

PROMOTING RESPONSIVE CARE AND EARLY LEARNING AT HOME AND IN THE WAITING ROOMS

In-service training module for community health volunteers (CHVs)



Inspired by Care for Child Development (WHO, UNICEF)
2017 (Updated 2020)



TRAINING OBJECTIVES: After the training, the CHVs should be able to:

1. Check developmental milestones and counsel caregivers on responsive care and stimulation, as a part of a home visit to a child aged 0-5 years
2. Conduct effectively playbox sessions at the health facility waiting room
3. Produce homemade toys for different ages

Participants:

Maximum of 30 CHVs per training

Trainers:

- **Relevant DHMP & CHMT staff**
- **CHAs**

Training:

- **3-day training**
- **Provision of Counseling Cards & Playbox kit**
- **2 practice sessions at the large referral HF**

DAY 1

TIME	CONTENTS	MATERIAIS
8:00-8:45	Registration of participants & opening Pre-test	Register Pre-tests (App.1)
8:45 -9:15	CHV tasks and responsibilities currently Introduction of Nurturing Care: <ul style="list-style-type: none"> • Responsive Care and Early learning as new CHV tasks What do the MOH documents say: <ul style="list-style-type: none"> • Chid Health Policy, Baby Friendly Community Initiative 	Nurturing Care drawing (App.2)
9:15-10:15	Child development in the first years of life <ul style="list-style-type: none"> • Analysis and discussion of visuals • Play of the neurons 	Benefits of stimulation (App.3) Neuron forests (App.4) Baby doll
10:15-10:45	BREAK	
10:45-13:00	Responsive caregiving: <ul style="list-style-type: none"> • What is it? What can we observe? • Why is responsive caregiving important? • What can go wrong? • How can we help promote responsive caregiving? 	
13:00 -14: 00	LUNCH	
14:00-15:30	4 areas of development What are the milestones of good development? <ul style="list-style-type: none"> • Brainstorm • Analyze milestones card • Scenarios: delay or not? • Children at higher risk of delays & development problems 	4 areas posters – A3 (Kit 1) Abilities (App.5) Counseling cards (Kit 2) Scenarios –dev delays (App. 6)
15:30-16:30	What is good counseling? <ul style="list-style-type: none"> • What is counseling for? • What are steps of good counseling? • Observing good counseling • What’s missing? (scenarios with no practice; no praise; no plan for home; no observation or questions) • Pair practice 	Counseling cards Counseling scenarios (App.7)
16:30	Daily evaluation	

DAY 2

TIME	CONTENTS	RESPONSIBLE
7:30	Departure to the HF	
8:00-8:30	<p>Review & practice steps for practical session 1:</p> <p>Individual counseling</p> <ol style="list-style-type: none"> 1) Observe responsive caregiving & counsel if needed 2) Check developmental milestones 3) Check about playing & talking with child at home 4) Praise & counsel <p>Create pairs and explain tasks: one counsels, the other observes and gives feedback at the end</p>	Counseling cards
8:30 to 9:30	<p>Practical session 1 at the HF:</p> <ul style="list-style-type: none"> • Assign each pair to a caregiver of child 0-3 • Help change caregivers when first CHV in a pair has counselled; if time permits, counsel more caregivers • Accompany each pair & give feedback in the end. 	
9:30-10:00	Return to the training room	
10:00-10:30	Reflection on practice	
10:30-11:00	BREAK	
11:00-12:00	<p>Early learning at home:</p> <ul style="list-style-type: none"> • Ways in which young children learn • What should home be like, to promote learning? • What should parents and others do? • What are good moments to play? 	Photos: how children learn (Kit 3)
12:00 to 13:00	<p>Age-appropriate learning activities and play materials</p> <ul style="list-style-type: none"> • Brainstorming on common activities & play materials • Sharing & enriching with counseling cards 	Counseling cards
13:00-14:00	LUNCH	
15:00-15:15	<p>Age-appropriate learning activities and play materials (cont.)</p> <ul style="list-style-type: none"> • Play materials: sorting exercise • Practice activities 	Play materials & ages (App.8A)
15:15-16:30	<p>What's a playbox session?</p> <ul style="list-style-type: none"> • What is it and why is it important? • Observing good playbox session • Steps of a playbox session (&what happens if remove one) • Prepare a playbox session (in groups) 	Counseling cards ECD posters Playbox
16:30	<p>Daily evaluation.</p> <p>HW: Prepare your playbox & session for tomorrow</p>	Playbox kits for all Play materials (App.8B)

DAY 3

TIME	CONTENTS	RESPONS.
7:30	Departure to HF	
8:00-8:30	<p>At the HF:</p> <p>Exhibit and analyze some play materials:</p> <ul style="list-style-type: none"> • Are they safe? • For what age are the playthings appropriate? • What can these help the child learn? <p>Preparation for practical session 2 (playbox session):</p> <ul style="list-style-type: none"> • Review play box steps & register • Check with each team re task division & play materials 	<p>Playbox kits</p> <p>Counseling cards</p> <p>Register model (App. 9)</p>
8:30 to 10:00	<p>Practical session 2 at the HF (full playbox session):</p> <ul style="list-style-type: none"> • Division into groups of 4-5 for relevant service touch points • Accompany each group, and give feedback at the end 	
10:00-10:30	Return to the training room	
10:30 -11: 00	BREAK	
11:00-12:30	<p>Reflection on practice: Go through each playbox session step and discuss:</p> <ul style="list-style-type: none"> • What went well? • What can be improved? <p>For each area of difficulty, invite “strong” participants to demonstrate how the activity should be done. Demonstrate if needed.</p> <p>Let the other participants experiment, in pairs or groups.</p>	
12:30-13:00	<ul style="list-style-type: none"> • How to integrate ECD in home visits How to initiate playbox sessions 	
13:00-14:00	LUNCH	
14:00 to 15:30	<p>Documentation and Reporting of ECD activities</p> <ul style="list-style-type: none"> • How to generate and report data on home visits • Using Summary tools for reporting • Using data for decision making 	<p>MOH514, Summary tool (KIT 4)</p> <p>Planning tool (App.10) Playbox register model</p>
15:30 -16:00	Post-test	Post-test
16:00	Closing, Photos, Certificates	Certificates

REQUIRED MATERIALS FOR TRAINING

N	MATERIAL	QUANTITY	NOTES
Materials for the training room			
1	A5 notebooks with thin cover	1 per CHV	
2	Plastic envelope with button	1 per playbox	
3	Pen, pencil, eraser, sharpener	1 per participant	
4	Flipchart paper	2 sets	
5	Sticky tape (for the walls)	2	
6	Colored paper, A4	2 colors, 15 sheets each	
7	Permanent markers, several colors	20 different colors	Check the quality!
8	Model playbox (with toys for different ages)	1	Acc to App. 7B
9	Camera to take pictures	1	
10	Baby Dolls for classroom practice	6	
11	Mother Child Health booklet	1	
12	ECD posters (milestones; stimulation)	6 kits (1 for training, 5 for practice)	
Copies			
13	Attendance list (register)	1	
14	Training agenda	1 per participant	See p 2-5 above
15	Pre-post test (Appendix 1)	2 per participant	
16	Nurturing Care Visual (Appendix 2)	1 per participant	Attach to agenda
17	Neuron Forest (Appendix 3)	Just for facilitator	
18	Visual of importance of ECD (Appendix 4)	1 per participant	
19	Children's abilities (Appendix 5)	1 kit	
20	Scenarios: Delay or not? (Appendix 6)	1 per desk	
21	Counseling scenarios (Appendix 7)	1 per group of 3	
22	Toys and age groups (Appendix 8A)	1 per facilitator	
23	Playbox toys (suggested) (Appendix 8B)	1 per CHV team (by HF)	
24	Playbox register model (Appendix 9)		
25	Playbox panning Tool (Appendix 10)	1 per box	
26	KIT 1-Poster of 4 development areas	1 kit	See separate kit
27	KIT 2 -CHV Counseling Cards	1 per participant	
28	KIT 3-Photos - how children learn	1 kit	See separate kit
29	KIT 4 - MOH514, 513	1 per participant	
30	Training manual (this document)	1 per trainer	
31	Photo consent forms	100	
32	Certificates	30	
Playbox production kit			
33	Bag for storing production materials	1 per HF	

34	Ruler	1 per playbox	
35	Big scissors	1 per playbox	
36	Wide transparent scotch tape	1 per playbox	
37	Paper glue	1 per playbox	
38	Kit of threads and needles	1 per playbox	
39	Wire (to make cars etc.)	1 roll per playbox	
40	Large nails to make holes	5 per playbox	Wrap in paper
41	Colored synthetic string	2-3 colors 5 meters each, per playbox	
42	Simple cotton rope	1 roll per playbox	
43	Thick paper sheets in bright colors for playbox decoration	5 paper sheets p/playbox	
Playbox play materials (NOTE: The rest has to be made from recycled materials!)			
44	Big plastic box - for playbox <i>Note: Get colorful plastic bags to carry toys for practice sessions!</i>	1 per HF	
45	A4 notebooks with thick cover (registers)	1 per playbox	
46	2 ECD posters (milestones; daily routines)	1 set per playbox	
47	Color pencils for play boxes	1 package per playbox	
48	Paper clipboard (to hold drawing paper) & some recycled paper	2 per playbox	
49	Cloth pegs in bright colors	24 per playbox	
50	Fabric squares in bright colors	2 per playbox	To play pretend, pick a boo etc
51	Children's picture books (from the store)	4-5 per playbox	Organize in sets per playbox
52	Plastic cups in bright colors	5 assorted colors, per playbox	Or can be yoghurt cups
53	Metal plate and wooden spoon	1 set per playbox	
Recycled & natural 1materials (collect & bring some of each for the training)			
54	Egg cartons, toilet paper tubes	At least 1 per playbox	
55	Yoghurt cups (for stacking etc.)	Ideally 5 per playbox	
56	Bottle caps	1 large set	
57	Metal, cardboard & plastic boxes, cans	At least 1 box/can per playbox	
58	Rags, fabric leftovers (for dolls, balls)	1 bag	Collect from tailors
59	Plastics and newspapers (for production of balls, for cutting the drawings out)	1 large set	
60	Cardboard boxes (for making books and puzzles)	3-4 large boxes	

61	Promotional materials (with pictures of foods & household items)	1 per playbox	
62	Interesting natural objects for children (feathers, large seeds, shells etc.)	1 large collection for participants to choose from	
63	Plastic bottles	3 per playbox (training)	

TRAINING STEP-BY-STEP

DAY 1			
TIME	TOPIC	STEP BY STEP	MATERIALS
8:00-8:45	<p>Arrival and registration</p> <p>Pre-test</p>	<p>PREPARATION:</p> <ul style="list-style-type: none"> • Arrange 5-6 tables for group work (5-6 people in the group) • Distribute the stationery materials, agendas, and pre-test copies • Hang the poster on 4 areas of child development AFTER the pre-test is completed: • Arrange the playbox kit in a visible way, by displaying playthings around the room. <ol style="list-style-type: none"> 1. Greet each participant warmly on entering, ask the name and where he/she comes from and welcome them. 2. Ask participants to sit together with people they do not know well. 3. Circulate the Attendance / Registration form. 4. Ask each group to decide on, draw the symbol / write the name of your group, on a piece of colored paper. On the same paper (other side), ask the participants to note the ages of their children or grandchildren ... 5. Conduct the opening session (SCHMT/CHMT, PATH). Explain training objectives & logistics. 6. Explain the purpose of the pre-test: see if the training was well done or not. Explain how to mark the answers in the pre-test (e.g. where to circle/tick only one answer, where to circle more than one answer, and where to connect correct answers with a line). Allow 30 minutes for the test. 	<p>Registration form</p> <p>Pre-test (Appendix 1)</p> <p>Posters for 4 dev. areas (KIT 1)</p> <p>Paybox kit</p>

<p>8:45-9:15</p>	<p>CHV tasks</p> <p>Nurturing care</p>	<p>CHV tasks and responsibilities currently</p> <ol style="list-style-type: none"> 1. Brainstorm with the CHVs on what their current tasks are, & write these down. 2. Ask to check if the list is complete, and ask the CHVs to add what's missing. 3. Draw attention of the CHVs that most of their tasks focus on health and nutrition. <p>Introduction of Nurturing Care: Ask the CHVs what they understand by nurturing care</p> <ol style="list-style-type: none"> 1. Ask the CHVs to look at the Nurturing Care Visual (it should have been attached to their agenda). What can they see? 2. Explain that this drawing shows the needs of a young child (0-3 years). If one of these needs is not addressed, the child may not develop well. 3. Ask: Which of these needs are you already addressing? Ask for 2-3 examples of how CHV are already addressing Health, Nutrition, and Safety & Security needs. 4. Ask: Do you have any challenges in addressing these needs? Ask participants to share 2-3 key challenges and then discuss possible solutions. If no challenges, then move to the next questions. 5. Ask: Which of these needs you have not really been addressing up to now? (Responsive Care and Early learning) 6. Ask for examples of Responsive Care, and explain that soon we will look deeper at what it is. 7. Ask for examples of Early Learning (EL). Draw attention to the fact that EL does not refer to learning in preschool or ECD center, but to the learning at home, through daily activities, in the first years of life. <p>What do the MOH documents say:</p>	<p>Nurturing Care Visual (App.2)</p> <p>Mother Child Health Booklet</p>
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		<ol style="list-style-type: none"> 1. Ask if the CHVs know of any documents at the MoH, that talk about responsive care and early learning. 2. If they do not, mention the following documents: <ul style="list-style-type: none"> • Child Health Policy • Maternal Infant and Young Child Nutrition Policy • Mother Child Health Booklet: Includes developmental milestones and suggestions for early learning activities. Have a copy ready and ask a volunteer to find and read some of these sections. • Child Survival and Development Policy 	
9:15-10:15	Child development	<p>How does the brain develop?</p> <ol style="list-style-type: none"> 1. Explain: In the same way the child needs good nutrition, she/he needs to have someone who loves her/him, and talk and play with her/him ... 2. Show 2 drawings of the brain that you have prepared (one with many neurons and lots of connections (synapses) between them and the other with just a few neurons and more distances/less connections between them). Label the drawings with child's names, for example, Regina and Isabel. (Use Appendix 3, Neuron Forests, to help you.) 3. Ask what is happening to Regina's brain, and to Isabel's brain. What is the difference? Regina's brain has neurons (brain cells) close together with many connections between them. This means that the signals in her brain travel fast, and she can think, respond to questions, and solve problems easily and rapidly. Whereas Isabel's brain has fewer connections between her neurons, so the signal takes longer time to travel across her brain. This means that she might be not as fast in thinking, analyzing and in solving problems, as Regina. 4. Explain that neurons are similar to the trees in the forest. The more dense the forest is (the more intertwined are the branches), the better the brain works. 	<p>Appendix 3: Neuron Forests (just for facilitator)</p> <p>Appendix 4: Visual of the importance of ECD</p>

		<p>5. Add: In the first 3 years, the connections in the brain form faster than at any time. However, some connections stay and others disappear. What helps these connections to stay and to become stronger? Brainstorm. The answers should include:</p> <ul style="list-style-type: none"> • The active use of the senses and the body: seeing, touching, hearing, smelling, tasting and moving. That is, <u>the child should be allowed to see, touch and move towards interesting things around them</u>, for the neurons to build strong connections. • A caregiver that responds adequately to the child's signals. For example, the child shows hunger signals, like sucking the thumb, and the caregiver feeds him. Or the child shows interest in some object in the yard, and the caregiver takes him closer, lets him touch it and explains what it is. Or the child looks at the caregiver and makes some sounds, and the caregiver responds, by copying the child. <u>All these responses reinforce connections in the brain.</u> <p>6. Invite 2 volunteers to represent a father and a mother. Give them a toy baby. Invite also 3 volunteers to represent the neurons in the child's brain. Give the volunteers their tasks:</p> <ul style="list-style-type: none"> • In the first play, the parents should do things that will create more connections in the child's brain: let the child look and touch things, talk to the child, respond to the child's signals (baby is hungry, cold, tired, interested in something). The neurons should act accordingly, by making as many connections as possible among themselves (connect with arms, legs, even hair!). • In the second play, the parents should be even-faced, and either ignore the child's signals and interests, or get angry with the child. They may constrain the child and ignore the child's attempts to move. The neurons should act accordingly, by separating, breaking connection, wandering off. 	
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		<p>7. Ask the CHVs to describe what happened in the first case, and then in the second: What did parents do? And what did the neurons do? What can we learn from this?</p> <p>Benefits of responsive care and play</p> <ol style="list-style-type: none"> 1. Explain: The experiences and interactions the baby has in the first 3 years of his or her life, influence whether the child will be healthy, intelligent, and will make good choices later in life. 2. Distribute the visual of the importance of ECD (Appendix 4) to the participants and ask them to study the visual and explain what they understood, to each other. 3. Ask a volunteer to share in plenary. Reinforce what is missing. Stress the following: <ul style="list-style-type: none"> • When adults play and talk with the child every day, and respond adequately to the child’s needs and interests, the child grows smart, has good performance in school, likelihood of a good job, and fewer social problems. 4. If needed, ask one of the participants to explain, how s/he thinks this happens: why responding, playing and talking with your baby has such big benefits later in life. Add if needed: <ul style="list-style-type: none"> • If the child is allowed to touch, see, move and explore as much as possible in the early years, s/he will grow smart and will study well, and eventually have a good job. • If there is a strong connection between the child and the caregiver, the child will feel loved and secure, and will be less likely to get involved with antisocial behaviors. 	
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		<ul style="list-style-type: none"> If the caregiver is attentive to child's signals, s/he will spot the early signs of illness, and will intervene early, keeping the child healthy. <p>5. If there is time, ask the participants to practice explaining to one other (in pairs) in local language, why is play and responsive care so important for a child.</p>	
10:15-10:45	BREAK		
10:45-13:00	Responsive Caregiving	<p>What is responsive caregiving, and why is it important?</p> <ol style="list-style-type: none"> Explain that now are are going to spend more time understanding what is Responsive Caregiving (point to the relevant part of the Nurturing Care visual). Ask: How do you know if someone is responsive to a baby? Imagine coming into the yard of a family, and observing the caregiver and the child. What can you see that will tell you: "This caregiver is responsive to the baby." Brainstorm. The list should include: <ul style="list-style-type: none"> Eye contact Smiling at baby Holding baby in a gentle way, letting baby move freely Following baby's movements (knowing where baby is) Responding to baby's sounds (copying, talking back) Responding to baby's cues (feeding, changing, putting to sleep) Correcting the child gently (without violence) Ask: So why are all these things important? Who can remember from our earlier session? Listen and then summarize: <ul style="list-style-type: none"> The baby will feel loved, and will learn how to love and care for others The baby will grow secure and confident, which will make him make good choices later (s/he will not just follow what friends do) 	

What can make it difficult for the parents to be responsive?

4. Ask: Do all parents you know, respond to the children in this way? (No.) What can make it difficult for some parents to be responsive to their children? Discuss and make a list. The list may include:
- Maternal depression and stress
 - Caregiver illness, especially chronic
 - Child’s illness or disability
 - Caregiver busy with work
 - Caregiver is too young (is too inexperienced, distracted) or too old (does not have the energy)
5. Explain: In some cases, the child may not have a mother or a father, or they may be too sick or unavailable. In this case, the child needs at least one person in his/her life that is responsive to the child’s signals. It can be a grandparent, and uncle/aunt, an older sibling. The important thing is to have at least one person that is a constant presence in the child’s life and that is responsive to the child’s needs.

How can we help promote responsive caregiving?

6. Ask: If during our home visits or work in the clinic we come across a parent that is responsive to the baby, what can we do? (Praise the caregiver, and explain how what s/he does will help the baby develop well).
7. Ask: And if you come across a parent who either ignores or responds negatively to the child’s signals? Can you do anything in this case? Brainstorm.
8. Explain: When the caregiver does not seem to “connect well” with the child (is distracted, inattentive to the signals, or overly negative to the child), we will need to counsel this caregiver. For this, do the following demo with a volunteer parent and folunteer “child”:

		<ul style="list-style-type: none"> • Ask the caregiver to observe the child closely. What is the child thinking or trying to do? • Ask the caregiver to copy the child's expressions, gestures and movements. Let them take turns: child does something – caregiver copies. • Ask the caregiver to observe the child now. Does the child seem happy? Excited? Interested? Point out that it was the parent that managed to engage the child so well. • If the child is breastfeeding or eating, help the mother to notice the child's signals (does the child want more, does s/he want to wait, is s/he full)? Let the parent respond to these signals. Explain that when we pay close attention to the child's signals, s/he will eat better. • Praise the caregiver, and explain why responding to the child is important. <p>9. Ask the participants what they observed, and <u>write down key steps on the flipchart</u>.</p> <p>10. Divide the participants into pairs, where one will be the caregiver with the child (improve the children with the dolls etc.) and the other – CHV. The counsellor should help the caregiver to become more responsive to the child's signals, following the steps on the flipchart. Circle and support.</p>	
13:00-14:00	LUNCH		
14:00-15:30	4 areas of development Milestones	4 areas of development 1. Inform: A child develops in four areas: Physical (body, finger movements), Language, Thinking, and Social / Emotional. Point the posters hanging on the wall in front (or sides) of the room.	Posters for 4 areas Appendix 5: Children's

		<p>2. Distribute 3-4 cards with various children’s abilities (with sticky tape glued behind) for each group (cut from Appendix 5 and mix). Participants should review the cards and decide which development area they belong to. They must look for the poster with the corresponding development area on the wall, and go and hang their cards next to that poster.</p> <p>3. Ask someone to read slowly and loudly, the cards appearing below the physical area. Do all agree? If not, ask them to make the changes. Use the same procedure for other areas of child development.</p> <p>4. 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 areas in children are being stimulated, and 2) how could you change the activity to stimulate additional areas:</p> <ul style="list-style-type: none"> ● 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 <p>5. Summarize: When we counsel caregivers on how to promote the development of children, we should talk about the four areas, and show how the mother/father can help develop all areas by doing any activity.</p> <p>Milestones</p> <p>1. Ask: who in this group has children aged 0-5? How do you know, if your child is developing well? Collect ideas. Ask: And can you give some examples from your experience, when a child is not developing well?</p>	<p>abilities (copy and cut)</p> <p>Appendix 6: Scenarios of delays (copy and cut)</p> <p>Counseling Cards (for each CHV)</p>
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		<ol style="list-style-type: none"> 2. Distribute to the CHV their counseling cards, and ask to find a page on developmental milestones. Ask participants to work in pairs and review what a child should do in every age, to show good development. 3. Discuss in plenary any doubt that the participants may have. Call the participants at random and ask what s/he will check for, in 1 one year old child. And in a 2 year old child? And in a 3 month old baby? 4. Ask: Will you just ask the mother /caregiver about these things? (Yes, in most cases). When will you want to see for yourself if the child is able to do something? When the caregiver or the mother do not seem to respond well, do not interact well. 5. Distribute Appendix 6 Scenarios (without answers!) to each group (Give the first 4 scenarios to half of the groups and the last 4 scenarios to the remaining groups.) 6. Ask the participants to discuss and decide whether each scenario/case is a delay or not, and why. 7. Discuss scenarios in plenary. Reinforce & explain correct answers as needed. 8. Explain that some children are at greater risk of delays. Who are they? Why? Brainstorm for ideas, and at the end add the following: <ul style="list-style-type: none"> • Preterm or low birth weight children • Malnourished children (malnutrition affects the brain) • HIV-positive children or children exposed to HIV (HIV can affect the brain, also can make mothers feel depressed and unwilling to care for the child) • Children with elderly caregiver / adolescent mother (lack of care) 	
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		9. Ask: Are there any of these children in the families you visit, or in your HF? We should give more support to these children and their caregivers, whenever we meet them.	
15:30-16:30	What is good counseling?	<p>What is counseling for?</p> <ol style="list-style-type: none"> 1. Divide the flipchart sheet in two parts, and write <u>group talk</u> and <u>counseling</u>, on top of respective parts. 2. Ask: <ul style="list-style-type: none"> • What is group talk for? (To pass information and knowledge). And what is counseling for? (To help change behavior/practices) • How many people can take part in group talk (10 or more). And how many people take part in counseling (usually it is with one person or one family) • Where do parents talk more, in group talk or in counseling? (in counseling) And where does the CHV talk more? (in group talk) 3. Ask to add any other differences that participants may see. <p>What are steps of good counseling?</p> <ol style="list-style-type: none"> 1. Ask the participants to break into small groups (can be same as before) and ask each group to identify some of the steps of good counseling. In other words, what should the CHV do, for the counseling to really change caregiver practices? <p><i>Note: Good counseling would look the same, whether CHV counsels on nutrition, on play with the child, on HIV or on hygiene.</i></p> <ol style="list-style-type: none"> 2. Give the groups 10 minutes. Invite one group to share the steps of good counseling. Then let other groups react to what has been written, by suggesting changes. 	Counseling Scenarios (App.7)

		<p>3. After everyone has agreed on main steps of good counseling, ask the CHVs to look at the steps suggested in the Counseling Cards (Card 1). Do they see anything different there?</p> <p>4. Jointly add missing steps to the list, or change the sequence of steps as needed. Discuss the importance of each step (what would happen if this step was skipped)?</p> <p>Observing good counseling</p> <ol style="list-style-type: none"> 1. Demonstrate good counseling process with the help of a volunteer and a doll (a baby). Make sure to follow all the counseling steps. 2. Ask the participants to describe what steps they saw. Make sure they observed all the key steps. <p>What's missing in my counseling?</p> <ol style="list-style-type: none"> 1. Ask the participants to work in groups of 3. Give a set of 3 counseling scenarios to each group. In each scenario, the participants need to identify which step was skipped or missed. See Appendix 7. <p>Team practice</p> <ol style="list-style-type: none"> 1. Ask the participants to form teams of “caregiver –child - CHV”. The caregiver can decide on the age of the child. Some caregivers should show responsiveness to their children and others – not so much. 2. A CHV has to counsel the caregiver on responsive care and early learning, following the steps of good counseling (Counseling Card 1) and using the recommendations in the Counseling Cards. Demonstrate where CHVs can find early learning activities, in the Cards (for step 6). The caregiver and the child can provide brief feedback at the end. <p><i>Note: Invite CHVs to select the toys in the room for demonstrating learning activities to the caregivers, if needed.</i></p>	
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		<ol style="list-style-type: none"> 3. The members then switch roles, until each team member has practiced counseling. 4. Circle and support the counseling practice as needed. 5. If there is time, ask someone who did a good practice to demonstrate in plenary and then discuss. 6. Demonstrate some inappropriate actions during counseling. In each case ask <u>whether it is correct, why, and what the correct approach should be:</u> <ul style="list-style-type: none"> • Talk to the mother standing in front of her, while she is sitting down; or sitting on the chair while the mother is sitting on the floor. • Criticize the caregiver for not playing with the child • Play directly with the child and have the mother just watching you 	
16:30	Daily evaluation	<ol style="list-style-type: none"> 1. Perform daily evaluation by giving each person a small piece of colored paper, and asking them to respond to these 2 questions (one on each side of the paper): <ul style="list-style-type: none"> • One new thing I learned today • Doubt or question about what was learned today 2. Agree where you will meet tomorrow (directly at the HF?). Remind the CHVs to bring their Counseling Cards with them. 3. After releasing the participants, undertake facilitators' meeting and discuss (30 min): <ul style="list-style-type: none"> • What worked well in today's training • Points to improve • Participants' assessment (anyone who may need more support, who needs to be encouraged to talk a bit less, etc.) • Plan for tomorrow (task division, practice session logistics) 	

DAY 2			
TIME	TOPIC	STEP BY STEP	MATERIALS
7:30	Departure to HF		
8:00-8:30	Preparation for practice 1	<ol style="list-style-type: none"> 1. Go through the HF departments early in the morning to identify services with most caregivers and young children. At least 4-5 caregivers and children need to be present at selected service touch points. 2. Form a circle with all the participants, to review and prepare for practice. Ask the participants to look at their counseling cards, and find Counseling steps for a home visit. 3. Ask one participant to read first step: Greet / position yourself at caregiver level etc. Discuss how they will do that. 4. Ask next participant to read step 2: Observe if the caregiver is responding well to her/his child. Check: What will you try to observe? 5. Ask to read the step 3: Check the child's milestones. Ask how the CHVs will do this. What tool will they use? What will they do if they see a delay? 6. Ask to read step 4: Ask if caregiver plays with the child. Show. Ask if s/he talks with the child. Show. Ask someone to demonstrate how they will ask. 7. Read step 5 and ask for examples of praise. Make sure that praise includes the "why" part. 8. Read step 6. Ask one person to demonstrate how to improve responsive care (copy child's signals etc.). Ask another to demonstrate how to teach a new learning activity (remind to let caregiver practice and to explain importance). 9. Finally, read and discuss step 7. 	Counseling Cards (each CHV)

		10. Divide the participants into pairs and explain that they will have 1 hour for counseling. One colleague counsels, while the other observes and gives feedback at the end (what was very good, one thing to improve). Then they find a different caregiver to counsel and switch roles. Continue like this until the facilitator calls them back.	
8:30-9:30	Practice 1 at the HF (interactive lecture):	<ol style="list-style-type: none"> 1. Accompany the pairs of participants to the relevant service touch points selected for practice, which could include: <ol style="list-style-type: none"> a. <i>Child welfare clinic /baby weighing & vaccination area</i> b. <i>HEI consultation</i> c. <i>Outpatient department /IMCI</i> d. <i>Pediatric ward</i> <p>Note: Each practice touch point should be supported by a facilitator.</p> <ol style="list-style-type: none"> 2. Observe the counseling, and then support the pair’s debriefing after each counseling. Help the pairs find new caregivers to counsel, if needed. 	Posters and demonstration of toys for each group
9:30-10:00	Return to the training room.		
10:00-10:30	Reflection on practice	<ol style="list-style-type: none"> 1. Facilitate a reflection on each practice step: <ol style="list-style-type: none"> 1) How responsive were your caregivers to their children? What did you observe? 2) What ages were the children you met? Pick 3 ages. What milestones did you check for, in a 5 month old? And in an 18 month old? (NB: Remind out that if the child is “between the milestone ages” for example, between 3 and 6 months, always check against the lower age group milestones. That is, check the 5-month old baby for 3-month-old’s milestones.) 	Flipchart and markers

		<p>3) Was it easy or difficult to check the milestones? What was the caregiver's reaction to the child's milestones?</p> <p>4) When you asked caregiver to show or tell you how they <u>play</u> with their children, what kinds of answers did you get?</p> <p>5) And when you asked them to show how they <u>talk</u> with their children, what kinds of answers did you get?</p> <p>6) How did you praise the caregivers? What did you say? (Check for adequate praise)</p> <p>7) How did you counsel the caregivers, based on what you observed or heard them say? Did you engage them in any practice? What type?</p> <p>2. Praise the CHVs for their hard work during the practice and reflection.</p>	
10: 30-11: 00	BREAK		
11:00-12:00	Early learning at home	<p>Ways in which young children learn</p> <p>1. Brainstorm: For those of you who have small children, what have you observed about how your child is learning? What do they do, to learn new things? Write down the ideas. Make sure that in the end you have the following:</p> <ul style="list-style-type: none"> • Child learns by exploring things with the senses • Child learns by trial and error • Child learns by listening to others and talking about things • Child learns by observing and imitating the others 	Set of cards and photos on how children learn (KIT3)

2. Form a circle. Put the 4 cards that describe the way children learn, on the floor, some distance from each other.
3. Distribute the photos of children learning in different ways, to the participants. Ask them to look at the photo and to match with the card that describes the way the children learn.
4. After the participants finished, review the photos one by one and correct together what is not right. Ask: Do your children do all these things? That means that they are learning!
5. Ask someone to summarize: How do children learn? What do they do, to learn?
6. Ask: At what age do children start learning? Yes, since birth, because the child can see and hear and feel things the moment s/he is born.

What should home be like, to promote learning?

1. Ask: Now that you know how small children learn from birth, how should your home be, to help them learn?
2. Brainstorm: What kinds of things should you have in your home, to help your children learn? What do they enjoy playing with? (Look for examples of every day objects and nature objects that are used for play; de-emphasize store bought toys).
3. Summarize: anything can be a play thing for a child, as long as it is safe and interesting for the child (stimulates child's senses with its colors, sounds, texture; child can do many different actions with it etc.).
4. Ask: How should the child's play area be? Reinforce:
 - the importance of a play mat (a simple straw mat) to keep the play area clean
 - the importance a box where the child's play things can be stored, to teach the child to take care of his/her things since early years.

		<p>What should parents and others do, to promote early learning?</p> <ol style="list-style-type: none"> 1. Note: In many families it is only older siblings or grandparents that play with children. How is it in your families? 2. Ask: Why is it important for parents to find some time as well? Listen for suggestions, then add: <ul style="list-style-type: none"> • Parents have a special first connection to the children that other family members may not have. This may make them more influential in the child's life. • Parents talk and play in ways different from older siblings. Young children learn more when they also interact with their parents (adults) in addition to siblings. 3. Ask: What types of things the parents can do at home with their children, to help them learn? Note down and add the following, if needed: <ul style="list-style-type: none"> • Provide interesting things for young children to play with • Talk to the children whenever they are together. Explain what you are doing and why. Ask questions. • Play simple games with the child, for example, play finger games, or ask to point to something big/small, red, round, etc. • Sing to the child. <p>What are good moments to play?</p> <ol style="list-style-type: none"> 1. Say: We understand that many parents are busy. What time do you start your work as a CHV, every day? And what time do you come home? 2. Ask: Being so busy, when can you and other parents find time to play and talk with your small children? Brainstorm. 	
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		<ol style="list-style-type: none"> 3. Ask participants to imagine a 1-month old child, and a mother or father bathing this child. Is there anything a father can do to stimulate his 1-month old child, during bath time? 4. Ask a participant to demonstrate how he/she would stimulate that child at birth. Remind about the 4 development areas. 5. Divide the CHVs in 6 groups. Each group should suggest how they could play and talk with their child, during the following moments: <ul style="list-style-type: none"> • When feeding the child (3 month old) • When changing the diaper (6 month old) • When bathing the child (9 month old) • When putting the child to bed (1 y old) • When doing some chores like cleaning and cooking (1.5 y old child) • When working on the machamba (field) 6. Give the groups 3 minutes, and then ask each group to report back. Invite others to add. 7. Summarize: There is no reason to wait for free time to play with your children as it will never come. Take advantage of the little time you have with your child, to play and talk with her/him. 	
12: 00-13: 00	Age-appropriate learning activities and play materials	Activities for early learning <ol style="list-style-type: none"> 1. Ask: Do we help a 3 month-old and 3 year-old child learn in the same way? Why not? 2. Ask: At what age can you start talking with your child? Do a quick poll. 3. Mention that the child starts to hear already during pregnancy, in the 6th month. Knowing this, what can mother and father do? Invite someone to demonstrate how s/he can talk to the baby, already during pregnancy. 	Counseling Cards Baby dolls for each group

		<p>4. Ask: Why is it important for the mother and the father to talk to the baby that is not yet born? Add to the responses: This helps the parents to develop a loving relationship with the child, which will help them to better care for the child once s/he is born.</p> <p>5. Add: When the pregnant mother is worried or stressed, or is scared because someone hits her or screams at her, the baby gets affected. She or he may be born too early or too small, can have learning difficulties or health problems. That is why it is important that the pregnant women is treated well by the others.</p> <p>6. Say that now we will talk about the newborn. Ask: Traditionally, are there some special ways in which families play or talk with a newborn child? What do people usually do? (Write down all the contributions on the flipchart, and encourage the participants to demonstrate some of the activities.)</p> <p>7. Now put participants into 5 groups, where each group will work with one of age group: 3-6 months, 6-9 months, 9-12 months, 1-2 years, and 2-5 years. They should brainstorm and demonstrate how families usually <u>play and talk</u> with the children at that age. (No: No peaking at the Counseling Cards!)</p> <p>8. Give each group 2 minutes to present 2 activities – <u>one play and one talking activity</u> – and explain what the child learns by doing it. Invite other participants to add, especially if they have children of that age. <i>NOTE: When there is doubt about certain activity, refer participants to the child development milestones to see what abilities children have at a certain age.</i></p> <p>9. Ask participants to now look at their Counseling Cards. Are there any play and talking activities with the newborn that appear here, and that were not mentioned? If so, find these and invite someone to demonstrate how to do the activity. Ask: what does the baby learn, through this activity?</p>	
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		10. Go in the same way through the rest of the age groups, always checking for new activities, asking a volunteer to demonstrate these, and discussing what the child learns from this activity.	
13:00-14:00	LUNCH		
14:00-15:15	Age-appropriate learning activities and play materials (cont.)	<p>Play materials</p> <ol style="list-style-type: none"> 1. Preparation: make sure that the playbox items are spread around the room and are easily visible. Organize them in sequence following the age of the child. 2. Ask: what are the best playthings for the newborn? Reinforce that for newborns, we should not use a lot of playthings, but have more face-to-face talking, do gentle touch and massage, etc. Newborns are more interested in us than in the world around them. 3. Say: Around 3 months you can start introducing simple playthings for the baby. 4. Divide the participants in the same groups they were before (3-6 months, 6-9 months, 9-12 months, 1-2 years, and 2-5 years) and ask each group to come up with a list of 5 playthings for that age. The groups can refer to the work they did yesterday, but will now have to think about children of specific age. Encourage the groups to think about the objects they have at home and in the nature around, which the children can play with. 5. After 5 minutes, let each group present, and others to agree or disagree about the playthings proposed. The groups should adjust their lists accordingly. <i>NOTE: When there is doubt, refer participants to the child development milestones to see what abilities children have at a certain age.</i> 6. Invite each group to go around the room and to see if there are any other playthings that can be added to the list for their age group. Give 5 min. 	<p>Model Playbox (with complete set of toys)</p> <p>Appendix 8A, B (only for facilitators)</p>

7. Let the groups report what additional playthings they discovered. If no one chose some of the playthings, show these and explain how they can be used. Use Appendix 7A and B as a reference.
8. Finally, choose 2-3 playthings and demonstrate how the same plaything can be used by a younger and an older child:
 - Bottle with colorful clothpegs or other things inside
 - Collection of leaves of different color /shapes/sizes
9. If there is time, do a quick quiz, by asking:
 - If you have a 6 months child, which playthings would you offer?
 - What about a 12 months child?
 - And what about a 2 years child?
 - At what age would you offer a doll? (From 1 year onwards)
 - And at what age would you offer child a string to put the beads or bottle tops on? (from 3 years onwards)

Clap for participants who provided correct answers!
10. Ask why it is important to encourage parents to use household objects, nature objects and homemade toys. Summarize:
 - *These do not have a cost / can be made again if lost or destroyed*
 - *These teach children to be creative and to take advantage of everything around them, to learn new things*
11. Reinforce again: Anything can be a plaything, as long as it is safe and attractive /interesting to the child.

Practice activities (if time)

		<ol style="list-style-type: none"> 1. Divide the participants in groups of 4. Within each group, give a different age of a child, to each participant (newborn; 6 months; 1 year; 3 years). 2. The participant sitting to the left of the parent with the newborn, should recommend age-appropriate activity (and a plaything, if appropriate) to the parent, and the others should agree or propose changes. 3. Then the parent of the newborn recommends an activity for the parent of the 6 month old, etc., until all parents have been recommended some activities. 4. Circle and support the groups. 	
<p>15:15-16:30</p>	<p>What is a playbox session at the HF?</p>	<p>What is a playbox session and why is it important?</p> <ol style="list-style-type: none"> 1. Note that until now we have been learning how to counsel caregiver on responsive care and early learning during a home visit. 2. There is an additional activity that the MOH would like to promote at the health facility with CHV support, which is called the playbox session. 3. Ask if participants have heard about the playbox session. What is it? 4. Explain that playbox session is an activity that is carried out in the waiting rooms of the health facility. It is an educational session for caregivers, teaching them how to respond to and play with their children. It consists of some explanation given to all caregivers, followed by individual counseling of caregivers while they play with their children. 5. Ask the participants, to consolidate: <ul style="list-style-type: none"> • What is a playbox session? • What are the 2 parts of the playbox session? 6. Ask: Do you think that th 	<p>Counseling Cards</p> <p>ECD posters (for simulation)</p>

		<p>7. is activity has value, for children or caregivers? If so, why? Collect ideas.</p> <p>8. Explain that playbox activities were already evaluated in Mozambique, and the study showed that participation in playboxes...</p> <ul style="list-style-type: none"> • 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 <p>9. Discuss whether we would be interested to see some of such results in Kenya as well. Which ones?</p> <p>Observing good playbox session</p> <ol style="list-style-type: none"> 1. Using the steps in the CHV Counseling Cards, simulate the playbox session. For that, ask the participants to divide into caregiver-child pairs. 2. At the end, ask the participants to describe what they observed/experienced. What did the facilitator do first? Second? And then? <p>Steps of a playbox session (& what happens if we remove one)</p> <ol style="list-style-type: none"> 1. Ask the CHVs to look at their Counseling Cards and to find the steps of the playbox session. 2. Ask the volunteers one by one to read the steps aloud, where one person reads the steps, and the next explains the same step in their own words. 3. Ask: <ul style="list-style-type: none"> • Have you seen all the steps written here, earlier today? Check. • Are some of the steps unclear? Discuss these. 	
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		<ol style="list-style-type: none"> 4. <u>For handwashing</u>, discuss if in all HF there is running water for caregivers to wash children’s hands at the beginning of the play session. If not, what could be the alternative? (Tippy-tap) 5. <u>For ‘model caregivers’</u> discuss how CHVs will know who to call on. What will they look for, in the caregivers? (responsiveness to children, warm interactions, playfulness, talking to child) When do they start looking? (as soon as CHVs arrive at the HF, they should start observing caregivers, to identify those who show these behaviors. 6. <u>For individual counseling</u>, ask what caregivers the CHVs selected and why. Refer to the page in the counseling cards, which suggests which caregivers should always be counseled. 7. Divide the participants into groups of 3-4. Ask each group to prepare to lead the playbox session, following the steps. They also need to have all the materials prepared. Give the groups 10-15 min to prepare. 8. Invite one group to simulate their playbox session. Appreciate the group by mentioning the strong points, and jointly correct what needs to be corrected. 9. Invite 1 or 2 more groups (volunteers) to simulate. 10. At the end, choose 3-4 steps and ask: What would happen if we skipped the step of? Suggested steps to discuss are: <ul style="list-style-type: none"> • Washing children’s hands • Inviting ‘model caregivers’ to share their experiences • Registering the playbox session 	
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		11. Explain that in a large HF, the play box is mobile, and shall be placed where there is more flow of clients that day.	
16:30	Daily evaluation Homework	<ol style="list-style-type: none"> 1. Conduct daily evaluation (follow the steps from Day 1). 2. Divide CHVs by the health facilities they support. 3. Explain that today each CHV team will need to do homework to prepare for tomorrow's practice. 4. Give 1 playbox to each team, along with production tools, and colored paper to decorate the box. Ask to write the name of the HF on the playbox. Give Playbox register model (App.8) and Playbox list (App.7B) to each group. 5. Then give the following tasks to te teams: <ol style="list-style-type: none"> 1) Decorate your box 2) Equip your playbox with ready materials available in the training room (fabrics, books, cups, pencils and paper, cloth pegs). Show where they are. 3) Each team member should produce one toy by tomorrow, and put it in the playbox. The team members select the toys using Playbox List they received, so that they would have toys for different age groups. Show recycled materials. 4) The team members should divide the playbox session steps among themselves, prepare, and practice together at least one. Note: EVERY TEAM MEMBER PARTICIPATES IN COUNSELING, so this step should be prepared by all. 6. Explain that each team should prepare their playbox materials and steps as much as possible during tonight/tomorrow morning, and should bring the playbox to the 	Materials for the playbox kits: - production tools; - ready made materials; - recycled/ natural materials Playbox list (App 8B) for each team. Playbox Register model (App.9) for each team ECD posters for each team (optional)

		<p>practice session in the morning. Agree on a place and time to meet (can be directly at the HF).</p> <p><i>NOTE: If logistics do not permit carrying boxes to the HF, distribute large colorful plastic bags where each CHV team can put their toys in.</i></p> <p>7. Remind the participants to bring their Counseling cards and Playbox register model for practice tomorrow. ECD posters are optional (each team can decide if they want to use these).</p>	
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DAY 3			
TIME	TOPIC	STEP BY STEP	MATERIALS
7:30	Departure to HF	Or the team meets directly at the HF.	
8:00-8:30	At the HF: Preparation for practice 2	<ol style="list-style-type: none"> 1. Check for available practice sites at the HF today – service touch points that have 4 or more caregivers waiting with children 0-5. Ensure that there is a service touch point for each team. 2. Meet with participants and check that each group has brought its equipped playbox kit, ECD posters (optional), Playbox register and Counseling Cards. 3. Ask each group to show the playthings prepared /produced overnight. Analyze 1 plaything from each group: <ul style="list-style-type: none"> • Is the plaything safe? • For which age is this plaything? Is it appropriate for this age? • What can the child do with it? Which areas can s/he develop in this way? 4. Ask the participants to later improve the playthings according to the comments received. 5. Remind that today the teams will practice doing the playbox session. Quickly review the playbox session steps, by asking what the participants will do first, next etc. Prob for specific actions within each step (for example – what will you do during hand washing? And during counseling?) 6. Assign participants to service touch points for today’s practice (allow some groups to join together if there are not enough practice sites). Allow the groups to review 	<p>Counseling Cards</p> <p>Playbox kit</p> <p>ECD posters</p> <p>Playbox register</p>

		<p>the division of tasks between themselves, during next 5 min. (Remember, everyone should be involved during counseling!)</p> <p>7. Tell the groups they have about 1h 15 min to do full playbox session. After that the group should review their playbox session: what they thought they did well and what could be improved. Agree on the time and place to meet after the practice.</p>	
8: 30-10: 00	Practice 2 in HF	<p>1. Accompany participants to the practice sites (service touch points available).</p> <p>2. Note: each 2 teams should be supported by a facilitator. The facilitator's job is to observe the activity, and then support the group review, using the steps in the Counseling Cards.</p>	Same as above
10: 00-10: 30	Return to training venue		
10: 30-11: 00	BREAK		
11: 00-12: 30	Reflection on practice	<p>1. Go through each playbox session step and discuss:</p> <ul style="list-style-type: none"> • What went well? • What was difficult? What could be improved? <p>Let each team share.</p> <p>2. For each area of difficulty, invite “strong” participants to demonstrate how the activity should be done. Demonstrate yourself, if needed.</p> <p>3. Let the other participants experiment doing the challenging activity, in pairs or groups. Circle and provide feedback.</p>	Flipchart and markers

<p>12:30-13:00</p>	<p>How to integrate ECD in home visits</p>	<ol style="list-style-type: none"> 1. Ask: What will you do differently in your home visits now, after this training? <i>(Counsel on responsive care and early learning; check milestones and refer)</i> 2. When during home visits will you do this? For example, will you first check the child's health and then counsel? How will you add on this step? Brainstorm. 3. Ask the CHVs to list their normal activities during the home visit. Write them out on the flipchart. 4. Then explain: it is best to integrate the counseling you learned, into the tasks you already do. How can this be done? Discuss the following suggestions: <ol style="list-style-type: none"> 1) <i>When you <u>observe</u> hygiene of the yard and of the child, you can also observe if the caregiver is responsive to the child's signals</i> 2) <i>When you <u>check</u> the child's health and nutritional status, you can also check the child's milestones.</i> 3) <i>When you <u>counsel</u> the mother on health and nutrition, you can also counsel her on responsive care and early learning activities appropriate for the child's age.</i> 5. Invite volunteers to simulate a full home visit, with responsive care and early learning as a part of it, following the suggestions above. If needed, and if time allows, simulate once more with other volunteers. 	
<p>13:00-14:00</p>	<p>LUNCH</p>		

<p>14: 00-15:30</p>	<p>Data collection & next steps</p>	<p>NOTE: Use more time for home visit simulations, if needed.</p> <p>How to report data on home visits (20 mins)</p> <ol style="list-style-type: none"> 1. Distribute MOH 514 (copy of CHV Logbook) to each CHV, or ask to take out the Logbook if they brought their own 2. Ask how they think they can register 1) referrals of children with developmental delays, and 2) counseling on responsive care and early learning. Brainstorm. 3. Reach the following agreement. <ul style="list-style-type: none"> • Use field Y in referrals, and category (e). Write: <u>Dev. Delay</u> • Use field AF (Remarks/Other services). Write: <u>ECD</u>. This means: Counseled on ECD (Early learning & responsive care). 4. Discuss how CHVs can summarize these 2 indicators and report to the CHA, at the end of each month. <p>How to initiate playbox sessions (45 mins)</p> <ol style="list-style-type: none"> 1. Explain: we know that you have many tasks at the HF. So we need to plan playbox activity to fit in smoothly with what you already do. CHAs and HF in-charges will be ready to mentor and to support you with this activity. 2. Explain that now each HF team should sit together and plan how to start their playbox sessins. (This includes CHAs or in-charges sitting down with their HF teams.) 3. Distribute the Playbox Planning Tool (Appendix 10) to each team, and give 30 minutes to fill out. Circle and support the groups. 4. In the end, ask each group to present their plan (take a picture or scan of the plan, for records). Comment, if necessary. Praise all the teams for hard work. 	<p>HV data tools (KIT 4)</p> <p>Appendix 10: Planning Tool for each group</p>
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		<p>How to report data on playboxes (10 mins)</p> <ol style="list-style-type: none"> 1. Explain that, at the HF, you should have a record of the playbox sessions, for anyone to be able to have information about this activity. 2. Distribute A4 notebooks for each HF team, and ask them to sign the notebook cover in the following way: HF <u>name</u>; service <u>name</u>; playbox register. 3. Remind the participants of the model register they used during their practice session (App.9). Draw a model register page on the flipchart, and ask participants to prepare accordingly the first register page in their notebooks: <table border="1" data-bbox="516 748 1262 1052"> <thead> <tr> <th data-bbox="516 748 600 1008">Date</th> <th data-bbox="600 748 779 1008">Facilitator /s</th> <th data-bbox="779 748 932 1008">No. of Caregivers</th> <th data-bbox="932 748 1094 1008">Children with delayed milestones referred</th> <th data-bbox="1094 748 1262 1008">Supervision visit (name, institution)</th> </tr> </thead> <tbody> <tr> <td data-bbox="516 1008 600 1052"></td> <td data-bbox="600 1008 779 1052"></td> <td data-bbox="779 1008 932 1052"></td> <td data-bbox="932 1008 1094 1052"></td> <td data-bbox="1094 1008 1262 1052"></td> </tr> </tbody> </table> <ol style="list-style-type: none"> 4. Clarify any doubts or questions. 	Date	Facilitator /s	No. of Caregivers	Children with delayed milestones referred	Supervision visit (name, institution)						
Date	Facilitator /s	No. of Caregivers	Children with delayed milestones referred	Supervision visit (name, institution)									
<p>15:30 - 16:00</p>	<p>Post-test</p>	<p>Distribute the post-test and give the participants 30 minutes to do it.</p>	<p>Post-test (Appendix 1)</p>										

16:00	Closing Photos Certificates	Ask the SCHMT/CHMT to do a formal closing speech Take a family photo (showing playthings and boxes!) Distribute certificates	Camera Certificates
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**APPENDIX 1:
TRAINING IN PLAYBOX SESSIONS**

Circulate one: Pre-test / post-test

Date: ____ / ____ / 20____
Name: _____
Position: _____
Health Facility / Hospital: _____




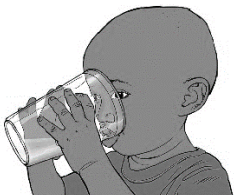
1. True or false? (Circle “T” or “F” in each case). (5 points)

The child cannot see when he is born.	T F
Parents should start talking to the child only when the child is able to talk back.	T F
The child learns faster in the first three years of life than at school.	T F
When parents talk and play with young children, the children are more likely to have a good job when they grow up.	T F
The child puts things in his mouth because he is naughty.	T F

2. Match each development area (Column A) with an activity that promotes the development (Column B). (4 points)

<u>Column A</u>	<u>Column B</u>
1. Physical	a. Play with other children
2. Thinking	b. Throw the ball
3. Language	c. Cover your face with a scarf and let the child find you
4. Social and emotional	d. Look at drawings and say the names (Example: bird)

3. Draw a line matching the drawing of a child doing an activity (Column A) with the right age when the child will be able to do that (Column B). (4 points)

Column A: Activity	Column B: Age
 <p>Dresses himself</p>	<p>At 3 months</p>
 <p>Smiles when the caregiver talk to her/him</p>	<p>At 9 months</p>
 <p>Turns head when hears his name</p>	<p>At 18 months</p>
 <p>Drinks by himself from a cup</p>	<p>At 3 years</p>

4. You are talking about importance of play during a playbox session. Which of the two actions below is correct? (Circle **ONE** correct action) (2 points)

- a. Find out whether and how parents play with children at home, and then speak about importance of play.
- b. Speak about the importance of play, and then ask if anyone has any questions, in the end.

5. **You are doing a play box session in your health facility. The waiting room is crowded, and you have to choose some caregivers for counseling. Who will you choose?** (Circle **TWO** correct answers.) (2 points)

- a. You will start by counseling all caregivers sitting next to the wall
- b. You will choose caregivers that are not playing with their children
- c. You will choose those caregivers who seem more communicative and open
- d. You will choose teenage and elderly caregivers for counseling.

6. **What will be your task during the play box sessions?** (Circle **ONE** correct action) (1 point)

- a. You will let the children choose their toys and then you will play with the children.
- b. You will demonstrate play activities and help caregivers play with their children.

7. **Read the sentences below. They are the steps for play box session. Decide what the right sequence of steps is, and number the steps. The first three steps are already numbered.** (4 points)

_____1_____ Set up the play box and greet the caregivers.

_____ Tidy up and record the activity.

_____ Explain the rules of the play box.

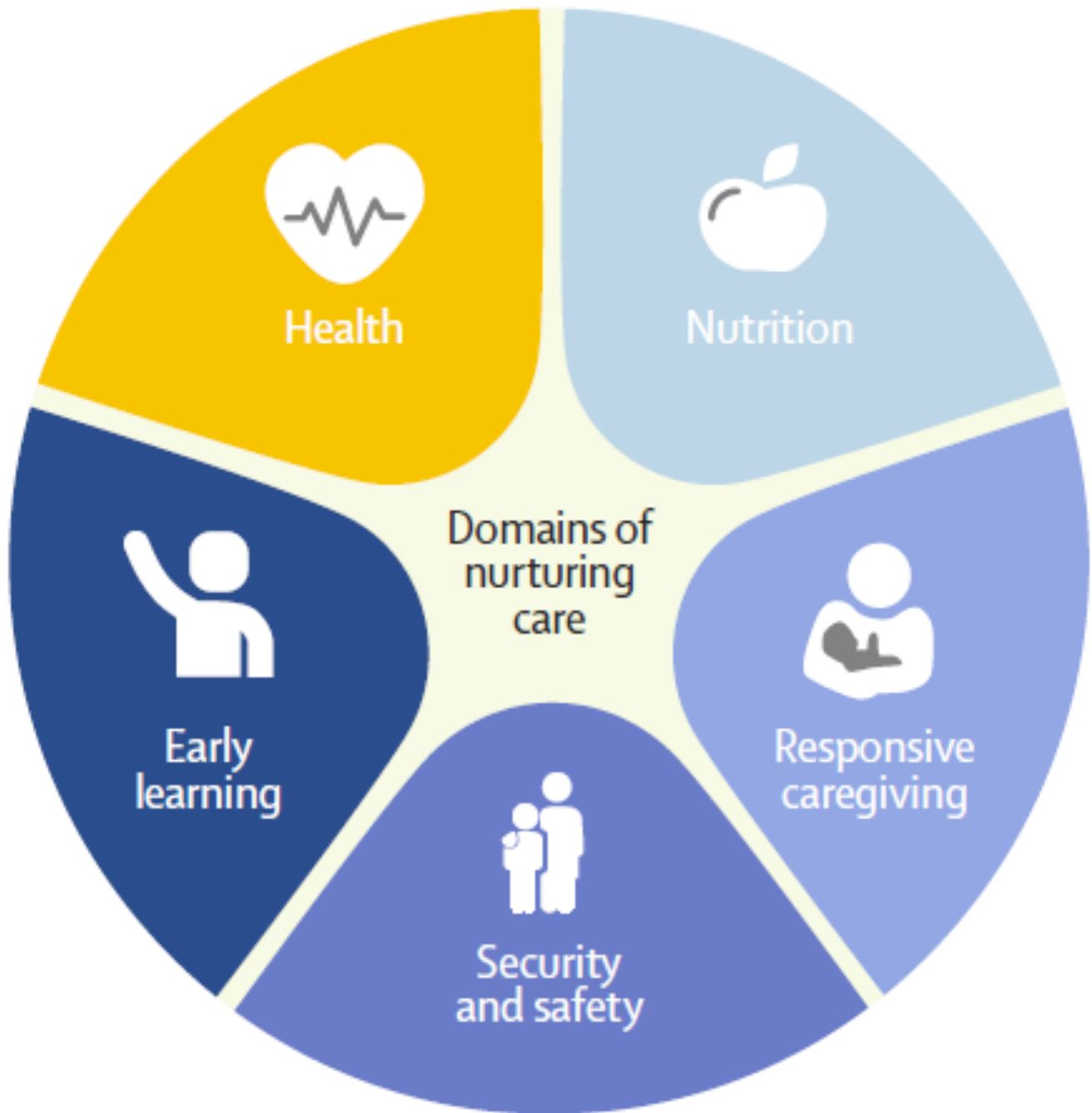
_____3_____ Invite model caregivers to share their practices.

_____ Help caregivers wash their children's hands and choose toys.

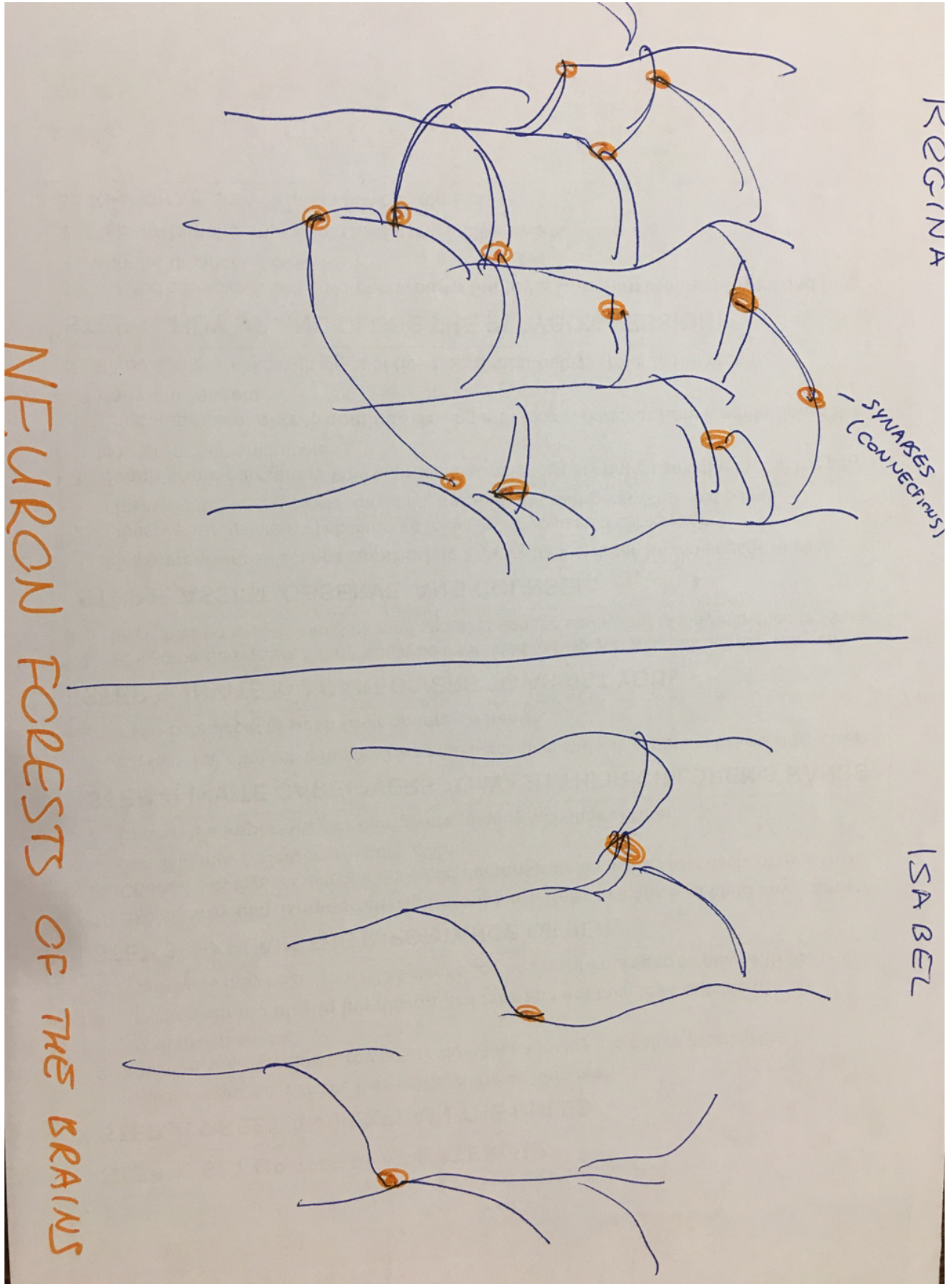
_____ Counsel care givers one on one.

_____2_____ Explain the importance of play.

APPENDIX 2: NURTURING CARE MODEL



APPENDIX 3: NEURON FORESTS



IF WE RESPOND, PLAY AND TALK WITH THE CHILD FROM BIRTH...

The child will be healthier



The child will perform better at school



Less negative peer influence since the child can make better decisions



Child will have loving relationship with parents, friends and relatives for the rest of her life



When adult, she or he will be more successful in life



APPENDIX 5: CHILDREN'S ABILITIES
(Copy and cut into strips, without names of the areas)

PHYSICAL AREA

ROLL ON THE SIDE

STAND UP

CLIMB STAIRS

PICK OBJECTS

SCRIBBLE, DRAW

UNDRESS / DRESS UP

LANGUAGE

BABBLE

NAME THINGS

SING

RESPOND TO REQUESTS

SAY SHORT SENTENCES

TELL STORIES

THINKING / COGNITIVE

IMITATE PEOPLE

FIND WHAT'S HIDDEN

PAIR UP SAME THINGS (e.g., socks, shoes, cups)

**POINT TO OR NAME
COLORS, SHAPES AND SIZES**

COUNT UP TO 5 / UP TO 10

**FOLLOW THE RULES OF
THE GAME**

SOCIAL AND EMOTIONAL

SHARE

COMFORT SOMEONE SAD

WAIT FOR YOUR TURN

BE COURTEOUS

CONTROL YOUR EMOTIONS

**RESOLVE CONFLICTS
PEACEFULLY**

**NOT TO GIVE UP IF
SOMETHING IS HARD**

APPENDIX 6: SCENARIOS: DELAY OR NOT?

(Copy and cut away the answers)

SCENARIO	ANALYSIS (DO NOT GIVE THIS PART TO PARTICIPANTS!)
1. A child aged 1 year and a half that does not walk. The child lives in a village and was prematurely born.	IT MAY NOT BE A DELAY, provided that the child was prematurely born. Counsel how to stimulate the child to walk. If the child does not improve, refer to a physiotherapy.
2. The three months child that does not grab objects with its hand.	HAS NO DELAY
3. A 3 months old child that does not support the head. The child's mother had a difficult delivery.	DELAY Refer; the child may have asphyxia, jaundice sequelae, etc.
4. A 2 years old child that just says 2-3 words, and can not say names of simple things. The mother drank alcohol regularly during pregnancy.	DELAY Refer to mental health services, the child may have Fetal Alcohol Syndrome.
5. A 6 months old child that does not turn its head when you call her/him. The family has 6 children.	HAS NO DELAY
6. A 1 year and a half old child that cannot point to the body parts, upon request. The child is orphan, lives with his grandfather, and spends a lot of time playing alone in the yard.	DELAY Counsel the grandmother on how to play and talk with the child.
7. A 2 years old child that cannot find a cloth peg same color as the one her/his mother showed.	HAS NO DELAY
8. A 1 year and a half year old child that cannot find his mother's face behind a scarf. The child's head is small for age.	DELAY Refer to the pediatrician, the child may have microcephaly.

**APPENDIX 7A:
APPROPRIATE PLAY THINGS FOR DIFFERENT AGES**

AGE	PLAY THINGS
0-3 MONTHS	<ul style="list-style-type: none"> • No need to use play things; interact with the child face to face, gently touching, swinging
3-6 MONTHS	<ul style="list-style-type: none"> • Rattles / shakers • Mobiles and fabrics with bright colors and large shapes • Tree leaves moving in the air
6-12 MONTHS	<ul style="list-style-type: none"> • Things to bang, drop, put in the mouth (rattles, large bottle caps, colored plastic cups) • Bottles and other things rolling on the floor with something colorful in it • Swings with back support
1-2 YEARS	<ul style="list-style-type: none"> • Cars /rollers with a stick and rope • Dolls • Cans, cut up plastic bottles, and other things to play cooking • Ball • Books / magazines / advertising with colorful drawings • Yard animals and plants • Scarf to hide something; to tie the doll • Sand to put into cups, to mold, etc. • Yoghurt cups, cut up plastic bottles, blocks, cans to stack up and knock down
2-3 YEARS	<p>Also...</p> <ul style="list-style-type: none"> • Small things (tops, cloth pegs) to put into cups. Cans, egg cartons (separated by color, type) • Clay or wet sand to mold • Things to draw with (sticks, charcoal piece, pencil and paper)
3 YEARS AND MORE	<p>Also...</p> <ul style="list-style-type: none"> • Small things to group, count, make patterns, thread (tops, beads, etc.) • Simple puzzles • Swings • “Goat shoes” (made of tins, for example)

APPENDIX 7B: DETAILED PLAYBOX LIST




N	TOY TYPE	QUANT.	OPTIONS FOR TOYS	AGE
1.	RATTLES/ SHAKERS	5	<ol style="list-style-type: none"> 1. <i>Plastic bottle with colored objects inside</i> <i>Colored sealed can / box / yoghurt cup with something inside that makes noise</i> 	From 3 months
3.	TOYS ON STRINGS	4 (Include 2 options)	<ol style="list-style-type: none"> 1. <i>Bottle tops, beads, "bottle rings", rubber or straw pieces on a string or wire</i> 2. <i>Cloth pegs hanging on string</i> 3. <i>Plastic yoghurt bucket, bottle or box with things tied on the sides</i> 	From 6 months








3.	SURPRISE BOXES	3 (Include 2 options)	<ol style="list-style-type: none"> 1. <i>Egg carton, with small objects inside</i> 2. <i>Simple box with hole and with interesting things to put in and take out</i> 3. <i>Box with holes to fit different size objects</i> 4. <i>Box with holes to fit straws</i> 	<p>From 6 months</p> <p>From 12 months</p>
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4.	DOLLS & FABRICS	2 scarves 3 dolls	<ol style="list-style-type: none"> 1. <i>Rag dolls of different sizes</i> 2. <i>Dolls made out of bottles</i> 3. <i>Simple or fabrics</i> 	From 12 months
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5.	HOMEMADE BALLS	2	<ol style="list-style-type: none"> 1. Rag ball 2. Plastic Ball 3. Ball made out of banana tree leaves 		From 9 months
6.	CARS, PLANES	2	<ol style="list-style-type: none"> 1. Wooded cars and airplanes (one each) 2. Bottle or tin-box based cars 3. Juice box, eggs cartons, roll tube carts 		From 1 year
7.	PLATE & SPOON	1			From 6 months
8.	THINGS TO STACK UP & INSERT	5 or more (Include 2 options)	<ol style="list-style-type: none"> 1. Plastic cups with bright colors (5) 2. Cans of different size 3. Yogurt cups 4. Small boxes, pieces of wood (sanded) 		From 1.5 years
9.	CHILDREN'S BOOKS (store-bought)	6	<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 4. 5. 6. 	From 1 year
10.	CHILDREN'S BOOKS (homemade) /Advertisements	2 2	<ol style="list-style-type: none"> 1. Paper made books with cutouts or pencil drawings 2. Advertisements from supermarkets with pictures of families, animals, food items et 		From 1 year

11	DRAWING KIT	<ul style="list-style-type: none"> • 1 clipboard with recycled paper • 1 colored crayon pencil set 		From 1 year	
12	BAG WITH THINGS TO COUNT, GROUP, & MAKE PATTERNS	<p>The bag must have:</p> <ul style="list-style-type: none"> • 10-15 bottle caps with 2-3 colors • 2-3 cut up bottle bases to group bottle caps • Cartboard piece with patterns for bottle caps 			From 2 years
13.	BAG WITH PUZZLES	<p>3 (Include 2 options)</p>	<ol style="list-style-type: none"> 1. Puzzle made from cup up paper plate (4- 6) 2. Cut-up picture-based puzzle (4-6 pieces) 3. Drawn puzzle (draw with pencils and cut up) <p>Rubber puzzle (to insert pieces)</p>	From 2.5 years	
					

14.	“GOAT SHOES”	1	1. <i>Made from tin boxes or cans</i>		From 3 years
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NOTE: The amounts of toys should be appropriate to the number and ages of children in the play box.

LIST OF MATERIALS FOR TOY PRODUCTION (KIT FOR EACH HEALTH FACILITY)

N	MATERIAL	AMOUNT
1	Kit of needles and threads	1
2	Ruler	1
3	Scissors	1
4	Colored rope /string	3-4 different colors
5	Large nails (to make holes)	1 set of 5
6	Transparent wide scotch tape	1
7	Paper glue	1

APPENDIX 8: COUNSELING SCENARIOS

SCENARIO 1.

CHV greets the mother and the baby and sits down on the same level.

As CHV checks the cleanliness of the yard and asks about the drinking water, he also observes if the caregiver is responsive to the baby's signals.

CHV asks the mother if the child has been sick recently, and checks the Mother Child Booklet. He also uses milestones chart to check if the child can do things appropriate for his age.

CHV asks the caregiver to explain about what the child is eating, and also asks how caregiver plays and talks with the child.

Based on what he has observed and learned, the CHV counsels the mother.

He uses this time to demonstrate and let the mother practice a new learning activity with the child, from the Counseling Cards.

Finally, the CHV helps make plan for the next week (what the mother will use to prepare nutritious porridges, when she will find time to play with the child, etc.), and leaves.

What steps are missing here?

**APPENDIX 8:
COUNSELING SCENARIOS (cont.)**

SCENARIO 2.

CHV greets the grandmother and the 8 month old child and sits fown on the same level.

CHV asks the grandmother about her own health and then checks if the child has been sick recently. The child is HIV exposed. CHV asks for the Mother Child Booklet and checks if the child has done his most recent health check and HIV prophylactic. He also uses milestones chart to check if the child can do things appropriate for his age.

CHV asks the grandmother to explain about what the child is eating, and about how she gives medicine to the child. He also asks how the grandmother plays and talks with the child.

CHV praises the grandmother for all the positive things she does, and explains how this will help the child grow healthy and smart.

Based on what he has learned, the CHV tells the grandmother to continue playing with the child, by showing relevant activities in the Counseling Cards.

CHV helps the grandmother make a plan (how to get to the clinic next week for check up, when to find time to play with the child, etc.).

Finally, the CHV registers the Home Visit information.

What steps are missing here?

**APPENDIX 8:
COUNSELING SCENARIOS (cont.)**

SCENARIO 3.

CHV greets the father and the 2-year-old child and sits on the same level.

As CHV checks the cleanliness of the yard and of the drinking water, she also observes if the father is responsive to the child's signals.

CHV asks the father if the child has been sick recently, and checks the Mother Child Booklet. She also uses milestones chart to check if the child can do things appropriate for his age, and finds out that the child is not yet talking.

CHV asks the father to explain about what the child is eating, and also how the father plays and talks with the child.

CHV praises the father and explains why father's actions are important.

Based on what she has observed and learned, the CHV counsels the father. Since the child cannot talk, she demonstrates and let the father practice several talking games with the child.

Finally, the CHV registers Home Visit information and leaves.

What steps are missing here?

**APPENDIX 9:
PLAYBOX SESSION REGISTER**

Date	Facilitator/s	N of Caregivers	Children with delayed milestones referred	Supervision visit (name, institution)

**APPENDIX 10:
Playbox Planning Tool**

HF / Hospital _____ Service touch point:

QUESTION	ANSWER
<p>1. In which service waiting room will the play box be stationed (or in which services, provided the box is mobile)?</p>	
<p>2. On which days can the playbox sessions be held?</p> <p>NOTE: minimum – 2-3 days per week</p>	
<p>3. At what time will the playbox session be held? From.... to ...</p> <p>NOTE: should be the peak time and with a duration of 1 hour (or more)</p>	
<p>4. Where will you store the play box and production materials?</p> <p>How will you ensure that the toys are clean, and in good condition?</p>	

<p>5. When will you start the playbox activity? (Starting date)</p>	
<p>6. How will you divide the work? (Will you always work in pairs; or shifts) Prepare pairs / shifts for the first month.</p>	
<p>7. What other steps must you complete to start playbox sessions? (Materials production, presentation to the HF in-charge etc.)</p> <p>When will you complete these?</p>	