

*Inspired by Care for Child Development*

# PROMOTING EARLY CHILDHOOD DEVELOPMENT (ECD)

**Strengthening skills of health facility  
staff in counseling  
on nutrition and stimulation**



June 2015



## **OBJECTIVES OF TRAINING:**

To provide participants with skills to:

1. **Assess mother-child interactions and the mental state of the mother and take appropriate action.**
2. **Assess the overall development of children from birth to 3 years, and take appropriate action.**
3. **Counsel caregivers on nutrition.**
4. **Counsel caregivers on stimulating activities to promote child development.**
5. **Record assessment and counseling done.**

## **TRAINING TARGET GROUP:**

- **MCH nurses**
- **Specialized service providers: Pediatricians, Psychiatrists, Nutritionists, Physical and occupational therapists**
- **HIV/ART counselors**
- **Peer educators / counselors**
- **Health facility clinical heads**
- **Supervisors of service providers**
- **Sub-county health records and information officers (on day 5)**

## **CHARACTERISTICS OF THE TRAINING:**

- **Duration of 4.5 days**
- **3 practice sessions in the health facility (practicing counseling skills)**
- **Participatory methods**
- **Step-by-step procedures**
- **IEC materials & data registers available for providers and supervisors**

# PROMOTING EARLY CHILD DEVELOPMENT

## Strengthening skills of health facility staff

### DAY 1

---

TIME	ACTIVITIES	RESPONSIBLE
07:30-08:00	Room preparation	
08:00-09:00	Registration and pre-test Opening & Introduction	
09:00-09:20	Getting to know the work materials	
9:20-9:40	Meeting the child's needs in the first years of life	
09:40-10:00	Reflecting on ECD for children 0–3 years in MOH guidelines	
10:00-10:30	Explaining to caregivers the importance of proper nutrition & stimulation	
10: 30-10:45	TEA	
10:45-11:30	Explaining to caregivers the importance of proper nutrition & stimulation (cont.)	
11:30-12:30	Identifying the steps of a good counseling session Identifying caregivers "at risk" that should always be counseled	
12:30-13:00	ECD counseling in ANC	
13:00-13:45	LUNCH	
13.45-14:30	ECD counseling in ANC (cont.)	
14:30-16:15	ECD counseling in maternity wards and in PNC	
16:15-16:30	Reflection on the day	
16:30	TEA	

## DAY 2

---

TIME	ACTIVITIES	RESPONSIBLE
07:30-08:00	Preparation for practice (at the HF)	
08:30-10:00	Practice 1	
10:00-10:30	Return to training facility	
10:30-11:15	TEA & REFLECTION ON PRACTICE	
11:15-11:30	ECD counseling in other relevant services (after PNC)	
11:30-13:00	Assessing the child's growth and nutritional status, and family nutritional practices	
13:00-13:45	LUNCH	
13:45-14:00	Stimulating 4 areas of child development	
14:00-16:15	Assessing the overall development of the child and stimulation practices in the home	
16:15 - 16:30	Reflection on the day Preparing the kit for tomorrow's practice	
16:30	TEA	

## DAY 3

---

TIME	ACTIVITIES	RESPONSIBLE
07:30-08:00	Preparation for practice (at the HF)	
08:00-9:30	Practice 2	
9:30-10:00	Return to training facility	
10:00-10:45	TEA & REFLECTION ON PRACTICE	
10:45-12:30	Counseling the family on proper nutrition	
12:30-13:00	Counseling on stimulation: <ul style="list-style-type: none"><li>• Following the interests of the children</li></ul>	
13:00-13:45	LUNCH	
13:45-16:00	Counseling on stimulation: <ul style="list-style-type: none"><li>• Following the interests of the children (cont.)</li><li>• Stimulating child development according to age</li></ul>	
16:00-16:30	Reflection on the day Building a personal toy kit (continue at home)	
16:30	TEA	

## DAY 4

---

TIME	ACTIVITIES	RESPONSIBLE
07:30-08:30	<b>AT THE HF:</b> Analysis of produced toys Preparation for practice	
08:30-10:30	Practice 3	
10:30-11:00	Return to training facility	
11:00-11:45	<b>TEA &amp; REFLECTION ON PRACTICE</b>	
11:45-13:00	Observing and evaluating the interaction between the caregiver and the child  Checking for signs of maternal depression	
13:00-13:45	<b>LUNCH</b>	
13:45 – 15:00	Counseling in the event of weak relationship between caregiver and child / signs of depression	
15:00 – 15:30	Counseling in case of neglect or harsh discipline	
15:30-16:00	Offering child-friendly services	
16:00-16:30	Improve toy kits based on today's experience  Reflection on the day	
16:30	<b>TEA</b>	

## DAY 5

---

TIME	ACTIVITIES	RESPONSIBLE
8:00-8:30	Completing personal reflection sheets	
8:30-9:00	Referrals in case of developmental problems/delays	
9:00-10:30	Preparation for implementation: <ul style="list-style-type: none"><li>● Registering data on ECD (draft session)</li><li>● Monthly data flow (draft session)</li></ul>	
10:30-10:45	TEA	
10:45-12:30	Preparation for implementation: <ul style="list-style-type: none"><li>● Goals for health facilities (draft session)</li><li>● Supervisor plans</li></ul>	
12:30-13:00	Sharing of goals & plans; next steps	
13:00-13:45	LUNCH	
13:45-14:15	Post-test	
14:15-14:30	Certificates / Photos Closing	

# Training materials (for up to 30 participants)

Material	Quantity	Comments
WORKING DOCUMENTS TO DISTRIBUTE TO PARTICIPANTS		
1. Training program	1 / participant	
2. Visual on importance of nutrition	1 / participant	
3. Visual on importance of stimulation	1 / participant	See the end of this document
4. Personal reflection sheet for the provider	1 / participant	
5. Practice Guide (Practice 1, 2, 3)	1 / participant	
6. ECD register page– General	1 / participant	For practice sessions
7. ECD register page – Growth monitoring & Vaccination	1/ participant	For practice sessions
8. Monthly ECD summary	1 / participant	For practice sessions
9. MOH referral slip (for developmental delays etc.)	1 / participant	For practice sessions
10. Plastic envelope with button	1 / participant	
ALL DOCUMENTS 1 TO 9 MUST BE SORTED IN A PLASTIC FOLDER WITH BUTTON	1 / participant	
11. Pre test	1 / participant	
12. Post test	1/ participant	This one has slight differences from pretest
13. Counseling Cards for Health Facilities (PATH)	1 / consult room	Count total number of relevant consultation rooms / services in each covered HF
14. ECD register book – General (40 pages, spiral)	1 / consult room (excl growth monitoring + vaccination rms)	It should be possible to open and use as a register (horizontally - the second page continues on the right).
15. ECD register book – Growth Monitoring, Immunization (40 pages, spiral)	1/ GM room 1 / Vaccination room	
16. Kit of 24 monthly ECD summaries (for 12 months, one for HF and copy for sub-county), organized in a plastic binder	1 / small HF  1/ sector in large HF + 1 for HF focal point	Add 1 binder for ECD summaries for each large HF Focal point, 1 for sub county M&E team & 1 for county M&E team
17. Empty stickers for Counseling cards and ECD registers (to write down sector/consultation room)	2 / cons room	



Material	Quantity	Comments
18. Supervisor plan, mentoring tool samples (general, ANC, Maternity)	1/ supervisor	
19. Certificates	1 / participant	
<b>DOCUMENTS FOR WALLS AND ACTIVITIES</b>		
20. Posters and pictures for walls: 1) Course objectives 2) Daily evaluation questions 3) 4 child development areas 4) Images of children and caregivers 5) Color cards (A4) with names of the HF counseling contexts 6) Posters (A1) of developmental milestones (2) 7) Posters (A1) of integrating stimulation into daily routine (2) 8) Poster on nutrition	1 each	
21. Photo kit – Child needs	-	
22. Photo kit – Child-friendly services	-	
23. Photo kit – Sensitive caregiving	-	
24. Photo kit – Focused child (following child interest)	-	
25. Kit on counseling steps	5 sets (A5) 1 set (A4)	
26. Sheet with six (6) scenarios to assess development	10 sheets	1 sheet for each group
27. Demonstration text 1 (to pass to volunteers)	2 each	
28. ECD in MOH guidelines	1 / group (6)	
29. Consent forms to take pictures and film	200	To use photos and films drawn from practice.
30. Participant registration list (for each day)	1 p day	
31. Mother Child Health Booklet; ANC register page; Maternity ward register page; PNC register page; HEI form, Ped Aids form, Referral slip (to a specialist)	1 copy of each	
32. A1 papers with monthly data on services provided in each participating health center (to establish ECD counseling goals )	1 / health center	See Day 5 activity (preparing for implementation). Work with local data services to get this info
<b>STATIONERY &amp; TRAINING SUPPORT MATERIALS</b>		
33. Easel	1	

Material	Quantity	Comments
34. Large flipchart paper	4 sets	
35. Thick permanent markers (different colors)	15	
36. Sticky paste /tape (to paste paper on the walls)	2 packages	
37. Colored paper	1 set of 100 sheets of diff colors	For daily assessment etc.
38. Notebooks (A4 or A5)	1 / participant	
39. Pencil and pen	1 / participant	Plus a few additional pencils and pens
40. Rubber	1 / participant	
41. Pencil sharpener	1 / participant	
42. Ruler	1 / participant	
43. Bag for toys	1 / cons room	It could be a shopping bag, but not too big. Should be brightly colored.
44. Dolls (baby size)	6 in total	Simple, but realistic dolls. If no dolls available, one can tie towels shaped as dolls. At least one doll should be naked, to practice massage etc.
45. Toy kit (of homemade toys)	1 kit	Use TOT kit or create your own, using toy catalogue as a basis. Ensure that you have toys for all ages.
46. Camera (to document training)	1	
<b>PRODUCTION MATERIALS (Have a sign-in sheet to borrow materials)</b>		
47. Big scissors	5	To borrow during training
48. Hammer & nails	2 hammers / 5 large nails (to make holes)	To borrow during training
49. Needle and thread	5 sets	To borrow during training, to make dolls etc
50. Box of thick color pencils	5 sets	To borrow during training, to draw books, puzzles etc
51. Clear scotch tape (wide)	5 rolls	To borrow during training, to join objects, protect drawings
<b>MATERIALS TO MAKE TOYS</b>		
52. Headscarfs / textile squares	1 / participant	To hide toys / face, carry doll etc
53. Rolls of colorful médium synthetic rope	2m-3m/participant	To use for balls, mobiles, etc.

54. Brightly colored clothes pegs	10 / participant	Must fit the opening of a bottle!
55. Brightly colored plastic cups	1 / participant	To evaluate vision /hearing, to fill & empty etc.
56. Plastic bottles with caps	1-2 / participant	Use bottles from the training
57. Yogurt cups	2-5 / participant	Ask the HFs to collect (but bring some as a reserve)
58. Egg cartons (6) with cover	20	Ask the HFs to collect (but bring some as a reserve)
59. Toilet paper roll tubes	20	Ask the HFs to collect (but bring some as a reserve)
60. Rags (leftover fabric) for dolls, balls	1 large bag	Ask the HFs to collect / visit a tailor
61. Newspapers, plastic bags (to make filling for balls)	1 set	Ask the HFs to collect (but bring some as a reserve)
62. Box cardboard (for making books, puzzles etc.)	3-4 boxes	Ask the HFs to collect (but bring some as a reserve)
63. Shells, rocks, or seeds, caps, shiny paper, feathers	As much as possible to collect	Not so small that young children can swallow. Ask the HFs to collect (but bring some as a reserve)
64. Product packaging and newspapers with interesting pictures	1 set (at least 30)	Advertising, free magazines, bags of rice etc. Ask the HFs to collect (but bring some as a reserve)
65. Toy catalogue	1	For reference

## Key steps in training preparation

1. Have at least two facilitators and one logistics person for a group of 25-30 participants.
2. Organize the practice site(s) at the health facility at least 2 weeks before the training.
  - ❖ **Practice 1 (Day 2 of training):** Organize access to a health facility where there will be at least 10 pregnant women and 10 mothers with newborns. A large health facility with busy maternity ward is best option. Participants can be divided into 2 groups and practice in 2 health facilities, if there are not enough clients in one site.
  - ❖ **Practice 2 and 3 (Days 3 and 4 of training):** Ensure that there will be at least 15 caregivers with children aged from 0 to 2 years, in different services in a health center. Participants can be divided into 2 groups and practice in 2 health facilities, if there are not enough clients in one site.
  - ❖ If necessary, arrange transportation to the practice sites.
3. Start collecting recyclable materials at least three weeks before the training. Appoint 1 person responsible for ensuring that all the materials are collected – provide him/her with the list and show samples of some materials if needed. **Involve trainer teams / training participants to collect recycled materials for the training!**
  - ❖ 1 week prior to the training, check again that all the materials in the required quantities have been collected.
4. Organize access to the place of training 1 day before the training. On this day ...
  - ❖ Arrange the tables for 5-6 working groups
  - ❖ Distribute all key materials on the tables for each participant to have (stationery materials, documents, pretests etc.).
  - ❖ Prepare and place posters and pictures on the walls

- ❖ Exhibit toys from the toy kit for the home in visible places
- ❖ Organize the materials for the production of toys in a systematic way (each type of material in its own place etc.). Place the tools (hammers, scissors, nails etc) in a separate place.
- ❖ Test the projector if you intend to use it.

## Tasks for the facilitators

### BEFORE THE TRAINING:

- ❖ Study this manual and related materials (e.g., Counseling Cards, photo kits, exercises etc.).
- ❖ Hold a meeting with your co-facilitators in order to identify what is needed in each session as well as who will prepare each activity. On the agenda, write down who is responsible for facilitating each session.
- ❖ Organize the materials that are needed for each session.
- ❖ Practice doing simulations, demonstrations and other activities that are new to you.
- ❖ Identify possible questions or challenges that participants may have and practice how to respond to these.
- ❖ Prepare to facilitate the 3 practice sessions, by studying practice guide and instructions in this manual.
- ❖ Organize meals according to the schedule (note some variations in the times of meals from day to day)



### DURING THE TRAINING:

- ❖ Ensure that each participant understands what is expected of him/her in each activity.
- ❖ Observe the performance of each participant and reflect how best to support them.
- ❖ Model, give feedback and praise the participants during the simulations and practice sessions.
- ❖ Always ask other facilitator if they have something to add

### AT THE END OF EACH DAY:

Meet as a team to discuss participants' progress and to identify what to improve in the session the next day:

- ❖ What went well today (for the facilitators, participants)?
- ❖ What were the difficulties (for the facilitators, participants)? How to improve?

Create a list of pairs, assigned practice sites, and mentors (trainers) for the practice session next day. Review practice guide & prepare to mentor participants before and during practice.

<b>DAY 1</b>	<b>CONTENTS</b>	<b>ACTIVITIES</b>	<b>MATERIALS</b>
7:30-08:00	<b>Room preparation</b>	<ol style="list-style-type: none"> <li>1. Organize 5-6 tables for work in groups (5-6 people in each group)</li> <li>2. Distribute stationery materials, schedules and pre-test copies</li> <li>3. Hang posters: <ul style="list-style-type: none"> <li>• Course objectives</li> <li>• 4 areas of child development (<b>hang only after pretest!</b>)</li> <li>• 2 ECD posters (2 sets of posters on each side) &amp; nutrition posters</li> <li>• Cards with names of the consultations + waiting room activities</li> <li>• Pictures of children in stimulating activities, by age</li> </ul> </li> <li>4. Arrange the toy kit in a visible place</li> </ol>	<p>Course objectives (2 per flipchart aper)</p> <p>For each participant:</p> <ul style="list-style-type: none"> <li>• Stationery materials</li> <li>• Plastic envelope with docs</li> <li>• Pre-test</li> <li>• Posters &amp; pictures</li> <li>• Bostic</li> <li>• Toy kit</li> <li>• Easel, flipchart paper, markers</li> </ul>
08:00 -09:00	<b>Sign-in and pre-test</b>  <b>Opening and introduction</b>	<ol style="list-style-type: none"> <li>1. Greet each participant warmly upon entering, ask their name and where they come from, welcome them and accompany them to the table ("friendly treatment")</li> <li>2. Ask participants to sit in working groups with people they do not know well.</li> <li>3. Circulate the sign-in sheet.</li> <li>4. Explain the purpose of the pre-test: to understand whether the training was done well or not. 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.</li> <li>5. Do the opening (local authorities, PATH).</li> <li>6. Ask each person to introduce themselves and to say what they like most in their day to day work. What motivates them to come to work?</li> </ol>	<ul style="list-style-type: none"> <li>• Sign-in sheets</li> <li>• 6 color papers for group names</li> </ul>

		<p>7. Each group should decide on, draw and write the symbol / name of their group on colored paper.</p> <p>8. <b>Course objectives:</b> Invite some volunteers to read the flipchart poster with the training objectives. Ask others to summarize in their own words. Brainstorm on why this training is important.</p> <p>9. <b>Logistics:</b> Clarify administrative matters, for example:</p> <ul style="list-style-type: none"> <li>• Schedule (when the day begins and ends, breaks, etc.)</li> <li>• Facilities (bathroom, dining room, etc.)</li> <li>• Expected presence (all days, from ... to ...)</li> <li>• Reimbursement of travel expenses and other expenses (indicate the focal person for these matters).</li> </ul>	
09:00-09:20	<b>Getting to know the work materials</b>	<ol style="list-style-type: none"> <li>1. Explain what materials the participants can find in their plastic envelope. Explain re the reflection sheet, which would be collected at the end of the training, to be used in mentoring.</li> <li>2. Distribute the Counseling Cards and stickers (one for each consultation room) and red markers for each table.</li> <li>3. Stress that the Counseling Cards will reinforce the providers' work in two areas: nutrition counseling and child development counseling.</li> <li>4. Ask them to write the name of the health facility and the consultation room/ type of service on stickers on the Counseling Cards and to take good care of these during and after the training.</li> <li>5. Ask each participant to flip through the cards and identify two things that are new for them (or things they already know, but that are not being done at the present time). Invite to share and take note of the "new" aspects.</li> </ol>	<ul style="list-style-type: none"> <li>• Counseling cards for each consult. room / type of service</li> <li>• Stickers for each office and some extra ones</li> <li>• 6 red permanent markers</li> </ul>



<p>9:20-9:40</p>	<p><b>Meeting the child's needs in the first years of life</b></p>	<ol style="list-style-type: none"> <li>1. Ask all the participants to approach one of the walls.</li> <li>2. Ask: "What does a child need, to grow well, to become a good person and a productive, healthy adult?"</li> <li>3. As people respond, place the relevant visual cards on the wall in front of the group. Always ask: "Does the child need something else?"</li> <li>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. Stick these photos on the wall.</li> <li>5. At the end, ask someone to summarize the needs of a child, looking at the photos on the wall.</li> <li>6. Ask which of the child's needs we will address in this training (<i>Answer: to be well nurtured, nourished, loved and stimulated</i>).</li> </ol>	<ul style="list-style-type: none"> <li>• Kit with photos on children's needs</li> <li>• Sticky tape</li> </ul>
<p>09:40-10:00</p>	<p><b>Reflect on ECD in MOH guidelines</b></p>	<ol style="list-style-type: none"> <li>1. Brainstorm on what the providers are already doing in the consultations to promote good development of the child. Write it down on flipchart paper.</li> <li>2. Check together the MOH guidelines related to ECD (distribute for each table). Is there anything that is new to the participants?</li> <li>3. Ask how the assessment of child development is ensured by the Mother Child Health Booklet. Ask to show by using the Booklet. Summarize.</li> </ol>	<ul style="list-style-type: none"> <li>• ECD in MOH guidelines (one for each table)</li> <li>• Mother Child Health Booklet</li> </ul>

DAY 1	CONTENTS	ACTIVITIES	MATERIALS
10:00-10:30	<b>Explain to caregivers the importance of adequate nutrition and stimulation</b>	<p><b>The importance of proper nutrition</b></p> <ol style="list-style-type: none"> <li>1. In pairs, analyze the two visuals on the impact of malnutrition, in pregnancy and after the child is born, on the child's health and development.</li> <li>2. Invite participants to share their thoughts in the larger group. Reinforce what's missing in the comments.</li> <li>3. Invite one person to explain in local language and pretending to talk to a mother, why proper nutrition is so important for pregnant women, lactating mothers, and the baby 6 months and above.</li> <li>4. Analyze the explanation together: Was it clear? Was it complete?</li> </ol>	<ul style="list-style-type: none"> <li>• Visual on importance of nutrition (one for each participant) – in plastic envelopes</li> </ul>
10:30-10:45	<b>TEA</b>		
10:45-11:00	<b>Explain to caregivers the importance of adequate nutrition and stimulation (cont.)</b>	<p><b>Brain game</b></p> <p>Explain: In the same way as the child needs good nutrition, it needs to have someone who loves it, and who plays and talks with it. Let's play a game to see why we should encourage the child.</p> <ol style="list-style-type: none"> <li>1) Participants are invited to form 2-3 lines, and to stand without moving, touching or talking to each other for 3-4 minutes.</li> <li>2) When the facilitator claps, participants speak and touch the people standing next to them.</li> <li>3) Repeat steps 1 and 2 once or twice.</li> <li>4) Then explain that the first situation (without movement) is how the child's brain works when the child spends most of the time on the mother's back or sitting doing nothing on a mat.</li> <li>5) The second situation is the way the child's brain works when it is talking or playing with someone.</li> <li>6) Which one do you think is better? Why?</li> <li>7) Yes, the latter is better because we are stimulating the areas of development. If caregivers do not encourage their children, their children will not have a healthy development.</li> </ol>	

DAY 1	CONTENTS	ACTIVITIES	MATERIALS
11:00 -11:30	<b>Explain to caregivers the importance of adequate nutrition and stimulation (cont.)</b>	<p><b>The importance of stimulation</b></p> <ol style="list-style-type: none"> <li>1. Distribute to participants, organized in pairs, the visuals on the importance of assessing and promoting child development. Ask them to review the images and explain to each other what they see in them.</li> <li>2. Then invite a participant to share his or her idea about the visual. Ask others to contribute. Reinforce what's missing from the explanation.</li> <li>3. Invite one person to explain in local language and pretending to talk to a mother, why they should check how their children are developing, and play and talk with their children.</li> <li>4. Analyze the explanation together: Was it clear? Was it complete?</li> </ol>	<ul style="list-style-type: none"> <li>• Visual on the importance of stimulation (for each participant)– in plastic envelopes</li> </ul>
11:30-12:30	<b>Identify the steps of a good counseling session</b>	<ol style="list-style-type: none"> <li>1. Explain: In this training, we will strengthen our skills to offer quality counseling to the health center clients, specifically, pregnant women and caregivers with young children.</li> <li>2. At what moments do you do counseling, in your daily work at the health center? When are you counseling individually? And when - in a group?</li> <li>3. Ask: When you counsel (on nutrition, HIV, etc.), what is your objective? <i>(Answer: Help the person understand the importance of certain practices, and adopt them.)</i></li> <li>4. Ask: Has anyone in this group changed some behaviors? For example? 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 contributions.</li> <li>5. Ask the participants to brainstorm in small groups about what should happen during counseling session, to help the person adopt new</li> </ol>	<ul style="list-style-type: none"> <li>• Flipchart paper</li> <li>• Markers</li> <li>• 5 sets of counseling steps (A5), in color, (one for each table)</li> <li>• 1 set of counseling steps (A4), in color, for plenary session</li> </ul>

	<p><b>Identify “at risk” caregivers that should always be counseled</b></p>	<p>practices. Then invite the groups to share and write down the ideas on the flip chart paper.</p> <ol style="list-style-type: none"> <li>6. Distribute the sets of A5 cards of the counseling steps for each table, and ask participants to decide on what the right sequence of steps should be, according to their ideas and experiences.</li> <li>7. Ask a group to share their work in plenary. The others may suggest changes, if any. They should eventually arrive at the following order: <ol style="list-style-type: none"> <li><b>1) Observe / assess the caregiver &amp; the child</b></li> <li><b>2) Ask about relevant practices</b></li> <li><b>3) Praise caregiver for good practices</b></li> <li><b>4) Share relevant messages and explain their importance</b></li> <li><b>5) Help caregiver practice a new activity (if possible). Praise</b></li> <li><b>6) Help make a plan for home (what, when, how). Praise</b></li> </ol> </li> <li>8. Discuss the importance of each step. To do this, ask: What would happen if one skips this step?</li> <li>9. Hang A4 steps on the wall, to be visible during the rest of the training.</li> <li>10. In plenary, create a visual way (gestures) to remember the steps. <b>Note: Practice these gestures and the respective steps throughout the training.</b></li> <li>11. Ask: “Do we always counsel each person, in our daily work? When you have little time/long waiting line, who should you prioritize for counseling?” Make a list of caregivers who must always be counseled. Compare this to the list provided in the Counseling Cards (Card 3).</li> </ol>	
--	---	--	--

DAY 1	CONTENTS	ACTIVITIES	MATERIALS
12:30-13:00	<b>ECD counseling in ANC</b>	<ol style="list-style-type: none"> <li>1. Ask the nurses: “What do you normally counsel on during an antenatal consultation?” You may write this down on flipchart.</li> <li>2. Together, check the counseling content for ANC suggested in the Counseling Cards (Cards 4 to 7). Is there anything there that is new to you?</li> <li>3. Discuss the importance of each content (stress, depression, violence, bonding, maternal nutrition, fetal development, individual birth planning) in plenary: “It is important to counsel on this because ...”</li> </ol>	<ul style="list-style-type: none"> <li>• Counseling Cards</li> </ul>
13:00-13:45	LUNCH	<b>NOTE: For Demonstration 1, select 2 participants (a “nurse” and a “pregnant woman”) ask them to prepare to do the demonstration (see below).</b>	
DAY 1	CONTENTS	ACTIVITIES	MATERIALS
13:45-14:30	<b>ECD counseling in ANC (cont.)</b>	<ol style="list-style-type: none"> <li>1. Invite the participants chosen at lunchtime, to demonstrate appropriate counseling during an ANC visit:   <b><i>Demonstration 1 (woman 6 months pregnant):</i></b>  <u><i>Imagine that a nurse has already greeted the woman, captured some data in the register, but has not yet done the physical examination:</i></u> <ol style="list-style-type: none"> <li>1) <i>The nurse records the weight and measures the brachial perimeter of the woman. The nurse says the woman is not gaining enough weight (should have gained xxx, but has only gained xxx since last month).</i></li> <li>2) <i>The nurse asks about what the woman ate yesterday, how many meals she had, and if this is what she has every day. Asks if the salt that the woman is using is iodized or not.</i></li> <li>3) <i>The nurse praises the woman for what she does well.</i></li> <li>4) <i>The nurse explains to the woman why she should use iodized salt, take her iron folic acid pills, be dewormed, and why she should eat all four food groups (and how each food group helps her). The nurse explains that the baby gets food from the mother, so the woman should eat an</i></li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• Counseling Cards</li> <li>• Copies of Demonstration 1</li> </ul>

		<p><i>extra meal—i.e., a total of at least 4 times a day. She helps the woman to prepare a 4 meal plan for tomorrow. The nurse also reminds the woman to receive vitamin A during childbirth.</i></p> <p>5) <i>The nurse carries out the physical examination and at the same time asks if the woman knows what her child is capable of doing. The nurse explains that the child can already hear and that the mother (and father) can already talk to the child.</i></p> <p>6) <i>The nurse asks the woman if she has prepared an individual birth plan by identifying a health facility at where to give birth, saving money for paying expenses associated with giving birth, identifying someone to accompany her to the health facility, and arranging for transportation. The nurse praises the woman's efforts and describes additional ways in which she can prepare for childbirth.</i></p> <p>7) <i>The woman puts on her clothes and sits down to measure her blood pressure.</i></p> <p>8) <i>The nurse measures the blood pressure and asks: Is everything okay at home? Do you have someone who helps you? What are you doing? Do you have enough time to rest?</i></p> <p>9) <i>The woman says that her husband and mother in law live with her, but that they do not help her. However, the woman always tries to rest whenever she feels tired.</i></p> <p>10) <i>The nurse praises the woman for taking care of herself, and explains how important it is not to be stressed / not do heavy work during pregnancy to avoid that the baby is born early or with problems. She writes an invite to the family members to come to the next appointment.</i></p> <p>11) <i>The nurse bids farewell to the mother in a warm way.</i></p> <p>2. Ask the participants to <b>identify the counseling steps</b> that were followed in the demonstration.</p>	
--	--	---	--

		<ol style="list-style-type: none"> <li>3. Help the participants divide into pairs. Each person has 5-10 minutes to counsel a “pregnant woman” using the Counseling cards and the counseling steps. The person that is counseled, should use her own or someone else’s actual experience in pregnancy, when talking to the “nurse”.</li> <li>4. At the end of counseling, the counseled person should give feedback to the “nurse”, by using the <b>questions noted on the flipchart.</b></li> <li>5. At the end, discuss in plenary what went well and what was difficult, during the counseling session. Ask for examples of praise participants used.</li> <li>6. Show to the providers where they should register the ECD counseling in the ANC register, and where they should fill out the ANC counseling in the monthly ECD summary.</li> </ol>	<ul style="list-style-type: none"> <li>• Feedback questions (write them down on the flip chart) <ol style="list-style-type: none"> <li>1) <i>Were you asked the relevant questions before counseling?</i></li> <li>2) <i>Were you praised for something?</i></li> <li>3) <i>Did you receive adequate counseling?</i></li> </ol> </li> <li>• Copies of the ANC register and monthly summary</li> </ul>
14:30-16:15	<b>ECD counseling in maternity wards and during PNC</b>	<p><b>Introduction (15 min)</b></p> <ol style="list-style-type: none"> <li>1. Ask: “<b>How</b> do you counsel the mothers in the maternity ward? Do you counsel each mother or as a group? At what moment do you counsel?”</li> <li>2. “And how is the counseling done for the mothers who come for PNC?”</li> <li>3. <b>About what</b> does one normally counsel the mother in the maternity ward and during PNC visits? Write on the flipchart paper.</li> <li>4. Together, check the content in the Counseling Cards, related to maternity ward/PNC (pages 8-16). Is there anything there that is new to you? What is the importance of that particular practice?</li> </ol>	<ul style="list-style-type: none"> <li>• Counseling Cards</li> </ul>

		<p><b>Practice sessions at the tables (1h 30 min)</b></p> <p>1. Organize 5 practice tables (each with the baby size doll) and divide the participants into 5 groups. Each group should do the following:</p> <ul style="list-style-type: none"> <li>• study the indicated pages of the Counseling Cards</li> <li>• prepare to simulate &amp; explain their intervention in the large group</li> </ul> <p><i>Table 1: Evaluate the newborn's APGAR score and reflexes, check for jaundice, and malformations, and record the data (Card 8 of the Counseling Cards)</i></p> <p><i>Table 2: Counsel on breastfeeding and maternal nutrition (Cards 9, 10, 11 of the Counseling Cards)</i></p> <p><i>Table 3: Practice the kangaroo care method &amp; explain its importance for LBW/preemie /sick children (Card 12 of the Counseling Cards)</i></p> <p><i>Table 4: Practice baby massage &amp; explain its importance for LBW/preemie /sick children (Card 13 of the Counseling Cards)</i></p> <p><i>Table 5: Counsel on mother /father-child relationship and on stimulation (Pages 14 and 15 of the Counseling Cards)</i></p> <p>2. Each group should simulate its intervention during 15 minutes, explain any additional components of importance, and receive feedback of the participants and facilitators.</p> <p>3. Reinforce the importance of selected practices, such as continuing MCC until the child gains necessary weight, benefits of massage, etc.</p> <p>4. Discuss any doubts or questions the participants might have. Ask for examples of praise participants used.</p>	<ul style="list-style-type: none"> <li>• Color signs (A4) for each table, indicating topic &amp; pages in Counseling Cards</li> </ul> <p>Copies of Maternity and PNC registers, &amp; of referral slip</p>
--	--	--	--



		<p>5. Show where to register ECD counseling and where to record the counseling in the monthly summary. Review the use of referral slip if a newborn shows jaundice, poor reflexes, or malformations.</p>	
16:15 -16:30	<b>Reflection on the day</b>	<ol style="list-style-type: none"> <li>1. Review together what was studied during the day</li> <li>2. Ask to fill out Part 1 of the personal reflection sheet, with regard to the counseling steps they would like to reinforce in their work.</li> <li>3. 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)</li> <li>4. Ask to find practice guides for tomorrow's practice, in the plastic enveloped, and review these at night.</li> </ol>	<ul style="list-style-type: none"> <li>• Small post it notes (best with color) for each participant</li> </ul>
16:30	<b>TEA</b>		

DAY 2	CONTENTS	ACTIVITIES	MATERIALS
07:30 -08:00	<b>Preparation for practice 1</b>	<p>Meet at the HF /practice site and:</p> <ol style="list-style-type: none"> <li>1. Assign the participants to their <b>respective pairs</b> and to <b>practice sites</b>. Explain that in each pair, one person should counsel and the other should observe. At the end of practice, they need to give feedback to each other, using practice guide as a basis.</li> </ol> <p>Practice sites are:</p> <ul style="list-style-type: none"> <li>❖ ANC room (1 pair)</li> <li>❖ ANC waiting room (3-4 pairs)</li> <li>❖ Maternity ward (2-3 pairs)</li> <li>❖ PNC room (1 pair)</li> <li>❖ PNC waiting room (2-3 pairs)</li> </ul> <ol style="list-style-type: none"> <li>2. Assign a <b>mentor</b> / facilitator to each pair (at least 1 for ANC, 1 for Maternity, 1 for PNC), and explain that the mentor will be observing their practice and providing them with feedback during or in the end.</li> <li>3. Review <b>practice guide</b> together, by asking participants questions re what they will do in each service, and calling on some trainees to demonstrate or give examples of some challenging practices (ex., how will you check the reflexes, how should the child be positioned at the breast etc.)</li> <li>4. As you review the practice guide together, refer to the <b>Counseling Cards</b> as a tool they will use to help their counseling. Encourage participants to show the images in the Counseling Cards to the mothers/ caregivers.</li> </ol>	<ul style="list-style-type: none"> <li>● Counseling Cards</li> <li>● Practice guide</li> </ul>
08:30 -10:00	<b>Practice session 1</b>	<ol style="list-style-type: none"> <li>1. Whenever possible, the mentors in respective sectors (ANC, maternity, PNC) should demonstrate 1 counseling session, following the practice guide, and receive feedback from the group, around these questions:</li> </ol>	<ul style="list-style-type: none"> <li>● Counseling Cards</li> <li>● Practice guide</li> </ul>

		<ul style="list-style-type: none"> <li>• Which counseling steps did you observe?</li> <li>• How did the mentor use Counseling Cards, in counseling?</li> <li>• What the mentor did well?</li> <li>• What could the mentor improve?</li> </ul> <p>2. The participant pairs work in the assigned practice sites, while the mentors observe and support the participants, using practice guides &amp; Counseling Cards.</p> <p>3. Each participant should counsel 2-3 caregivers.</p>	
10:00 -10:30	<b>Commute back</b>		
10:30 -11:15	<b>Tea &amp; Reflection on practice 1</b>	<p>Reflect together with the participants on the following questions / write the key phrases from the answers on the flipchart:</p> <ol style="list-style-type: none"> <li>1) How did the practice go, in general?</li> <li>2) Some of the things you have learned by observing the patients.</li> <li>3) Some of the things you have learned by asking about the patient's practices. Were there any surprises?</li> <li>4) What did you praise the caregivers for? (Examples)</li> <li>5) Examples of new practices you taught. How did you teach these? (<i>help practice, praise, explain the importance, help make plan for home...</i>)</li> <li>6) Comments, concerns or questions?</li> <li>7) Ask each person to write down a few things on the <b>personal reflection sheet</b> that they will do differently in ANC, Maternity and PNC after this training, as a part of their regular work.</li> </ol>	<ul style="list-style-type: none"> <li>• Flipchart paper with questions (1 question per paper), bostic and markers</li> <li>• Personal reflection sheet (already distributed)</li> </ul>

DAY 2	CONTENTS	ACTIVITIES	MATERIALS
11:15 -11:30	<b>Describing ECD counseling in other relevant services (after PNC)</b>	<ol style="list-style-type: none"> <li>1. Brainstorm on the other services in the health facility where one can and should counsel on nutrition and child development. List these on the flipchart. Participants may also refer to cards with consultation names placed on the wall.</li> <li>2. Ask whether the participants think counseling will look the same /will be give same amount of time, in each of these settings. Collect some of the answers.</li> <li>3. Study Counseling Card 2 and discuss what it suggests about how counseling in growth monitoring and immunization services, may be different from counseling in other more specialized settings (sick child consultation, pediatric ward, CCC/HIV exposed child consultation). Why? <i>(Answer: all (healthy /sick) children go to immunization and growth monitoring; the time is very short, so <b>only those who present signs of developmental delays / poor growth (poor weight gain) should be counseled.</b> In other services nurses see children that are already at risk (sick, HIV-exposed, severe malnutrition, etc.) and they have more contact time with each child/caregiver. This means that in such specialized services, <b>all children/caregivers need to be counseled.</b>)</i></li> </ol>	Counseling Cards
11:30 -13:00	<b>Assessing the child's growth and nutritional status and maternal and infant feeding practices</b>	<ol style="list-style-type: none"> <li>1. Explain that the participants will now practice: <ul style="list-style-type: none"> <li>• Checking the child's growth and maternal and infant feeding practices</li> <li>• Praising for adequate practices</li> </ul> <p>Ask the participants to link these actions with the counseling steps (displayed on the wall).</p> </li> <li>2. Review together on how to assess the growth and nutritional status of a child (do not forget to measure the length/height and check for a sunken</li> </ol>	<ul style="list-style-type: none"> <li>• Counseling Cards</li> <li>• Personal reflection sheet</li> </ul>

		<p>fontanelle!). Discuss whether they feel that all these measurements are done adequately at their respective health centers.</p> <ol style="list-style-type: none"> <li>3. Divide into 4 groups, and without looking at the Counseling cards, in 10 minutes compile the list of questions to ask the caregiver about the eating habits of the mother and child (in pregnancy; the first 6 months of life; from 6 to 12 months; and from 12 months onwards). Give flipchart paper &amp; marker to each group for this task.</li> <li>4. Each group presents the list of questions in plenary (other groups can add in anything that has been left out).</li> <li>5. Select 1-2 questions on each list and discuss the importance of asking that question.</li> <li>6. Ask: Is there a way you can use Counseling Cards, while you ask caregiver questions on nutrition? <i>(Answer: for example by showing the mother an image of a good positioning on the breast and asking the mother to describe how she gives the breast, or showing 4 food groups and asking which of these the mother has at home).</i></li> <li>7. Ask the participants to use <b>lists of questions &amp; Counseling Cards</b> to work in pairs to learn about the feeding practices their colleagues use with their own children / grandchildren. The participants should first learn the age of the children, and then select the questions to ask. They should also remember to praise their peers for any good practices they hear.</li> <li>8. Circle and support the groups. In the end, ask: Is there anything you have learned in this session, which was not a part of your nutrition counseling before?</li> </ol>	
--	--	--	--

13:00 - 13:45 LUNCH			
DAY 2	CONTENTS	ACTIVITIES	MATERIALS
13:45 -14:00	<b>Stimulate the four areas of child development</b>	<ol style="list-style-type: none"> <li>1. Explain: In your consultations, you will counsel caregivers to promote child development in four areas: (a) Physical, (b) Language, (c) Cognitive, and (d) Socioemotional development. Point to the posters.</li> <li>2. Ask everybody to get up and say: What are you thinking about when you I name each area (physical, language, reasoning, and social / emotional)? Can you use some gestures to show each area, without mentioning it by name? <ul style="list-style-type: none"> <li>• <b>Physical.</b> <i>Participants can flex their muscles, run or jump (gross motor skills) or pretend to write (fine motor skills for writing and crafts). Mention fine motor skills if participants didn't demonstrate these.</i></li> <li>• <b>Language.</b> <i>Participants can point to the mouth or silently move their lips as if to say something. Ask what else. Add that developing language also includes learning to understand others, to speak, read and write.</i></li> <li>• <b>Cognitive.</b> <i>Participants can point to the head / brain. Ask what else, Add that cognitive skills include the ability to solve problems, pay attention and remember things.</i></li> <li>• <b>Socioemotional.</b> <i>Participants can give a hug to themselves (self-esteem) and then to someone next to them (social relations). Mention that this includes having good self-esteem (feel good about oneself) and knowing how to live with others.</i></li> </ul> <p><b>Explain: When we are together with the child, whether we are doing our own things or passing time with the child, we should always be looking for opportunities to stimulate these four areas.</b></p> </li> </ol>	<ul style="list-style-type: none"> <li>• Posters of four areas of child development</li> <li>• Kit of toys for demonstration</li> </ul>

		<p>3. With the support of volunteers and by using a toy kit, demonstrate 3-4 activities and ask the participants to say, in each case, what areas are being stimulated in the children, through this activity:</p> <ul style="list-style-type: none"> <li>• Stack yogurt cups in a tower shape</li> <li>• Play ball (kick, shoot, roll) naming the actions as you do them</li> <li>• Look at packaging materials and say the names of the things on the drawings</li> <li>• Cover your face with a handkerchief and let the child "find" you</li> <li>• Ask the child questions about his or her doll</li> </ul>	
<p>14:00 -14:15</p>	<p><b>Assessing the development of children and stimulation practices in the home (1)</b></p>	<p><b>Introduction (15min)</b></p> <p>1. Brainstorm on how to assess the development of children. Summarize that there are 2 ways to assess: (a) asking the caregiver and (b) assessing the child directly. One should use direct assessment wherever possible or whenever in doubt.</p> <p>2. Brainstorm: What children are more likely to have developmental delays or problems? Make a list. Next, if needed, add the following children to the list (in accordance with research):</p> <ul style="list-style-type: none"> <li>• HIV-positive children</li> <li>• Children exposed to HIV</li> <li>• Malnourished children (remember to stress that children who are stunted are also malnourished, but may appear to be “normal” from visual inspection—i.e., they will not have stick arms, edema, hair falling off, and other obvious signs of severe malnutrition)</li> <li>• Frequently ill children</li> <li>• Children with birth trauma /jaundice at birth</li> <li>• LBW / prematurely born children (if they have not received a proper intervention)</li> </ul>	<ul style="list-style-type: none"> <li>• HEI indiv form / Ped ART indiv form</li> </ul>

		<ul style="list-style-type: none"> <li>• Children born to very young mothers or mothers in difficult circumstances</li> </ul> <p>These children should ALWAYS have their psychomotor development checked in order to ensure the earliest possible intervention. Show how this assessment is already a part of the HIV Exposed Infant form, for example.</p>	
14:15-15:00		<p><b>Practice assessing child's development (45min)</b></p> <ol style="list-style-type: none"> <li>1. Ask a volunteer to find and read the developmental milestones in the Mother Child Health Booklet.</li> <li>2. Explain that these and some additional milestones appear in the form of drawings in the counseling cards and posters prepared by PATH, so as to be able to check the milestones more easily and regularly.</li> <li>3. Divide the participants into groups. Ask all participants to look at the developmental milestones at the back of the counseling cards (Card 34). Give the following tasks to all the groups (one task at a time): <ul style="list-style-type: none"> <li>a) Find <b><i>milestones of good hearing and vision</i></b> and determine at what age they are assessed. Obtain answers in plenary. <p><b><i>Practice assessing</i></b> hearing and vision of the baby (it is necessary to have bright plastic cups with some cloth pegs for assessment at each table). Do demonstration in plenary, then practice in groups.</p> </li> <li>b) Find <b><i>physical / motor development milestones</i></b> in each age interval. Do this in groups, then share in plenary. <p><b><i>Practice assessing</i></b> physical development in each age (groups may have to find specific objects to use for assessment, in the training room) Do this in groups, then invite to demonstrate how to evaluate 2-3 skills, in plenary.</p> </li> </ul> </li> </ol>	<p>NOTE: As facilitators, study the developmental milestones poster, and identify milestones that belong to each area (visual, audio, motor, language, social)</p> <ul style="list-style-type: none"> <li>• Counseling Cards</li> </ul>



		<p>c) Find <b>language milestones</b> in each age group (groups may have to find specific objects to use for assessment, in the training room). Do this in groups, then share in plenary.</p> <p><b>Practice assessing</b> the child's language in each age interval (groups may have to find specific objects to use for assessment, in the training room). Do this in groups, then invite to demonstrate how to evaluate 2-3 skills, in plenary.</p> <p>d) In plenary, discuss the <b>other milestones that appear on the card</b>, discuss why they are important, and how they should be assessed. Note that cognitive development is difficult to evaluate directly until at least 3 years, and that motor and language skills are used to get an idea regarding child's cognitive development in this period.</p>	
15:00 -15:45	<b>Assessing the psychomotor development of children and stimulation practices in the home (2)</b>	<p><b>Consolidation and registers</b></p> <ol style="list-style-type: none"> <li>1. Ask the participants to divide into groups of 3. Each group will receive 6 scenarios of children with possible developmental delays. They need to study at least 3 of the scenarios and decide whether the child in each scenario has (1) any risk factors and/or (2) presents delays / developmental problems or not. They should also decide whether counseling is sufficient, or if the child needs to be referred.</li> <li>2. Discuss in plenary which cases showed delays and why the participants thought so. Discuss questions or difficulties.</li> </ol>	<ul style="list-style-type: none"> <li>• 6 sets of scenarios to assess development - for each group of 3 persons</li> <li>• 2 types of ECD registers (already in participant materials)</li> </ul>

		<ol style="list-style-type: none"> <li>3. Ask the participants to find and review the two ECD registers in their plastic envelopes, which will be used to register the developmental delays or problems.</li> <li>4. Explain the process of registering data in well-baby clinic, using a simplified ECD register. Ask someone to explain again, how they would use this register in their well-baby clinic.</li> <li>5. Explain the process of registering data in other sectors: <ol style="list-style-type: none"> <li>1) using regular HF registers to record screening and counseling on ECD (put ECD in Observations column)</li> <li>2) using ECD register to record &amp; follow up developmental delays / problems</li> </ol> </li> </ol> <p>Ask someone to explain how s/he will register information on ECD in her/his HF, in sick child consultation, for example. Discuss any questions.</p>	
15:45-16:15		<p><b>Identifying caregiver stimulation practices</b></p> <ol style="list-style-type: none"> <li>1. In plenary, create a list of questions that can be asked to the caregiver about how they stimulate their children’s development.</li> <li>2. Compare with the Counseling Cards (look at any stimulation card).</li> <li>3. Ask the participants to work in pairs to learn about the stimulation practices their colleagues use with their own children / grandchildren. The participants should first learn the age of the children, and then select the questions to ask. They should also remember to praise their peers for any good practices they hear.</li> <li>4. In the end, ask the participants to share examples of praise they gave. Reinforce that to be effective, praise should include “WHY” part, for</li> </ol>	<ul style="list-style-type: none"> <li>● Counseling Cards</li> </ul>

		example: <i>Good job talking to your baby! This will help him learn more words early and do well at school!</i>	
<b>DAY 2</b>	<b>CONTENTS</b>	<b>ACTIVITIES</b>	<b>MATERIALS</b>
16:15 -16:30	<b>Reflection on the day</b>  <b>Preparing the kit for tomorrow</b>	<ol style="list-style-type: none"> <li>1. Write on the flipchart /board what was learned during the day</li> <li>2. 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).</li> <li>3. Remind the participants to review practice guides for tomorrow's practice.</li> <li>4. Show the bag with the kit to be used the following day during the practice session: <ul style="list-style-type: none"> <li>❖ Counseling Cards</li> <li>❖ Daily registers (2 types )</li> <li>❖ Colorful cup (to put things inside and to assess hearing and eye sight)</li> <li>❖ 10 colorful clothes pegs (to put inside the cup and use as a shaker to test hearing; for children at 6 months to grab with hand; for children 2-3 years to group and identify the colors)</li> <li>❖ Headscarf/textile piece to hide objects / face etc.</li> <li>❖ Something with images or drawings that the child can recognize, point to, and name (otherwise, use objects</li> </ul> </li> <li>5. Ask each person to prepare the same kit for the practice session the following day, using materials available. Accompany the process as needed.</li> </ol>	<ul style="list-style-type: none"> <li>• Post-it notes (preferably colored) for each participant</li> <li>• Materials for assessment kits, per person, as described in the activity. (Group the materials along the wall, so that each person can easily pick each type of material.)</li> </ul>
16:30	<b>TEA</b>		

DAY 3	CONTENTS	ACTIVITIES	MATERIALS
07:30 -08:00	<b>Preparation for practice 2</b>	<p>Meet at the HF /practice site and:</p> <ol style="list-style-type: none"> <li>1. Assign the participants to their <b>respective pairs</b> and to <b>practice sites</b>. Remind that in each pair, one person should counsel and the other should observe. At the end of practice, they need to give feedback to each other, using practice guide as a basis. <ul style="list-style-type: none"> <li>Practice sites are: <ul style="list-style-type: none"> <li>❖ Growth monitoring room (1 pair)</li> <li>❖ Vaccination room (1 pair)</li> <li>❖ Sick child consultation (1 pair)</li> <li>❖ CCC (HEI consultation) (1 pair)</li> <li>❖ PMTCT consultation, if separate from the above (1 pair)</li> <li>❖ Pediatric ward (1-2 pairs)</li> <li>❖ Respective waiting rooms (the rest of the pairs)</li> </ul> </li> </ul> </li> <li>2. Assign a <b>mentor</b> / facilitator to each pair (at least 1 for growth monitoring/Vaccination &amp; respective waiting room, 1 for Sick child &amp; waiting room, 1 for CCC /PMTCT &amp; waiting room, 1 for pediatric ward), and explain that the mentor will be observing their practice and providing them with feedback during or in the end.</li> <li>3. Explain that today the participants will not counsel, only <b>observe, ask questions and praise caregivers for good practices</b> (the first counseling steps). Review the tasks in Practice guide 2, by asking participants questions re what they will do, and calling on some trainees to demonstrate or give examples of some challenging practices (e.g., how will you check the language milestones etc.)</li> </ol>	<ul style="list-style-type: none"> <li>● Counseling Cards</li> <li>● Practice guides</li> <li>● Kits for assessing development</li> <li>● ECD registers (2 types)</li> </ul>

		<p>4. As you review the practice guide together, refer to the <b>Counseling Cards</b> as a tool they will use to help their counseling. Encourage participants to show the images in the Counseling Cards to the mothers/ caregivers.</p> <p>5. Ensure that everyone has their kit of materials (Cards, toys for developmental screening, ECD registers).</p>	
08:00 -9:30	<b>Practice session 2</b>	<p>1. Whenever possible, the mentors in respective sectors should demonstrate 1 counseling session with one caregiver in the waiting room, following the practice guide, and receive feedback from the group, around these questions:</p> <ul style="list-style-type: none"> <li>● Which counseling steps did you observe?</li> <li>● How did the mentor use Counseling Cards, in counseling?</li> <li>● What the mentor did well?</li> <li>● What could the mentor improve?</li> </ul> <p>2. The participant pairs work in the assigned practice sites, while the mentors observe and support the participants, using practice guides &amp; Counseling Cards. NOTE: Ensure that the participants do not counsel caregivers in this practice, but gather information and praise only.</p> <p>3. Each participant should counsel 2-3 caregivers.</p>	<ul style="list-style-type: none"> <li>● Counseling Cards</li> <li>● Practice guides</li> <li>● Kits for assessing development</li> <li>● ECD registers (2 types)</li> </ul>
9:30-10:00	<b>Commute back</b>		

DAY 3	CONTENTS	ACTIVITIES	MATERIALS
10:00 -10:45	<b>Tea &amp; Reflection on practice 2</b>	<p>Reflect together with the participants, focusing on the following questions:</p> <ol style="list-style-type: none"> <li>1) How did the practice go, in general?</li> <li>2) What did you learn by asking caregivers about their nutrition practices? Were there any surprises?</li> <li>3) What did you learn about the caregivers' stimulation practices? Were there any surprises?</li> <li>4) What did you learn from the assessment of development? Were any delays identified?</li> <li>5) How did you praise the caregivers? (Provide examples.)</li> <li>6) Was it easy or difficult to register ECD data?</li> </ol> <p>Ask the participants to take out their <b>personal reflection sheets</b> and write down at what moments in their regular consultations they can:</p> <ul style="list-style-type: none"> <li>● Observe whether the caregiver relates well with the child</li> <li>● Assess development</li> <li>● Ask about nutrition and stimulation practices</li> </ul> <p>If there is time, invite some of the participants to share their ideas. If needed, suggest more ways to integrate ECD into regular consultations. For example:</p> <ul style="list-style-type: none"> <li>● <b>When to check if the caregiver relates well with the child:</b> <i>By observing her undressing and dressing the baby, breastfeeding, comforting the child, distracting the child.</i></li> <li>● <b>When to assess development:</b> <i>During the physical examination.</i></li> <li>● <b>When to ask about nutrition and stimulation practices:</b> <i>During the physical examination, when filling in forms etc.</i></li> </ul>	<ul style="list-style-type: none"> <li>● Flipchart paper with questions (1 question per paper)</li> <li>● Markers</li> <li>● Personal reflection sheets</li> </ul>

DAY 3	CONTENTS	ACTIVITIES	MATERIALS
10:45 -12:30	<b>Counseling the family on proper nutrition</b>	<ol style="list-style-type: none"> <li>1. Ask the participants to quickly mention some of the common problems in the nutrition practices of families with young children (what they noticed during today’s practice and what they observe in their daily work).</li> <li>2. Without looking at the Counseling Cards, recap on the flipchart the key messages /practices we want to convey to caregivers about: <ol style="list-style-type: none"> <li>1) exclusive breastfeeding (0-6 months)</li> <li>2) complementary feeding 6-12 months</li> <li>3) complementary feeding after 12 months</li> </ol> </li> <li>3. Hang all the flipchart papers on the wall, in visible place.</li> <li>4. Next, work with each topic listed above and do the following: <ul style="list-style-type: none"> <li>• Compare the flipchart notes with the Counseling Cards, (What is missing on the flipchart? What is the importance of counseling on these [i.e., the missing points]?)</li> <li>• Decide on and put a visual symbol next to each counseling content, and practice remembering the content by looking at the symbol.</li> <li>• Review the list and circle the issues on which you counsel rarely (which need to be reinforced)</li> </ul> </li> <li>5. Ask the participants to divide into pairs and counsel each other on nutrition, using information on flipcharts and in Counseling Cards, and following counseling steps. For that, each “caregiver” should identify one child 0-3 years that she has / knows, and talk about that child’s diet.</li> <li>6. The facilitators circulate and support the participants. If you have time, invite pairs who did well to role play in plenary.</li> </ol>	<ul style="list-style-type: none"> <li>• Flipchart paper, markers</li> <li>• Sticky paste/tape</li> <li>• Counseling Cards</li> </ul>

DAY 3	CONTENTS	ACTIVITIES	• MATERIALS
12:30-13:00	<b>Counseling on stimulation (1): Follow the interests of the children</b>	<ol style="list-style-type: none"> <li>1. Ask: “How old do you think the child should be before the parents can begin to talk and play with the child? Why do you think so?”</li> <li>2. Explain that family members can start playing with the child from birth, because at birth the child can already hear and see, and likes to be touched, caressed and bounced.</li> <li>3. <b>Explain that the child develops faster if the parents pay attention to his/her interests and use these to help the child learn new things.</b></li> <li>4. 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).</li> <li>5. Ask someone in room with regard to each age group: What does your/this child like to do most? List on the flipchart next to child’s age.</li> </ol>	<ul style="list-style-type: none"> <li>• Flipchart paper &amp; markers</li> </ul>
<b>13:00 - 13:45 LUNCH</b>			
13:45 - 14:30	<b>Counseling on stimulation (1): Follow the interests of the children (cont.)</b>	<ol style="list-style-type: none"> <li>6. Continue the activity started before lunch. In each age group, choose one activity the child likes to do and ask: <ul style="list-style-type: none"> <li>• How could you use this interest to stimulate the child even more, in different areas of development?</li> </ul> </li> <li>7. If there is time, show some photos of children of different ages doing different activities. Ask: <ul style="list-style-type: none"> <li>• In this photo, what interests the child?</li> <li>• How could we use this interest to stimulate the child even more in some areas of development?</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Photo kit of children of different ages, doing various activities</li> </ul>



		8. Ask: “Where do the children tend to look in your consultation room/waiting room? What attracts their attention? How can we help caregivers use this interest of the child as an opportunity for learning?”	
14:30 -16:00	<b>Counseling on stimulation (2): Engage in age-appropriate stimulating activities</b>	<ol style="list-style-type: none"> <li>1. Explain that sometimes we will follow the child’s interests, while at other times we should initiate some new activities with them.</li> <li>2. Say: We will review and learn some stimulating activities that are appropriate for each age group. You can teach these activities to the caregivers during consultations and in the waiting rooms.</li> </ol> <p>Invite the participants to divide into groups of 5. Explain that groups will review appropriate activities to stimulate children from birth to 3 years. Divide the groups by age: 0-3 months, 3-6 months, 6-12 months, 1 to 2 years, and 2 to 3 years (<i>Note: Even though activities for 0-3 month-olds were already practiced during Maternity/PNC session, we will consolidate them here. Call attention to the fact that children from 0 to 3 months do not need toys, but are learning through face-to-face and physical stimulation.</i>)</p> <ol style="list-style-type: none"> <li>3. Place a colored sheet of paper on each table, and ask to write each group to write their allocated age group on top: 0-3 months, 3-6 months, 6-12 months, 1 to 2 years, and 2 to 3 years.</li> <li>4. Ask the groups to discuss and write down on the colored sheet, any traditional games or activities that families use to stimulate a child of that age.</li> <li>5. As each group compiles their list of 4-5 activities, ask them to share their list in plenary, and invite others to add to the list. Start from 0-3 months and continue until you pass through all age group. Register suggestions for each age group on the flipchart.</li> </ol>	<ul style="list-style-type: none"> <li>• Counseling Cards</li> <li>• Baby dolls</li> <li>• Toy Kit</li> </ul>

		<p>6. Next, reread the notes for the first age group and:</p> <ul style="list-style-type: none"> <li>• Compare with the respective page in the Counseling Cards. Add any activities missing on flipchart. Show relevant models of toys in the room.</li> <li>• Choose 2 activities on the list to simulate in plenary (in a way that promotes all 4 areas of child development)</li> </ul>	
16:00 - 16:15	<b>Reflection on the day</b>	<ol style="list-style-type: none"> <li>1. Review jointly what was learned during the day.</li> <li>2. Distribute small papers to each participant and ask to write down on one side something new that they learned today. On the other side, have them write down a question / comment (if they have any)</li> <li>3. Remind to review practice guides for tomorrow's practice.</li> </ol>	<ul style="list-style-type: none"> <li>• Post-it notes (preferably colored) for each participant</li> </ul>
16:15 -	<b>Build your toy kit</b>	<ol style="list-style-type: none"> <li>1. Explain that participants should prepare <b>something that can interest children in at least 2 age groups</b> (excluding the first 3 months). They can use the drawings in the Counseling Cards and toy models available in the room for ideas. (Toy catalog can also be available for review.) Remind the participants that in some cases same toy can be used for different age groups, as long as activities are different.</li> <li>2. Write up criteria for producing "good toys", to guide the participants: <ul style="list-style-type: none"> <li>❖ Safe (cannot be swallowed, cannot poke, has no sharp edges)</li> <li>❖ Attractive (bright colors, sounds etc)</li> <li>❖ Durable (will not get destroyed easily)</li> <li>❖ Age appropriate</li> <li>❖ Makes child active (i.e., child can manipulate the toy)</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Recycled materials</li> <li>• Materials for toy production</li> <li>• Sign-up sheet to borrow production materials (can be just a piece of paper)</li> <li>• Flip chart paper with criteria for making toys</li> </ul>

		<p>3. Demonstrate 3 toys available in the room, and jointly analyze whether they fit the criteria.</p> <p>4. Invite each participant to select recycled materials (available in the room) to produce some toys for tomorrow's practice (and for later use in health facility counseling). Inform that some production materials can be borrowed for this purpose, to be returned tomorrow.</p>	
16:30	<b>TEA</b>		

DAY 4	CONTENTS	ACTIVITIES	MATERIALS
7:30-8:00	<b>Analysis of toys</b>	<p>Meet at the HF and:</p> <ol style="list-style-type: none"> <li>Put colored papers on the floor with the following age groups: 3-6 months, 6-12 months, 1-2 years and 2-3 years.</li> <li>Invite the participants to select some of the toys and put in the respective age groups on the floor.</li> <li>Stop as a group by the toys for each age group and discuss : <ul style="list-style-type: none"> <li>Are all the toys here safe?</li> <li>Are all the toys here attractive to small children?</li> <li>Are all the toys durable (will not get destroyed easily)?</li> <li>Are all the toys here appropriate for this age?</li> <li>Do all these toys demand some action from the child?</li> </ul> <p>Question more with regard to specific toys, if needed.</p> </li> <li>Conclude by saying that later the participants should improve their toys based on the advise received /other models they saw, and should encourage caregivers to produce similar toys for their children.</li> </ol>	
8:00 -8:30	<b>Preparation for practice</b>	<ol style="list-style-type: none"> <li>Assign the participants to their <b>respective pairs</b> and to <b>practice sites</b>. Remind that in each pair, one person should counsel and the other should observe. At the end of practice, they need to give feedback to each other, using practice guide as a basis. Practice sites are: <ul style="list-style-type: none"> <li>❖ Growth monitoring room (1 pair)</li> <li>❖ Vaccination room (1 pair)</li> <li>❖ Sick child consultation (1 pair)</li> <li>❖ CCC (HEI consultation) (1 pair)</li> <li>❖ PMTCT consultation, if separate from the above (1 pair)</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>● Counseling Cards</li> <li>● Practice guides</li> <li>● Toy kits</li> <li>● ECD registers (2 types)</li> </ul>

		<ul style="list-style-type: none"> <li>❖ Pediatric ward (1-2 pairs)</li> <li>❖ Respective waiting rooms (the rest of the pairs)</li> </ul> <ol style="list-style-type: none"> <li>2. Assign a <b>mentor</b> / facilitator to each pair (at least 1 for growth monitoring/vaccination &amp; respective waiting room, 1 for Sick child &amp; waiting room, 1 for CCC /PMTCT &amp; waiting room, 1 for pediatric ward), and explain that the mentor will be observing their practice and providing them with feedback during or in the end.</li> <li>3. Explain that today the participants <b>will counsel according to all the counseling steps</b>. Review the tasks in Practice guide 3, by asking participants questions about what they will be doing, as well as by calling on some trainees to demonstrate or give examples of some challenging practices.</li> <li>4. In the end, ask a 'strong' participant to simulate full counseling (in nutrition and stimulation) of a caregiver and a child. Discuss if the counseling was of good quality (followed desired counseling steps).</li> <li>5. Encourage participants to show the images in the Counseling Cards to the mothers/ caregivers. Ensure that every participant has their material kit (toys, cards, ECD registers).</li> </ol>	
8:30-10:30	<b>Practice session 3</b>	<ul style="list-style-type: none"> <li>• The participant pairs work in the assigned practice sites, while the mentors observe and support the participants, using practice guides &amp; Counseling Cards.</li> <li>• Each participant should counsel 2-3 caregivers.</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling Cards</li> <li>• Practice guides</li> <li>• Toy kits</li> <li>• ECD registers (2 types)</li> </ul>
10:30 - 11:00	<b>Commute back</b>		

DAY 4	CONTENTS	ACTIVITIES	MATERIALS
11:00 - 11:45	<b>Tea &amp; Reflection on practice 3</b>	<p>Reflect together with the participants on the following questions:</p> <ol style="list-style-type: none"> <li>1) How did the first part of the counseling go (check, observe, ask)? Were there any surprises?</li> <li>2) Provide examples of praise that you gave caregivers during counseling.</li> <li>3) How did the overall counseling go &amp; how did the caregivers respond to counseling?</li> <li>4) What did you do to ensure that the caregiver will continue with certain practices at home?</li> <li>5) Was it easy or difficult to register ECD data today?</li> <li>6) Do you have any comments, concerns, or questions?</li> </ol>	<ul style="list-style-type: none"> <li>• Flipchart paper with reflection questions (1 per page), markers</li> </ul>
11:45 -12:30	<b>Observing and assessing the interaction between the caregiver and the child</b>	<ol style="list-style-type: none"> <li>1. Ask participants to look at page 2 of the Counseling Cards. What else do we want to check for, with regard to the caregiver and child during a counseling session? (<i>Answer: Whether there is good interaction between the caregiver and the child.</i>)</li> <li>2. Ask: “Why do we, as health professionals, care if the mother /caregiver has a good relationship with the child or not?” Let the group brainstorm and write the ideas on the flipchart. Then add anything missing, from the list below: <ul style="list-style-type: none"> <li>• A caregiver who relates well with the child will be sensitive to signs of disease, malnutrition, etc., and will intervene early.</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Counseling Cards</li> <li>• Photo kit (or 2-3 videos) showing sensitive interactions between caregiver and child</li> <li>• In case of videos: Projector, extension cord</li> </ul>

		<ul style="list-style-type: none"> <li>• A caregiver who is sensitive to the child's signals will notice what interests the child and will be able to better stimulate the child's development.</li> <li>• A child that has a good relationship with its mother / caregiver will learn to relate well with others (without aggression etc.).</li> </ul> <p>3. Ask: "How do we know if there is a good relationship between the caregiver and the child? What can we observe?" Let the group brainstorm and write down the answers.</p> <p>4. Compare the answers with the Counseling Cards (Card 32).</p> <p>5. Distribute photos (or watch 2-3 videos) showing sensitive interactions between caregiver and child. Discuss which photos / videos show sensitive caregiving and which ones do not, and explain why.</p>	
12:30 -13:00	<b>Checking for signs of maternal depression</b>	<p>1. Ask one of the participants to describe maternal depression using the local language. Ask her/him to describe instances where pregnant women and mothers with very young infants appear to have the "blues" and have little interest in their children, talk in low voices, avoid eye contact, cry a lot, and express negative thoughts such as wanting to harm their children or run away from home.</p> <p>2. Ask the entire group to describe similar cases they have seen in their work. Ask whether in their opinion maternal depression is common or rare. Share the following facts:</p> <ul style="list-style-type: none"> <li>• In the world at large, 1 in every 10 mothers show signs of depression</li> <li>• In our region, among HIV-positive mothers, as many as 1 in every 3 mothers may be depressed</li> </ul>	Counseling Cards

		<ol style="list-style-type: none"> <li>3. Ask why we should care about this. How does maternal depression affect the child? Gather ideas and ask to add on these with the help of the Counseling Cards (Card 33).</li> <li>4. Together, create the list with the signs of maternal depression and then compare with the Counseling Cards (Card 33). Do the participants still think that few mothers are depressed?</li> </ol>	
13:00-13:45	<b>LUNCH</b>		
13:45 -14:30	<b>Counseling in the event of weak relationship between caregiver and child / signs of depression</b>	<ol style="list-style-type: none"> <li>1. Ask the participants to recall any examples of non-sensitive caregivers that they saw during the practice sessions. Ask to describe what they saw.</li> <li>2. Let the group brainstorm: "Can the nurse support a mother to become more sensitive &amp; responsive to her child during the consultation /counseling? If so, how?"</li> <li>3. Study the suggested action in the Counseling Cards on p.32 (i.e., imitating the child). Demonstrate this practice (simulation by facilitator with "mother" and "baby", or 1-2 videos).</li> <li>4. Discuss: "What is the power of this simple action?" <i>Answer: "This action helps the caregiver learn to pay attention to the child, have a simple way to communicate with the child and to see the child's immediate reaction (which motivates the caregiver to interact more)."</i></li> <li>5. Ask the participants to divide in groups of 3 ("the not-so-sensitive caregiver", "the baby" and "the nurse"), and role-play counseling caregivers on sensitive interactions. Discuss experiences and concerns.</li> </ol>	<p>Counseling Cards</p> <p>(If possible): Videos of caregiver imitating the child's signals</p>



<b>DAY 4</b>	<b>CONTENTS</b>	<b>ACTIVITIES</b>	<b>MATERIALS</b>
14:30 -15:00	<b>Counseling in the event of maternal depression</b>	<ol style="list-style-type: none"> <li>1. Discuss what the participants would normally do if they observed a mother with signs of depression.</li> <li>2. Ask the participants to check the Counseling cards to see if they offer any additional ideas.</li> <li>3. Invite 2 participants to role-play counseling in the event of maternal depression and invite others to analyze the role play.</li> <li>4. If there is time, role play counseling in the event of maternal depression in pairs and summarize the experiences in plenary.</li> </ol>	
15:00-15:30	<b>Neglect &amp; discipline</b>	<ol style="list-style-type: none"> <li>1. Explain that there are 2 additional counseling cards that can be used in counseling caregivers of all children. These deal with issues of neglect and discipline.</li> <li>2. Ask the participants: <ul style="list-style-type: none"> <li>• Is it common for the mothers /caregivers to leave young children on their own for extended periods of time or with an older sibling that is less than 10 years old?</li> <li>• How do you think this affects the child?</li> <li>• What could we do, as practitioners, in cases where we find caregivers leaving children alone or in the company of siblings younger than 10 years of age?</li> </ul> </li> </ol> <p>Review Card 30 of the Counseling cards, &amp; discuss what additional ideas appear in the card, which could be used in counseling.</p> <ol style="list-style-type: none"> <li>3. Ask the participants: <ul style="list-style-type: none"> <li>• What do parents usually do, if a child misbehaves?</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Counseling Cards</li> </ul>

		<ul style="list-style-type: none"> <li>• How do you think this treatment affects the child?</li> <li>• What could we do, as practitioners, in cases where we find such harsh discipline?</li> </ul> <p>Review Card 31 of the Counseling cards, &amp; discuss what additional ideas appear in the card, which could be used in counseling.</p>	
15:30-16:00	<b>Offering friendly services</b>	<ol style="list-style-type: none"> <li>1. Circulate some photos that show friendly treatment of caregiver / child by the health providers. Ask what they see in the photos. What may the health provider be saying to the mother or the child? Write down key words on the flipchart paper.</li> <li>2. Ask the participants to analyze page 1 in the Counseling Cards. Is there anything on the page that is new to them? Invite someone to demonstrate the practices described, with the doll and the "mother".</li> <li>3. Ask the participants what could be the impact of such interaction on the caregiver. (<i>For example: caregiver may follow the example of the nurse in interacting with the child, caregiver may like the consultation and will not miss the next one; caregiver will not be afraid to ask questions.</i>)</li> <li>4. Ask the participants to find their personal reflection sheet and write down some actions they would like to reinforce, in their consultations, to make these more child- and caregiver-friendly.</li> </ol>	<ul style="list-style-type: none"> <li>• Photo kit that shows friendly treatment of the child / caregiver</li> <li>• Flipchart &amp; markers</li> <li>• Counseling Cards</li> <li>• Personal reflection sheet</li> </ul>

16:00 -16:30	<p><b>Improve toy kits based on today's experience</b></p> <p><b>Reflection on the day</b></p>	<ol style="list-style-type: none"> <li>1. Ask the participants if they had some new ideas about toys during today's practice, either how to improve their toys or what new toys to make. Invite 2-3 people to share.</li> <li>2. Ask some participants to describe criteria of "good" toys.</li> <li>3. Invite the participants to improve 1 existing toy/produce 1 new toy. Circle and support.</li> <li>4. Invite 3 participants to present a toy each and explain how they can use the toy to stimulate all 4 areas of child development.</li> <li>5. Review quickly what was learned during the day.</li> <li>6. Distribute small papers to each participant and ask to write down on one side something new that they learned today. On the other side, have them write down a question / comment (if they have any)</li> </ol>	
16:30	TEA		

DAY 5	CONTENTS	ACTIVITIES	MATERIALS
8:00 -8:30	<b>Complete personal reflection</b>	<ol style="list-style-type: none"> <li>1. Ask the participants to complete the personal reflection sheet, which they worked on in previous sessions.</li> <li>2. Invite a few volunteers to share with the group some things that they think this training will change in the way they carry out their work.</li> <li>3. Collect the reflection sheets &amp; explain that these will be used in mentoring of each provider, in the following months. The sheets will be returned after photocopies have been made.</li> </ol>	<ul style="list-style-type: none"> <li>● Personal reflection sheets</li> </ul>
8:30-9:00	<b>Referrals in cases of delays</b>	<p>In plenary, using the flipchart and with the support of the specialists and district supervisors, map <b>to where, within or outside the sub-county, cases of development delays / problems should be referred:</b></p> <ol style="list-style-type: none"> <li>1. Hearing problems</li> <li>2. Vision problems</li> <li>3. Speech problems caused by ankyloglossia (“tied tongue”)</li> <li>4. Speech problems caused by other factors and delays in language development</li> <li>5. Motor /physical development problems</li> <li>6. Multiple development problems (caused by asphyxia, jaundice etc.)</li> </ol> <p>NOTE: If needed, these referral maps can be typed and printed on colored paper and returned to each health facility after the training.</p>	<ul style="list-style-type: none"> <li>● Flipchart &amp; markers</li> </ul>
9:00-10:30	<b>Preparation for implementation (draft session)</b>	<ol style="list-style-type: none"> <li>1. Invite someone to recapitulate the data registration process for well-baby clinic/imunization/growth monitoring:</li> </ol>	<ul style="list-style-type: none"> <li>● ECD register books (general &amp; well-baby) acc to number of</li> </ul>

	<ul style="list-style-type: none"> <li>● <b>Registering data on ECD</b></li> </ul>	<ul style="list-style-type: none"> <li>● Use simplified ECD registers received</li> <li>● Use MOH referral slips</li> </ul> <ol style="list-style-type: none"> <li>2. Invite another person to recapitulate the data registration process in ANC/Maternity/PNC: <ul style="list-style-type: none"> <li>● Record “ECD” in MOH register’s Observations column, if counseled on ECD</li> <li>● Use MOH referral slips</li> </ul> </li> <li>3. Invite another person to recapitulate the data registration process in sick child / CCC/ped ART/ ped ward: <ul style="list-style-type: none"> <li>● Record “ECD” in MOH register’s Observations column, if screened &amp; counseled on ECD</li> <li>● Register in ECD register in case of developmental delay/problem</li> <li>● Use MOH referral slips</li> </ul> </li> <li>4. Distribute the respective ECD register books for each relevant sector at each health facility present at the training (simplified registers for well-baby clinic/GM/Immunizations; other registers for sick-child, CCC, Ped ART / Ped ward).</li> <li>5. Ask to write the name of the health facility &amp; the specific service or consultation room down with a red marker, on each register.</li> <li>6. Review the tools item by item with the participants, ensuring that these are clear. Indicate what to do if 2 or more different services are offered in the same consultation room (<i>Write type of consultation next to child’s number</i>).</li> <li>7. Discuss how to ‘follow’ a child with developmental delays/problems, without duplicating information across sectors.</li> </ol>	<p>services/consultation rooms</p> <ul style="list-style-type: none"> <li>● Binders with monthly summaries, acc to number of HCs / services</li> <li>●</li> </ul>
--	--	---	---

	<ul style="list-style-type: none"> <li>• <b>Monthly data flow</b></li> </ul>	<p>(Suggestion: Register in Mother Child Booklet (page on milestones), the ECD register where the child is already followed:</p> <ul style="list-style-type: none"> <li>• ECD: HF, Sector, Page number, Line number</li> </ul> <p>8. Ask the participants to find monthly summary forms in their plastic envelopes. Give them time to review these in pairs or small groups. Discuss the tool, indicating where the information will come from, in each case (from Observation columns, or from ECD register etc.)</p> <p>9. Invite HFs to select ECD focal points, in each HF. These persons should have taken part in the training, and will help with mentoring and data collection on ECD. Select a sub county focal point, for the same purpose. Write these down.</p> <p>10. Discuss the data flow with the participants in plenary using the questions below, and summarize the answers on the flipchart:</p> <ul style="list-style-type: none"> <li>• Who will check that the data is actually recorded in MOH and ECD registers throughout the month?</li> <li>• Who will fill out the monthly summary (in big HF - by service, and then focal point fills out overall HF summary; in small HFs – just one summary)?</li> <li>• Who will do spot checks of monthly summary, by comparing it with the HF registers?</li> <li>• When &amp; how the monthly summary be sent to sub-county? / What will happen there? / How will the data reach the county?</li> </ul>	
--	--	---	--

		<ul style="list-style-type: none"> <li>When and where will the monthly ECD data be discussed and analyzed in a health facility (MDTs, regularly scheduled meetings, etc.)?</li> </ul> <p>Document this information for future reference (by MOH &amp; PATH).</p> <p>11. Distribute a set of 24 monthly data summary sheets:</p> <ul style="list-style-type: none"> <li>1 binder to the focal point of each HF</li> <li>1 binder to sub-county focal point</li> <li>1 plastic folder to each major service in a big health facility (Well-baby (growth monitoring &amp; vaccination), Sick child, CCC/PMTCT, Pediatric ward, ANC, Maternity, PNC, Peer Counseling). These will need to fill out and bring their monthly summary to the HF focal point.</li> </ul>	
<b>10:30-10:45</b>	<b>TEA</b>		
<b>10:45 –12:30</b>	<b>Preparation for implementation (cont.) (draft session)</b> <ul style="list-style-type: none"> <li>Goals for HFs</li> <li>Supervisor plans</li> </ul>	<p>Divide the participants into 2 groups: practitioners and supervisors (if some are in both groups, put these in a group with least members).</p> <p>Have 2 facilitators ready to lead each of the parallel sessions:</p> <p><b>PARALLEL PLANNING SESSION 1 (with practitioners): Setting goals for ECD counseling</b></p> <ol style="list-style-type: none"> <li>Ask the practitioners to group themselves by the health facility they work in.</li> <li>Give to each group prepared flip charts with the number of monthly consultations, by type, at their respective health facility, and suggested ECD goals, for example:</li> </ol> <p><b>Madiany District Hospital, April 2015:</b>  ANC: 100                      ECD goal: ( )%    *Define as 1st consultations?</p>	<ul style="list-style-type: none"> <li>Flip charts with monthly info of each health centre district, as in the example</li> <li>Supervisor kit (plan &amp; mentoring forms) for each supervisor</li> </ul>

		<p>Maternity ward: 50      ECD goal: ( )%</p> <p>PNC: 100                      ECD goal: ( )%    *Define as 1st consultations?</p> <p>Growth monit.: 300      ECD goal: ( )%    *Define as 1st weighing sess.?</p> <p>Vaccinations: 300      ECD goal: ( )%    *Define as 1st vaccinations?</p> <p>PMTCT/CCC: 45              ECD goal: ( )%    *Define as 1st consultations?</p> <p>Ped ART: 5                      ECD goal: ( )%</p> <p>Sick child: 50                  ECD goal: ( )%</p> <p>Ped. ward: 12                  ECD goal: ( )%</p> <p>Peer counseling: 100      ECD goal: ( )%</p> <p>Specialized consultations (physiotherapy, psychiatry, pediatrics: 50 (each)      ECD goal: ( )%</p> <p>NOTE: If for some reason this data was not collected beforehand, let each HC write down approximate number of consultations done monthly within each service.</p> <p>Each health facility represented at the training should set realistic goals for the next 3 months for the services listed, by circling the relevant percentage next to each consultation/service. (20min)</p> <p><b>PARALLEL PLANNING SESSION 2 (with supervisors): Mentoring and continued support</b></p> <p>1. Explain who will be involved in ongoing mentoring and technical support to the trainees: PATH, County, sub-county, health facility in-charges.</p>	
--	--	--	--



		<ol style="list-style-type: none"> <li>2. Distribute supervisor plans to the supervisors, and give time to fill out individually.</li> <li>3. Discuss plans with the supervisors and support if needed.</li> <li>4. Circulate samples of mentoring forms to the supervisors, &amp; gauge their interest in the tools/likelihood of use.</li> </ol>	
12:30 -13:00	<b>Preparation for implementation (cont.)</b> <ul style="list-style-type: none"> <li>• Sharing of plans</li> <li>• Next steps</li> </ul>	<b>JOINT SESSION (practitioners &amp; supervisors)</b> <ol style="list-style-type: none"> <li>1. Ask all centers to hang their goals on the wall. Invite each center to present their goals, and others to comment. Explain that these will be digitized and returned to each HF.</li> <li>2. Ask the supervisors to present their plans. Invite others to comment. Collect the plans and explain that these will be digitized and returned to each supervisor.</li> <li>3. Agree on monthly /bimonthly follow-up with each HF and supervisor, for the first 3 months, to check on early implementation. Clarify any doubts or questions.</li> </ol> <p>NOTE: The information agreed in this and previous implementation planning session must be typed and returned to the health centers and sub-county as soon as possible.</p>	
13:00-13:45	<b>LUNCH</b>		
13:45 -14:15	<b>Post-test</b>	Post-test	
14:15-14:30	<b>Closure</b>	Certificates, photos. Closure	