women) seem to be shy when you call on them to demonstrate how they play with their child. What can you do?**
Possible answers: Start by praising and acknowledging the parent a lot. Say that other caregivers can learn a lot from him/her!

7) **You notice that in the pediatric ward, the playbox is kept in the storage room. When you ask, the nurse in charge says that the box is usually taken out every day but now most children they have are too weak to play as they are staying in bed, so she is keeping the toys safe for later. What can you do?**
Possible answers: Conduct a refresher for all pediatric ward staff, explaining the importance of play and interactions for ALL children, even those staying in bed. Demonstrate how some of the playthings in the box could be used with such children. Help providers take the playbox to the pediatric ward and demonstrate some of the activities to the parents there.

8) **There is no running water for caregivers to wash children's hands at the beginning and the end of the play session. What can you do?**
Possible answers: Help establish a tippy tap close to the waiting room and if possible, also provide alcohol-based hand sanitizer for the children and caregivers to use, especially in the pediatric ward. Disinfect the toys in the playbox before you put them away for the next day, so that they are clean and ready for the next session.

9) **You see children playing by themselves, while caregivers are sleeping, chatting or texting on their phones. What can you do?**

Possible answers: Explain to the parents why it is important that they also join in the play: this will help caregiver get to know their children better, to bond with their children, and even notice if the child has some difficulty such as in speaking etc… However, also acknowledge that children can learn a lot by playing with other children. This would be also an opportunity for parents to rest and/or to change experiences with other adults.

10) **You notice that the facilitator assigned to the playbox repeatedly does not show up for the activity. When you talk to him, he justifies his absence by saying that he has too many other duties. What can you do?**
Possible answers: Organize a meeting with the HF director and relevant staff to discuss the playbox management. Summarize the importance of the playbox and ask the colleagues to share the benefits they noticed the playbox has brought to children and caregivers thus far. Encourage everyone to present their concerns and work to find a solution (staff rotation, engaging other personnel, holding playbox sessions on specific days etc.).

RECORDING THE PLAYBOX ACTIVITY AND KEEPING INVENTORY

1. We have a play box register in each health facility that could be used to record play box sessions
2. Distribute sample play box registers to be reviewed by participants

Date	Total caregivers in playbox session	Total children in playbox session	Total caregivers counseled (individually or in group) during playbox session	Total children referred to nurse/clinical officer in the health facility		Names of CHV playbox facilitators	Supervisor's name and signature (CHEW or health facility in-charge)
				Number Suspected with developmental delays reffered	**Number with Other complications reffered (Indicate How many reffered-** ***Mulnutrition, Other medical conditions)***		

3. Demonstrate how the same register can be used to record and summarize different activities happening in the waiting room:

4. Ask: How frequently do you think the playbox sessions should happen in the waiting rooms? And in the pediatric ward? Every day? On busy days?

Note: Play activities in the pediatric ward should be daily,

as sick children need daily stimulation.

5. Ask the participants how they can keep track of the playthings in the box. Remind them of the last step in the playbox guide (check the toys). What can we do?

6. Ask a volunteer to propose a model for keeping an inventory. Recommend to use the types of toys (which appear on the back of playbox guide) to structure the inventory (for example, dolls – 5; shakers – 7, etc.). Suggest to use the same notebook that records playbox sessions, to do the inventory.

7. Ask: How frequently should we clean and disinfect the toys, especially during COVID-19 pandemic? (Ideally every time after kids play!) And what can we use to disinfect them?

(A moist cloth with some soap and/or chlorine solution). Who can be doing the cleaning? Let the HF teams share their ideas.

8. Ask: And when should we change or add new playthings? Listen to ideas and add the following:

> *When playthings get lost or destroyed, we can make or collect new ones.*
>
> *We can observe what playthings the children enjoy the most,*
>
> *and make or add more of these!*

LUNCH

DAY 4, SESSION 5	**13:30-15:00**
SESSION: Recording, reporting & analyzing child development	MATERIALS: • Delivery, PNC, GM and Under 5 clinic registers (a page for each pair) • Child development monthly report form (parallel tool) (Appendix 13) – empty form and filled in example for each participant • Kit of 50 monthly report forms for each HF
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be able to record and report child development data • Be able to analyze trends in child development data.	

SESSION STEPS:

RECORDING CHILD DEVELOPMENT DATA

1. Distribute the copies of the 4 registers to each pair of participants.

2. Invite a volunteer to remind the group how results of developmental monitoring will be recorded on the Delivery and PNC register (see Day 2, Session 4).

3. Then invite another volunteer and review how to record the developmental monitoring results in the GM and Under 5 register (see Day 2, Session 6):
   - What cases get to be recorded (both Suspected Delay, Delay in Child Development and No Delay)
   - Where should they be recorded
   - What other information needs to be recorded (referral).

4. Finally, invite the third volunteer to explain how playbox activity will be registered in the waiting room and pediatric ward.

5. Discuss with the participants: Who at the HF will be responsible to monitor that the data on child development is recorded correctly in these various registers? How frequently will this happen?

REPORTING CHILD DEVELOPMENT DATA

1. Explain: Since data on developmental delays and child participation in playbox sessions is not recorded yet by the health system, we will have to use a parallel reporting tool at this stage.

2. Distribute an example of the filled in **HF child development monthly report form** to each participant (Appendix 13, part 2), and ask them to analyze what kind of information the tool records, and where this information will come from. Discuss any questions or doubts. Reinforce the following:

> Note that we need to include data on **overall number of children reached** at GM/EPI and Under 5 clinic. This will help us see what proportion of children were monitored for development (but remember that not all children need to be monitored).
>
> Note that we need to record **both** cases with no developmental delay (ND) and with suspected delay (SD) and delay in child development (DD), to find out how many children actually received developmental monitoring.
>
> Note that we are also asked to record number of children with developmental delays that were **referred**. Remember that not all children need to be referred, only those classified in the RED (DD).

3. Ask the participants to work in pairs and to simulate filling out the monthly form. Distribute clean copies of the form for this exercise.

4. Invite one pair to present. The participants should explain their data sources, for each data. Invite other pairs to comment as needed, and acknowledge the work done.

5. Note that data from Delivery register and PNC is not included in this form, as many different conditions could classify as developmental problems and these may be difficult to summarize on this tool. However, the providers should record any observed problems as instructed in this training.

6. Discuss who could be responsible for preparing the monthly report forms in the health facility. One strategy is to have one person circulating the report form to each touchpoint and then confirming the reported data.

7. Agree where the data monthly report form will go once filled out and verified by the focal point (woreda health services).

ANALYZING THE DATA

1. Ask the participants to take another look at the monthly data summaries. How will we know if our health facility is performing well or not, based on this summary?

2. Listen for ideas and in the end summarize the following:

> **We know that we are performing well if** number of children monitored for delays is close to the number of children attending services.
>
> **We know that we are performing well if** number of children with suspected delays /delays in child development is not far below the number of children detected at the GM/U5 with severe underweight /malnutrition, respectively. This is because malnutrition is one of the biggest risk factors for delayed development in Kenya.
>
> **We know that we are performing well if** number of children referred is equal to number of children with delay in child development (DD). This shows that providers are able to differentiate which cases just need counseling (SD) and which also need referral (DD).
>
> **We can know that we are performing well if** playbox sessions are daily in the pediatric ward and happen at least twice a week in the waiting rooms (and if there is more demand for services!).

3. Ask: who and when can do such an analysis? **Discuss how to make analysis of the child development summary tool a part of routine health facility data review.**

DAY 4, SESSION 6	15:00-15:30
SESSION: Post-training mentoring & supervision.	MATERIALS: • Post-training mentoring guide for each pair, and kit of 10 for each supervisor • FMOH integrated and program specific supervision tools with integrated ECD content (if available at the time of training)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Be familiar with mentoring and supervision tools and processes around monitoring and promoting child development.	

SESSION STEPS:

1. Ask: What do you think should happen after this training, for you as providers to have needed support? (Yes, mentoring and supervision.)

2. Explain that after this training, each health facility will receive **three mentoring visits**, **about a month apart**, during which providers will be observed doing developmental monitoring, counseling and playboxes at different touchpoints, and supported as needed.

3. Explain that mentoring will be conducted jointly by MOH staff, and ECD mentors.

4. Distribute the mentoring guide (Appendix 14) to each participant, and ask to review in pairs. Then call several volunteers, one by one, to describe:
    - What services / touchpoints will be observed?
    - What provider activities will be observed?
    - What is the maximum score a Health Facility may receive?
    - Should the mentor just observe? What is the next step? (coach the provider to help improve the quality of service)

- What should happen after the mentoring session (analysis of strong and weak points, and improvement plan) and who should take part (providers from all relevant touchpoints).

5. Pick several items and discuss with participants when the performance can be evaluated as YES, NO or PARTIAL.

6. Pick other items and discuss when a mentor might register N/A on the mentoring guide. For example, this can happen when there is no need to mentor child development (child does not have the right age), or there is no need for counseling (no risk factors or delays are present).

> Note that TOTAL POSSIBLE SCORE is calculated by subtracting all N/A items from a total of 50.

7. Distribute kits of 10 mentoring guides to each supervisor.

8. Explain that after the mentoring is over, the providers will be supported through program specific and integrated supervision, where items on monitoring and promoting child development will have been added.

DAY 4, SESSION 7	15:30-16:30
SESSION: Implementation plans	MATERIALS: • Implementation plans for teams from each HF (Appendix 15) • Appendix 2 (one for each HF)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Produce a plan for integrating developmental monitoring, counseling and playbox sessions in their routine health facilities.	

SESSION STEPS:

1. Ask the participants to sit together with their colleagues from the same Health Facility. The supervisors can join different HF groups.

2. Ask each health facility group to work on a plan to start developmental monitoring, counseling and playbox sessions in their facility. They can use the planning form in Appendix 15 if they find it helpful. Give the teams 30-40 minutes. Circle and provide support.

3. Invite the teams to present their plans one by one. Appreciate the plans, and when there are questions, ask other teams for ideas and support. (Note: Take pictures of all the plans, for training report.)

4. Agree on monthly follow-up with each HF and supervisor, for the first 3 months, to check on early implementation. Clarify any doubts or questions.

5. Praise all the teams for hard work.

DAY 4, SESSION 8	**16:30-17:00**
SESSION: Post-test. Certificates. Final comments.	MATERIALS: • Post-tests for each participants • FMOH Certificates for each participant (optional)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: • Complete the post-test and receive their certificates.	

SESSION STEPS:

1. Distribute and ask participants to do post-test. Circle and support as needed.

2. Ask the representatives of the health services for a formal closing speech.

3. Take a family photo (showing toys and posters!)

4. Distribute certificates.

CONGRATULATIONS TO THE TRAINERS AS WELL!!!